



Guide TO YOUR BENEFITS
2017



LA FRONTERA
ARIZONA

EMPACT - SUICIDE PREVENTION CENTER



La Frontera, EMPACT - SPC offers an extensive benefit package. We also offer many benefit allowances to assist with medical, dental, flexible spending account (FSA) and 403(b) premiums and contributions.

Open Enrollment For Benefit Eligible Employees

- You can enroll or make changes for medical insurance, dental insurance, voluntary vision, voluntary life/short term disability (STD) insurance, and if participating, elect your Flexible Spending Account (Health and/or Dependent Care) contributions—for the coming plan year 1/1/17 through 12/31/17.
- Enrollment will be completed online. **FAILURE** to enroll on a timely basis will result in waiver of benefits. You will not be able to enroll until next open enrollment.
- Remember, your benefit elections will remain in place throughout the entire plan year (1/1/17 to 12/31/17) unless you experience a qualifying event. Please see HR if you have questions or will experience a Qualifying Event. You have 30 days to complete paperwork from a Qualifying Event to enroll.
- New enrollment in voluntary life/short term disability may require additional forms. Please see Human Resources Department for details.
- All employees enrolling in the FSA plans **must** complete a BASIC enrollment form. Contributions are deducted from payroll on a pre-tax basis.

New Hire Enrollment

- Regular employees classified as 3/4 (30-39 hours) or full time (40 hours) are eligible for insurance benefits. Coverage begins on the first of the month following 30 days of continuous employment.
- Remember, your benefit elections will remain in place throughout the entire plan year (1/1/17 to 12/31/17) unless you experience a qualifying event.
- You may elect Medical, Dental, Vision, Supplemental Life and various voluntary insurance options for yourself and eligible dependents (Domestic Partners are not eligible for supplemental life). Eligible dependents include:
 - Your spouse or domestic partner.
 - Your dependent child(ren) up to age 26, with no other source of coverage (for medical and dental coverage only).
 - Your dependent child(ren) up to age 19, or 23 if full-time student.

FSA Conditions:

- All employees enrolling in the FSA plans **must** complete the Flexible Spending/Dependent Account form.
- Contributions are deducted from payroll on a pre-tax basis.

La Frontera, EMPACT - SPC will offer a contribution of \$1,000 annually (pro rated based on plan year) into a flexible spending account to employees not electing our company medical plan. Proof of other medical coverage must be presented to be eligible to receive La Frontera, EMPACT - SPC funds.

Domestic Partners

- You may enroll your domestic partner in your insurance benefits to include medical, dental and vision if all IRS requirements are met.
- The requirements are listed on the Domestic Partnership Affidavit, which can be obtained from your HR Department. The Affidavit will need to be completed and signed by you and your partner.
- The portion of premium payroll deducted for Domestic Partner coverage cannot be deducted pre-tax.
- Domestic Partners are not eligible for continuation of coverage under COBRA.

Qualifying Events

- Medical, dental, vision and flexible spending accounts allow these benefits to be paid with pre-tax dollars; IRS has certain rules about when you can make changes.
- In most cases, you may only make benefit changes during open enrollment. However, you may make changes during the year if you experience a qualifying event - an event that causes you or a covered dependent to gain or lose eligibility for coverage.
- For a complete list of qualifying events contact your HR Department.

The following are some examples of Qualifying Events:

- Marriage
- Legal separation
- Divorce
- Birth
- Adoption
- You, your spouse, or dependent has a change that affects eligibility for benefits
- Death

You MUST notify HR within 30 days of a qualifying event



UMR High Deductible Health Plans - UHC Choice Plus Network

HDHP 4,000

Description of In-Network Coverage	HDHP 4,000	
Deductible/Per Plan Year - Individual/Family (<i>Embedded Deductible*</i>)	\$4,000/\$8,000	
Coinsurance Per Plan Year	20%	
Maximum Out-of-Pocket/Per Plan Year - Individual/Family (includes deductible, coinsurance and copayments)	\$5,800/\$11,600	
Office/Specialist Visit	20% after deductible	
Preventive Care Services	Covered 100%	
Hospitalization	20% after deductible	
Routine Diagnostic - Lab/X-ray	20% after deductible	
Complex Diagnostic Testing - MRI/CT/PET	20% after deductible	
Eye Exam - Every Other Plan Year	20% after deductible	
Emergency Room	20% after deductible	
Urgent Care	20% after deductible	
PHARMACY BENEFITS - Deductible waived for certain preventive drugs	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$10 after deductible	\$25 after deductible
Brand	\$30 after deductible	\$75 after deductible
Non-Preferred Brand	\$50 after deductible	\$125 after deductible
Specialty	30 day supply, \$50 after deductible	

HDHP 2,600

Description of In-Network Coverage	HDHP 2,600	
Deductible/Per Plan Year - Individual/Family (<i>Embedded Deductible*</i>)	\$2,600/\$5,200	
Coinsurance Per Plan Year	20%	
Maximum Out-of-Pocket/Per Plan Year - Individual/Family (includes deductible, coinsurance and copayments)	\$5,000/\$10,000	
Office/Specialist Visit	20% after deductible	
Preventive Care Services	Covered 100%	
Hospitalization	20% after deductible	
Routine Diagnostic - Lab/X-ray	20% after deductible	
Complex Diagnostic Testing - MRI/CT/PET	20% after deductible	
Eye Exam - Every Other Plan Year	20% after deductible	
Emergency Room	20% after deductible	
Urgent Care	20% after deductible	
PHARMACY BENEFITS - Deductible waived for certain preventive drugs	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$10 after deductible	\$25 after deductible
Brand	\$30 after deductible	\$75 after deductible
Non-Preferred Brand	\$50 after deductible	\$125 after deductible
Specialty	30 day supply, \$50 after deductible	

* An Embedded Deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible. The deductible year is January 1, 2017 through December 31, 2017.



UMR Classic Medical Plan - UHC Choice Plus Network

Description of In-Network Coverage	CLASSIC
Deductible/Per Plan Year - Individual/Family (<i>Embedded Deductible*</i>)	\$3,000/\$6,000
Coinsurance Per Plan Year	30%
Maximum Out-of-Pocket/Per Plan Year - Individual/Family (<i>includes deductible, coinsurance and copayments</i>)	\$6,350/\$12,700
Office/Specialist Visit	\$25/\$50
Preventive Care Services	Covered 100%
Hospitalization	30% after deductible
Routine Diagnostic - Lab/X-ray	No Charge
Complex Diagnostic Testing - MRI/CT/PET	\$250
Eye Exam - Every Other Plan Year	\$25
Emergency Room	\$250
Urgent Care	\$100

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$15.00	\$37.50
Preferred Brand	\$45.00	\$112.50
Non-Preferred Brand	\$85.00	\$212.50
Specialty	30 day supply for \$170.00	

Medical Plans - Employee Cost per Paycheck

FULL TIME EMPLOYEES (40 HOURS)

RATES	HDHP 4,000	HDHP 2,600	CLASSIC
	Employee per paycheck*	Employee per paycheck*	Employee per paycheck*
EE Only	\$9.40	\$22.69	\$49.08
EE+SP	\$182.20	\$210.11	\$253.93
EE+CH	\$165.65	\$192.23	\$232.35
EE+FAM	\$364.43	\$406.95	\$491.25

3/4 TIME EMPLOYEES (30-39 HOURS)

RATES	HDHP 4,000	HDHP 2,600	CLASSIC
	Employee per paycheck*	Employee per paycheck*	Employee per paycheck*
EE Only	\$49.22	\$65.02	\$78.89
EE+SP	\$223.61	\$251.52	\$303.71
EE+CH	\$207.06	\$233.64	\$282.13
EE+FAM	\$405.84	\$448.36	\$541.03

* 24 paychecks per year

Preventive Care

Preventive Care – covered 100% without deductible (Physical Exam, Well-Women, Well-Men, Well-baby Care, Blood Pressure Screening, Cholesterol Check). **For Example: If the physician charge is \$300, insurance pays 100% of the bill, leaving you with a \$0 balance.**

Teladoc

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online. This program is confidential, available to **anyone enrolled in the UMR medical plan**, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including but not limited to: sore throat, allergies, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections. When you need a doctor, request a consultation either via the website or via telephone at 1-800-835-2362. The cost of a visit is a \$20.00 copay for the Classic plan and a \$45.00 fee for the HDHP's.



Health Savings Account (HSA)

- If you are enrolled in a high deductible health plan and meet the IRS eligibility rules, you are eligible to establish an HSA. La Frontera, EMPACT-SPC will initiate the setup of your HSA account through Optum Bank. Employees will be required to complete all requested documents directly from Optum which is necessary to open the account.
- Employees and Employers can contribute to a HSA. The combined contribution amount may not exceed the annual IRS limits. For 2017, annual limits are: \$3,400 individual/\$6,750 family. If you are 55 or older, you can make “catch-up” contributions, adding extra \$1,000 per year. Employees contributions are pre-taxed, earn interest and can be invested.
- La Frontera, EMPACT-SPC will contribute the following amounts into you HSA account at Optum Bank (see charts below). The amount is prorated based on when you enrolled in the plan year.
- If you enroll in the HDHP offered at La Frontera, EMPACT-SPC and have medical coverage elsewhere (i.e. with a spouse’s plan), then you are **unable** to contribute or have contributions made to your HSA.
- You may choose to use the funds in your HSA for current qualified medical expenses or save it for future qualified medical expenses for yourself, spouse or eligible dependents. (Domestic Partners are not eligible dependents as defined by IRS thus HSA contributions are not allowed as reimbursable for Domestic Partner expenses).
- Your balance carries over from year-to-year and is NOT “USE IT or LOSE IT” if unused; IT ROLLS OVER EVERY YEAR.

FULL TIME EMPLOYEES			3/4 TIME EMPLOYEES		
Coverage Level	Annual Amount	Per Pay Period	Coverage Level	Annual Amount	Per Pay Period
EE Only	\$1,000	\$41.67	EE Only	\$750	\$31.25
EE+Sp	\$1,250	\$52.09	EE+Sp	\$938	\$39.07
EE+ CH	\$1,250	\$52.09	EE+ CH	\$938	\$39.07
EE+ Family	\$1,500	\$62.50	EE+ Family	\$1,125	\$46.88

Ameritas and EDS Dental Plans

Employees may choose from 2 dental plans, EDS which offers deeply discounted rates for services and Ameritas Dental where employees may choose their own provider. La Frontera, EMPACT - SPC will cover 100% of the EDS premium for full time employees and also offer \$144.84 annually toward the Ameritas premium for all benefited employees. 3/4 employees (30-39 hours) are eligible for 75% La Frontera, EMPACT - SPC premium assistance toward EDS and Ameritas premium.

VOLUNTARY DENTAL PLANS		
Description of In-Network Coverage	AMERITAS	EDS
Annual Maximum	\$1,500	See schedule of benefits
Deductible - Waived for preventive (Individual/Family)	\$50/\$150	
Type 1 (Preventive - Cleaning, Xrays)	100%	
Type 2 (i.e. - Endodontics, Periodontics)	90%	
Type 3 (i.e. - Crowns, Complex Extractions)	50%	
Orthodontia Deductible - Child Only	N/A	25% discount program
Orthodontia Coinsurance - Child Only	50%	
Orthodontia Maximum (Lifetime) - Child Only	\$1,500	
Dental Rewards Program	Additional accumulation toward annual maximum	N/A
FUSION Benefit - 90 days to file claim from Service date	Up to \$100 may be used for eye exams, frames, lenses, contact lenses	N/A

FULL TIME EMPLOYEES (40 HOURS)

RATES	Employee Cost Per Paycheck*	Employee Cost Per Paycheck*
Employee Only	\$12.45	\$0.00
Employee + Spouse	\$30.55	N/A
Employee + Child(ren)	\$43.95	N/A
Employee + Family	\$62.05	\$8.32

3/4 TIME EMPLOYEES (30-39 HOURS)

RATES	Employee Cost Per Paycheck*	Employee Cost Per Paycheck*
Employee Only	\$13.96	\$1.52
Employee + Spouse	\$32.06	N/A
Employee + Child(ren)	\$45.46	N/A
Employee + Family	\$63.56	\$9.83

*24 paychecks per year



VSP Vision Plan

VSP CHOICE	Base In Network	Buy-up In Network
Vision Examination	\$10 copay	\$10 copay
Examination Frequency	Every 12 months	Every 12 months
Prescription Glasses	\$25 copay	\$25 copay
Lens Options		
Single, Bifocal, Trifocal	Included in Prescription Glasses copay	Included in Prescription Glasses copay
Standard Progressive	\$55 copay	\$55 copay
Premium Progressive	\$95 - \$105 copay	\$95 - \$105 copay
Custom Progressive	\$150 - \$175 copay	\$150 - \$175 copay
Lens Enhancement Options	Average savings of 20-25%	Average savings of 20-25%
Lens Frequency	Every 12 months	Every 12 months
Frames	Included in Prescription Glasses copay \$150 allowance (\$80 at Costco), then 20% off balance	Included in Prescription Glasses copay \$200 allowance (\$110 at Costco), then 20% off balance
Frames Frequency	Every 24 months	Every 12 months
Contact Lenses (in lieu of glasses)	Elective: \$150 allowance for contacts, fitting & evaluation Contact exam 15% discount Med Necessary: Covered in full	Elective: \$200 allowance for contacts, fitting & evaluation Contact exam 15% discount Med Necessary: Covered in full
Contact Lens Frequency	Every 12 months	Every 12 months
Network	Choice Network & Affiliate Providers	Choice Network & Affiliate Providers
RATES	Employee Per Paycheck	Employee Per Paycheck
Employee Only	\$2.96	\$4.59
Employee + Spouse	\$5.91	\$9.17
Employee + Child(ren)	\$6.32	\$9.80
Employee + Family	\$10.10	\$15.66

*24 paychecks per year

Mutual of Omaha Employer Paid Life, LTD and EAP

Basic Life/Accidental Death and Dismemberment (AD&D):

La Frontera, EMPACT - SPC pays the entire cost for regular employees classified as 3/4 (30-39 hours) or full time (40 hours). The coverage amount is based on salary. Amounts above \$50k per year are subject to imputed income tax and deducted through payroll.

- Employee: One times annual salary up to \$300,000
- AD&D coverage is equal to your life insurance coverage and provides benefit's in certain accidental events
- Life benefits subject to reduction starting at age 70

Long Term Disability (LTD):

La Frontera, EMPACT - SPC pays the entire cost for regular employees classified as 3/4 (30-39 hours) or full time (40 hours). The coverage is based on salary.

- 60% of your monthly-before-tax salary up to \$5,000
- Elimination period is 180 days after the date of your disability and will continue until normal Social Security retirement age (provided qualification continues)

Employee Assistance Program:

- Three face-to-face sessions with a counselor
- Service for immediate and dependent family members
- 24-hour toll-free access to EAP professionals 7 days a week
- Telephone assistance and referral



Mutual of Omaha Voluntary Life/AD&D

Voluntary Life is available at a cost to the employee through payroll deduction. The employee and/or dependents may need to qualify for benefits. (Children up to age 19 - 23 if full time student). Guarantee Issue means if you sign up when you are newly hired, you automatically receive the Guarantee Issue amount without completing a health history form.

Employee Only: \$10,000 up to 7x annual salary up to \$350,000 - **Guarantee Issue:** Up to \$100,000 (at initial eligibility)
Spouse: \$5,000 up to \$100,00 not to exceed 50% of employee benefit - **Guarantee Issue:** Up to \$30,000 (at initial eligibility)
Child(ren): \$2,000 up to \$10,000 - **Guarantee Issue:** Up to \$10,000 (at initial eligibility)

EMPLOYEE SEMI-MONTHLY PREMIUM RATE TABLE										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-24	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
25-29	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
30-34	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
35-39	\$0.58	\$1.15	\$1.73	\$2.30	\$2.88	\$3.45	\$4.03	\$4.60	\$5.18	\$5.75
40-44	\$0.83	\$1.65	\$2.48	\$3.30	\$4.13	\$4.95	\$5.78	\$6.60	\$7.43	\$8.25
45-49	\$1.33	\$2.65	\$3.98	\$5.30	\$6.63	\$7.95	\$9.28	\$10.60	\$11.93	\$13.25
50-54	\$1.88	\$3.75	\$5.63	\$7.50	\$9.38	\$11.25	\$13.13	\$15.00	\$16.88	\$18.75
55-59	\$2.73	\$5.45	\$8.18	\$10.90	\$13.63	\$16.35	\$19.08	\$21.80	\$24.53	\$27.25
60-64	\$4.43	\$8.85	\$13.28	\$17.70	\$22.13	\$26.55	\$30.98	\$35.40	\$39.83	\$44.25
65-69	\$7.93	\$15.85	\$23.78	\$31.70	\$39.63	\$47.55	\$55.48	\$63.40	\$71.33	\$79.25
70-74	\$11.13	\$22.25	\$33.38	\$44.50	\$55.63	\$66.75	\$77.88	\$89.00	\$100.13	\$111.25
75-79	\$23.88	\$47.75	\$71.63	\$95.50	\$119.38	\$143.25	\$167.13	\$191.00	\$214.88	\$238.75
80+	\$23.88	\$47.75	\$71.63	\$95.50	\$119.38	\$143.25	\$167.13	\$191.00	\$214.88	\$238.75

SPOUSE SEMI-MONTHLY PREMIUM RATE TABLE										
	5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-24	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
25-29	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
30-34	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
35-39	\$0.29	\$0.58	\$0.86	\$1.15	\$1.44	\$1.73	\$2.01	\$2.30	\$2.59	\$2.88
40-44	\$0.41	\$0.83	\$1.24	\$1.65	\$2.06	\$2.48	\$2.89	\$3.30	\$3.71	\$4.13
45-49	\$0.66	\$1.33	\$1.99	\$2.65	\$3.31	\$3.98	\$4.64	\$5.30	\$5.96	\$6.63
50-54	\$0.94	\$1.88	\$2.81	\$3.75	\$4.69	\$5.63	\$6.56	\$7.50	\$8.44	\$9.38
55-59	\$1.36	\$2.73	\$4.09	\$5.45	\$6.81	\$8.18	\$9.54	\$10.90	\$12.26	\$13.63
60-64	\$2.21	\$4.43	\$6.64	\$8.85	\$11.06	\$13.28	\$15.49	\$17.70	\$19.91	\$22.13
65-69	\$3.96	\$7.93	\$11.89	\$15.85	\$19.81	\$23.78	\$27.74	\$31.70	\$35.66	\$39.63

ALL CHILDREN SEMI-MONTHLY PREMIUM RATE TABLE*										
	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
RATE	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00

* Regardless of how many children you have, they are included in the all children premium amounts listed in the above table

Employee premium Spouse Premium Child(ren) Premium Total Semi-Monthly Premium

_____ + _____ + _____ = _____

Reminder
Notify your HR Department with name, address, dependent age, adding or updating your beneficiary records.



Mutual of Omaha Voluntary Short Term Disability (STD)

Voluntary STD is available at a cost to the employee through payroll deduction. There is no coverage for spouse or dependent.

- Benefits begin on the 15th day of your disability injury (non-work related) or illness
- Benefits are available for up to 26 weeks
- Benefit is 60% of salary not to exceed \$500 per week
- Pre-existing conditions exclusion for 12 months

MONTHLY PAYROLL DEDUCTION RATE TABLE	
AGE	RATE - Per \$10 of weekly benefit
0-29	\$0.68
30-34	\$0.62
35-39	\$0.58
40-44	\$0.56
45-49	\$0.59
50-54	\$0.64
55-59	\$0.75
60-64	\$0.88
65-69	\$1.00
70+	\$1.10

BENEFIT AND PREMIUM CALCULATION WORKSHEET	
A. Enter you annual salary	
B. Enter the weekly benefit percentage	60%
C. Multiply "A" times "B"	
D. Divide "C" by 52	
E. Enter the weekly maximum benefit	\$500
F. Enter the lesser of "D" or "E"; this is your benefit amount	
G. Divide "F" by \$10	
H. Enter the rate of your age (from the Age/Rate table)	
I. Multiply "G" times "H"	
J. Multiply "I" by 12	
K. Enter the annual pay cycle	24
L. Divide "J" by "K"; this is your premium (cost per paycheck)	

Basic - Flexible Spending Accounts

Section 125 - Pre-Tax Program

PREMIUM ONLY Plan - Enables you to deduct medical, dental and vision premiums from your paycheck on a pre-tax basis, you may reduce your State, Federal and Social Security tax liability. When enrolled in a Section 125 plan, you must remain enrolled in the applicable plans for the entire plan year and cannot deduct your premiums from your taxes at the end of the year.

Full Health Care Spending Account(Full FSA)

You may contribute up to \$2,500 per plan year for out-of-pocket qualified medical/dental/vision/pharmacy expenses for yourself, your spouse or eligible dependents. You may not use money in the account for reimbursement of your domestic partner's expenses. If you have a balance at the end of the Plan Year it cannot be returned to you. IRS Rule: "Use It or Lose It".

Limited Health Care Spending Account (Limited Purpose FSA)

If you chose to establish a HSA, you are not eligible to participate in the Full FSA. However, you are eligible to participate in a Limited FSA. The money in the Limited FSA can be used to pay for dental and vision expenses, plus medical deductible after the IRS statutory minimum deductible has been met for the year. For 2017, individual \$1,300 and family \$2,600. You must submit the UMR EOB with the medical claim reimbursement request. You can contribute up to \$2,500 per plan year into the limited purpose FSA.



Some types of expenses that qualify under the Full and Limited HSA plans include:

- Copays to doctors & pharmacies
- Deductibles and/or coinsurance (Full FSA)
- Eye exams, Contact lenses/solutions, prescription glasses
- Orthodontic & dental expenses
- OTC medications - a prescription or letter of medical necessity will be required for OTC medications to be reimbursed through an FSA. OTC items such as insulin, contact lens solution, bandages and durable medical equipment will continue to be covered without a prescription.

Dependent Care Reimbursement Plan

You may deposit up to \$5,000 per plan year (\$2,500 if married, filing separately) to pay for qualified dependent day care expenses. The expenses are for the care of a child under the age of 13 years, or a dependent who is not capable of self care. You are reimbursed only up to the amount you have contributed at any given time.

Visit www.basionline.com to submit claims, verify receipt or check account balance.

Continuation of Benefits - COBRA and Life Insurance Conversion

Upon termination of employment for reasons other than gross misconduct, continuation of an employee’s medical, dental and vision coverage and/or any insured dependents’ coverage is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act) with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months. Before an employee benefit coverage ends BASIC Western provides the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of medical, dental and vision coverage is also available for “qualified beneficiaries” up to 36 months when one of the following qualifying events occurs:

- Death of a covered employee
- Divorce or legal separation
- Employee becomes eligible for Medicare
- Dependent child reaches maximum age allowed under group plan

Qualified beneficiaries are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee’s spouse and/or dependent child(ren). Domestic Partners are not qualified to receive COBRA benefits.

Retirement Savings Plan

403(b) Retirement Savings Plan

La Frontera is proud to sponsor a 403(b) retirement savings plan for our employees. You can access your account online at <https://www.nationwide.com/> or by calling them directly at 800-772-2182.

Employee Contributions

You are immediately eligible to participate in the 403(b) Retirement Savings Plan. The plan allows you to save for retirement through a Traditional (pre-tax) contribution, which reduces your current taxable income; or a Roth contribution, which is not tax-deductible but allows you to take tax-free withdrawals at retirement. In calendar year 2016, you can contribute up to \$18,000 of annual compensation. If you are age 50 or older, you can contribute an additional \$6,000 for a total of \$24,000.

Note: 2017 contribution amounts should be available in late 2016.

Retirement Allowance Benefit

La Frontera provides an allowance benefit in the form of additional compensation each pay period, based upon your length of service. You may take all or part of this additional compensation as taxable income, or defer all or part of it into the Nationwide 403(b) plan as a salary deferral (Social Security and Medicare still apply).

MONTHS OF EMPLOYMENT	% OF BASE PAY
From start through 24 months	2%
From 25 to 48 months	4%
From 49 to 72 months	6%
From 73 to 96 months	8%
From 97 months of employment	10%

Any portion of this Allowance that you elect not to contribute to the 403(b) plan is taxable income to you. Taxes will be withheld based on your current withholding status and the amount will be included in your gross income on your W-2. Please note that the amount you may contribute to the 403(b) plan is not limited to this Retirement Allowance. You may contribute up to the maximum permitted by the IRS: \$18,000 for 2016 or \$24,000 if age 50 or older. A 15 year service “catch-up” is available. This is not an employer contribution to the plan.

* Applicable to La Frontera-EMPACT-SPC employees for service time beginning July 1, 2004.



Retirement Plan continued

May I Borrow Money From My Account?

The plan is intended to help you put aside money for your retirement. La Frontera-EMPACT-SPC has included a Plan feature that enables you borrow money from the Plan. Participants may borrow up to 50% of their vested account balance with a minimum loan of \$1,000 and a maximum of \$50,000. Please contact Human Resources Department for the loan request.

Beneficiary Designation

Please ensure you complete a 403(b) beneficiary form.

Additional Information

The La Frontera 403(b) plan allows for rollovers from other retirement plans, such as 401(k)s, 403(b)s, and IRA accounts.

Additional Employee Benefits

Wellness Portal:

HealthyLife Wellness Portal has a vast array of tools to help you keep track of your diet, exercise, water consumption and so much more. You can also participate in challenges throughout the year with your fellow co-workers. It is fun and helps keep you on track to that healthy lifestyle you have been searching for. Registration is Easy! Go to <http://www.mywellsite.com/healthylife/lafrontera>; sign up; and complete Health Risk Assessment.

Employee Assistance Program (EAP)

Your EAP can offer assist with any number of problems people face in their daily lives. The programs are confidential. There is no cost to you. This benefit is 100% paid by La Frontera, EMPACT-SPC. Some examples of the issues the experts are prepared to assist with: marital and relationship issues, grief and loss, stress and anxiety, workplace and career stress, elder care, financial and legal counseling. Live 24/7 Crisis line by calling 888.520.5400 (Toll-Free) or online at www.jorgensenbrooks.com/members/ - access code: jorgensenbrooks

Tuition Reimbursement

La Frontera, EMPACT - SPC promotes professional growth for benefited employees working 30 or more hours per week. La Frontera, EMPACT - SPC will reimburse those employees who have completed 90 days of service up to a maximum of \$3,600 per year not to exceed \$2,400 in a six month period, for tuition while enrolled in a pre-approved degree program from an accredited educational institution. Approval must be obtained prior to commencement of course work, please contact the Human Resources department for details.

Paid Time Off (PTO)

Paid Time Off is a time-off plan that combines traditional vacation, sick and personal days in one flexible pool of time available to meet the personal needs of eligible employees while balancing business needs. The employee begins accruing PTO hours on their start date of employment. The employee may accrue a maximum of 240 hours. Employees classified as 3/4 (30-39 hours) time receive pro rated benefit.

MONTHS OF SERVICE	PTO HOURS EARNED
0-24	120 hours = 15 days
25-60	160 hours = 20 days
61-120	200 hours = 25 days
120+	240 hours = 30 days

Holidays

La Frontera, EMPACT - SPC offers ten holidays per year: New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving day, day after Thanksgiving, Christmas Eve, and Christmas Day.

Catastrophic Leave (CL)

Catastrophic Leave Time is a benefit to provide eligible employees with an income during extended periods of disability due to injury or illness. This benefit is 100% paid by La Frontera, EMPACT - SPC. A full-time (40 hours) employee accrues 52 hours of CL annually and the employee begins accruing CL hours on their start date of employment. The employee may accrue a maximum of 575 hours. Catastrophic Leave will pay the employee up to 27 hours of CL when the employee has completed 6 months of service and is out for 10 working days or more on an approved medical leave. Employees classified as 3/4 time (30-39 hours) receive pro rated benefit.

LEGAL NOTICES

Notice of Privacy Practices



In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy, contact your HR department.

Model Medicaid/CHIP Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	Website: www.myalhipp.com . Phone: 1-855-692-5447
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861. Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid	Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	Website: http://www.flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov . Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid	Website: www.dhs.state.ia.us/hipp/ . Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ . Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: http://chfs.ky.gov/dms/default.htm . Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003. TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/MassHealth . Phone: 1-800-462-1120
MINNESOTA – Medicaid	Website: http://mn.gov/dhs/ma/ . Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx . Phone: 1-855-632-7633
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org . Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov . Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	Website: http://www.eohhs.ri.gov/ . Phone: 401-462-5300
SOUTH CAROLINA - Medicaid	Website: http://www.scdhhs.gov . Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059



If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

TEXAS - Medicaid	Website: http://gethipptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip . Phone: 1-877-543-7669
VERMONT - Medicaid	Website: http://www.greenmountaincare.org/ . Phone: 800-250-8427
VIRGINIA - Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm . Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm . CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx . Phone: 1-800-562-3022, ext. 15473
WEST VIRGINIA - Medicaid	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx . Phone: 1-877-598-5820, HMS 3rd Party Liability
WISCONSIN - Medicaid and CHIP	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid	Website: https://wyequalitycare.acsw-inc.com/ . Phone: 307-777-7531
To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:	
U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
Tricia Blanchette Wendy Brandt	Human Resources	480.784.1514 ex 1122 480.784.1514 ex 1000	tricia.blanchette@LaFrontera-EMPACT.org wendy.brandt@LaFrontera-EMPACT.org
CBIZ Angela Schlosser	Claims Advocate - Claim questions, review & resolution	520.321.7503	aschlosser@cbiz.com
CBIZ Financial Solutions Robert Quiroz Tim Schanep Terri White	403 (b) Retirement Savings Plan	T: 520.320.3811 F: 520.320.3822	403bhelp@cbiz.com
UMR - Policy #76-412275	Medical	800.826.9781	umr.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
Optum Bank	Health Savings Account	866.234.8913	optumbank.com
US Treasury Web Link	Health Savings Account	www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx	
Ameritas - Policy #39120-03	Dental	800.487.5553 (toll free)	www.ameritasgroup.com
EDS - Policy #18761	Dental	800.722.9772 (toll free) 520.696.4343	mydentalplan.net
VSP - Policy #300028231	Vision	800.877.7195 (toll free)	vsp.com
Mutual of Omaha Policy #G000759J-03	Life/AD&D, Vol. Life LTD, Vol. STD	800.655.5142 (toll free)	mutualofomaha.com
	Employee Assistance Program	800.316.2796 (toll free)	mutualofomaha.com/eap
BASIC	Section 125, FSA	800.444.1922 Opt 1 (toll free) 800.391.6562 (Fax)	basiconline.com
Jorgensen Brooks Group	EAP	888.520.5400 (toll free) Website Access Code: jorgensenbrooks	jorgensenbrooks.com/members/
United Pet Care	Pet care savings	602.266.5303 877.872.8800	unitedpetcare.com/empact

About This Booklet: This booklet highlights important features of La Frontera, EMPACT - SPC's benefits for its full-time employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the Personnel Policies & Procedures, Summary Plan Descriptions and/or the contracts that govern these plans for the eligibility, limitations and other details of these benefits. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment. All inquiries regarding benefits should be directed to La Frontera, EMPACT - SPC Human Resources.

CBIZ Benefits & Insurance Services, Inc.
1765 East Skyline Drive
Tucson, AZ 85718
520.327.6421



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