

**2014 POL EMPLOYEE BENEFITS**

 <b>PUEBLO OF LAGUNA</b>	<b>2014 EMPLOYEE BENEFITS</b>		
	<b>Presbyterian Health Plan Smart Care \$500 - HMO</b>	<b>Presbyterian Health Plan Preferred Care PPO</b>	
Summary of Benefits	HMO Network	In Network	Out of Network
Calendar Year Deductible	\$500 X 3 for Family	\$1,500 Individual / x 2 for Family	\$3,000 Individual / x 2 for Family
Annual Out-of-Pocket Limit	\$3,000 X 2 for Family	\$4,000 Individual / x 2 for Family	\$8,000 Individual / x 2 for Family
Pre Existing Limitation	Does not apply	No Pre Existing if prior creditable coverage	
Office Visits- Primary Doctor	\$30	\$20 Copay is for office visit only	40%
Office Visits- Specialist	\$40	\$30 Copay is for office visit only	40%
Preventive Care (Routine adult exams and screenings; well-child care and immunizations)	\$0	\$0	\$0
Inpatient Services	30%	20%	40%
Outpatient Services	30%	20%	40%
Laboratory Tests	\$0	\$0	40%
X-Rays	\$0	20%	40%
CT/MRI/PET Scans	\$50 per test	20%	40%
Emergency Services	\$100	20%	20%
Urgent Care Facility	\$40	\$30 Copayment per visit - Initial treatment only (Copayment for office visit only. All other services received during the office visit are subject to deductible and co-insurance.	
Ambulance Services	\$50 Ground / \$100 Air	20%	20%
Pharmacy Benefit	generic \$10 brand formulary \$35 brand non-formulary \$55 specialty 20% up to \$400	generic \$10 brand formulary \$20 brand non-formulary \$40 specialty 20% up to \$400	
NOTE:	The HRA will reimburse out-of-pocket expenses over the \$500 deductible (excludes co-pays) to employees enrolled in the Smart Care plan		
<b>Employee Cost Per Pay Period</b>			
<b>Employee Only</b>	<b>\$21.68</b>	<b>\$20.33</b>	
<b>Employee &amp; Spouse</b>	<b>\$119.25</b>	<b>\$111.80</b>	
<b>Employee &amp; Child(ren)</b>	<b>\$108.41</b>	<b>\$101.64</b>	
<b>Employee &amp; Family</b>	<b>\$216.82</b>	<b>\$203.27</b>	



	<b>Delta Dental</b>	<b>VSP</b>
	<b>Summary of Benefits</b>	<b>Summary of Benefits</b>
	\$25 Deductible / \$50 Max (3 x Family)	\$10 Copay - Eye Exam (1 every 12 months)
	100% - Diagnostic / Preventive	\$25 Glasses
	80% Restorative Services	No Copay for Contacts
	50% Basic Services	Must use VSP Doctors
	50% Orthodontic Services Adult and Child (\$1000 Max per family member)	
<b>Employee Cost Per Pay Period</b>		
Employee Only	\$ 6.01	\$ 1.51
Employee & Spouse	\$ 12.72	N/A
Employee & Child(ren)	\$ 12.98	N/A
Employee +1	N/A	\$ 2.24
Employee and Family	\$ 24.19	\$ 4.03

<b>UNUM LIFE AND DISABILITY</b>	<b>BANK OF ALBUQUERQUE 401K</b>	
<b>Summary of Benefits</b>	Employees are eligible to participate the first of the month following 6 months of employment and attaining the age of 21. The Pueblo will match 5% of an employee's gross wage if the employee contributes at least 2%.	<b>AFLAC AND NYLIFE COVERAGE IS ALSO OFFERED AND REPRESENTATIVES ARE AVAILABLE</b>
Life Ins = 2X Base Salary		
\$5000 Spouse / \$1000 Child		
STD - 60% of Wages		
LTD - 50% of Wages		
Supplemental Life is available for purchase; rates depend on age and salary	<b>VESTING SCHEDULE</b>	
	1 Year - 20%	
	2 Years - 40%	
	3 Years - 60%	
	4 Years - 80%	
	5 Years - 100%	