



# Village of Ruidoso

Insurance Benefit Booklet  
July 1, 2015—June 30, 2016



# Introduction

## Village of Ruidoso Insurance Benefits

The Human Resources Department would like to “Welcome” you to the Village of Ruidoso and to the Insurance Benefit package that the Village of Ruidoso offers.

The success of the Village of Ruidoso Group Benefit plan depends on the employees/participants comprehending their options, what the plans cover, and what is the right choice for them. This insurance benefit booklet is to provide information on all Village of Ruidoso insurance benefits and to have them in one location that is easy for employees/participants to locate and to provide insurance benefit information to potential applicants. To ensure consistent and effective plan administration, please familiarize yourselves with the information provided in this booklet and use it as a reference.

The Village of Ruidoso’s Human Resources Department has established procedures for enrolling employees and their dependents in the employee benefit plans during employment/eligibility processing (new hire, qualifying events, and open enrollment). Each newly hired employee will be given the Employee Insurance Benefit booklet, which can also be located on the Village of Ruidoso website at [www.ruidoso-nm.gov](http://www.ruidoso-nm.gov) click on **Human Resources Department** then scroll to **Benefits** and click on the [click here](#) link, then click on the **VOR Insurance Benefit Booklet**.

Please remember, if you have any insurance questions, call the Village of Ruidoso’s Human Resources Department as we are here to help you with your insurance questions, claims, issues, concerns, enrollment, and cancelation of your insurance benefits.

Human Resources Department:

Tania L. Proctor, Human Resources Director, (575) 258-4343 ext.1031, email:  
[TaniaProctor@ruidoso-nm.gov](mailto:TaniaProctor@ruidoso-nm.gov)

Billie Wieland, Human Resources Generalist, (575) 258-4343 ext. 1032, email:  
[BillieWieland@ruidoso-nm.gov](mailto:BillieWieland@ruidoso-nm.gov)

Randy Reynolds, Payroll/Human Resources Generalist, (575) 258-4343 ext. 1033, email:  
[RandyReynolds@ruidoso-nm.gov](mailto:RandyReynolds@ruidoso-nm.gov)

**DISCLAIMER:** This brochure has been prepared for you to use as an “at a glance” reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment.

# Your Benefits Overview

Benefit	Funding	Summary
Medical benefits administered by BlueCross Blue Shield (pg 6)	Shared funding	Provides benefits for office visits, preventive care, prescriptions, drugs and hospital services
Exchange Notification (pg 14)		Important Information about your right to buy coverage on the Marketplace
Dental benefits administered by Delta Dental (pg 17)	Shared Funding	Provides benefits for cleanings, x-rays, fillings, root canals, crowns and bridges.
Vision benefits administered by VSP (pg 20)	Shared Funding	Provides benefits for a yearly eye exam, lenses, frames or contacts
Group Long Term disability insurance through Lincoln Financial Group (pg 23)	Employer paid	Benefit can pay 60% of pre-disability earnings to a maximum of \$6000 per month; benefit begins after 90 days of disability
Group Term Life/accidental death and dismemberment insurance through UNUM (pg 26)	Employer paid	Provides term life and AD&D benefit of \$10,000.
Group voluntary term life/accidental death and dismemberment insurance through UNUM (pg 28)	Employee Paid	Enroll for up to \$110,000 guarantee issue. Apply for up to five times your annual salary to a maximum of \$500,000; additional coverage available for spouse and children.
Wellth Benefits (pg 30) (please attend new employee appointment for details)		Voluntary worksite benefits offered through a tax advantaged program.
Accident (pg 31) and Critical Illness (pg 39) insurance through Transamerica (please attend new employee appointment for details)	Employee Paid	Voluntary coverage can pay a specific dollar amount for both on and off the job accidents or for specific conditions/illnesses. Family coverage is also available.
Hospital Indemnity insurance through Transamerica (pg 43) (please attend new employee appointment for details)	Employee Paid	Helps provide financial protection by paying lump-sum benefits whenever the employee is admitted to the hospital.
Individual short term disability insurance through Transamerica (pg 46) Whole Life Insurance (pg 50) (please attend new employee appointment for details)	Employee Paid	You may qualify for coverage up to 60% of your gross monthly salary, to a maximum of \$5,000 Benefit is not taxed under current laws.
Networks & COBRA Administrator (pg 52)		Important information about where to find in network providers for your Medical, Dental and Vision Insurance

## Premium deductions:

<b>Blue Cross Blue Shield NM - EPO</b>		
	Employee / Pay Period	Village / Pay Period
Employee Only	52.78	211.12
Employee & Spouse	116.12	464.46
Employee & All Children	95.01	380.02
Employee & Family	168.90	675.60

<b>Unum - Basic Life Insurance</b>		
	Employee / Pay Period	Village / Pay Period
Employee Only	0	1.90
Employee & Spouse	0	1.90
Employee & All Children	0	1.90
Employee & Family	0	1.90

<b>Delta Dental</b>		
	Employee / Pay Period	Village / Pay Period
Employee Only	2.50	10.01
Employee & Spouse	5.07	20.24
Employee & All Children	6.19	24.70
Employee & Family	9.84	39.34

<b>Lincoln Financial - Long Term Disability LTD</b>		
	Employee / Pay Period	Village / Pay Period
Employee Only	0	100%

<b>VSP - Vision</b>		
	Employee / Pay Period	Village / Pay Period
Employee Only	0.81	3.25
Employee & Spouse	2.86	11.43
Employee & All Children	2.86	11.43
Employee & Family	2.86	11.43

**\*Voluntary Life, Accident & Short Term Disability are available for employee & dependents; cost based on age & annual earnings; 100% employee funded. Please attend your appointment with our representatives for details on rates and plan options**

Insurance Agent Contact information: **HUB International**

**Gilda Dorbandt**, VP Employee Benefits  
Phone 575-323-6024 email: gilda.dorbandt@hubinternational.com

**Nicole Segura**, Account Executive  
Phone 575-323-6026 email: nicole.segura@hubinternational.com

**Rosemary Reynaud**, Account Manager/Claims resolution  
Phone 575-323-6025 email: rosemary.reynaud@hubinternational.com



## Village of Ruidoso PPO

Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbsnm.com/coverage](http://www.bcbsnm.com/coverage) or by calling 1-800-432-0750.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	Preferred Provider \$250/Indiv \$750 Family Deductible does not apply to Preventive Care, Prescription Drugs or services subject to copays	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No. There are no other deductibles	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. Preferred Provider \$2,250/Indiv \$4,500 Family Prescription drug limit: \$1,500/Indiv \$3,000 Family Prescription drug limit: \$1,500 Individual/\$3,000 Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, Penalty amounts, and other noncovered charges this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. Please call 1-800-432-0750 or see <a href="http://www.bcbsnm.com">www.bcbsnm.com</a> .	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

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A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



## Village of Ruidoso PPO

Coverage

### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

07/01/2016  
Family | PPO  
06/30/2016  
Type: PPO

- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service. For example, if you have a doctor's office visit, you may have to pay \$15. This amount may change if you have a different type of visit.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount**. For example, if you have a hospital stay and the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This amount may change if you have a different type of service.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges more than the **allowed amount**, you may have to pay the difference. (This is called **balance billing**.)
- This plan may encourage you to use preferred **providers** by charging you lower **deductibles**, **copayments**, or **coinsurance**.

Common Medical Event	Services You May Need	Your Cost if You Use a Preferred Provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 copay/visit
	Specialist visit	\$25 copay/visit
	Other practitioner office visit	\$25 copay/visit
If you have a test	Preventive care/screening/immunization	No charge
	Diagnostic test (x-ray, blood work)	20% coinsurance
	Imaging (CT/PET scans, MRIs)	20% coinsurance
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at <a href="http://www.bcbsnm.com/member/rx_drugs.html">www.bcbsnm.com/member/rx_drugs.html</a> .	Generic drugs	\$10/Retail or \$25/Mail
	Preferred brand drugs	\$35/Retail or \$87.50/Mail
	Non-preferred brand drugs	\$75/Retail or \$187.50/Mail

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## Village of Ruidoso PPO

Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Limitations & Exceptions
If you have outpatient surgery	Specialty drugs	15% up to \$250/prescription	Specialty Drugs are not available through mail-order.
	Facility fee (e.g, ambulatory surgery center)	20% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	
If you need immediate medical attention	Emergency room services	\$100 copay/visit	---none---
	Emergency medical transportation	\$75/trip ground or \$150/trip air	
	Urgent care	\$35 copay/visit	
	Facility fee (e.g, hospital room)	20% coinsurance	
If you have a hospital stay	Physician/surgeon fee	20% coinsurance	Requires preauthorization.
	Mental/Behavioral health outpatient services	\$10 copay/visit	Includes office, home, outpatient, and IOP services; Inpatient and Partial Hospitalization. (IOP, Inpatient, and Partial Hosp. require preauthorization)
Mental/Behavioral health inpatient services	20% coinsurance		
Substance use disorder outpatient services	\$10 copay/visit		
Substance use disorder inpatient services	20% coinsurance		
If you are pregnant	Prenatal and postnatal care	\$10/\$25 copay/visit	Copay charged for initial visit only.
	Delivery and all inpatient services	20% coinsurance	Requires preauthorization.

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## Village of Ruidoso PPO

Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Max. 100 visits/year
	Rehabilitation services	20% coinsurance	Physical, Occupational, Speech Therapies (office/outpatient), Inpatient Rehabilitation and Skilled Nursing Facility (requires preauthorization) max. 60 days/visits per year combined
	Habilitation services	20% coinsurance	
	Skilled nursing care	20% coinsurance	
	Durable medical equipment	20% coinsurance	---none---
If your child needs dental or eye care	Hospice service	20% coinsurance	No charge for Home Hospice
	Eye exam	Not Covered	If you purchased Vision Coverage; See your Vision plan information
	Glasses	Not Covered	
	Dental check-up	Not Covered	If you purchased Dental Coverage; See your Dental plan information.

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## Village of Ruidoso PPO

Coverage Period: 07/01/2015 – 06/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO

### Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Routine dental for adults)
- Infertility Treatment (Unless for medical condition causing the infertility)
- Long-Term Care
- Private Duty Nursing
- Routine Eye Care (Adult)
- Routine Foot Care (Unless you are diabetic)
- Weight Loss Programs

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture (Max. 25 visits/year combined with Chiropractic/Spinal Manipulation)
- Chiropractic Care (Max. 25 visits/year combined Acupuncture)
- Hearing Aids (For members age 21 and younger; up to maximum 2 hearing aids every 3-years)
- Most coverage provided outside the United States. See [www.bcbsnm.com](http://www.bcbsnm.com)
- Non-emergency care when traveling outside the U.S.

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-800-432-0750. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U. S. Department of Health and Human Services at 1-877-267-2323 x. 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of New Mexico (BCBSNM) Appeals Unit at 1-800-205-9926. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your **appeal**. Contact the New Mexico Superintendent of Insurance toll-free at 1-855-427-5674 or [www.osi.state.nm.us](http://www.osi.state.nm.us).

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## Village of Ruidoso PPO

Coverage Period: 07/01/2015 – 06/30/2016  
Coverage for: Individual/Family | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-432-0750.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-432-0750.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-432-0750.

Navajo (Dine): Dinek'chgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-432-0750.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

**Questions:** Call 1-800-432-0750 or visit us at [www.bcbsnm.com/coverage](http://www.bcbsnm.com/coverage).

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Coverage Examples

### About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,100
- Patient pays \$1,440

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$250
Copays	\$30
Coinsurance	\$1,010
Limits or exclusions	\$150
<b>Total</b>	<b>\$1,440</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,180
- Patient pays \$1,220

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$250
Copays	\$650
Coinsurance	\$240
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,220</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

**\* No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

**\* No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

**✓ Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

**✓ Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Human Resources Department for the Village of Ruidoso.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Village of Ruidoso		4. Employer Identification Number (EIN) 85-6000-650	
5. Employer address 313 Cree Meadows Drive		6. Employer phone number 575-258-4343	
7. City Ruidoso	8. State NM	9. ZIP code 88345	
10. Who can we contact about employee health coverage at this job? Tania L. Proctor, Human Resources Director			
11. Phone number (if different from above) 575-258-4343 ext.1031		12. Email address TaniaProctor@ruidoso-nm.gov	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

- All employees. Eligible employees are: appointed, contract, and full-time employees who work 30 hour more in a 7 day workweek the Village pays 80% of the premium starting the first of the month after a 30-day waiting period. For part-time employees who work twenty (20) hours but not more than 29 hours a week on a reoccurring basis, the Village pays 60% of the premium starting the first of the month after a 30-day waiting period. The remainder of the premium is the responsibility of the employee and applicable premiums will be made through payroll deduction. The Village will bear the expense of administration of this insurance coverage. Open enrollment is offered in June for a July 1<sup>st</sup> effective date.

Some employees. Eligible employees are:

•With respect to dependents:

- We do offer coverage. Eligible dependents are: spouse, children, domestic partner, and cases where there is a court order is issued to provide medical coverage for a legal guardian

We do not offer coverage.

If checked, this co

- \*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)     No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 52.78

b. How often?     Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?     Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



**Delta Dental PPO  
Summary of Dental Plan Benefits  
For Group# 12232-0001, 1999  
Village of Ruidoso**

**Benefit Period:** July 1 through June 30

**Deductible:** \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year.

**Maximum Benefit Amount:** \$1,500 per person total per Benefit Year.

**Lifetime Ortho Benefit Amount:** \$1,000 per person total per Lifetime.

	Delta Dental PPO Dentist	Delta Dental Premier or Non- participating* Dentist
Covered Services:	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>		
<b>Diagnostic and Preventive Services</b> – exams, cleanings, topical fluoride, and space maintainers	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%
<b>Radiographs</b> – images	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%
<b>Basic Services</b>		
<b>Minor Restorative Services</b> – fillings	80%	80%
<b>Endodontic Services</b> – root canals	80%	80%
<b>Periodontic Services</b> – to treat gum disease	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%
<b>Major Services</b>		
<b>Crown Repair</b> – to individual crowns	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%
<b>Relines and Repairs</b> – to bridges, dentures, and implants	50%	50%
<b>Prosthetic Services</b> – bridges, dentures, and implants	50%	50%
<b>TMD Treatment</b> – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%
<b>Orthodontic Services</b>		
<b>Orthodontic Services</b> – braces	50%	50%
<b>Orthodontic Age Limit</b> –	<b>to the end of the month of age 19</b>	<b>to the end of the month of age 19</b>

*\*Selecting a non-participating Dentist may result in higher out-of-pocket expenses. Non-participating Dentists do not accept Delta Dental's Maximum Approved Fees. See "Selecting a Dentist" below.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings) and periodontal maintenance are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her dentist about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.

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www.deltadentalnm.com  
2500 Louisiana Boulevard NE, Suite 600, Albuquerque, NM 87110

- Space maintainers are payable once per area per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing X-Rays) or panoramic radiographic image are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on all teeth.
- Medically necessary TMD is a covered benefit. Pretreatment estimate required.
- Implants and implant related services are payable once per tooth in any five-year period.

**Maximum Benefit Amount:** Applies to all services except cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption). Orthodontic Lifetime applies to cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

**Deductible:** The deductible does not apply to diagnostic, preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, consultations, cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

### **Selecting a Dentist**

*When making an appointment, confirm that the dentist participates in the Delta Dental PPO network, as referenced at the top of this Summary of Dental Plan Benefits, in order to minimize your out-of-pocket expenses.*

For on-line access to New Mexico Provider Directories, or to search for a dentist nationally, visit the website at [www.deltadentalnm.com](http://www.deltadentalnm.com) and select "Find a Dentist".

#### **Delta Dental PPO Dentist**

Selecting a Delta Dental PPO Participating Dentist will ensure the lowest out-of-pocket expenses. Delta Dental PPO Dentists have agreed to accept payment according to the Delta Dental PPO Fee Schedule. You will be responsible for any copayment and deductible (if applicable) for covered services. You are also responsible for the full payment for any non-covered services.

#### **\*Delta Dental Premier – (Does Not Participate in Delta Dental PPO Network)**

Delta Dental Premier Participating Dentists are contracted with Delta Dental and may bill up to the Delta Dental Premier Maximum Approved Fees. Selecting a Non-Participating Delta Dental PPO Dentist who participates in Delta Dental Premier, you will be responsible for any copayment and deductible (if applicable) for covered services. **You will also be responsible for the difference in fees between the Delta Dental PPO Fees Schedule and the Delta Dental Premier Fee Schedule.** You are responsible for the full payment for any non-covered services.

#### **\*Non-Participating Dentist**

Selecting a non-participating Dentist may result in higher out-of-pocket expenses. Non-participating Dentists **do not** contract with Delta Dental therefore do not accept the Delta Dental's Maximum Approved Fees as payment in full. In addition to any copayment, deductible, and fees for non-covered services, **you will also be responsible for any difference between the Dentist's submitted charge and the Maximum Approved Fees for non-participating dentists.**

**Eligibility Provisions:** An employee who works the minimum number of hours per week and/or satisfies the eligibility definition(s) and Eligibility Waiting Period as specified by the Client and agreed to by Delta Dental.

Upon your enrollment, your dependents may also be eligible for enrollment. Eligible dependents are: Your legal spouse and your children as defined in the Dental Benefit Handbook. Eligible children include your children through the end of the month of their 26th birthday regardless of employment, marital status, or student status and unmarried children over age 26 who cannot support themselves because of a mental or physical impairment which can be verified by Delta Dental. In addition, your domestic partner, as defined by the Group and approved by Delta Dental, and his/her children (as defined in the Dental Benefit Handbook) may enroll subject to the same timely enrollment or other applicable requirements.

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Subject to any additional requirements which may apply, individuals are eligible to enroll on the first day of the month following one (1) month of continuous employment.

Subject to any other provisions which may also apply, benefits will cease on the last day of the month in which the employee is terminated.

**Special Benefit Provisions:** None.

**UNDERSTAND YOUR BENEFITS:** This Summary of Dental Plan Benefits is intended only to highlight benefit levels. It does not reflect all limitations or plan provisions and does not provide complete coverage information. Refer to your Dental Benefit Handbook for other important eligibility and plan provisions. Contact Delta Dental's Customer Service Department to speak with a representative who can answer your coverage questions.

Ask your dentist for a Pre-treatment estimate of benefits anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-treatment estimates are strongly recommended and there is no charge for this service.

This Summary of Dental Plan Benefits is attached and is a component of the Dental Benefit Handbook. This Summary of Dental Plan Benefits supersedes any contract provision of the Dental Benefit Handbook and the Group Administrative Services Contract.

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## Your VSP Vision Benefits Summary

Welcome to VSP<sup>®</sup> Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

**Personalized Care.** A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit: have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

**Choice of Providers.** With open access to see any eyecare provider you can see the one who's right for you. Choose a VSP doctor or any other provider.

### Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.** Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit [vsp.com](http://vsp.com) or call 800.877.7195.



CAT#0081 JDD#03755CM 8/10

Village of Ruidoso and VSP provide you an affordable eyecare plan.

Doctor Network.....VSP Signature

### Your Coverage with a VSP Doctor

**WellVision Exam<sup>®</sup>** focuses on your eye health and overall wellness

- \$15.00 copay.....every 12 months

**Prescription Glasses**

- \$15.00 copay

**Lenses**.....every 12 months

- Single vision, lined bifocal, lined trifocal lenses and tints
- Polycarbonate lenses for dependent children

**Frame**.....every 12 months

- \$130.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

**Contacts (instead of glasses)**.....every 12 months

- Up to \$60.00 copay for your contact lens exam (fitting and evaluation)
- \$130.00 allowance for contacts

### Extra Discounts and Savings

**Glasses and Sunglasses**

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

**Contacts**

- 15% off cost of contact lens exam (fitting and evaluation)

**Laser Vision Correction**

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor
- \$500.00 allowance per eye applied after all charges have been computed.

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam .....	Up to \$50.00
Single vision lenses .....	Up to \$50.00
Lined bifocal lenses .....	Up to \$75.00
Lined trifocal lenses .....	Up to \$100.00
Frame .....	Up to \$70.00
Contacts .....	Up to \$105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

# VSP Laser VisionCare<sup>SM</sup> Program



More than 700,000 people undergo laser vision surgery annually in the United States, making it one of the most common elective surgeries<sup>1</sup>. Laser vision surgery only takes minutes per eye and can deliver fantastic benefits, like: immediate vision improvement, freedom from dependency on corrective eyewear, the ability to pursue new activities without eyewear restrictions, and ultimately the satisfaction of clearer vision.

The VSP Laser VisionCare Program provides members with discounts through VSP-contracted laser facilities. Discounts average 15-20% off or 5% off a promotional offer for laser vision surgery, including PRK, LASIK, and Custom LASIK<sup>2</sup>. And, because the VSP Laser VisionCare Program is complimentary with most VSP plans, your members can save hundreds of dollars at no additional cost to you.

## Laser Vision Surgery Overview

### Laser Vision Surgeries

- There are several laser vision surgery treatments available; the surgeon will determine which option will provide the best outcome for the member

### Laser Vision Surgery Facts

- There are more than 63 million potential candidates for laser vision surgery in the United States<sup>3</sup>
- LASIK patients are trending younger, the average age is between 25 and 34<sup>4</sup>
- 95% of patients reported improved vision after their laser vision surgery<sup>1</sup>
- 90% of patients report vision of 20/40 or better after LASIK surgery<sup>5</sup>
- 85% of patients reported their quality of life improved after their laser vision surgery<sup>1</sup>

## Benefits through a VSP Preferred Provider

### Complimentary Screening

- Complimentary screening to determine if the member is a good candidate for laser vision surgery
- Initial discussion about the benefits, risks, and surgery alternatives with the member

### Pre-operative Exam

- Pre-operative eye exam to measure the member's degree of refractive error and review medical history

### Post-operative Exams

- Post-operative follow-up exams to ensure the eyes heal properly during recovery

### Consultation

- Review benefits, risks, and potential side effects of recommended treatment with the member

- Laser Vision Surgery**
- Surgery performed by a participating surgeon at a VSP Laser VisionCare Facility
  - The surgeon will determine which procedure will provide the best possible outcome for the member

- Fees**
- The member pays the facility either the discounted rate or the not-to-exceed amount, whichever is less. The member will never pay more than the following not-to-exceed amounts:
    - \$1500 per eye for PRK
    - \$1800 per eye for LASIK
    - \$2300 per eye for Custom LASIK
  - The pre and post-operative services and laser correction are provided at a discounted rate. While discounts will vary by location, the average is 15% off of the laser center's U&C price. Additionally, if the center is offering a temporary price reduction, the member may receive an additional discount. In addition to the discount, the allowance of \$500 per eye is applied to the remaining cost.
  - The frequency is once per lifetime.

- Enhancement Follow-up Surgery<sup>7</sup>**
- Although uncommon, surgery does not always correct vision to the doctor's and member's satisfaction. If the member and the doctor agree that it's necessary, an enhancement surgery and follow-up care may be performed at no additional cost to the member.

1 Source: American Society of Cataract and Refractive Surgery, 2008

2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

3 Source: MarketScope, 2008

4 Source: MarketScope, 2010

5 Source: American Association of Professional Eyecare Specialists

6 The screening is complimentary; however, if the member has a pre-operative exam and does not proceed with the surgery, the VSP Preferred Provider may charge the member a discounted exam fee up to \$100.

7 Each VSP-contracted laser facility's enhancement surgery policy can vary. No-cost enhancements are typically performed within the first year, but some centers offer commitments as long as the member's lifetime.

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## Long-Term Disability Insurance

### SUMMARY OF BENEFITS

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**Sponsored by:** Village of Ruidoso

**Effective date:** July 01, 2012

#### All Active Full-time Employees

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

<b>Eligibility</b>	All full-time active employees working 20 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
<b>Maximum Monthly Benefit</b>	60% of salary up to \$6000 per month
<b>Maximum Benefit Duration</b>	Later of Age 65 or Social Security Normal Retirement Age
<b>Elimination Period</b>	90 days  The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation Period</b>	24 months
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days.
<b>Pre-Existing Condition</b>	No treatment for 3 months prior to the coverage effective date unless it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date.
<b>Enrollment</b>	You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.
<b>Survivor Income</b>	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying

<b>Benefit</b>	disability payments.
<b>EmployeeConnect<sup>SM</sup></b>	Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal or workplace issues.
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit
<b>Progressive Income Benefit</b>	If you are disabled and have a loss of two or more Activities of Daily Living, you will receive an additional benefit of 10% to a maximum of \$5000.
<b>Family Care Expense</b>	If you have a qualified disability and incur Family Care Expenses, you will be reimbursed for expenses up to \$250 for a maximum of 12 months.

## Understanding Your Benefits

<b>Total Disability</b>	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for 24 months. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment.</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement</li></ul>



**Term Life Insurance and AD&D  
Coverage Highlights**

**Village of Ruidoso  
Policy # R0433383**

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

**Your Plan**

**Eligibility**

All employees working at least 20 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

**Coverage Amounts**

Your benefit is as follows:

Employee: Flat \$10,000  
75 30% Spouse: Flat \$2,000

Life

Child: 14 days to 6 months: \$100 Life  
6 months to 19 years  
(26 years if full-time student): \$1,000 Life

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
65	65% of original amount
70	50% of original amount
75	30% of original amount
80	20% of original amount

Coverage may not be increased after a reduction.

**Additional Benefits**

**Life Planning Financial &  
Legal Resources**

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

## **Term Life Insurance and AD&D Coverage Highlights (Continued)**

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<b>Portability/Conversion</b>	If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.
<b>Accelerated Benefit</b>	If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 100% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.
<b>Waiver of Premium</b>	If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.
<b>Retained Asset Account</b>	Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.
<b>Additional AD&amp;D Benefits</b>	<b>Education Benefit:</b> If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. (Not available in Illinois or New York.) <b>Seat Belt/Air Bag Benefit:</b> If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

### **Limitations/Exclusions/ Termination of Coverage**

<b>Suicide Exclusion</b>	Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.  No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.
<b>AD&amp;D Benefit Exclusions</b>	AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from: <ul style="list-style-type: none"><li>• Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;</li><li>• Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane;</li><li>• War, declared or undeclared, or any act of war;</li><li>• Active participation in a riot;</li><li>• Attempt to commit or commission of a crime;</li><li>• The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to</li></ul>



## Voluntary Term Life Insurance and AD&D Coverage Highlights

### Village of Ruidoso Policy # TBD

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

#### Your Plan

##### **Eligibility**

All employees working at least 20 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

##### **Coverage Amounts**

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

Spouse: Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000.* Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.  
*Not to exceed \$10,000.*  
*The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000.* Benefits will be paid to the employee.

*In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.*

Your AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*  
*You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.*

Spouse: Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000.* Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.  
*Not to exceed \$10,000.*  
*The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000.* Benefits will be paid to the employee.

*In order to purchase AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.*

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

**Term Life Insurance and AD&D  
Coverage Highlights (Continued)**

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Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
65	65% of original amount
70	50% of original amount
75	30% of original amount
80	20% of original amount

Coverage may not be increased after a reduction.

**Guarantee Issue**

**Current Employees:** During your initial enrollment you may apply for any amount of Life insurance coverage up to \$110,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll during your initial enrollment, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of Life insurance coverage. AD&D coverage does not require evidence of insurability.

If you and your eligible dependents enroll during your initial enrollment, and later wish to increase your Life insurance coverage, you may increase your coverage with evidence of insurability at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

**Employees hired after the initial enrollment:** If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$110,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. AD&D coverage does not require evidence of insurability.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your Life insurance coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Please see your Plan Administrator for your eligibility date.

PAYSTUB COMPARISON

**WITHOUT DEFINED BENEFIT PLAN**  
*Semi-Monthly Paycheck*

STANDARD CORP. 11 Mockingbird Lane Anycity, AZ 11234	2500 May 30, 2013
PAY TO THE ORDER OF <u>Rick Deckard</u>	\$1485.55
<u>One-Thousand Four-Hundred Eight-Five and 55/100</u>	DOLLARS
MEMO _____	AUTHORIZED SIGNATURE _____
⑈002111299⑈ Ⓜ13011250⑈ Ⓜ399 1131 7⑈	

<b>GROSS PAY</b>	<b>CURRENT</b>
	\$2000.00
<b>DEDUCTIONS FROM GROSS</b>	<b>CURRENT</b>
<b>TAXES</b>	<b>CURRENT</b>
Federal Withholding	-\$307.45
State Withholding	-\$54.00
Social Security	-\$124.00
Medicare	-\$29.00
	<b>-\$514.45</b>
<b>NET PAY</b>	<b>\$1485.55</b>

**WITH DEFINED BENEFIT PLAN**  
*Semi-Monthly Paycheck*

STANDARD CORP. 11 Mockingbird Lane Anycity, AZ 11234	2500 May 30, 2013
PAY TO THE ORDER OF <u>Rick Deckard</u>	\$1485.55
<u>One-Thousand Four-Hundred Eight-Five and 55/100</u>	DOLLARS
MEMO _____	AUTHORIZED SIGNATURE _____
⑈002111299⑈ Ⓜ13011250⑈ Ⓜ399 1131 7⑈	

<b>GROSS PAY</b>	<b>CURRENT</b>
	\$2000.00
<b>DEDUCTIONS FROM GROSS</b>	<b>CURRENT</b>
125 Premium	-\$350.00
<b>TAXES</b>	<b>CURRENT</b>
Federal Withholding	-\$219.95
State Withholding	-\$44.55
Social Security	-\$102.30
Medicare	-\$23.93
	<b>-\$390.73</b>
<b>ADJUSTMENTS TO NET PAY</b>	<b>CURRENT</b>
Advance Benefit	\$346.50
Life Insurance	-\$62.50
Critical Illness Insurance	-\$25.02
Short Term DI	-\$32.70
	<b>\$226.28</b>
<b>NET PAY</b>	<b>\$1485.55</b>



# ACCIDENTS HAPPEN.

Wouldn't you like extra protection for your family?

AccidentAdvance<sup>SM</sup>  
accident insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

**Now there's help if you suffer an accident.**

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to cover your increased expenses. Accident insurance pays benefits you can use for medical bills and other out-of-pocket expenses – or for any other purpose, including paying your mortgage or other bills. Your medical coverage may not take care of all of the added expenses you'll have after an accident.

**Extended physical therapy benefits, emergency room treatment, and more.**

Did you know that 29.5 million visits to the emergency room in a given year will be because of accidents?<sup>1</sup> You'll want your family protected. This policy helps provide protection for you and your insured family every day of the year for covered accidents. Pays benefits for:

- Accident only emergency benefit, including X-rays and physician care received within 96 hours of an accident
- Accident only follow-up visits and physical therapy benefit, which could be important for recovery
- Initial accident only hospitalization benefit, including ambulance and intensive care

These benefits are paid directly to you, not to your doctor or hospital. You can use this money for anything you need. The extra cash can really help you and your family during a difficult time.

**Help protect yourself, your spouse, and your eligible dependents.**

Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25.

Help offset your major medical deductible
Spouse and Children Coverage Available
Convenient Payroll Deduction
Guarantee Issue Coverage
Competitively Priced Premiums
You Can Keep Coverage If You Change Jobs or Retire

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, [cdc.gov/nchs/fastats/acc-inj.htm](http://cdc.gov/nchs/fastats/acc-inj.htm).

This is a brief summary of AccidentAdvance, Accident Insurance. Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



25950291  
CAV01C-1112

## PRODUCT DETAILS

Plan 1  
24 Hour

Module 1 Accident Emergency Treatment		7.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.		\$175	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$280	
<b>Dislocation Benefit</b> Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	\$5,600	\$1,890
	Knee or Shoulder	\$1,890	\$770
	Collar Bone	\$3,010	\$560
	Ankle or Foot (except toes)	\$1,890	\$560
	Lower Jaw	\$1,890	\$980
	Wrist or Elbow	\$1,540	\$770
Toe or Finger	\$420	\$210	
<b>Fractures Benefit</b> For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Coccyx	\$980	\$490
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$2,380	\$1,190
	Hip	\$7,000	\$2,380
	Leg	\$2,940	\$2,380
	Nose, Heel or Fingers	\$2,380	\$490
	Ribs	\$4,690	\$490
	Skull	\$3,780	\$1,400
	Toes	\$980	\$490
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,800	\$1,190
	Vertebrae, Pelvis	\$1,190	\$1,190
Vertebral Processes	\$4,690	\$700	

**For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.**

## PRODUCT DETAILS

<b>Module 2 Follow-Up Visits and Physical Therapy</b>		<b>5.00 Units</b>
<b>Accident Follow-Up Treatment Benefit</b> Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		<b>\$50</b>
<b>Physical Therapy Benefit</b> For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		<b>\$50</b>
<b>Module 3 Initial Accident Hospitalization</b>		<b>5.00 Units</b>
<b>Initial Accident Hospitalization Benefit</b> Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		<b>\$1,500</b>
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	<b>\$300</b>
	Air Ambulance	<b>\$1,500</b>
<b>Additional Riders</b>		
<b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b>		<b>10.00 Units</b>
<b>Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		<b>\$250</b>
<b>Accident ICU Benefit</b> For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		<b>\$750</b>

## PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		10.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
<b>Burns</b> Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	<b>Second-degree burns of body surface:</b> At least 25%, but not more than 35%	\$600
	More than 35%	\$1,500
	<b>Third-degree burns of body surface:</b> 6 through 10 square centimeters	\$1,500
	10 through 25 square centimeters	\$4,000
	25 through 35 square centimeters	\$9,000
	more than 35 square centimeters	\$12,000
<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	\$40
	Single laceration less than 7.5 centimeters	\$80
	Lacerations 7.6 to 20 centimeters	\$300
	Lacerations over 20 centimeters	\$600
<b>Eye Injury</b>	With surgical repair	\$400
	Non-surgical removal of foreign body by physician	\$70
<b>Emergency Dental Work</b>	One or more broken teeth repaired with crowns	\$300
	One or more broken teeth resulting in extractions	\$80
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.		\$200
<b>Coma</b> Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$15,000
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$15,000
	Paraplegia (paralysis of lower limbs)	\$7,500
<b>Tendons, Ligaments and/or Rotator Cuffs</b> Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000
<b>Ruptured Discs and/or Torn Knee Cartilage</b> Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000

## PRODUCT DETAILS

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		<b>\$1,500</b>
<b>Appliance</b> For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		<b>\$200</b>
<b>Prosthetic Devices</b> For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	<b>\$750</b>
	Two or more prosthetic devices	<b>\$1,500</b>
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		<b>\$400</b>
<b>Transportation</b> Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.		<b>\$600</b>
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered		

Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	<b>\$60</b>
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## PRODUCT DETAILS

Rates					
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan I 24 Hour	Semi-Monthly	\$9.82	\$12.85	\$15.25	\$18.51

## LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

### Termination of Insurance

Subject to the Portability Option, insurance coverage on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for coverage;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel coverage.

The insurance coverage on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's coverage terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent coverage;
- the date the employee sends us a written notice to cancel coverage on a dependent.

### Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while coverage was in force; or
- any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the covered person is no longer hospitalized or receiving treatment.

### Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

## LIMITATIONS AND EXCLUSIONS

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### **Termination of the Group Master Policy**

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

### **Other Insurance with Us**

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.



# Everyone deserves a better Tomorrow.

CriticalAssistance® Advance is critical illness insurance designed to be cost-effective as it provides valuable benefits.

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

### A critical illness can impact your family at any time. It pays to be ready.

A recent study in Washington state found that compared to the general population, bankruptcy rates were nearly twice as high among cancer patients one year after diagnosis, and the median time to bankruptcy was two and a half years after diagnosis.<sup>1</sup> Critical Illness insurance can help you and your family prepare for the financial stress a critical illness can cause.

### Understanding CriticalAssistance® Advance

CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence after the effective date of a heart attack, stroke, cancer or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

### Critical Illness Lump Sum Benefit

Pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

### Issue Ages

Employee and spouse from age 18 and up, eligible children from birth through age 25.

Payments can be used to cover related expenses, medical or otherwise, including:

**Deductibles, co-pays, hospital bills and other medical expenses**

**Child care or house-sitting for the family pet**

**Credit card payments and other household bills**

**Travel to out-of-town hospital or treatment facility**

**Non-medical expenses like missed work and house-keeping**

<sup>1</sup> American Heart Association, *Heart Disease and Stroke Statistics-2011 Update*, <http://circ.ahajournals.org/content/123/4/e18.full.pdf>, accessed on Nov. 6, 2012. Use of statistic does not imply endorsement.

This is a brief summary of CriticalAssistance Advance, Critical Illness Insurance. Policy form series CPC10400 and CCC10400.

Forms and form numbers may vary and this coverage may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



CCA01C-0813

## PRODUCT DETAILS

Category 1	Percentage of Benefit	Plan 1
Heart Attack	100%	Included
Stroke	100%	Included
Heart Transplant Surgery	100%	Included
Coronary Bypass Surgery	25%	Included
Angioplasty/Stent	5%	Included

Category 2	Percentage of Benefit	Plan 1
Major Organ Transplant Surgery (excluding heart)	100%	Included
End-Stage Renal Failure	100%	Included
Burns (3rd degree or 50% coverage)	100%	Included
Coma	100%	Included
Loss of Sight, Speech, and/or Hearing	100%	Included
Miscellaneous Diseases	100%	Included
Paralysis Not due to Stroke - all 4 limbs	100%	Included
Paralysis Not due to Stroke - less than 4 limbs	50%	Included
Alzheimer's Disease	30%	Included

Category 3	Percentage of Benefit	Plan 1
Invasive Cancer	100%	Included
Bone Marrow Transplant	100%	Included
Carcinoma in situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included

Optional Riders	Plan 1
Intensive Care Benefit Rider Daily Benefit	\$1000.00
Quality of Life Benefit Rider Monthly Benefit	5%
Recurrent Critical Illness Benefit Rider Benefit	75%
Wellness Benefit Rider Annual Benefit	\$100

**Elected Benefit** - Employee coverage is available up to \$50,000 in \$5,000 increments. Dependent coverage is available for 50% of the employee's Elected Benefit.

**Lifetime Maximum Benefit** - Total Critical Illness and Recurrent Benefits are limited to 3 times the Elected Benefit.

## PRODUCT DETAILS

### Plan 1 Semi-Monthly UniTobacco Rates

**Category 1:** Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

**Category 2:** Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing, Alzheimer's Disease and Miscellaneous Diseases

**Optional Riders:**

**Category 3:** Cancer Benefit Rider

Wellness Benefit Rider (\$100), Recurrent Critical Illness Benefit Rider (75%), Intensive Care Benefit Rider (\$1000.00) and Quality of Life Benefit Rider

#### Employee

Age	\$15000
18-29	\$12.30
30-39	\$13.50
40-49	\$20.02
50-59	\$32.55
60-64	\$59.25
65+	\$68.25

#### 1 Parent Family

18-29	\$13.60
30-39	\$14.80
40-49	\$21.32
50-59	\$33.85
60-64	\$60.55
65+	\$69.55

#### 2 Parent Family

18-29	\$18.97
30-39	\$20.92
40-49	\$31.27
50-59	\$49.05
60-64	\$88.80
65+	\$99.22

The above rates reflect the addition of first occurrence coverage.

Issue State: New Mexico  
Rate generation date: June 26, 2014

## SUMMARY OF BENEFITS

### Critical Illness Benefit

CriticalAssistance Advance pays a lump sum benefit equal to the Elected Benefit multiplied by the applicable percentage shown above upon the first occurrence of a covered critical illness within each category. First occurrence means a critical illness that is diagnosed on or after the effective date.

If the total benefit paid in a category is less than 100% of the Elected Benefit, we will pay upon the diagnosis of a different type of critical illness within the same category. The lump sum benefit is equal to the Elected Benefit multiplied by the applicable percentage shown above, not to exceed the remaining Elected Benefit for the category. Cumulative benefits paid within each category will not exceed 100% of the Elected Benefit.

#### Cancer Benefit Rider (Rider Form Series CBCAN400)

Cancer Benefit Rider (Rider Form Series CBCAN400)

If included in your plan, this rider adds Category 3 to the list of covered Critical Illnesses.

#### Cancer Benefit Rider (Rider Form Series CBCAN400)

If included in your plan, this rider adds Category 3 to the list of covered Critical Illnesses. Recurrent Critical Illness means a covered critical illness that is not eligible for payment under the Critical Illness Benefit as a First Occurrence. Diagnosis must be made after the effective date and while coverage is in force. Total Recurrent Benefits paid under this rider will not exceed the Lifetime Maximum Benefit. Recurrent Benefits are subject to the

### Recurrent Critical Illness Benefit Rider (Rider Form Series CRICU400)

If included in your plan, we will pay a lump sum Recurrent Benefit equal to the selected percentage multiplied by the Elected Benefit multiplied by the applicable percentage upon the diagnosis of a Recurrent Critical Illness. Recurrent Critical Illness means a covered critical illness that is not eligible for payment under the Critical Illness Benefit as a First Occurrence. Diagnosis must be made after the effective date and while coverage is in force. Total Recurrent Benefits paid under this rider will not exceed the Lifetime Maximum Benefit. Recurrent Benefits are subject to the

### Wellness Benefit Rider (Rider Form Series CRWEL400)

If included in your plan, we will pay the selected amount per calendar year for each covered person when a charge is incurred for one of the following cancer screening tests: biopsy, blood test for triglycerides, bone marrow testing, breast ultrasound, CA 125 (blood test for ovarian cancer), CA 15-3 (blood test for breast cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool specimen, mammogram, Pap test, PSA (prostate-specific antigen tests), serum cholesterol test to determine HDL/LDL level, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, or thermography.

This benefit is limited to one payment per calendar year per covered person (not subject to the Lifetime Maximum Benefit).

### Intensive Care Benefit Rider (Rider Form Series CRICU400)

If included in your plan, we will pay the following benefits (not subject to the Lifetime Maximum Benefit):

**Daily Benefit** - We will pay the selected benefit for each day of Intensive Care Unit (ICU) confinement. We will pay 50% of the selected benefit for confinement in a Step-Down Unit. Benefits are limited to 45 days per hospital confinement. Hospital confinements separated by 30 days or less are considered a single confinement. We will only pay one benefit per day.

**Ambulance Benefit** - We will pay the actual charges, not to exceed twice the Daily Benefit, for transportation by a licensed ambulance service to a hospital for admission to an ICU or Step-Down Unit for a covered confinement. Actual charges means the amount paid by or on behalf of the insured and accepted by the provider as payment for the services provided. Ambulance transportation in excess of 100 miles from the point of origin must be to the nearest hospital which contains an ICU and provides necessary medical care.

### Quality of Life Benefit Rider (Rider Form Series CRLIF200)

If included in your plan, we will pay the selected percentage of the Elected Benefit on a monthly basis for confinement in a nursing or assisted living facility, provided that all of the following conditions are met: confinement must begin while this rider is in force. Confinement must be included in the covered person's plan of care. The covered person must be at least 70 years old and be chronically ill. The rider must have been in force for at least 5 years. The 90 day elimination period must have been satisfied.

Total benefits paid under this rider are limited to 100% of the Elected Benefit when combined with all other benefit payments under the contract and all other riders. The Elected Benefit will be reduced by each amount paid under this rider. For each contract month or partial contract month that the covered person receives benefits under this rider, we will waive the premium for their contract.

QT0000041190-01

Transamerica Life Insurance Company



# Everyone deserves a better Tomorrow.

Hospital Select<sup>SM</sup> II is hospital indemnity insurance designed to be cost-effective as it provides valuable benefits.

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

### About Hospital Indemnity Insurance

Are you financially prepared if an unexpected illness or accident causes you or one of your family members to spend one day, two days or longer in the hospital? Recovering from a serious illness or accident is difficult enough without having to worry about the added financial stress of being in the hospital.

You can help protect yourself with a product that pays benefits for expenses that arise if you or a covered family member end up in the hospital. It's called Hospital Select II, hospital indemnity insurance.

### How Hospital Select<sup>SM</sup> II Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. You can use hospital indemnity insurance benefits to defray the expenses that major medical insurance doesn't cover like deductibles, co-pays or co-insurance amounts. Benefits can also be used for non-medical expenses such as your rent or mortgage, car payment, groceries, or child care.

Hospital Select II can help reduce your financial stress with real dollars that are paid to you quickly so you can focus on recovery. Benefits when you need them most, peace of mind when you don't. Plus, benefits are paid in addition to any other insurance you may have and this protection is available at a competitive cost.

Individual and Family coverage available

No coinsurance, co-pays or deductibles

No waiting period

No health questions, exams or blood tests

Benefits are paid in addition to other insurance (except for workers' compensation)

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE.  
IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).



This is a brief summary of Hospital Select<sup>SM</sup> II Limited Benefit Hospital Indemnity Insurance. Policy Form Series CPGH400 or CCGH400. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

CHS201C-1113

# Hospital Select® II hospital indemnity insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

LIFE

HEALTH

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per covered person.

<b>Daily In-Hospital Indemnity Benefit</b>		<b>Plan 1</b>
Pays each day a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.		\$100.00
	Maximum	31 Days per confinement
<b>Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400)</b>		
Pays each day a covered person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown.		\$200.00
	Maximum	3 days per calendar year/6 days per lifetime
<b>Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400)</b>		
Pays each day a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.		\$1000.00
	Maximum	1 day per confinement/1 day(s) per calendar year
<b>Inpatient Miscellaneous Indemnity Benefit Rider (Rider Form Series CRIPM400)</b>		
Pays each day a covered person is confined to a hospital as the result of a covered accident or sickness.		\$100.00
	Maximum	31 days per confinement
<b>Surgical and Anesthesia Indemnity Benefit Rider (Rider Form Series CRSRGP00)</b>		
Pays each day a covered person undergoes surgery, as follows:		
Inpatient Surgery		\$1000.00
Calendar Year Maximum		1 day
Outpatient Surgery		\$500.00
Calendar Year Maximum		1 day
Outpatient Minor Surgery		\$100.00
Calendar Year Maximum		1 day
If anesthesia is administered, pays an additional		30%
<b>Non-Insurance Benefits:</b>		
TeleMedicine Option offered by:		Ameridoc

# Hospital Select® II hospital indemnity insurance

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

LIFE

HEALTH

## Plan 1 Semi-Monthly Rates Hospital Select II

Ver 1.L3.00.0.00

Age	Employee	Employee and Spouse	Employee and Child	Family
All Ages	\$22.48	\$47.33	\$36.87	\$56.84

\*The illustrated rates DO NOT contain a pre-existing condition limitation.

*This custom plan is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPGHI400.*

Issue State: New Mexico  
Rate generation date: June 27, 2014



## WE BELIEVE YOU DESERVE A BETTER TOMORROW

How would you and your family make it with no paycheck? Now there's insurance to help protect your income if you ever get sick or hurt and can't work.

### TransDI® Plus short-term disability income insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

Did you know that 25% of those entering the workforce today will face disability at some point during their working lives?<sup>1</sup> If you're one of them, you'll probably get better and return to work after a recovery period, but how would you pay your bills in the meantime? Would you rather be focused on getting better, or worrying about your family's finances?

Income Protection for up to 60% of your salary

Elimination period, and monthly

**Other means of support may not be available when you need them most.** Choose benefits that fit your needs.

If you have a long-term disability or leave days, will you have enough savings to make it?

Borrow money from family or friends? Would you want to borrow money from family or friends while you're getting well? Disability benefits can be difficult and time consuming to receive. TransDI® Plus is making voluntary short-term disability income insurance

Waiver of Premium for Total Disability

Social Security disability benefits. Now your company's TransDI® Plus help

#### Amount of monthly benefit you need.

TransDI® Plus can replace up to 60% of your salary if you are unable to work

because of a disability, and you can select the amount you want to buy in \$100 increments. For periods of disability that last less than one month, you will be paid at 1/30<sup>th</sup> of the monthly benefit for each day for which you are eligible to receive benefits.

#### When would your benefits start?

If you become totally disabled and are unable to work because of an accident or illness, you will begin a "waiting period" before you receive benefits.

Partial Disability Benefits

You choose the amount of TransDI® Plus help



<sup>1</sup> Council for Disability Awareness, 2012  
Use of statistics does not imply endorsement.

CDI01C-0812

# PRODUCT DETAILS

## Plan 1 Semi-Monthly Premium Class B Rates

Benefit Period: 3 Months  
 Accident Elimination Period: 0 Days  
 Sickness Elimination Period: 7 Days

Rates include the following optional riders:  
 Accelerated Benefit for Terminal Illness  
 Hospital Indemnity Benefit Rider

Monthly Benefit*	Age 18-49	Age 50-59	Age 60+	Monthly Benefit*	Age 18-49	Age 50-59	Age 60+
\$300	\$6.69	\$8.43	\$11.61	\$2,700	\$57.57	\$73.23	\$101.85
\$400	\$8.81	\$11.13	\$15.37	\$2,800	\$59.69	\$75.93	\$105.61
\$500	\$10.93	\$13.83	\$19.13	\$2,900	\$61.81	\$78.63	\$109.37
\$600	\$13.05	\$16.53	\$22.89	\$3,000	\$63.93	\$81.33	\$113.13
\$700	\$15.17	\$19.23	\$26.65	\$3,100	\$66.05	\$84.03	\$116.89
\$800	\$17.29	\$21.93	\$30.41	\$3,200	\$68.17	\$86.73	\$120.65
\$900	\$19.41	\$24.63	\$34.17	\$3,300	\$70.29	\$89.43	\$124.41
\$1,000	\$21.53	\$27.33	\$37.93	\$3,400	\$72.41	\$92.13	\$128.17
\$1,100	\$23.65	\$30.03	\$41.69	\$3,500	\$74.53	\$94.83	\$131.93
\$1,200	\$25.77	\$32.73	\$45.45	\$3,600	\$76.65	\$97.53	\$135.69
\$1,300	\$27.89	\$35.43	\$49.21	\$3,700	\$78.77	\$100.23	\$139.45
\$1,400	\$30.01	\$38.13	\$52.97	\$3,800	\$80.89	\$102.93	\$143.21
\$1,500	\$32.13	\$40.83	\$56.73	\$3,900	\$83.01	\$105.63	\$146.97
\$1,600	\$34.25	\$43.53	\$60.49	\$4,000	\$85.13	\$108.33	\$150.73
\$1,700	\$36.37	\$46.23	\$64.25	\$4,100	\$87.25	\$111.03	\$154.49
\$1,800	\$38.49	\$48.93	\$68.01	\$4,200	\$89.37	\$113.73	\$158.25
\$1,900	\$40.61	\$51.63	\$71.77	\$4,300	\$91.49	\$116.43	\$162.01
\$2,000	\$42.73	\$54.33	\$75.53	\$4,400	\$93.61	\$119.13	\$165.77
\$2,100	\$44.85	\$57.03	\$79.29	\$4,500	\$95.73	\$121.83	\$169.53
\$2,200	\$46.97	\$59.73	\$83.05	\$4,600	\$97.85	\$124.53	\$173.29
\$2,300	\$49.09	\$62.43	\$86.81	\$4,700	\$99.97	\$127.23	\$177.05
\$2,400	\$51.21	\$65.13	\$90.57	\$4,800	\$102.09	\$129.93	\$180.81
\$2,500	\$53.33	\$67.83	\$94.33	\$4,900	\$104.21	\$132.63	\$184.57
\$2,600	\$55.45	\$70.53	\$98.09	\$5,000	\$106.33	\$135.33	\$188.33

\* monthly benefit cannot exceed 60% of monthly compensation

Issue State: New Mexico  
 Rate generation date: June 5, 2014

QT0000039101-01

Transamerica Life Insurance Company

## SUMMARY OF BENEFITS

**Monthly Disability Benefit** - Pays the selected benefit amount each month that an insured is totally disabled, not to exceed the monthly benefit percent shown on the Product Details page. Benefits do not begin until the applicable **Elimination Period** has been satisfied. Periods of disability lasting less than one month will be paid at 1/30th of the monthly benefit for each day of total disability. Benefits will stop once total disability ends or the end of the **Benefit Period**, whichever occurs first.

**Waiver of Premium Provision** - Premiums will be waived once an insured employee has been totally disabled for 90 days or met the elimination period, whichever is later. Premiums must continue to be paid until the waiver begins.

**Partial Disability Benefit** - Pays 50% of the Monthly Disability Benefit for up to 6 months when an insured employee returns to work on a limited basis following a total disability, assuming the partial disability is due to the same reason as the total disability.

**Accelerated Benefit for Terminal Illness Rider** (*Rider Form Series CRDITI00*) - Advances up to 12 months of Monthly Disability Benefits if the insured is diagnosed by a physician, for the first time on or after the effective date, as having a terminal illness.

**Hospital Indemnity Benefit Rider** (*Rider Form Series CRDIHI00*) - Pays 25% of the Monthly Disability Benefit for up to 30 days when an insured is confined to a hospital as the result of the covered accident or sickness that caused the insured's total disability. Only payable for the first hospitalization in any period of disability. After the insured's 65th birthday this benefit will be reduced by 50%.

**Survivor Benefit Rider** (*Rider Form Series CRDISB00*) - Pays an amount equal to 3 Monthly Disability Benefits if the insured dies while receiving benefits. This benefit is not paid if death occurs during the elimination period or after the end of the Benefit Period.

**Portability Option Benefit Rider** (*Rider Form Series CRDISB00*) - Allows the employee to keep coverage if they leave the group or lose coverage for any reason other than nonpayment of premium.

**Physical Therapy Benefit Rider** (*Rider Form Series CRDIPT00*) - Pays the selected amount for each day of physical therapy treatment is received for a covered disability, provided the employee is receiving disability benefits at the time of treatment. Maximum of 10 days per disability period. **Medical Appliance Benefit** pays the selected amount for rental or purchase of a medical appliance to aid in personal locomotion, provided the employee is receiving disability benefits at the time of purchase or rental period. This benefit is not payable for a prosthetic device and is limited to one payment per disability period. **Prosthetic Device Benefit** pays the selected amount for purchase of a prosthetic device, provided the employee is receiving a disability benefit at the time of purchase. Maximum one benefit per period of disability.

## LIMITATIONS AND EXCLUSIONS

### Termination of Insurance

Employee coverage will terminate on the earliest of:

- the date the insured does not qualify as an insured;
- the date the insured retires;
- the date the insured ceases to be on active service;
- the end of the last period for which premium has been paid, subject to the Grace Period;
- the date the group master policy is discontinued.

Termination will have no effect on payment of benefits for a total disability that begins before such termination. We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

### Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to any portability option.

### Other Insurance with Us

An individual can only have one disability income policy or certificate with us. If a person already has disability income insurance with us, such person is not eligible to apply for this coverage.

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.



## TransSure<sup>SM</sup>

### Offer Employees “No Surprises” Whole Life Insurance Policy<sup>1</sup>.

Premiums never change, cash value never decreases, builds from a 4% tax-deferred interest rate and a paid-up benefit is available after 15 years or at age 65, whichever is later.

Your employees will appreciate the certainty that comes with the structure of whole life insurance. As long as the premiums are paid and the policy remains in force, your employees know that their premiums will never go up and, provided they do not make loans against their cash value, the cash value will never go down. The policy’s account value earns a minimum interest rate of at least 4% tax deferred, another feature many employees will value.

Employees who participate will have a paid-up life insurance policy for half of the face amount at age 65 or after 15 years, whichever is later. Additional provisions include benefits should a terminal illness occur and to keep coverage in force in the event of a layoff. Because the policy is completely voluntary – funded through payroll deduction – it adds no uncertainty to your benefits budget.

#### Something for Every Employee: \$5,000 to \$500,000 of Coverage Available

Employees can participate for as little as \$4.00 per week. With higher payment amounts, the same policy can provide as much as a half-million dollars of potential benefits, and the coverage is fully portable for your employees in the future. They can also choose to buy coverage for an eligible spouse or dependent children.

#### You Select the Optional Benefits to Offer, Keeping the Choices Simple for Employees

Decide what benefits best suit your employees. It’s an easy way to customize a policy for your work force, keeping the process easy for your busy employees and allowing them to select the right benefit levels for their needs.

#### Less Disruption for Your Workplace

While there is no out-of-pocket cost for you, we realize that setting up voluntary enrollments takes your time and that of your team. We’ve developed a unique, streamlined enrollment system – with guaranteed issue down to 10 applicants – that works whether your employees are all in one place or spread over multiple states. Often we can use a simple web-based enrollment instead of individual applications to enroll, offering a much easier, less-intrusive process for you and your employees.

#### TransSure<sup>SM</sup> Fast Facts

Who can participate:

- Employees age 16 – 70 (\$5,000 - \$500,000 coverage)
- Spouse or equivalent by law ages 16 – 65 (\$5,000 - \$100,000 coverage)
- Children/grandchildren ages 15 days – 24 years (\$25,000 coverage)
- Children ages 15 days – 17 years (\$10,000 level term insurance) (Provided you choose to offer this option) (Employee participation is required for dependents to be eligible.)



<sup>1</sup> Guarantees contingent on all monthly premiums being paid and the policy remaining in force. Cash value is guaranteed not to decrease provided the policyholder does not take any loans against the cash value

### Included Riders:

- **Accelerated Death Benefit for Terminal Illness** — Allow a covered employee to use the life insurance death benefit early if diagnosed with a terminal illness (not available in Massachusetts.)
- **Waiver of Monthly Deduction Due to Layoff** — Keep employee insurance in force for up to six months in the event of an involuntary layoff (not available in Massachusetts, Minnesota, New Jersey, Virginia and Vermont).

### Decisions you'll need to make:

Decide which of the following optional benefit riders to include. Your agent can provide you with more details (availability may vary by state):

- **Accelerated Death Benefit for Critical Care Condition** — Enables those covered to take an early payment of their life insurance death benefit in the event of cancer, stroke, heart attack, end stage renal failure, or major organ transplant surgery in amounts of 25% or 50% of the face amount or \$100,000, whichever is less (not available in Connecticut, Florida, Massachusetts and New Jersey.)
- **Accelerated Death Benefit for Long-Term Care** — Allows a small percentage of the life insurance death benefit to be used each month in the event of nursing home or assisted living facility confinement or for home health care/adult day care services (not available in Massachusetts and Utah.)
- **Extension of Long-Term Care Benefits with Paid-Up Insurance Benefit** — If the entire benefit has been paid under the accelerated death benefit for long-term care, this provision extends those benefits and provides a smaller paid-up life insurance policy (not available in Connecticut, Florida, Massachusetts, North Carolina, New Jersey, Pennsylvania, Texas, Utah and Vermont.)
- **Waiver of Premium Benefit** — Waives policy premiums if the employee policy owner becomes totally disabled (after age 16 and prior to age 60).
- **Accidental Death & Dismemberment Benefit** — Offers additional benefits if the covered person dies in an accident. A percentage of the benefit (25% - 100%) is payable for specific dismemberments caused by a covered accidental injury, and added benefits include amounts for qualified elder care, surviving spouse job training, surviving child education or child care. There are also benefits for death occurring while riding public transportation or when properly using a seat belt and airbag restraints at the time of an automobile accident (not available in Minnesota.)
- **Child Level Term Insurance** — Offers level term life insurance of up to \$10,000 for each eligible child, with all insured children covered for the same amount of insurance (not available in Virginia.)

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

#### **Be sure to ask your agent for a TransSure<sup>SM</sup> proposal to see rate information, which is based on age and tobacco use.**

This is a brief summary of TransSure<sup>SM</sup> Whole Life Insurance. Policy underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy Form Series CPWL0100 and CCWL0100. Rider form series CRABT100, CRULWT00, CRABLT00, CREXTB00, CRABCC00, CRADD200, CRWP0100 and CRCHL00. Forms and form numbers may vary and this coverage may not be available in all jurisdictions. Limitations and exclusions may apply. Refer to the policy, certificate and riders for complete details.

More employers are choosing coverage from one of the broadest portfolios of voluntary benefits, all from Transamerica Employee Benefits.

### Transamerica Employee Benefits

1400 Centerview Drive  
Little Rock, Ark. 72211

(800) 400-3042  
[www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)

Additional products available through Transamerica Life Insurance Company

Universal Life • Whole Life • Basic and Supplemental Group Term Life • Dental • Vision • Legal • Cancer • Accident • Critical Illness  
Short-Term Disability Income • Out-of-Pocket Medical Expense Indemnity • Hospital Indemnity • Stop Loss • Identity Theft • Telehealth

**Medical Network:**

Blue Cross Blue Shield – Your network is the PPO network

[www.bcbsnm.com](http://www.bcbsnm.com) – for providers in New Mexico

[www.bcbs.com](http://www.bcbs.com) – for providers in all other states

**Dental Networks:**

Delta Dental – Your network is the PPO network

[www.deltadentalnm.com](http://www.deltadentalnm.com)

**Vision Networks:**

VSP – Your network is the VSP Signature network

[www.vsp.com](http://www.vsp.com)

**Cobra Administrator:**

Optum Financial Services  
Customer Service 866-301-6681

## **REQUIRED ANNUAL NOTIFICATIONS**

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. Please see the separate notification regarding the CHIP programs available in various States.

### **MEDICARE PART D**

Medicare prescription drug coverage is available 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.

Please see the separate Medicare Part D Disclosure Notice which has information about your current prescription drug coverage with the Village of Ruidoso 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 in the separate Medicare Part D Disclosure Notice.

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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, treatment of physical complications of the mastectomy, including lymphedema.

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. The extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements. If you would like more information about WHCRA required coverage, contact Blue Cross Blue Shield of NM.

# HIPAA NOTICE OF PRIVACY PRACTICES

## Notice of Availability

### Village of Ruidoso Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

Village of Ruidoso, Inc. Employee Benefit Plan (the "Plan") provides health benefits to eligible employees of Village of Ruidoso (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

To receive a copy of the Plan's Notice of Privacy Practices you should contact the Human Resources Director, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: 313 Cree Meadows Dr, Ruidoso, NM 88345/(575)258-4343 ext 1031; fax (575) 258-5848.

## **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: Human Resources Department for the Village of Ruidoso. You must present the Human Resources Department with the COBRA event notice that is contained within this document. You must provide this notice to: Optum Financial Group.**

### **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.

**COBRA Event Notice**

Please complete this form to communicate a COBRA event.

Employer: Village of Ruidoso	Plan:
Employee Name:	SSN:

I am reporting (check one of the following):	
<input type="radio"/> Divorce	Divorce Decree Date:
<input type="radio"/> Court Approved Legal Separation	Legal separation Date:
<input type="radio"/> A child who ceases to meet plan's definition of child	Date child is not a eligible: Date coverage lost:
<input type="radio"/> Social Security Administration Determination of Disability or No Longer Disabled	No Longer Disabled Date: Disability Date:

You must supply evidence of the event. Acceptable evidence is your signed certification below. Except in the case of a Social Security disability determination, you must provide a copy of your Social Security Disability Award letter, or a copy of their determination that you are no longer disabled. You must report within 60 days from the latest of: the date of the event, the date coverage is lost as a result of the event or the date of the Social Security determination, if applicable. Please refer to Event Notice Procedure for specific instructions or your COBRA

Name(s), address and phone of persons losing coverage because of event:

Name	Mailing Address	Phone Number

I declare that I am the covered employee or person who experienced the event or representative of either and certify that the above event has occurred as represented.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form must be submitted to the contact indicated in the General Notification of COBRA Rights and Responsibilities which is the Village of Ruidoso Human Resources Department.

Please keep a copy for your files



**Gilda M Dorbandt**  
**Senior Vice President-Employee Benefits**  
**Phone 575-323-6024**  
**Email [gilda.dorbandt@hubinternational.com](mailto:gilda.dorbandt@hubinternational.com)**

**Nicole Segura**  
**Account Executive**  
**Phone 575-323-6026**  
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**Rosemary Reynaud**  
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## **Notes:**

**DISCLAIMER:** This brochure has been prepared for you to use as an "at a glance" reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment.

**Notes:**

