



2016 Employee Benefits

MEDICAL – 2 Plan Options
LIFE & AD&D & DISABILITY

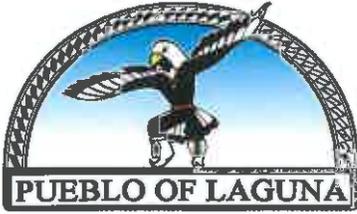
DENTAL
VISION

401(k) Plan

401(k) Plan – Bank of Albuquerque
Employees are eligible to participate the first of the month following 6 months of employment and attaining the age of 21. The Pueblo will match 5% of an employee's gross wage if the employee contributes at least 2%.
VESTING SCHEDULE
1 Year - 20%
2 Years - 40%
3 Years - 60%
4 Years - 80%
5 Years - 100%

The following are offered with contact to agent representatives

AFLAC NEW YORK LIFE



Pueblo of Laguna
Employee Benefits

For Plan Year
January 1, 2016
To
December 31, 2016

MEDICAL
DENTAL
VISION
LIFE & AD&D
DISABILITY

Broker for
Employee Benefits



1835 South Extension Road
Mesa, Arizona 85210

(480) 730-4920 Phone
(623) 215-1388 Fax

LIFE BENEFITS

UNUM

Life & AD&D

Employer – Life benefit- 2 x your annual salary; AD&D 1 x your annual salary
Spouse - \$5,000;
Children - \$100 (14 days to 6 months) \$5,000 (6 months to 19 or 25 if full-time student)

VOLUNTARY LIFE & AD&D

Employee-Lesser of 5 x annual earnings or \$450,000; Guarantee Issue \$130,000
Spouse-Lesser of employee benefit or \$450,000; Guarantee Issue \$25,000
Child(ren)-6 months or older-Lesser of employee benefit or \$10,000 ; Live birth to 6 months \$1000

SHORT TERM DISABILITY

60% up to \$1,000 Weekly Maximum
Payable on the 15th day accident or illness
Coverage payable maximum 24 weeks

LONG TERM DISABILITY

50% up to \$6,000 Monthly Maximum
180 day elimination Period
Dependent Care Benefit \$350 per month/dependent; Maximum of \$1,000 a month
*some Disabilities may not be covered or may have limited coverage under your policy.
See plan documents for Disability definitions

USEFUL CONTACTS

Pueblo of Laguna Kathleen Smith, Employment Compliance Manager Karen Chino, HR Manager	(505) 552-7021 ksmith@lagunapueblo-nsn.gov (505) 552-5778 kchino@lagunapueblo-nsn.gov
The Mahoney Group Christie Thomas Account Manager	www.mahoneygroup.com (623) 215-1321 cthomas@mahoneygroup.com
Medical Carrier Customer Service Online Services	Presbyterian (800) 356-2219 www.phs.org
Dental Carrier Dental Cust. Svc Online Services	Delta Dental (877) 395-9420 www.deltadentalnm.com
Vision Carrier Customer Service/ Online Services	VSP (800) 877-7195 www.vsp.com
Life/STD/LTD Customer Service/ EAP Travel Assistance	UNUM Life & AD&D (800) 455-0402 Disability- (866) 224-9402 (800)854-1446 www.lifebalance.net (800) 872-1414

EMPLOYEE ELIGIBILITY

1ST of the month following 30 days of employment.

PLAN TERMINATIONS

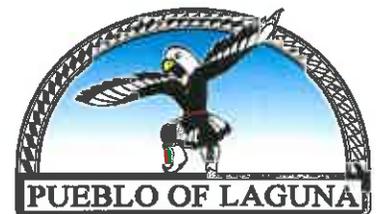
Upon an Employee's termination of employment (voluntary or involuntary) or other "qualifying events" (reduction in work hours, divorce, separation, death, loss of dependent child status), all insurance coverage's will be terminated on:

**LAST DAY OF THE MONTH IN WHICH
EMPLOYEE IS TERMINATED**

The Employee's premium portion will be withheld from the final paycheck to cover the entire month's premium cost.

COBRA BENEFITS

COBRA Benefits are available for those Employees who are enrolled in Medical and Dental Program **PRIOR** to the date of the Employee's date of termination. Notifications will be administered in accordance with COBRA Federal Rules & Regulations.



PRESBYTERIAN MEDICAL

HMO Smart Care \$500	
PLAN FEATURES	In Network
Deductible Per Person Family	\$500 \$1,000
Coinsurance	70%/30%
Out of Pocket Individual Family	\$3,000 \$6,000
Preventative	\$0 copay, Deductible waived
Dr. Visits PCP	\$30 Copay \$40 Copay
Specialist	
Diag. Lab/ X- ray Complex Imaging (Scans, etc)	No Charge \$50 Copay
Inpatient Hospital	30% after Deductible
Outpatient Surgery	30% after Deductible
Prescriptions Tier 1,2,3 (30 days)	\$10/\$35/\$55
Mail Order(90 days)	\$250/\$87.50/\$165
Specialty Rx's	20% up to a max of \$400 per RX Not available thru Mail order
Emergency Room	\$100 Copay
Urgent Care	\$40 Copay
Cost Per Pay Period	
Employee	\$ 23.66
Emp. & Spouse	\$ 130.16
Emp. & Child(ren)	\$ 118.33
Emp. & Family	\$ 236.66

PRESBYTERIAN MEDICAL

PPO \$1500		
PLAN FEATURES	In Network	Out of Network
Deductible Per Person Family	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance	80%/20%	60%/40%
Out of Pocket Individual Family	\$4,000 \$8,000	\$8,000 \$16,000
Preventative	\$0 copay, Ded waived	40% after Ded
Dr. Visits PCP	\$20 Copay \$30 Copay	40% after Ded
Specialist		
Diag. Lab Diag. X-ray/ Complex Imaging (Scans, etc)	No Charge 20% after Ded	40% after Ded
Inpatient Hospital	20% after Ded	40% after Ded
Outpatient Surgery	20% after Ded	40% after Ded %
Prescriptions Tier 1,2,3(30 days)	\$10/\$20/\$40	
Mail Order(90 days)	\$20/\$50/\$120	
Specialty Rx's	20% up to a max of \$400 per RX Not available thru Mail order	
Emergency Room	20% after Deductible	
Urgent Care	\$30 Copay Visit; all other services 20% after Deductible	
Cost Per Pay Period		
Employee	\$ 22.29	
Emp. & Spouse	\$ 122.61	
Emp. & Child(ren)	\$ 111.47	
Emp. & Family	\$ 222.93	

DELTA DENTAL BENEFITS

PLAN FEATURES		
	In Network	Out Network
Cal. Yr. Deductible	\$25	\$50
Family Deductible	\$75	\$150
Calendar Yr. Max	\$1500	\$1250
Coinsurance		
	100%	100%
Preventative		
Basic	80%	80%
Major	50%	50%
Orthodontia	50%/\$1,000 <small>Life time Max</small>	50%/\$1,000 <small>Life time Max</small>
Cost Per Pay Period		
Employee	\$ 6.83	
Emp. & Spouse	\$ 13.71	
Emp. & Children	\$ 17.34	
Emp. & Family	\$ 26.79	

VISION BENEFITS

VSP		
PLAN FEATURES		
	In Network	Out Network
Exam	\$10	\$10
Materials	\$25	\$25
<small>Exam & Lenses allowed once every 12 months; Frames allowed every 24 months After copay is applied.</small>		
Lenses		Up to \$30- \$100
Frames	Up to \$130	Up to \$70
Contacts allowed in lieu of lenses & frames		
Elective	Up to \$130	Up to \$85- \$105
Necessary	Covered in full	Up to \$210
Cost Per Pay Period		
Employee	\$ 2.17	
Emp. & 1 Dependent	\$ 3.47	
Emp. & Children	\$ 3.54	
Emp. & Family	\$ 5.71	