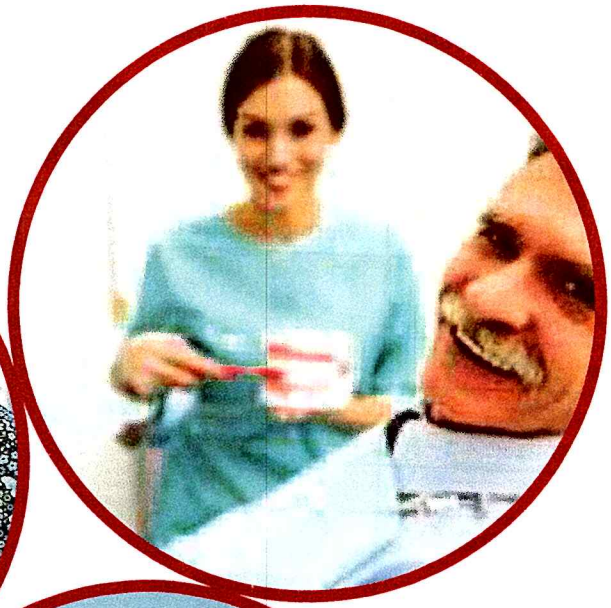
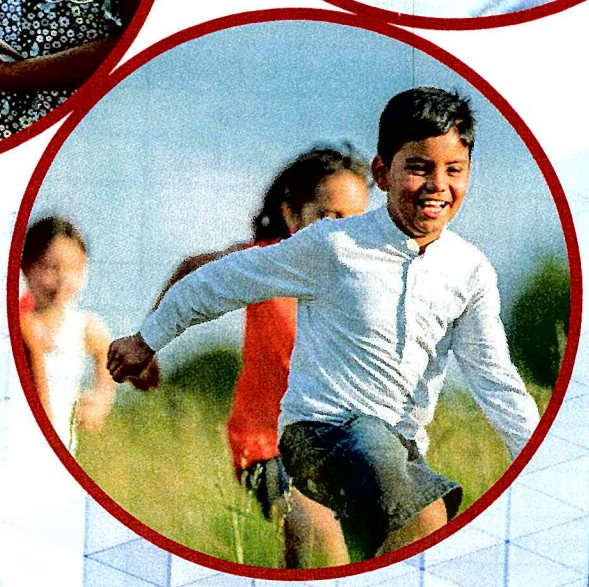
Benefits Designed With You In Mind







2026

Benefit Highlights

Welcome

City of Socorro believes in the value of providing our employees a comprehensive and competitive benefits program.

A competitive benefits program is key to our continued growth as an organization and offers our employees benefits in support of their overall health and financial security.

Eligibility

Eligible dependents include; legal spouse and children up to age 26 whether natural, adopted, stepchildren, or those for whom you have legal custody by court decree, totally disabled children of any age who are unmarried and are physically or mentally incapable of self-support and dependent upon you for support.

Mid-Year Election Changes

In most cases, your benefit elections remain in effect until 9/30/2027. You are not allowed to make any plan changes unless you experience a life status event such as marriage, divorce, death, change in employment status, loss of or change to your current coverage, enrollment or ceasing to be enrolled in Medicare, Medicaid, or CHIP.

All changes must be made within 31 days of the event. You will be required to provide written documentation of the event (e.g., a marriage license or birth certificate).

Medical Benefits

BlueCross BlueShield	HSA $4,000 MTBCP621H	$1,500 Deductible MTBCB614	$750 Deductible MTBCB651
	In-Network Network: Blue Choice PPO	In-Network Network: Blue Choice PPO	In-Network Network: Blue Choice PPO
Deductible Individual/ Family	$4,000 / $10,600	$1,500 / $4,500	$750 / $2,250
Coinsurance	100%	80%	90%
Out-of-Pocket Max. Individual / Family	$4,000 / $10,600	$6,000 / $18,200	$2,250 / $6,750
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Physician Office Visits Primary Care Specialist	100% after deductible 100% **after deductible**	$40 Copay $80 Copay	$30 Copay $60 Copay
Diagnostic X-Ray and Lab	100% Covered	80% after deductible	90% **after deductible**
Complex Radiology	100% **after deductible**	80% after deductible	90% **after deductible**
Urgent Care	100% **after deductible**	$75 copay	$75 Copay
Emergency Room	100% **after deductible**	$100 copay + 20% after deductible	$750 Copay + 10% Coinsurance
Outpatient Care	100% **after deductible**	80% after deductible	$100 Copay + 10% Coinsurance
Inpatient Care	100% **after deductible**	80% after deductible	$750 Copay + 10% Coinsurance
Prescription Drugs Benefits (30-day Supply) Preferred / Non- Preferred			
Tier 1 (Generic)	100% **after deductible**	$10 copay	No Charge
Tier 2 (Brand)	100% **after deductible**	$50 copay	$50 Copay
Tier 3 (Brand Non-Preferred)	100% **after deductible**	$100 copay	$100 Copay
Tier 4 (Specialty)	100% **after deductible**	$150 / $250 Copay	**$150 / $250 Copay**

Your Premium Cost Per Pay Period	**HSA $4,000 MTBCP621H**	**$1,500 Deductible MTBCB614**	**$750 Deductible MTBCB651**
Employee Only	$0.00	$0.00	$0.00
Employee + Spouse	$160.24	$295.93	$379.38
Employee + Child(ren)	$61.96	$168.15	$233.46
Employee + Family	$317.50	$500.39	$612.87

Note: *The benefits listed above are highlights. Please refer to the BCBS TX Plan Summary for a complete list of all covered benefits and exclusions.*

Dental Insurance

BlueCross BlueShield

BCBS Dental Plan ID: DTNHR32	In Network
Deductible: Individual / Family	$50 / $150
Calendar Year Maximum	$2,000
Out of Network	90th percentile
Plan Services	**In Network**
Type I – Preventive	0% - Deductible Waived
Type II - Basic Restorative Fillings, simple extractions, Periodontics, endodontics	80%
Type III - Major Restorative Crowns, Implants, Bridges, Dentures, Oral Surgery	50%
Orthodontia: $2,000 up to Age 19	50%
Dental Premiums	**Per Pay Period**
Employee Only	$0.00
Employee + Spouse	$11.37
Employee + Child(ren)	$16.79
Employee + Family	$31.27

Vision Insurance

SuperiorVision

Superior Vision	In Network
Annual Eye Exam	$10 copay
Vision Materials	
Materials copay	$25 copay
Lenses (12-Months)	$25 copay
Contacts	
Elective (12-Months)	Up to $60 copay; $150 allowance.
Medically Necessary (12 Months)	$25 copay
Frame Allowance (24-Months)	$150 allowance; 20% off balance over allowance amount.
Vision Premiums	**Per Pay Period**
Employee Only	$0.00
Employee + Spouse	$1.67
Employee + Child(ren)	$1.87
Employee + Family	$3.33

Employee Assistance Program

An EAP is short-term counseling and referral service for you and your family members at no additional cost.

- 100% CONFIDENTIAL
- 24/7 Toll-Free Hot Line
- 3 face-to-face visits per issue.

Basic Life & AD&D

Eligible employees working 30 hours or more per week are automatically enrolled in an employer-paid Basic Life and Accidental Death & Dismemberment (AD&D) policy. 1x salary to a maximum of $150,000 with a minimum of $1,000. The benefit is paid to your designated beneficiary upon your passing.

BlueCross BlueShield

Voluntary Life and AD&D

If you'd like to have additional protection you can purchase a Voluntary Life. You can a buy up to a guaranteed issue policy of $100,000 but can start with $10,000 increments.
If you'd like to get coverage for your spouse, you can get up to the guaranteed issue of $25,000 can not exceed 50% of the employee benefit amount.
You can get up to $10,000 coverage for your children in $1,000 increments.

BlueCross BlueShield

Worksite Benefits

AFLAC provides plans that are designed to help cover the out-of-pocket expenses not covered by your health insurance as well as paycheck protection if you can't work because of an injury or illness.
These plans are:

- Accident Insurance
- Cancer Insurance
- Critical Illness
- Individual Disability

Benefit Resource Center (BRC)

The BRC is open from **Monday through Friday 7:00am to 4:00pm** Mountain Standard Time at **855-874-0110** or via email at **BRCSouthwest@usi.com**.

If you need assistance outside of regular business hours, please leave a message and a Benefit Specialist will return your call or email by the end of the following business day.

USI Mobile App – MyBenefits2GO

City of Socorro is pleased to offer on-the-go access to key benefit information through the USI Mobile App, **MyBenefits2GO**.
Scan the QR code to download the **MyBenefits2Go app** and enter the **Access Code X72357** when prompted.

Benefits Presentation

For more information about your plans, scan the below QR code and read or listen to your benefits presentation.

Company and Carrier Contacts

Contact	Phone Number	Email
Carol Candelaria	915-858-2915 Ext. 5004	hrdirector@costtx.us
BENEFIT TYPE	**CARRIER**	**Contact Information**
Medical	**BCBS TX**	(800-521-2227) www.bcbstx.com
Dental	**BCBS TX**	(800-521-2227) www.bcbstx.com
Vision	**Superior Vision**	800-507-3800 www.superiorvision.com
Life / AD&D / VTL	**BCBS TX**	(800-521-2227) www.bcbstx.com
Health Savings Account	**HSA Bank**	800-357-6246 www.hsabank.com
Worksite Benefits	**AFLAC**	915-845-2273 www.Aflac.com