



Guide TO YOUR BENEFITS 2017



LA FRONTERA CENTER, INC.

LA PALOMA FAMILY SERVICES, INC.

Your partner for a safe, strong, and healthy community.

*Providing innovative solutions to complex problems,
we work with community partners to build a safe, strong, and healthy Arizona.*



UMR Medical Plans - UHC Choice Plus Network 4,000 HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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 - (<i>Deductible waived for certain preventive drugs</i>)	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	

2,600 HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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 - (<i>Deductible waived for certain preventive drugs</i>)	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 (Includes deductible, coinsurance and copayments)	\$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	

* 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.

Medical Plans - Employee Cost

FULL TIME EMPLOYEES (35-40 HOURS)

RATES	HDHP 4,000	HDHP 2,600	CLASSIC
	Cost per paycheck*	Cost per paycheck*	Cost 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 (30-34 HOURS)

RATES	HDHP 4,000	HDHP 2,600	CLASSIC
	Cost per paycheck*	Cost per paycheck*	Cost 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

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 **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 a HSA. La Frontera/La Paloma will assist you with the setup of your HSA account through Optum Bank. Employees will be required to complete all requested documents mandated from Optum, which are 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/La Paloma 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/La Paloma 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. Ameritas Dental offers an annual maximum benefit and participants may choose their own dental provider. EDS participants are offered deeply discounted rates for service and must choose an EDS provider and location code.

VOLUNTARY DENTAL PLANS		
Description of In-Network Coverage	AMERITAS	EDS 100N
Annual Maximum	\$1,500	See schedule of benefits
Deductible - Waived for preventive (Individual/Family)	\$50/\$150	
Type 1 - Exam (every 6 months), Cleaning, X-rays	100%	
Type 2 - Simple Extractions, Space Maintainers, Denture Repair Restorative Amalgams and Composites	90%	
Type 3 - Onlays, Crowns, Complex Extractions, Endodontics, Periodontics, Crown Repair, Anesthesia	50%	25% discount program
Orthodontia Deductible - Child Only	N/A	
Orthodontia Coinsurance - Child Only	50%	
Orthodontia Lifetime Maximum - Child Only	\$1,500	
Dental Rewards Program	Additional accumulation toward annual maximum	N/A
Fusion Benefit - Participants have 90 days from the date of service to file a FUSION vision claim with Ameritas.	*Up to \$100 may be used for eye exams, frames, lenses, contact lenses	N/A

FULL TIME EMPLOYEE RATES (35-40 HOURS)	Cost per paycheck*	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 EMPLOYEE RATES (30-34 HOURS)	Cost per paycheck*	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



Associated Vision Care, Vision Plan

VOLUNTARY - ASSOCIATED VISION CARE	ALVERNON OPTICAL CASAS ADOBES OPTICAL CATALINA OPTICAL (EXAMS ONLY) TARGET OPTICAL (EXAMS ONLY)	SEARS OPTICAL (TUCSON MALL/PARK PLACE MALL)
Vision Examination - Frequency every 12 months	\$10 copay	\$10 copay
Lenses (Plastic) - Frequency every 12 months		
Single	\$30 copay	\$40 copay
Bifocal	\$50 copay	\$60 copay
Trifocal	\$60 copay	\$80 copay
Plastic Progressive	\$90	\$120
Premium Progressive	80%	80%
Frames -Frequency every 12 months	\$10 copay up to \$99 55% up to \$199 50% over \$200	\$60 copay up to \$100 60% up to \$199 60% over \$200
Contact Lenses Examination (In lieu of eyeglasses) - Frequency every 12 months	\$30 copay	\$30 copay
Disposable	90%	90%
Specialty	80%	90%
Regular	80%	85%
Laser Vision Correction	N/A	N/A
Network	Selected Associated Vision Care Facility	

RATES	EMPLOYEE COST PER PAY PERIOD
Employee Only	\$1.95
Employee + One	\$3.90
Employee + Two or More	\$4.95

Mutual of Omaha Employer Paid Life, LTD, and EAP

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

La Frontera/La Paloma pays the entire cost for employees classified as 3/4 (30-34 hours) or full time (35-40 hours). The coverage amount is based on salary. Amounts above \$50,000 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 benefits in certain accidental events
- Life benefits subject to reduction starting at age 70

Long Term Disability (LTD):

La Frontera/La Paloma pays the entire cost for employees classified as 3/4 (30-34 hours) or full time (35-40 hours). The coverage is based on employee's 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, **800.316.2796**
- Telephone assistance and referral



Mutual of Omaha Voluntary Life/AD&D

Voluntary Life Insurance is available at a cost to the employee through payroll deduction. The employee and/or dependents may need to qualify for benefits. Guarantee Issue means if you sign up when you are newly hired, you automatically receive the Guarantee Issue amount without completing an Evidence of Insurability form (EOI). EOI includes your health information assessment.

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): \$1,000 up to \$10,000 - **Guarantee Issue:** Up to \$10,000 (at initial eligibility)

EMPLOYEE SEMI-MONTHLY PREMIUM RATE TABLE										
AGE	\$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										
AGE	\$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

$$\text{Employee premium} + \text{Spouse Premium} + \text{Child(ren) Premium} = \text{Total Semi-Monthly Premium}$$



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 pay-check)	

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.

LIMITED HEALTH CARE SPENDING ACCOUNT (Limited Purpose FSA): account specifically designed for individuals with a Health Savings Account (HSA). IRS regulations state that an individual with a HSA are not eligible for a Full FSA but are eligible for a limited purpose FSA up to **\$2,500**. Limited Purpose Flex plan only allows for reimbursements of dental, vision and post deductible expenses (co-insurance and co-pay expenses after your deductible has been met). With a limited purpose FSA you may still sign up for a dependent care account.

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

- Deductibles and/or coinsurance and copayments (Full FSA)
- Eye exams, contact lenses/solutions, prescription glasses
- Orthodontic & dental expenses
- Over the counter (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.

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



DEPENDENT/DAYCARE EXPENSE PLAN: You may deposit up to **\$5,000** per plan year (**\$2,500** if married, filing separately) to pay for qualified dependent/daycare 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.

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”**.

Flexible Spending Account Conditions:

- All employees enrolling in the FSA plans **MUST** complete the Health/Dependent care enrollment form each year.
- Contributions are deducted from payroll on a pre-tax or after-tax basis.

La Frontera/La Paloma will offer a contribution of **\$1,000 annually for full-time employees and \$750 for 3/4 time employees** (pro rated based on plan year annually) into a flexible spending account (FSA) to **employees not electing our company medical plan**. Proof of other medical coverage must be presented to be eligible to receive La Frontera/La Paloma employer funded FSA. The FSA enrollment form **MUST** be completed in order to participate.

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, the BASIC company 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.

Life Insurance Conversion - If your employment ends, you may apply for an individual Life Insurance policy from Mutual of Omaha without a health history form. You will be responsible for the premium and will need to notify Mutual of Omaha within 31 days after your policy ends.

403(b) Retirement Savings Plan

La Frontera/La Paloma is proud to sponsor a 403(b) retirement savings plan for our employees. For investment recommendations or questions, please contact our financial professionals at CBIZ Financial Solutions.

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.

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

Account Access

You can access your account online at <https://www.nationwide.com/> or by calling Nationwide directly at **800.772.2182**.

Additional Information

The La Frontera/La Paloma 403(b) plan allows for rollovers from other retirement plans, such as 401(k)s, 403(b)s, and IRA accounts. See Nationwide 403(b) Plan Booklet for more details or contact John Knosby at johnknosby@lafrontera.org.



Additional Employee Benefits

Allowance

La Frontera/La Paloma provides benefit eligible employees with an allowance benefit in the form of additional compensation each pay period, based upon your length of service. Employees may take all or part of this additional compensation as taxable income, or defer into insurance premiums or 403(b) contributions (Social Security and Medicare still apply). Allowance is additional income and is applicable to La Frontera/La Paloma employees for service time beginning July 1, 2004. La Frontera/La Paloma will not automatically defer your allowance into 403(b) plan.

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%

Employee Assistance Program (EAP) - Jorgensen Brooks Group

Your EAP can offer you assistance 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/La Paloma. 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/La Paloma promotes professional growth for benefited employees working 30 or more hours per week. Employees who have completed 90 days of service are eligible to be reimbursed to a maximum of \$3,600 per year 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 about completion of the tuition reimbursement packet.

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 full time (40 hours) employee begins accruing 4.62 PTO hours per pay period on their start date of employment. The employee may accrue a maximum of 240 hours. Employees classified as 3/4 (30-34 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

Catastrophic Leave (CL)

Catastrophic Leave Time is a benefit to provide eligible employees with a partial income during extended periods of disability due to injury or illness. This benefit is 100% paid by La Frontera/La Paloma. A full-time (35-40 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. The CL hours pay out at 67.5% of the employee's rate of pay. Catastrophic Leave will pay the employee up to 27 hours of CL per week 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 (30-34 hours) receive pro rated benefit.

Holidays

La Frontera/La Paloma 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.



Additional Benefit Package Information

La Frontera/La Paloma offers many benefit allowances to assist with medical, dental, Flexible Spending Account and 403(b) premiums and contributions.

Open Enrollment For Benefit Eligible Employees

- During the open enrollment period of 10/21/16 - 11/14/16, you can enroll for or make changes to medical insurance, dental insurance, vision, voluntary life/short term disability (STD) insurance, and if participating, elect your annual 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 using ADP. If enrolling in a new insurance plan or electing a FSA, submit completed and signed documents to John Knosby by **11/14/16**. **FAILURE to enroll on a timely basis will result in your voluntary 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 or make changes to your benefits.

New Hire Enrollment

- Regular employees classified as 3/4 (30-34 hours) or full time (35-40 hours) are eligible for insurance benefits. Coverage begins on the first of the month following 30 days of continuous employment.
- New hires are expected to make a meeting appointment with John Knosby by Friday of the first week of hire. During the meeting, new hires will complete and submit proper documents for enrollment. **FAILURE to return documents will result in your voluntary waiver of benefits** and the inability to enroll into benefits until open enrollment for the following 2018 year.
- Remember, your benefit elections will remain in place throughout the entire plan year 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.

Domestic Partners

- You may enroll your domestic partner in your insurance benefits to include medical, dental, vision and flexible spending 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.

Qualifying Events

- 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.
- You can make changes according to IRS rules for medical, dental, vision and FSA benefits.
- 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 starts or ends employment that affects eligibility for benefits
- Death

You MUST notify HR within 30 days of a qualifying event in order to complete the qualifying event process.



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.flmedicaidtplecovery.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



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 –

SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059
TEXAS - Medicaid	Website: http://gethipptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/nedicaid 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

Contact Information

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
Human Resources John Knosby	Senior Human Resources Generalist	520.838.5539	john.knosby@lafrontera.org
CBIZ Angela Schlosser	Claims Advocate - Claim questions, review & resolution	520.321.7503	aschlosser@cbiz.com
CBIZ Financial Solutions Robert Quiroz Tim Schannep 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	www.myumr.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
Optum Bank	Health Savings Account	T 800.791.9361 Opt 1 F 800.765.6766	www.optumhealthfinancial.com
US Treasury Web Link	Health Savings Account	www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx	
Ameritas La Frontera Policy #39120-01 La Paloma Policy #39120-04	Dental	800.487.5553	www.ameritasgroup.com
EDS La Frontera Policy #012803 La Paloma Policy #18557	Dental	800.722.9772 (toll free) 520.696.4343	www.mydentalplan.net
Associated Vision Care La Frontera Policy #00034 La Paloma Policy #00035	Vision	520.297.1266	www.assocvisionplan.com
Mutual of Omaha Policy #G000759J	Life/AD&D, Vol. Life, LTD, Vol. STD	800.655.5142	www.mutualofomaha.com
	Employee Assistance Program	800.316.2796	www.mutualofomaha.com/eap
BASIC	Section 125, FSA, DCA	T 800.444.1922 Opt 1 F 800.391.6562	www.basiconline.com
Jorgensen Brooks Group	EAP	888.520.5400 Website Access Code: jorgensenbrooks	www.jorgensenbrooks.com/members/

About This Booklet: This booklet highlights important features of La Frontera/La Paloma benefits for its eligible 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/La Paloma Human Resources.

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

