

2024–2025

Benefits Guide

April 1, 2024—March, 2025



Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 15 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective April 1—March 31, 2025.

To enroll online, go to <http://lacasainc.ease.com>

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

La Casa, Inc. is proud to offer you 2 plan options from United Healthcare.

Key Medical Benefits	Choice Plus Platinum 250 CXJN w/K70		Choice Plus Gold 500 CXJH w/K70	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$250 / \$500	\$10,000 / \$20,000	\$500 / \$1,000	\$10,000 / \$20,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$1,500 / \$3,000	\$20,000 / \$40,000	\$8,150 / \$16,300	\$20,000 / \$40,000
Covered Services				
Office Visits (physician/ specialist)	\$15 / \$30 copay	50% after ded*	\$25 / \$60 copay	50% after ded*
Virtual Visits	No Charge	50% after ded*	No Charge	50% after ded*
Routine Preventive Care	No Charge	50% after ded*	No Charge	50% after ded*
Outpatient Diagnostic (lab/ X-ray)	Free Standing: 0% after ded*, Hospital Based: \$250 copay before ded* then 0% after ded*	Free Standing: 50% after ded*, Hospital Based: \$250 copay before ded* then 50% after ded*	Free Standing: 30% after ded*, Hospital Based: \$250 copay before ded* then 30% after ded*	Free Standing: 50% after ded*, Hospital Based: \$250 copay before ded* then 50% after ded*
Complex Imaging	Free Standing: 0% after ded*, Hospital Based: \$250 copay before ded* then 0% after ded*	Free Standing: 50% after ded*, Hospital Based: \$250 copay before ded* then 50% after ded*	Free Standing: 30% after ded*, Hospital Based: \$250 copay before ded* then 30% after ded*	Free Standing: 50% after ded*, Hospital Based: \$250 copay before ded* then 50% after ded*
Chiropractic	\$15 copay	50% after ded*	\$25 copay	50% after ded*
Ambulance	0% after ded*	0% after ded*	30% after ded*	30% after ded*
Emergency Room	\$500 copay	\$500 copay	30% after ded*	30% after ded%
Urgent Care Facility	\$50 copay	50% after ded*	\$50 copay	50% after ded*
Inpatient Hospital Stay	Facility Fee: \$250 copay before ded* then 0% after ded* Physician/Surgeon fees: 0% after ded*	Facility Fee: \$250 copay before ded* then 50% after ded* Physician/Surgeon fees: 50% after ded*	30% after ded*	30% after ded*
Outpatient Surgery	Ambulatory Surgery Center/ Office: 0% after ded* Hospital Based: \$250 copay before ded then 0% after ded* Physician/Surgeon fees: 0% after ded*	Ambulatory Surgery Center/Office: 50% after ded* Hospital Based: \$250 copay before ded* then 50% after ded* Physician/Surgeon fees: 50% after ded*	Ambulatory Surgery Center/ Office: 30% after ded* Hospital Based: \$250 copay before ded then 30% after ded* Physician/Surgeon fees: 0% after ded*	Ambulatory Surgery Center/Office: 50% after ded* Hospital Based: \$250 copay before ded* then 50% after ded* Physician/ Surgeon fees: 50% after ded*
Prescription Drugs (Tiers)				
Retail Pharmacy (31-day supply)	\$10 / \$35 / \$110 / 50%	\$10 / \$35 / \$110/ 50%	\$10 / \$35 / \$110 / 50%	\$10 / \$35 / \$110/ 50%
Mail Order (90-day supply)	\$25 / \$87.50 / \$275 / 50%	N/A	\$25 / \$87.50 / \$275 / 50%	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Dental

La Casa, Inc. is proud to offer you a DPPO dental plan from Principal.

Key Dental Benefits	Principal DPPO	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)		
Per Individual	\$1,000	\$1,000
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia (Child only)	N/A	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan with Principal

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	Covered up to \$130	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you!

Accident

Offered to you at an affordable group rate through CHUBB

Coverage Type	24 - Hour
First Accident	\$100
Emergency Room	\$125
Urgent Care	\$100
Hospital/Facility Benefits	
Standard admission	\$250 (per day, up to 365 days)
ICU Confinement	\$500 (per day, up to 30 days)
Fractures	Up to \$7,000
Major Diagnostic Exam (MRI, CT)	\$200
Sports Package	Benefits 25% higher when accident is due to organized sports
Wellness	\$50

Hospital Indemnity

Offered to you at an affordable group rate through Reliance Standard

Hospital Admission Benefit	\$1,000 (1 per year)
Hospital Room & Board Benefit	\$100 (180 days per year)
CCU Room & Board Benefit	\$100 (30 days per year)
Wellness Care	\$50 (1 per year)

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

****ENHANCED BENEFIT****

Benefit Amount	\$50,000
----------------	----------

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000 up to \$300,000	\$40,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$150,000 (not to exceed 50% of your additional life coverage)	\$15,000
Child(ren)	Under age 26 - Up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Short Term and Long Term insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at NO COST to you/an affordable group rate through Anthem

Benefit Percentage	60%
Weekly Benefit Maximum	\$800
When Benefits Begin	1st Day Injury / 8th Day Sickness
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Provided at NO COST to you/an affordable group rate through Anthem

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UHC	(888) 842-4571	www.myuhc.com
Dental	Principal	(800) 247-4695	www.principal.com
Vision	Principal	(800) 247-4695	www.principal.com
Life/AD&D	AXA	(866) 274-9887	www.axa.com
Disability	AXA	(866) 274-9887	www.axa.com
Accident	CHUBB	(866) 445-8874	www.chubb.com
Hospital Indemnity	Reliance Standard	(800) 351-7500	www.reliancestandard.com

Benefits Website

Our benefits website <http://lacasainc.ease.com> can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

La Casa Contact:

Keri Nunez

(575)526-2819 ext 225

kerin@lacasainc.org

HUB Contact:

(575)323-6025

rosemary.reynaud@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

