City of Las Cruces
Benefits Orientation
• Eligibility & Enrollment
  – How to Enroll / Make Changes

• Review of 2020 Benefits
  ❑ Medical
  ❑ HSA
  ❑ Supplemental Benefits
  ❑ Dental
  ❑ Vision
  ❑ FSA
  ❑ Basic Life and AD&D
  ❑ Supplemental Life
  ❑ Short Term Disability
  ❑ Long Term Disability

• Questions
YOUR ELIGIBILITY

• **When is coverage effective?**
  • First of the month following two fully pay periods from date of hire

• **Who can enroll?**
  • Full-time and part-time probationary and regular employees, some contract and grant-funded employees, budgeted to work thirty (30) or more hours per week
  • Legal spouse or registered domestic partner
  • Children under the age of 26

• **When can you enroll?**
  • During your annual open enrollment
  • Within 31 days of a Qualifying Event
  • Marriage
  • Divorce
  • Birth or Adoption
You will create a login to your benefits enrollment portal, Employee Navigator, to complete enrollment.

Once you make benefit elections, you will not be able to change them until the next open enrollment period, unless you have a qualifying event.
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment no later than 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have 60 days after the date of the event to request enrollment in your employer’s plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state’s premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event and provide the employer plan with timely notice of the event and your enrollment request.
The City of Las Cruces EPO Plan, City of Las Cruces PPO Plan and City of Las Cruces HSA Plan (each a “Plan”) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your Benefits Coordinator.
Continuation Coverage Rights Under COBRA Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. When you gain coverage under a group health plan (the Plan) and terminate coverage, you become eligible for COBRA. If you don’t enroll in this plan, you’re also waiving your rights to COBRA.

- 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.
YOUR MEDICAL COVERAGE
WELCOME to Open Enrollment 2020
MORE DOCTORS. MORE HOSPITALS.

95% of doctors

96% of hospitals

1.3+ million Providers

More than 7,500 Hospitals

Nationwide Coverage when traveling or living outside of home state

Blue Cross Blue Shield Global Core coverage when traveling in 171 countries and territories
UNDERSTANDING YOUR PPO OPTION

Preferred Provider Organization (PPO) – A PPO delivers services through a nation-wide network of physicians and hospitals that are under contract to provide health care to plan members at special preferred provider contract fees.

- Preferred Providers – Members receive higher benefit levels
- Non-Preferred Providers – No coverage (only emergency care coverage)

❖ You may need to file your own claim
❖ You could be balance billed for amounts over allowed amount
Exclusive Provider Organization (EPO) – Same as a PPO, in that it delivers services through a nation-wide network of physicians and hospitals that are under contract to provide health care to plan members at special preferred provider contract fees.

- Preferred Providers – Members receive higher benefit levels
- Non-Preferred Providers – No coverage (only emergency care coverage)
- Copays apply to certain services
- Deductibles and coinsurance for other services
- Admission review and/or prior approval may be required for certain services.
UNDERSTANDING YOUR HSA OPTION

Health Savings Account (HSA) — An individually-owned, tax-advantaged account that you can use to pay for IRS-qualified medical expenses.

High Deductible Health Plan (HDHP) — A High-Deductible Health Plan is defined by IRS code as the following:

- A higher annual deductible than typical health plans
- A maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that are paid for covered expenses. Out-of-pocket expenses include copayments and other amounts, but do not include premiums.
- Provides preventive care benefits without a deductible.
## PLAN COMPARISON

<table>
<thead>
<tr>
<th>Benefit Highlights</th>
<th>PPO Plan</th>
<th>EPO Plan</th>
<th>HSA Plan</th>
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<tr>
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<tr>
<td>Specialist Office Visit Copay</td>
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<td>20%*</td>
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<tr>
<td>Preventive Care</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>Outpatient Surgery</td>
<td>20%*</td>
<td>20%*</td>
<td>20%*</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$75*</td>
<td>$75</td>
<td>20%*</td>
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<tr>
<td>Inpatient Admission Copay</td>
<td>$1,000* copay/admission</td>
<td>$500 copay/admission</td>
<td>20%*</td>
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<tr>
<td>Emergency Room Copay</td>
<td>$250* per visit</td>
<td>$250 per visit</td>
<td>20%*</td>
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<tr>
<td>Other Diagnostic Services – Including Lab and X-rays</td>
<td>20%*</td>
<td>20%</td>
<td>20%*</td>
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<tr>
<td>PET Scans, CT Scans, MRIs</td>
<td>$200 copay/test*</td>
<td>$200 copay/test</td>
<td>20%*</td>
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</table>
Online Tools and Resources
SIGN UP FOR BLUE ACCESS FOR MEMBERS

To register you will need your identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.

Go to bcbsnm.com and log in to Blue Access for Members via web or mobile

Click Register Now if you are a new user

To register you will need your identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.
NAVIGATING BLUE ACCESS FOR MEMBERS

1. My Coverage: Review benefit details for you and your covered dependents
2. Claims Center: View and organize details such as payments, claims status and more
3. My Health: Make more informed health care decisions by reading about health and wellness topics and specific conditions
4. Doctors & Hospitals: Use Provider Finder® to locate a network doctor, hospital or other health care provider
5. Forms & Documents: Use the form finder to get medical, dental, pharmacy and other forms quickly and easily
6. Quick Links: For easy access to member discounts, benefit programs and more
7. My Care Profile: Access and download a summary of provider visits, medications and test results
Advice anytime.

Advice isn’t just needed from 9 to 5.

Round-the-clock health and wellness advice from licensed nurses

Plus, you can also listen to more than 1,000 health topics

800-973-6329
CUSTOMER SERVICE

Call Customer Service for assistance and questions about:

• Claims
• Medical benefit coverage
• Finding network providers
• Membership and eligibility
• Navigating digital tools and resources
• ID card requests
• Health education and transfer to other health programs

BlueCross BlueShield of New Mexico

800-432-0750
SPECIAL BEGINNINGS

- Provide information, including a book about having a healthy pregnancy and baby
- Share information about high-risk conditions, such as gestational diabetes and preeclampsia
- Help you plan your care with your doctor
- Option to receive text messages on baby development

Expectant mothers and babies get off to a healthy start with prenatal and postnatal education and support
Welcome to RxBenefits!

November 6th & 7th
WHAT IS RX BENEFITS

RxBenefits is your Pharmacy Benefit Administrator (PBA).

*Your pharmacy benefits coverage will be with OptumRx.*

**NOTE:** Your benefits are being provided by OptumRx, but RxBenefits administers the services for a more personal and manageable approach. You should contact RxBenefits at **800.334.8134** with any pharmacy-related questions.
YOUR NEW PHARMACY ID CARD

New Pharmacy ID Card

• Your new ID cards will be delivered to your home address prior to January 1, 2020

• Please make sure you show this new ID card to your pharmacy on or after January 1, 2020

• RxBenefits Member Services’ phone number is printed on the back of the card
WHAT TO EXPECT

• Your pharmacy coverage with OptumRx will be administered by RxBenefits

• As part of your new pharmacy benefits plan, you will receive:
  • New pharmacy ID card
  • Summary of Benefits
  • Access to concierge-level service
  • Access to OptumRx.com to review medication tiers, drug pricing, local pharmacies, plan details and ways to maximize benefits. New members will need to create an account.

There are more than 68,000 pharmacies in the OptumRx network, including most national chains and many independent stores.

For questions or concerns, members can contact
RxBenefits Member Services

800.334.8134
Monday through Friday
6:00 a.m. – 7:00 p.m.
Mountain

RxHelp@RxBenefits.com
**YOUR PLAN DETAILS - PPO AND EPO**

Maximum Out of Pocket (MOOP): $4,500 individual/$9,000 Employee+1/$13,500 Family

<table>
<thead>
<tr>
<th>Tier</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic/Tier 1</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$0.00</td>
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<tr>
<td>Preferred Brand/Tier 2</td>
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<td>30% coinsurance $30 min/$90 max</td>
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<tr>
<td>Non-Preferred Brand/Tier 3</td>
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<td>40% coinsurance $55 min/$125 max</td>
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<tr>
<td>Specialty Medications</td>
<td>$135.00</td>
<td></td>
<td>N/A</td>
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**NOTE:**
Some medications could require a prior authorization or have a limited quantity.
Drugs that fall under the Affordable Care Act are covered at 100%
*Deductible waived for preventive drugs, however, copays will apply.*
**YOUR PLAN DETAILS - HDHP**

Deductible: $2,000 individual/$3,000 Family  
Maximum Out of Pocket (MOOP): $4,500 individual/$9,000 Family

<table>
<thead>
<tr>
<th>Tier</th>
<th>1-30 Day Supply Retail</th>
<th>90-Day Supply Mail</th>
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</thead>
<tbody>
<tr>
<td>Generic/Tier 1</td>
<td>10%</td>
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<td>Preferred Brand/Tier 2</td>
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<td>30%</td>
</tr>
<tr>
<td>Non-Preferred Brand/Tier 3</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Specialty Medications</td>
<td>40%</td>
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</tr>
</tbody>
</table>

**NOTE:**  
Some medications could require a prior authorization or have a limited quantity.  
Drugs that fall under the Affordable Care Act are covered at 100%  
*Deductible waived for preventive drugs, however, copays will apply*
SPECIALTY MEDICATIONS

• Specialty medications are covered when purchased though OptumRx’s Specialty Pharmacy, known as BriovaRx
• Members currently using a specialty medication should expect to have their information transfer, requiring no action on their part to have these filled by BriovaRx beginning on January 1, 2020.

BriovaRx can be contacted at 855.427.4682
Members can also contact RxBenefits Member Services for assistance.
Home delivery is a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication for delivery to your home, office or location you choose. Make fewer trips to the pharmacy and save money on your prescriptions.

After two fills at a retail pharmacy, all maintenance medications will be required to be filled through OptumRx Home Delivery.

For more information on home delivery services through OptumRx, please visit optumrx.com/myCatamaranRx.
The OptumRx App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your claim history or order status
- Locate pharmacies
- Access your ID card
- Set up refill reminders
- Track your orders

For Members-on-the-Go

Save time and money.

Download the OptumRx App now from the Apple App Store or Google Play™.
Call or email us:
800.334.8134
RxHelp@RxBenefits.com

RxBenefits Member Services is available Monday through Friday, 6:00 a.m. – 7:00 p.m. Mountain.

On weekends, holidays, and after-hours, members are given the option to speak with an OptumRx representative or leave a message for us to return their call.
SUPPLEMENTAL BENEFITS

City of Las Cruces
2019 Open Enrollment
NEED FOR VOLUNTARY BENEFITS

In a market where major medical costs continue to rise across the nation

Life insurance helps provide peace of mind and financial security for the people who matter to your employees, with flexibility to update coverage at each stage of life.

Accident insurance helps offset unexpected medical expenses that can result from a fracture, dislocation or other covered accidental injury.

Hospital indemnity insurance provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles.

Cancer insurance helps offset the covered out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don’t cover.

Critical illness insurance supplements your major medical coverage by providing a lump-sum benefit that can be used to pay for the direct and indirect costs related to a covered critical illness.
ACCIDENT INSURANCE

Product Description & Rates

- Accident insurance offers financial protection that your employees can use to offset unexpected medical expenses that can result from an accidental injury.
- Some of the most common accidents this coverage can help with include broken limbs, injured ankles and dislocations. Accident benefits can help pay for emergency room visits, X-rays, physical therapy, ambulance costs and hospital stays.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Basic</th>
<th>Preferred</th>
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<tbody>
<tr>
<td>Employee Only</td>
<td>$3.20</td>
<td>$5.90</td>
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<tr>
<td>Employee +Spouse (DP)</td>
<td>$5.28</td>
<td>$9.72</td>
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<tr>
<td>1 Parent Family</td>
<td>$6.02</td>
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<tr>
<td>2 Parent Family</td>
<td>$8.10</td>
<td>$15.07</td>
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</table>
Critical illness insurance helps supplement major medical coverage by providing a lump-sum benefit employees can use to pay for expenses associated with a heart attack, stroke or other covered critical illness.

Employees can use these benefits to help pay for recovery expenses, additional medical procedures or any other way they choose.

Up-front Guaranteed issue (GI) is available up to a $30,000 maximum face amount for employees.
CANCER INSURANCE

Product Description & Rates

- Cancer insurance helps employees pay for out-of-pocket expenses related to cancer that most medical plans don’t cover.
- It provides benefits to help employees cover loss of income, out-of-network treatment, lodging and meals, and other expenses.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>ISSUE AGE</th>
<th>EMPLOYEE</th>
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<tr>
<td>Level 2</td>
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<td>$8.26</td>
<td>$13.06</td>
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</table>
Hospital confinement insurance provides a lump-sum benefit employees can use to help pay for a covered hospital confinement or outpatient surgery.

$500 or $1,000 payout option when you are confined to a hospital for 20 hours or more.

$50 health screening benefit included

<table>
<thead>
<tr>
<th>Hospital Confinement</th>
<th>ISSUE AGE</th>
<th>NAMED INSURED</th>
<th>NAMED INSURED &amp; SPOUSE</th>
<th>ONE-PARENT FAMILY</th>
<th>TWO-PARENT FAMILY</th>
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<table>
<thead>
<tr>
<th>Hospital Confinement</th>
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<th>NAMED INSURED</th>
<th>NAMED INSURED &amp; SPOUSE</th>
<th>ONE-PARENT FAMILY</th>
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<td>$1000</td>
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Whole life insurance helps employees look out for the people who matter most with permanent coverage that remains the same throughout the life of the policy.

This coverage provides a guaranteed death benefit, which can help employees with funeral costs and other immediate expenses. They can also access its cash value through a policy loan and use the money for emergencies.

Guaranteed Issue (GI) is available to all employees up to $22.00 per week in premium to a $100,000 maximum face amount.

### Non-Tobacco Premiums Paid up at 65

<table>
<thead>
<tr>
<th>ISSUE AGE</th>
<th>$25,000</th>
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### Tobacco Premiums Paid up at 65

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<th>$50,000</th>
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### Non-Tobacco Premiums Paid up at 95

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<tr>
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<th>$50,000</th>
<th>$75,000</th>
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<td>25</td>
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<td>$17.59</td>
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### Tobacco Premiums Paid up at 95

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<td>$99.82</td>
<td>$198.26</td>
<td>$196.64</td>
<td>$261.72</td>
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</table>
VALUE ADDED PROGRAMS AT NO COST TO YOU

Under the requirement that you sit down with an benefit counselor.

**Wellness discounts**
Medical, dental and prescription discounts and other services
_Delivered through WellCard_

**Financial education**
Coaching and instruction over the phone, online or face-to-face
_Delivered through KOFE_

**Telemedicine**
Unlimited phone and video telemedicine for you and your family

_No minimum product requirement_

Terms and availability of these programs are subject to change. Some programs not available in some states.
HOW DOES THE ENROLLMENT WORK?

Enrollment Process

Our primary goal is to help you (the employees) understand your total benefits package and create a solution that is right for you and your family.

All of you will receive a election form (receipt) at the end of your meeting with a benefit counselor that breaks down what you selected and how much will be deducted per paycheck.
City of Las Cruces Dental Plan

Effective January 1, 2020

Administered by Delta Dental of New Mexico
Calendar Year Deductibles

- $50 per enrolled person
- $150 per family
- Deductible does not apply to Diagnostic & Preventive Services or Orthodontic Services

Calendar Year Annual Maximum*

- $1,750 per enrolled person per calendar year
ORTHODONTIC BENEFIT

ORTHODONTIC SERVICES
No deductible

Children and Adults—
Plan Pays 75%
up to a $2000 lifetime maximum
SPECIFIED MEDICAL CONDITIONS

• Members with specified medical conditions may be eligible for additional cleanings (up to 4 a year) or fluoride treatment
  — People with diabetes and periodontal (gum) disease
  — Pregnant women who have periodontal (gum) disease
  — People with certain heart conditions that put them at high or moderate risk for infective endocarditis, a potentially deadly heart infection
  — People with kidney failure or who are undergoing dialysis
  — People with suppressed immune systems due to chemotherapy and/or radiation treatment, HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant

• Delta Dental dentists help identify these patients
ASK YOUR DENTIST FOR A PRE-TREATMENT ESTIMATE when more costly procedures are anticipated.

☑ An advance estimate of benefits before dental care services are received. Know your out-of-pocket cost.
☑ Not required but strongly recommended.
☑ No charge for a pre-treatment estimate.

Patient Disclosure – You’re entitled to it!
Member Information Available 24/7

- View/Print Coverage Documents & Provider Directories
- Verify eligibility of subscriber and dependents
- Confirm status of deductibles and plan maximums
- Review how a specific claim was processed
- Print a personalized subscriber ID card

- www.deltadentalnm.com
CUSTOMER SERVICE

Phone: 505-855-7111 or toll-free 1-877-395-9420

Automated Voice Response System
Get benefit information 24/7

Experienced Customer Service Representatives
Available Monday – Friday 8:00 AM - 4:30 PM (MST)

Email: customerservice@deltadentalnm.com
YOUR VISION COVERAGE
City of Las Cruces Vision Plans 2020
<table>
<thead>
<tr>
<th>PLAN</th>
<th>FREQUENCY: EXAM/LENSES/FRAMES</th>
<th>ALLOWANCE: FRAMES/CONTACTS</th>
<th>COVERED LENS OPTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COPAYS: (EXAM/MATERIALS)</td>
<td>CLEX: CONTACT LENS EXAM COPAY</td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>12/12/24</td>
<td>$130 / $130 (COSTCO/WALMART) $70 CLEX $60</td>
<td>POLYCARBONATE (CHILDREN) STANDARD PROGRESSIVES</td>
</tr>
<tr>
<td></td>
<td>$10/$15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td>12/12/12</td>
<td>$200 / $150 (COSTCO/WALMART) $110 CLEX $60</td>
<td>STANDARD PROGRESSIVES CUSTOM &amp; PREMIUM PROGRESSIVES - $40 COPAY</td>
</tr>
<tr>
<td></td>
<td>$15/$15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td>12/12/12</td>
<td>$150 / $130 (COSTCO/WALMART) $80 CLEX $60</td>
<td>ALL PROGRESSIVES COVERED-IN-FULL ANTI-REFLECTIVE COATING TINTS &amp; PHOTOCHROMIC</td>
</tr>
<tr>
<td></td>
<td>$15/$15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
USING YOUR BENEFIT IS EASY

• Register at vsp.com.
  – Once your plan is effective, review your benefit information.

• Find an eyecare provider who’s right for you.
  – To find a VSP provider, visit vsp.com or call 800.877.7195.

• At your appointment, tell them you have VSP.
  – There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com.
WHY YOU SHOULD HAVE LIFE INSURANCE

Life Insurance Can Provide Financial Assistance with:

- **Immediate Expenses**
  - Funeral and uncovered medical expenses
  - Mortgage
  - Credit card debt and other loans

- **Ongoing Expenses**
  - Food/Clothing
  - Utilities
  - Healthcare/Insurance
  - Transportation

- **Future Expenses**
  - College
  - Retirement
TERM LIFE AND AD&D – EMPLOYER PAID

- $50,000 term life benefit for all eligible employees
- Includes Accidental Death and Dismemberment
- Portability is Included
- Living Care Benefit
Your ONE TIME OPPORTUNITY to purchase Term life coverage without answering medical questions or physical exams, up to the Guaranteed Issue Amount during this open enrollment only!

<table>
<thead>
<tr>
<th>Coverage Guidelines</th>
<th>Employee</th>
<th>Spouse</th>
<th>Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>5 times annual salary, up to $400,000</td>
<td>100% of employee’s benefit, up to $50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Guarantee Issue Amount</td>
<td>$400,000</td>
<td>100% of employee’s benefit, up to $50,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Note: In order to purchase life coverage for your dependents, you must buy coverage for yourself.
TERM LIFE AND AD&D BENEFITS

• Portable – Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason. You will be responsible for the premium for the coverage.

• Convertible – If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

• Accelerated Death Benefit – 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $320,000.

• Waiver of Premium – Your life insurance coverage may be continued if the following conditions are satisfied:
  – If it is determined that you are totally disabled.
  – You are under the age 60 at the time of disability.
  – The disability elimination period has been satisfied.

• Dependent Coverage – To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
Exclusions and limitations include:

- **Age Reductions:**
  - At age 70 your benefits will reduce to 65%
  - Suicide (waived after 24 months on the plan)

- **Common AD&D Exclusions:**
  - Intentionally self-inflicted injury
  - Participation in a riot or commission of a felony
  - Act of declared or undeclared war
  - While on active duty
  - Self-inflicted carbon monoxide poisoning
  - Operating, riding, boarding or leaving any aircraft other than a commercial flight or while traveling on business of the Policyholder
  - Intoxication or under the influence of controlled drugs]

For a copy of the Life & AD&D exclusions, limitations and reductions, please refer to your enrollment packet.
EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program can help when you are faced with a personal or professional issue. Master’s level professionals are ready to provide you assistance on a variety of personal and professional matters, including but not limited to:

– Emotional Well-being
– Family and Relationships
– Legal and Financial
– Healthy Life Styles
– Work and Life Transitions

EAP Benefits include:
– Unlimited telephone access to EAP professionals (24/7)
  (Three face-to-face sessions* with a counselor (per household) *Face-to-face visits can also be used toward legal consultations)
– Referrals to local and community resources
– Service for employees and eligible dependents
– Access to library of education articles and resources via website
TRAVEL ASSISTANCE

• Travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

• Who is it for?
  – You, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home
  – Medical evacuation and reparation cost cap = $200,000

• Emergency Travel Support Services
  – 24/7 access to telephone interpreter services
  – Locating legal services
  – Emergency payment and cash
  – Medical insurance coordination assistance
  – Pre-trip Resources (not subject to the 100-mile travel radius)
  – Emergency messages, document replacement and vehicle return
YOUR DISABILITY COVERAGE
Why should you have disability benefits?

- Why should you have disability income insurance?
  - A lengthy disability can be devastating, and is more common than you might think. It can result in a loss of income, independence and financial security.

- Consider how long your savings would pay for:
  - Mortgage or rent
  - Groceries and clothing
  - Credit card and other debts
  - Utilities
  - Healthcare
SHORT-TERM DISABILITY

• **Elimination Period** – The time before benefits are payable
  - Illness: Your benefits begin on 14$^{th}$ day
  - Injury: Your benefits begin on 14$^{th}$ day

• **Benefit Amount** – The amount paid directly to you
  - Your benefit amount is 40% of your weekly salary

• **Maximum Weekly Benefit** – $462

• **Maximum Benefits Period** – The length of time that benefits will be paid
  - Your benefit will be paid for 24 weeks

**Pre-Existing Condition Limitations** -3/6

Additional Features

- Portability
- Partial Disability Benefits
- Vocational Rehab Incentive
- Survivor Benefit
LONG-TERM DISABILITY

• **Elimination Period** – The time before benefits are payable
  – 180 days

• **Benefit Amount** – The amount paid directly to you
  – Your benefit amount is 50% of your monthly salary, not to exceed the plans maximum monthly benefit, less other income sources.

• **Maximum Monthly Benefit**
  – $5,000

• **Maximum Benefits Period** – If you become disabled prior to age 62, benefits are payable to age 65 – your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

• **Pre-Existing Condition Limitations** - 12/12

**Additional Features**

• Partial Disability Benefits
• Alcohol and Drug Abuse

• **Mental Disorders**
• **Vocational Rehab Incentive**
• **Survivor Benefit**
Exclusions and limitations include:

- Pre-existing Conditions Restrictions: Disabilities that occur during the first 24 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.
- An act of declared or undeclared war or armed aggression
- Your participation in a riot, insurrection or rebellion
- Your commission of a felony for which you have been charged under state or federal law
- An intentionally self-inflicted injury or sickness (or attempted suicide)

For a copy of the disability exclusions and limitations, please refer to your enrollment packet.
HEALTH SAVINGS ACCOUNT (HSA)

City of Las Cruces
HSA Overview
WHAT IS AN HSA?

A Health Savings Account (HSA) is an individually owned, tax-advantaged account that you can use to pay for IRS qualified medical expenses…

- Any unused HSA funds at the end of the year carryover from year to year
  - HSA stays with you if you change employers, health plans, or retire

- The HSA offers triple-tax advantages:
  - Contributions are tax free
  - Interest earned is tax free
  - Distributions for IRS Qualified Medical Expenses are tax free
    *(20% penalty applies for non-qualified medical expenses under the age of 65)*

- You can use your HSA to pay for current healthcare expenses now or into retirement
  - HSA funds can be used after age 65 without penalty for non-qualified expenses, subject to income tax
WHO CAN OPEN AN HSA?

In order for you to be eligible to open and contribute to an HSA, you must meet the following IRS requirements:

- New HSA account holders are required to have a valid U.S. residential address to open an HSA – you cannot use a P.O. Box address to open an HSA
- You must be covered on an IRS qualified High Deductible Health Plan (HDHP) on the first of the month
- You cannot be covered under any other non-HSA compatible health plan
- You cannot be enrolled in Medicare (including Medicare Part A and B), TRICARE, or TRICARE for Life
- You cannot be claimed as a dependent on someone else’s tax return
- You have not received VA benefits within the past 90 days, with the exception of preventive care
  - If you have a service-related disability, this exclusion does not apply
- You or your spouse don’t have a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA)
  - Exclusion doesn’t apply if it’s a Limited Purpose FSA (only covers Vision and Dental expenses), Dependent Care FSA, or Post-Deductible FSA/HRA
  - If you have a medical FSA with the $500 Carryover Option, it must be exhausted by 12/31/2019 in order to open and contribute to an HSA in 2020
IRS-QUALIFIED MEDICAL EXPENSES

HSA funds, if used to pay for a wide range of IRS-qualified medical expenses, are tax-free, and can be used even when you are no longer covered by an HSA-compatible plan.

- Doctor and hospital visits
- Medical equipment
- Dental care, braces, dentures
- Vision care, glasses, contacts
- Prescription medications
- Acupuncture
- Ambulance Service
- Hearing Aids
- Laboratory Fees

- Premiums for Long-Term Care Insurance
- Premiums for COBRA
- Premiums for coverage while receiving unemployment compensation
- Premiums for Individuals over age 65
- After age 65, funds can be withdrawn for any reason, without penalty, but are treated as ordinary income for tax purposes

For more information, please visit:

hsabank
own your health
SAVING FOR HEALTHCARE

- Contributions can be made up to the IRS annual maximum limit
  (2020 - $3,550 for Individual coverage / $7,100 for Family coverage)

- City of Las Cruces contributes up to $500 into your HSA

- Total combined HSA contributions from both the employer and employee cannot exceed the IRS contribution maximum for the calendar year

- Additional $1,000 Catch-Up Contribution for account holders age 55 and older
Paying for Healthcare Expenses

- HSA funds can help cover some of your medical expenses not covered by your insurance.
- Medical expenses can be paid with an HSA Visa® Health Benefits Debit Card, online through the Member Website, or check.
- You can also pay out-of-pocket for eligible medical expenses and reimburse yourself from your HSA at a later date.
With self-directed investment options, employees can grow HSA savings

- Minimum balance of $1,000 required to begin investing

- Investment earnings are not taxed, so savings grow tax-free

- Guided Portfolio Tool for Devenir Investments
  - Member tool that takes into consideration anticipated HSA contribution, time horizon, and risk tolerance to provide a set of suggestions in distributing portfolio assets

DEVENIR
- Preselected group of no-load/load-waived mutual funds
- Access to independent research tools
- SSO through Member Website
- Guided Portfolio Tool

TD Ameritrade
- Access to Stocks, Bonds, and thousands of Mutual Funds
- Trading fees may apply
- Trade can be made online, by phone, mobile, or broker
- Access to independent research tools
MEMBER SERVICE AND SUPPORT

CLIENT ASSISTANCE CENTER:
- Access to Customer Care Representatives to help answer any HSA-related questions
- Available 24 hours a day/7 days a week
- 1-855-731-5220 or via email at askus@hsabank.com

BANKLINE:
- Toll-free automated system that provides 24/7 access to account balances and transaction history
- 1-800-565-3512

LIVE ONLINE CHAT:
- Online chat is accessible to members via the HSA Bank secured Member Portal
- Available Monday through Friday, 8:30 a.m. to 5:00 p.m. CST

www.hsabank.com:
- The HSA Bank Website offers access to educational materials, online tools, forms, and other important HSA information
Flexible Spending Accounts
WHAT ARE FSA’S?

Flexible Spending Accounts

- Year-to-year account
- Set aside pretax dollars
- Pay for current year expected expenses
- May enroll in any health insurance plan

Two Accounts:

- General-Purpose Health Care FSA
  - Deductibles, Co-Pays, Office Visits, Medical, Dental, Vision
- Dependent Care FSA
  - Daycare, after-school care, pre-school, nursery school
HEALTH CARE FSA

Health Care FSA
$2,750 Maximum

- Vision exams, eyeglasses, prescription sunglasses, contact lenses/solutions, reading glasses, lasik surgery
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, dentures & adhesives, occlusal guards, implants
- Hearing exams, hearing aids and batteries
- OTC-Band-Aids, Sunscreen, Braces, First aid supplies, Pill holders, Blood pressure monitors, thermometers, diabetic supplies
- Rx & Office visit Co-pays, Deductibles, X-rays, Lab, Hospital, Mileage to/from health care providers
Go to asiflex.com and click on the FSASTore icon!

Visit FSASTore at the homepage of ASIFLEX - www.asiflex.com
DEPENDENT CARE FSA

Before school or after school care

Preschool or nursery school for young children

Day camps

Dependent Care FSA $5,000 Maximum

Babysitting while you work

Adult care, age 13 and older
### WHAT IS THE ADVANTAGE?

- All contributions are pretax
- You don’t pay Federal or State income taxes, or FICA taxes
- That means you can save 25% or more!

<table>
<thead>
<tr>
<th>Savings Example</th>
<th>With FSA 😊</th>
<th>Without FSA 😞</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Earnings</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Pretax Contribution to FSA</td>
<td>$2,750</td>
<td>$0.00</td>
</tr>
<tr>
<td>Taxable Earnings</td>
<td>$47,250</td>
<td>$50,000</td>
</tr>
<tr>
<td>Estimated Taxes 25%</td>
<td>$11,875</td>
<td>$12,500</td>
</tr>
<tr>
<td>EXTRA MONEY</td>
<td>$625</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
HOW TO AVOID FORFEITURES

It’s easy!

- Plan for **predictable and recurring** expenses
- Expenses you **know** you will have during the year
- **Review** prior year expenses as a guide
- Be **conservative**
- Use online **tools**
  - Expense estimator
  - Review list of eligible expenses
  - FSASStore.com resource for OTC products
ASI FLEXCARD

Things to Know:

• May use for out-of-pocket Health Care expenses
• Two cards issued per employee
• Arrives in plain white envelope
• Call to activate/set your PIN
• Use PIN for debit; or sign for credit
• Good for 5 years – do not toss!
• Report lost/stolen cards
• Replacement/additional cards only $5 each, billed to FSA account
• Know your account balance!

www.asiflex.com/debitcards
FSA CLAIM FILING OPTIONS

- Ask Provider for itemized statement
- Keep documentation – it’s your responsibility!
- Submit documentation upon request
- Works well for flat-dollar co-payments and over-the-counter health care products
- You can choose to have a debit card but you must go to www.asiflex.com/debitcards and request!
YOUR BENEFIT COSTS
### BI-WEEKLY DEDUCTIONS

#### MEDICAL

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Only</th>
<th>City</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS HDHP</td>
<td>$64.66</td>
<td>$96.99</td>
<td>$161.65</td>
</tr>
<tr>
<td>Employee + Spouse (DP)</td>
<td>$213.67</td>
<td>$320.51</td>
<td>$534.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$202.98</td>
<td>$304.47</td>
<td>$507.45</td>
</tr>
<tr>
<td>Family</td>
<td>$309.81</td>
<td>$464.71</td>
<td>$774.52</td>
</tr>
<tr>
<td>BCBS PPO</td>
<td>$132.82</td>
<td>$199.24</td>
<td>$332.06</td>
</tr>
<tr>
<td>Employee + Spouse (DP)</td>
<td>$265.66</td>
<td>$398.50</td>
<td>$664.16</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$252.38</td>
<td>$378.57</td>
<td>$630.95</td>
</tr>
<tr>
<td>Family</td>
<td>$385.20</td>
<td>$577.81</td>
<td>$963.01</td>
</tr>
<tr>
<td>BCBS EPO</td>
<td>$154.03</td>
<td>$231.05</td>
<td>$385.08</td>
</tr>
<tr>
<td>Employee + Spouse (DP)</td>
<td>$308.07</td>
<td>$462.11</td>
<td>$770.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$292.67</td>
<td>$439.01</td>
<td>$731.68</td>
</tr>
<tr>
<td>Family</td>
<td>$446.70</td>
<td>$670.06</td>
<td>$1,116.76</td>
</tr>
</tbody>
</table>

#### VISION

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Only</th>
<th>Employee + Spouse (DP)</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Base Plan</td>
<td>$2.70</td>
<td>$4.75</td>
<td>$5.88</td>
<td>$9.01</td>
</tr>
<tr>
<td>VSP Mid Plan</td>
<td>$4.36</td>
<td>$7.67</td>
<td>$9.49</td>
<td>$14.54</td>
</tr>
<tr>
<td>VSP High Plan</td>
<td>$4.71</td>
<td>$8.77</td>
<td>$11.01</td>
<td>$17.21</td>
</tr>
</tbody>
</table>

#### DENTAL

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Only</th>
<th>City</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5.15</td>
<td>$7.72</td>
<td>$12.87</td>
<td></td>
</tr>
<tr>
<td>$10.32</td>
<td>$15.48</td>
<td>$25.80</td>
<td></td>
</tr>
<tr>
<td>$13.77</td>
<td>$20.66</td>
<td>$34.43</td>
<td></td>
</tr>
<tr>
<td>$21.21</td>
<td>$31.82</td>
<td>$53.03</td>
<td></td>
</tr>
</tbody>
</table>
**Life**

<table>
<thead>
<tr>
<th>Coverage (employee only)</th>
<th>Employee</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Basic Life</td>
<td>$0.00</td>
<td>$2.54</td>
</tr>
</tbody>
</table>

Optional Term Life*  
(1-5 Times Annual Salary)  
See Mutual of Omaha Benefit & Premium Calculation Worksheet**

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate (per $1,000 coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>.0323</td>
</tr>
<tr>
<td>30-34</td>
<td>.0369</td>
</tr>
<tr>
<td>35-39</td>
<td>.0415</td>
</tr>
<tr>
<td>40-44</td>
<td>.0554</td>
</tr>
<tr>
<td>45-49</td>
<td>.0785</td>
</tr>
<tr>
<td>50-54</td>
<td>.1246</td>
</tr>
<tr>
<td>55-59</td>
<td>.1985</td>
</tr>
<tr>
<td>60-64</td>
<td>.3323</td>
</tr>
<tr>
<td>65-69</td>
<td>.5308</td>
</tr>
<tr>
<td>70+</td>
<td>1.2831</td>
</tr>
</tbody>
</table>

* Rates based on age & salary (100% employee Paid)  
**Premium estimate, actual deduction may vary due to rounding.

<table>
<thead>
<tr>
<th>Dependent Life Insurance (100% employee paid)</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee must be enrolled in Optional Term Life to enroll dependents</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Life</th>
<th>Child Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Amount</td>
<td>Employee</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.02</td>
</tr>
<tr>
<td>$20,000</td>
<td>$2.04</td>
</tr>
<tr>
<td>$30,000</td>
<td>$3.06</td>
</tr>
<tr>
<td>$40,000</td>
<td>$4.08</td>
</tr>
<tr>
<td>$50,000</td>
<td>$5.10</td>
</tr>
</tbody>
</table>

**Disability**

<table>
<thead>
<tr>
<th>Coverage (employee only)</th>
<th>Employee</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Disability</td>
<td>$9.23</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Long Term Disability*
Monthly earnings (max $10,000) x Premium Factor**

<table>
<thead>
<tr>
<th>Age</th>
<th>Premium Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>.0002123</td>
</tr>
<tr>
<td>30-34</td>
<td>.0004015</td>
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<tr>
<td>35-39</td>
<td>.0007200</td>
</tr>
<tr>
<td>40-44</td>
<td>.0010800</td>
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<tr>
<td>45-49</td>
<td>.0016338</td>
</tr>
<tr>
<td>50-54</td>
<td>.0023169</td>
</tr>
<tr>
<td>55-59</td>
<td>.0025615</td>
</tr>
<tr>
<td>60-64</td>
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QUESTIONS?