2020-2021

Benefits Guide

my life | my health | my family

July 1 2020—June 30, 2021

RUIDOSO NEW MEXICO

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children.
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 10 days of your date of hire. If you enroll on time, coverage is effective as of your date of hire.

  If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2020- June 30, 2021.

Choose Carefully

If you choose to participate in the Section 125—Pre-tax plan, due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

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Go to http://boonchapman.benselect.com/ruidosonm.com There you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of your plan.

BCBS PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBS PPO network. The calendar-year deductible must be met before certain services are covered.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for major services like a hospital stay or outpatient surgery.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible, coinsurance and copays add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the plan year.

Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	BCBS Evolution 500 PPO	
	In-Network Only	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$500/ $1,000	$1,000 / $2,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	$2,500 / $5,000	$7,000/ $15,000
Covered Services		
Office Visits (physician/specialist)	$20 / $35 copay	40%*
Routine Preventive Care	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	No charge	40%*
Complex Imaging	$150 copay	40%*
Chiropractic	$35 copay	40%*
Ambulance	20%*	20%*
Emergency Room	$200 copay	$200 copay
Urgent Care Facility	$45	40%*
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
Prescription Drugs (Tiers)		
Preferred Pharmacy (30-day supply)	$0/ $10/ $35/ $75/ $150/ $250	Not covered
Participating Pharmacy (30-day supply)	$10/ $20/ $55/ $95/ $150/ $250	Not covered
Mail Order (90-day supply)	$0/ $25 / $87.50 / $187.50	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Plans

We are proud to offer you a dental plans.

BCBS PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the BCBS Dental network.

Following is a overview of the coverage available.

Key Dental Benefits	BCBS Dental PPO	
	In-Network Only	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50 / $150	$50 / $150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	$1,500	$1,500
Covered Services		
Preventive Services	0%	0%
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Child only)	$1,000 Life time Max. Benefit; see schedule for details	$1,000 Life time Max. Benefit; see schedule for details

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a vision plan.

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$15	Up to $50
Materials Copay	$15	
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to $50
Bifocal		Up to $75
Trifocal		Up to $100
Frames (once every 12 months)	Covered up to $150	Up to $70
Contact Lenses- (once every 12 months; in lieu of glasses)	Up to $60 copay $130 Allowance	Up to $210

Life and AD&D Insurance

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Reliance Standard.

Benefit Amount	Employee - $10,000 Spouse - $2,000 Children - 14 days to 6 months - $100 6 months through age 26 - $1,000
AD&D	An amount equal to Your Basic Life Insurance

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	$10,000 increments; minimum of $10,000 up to $500,000	$110,000
Spouse/RDP	$5,000 increments; minimum of $5,000 up to $250,000 (not to exceed 50% of your additional life coverage)	$25,000
Child(ren)	$2,000 increments; Under age 26 - Up to $10,000	$10,000
Dependent Age Limits	14 days to 26 years	
Waiver of Premium	If disabled, insurance will continue for 1 year if requirements met	
Portability	Included	
Conversion	Included	
Benefit Reduction (of original amount)	Age Reduction 60 to 65% 70% to 20%	

Lifetime Level Term Life Insurance - CHUBB (Employee-paid)

Another voluntary life insurance option

- Guaranteed Premiums- life insurance premiums will never increase and are guaranteed through age 100
- Benefits for Long Term Care-Pays for home health care, assisted living, adult day care and nursing home care
- Permanent and Guaranteed Renewable-Coverage cannot be cancelled as long as premiums are paid as due.
- Fully Portable-employees can keep their coverage at the same rate if they change jobs or retire
- Level Premium-cost will never increase and are guaranteed through age 100.

Employee Coverage	GI* - $75,000 (19 to 70) Conditional GI - $125,000 (19 to 70) Simplified Issue - $225,000 (19 to 70) Simplified Issue - $50,000 (71 to 80)
Spouse Coverage	Conditional GI - $62,500 (19 to 70) Simplified Issue - $112,500 (19 to 70)
Child Coverage	Child term rider - $25,000 (15 days to 25) Life time Benefit Term - $25,000 (15 days to 25)

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through CHUBB, MetLIfe and UNUM are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance - MetLife

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Ambulance	$500 Ground, $1,500 Air
Emergency Room/ Treatment	$250
Laceration	Up to $800
Hospital/Facility Benefits	Standard admission - $2,000 (once),$400 per day (15 max) ICU Confinement - $2,000 (once), $400 per day (15 max)
Fractures	Up to $12,000
Coma	$15,000
Sport Package	25% additional
24 Hour Coverage	Yes

Critical Illness - MetLife

Did you know that the average total out-of-pocket cost related to treating a critical illness is over $7,000[1]? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Benefit Amount	Employee - 5,000 to $50,000 (GI $50,000) Spouse - 50% of EE Coverage Children - 50% of EE Coverage
100% of Benefit	Alzheimer's Disease, Corronary Aretery, Bypass Graft, Full Benefit Cancer, Heart Attack, Stroke, Renal Failure, MOT
25% of Benefit	22 specified conditions, partial ben cancer

Hospital Indemnity Insurance - UNUM

The average cost of a hospital stay is $10,000[2]—and the average length of a stay is 4.8 days[3]. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Hospital Admission	$1,000 (once per year)
Hospital Room & Board Benefits	$100 per day (60 max)

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury

Voluntary Short-Term Disability	
Provided to you an affordable group rate through Reliance Standard	
Benefit Percentage	60% of covered weekly earnings
Weekly Benefit Maximum	$1,000
When Benefits Begin Accident/Sickness	1st day / 8th day
Maximum Benefit Duration	13 weeks
Pre-Existing Condition	3/12
Earnings Definition	Standard, excluding bonus & commis-sion
Open Enrollment	If previously waived, may enroll now

Travel Assistance

Travel Assistance services provides 24-hour, toll-free service that provides a comprehensive range of pre-trip assistance, information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. The Travel Assistance program is provided at NO COST to you through Reliance Standard.

Covered Services

When traveling more than 100 miles from home or in a foreign country.

- **Pre-Trip Assistance**
  Inoculation requirements information, Passport/Visa requirements, Health hazard advisory, Currency exchange Rates
- **Emergency Medical Transportation**
  Emergency evacuation, Medically necessary repatriation, Return of traveling companion, dependent children, vehicle
- **Emergency Personal Services**
  Urgent message relay, Interpretation/translation services, Emergency travel arrangements, Recovery of lost or stolen items
- **Medical Services**
  Medical referrals for local physicians/dentist, Medical case monitoring, Prescription Assistance and eyeglass replacement

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BCBS of NM	(800) 432-0750	www.bcbsnm.com
Dental	BCBS of NM	(877) 723-5697	www.go2dental.com
Vision	Vision Service Plan (VSP)	(800) 216-6248	www.vsp.com
Life/AD&D	Reliance Standard	(800) 351-7500	www.reliancestandard.com
Disability	Reliance Standard	(800) 351-7500	www.reliancestandard.com
Employee Assistance Program (EAP)	Reliance Standard	(800) 351-7500	www.reliancestandard.com
Accident Insurance	MetLife	(800) 275-4638	www.metlife.com
Critical Illness	MetLife	(800) 275-4638	www.metlife.com
Hospital Indemnity	UNUM	(800) 275-8686	www.unum.com
Term Life Insurance	CHUBB	(800) 433-0385	www.chubb.com

Benefits Website

Our benefits website **http://boonchapman.benselect.com/ruidosonm.com** can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

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DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

HUB