



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

# Employee Benefits Guide

2012 - 2013

La Frontera Arizona offers an extensive benefit package. We also offer 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 **8/13/12** through **9/7/12** 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 10/1/12 through 9/30/13. Submit all completed and signed documents to Bea Ruiz-Avila by **9/7/12**. **FAILURE** to return documents 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 (10/1/12 to 9/30/13) 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.

### FSA Conditions:

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

## 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.
- All completed and signed documents **MUST** be submitted to Bea Ruiz-Avila by Friday of the first week of hire. **FAILURE** to return documents will result in waiver of benefits and the inability to enroll into benefits until open enrollment for the following 2013-2014 year.
- Remember, your benefit elections will remain in place throughout the entire plan year. (10/1/12 to 9/30/13) 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 coverage only).

La Frontera Arizona 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 LFAZ 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, flexible spending accounts and 403(b) 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 starts or ends employment that affects eligibility for benefits
- Death

### **You MUST notify HR within 30 days of a Qualifying Event**

## NOTICE OF GRANDFATHERED HEALTH PLAN

The group health plans offered by La Frontera Arizona are believed to be a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your medical plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your HR Department. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

# Remember

to notify your HR Department with name, address, dependent age, adding or updating your beneficiary records.

# Choice Plus Medical Plans & High Deductible Health Plan (HDHP)

## UNITEDHEALTHCARE HIGH DEDUCTIBLE HEALTH PLAN

Description of In-Network Coverage	HDHP	
Deductible/Per Plan Year - Individual/Family (Non Embedded Deductible*)	\$4,000/\$8,000	
Coinsurance Per Plan Year	20%	
Maximum Out-of-Pocket/Per Plan Year - Individual/Family (Includes Annual Deductible)	\$5,800/\$11,600	
Office/Specialist Visit	20% after deductible	
Preventive Care Services	100% no deductible	
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	
<b>PHARMACY BENEFITS - Deductible waived for certain preventive drugs</b>	<b>RETAIL - UP TO 31 DAY SUPPLY</b>	<b>MAIL ORDER - UP TO 90 DAY SUPPLY</b>
Tier 1	\$10 after deductible	\$25 after deductible
Tier 2	\$30 after deductible	\$75 after deductible
Tier 3	\$50 after deductible	\$125 after deductible

\* A Non-Embedded Deductible means that the entire family deductible must be met before the health plan pays on any family member. One person can meet the family deductible or a combination of the family members can meet the family deductible.

## UNITEDHEALTHCARE CLASSIC & PERFORMANCE MEDICAL PLAN

Description of In-Network Coverage	CLASSIC	PERFORMANCE
Deductible/Per Plan Year - Individual/Family (Embedded Deductible*)	\$3,000/\$6,000	\$1,500/\$3,000
Coinsurance Per Plan Year	30%	30%
Maximum Out-of-Pocket/Per Plan Year - Individual/Family (Includes Annual Deductible)	\$7,000/\$14,000	\$4,500/\$9,000
Office/Specialist Visit	\$25/\$50	\$20/\$40
Preventive Care Services	100% no deductible	100% no deductible
Hospitalization	30% after deductible	30% after deductible
Routine Diagnostic - Lab/X-ray	No Charge	No Charge
Complex Diagnostic Testing - MRI/CT/PET	30% after deductible	30% after deductible
Eye Exam - Every Other Plan Year	\$25	\$20
Emergency Room	\$150	\$150
Urgent Care	\$50	\$50
<b>PHARMACY BENEFITS</b>	<b>RETAIL - UP TO 31 DAY SUPPLY</b>	<b>MAIL ORDER - UP TO 90 DAY SUPPLY</b>
Tier 1	\$10	\$25
Tier 2	\$35	\$87.50
Tier 3	\$60	\$150

\* 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.

# Choice Plus Medical and HDHP Employee Cost per Paycheck

## FULL TIME EMPLOYEES (35-40 HOURS)

RATES	CLASSIC	PERFORMANCE	HDHP
	Employee per paycheck	Employee per paycheck	Employee per paycheck
EE Only	\$0.00	\$30.60	\$0.00
EE+SP	\$184.83	\$249.09	\$132.72
EE+CH	\$168.03	\$229.22	\$120.66
EE+FAM	\$369.67	\$467.57	\$265.46

## 3/4 TIME EMPLOYEES (30-34 HOURS)

RATES	CLASSIC	PERFORMANCE	HDHP
	Employee per paycheck	Employee per paycheck	Employee per paycheck
EE Only	\$42.01	\$72.60	\$30.17
EE+SP	\$226.83	\$291.09	\$162.89
EE+CH	\$210.03	\$271.22	\$150.83
EE+FAM	\$411.67	\$509.57	\$295.62

## E-DOC

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically. Teladoc physicians are available to resolve your routine medical issues when you need it, from wherever you happen to be. This program is confidential, available to anyone enrolled in the UHC medical plan, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including: sore throat, bronchitis, allergies, stuffy nose, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections.

To use the program:

- Visit the Teladoc site: [www.Teladoc.com](http://www.Teladoc.com)
- Set up your account
- Complete your Medical History Disclosure (MHD)
- When you need a doctor request a consultation either via the website or via telephone at 1-800-835-2362
- A physician will call you back typically within 30 minutes but all return calls are guaranteed within three hours or the consultation is free
- Cost of the visit is **\$38.00** payable by credit, debit or automatic checking account draft at time of service
- Prescriptions are picked up at your designated pharmacy using your UHC /Medco card
- The plan is HSA compliant and the services are eligible for FSA and HSA reimbursement

Additional information is included in the Open Enrollment packet.

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

HRA allows an employer to reimburse a set amount of money per plan year, to be used by the employee for reimbursement of medical deductible cost incurred for treatment.

### The agency sponsored HRA is:

- Employee is reimbursed for meeting a portion of the medical deductible
  - ◆ Classic Plan
    - Employee who meets and incurs costs over and above \$2,500 will be reimbursed an additional amount up to \$500 of the deductible
  - ◆ HSA Choice Plus (High Deductible Health Plan)
    - EE Only - Employee who meets and incurs costs over and above \$2,500 will be reimbursed an additional amount up to \$1,500 of the deductible
    - EE+Family – Family who meets and incurs costs over and above \$5,000 will be reimbursed an additional amount up to \$3,000 of the deductible
- All requests for HRA reimbursement need to be submitted to HR who will review and assist you with required paperwork and questions.

## 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.**

# HSA & Section 125 (FSA)

## HEALTH SAVINGS ACCOUNT (HSA)

- If you are enrolled in the High Deductible Health Plan, La Frontera Arizona (LFA) will set up a Health Savings Account for you through Optum Bank. LFA will contribute \$41.67 per payroll period to your HSA account at Optum Banks. LFA will make a total annual contribution of \$1,000 (prorated based on plan year) made throughout 24 payroll period. Your own personal contributions to your HSA are pre-taxed/tax free, earns interest like a 403b retirement account and you can invest your HSA contributions just like a 403b retirement account.
- The maximum contribution for 2012 is \$3,100 for a single and \$6,250 for family coverage and for 2013 is \$3,500 for single and \$6,450 for family coverage. Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution for 2012 and 2013 is \$1,000.
- 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, your spouse or eligible dependents. (Domestic Partners are not eligible dependents as defined by IRS thus HSA contributions are not allowed as reimbursable for Domestic Partners expenses.) Domestic Partners can open their own HSA if covered under the High-Deductible plan.
- Your balance is carried over from year-to-year and is NOT USE IT OR LOSE IT if unused; IT ROLLS OVER EVERY YEAR.

Additional information on HSA can be found by using the U.S. Treasury web link:  
<http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

## Ameritas and EDS Voluntary 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 Arizona will cover 100% of the EDS premium for full time employees and also offer \$145.56 annually toward the Ameritas premium for all benefited employees. 3/4 employees (30-34 hours) are eligible for 75% LFAZ premium assistance toward EDS and Ameritas premium.

**NOTE:** Ameritas is a new dental carrier. If employee wants to enroll in Ameritas, they must complete an enrollment form. They will not be automatically rolled into Ameritas if previous Principal enrollee. During this enrollment period, it is important to understand if you do not enroll when eligible, employee would be considered late entrant and will have a waiting period for full benefit coverage. Limited coverage will only be for cleanings and exams for the first twelve months.

VOLUNTARY DENTAL PLANS		
Description of In-Network Coverage	AMERITAS	EDS 100N
<b>Annual Maximum</b>	\$1,500	See schedule of benefits
<b>Deductible</b> - Waived for preventive (Individual/Family)	\$50/\$150	
<b>Type 1</b> - Exam (every 6 months), Cleaning, X-rays	100%	
<b>Type 2</b> - Simple Extractions, Space Maintainers, Denture Repair Restorative Amalgams and Composites	90%	
<b>Type 3</b> - Onlays, Crowns, Complex Extractions, Endodontics, Periodontics, Crown Repair, Anesthesia	50%	
<b>Orthodontia Deductible - Child Only</b>	N/A	25% discount program
<b>Orthodontia Coinsurance - Child Only</b>	50%	
<b>Orthodontia Maximum - Child Only</b>	\$1,500	
<b>Dental Rewards Program</b>	Additional accumulation toward annual maximum	N/A
<b>Vision Discount Program</b>	<b>FUSION Benefit</b> - Up to \$100 may be used for eye exams, frames, lenses, contact lenses	Discount Program through VSP
<b>Dependent Age Limit</b>	Age 26	

FULL TIME EMPLOYEE RATES (35-40 HOURS)	Employee Cost Per Paycheck	Employee Cost Per Paycheck
Employee Only	\$10.58	\$0.00
Employee + Spouse	\$26.84	N/A
Employee + Child(ren)	\$38.88	N/A
Employee + Family	\$55.14	8.32

3/4 TIME EMPLOYEE RATES (30-40 HOURS)	Employee Cost Per Paycheck	Employee Cost Per Paycheck
Employee Only	\$12.09	\$1.52
Employee + Spouse	\$28.35	N/A
Employee + Child(ren)	\$40.39	N/A
Employee + Family	\$56.65	\$9.83

## Associated Vision Care, Vision Plan

VOLUNTARY VISION PLAN	
Description of In-Network Coverage	Associated Vision Care
Examination - Once Every 12 Months	\$10 copay
Frames - Once Every 12 Months	\$100 frame allowance - Member pays \$10 \$100-\$199: 55% ; Over \$200: 50%
Lenses - Once Every 12 Months	Single vision - \$30, bifocal - \$50 and trifocal lenses - \$60
Contact Lenses (in lieu of eyeglasses) Once Every 12 Months	Disposables - Member pays 90% Specialty & Regular - Member pays 80%
Dependent Age Limit	Age 26

RATES	Employee Cost per Pay Period
Employee	\$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 AND DISMEMBERMENT (AD&D):

La Frontera Arizona pays the entire cost for regular employees classified as 3/4 (30-34 hours) or full time (35-40 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 65

### LONG TERM DISABILITY (LTD):

La Frontera Arizona pays the entire cost for regular employees classified as 3/4 (30-34 hours) or full time (35-40 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
<b>0-24</b>	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
<b>25-29</b>	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
<b>30-34</b>	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
<b>35-39</b>	\$0.58	\$1.15	\$1.73	\$2.30	\$2.88	\$3.45	\$4.03	\$4.60	\$5.18	\$5.75
<b>40-44</b>	\$0.83	\$1.65	\$2.48	\$3.30	\$4.13	\$4.95	\$5.78	\$6.60	\$7.43	\$8.25
<b>45-49</b>	\$1.33	\$2.65	\$3.98	\$5.30	\$6.63	\$7.95	\$9.28	\$10.60	\$11.93	\$13.25
<b>50-54</b>	\$1.88	\$3.75	\$5.63	\$7.50	\$9.38	\$11.25	\$13.13	\$15.00	\$16.88	\$18.75
<b>55-59</b>	\$2.73	\$5.45	\$8.18	\$10.90	\$13.63	\$16.35	\$19.08	\$21.80	\$24.53	\$27.25
<b>60-64</b>	\$4.43	\$8.85	\$13.28	\$17.70	\$22.13	\$26.55	\$30.98	\$35.40	\$39.83	\$44.25
<b>65-69</b>	\$7.93	\$15.85	\$23.78	\$31.70	\$39.63	\$47.55	\$55.48	\$63.40	\$71.33	\$79.25
<b>70-74</b>	\$11.13	\$22.25	\$33.38	\$44.50	\$55.63	\$66.75	\$77.88	\$89.00	\$100.13	\$111.25
<b>75-79</b>	\$23.88	\$47.75	\$71.63	\$95.50	\$119.38	\$143.25	\$167.13	\$191.00	\$214.88	\$238.75
<b>80+</b>	\$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
<b>0-24</b>	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
<b>25-29</b>	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
<b>30-34</b>	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
<b>35-39</b>	\$0.29	\$0.58	\$0.86	\$1.15	\$1.44	\$1.73	\$2.01	\$2.30	\$2.59	\$2.88
<b>40-44</b>	\$0.41	\$0.83	\$1.24	\$1.65	\$2.06	\$2.48	\$2.89	\$3.30	\$3.71	\$4.13
<b>45-49</b>	\$0.66	\$1.33	\$1.99	\$2.65	\$3.31	\$3.98	\$4.64	\$5.30	\$5.96	\$6.63
<b>50-54</b>	\$0.94	\$1.88	\$2.81	\$3.75	\$4.69	\$5.63	\$6.56	\$7.50	\$8.44	\$9.38
<b>55-59</b>	\$1.36	\$2.73	\$4.09	\$5.45	\$6.81	\$8.18	\$9.54	\$10.90	\$12.26	\$13.63
<b>60-64</b>	\$2.21	\$4.43	\$6.64	\$8.85	\$11.06	\$13.28	\$15.49	\$17.70	\$19.91	\$22.13
<b>65-69</b>	\$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
<b>RATE</b>	\$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 paycheck)	

# BASIC - Flexible Spending Accounts

## YOUR PRE-TAX BENEFIT PREMIUMS AND CONTRIBUTION (Also known as Section 125)

Enables you to deduct medical, dental and vision premiums from your paycheck on a pre-tax basis. Because your premiums are deducted 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.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

**FULL MEDICAL Reimbursement Plan:** 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. Some over the counter (OTC) products may be reimbursed with a prescript on only.

**LIMITED PURPOSE Reimbursement Plan:** A BASIC Limited Purpose FSA plan only allows for reimbursements of dental and vision expenses, plus medical deductible after the IRS statutory minimum deductible has been met for the year. For 2012, single \$1,200 and family \$2,400; 2013, single \$1,250 and family \$2,500. You may contribute up to \$2,500 per plan year to this account.

**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 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"**.

Visit [www.basiconline.com](http://www.basiconline.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, HRA, 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.

NOTE: The HRA cost will be added to the medical premium cost as required.

**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.

## Retirement Savings Plan

### 403(B) RETIREMENT SAVINGS PLAN

How will you reach your retirement goals? Social Security may provide some of the income you'll need at retirement, but you'll need to do your part. Save as much as you can and start as early as you can.

La Frontera provides a 403(b) Retirement Savings Plan with investment selections through a variety of mutual funds available to all employees. Regardless of your current situation, all employees should carefully review the Plan's features to ensure you understand how to take full advantage of this valuable retirement savings vehicle.

#### Important Features:

- You are immediately eligible.
- Your contributions to the plan reduce your taxable income and grow your savings tax-deferred.
- 24/7 online access to your account at [www.nationwide.com](http://www.nationwide.com).
- In 2012, employees may defer up to \$17,000 of pay. If you are over 50 years of age, an additional \$5,500 "catch-up" contribution may be deferred for a total of \$22,500. A 15 Year Service Catch Up is Available, as well for employees who have worked for the company for at least 15 years or more. Please see HR for details.
- Additional professional money managed accounts available.
- Fund window with access to additional options.
- Rollovers accepted into the plan.
- Complimentary financial planning at CBIZ.

# Additional Employee Benefits

## ALLOWANCE

La Frontera Arizona provides eligible employees with an Allowance benefit. This benefit is 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.

Months of Employment*	% of Base Pay
0-24	2%
25-48	4%
49-72	6%
73-96	8%
97+	10%

Taxes will be withheld based on your current withholding status, and the amount will be included in your gross income on your W-2.

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

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP offers free help for work and personal problems with programs that can help to improve your lives. The EAP provides clinical counseling for problems which many people have no other help, while Work-Life Services help with other critical issues, legal, financial, ID theft recovery, elder care and child care, education and housing. Live support 24 hours/7 days by calling **800.327.3517** or online at **www.eappreferred.com**. EAP Preferred is an independent firm and does not report personal information to the employer.

## TUITION REIMBURSEMENT

La Frontera Arizona promotes professional growth for benefited employees working 30 or more hours per week. La Frontera Arizona will reimburse those employees who have completed 90 days of service from \$600 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 (30-34 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 an income during extended periods of disability due to injury or illness. This benefit is 100% paid by La Frontera Arizona. 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. 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 (30-34 hours) receive pro rated benefit.

## HOLIDAYS

La Frontera Arizona 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.

This is only a summary of the benefits at La Frontera Arizona. For more information and details on each benefit please contact the Human Resources Department.

# Contact Information

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
<b>Human Resources</b> Bea Ruiz-Avila	Human Resources Generalist	520.838.3939	bruiz-avila@lafrontera.org
<b>CBIZ</b> Sandi Lopez	Claims Advocate	520.321.7503	slopez@cbiz.com
<b>CBIZ Financial Solutions</b> Robert Quiroz Tim Schannep	403(b) Retirement Savings Plan	T: 520.320.3811 F: 520.320.3822	403bhelp@cbiz.com
<b>United Healthcare</b>	Medical	866.317.6361	myuhc.com
<b>Teladoc</b>	E-Doc	800.835.2362	teladoc.com
<b>Ameritas</b>	Dental	800.487.5553	ameritasgroup.com
<b>EDS</b>	Dental	800.722.9772 520.696.4343	mydentalplan.net
<b>Associated Vision Care</b>	Vision	520.297.1266	assocvisionplan.com
<b>Mutual of Omaha</b>	Life/AD&D/Voluntary Life LTD/Voluntary STD/EAP	800.655.5142	mutualofomaha.com
<b>BASIC</b>	Section 125, FSA  HRA	T: 800.444.1922 Opt 1 F: 800.391.6562  T: 888.472.0777 F: 800.731.1922	basiconline.com
<b>EAP Preferred</b>	Employee Assistance Program	800.327.3517	eappreferred.com



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

**About This Booklet:** This booklet highlights important features of La Frontera Arizona'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 inquires regarding benefits should be directed to La Frontera Arizona Human Resources.

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

