LET'S TALK ABOUT YOUR
2025 BENEFITS

SANTA FE COUNTY

2025 BENEFITS **OVERVIEW**

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Santa Fe County is proud to offer a comprehensive benefits package to eligible, full-time and part-time employees who work 20 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Santa Fe County provides other benefits at no cost to you (life, accidental death & dismemberment, and employee assistance program). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions (voluntary life and disability insurance).

If there is a question about one of the benefits offered, or a conflict between the Guide and the formal language of the benefit plan documents, such as a Summary Plan Description (SPD), then formal wording in the plan document will prevail.

BENEFITS OFFERED

- Medical
- Dental
- Vision
- Life and Accidental Death & Dismemberment (AD&D)
- Voluntary Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- Gym Membership

ELIGIBILITY

You and your dependents are eligible for Santa Fe County benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse including domestic partner, children under age 26, disabled dependents of any age, or Santa Fe County eligible dependents.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 26 where Notice of Creditable Coverage begin for more details.

WHAT'S **NEW**

MEDICAL

- The Presbyterian medical plans are not changing.
- To keep up with ever-increasing healthcare costs, the portion of medical premiums the County pays on your behalf and the portion you pay each pay period are increasing for 2025.

VISION

- The plan will pay a higher amount toward your frames (up to $220) starting in 2025.
- We've added a new LightCare benefit for those who don't need prescription glasses or contacts. You can use your frame/lenses benefit for sunglasses or blue light filtering glasses.
- The plan is being enhanced and rates are decreasing!

FSA

- The amount you may contribute to an FSA on a pre-tax basis is likely to increase for 2025, but the IRS has not yet announced the new limits.

WELLNESS

- Stay tuned for exciting news about upcoming enhancements to the Wellness at Work program including financial rewards for participation!

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event—such as divorce, birth of a child, or gain/loss of other coverage.

If you experience a qualifying event, you must contact HR within 31 days.

MEDICAL BENEFITS

Administered by Presbyterian Health Plan

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. By identifying problems early, they can often be treated at little cost.

	HMO PLAN	PPO PLAN	
Benefit	**In-Network**	**In-Network**	**Out-of-Network**
Annual Deductible (single / double / family)	$325 / $650 / $975	$500 / $1,000 / $1,500	$2,800 / $5,600 / $8,400
Annual Out-of-Pocket Maximum (includes deductible) (single / double / family)	$3,500 / $7,000 / $10,500	$3,500 / $7,000 / $10,500	$7,000 / $14,000 / $21,000
Coinsurance	20%	20%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	$25 copay/visit; no deductible	$30 copay/visit; no deductible	50% after deductible
Specialist Office Visit	$40 copay/visit; no deductible	$50 copay/visit; no deductible	50% after deductible
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	Covered in full	Covered in full	50% after deductible
PRESCRIPTION DRUGS			
Prescription Deductible	$50 single / $100 double/ $100 family		
Retail—Generic Drugs (30-day supply)	$5 copay		
Retail— Brand/Formulary Drugs (30-day supply)	30% coinsurance ($30 minimum up to $90)		
Retail—Non Brand/Formulary Drugs (30-day supply)	40% coinsurance ($55 minimum up to $125)		
Retail—Specialty Drugs (30-day supply)	$60 Generic; $85 Brand; $125 Non Brand		
Mail Order—Generic Drugs (90-day supply)	$15 copay		
Mail Order— Brand/Formulary Drugs (90-day supply)	$95 copay		
Mail Order—Non Brand/Formulary Drugs (90-day supply)	$125 copay	$125 copay	Not covered

	HMO PLAN	PPO PLAN	
Benefit	**In-Network**	**In-Network**	**Out-of-Network**
HOSPITAL SERVICES			
Emergency Room	$175 copay/visit	$175 copay; no deductible	$175 copay; no deductible
Ambulance Service	Ground: $30 copay/trip Air: $100 copay/trip	20% after deductible	20% after deductible
Urgent Care	$50 copay/visit	$50 copay/visit; no deductible	$50 copay/visit; no deductible
Inpatient	$500 copay/admission	$1,000 copay/admission; then 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
MENTAL HEALTH SERVICES			
Inpatient Services	$500 copay/admission	$1,000 copay/admission	50% after deductible
Outpatient Services	$25 copay/visit; no deductible	$30 copay/visit; no deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	$500 copay/admission	$1,000 copay/admission	50% after deductible
Outpatient Services	$25 copay/visit; no deductible	$30 copay/visit; no deductible	50% after deductible
MATERNITY			
Maternity Office Visits	$25 copay initial visit; no deductible	$30 copay initial visit; no deductible	50% after deductible
Childbirth/delivery hospital/ physician services	Physician: Covered in full Facility: $500 copay/ pregnancy	Physician: Covered in full Facility: $1,000 copay/ pregnancy	50% after deductible
OTHER SERVICES			
Diagnostic Tests (x-ray, blood work)	20% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible up to max of $200 per test/day	20% after deductible up to max of $200 per test/day	50% after deductible
Chiropractic Services (25 visits per calendar year)	$40 copay; no deductible	$50 copay	50% after deductible
Physical, Occupational and Speech Therapy Services	$40 copay; no deductible	$50 copay; no deductible	50% after deductible
Skilled Nursing	$500 copay/admission	$1,000 copay/admission	50% after deductible
Durable Medical Equipment (Prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints)	20% after deductible	25% after deductible	50% after deductible

Your enrollment in either the HMO or the PPO includes the Gym Membership benefit described on Page 6.

Video Visits

The simple things treated faster.

PRESBYTERIAN
Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Speak with a medical provider at no cost* from anywhere, anytime, within minutes.

1. Login to myPRES using a computer, tablet or smart phone and click **Access Video Visit**

   Need a myPRES account? Sign up at: **www.phs.org/myPRES**

2. Create a Video Visit account and fill out a brief medical history form

3. Request a **Video Visit**

It's easy to request a Video Visit!

Most Presbyterian plan members pay $0.
Call the number on the back of your card to verify your cost.

We Treat Minor Ailments

- Allergies
- Asthma
- Bites and stings
- Cough
- Diarrhea
- Fever
- Flu
- Headaches
- Nausea
- Pink eye
- Some prescription refills
- Sexually transmitted infections (STIs)
- Sinus issues
- Skin infections
- Sore throat
- Urinary tract infections (UTIs)
- And more!

Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).
Dîî baa akó nínízin: Dîî saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíilnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

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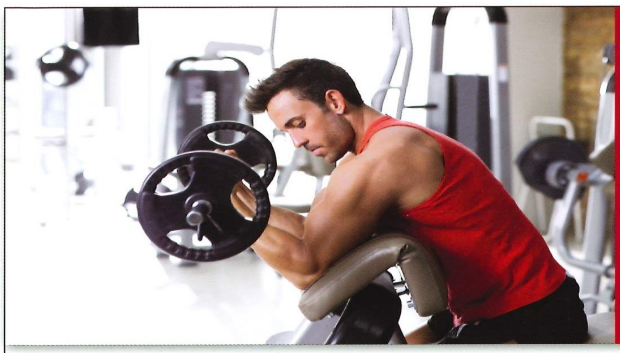
GYM MEMBERSHIP
Administered by Presbyterian Health Plan, Inc.



Keep your story moving with a new fitness membership.

As a Presbyterian Health Plan member, you and your enrolled dependents (ages 18 and up) now have **free access** to more than 8,500 national, regional, and local fitness, recreation, and community centers.* These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, and Farmington, as well as the nationwide Prime Fitness network.

DEFINED FITNESS™

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna, and steam room.

prime℠

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select YMCAs, Snap Fitness, Curves®, and more. When you use Prime Fitness, your fitness travels with you.

Visit **defined.com** or **www.primemember.com** for a list of participating locations. After your enrollment with Presbyterian, you'll receive detailed instructions on how to get started.

It's never been easier to keep your story moving.

PRESBYTERIAN Health Plan, Inc.

**This benefit applies to all Commercial Individual and Small Group members. Some fees may apply. Large employer groups (51 or more employees) have the option to purchase this benefit for their employees for a minimal additional fee.*

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SPORTS & WELLNESS

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for more than 25 years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations and other clubs across the country. Visit **sportsandwellness.com**

PRESBYTERIAN | TruHearing

Presbyterian Health Plan
Presbyterian Insurance Company
1-833-731-4168 | TTY: 711

Delight in the Details

Why miss out on life's most precious moments because of hearing loss? Many wait too long to seek help, but you don't have to. As part of your Presbyterian Health Plan, you have a hearing aid benefit available through TruHearing®.

Your benefit makes it easy

Unmatched Service

TruHearing guides you from first call to aftercare and beyond

Our Hearing Consultants schedule an exam, fitting, and follow-up with a licensed provider near you

We work with your health plan to help you understand your benefit

Hearing Aids That Enhance Life[1]

Stream your favorite music and shows with Bluetooth®

Get health insights to help you set goals and improve your health

Communicate directly with your provider in TruHearing's app

Simply State-of-the-Art[2]

Own Voice Processing (OVP®) removes the sound of your speech from all other amplified sound to make your voice sound more natural

Multi-track processing technology filters noise and helps you focus on voices

Rechargeable battery options last from breakfast to bedtime

Call TruHearing to learn more and schedule a hearing care appointment near you

1-833-731-4168
TTY: 711

Hours:
8am–8pm, Monday–Friday

PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Magellan HEALTHCARE

On To Better Health

Self-help tools and resources at your fingertips

On to Better Health gives you online access to self-help tools and resources proven to help people get better and feel better. Complete guided therapy programs to change unhelpful thoughts and behaviors. Read health and wellness articles. Chat online with a clinician, or schedule a virtual therapy session. All of the tools and resources are easy to use, confidential and available 24/7!*

On To Better Health helps you:

- Identify your needs – by answering a few questions, a personal health plan is created just for you
- Get help through digital cognitive behavioral therapy for common challenges such as:
  - Insomnia
  - Depression
  - Anxiety
  - Obsessions orcompulsions
  - Alcohol or substance use
  - Chronic pain
- Read helpful tips and articles based on your interests and health needs
- Chat with a clinician about goals and progress
- Schedule an online therapy session with a licensed therapist or psychiatrist

To access the programs:

- Go to **www.ontobetterhealth.com/php** and sign in to your account.
- View your list of recommended programs.
- Click the *Launch Program* button to start a module.
- Browse through thousands of library articles, resources and self-assessments.

Sometimes it's hard to find time for yourself or get help when you do find time.
***On To Better Health** is there when and where you want it. Get started today!*

**You may not have access to all of the features. IF YOU HAVE A MEDICAL EMERGENCY, IMMEDIATELY CALL 911 TO GET PROMPT MEDICAL ATTENTION. The information on this website is not to be construed as medical advice or recommendations or as as ubstitute for professional medical advice and is not a substitute for consultation with a qualified physician. You should consult with a physician or other healthcare professional for any healthcare concerns including without limitation before you take any prescription or over the counter drugs.The information provided on this website does not replace the relationship that exists between patients and their physicians or other healthcare professionals. Never disregard your physician's or other healthcare provider's advice or delay seeking their advice as a result of anything you have read on this website. All materials and information contained herein is provided "as is" and is for educational purposes only. Reliance on any information provided on this website or otherwise from Magellan Health, Inc. and its subsidiaries and affiliates ("Magellan") is solely at your own risk.*

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H-F 1012 (8/18)VCS-MEM-0001-18

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Magellan HEALTHCARE

PBHP-131766006 (IPlan); PBHP-131766079 (PHP); PBHP-131766082 (PIC)

Talkspace for Behavioral Health

Mind Your Mental Health with Messaging Therapy
A new solution for emotional wellbeing

Mental health affects every aspect of our lives. When you feel good, you are more productive and happier, and you can handle life with more ease. When your mental health is out of balance, like when you are stressed or worried, it can keep you from doing and enjoying the important things in your life. Just like you take care of your body, you need to take care of your mind. Magellan makes it easy to do that with messaging therapy from Talkspace.

What is messaging therapy?

Messaging therapy enables you to find and communicate with a therapist anytime via your web browser or the Talkspace secure mobile app. No more having to wait months for an appointment or needing time off to visit a therapist in a busy office. With Talkspace, you can participate in therapy at a time and place that is convenient for you.

Talkspace therapists have a proven track record of using messaging therapy to help with a variety of conditions including anxiety, depression, substance abuse, panic and bipolar disorders, all of which can be debilitating if not treated. They can also help manage the unique challenges some people face, like being a single parent, a veteran or a member of the LGBT community.

How it works

With Talkspace there are no appointments. You can send your therapist a message whenever you need to, and they will engage with you daily, five days a week. With a network of over 2,000 trained, licensed therapists, Talkspace will connect you with a dedicated therapist based on your needs, preferences, therapist availability and expertise. You can contact your therapist through unlimited text, video and audio messages.

What's in it for you?

For some people, traditional in-person therapy can be intimidating, difficult to arrange, time consuming and expensive. For others, a lack of appointment availability or coverage in remote areas may cause access difficulties.

> *"I absolutely love the ability to text, video message, or voice message whenever I need support. The growth I have been able to accomplish in less than a year is far more than I ever was able to get from visiting a therapist in person for years on end."*
> *– Amanda, Talkspace User*

With Talkspace you can:

- Engage with a therapist the same day that help is needed, not weeks later.
- Get matched to a therapist based on your unique needs.
- Develop a one-on-one relationship with the same therapist throughout your engagement.
- Live a happier, healthier life.

Getting started

- Go to www.talkspace.com/php to access the program.
- Enter information about yourself.
- Fill out the section about your history and preferences.
- Select a therapist.

**Members on qualified High Deductible plans will be responsible for the cost of the services until they have met their deductible and co-insurance requirements. High Deductible members can go to talkspace.com to access the self-pay option.*

talkspace

PRESBYTERIAN
Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

MPC121809

SERFF PBHP-131766006, PBHP-131766079, PBHP-131766082

DENTAL **BENEFITS**

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Santa Fe County dental benefit plan.

SERVICES	DELTA DENTAL PPO & PREMIER PROVIDERS	NON-PARTICIPATING PROVIDERS
Annual Deductible	$50 per person; $150 family limit	
Annual Benefit Maximum	$1,750 per person	
Preventive Dental Services (cleanings, exams, x-rays)	0%; no deductible	0%; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	20%	45%
Major Dental Services (crowns, bridges, dentures, implants)	40%	65%
Orthodontia Services (Child to age 18 when starting treatment; Adult age 18 or over)	Child: 25% Adult: 40%	Child: 25% Adult: 40%
Orthodontia Lifetime Maximum	Child: up to $2,000 Adult: up to $1,750	

VISION BENEFITS

Insured by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you. There is no need for an ID card.

Higher Frame Allowance And New LightCare Benefit!

SERVICE	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER)
EYE EXAM —ONCE EVERY 12 MONTHS		
Exam	$10 copay; covered in full	Up to $50
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	$15 copay; covered in full	Up to $50
Lined Bifocal Lenses	$15 copay; covered in full	Up to $75
Lined Trifocal Lenses	$15 copay; covered in full	Up to $100
Lenticular Lenses	$15 copay; covered in full	Up to $125
FRAMES — ONCE EVERY 24 MONTHS		
Frames	$15 copay; then covered up to $220 (Costco $110, other VSP providers $200, Featured Frame brands $220)	Up to $70
CONTACT LENSES — ONCE EVERY 12 MONTHS; IF YOU ELECT CONTACTS INSTEAD OF LENSES/ FRAMES		
Medically Necessary	Covered in full	Up to $210
Elective	Up to $110 (fitting and evaluation 100% after $60 copay)	Up to $95
LIGHTCARE BENEFIT — ONCE EVERY 24 MONTHS		
Non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts	$15 copay; then covered up to $200	Not Covered

A Look at Your VSP Vision Coverage

With VSP and Santa Fe County, your health comes first.

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

Provider choices you want.

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

vsp vision care

More Ways to Save

Extra

$20

to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

LIFE INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by Minnesota Life Insurance Company

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Santa Fe County. The company provides basic life insurance of $50,000 (additional $25,000 for detention or corrections officers and additional $250,000 for undercover agents) at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Santa Fe County provides AD&D coverage of $50,000 (additional $25,000 for detention or corrections officers and additional $250,000 for undercover agents) at no cost to you. This coverage is in addition to your company-paid life insurance described above.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Minnesota Life Insurance Company

You may purchase Life and AD&D insurance in addition to the company-provided coverage. You may also purchase this insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $250,000 for yourself, up to $30,000 for your spouse, and up to $15,000 for each child) without answering medical questions if you enroll when you are first eligible. Voluntary Life and AD&D maximums and purchase increments are:

Employee— Up to $750,000 in increments of $10,000

Spouse— Up to $250,000 in increments of $10,000

Children— $5,000, $10,000 or $15,000

DISABILITY INSURANCE

SHORT-TERM DISABILITY INSURANCE

Insured by Madison National Life

When trouble arises, Short-Term Disability insurance can provide employees with the peace of mind that a protected paycheck brings. Short-Term Disability plan provides income if you become disabled due to an injury or illness after satisfying the elimination period. Once enrolled in the plan, you can take advantage of the following benefits:

Elimination Period:	28 days
Benefit Amount:	60% of income
Benefit Maximum:	$500 per week (minimum $20 per week)
Benefit Duration:	22 weeks
Monthly Employee Cost:	$0.225 per $10 of weekly benefit. See HR for calculation of your cost

LONG-TERM DISABILITY INSURANCE

Insured by Madison National Life

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset — your ability to earn an income.

LTD coverage provides income when you have been disabled for 180 days. Your benefit is 40% of your monthly earnings, up to $2,000 per month. This amount may be reduced by other deductible sources of income or disability earnings.

Elimination Period:	180 days
Benefit Amount:	40% of income
Benefit Maximum:	$2,000 per month (minimum $100 per month)
Benefit Duration:	24 months (reduced benefit duration if disability starts after age 66)
Monthly Employee Cost:	$0.05 per $100 of covered pay. See HR for calculation of your cost

FLEXIBLE SPENDING

FLEXIBLE SPENDING ACCOUNT

Administered by Application Software, Inc.

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Remember, though, that funds that are not spent by the end of the plan year are forfeited, so plan carefully!

2024 IRS limits are as follows:

Healthcare FSA Limit:	$3,200
Dependent Care FSA Limit:	$5,000 ($2,500 if married and filing separately)
Transportation Flexible Limit	$3,240

Note: 2025 limits have not yet been released by the IRS. If/when limits are increased, employees will be allowed to increase their contributions.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Presbyterian Health Plan, Inc. and The Solutions Group

If you or your loved ones face difficult situations like stress, relationship challenges, grief, loss or substance use, we're here to help. Learning how to cope with these issues can improve your overall well-being.

You and your household members can get up to six employee assistance visits per issue through The Solutions Group, a division of Presbyterian Healthcare Services.

Employee Assistance Program (EAP) services are short-term, confidential counseling sessions conducted by local licensed providers and can include:

- mediation services
- substance use assessments and referrals
- 24-hour emergency services
- support for supervisors and managers
- referrals for additional support

When faced with complex personal or work-related challenges, let our EAP providers help. To schedule an appointment with an EAP counselor or for after-hours crisis support, please call 1-866-254-3555 or (505) 254-3555.

Services provided by:

The Solutions Group

PRESBYTERIAN
Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

MPC032186
PHP-148 0421

EMPLOYEE & COUNTY CONTRIBUTIONS

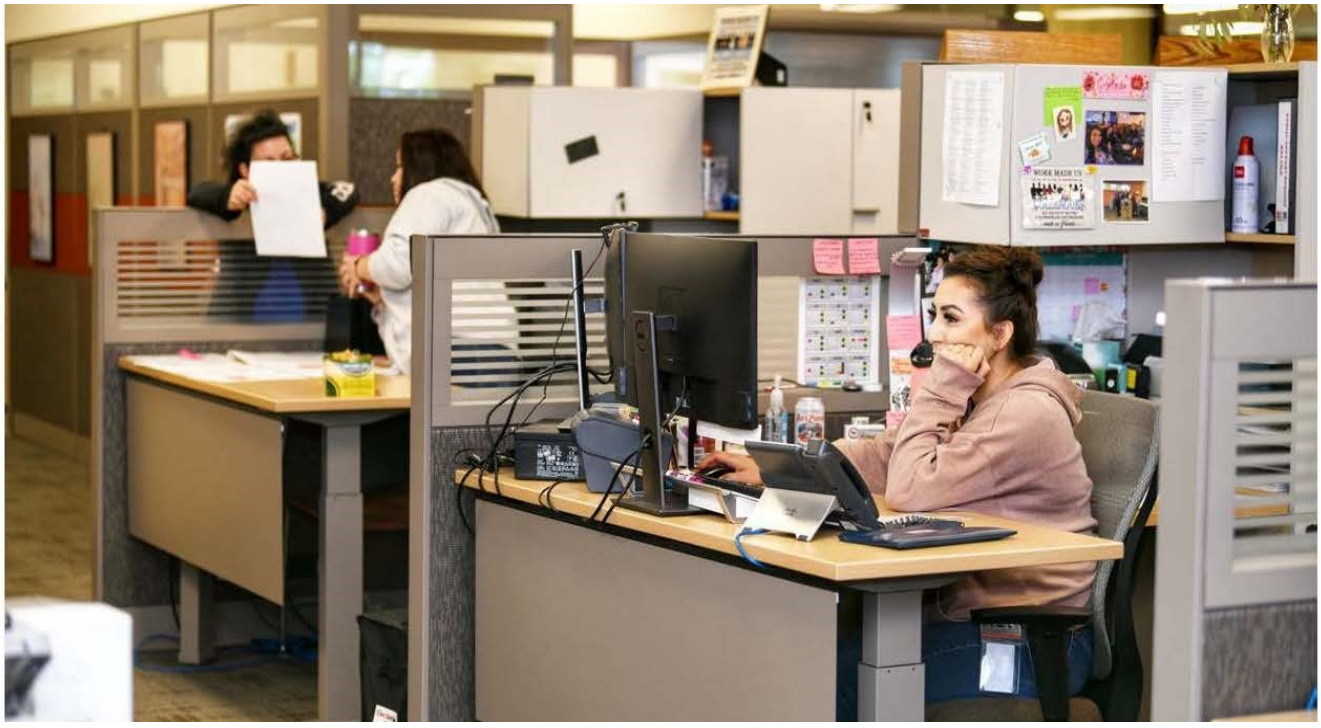
EMPLOYEE & SANTA FE COUNTY (SFC) CONTRIBUTIONS FOR BENEFITS (TWICE MONTHLY)

	ANNUAL INCOME						
	Twice Monthly Premium	$37,100 or Less		$37,100.01 - $79,500		$79,500.01 & Over	
		Employee (20%)	SFC (80%)	Employee (25%)	SFC (75%)	Employee (30%)	SFC (70%)
Employee Only Coverage							
Presbyterian HMO	$374.49	$74.90	$299.59	$93.62	$280.87	$112.35	$262.14
Presbyterian PPO	$435.57	$87.11	$348.46	$108.89	$326.68	$130.67	$304.90
Delta Dental	$16.45	$3.29	$13.16	$4.11	$12.34	$4.94	$11.51
Vision Service Plan	$2.79	$0.56	$2.23	$0.70	$2.09	$0.84	$1.95
Basic Life	$2.50	$0	$2.50	$0	$2.50	$0	$2.50
Employee plus Spouse / Domestic Partner Coverage							
Presbyterian HMO	$842.66	$168.53	$674.13	$210.67	$631.99	$252.80	$589.86
Presbyterian PPO	$980.04	$196.01	$784.03	$245.01	$735.03	$294.01	$686.03
Delta Dental	$32.87	$6.57	$26.30	$8.22	$24.65	$9.86	$23.01
Vision Service Plan	$5.58	$1.12	$4.46	$1.40	$4.19	$1.67	$3.91
Basic Life	$2.50	$0	$2.50	$0	$2.50	$0	$2.50
Employee plus Child / Children Coverage							
Presbyterian HMO	$674.10	$134.82	$539.28	$168.53	$505.57	$202.23	$471.87
Presbyterian PPO	$784.02	$156.80	$627.22	$196.01	$588.01	$235.21	$548.81
Delta Dental	$37.83	$7.57	$30.26	$9.46	$28.37	$11.35	$26.48
Vision Service Plan	$5.98	$1.20	$4.78	$1.50	$4.49	$1.79	$4.19
Basic Life	$2.50	$0	$2.50	$0	$2.50	$0	$2.50
Family Coverage							
Presbyterian HMO	$1104.82	$220.96	$883.86	$276.21	$828.61	$331.45	$773.37
Presbyterian PPO	$1284.96	$256.99	$1027.97	$321.24	$963.72	$385.49	$899.47
Delta Dental	$49.33	$9.87	$39.46	$12.33	$37.00	$14.80	$34.53
Vision Service Plan	$9.54	$1.91	$7.63	$2.39	$7.16	$2.86	$6.68
Basic Life	$2.50	$0	$2.50	$0	$2.50	$0	$2.50
Voluntary Life/ AD&D	Varies by age/amount elected and approved by the Insurance Company. Varies by income. See page 14 for general rates.						
Disability							

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below or the Human Resources Department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Presbyterian Health Plan	855.593.7737	www.phs.org
Dental	Delta Dental	877.395.9420	www.deltadentalnm.com
Vision	VSP	800.877.7195	www. vsp.com
Life and AD&D, Voluntary Life	MN Life Insurance / Securian / Ochs	800.392.7295	www.securian.com
Disability	Madison Nat'l Life / Ochs	800-392-7295	ochs@ochsinc.com
Flexible Spending Account	Application Software, Inc.	800.659.3035	www.asiflex.com
Employee Assistance Program	The Solutions Group	866.254.3555	
County Manager	Greg Shaffer	505.986.6200	gshaffer@santafecountynm.gov
Human Resources		505.992.9880	



LEGAL NOTICES

PATIENT PROTECTIONS DISCLOURE

The Santa Fe County Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Presbyterian Health Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Presbyterian Health Plan at 855.593.7737 or www.phs.org.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Presbyterian Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Presbyterian Health Plan at 855.593.7737 or www.phs.org.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HMO PLAN (Individual: 20% coinsurance and $325 deductible; Double: 20% coinsurance and $650 deductible; Family: 20% coinsurance and $975 deductible)

Plan 2: PPO PLAN (Individual: 20% coinsurance and $500 deductible; Double: 20% coinsurance and $1,000 deductible; Family: 20% coinsurance and $1,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 505.986.6200 or gshaffer@santafecountynm.gov.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Services: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI) https://mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/hip/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 Email: DDHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ https://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

Santa Fe County is committed to the privacy of your health information. The administrators of the Santa Fe County Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Greg Shaffer - County Manager at 505.986.6200 or gshaffer@santafecountynm.gov.

HIPAA SPECIAL ENROLLMENT RIGHTS

Santa Fe County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Santa Fe County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Greg Shaffer - County Manager at 505.986.6200 or gshaffer@santafecountynm.gov.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF CREDITABLE COVERAGE

Important Notice from Santa Fe County
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Santa Fe County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Santa Fe County has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Santa Fe County coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Santa Fe County coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Santa Fe County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Santa Fe County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**January 1, 2025**
Name of Entity/Sender:	**Santa Fe County**
Contact—Position/Office:	**Greg Shaffer - County Manager**
Office Address:	**102 Grant Ave** **Santa Fe, New Mexico 87501-2061** **United States**
Phone Number:	**505.986.6200**

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights
**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Greg Shaffer.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Santa Fe County
Greg Shaffer - County Manager
102 Grant Ave
Santa Fe, New Mexico 87501-2061
United States
505.986.6200

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This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.