



BENEFITS OVERVIEW



ELIGIBILITY

Otero County is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. You and your dependents are eligible for Otero County benefits once completion the following waiting periods:

- If employment starts on or before the 15th of the month, coverage will begin on the first of the next month.
- If employment starts after the 15th of the month, coverage will begin on the first of the next following month.

Eligible dependents are your legal spouse, domestic partners of either same or opposite sex, children under age 26, regardless of marital or employment status, or permanently disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

MEDICAL BENEFITS

Administered by CIGNA

Otero County offers you a choice of two plans: **PPO (Plan A) which covers you and any eligible dependent you choose to enroll and the HDHP (Plan B) which is offered to employees only.** You and your family members may visit any licensed provider but will receive the greatest out-of-pocket savings if you see a network provider. Out-of-network providers may bill you for the difference in the cost of the services and their contracted rate (called balance billing). When you see a network provider, you are protected from balance billing. Your digital ID cards are available at mycigna.com on your computer, tablet or mobile app. Physical ID cards are available upon request through mycigna.com or by calling Customer Service at the number on the back of your ID card.

	PPO (PLAN A)		HDHP (PLAN B)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$450 per person	\$450 per person	\$5,600/ \$11,200	\$11,000/ \$22,000
Out-of-Pocket Maximum (Individual/Family)	\$3,500/ \$7,000	\$5,950/ \$11,900	\$5,600/ \$11,200	\$11,000/ \$27,400
Coinsurance	20%	40%	0%	40%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$40 copay	\$50 copay	No charge after deductible	40% after deductible
Specialist Office Visit	\$40 copay	\$50 copay	No charge after deductible	40% after deductible
Preventive Care	Covered in full	Not Covered	Covered in full	Not covered
MDLive Urgent Virtual Care	\$10 copay	Not applicable	No charge after deductible	Not applicable
HOSPITAL SERVICES				
Emergency Room	\$150 copay then 20%	\$150 copay; then 20%	No charge after deductible	No charge after deductible
Inpatient	20% after deductible	40% after deductible	No charge after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	No charge after deductible	40% after deductible
Urgent Care	\$40 copay; then no charge	\$40 copay; then no charge	No charge after deductible	40% after deductible
PRESCRIPTION DRUGS				
Rx Deductible/Out-of-Pocket Maximum	No separate deductible Out-of-Pocket Max \$1,550 individual/\$3,000 family (30 day/90 day supply)		Deductible \$150 individual/\$450 family; Out-of-Pocket Max \$1,725 individual/\$3,450 family (Retail/Mail Order 90 day supply except for Specialty)	
Retail	\$10/ \$25	Not covered	No charge after deductible	Not covered
Generic Drug	\$50/ \$125	Not covered	No charge after deductible	Not covered
Preferred Brand Drug	\$70/ \$175	Not covered	No charge after deductible	Not covered
Non-preferred Brand Drug	20% up to max \$200	Not covered	No charge after deductible	Not covered
Specialty Drug (30 day supply only)	Same as retail 90 day supply	Not covered	No charge after deductible	Not covered



Administered by CIGNA

CIGNA offers competitive benefits designed to provide high quality dental care. Similar to medical, you and your family members may visit any licensed dentist but will receive the greatest out-of-pocket savings. Out-of-network providers are paid according to a schedule, and you may be billed for the difference in cost of the service and the allowed amount.

To find out if your dentist is a CIGNA PPO Dentist or to view and print your ID cards, please visit mycigna.com on

SERVICES	IN-NETWORK AND OUT-OF-NETWORK
Annual Deductible (applies to basic and major services only)	\$100 per person; \$300 per family
Annual Benefit Maximum	\$1,250
Preventive Dental Services (cleanings, exams, x-rays)	Covered in full; no deductible
Basic Dental Services (fillings, oral surgery, periodontics/ endodontics, crowns, anesthesia)	80% after deductible
Major Dental Services (extractions, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to age 19)	50% to \$1,000 lifetime maximum

LIFE & AD&D BENEFITS

Administered by Companion Life

Life and accidental death and dismemberment insurance provides financial security for the people who depend on you if you lose a limb or die. Otero County provides basic Life and AD&D insurance of \$40,000 at no cost to you.

VISION BENEFITS

Administered by CIGNA

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Find a CIGNA provider at mycigna.com.

SERVICES	IN-NETWORK (any CIGNA provider)	OUT-OF-NETWORK (Non-CIGNA provider) REIMBURSEMENT
----------	---------------------------------	--

EYE EXAM — once per calendar year

Eye Exam	\$25 copay	Up to \$45
Materials	\$25 copay	NA

LENSES — once per calendar year

Single Vision Lenses	materials copay	Up to \$32
Lined Bifocal Lenses	materials copay	Up to \$55
Lined Trifocal Lenses	materials copay	Up to \$65
Lenticular Lenses	materials copay	Up to \$80

FRAMES — once per two calendar years

	\$90 allowance after materials copay	Up to \$50
--	--------------------------------------	------------

CONTACT LENSES — once per calendar year if you elect contacts instead of frames/ lenses

Contact Lens Fitting and Exam	Included in lens allowance	Included in lens allowance
Medically Necessary	Covered in full	Up to \$210
Elective Contact Lenses	\$200 allowance	Up to \$160

YOUR COSTS

Otero County contributes 75% towards your benefit cost. If you elect Medical Plan A, dental and vision premium costs are included in the amounts below. If you elect Medical Plan B, you are not eligible for dental and vision coverage.

	Employee Cost	County Cost	Total Monthly Cost
Medical Plan A - Single Only	\$337	\$1,010	\$1,347
Medical Plan A - Family Coverage	\$682	\$2,048	\$2,730
Medical Plan B - Single Only	\$212	\$636	\$848