





Introduction

As an employee of Laguarda.Low enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2023 - 2024 plan year, Laguarda.Low has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Laguarda.Low is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Laguarda.Low benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Open Enrollment

Who is Eligible?

If you are a full-time employee at Laguarda.Low, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Spouses
- Dependent children under the age of 26

How to Enroll?

Please complete the attached enrollment form for any changes needed for open enrollment.

When to Enroll?

Open enrollment begins on May 1st and will run until May 26th. The benefits you choose during this open enrollment period will become effective on June 1st, 2023.

If you are a new hire, you are eligible to participate the first of the month following your date of hire. Employees must make elections prior to their eligibility date. After that date, the next opportunity to enroll would be the next annual open enrollment.

How to make Changes?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. You have 30 days of the qualifying event date to make your change. Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

ENDEAVOR RISK

• Phone: 972-559-0461

• Justin Scott, President

• Email: clientservice@endeavorrisk.com

• John Reece, Practice Manager

• Enrollment Questions: lisa@endeavorrisk.com

• Lisa Burkham, Sr. Account Manager

Carrier Contacts:

<u>Plan:</u>	<u>Carriers:</u>	Phone Number:	Website:
Medical, Dental, Vision	BlueCross BlueShield of Texas	800-521-2227	www.bcbstx.com
Life, AD/D, LTD	Mutual Of Omaha	800-793-8616	www.mutualofomaha.com
401(k)	Fidelity	800-835-5097	www.401K.com





Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- EPO/PPO A network of doctors, hospitals and other health care providers
- HMO A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS Combines aspects of a PPO and HMO
- HDHP A plan that has higher annual deductibles in exchange for lower premiums

Medical



Summary of Coverage

BCBS of Texas MTBCP011 PPO Plan 1

	In Network	Out of Network
Individual Deductible	\$1,000	\$2,000
Family Deductible	\$3,000	\$6,000
Individual Max Out of Pocket	\$4,000	Unlimited
Family Max Out of Pocket	\$12,000	Unlimited
Co-Insurance	80%	60%
Primary Care Office Visit	\$30 copay	40% after deductible
Specialist Office Visit	\$60 copay	40% after deductible
Urgent Care	\$75 copay	40% after deductible
Emergency Room	\$500 copay	40% after deductible
Inpatient Services	20% after deductible	40% after deductible
Outpatient Services	20% after deductible	40% after deductible
Prescription Drugs	\$0/\$10/\$50/\$100	40% after deductible
Specialty Drugs	\$150/\$250	40% after deductible

	Monthly Payroll Deduction
Employee	\$314.75
Employee & Spouse	\$1,407.84
Employee & Child(ren)	\$1,078.23
Employee & Family	\$2,171.48

Medical



Summary of Coverage

BCBS of Texas MTBCP006H HSA Plan 2

	In Network	Out of Network
Individual Deductible	\$4,000	\$8,000
Family Deductible	\$8,000	\$16,000
Individual Max Out of Pocket	\$4,000	Unlimited
Family Max Out of Pocket	\$8,000	Unlimited
Co-Insurance	100%	70%
Primary Care Office Visit	0% after deductible	30% after deductible
Specialist Office Visit	0% after deductible	30% after deductible
Urgent Care	0% after deductible	30% after deductible
Emergency Room	0% after deductible	30% after deductible
Inpatient Services	0% after deductible	30% after deductible
Outpatient Services	0% after deductible	30% after deductible
Prescription Drugs	0% after deductible	30% after deductible
Specialty Drugs	0% after deductible	30% after deductible

	Monthly Payroll Deduction
Employee	\$137.26
Employee & Spouse	\$963.31
Employee & Child(ren)	\$714.22
Employee & Family	\$1,540.38

Health Savings Account (HSA)

Health Savings Accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs tax- advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

HSA Eligible Plans:

• MTBCP006H HSA

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- It saves you money. HDHPs have lower monthly premiums, meaning less money is taken out of your paycheck.
- It is portable. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- It is a tax-saver—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you will pay less in taxes.
- At age 65 you can use your HSA to pay for your Medicare parts A, B, D and Medicare HMO premiums tax and penalty free. Note that you lose HSA eligibility as of the first day of the month you turn 65 and enroll in Medicare.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage.

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

**Please note that Laguarda.Low will contribute \$500 for individual and \$1,000 for a family.



Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Knight Waste, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for innetwork providers. Below is a list of common services that are included in the plans offered this year:

- · Routine physical exam
- Well baby and child care
- · Well women visits
- Immunizations
- Routine bone density test
- · Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- · Routine digital rectal exam
- Routine colonoscopy

- Routine colorectal cancer screening
- · Routine prostate test
- Routine lab procedures
- Routine mammograms
- · Routine pap smear
- Smoking cessation
- · Health education/counseling services
- · Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence





BlueCross BlueShield of Texas



Care When and Where You Need It Just Got Easier

Virtual Visits

Convenient health care at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for nonemergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- · Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems

Pinkeye

Rehavioral Health

- Anxiety/depression
- Child behavior/learning issues

Marriage problems

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Minited Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Connect

Computer, smartphone, tablet or telephone



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



Website:

Visit the website MDLIVE.com/BCBSTX

- · Choose a doctor
- · Video chat with the doctor
- . You can also access through Blue Access for Members



Mobile app:

- Download the MDLIVE app from the Apple App StoreSM or Google PlayTM Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today! To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.



Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

BCBS Dental

Summary of Coverage



DTXHR32 Plan

DTATIK32 Tian	In Network	Out Of Network
Out of Network Reimbursment		90% of U&C
Annual Deductible Indiviudal	\$50	\$50
Annual Deductible Family	\$150	\$150
Annual Maximum	\$2,000	\$2,000
Preventive Services -Routine exams, X-rays, Cleanings. Sealants & Space Maintainers - under the age of 16.	100%	100%
Basic Services - Restorations, simple extractions, oral surgery, Endo/Perio, general services, anesthesia	80%	80%
Major Services- Inlays/ Onlys, Crowns, Dentures, Implants	50%	50%
Orthodontics	50%	N/A
Orthodontics Lifetime Max	\$2,000	N/A

	Monthly Payroll Deduction
Employee	\$0.00
Employee & Spouse	\$24.30
Employee & Child(ren)	\$29.54
Employee & Family	\$63.95



Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$130 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

 $Review\ your\ benefits\ statement\ to\ see\ everything\ your\ vision\ plan\ covers.\ Reach\ out\ to\ HR\ with\ any\ questions.$

BCBS Vision

Summary of Coverage



EveMed Network

Lycivica ivetwork	In Network	Out Of Network
Exams (Every 12 months)	\$10 Co-pay	Up to \$30
Standard Plastic Lenses (Every 12 months)		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal, Trifocal, Lenticular	\$10 Co-pay	Up to \$40/\$55/\$55
Frames (Every 24 months)	\$150 allowance, then 20% off	Up to \$75
Contact Lenses (in lieu of glasses)	\$150 allowance	Up to \$120
Contact Lense Fitting	Up to \$40	N/A

^{*}For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 855-556-8796.

^{*}For LASIK providers, call 877-5LASER6.

	Monthly Payroll Deduction
Employee	\$9.04
Employee & Spouse	\$17.19
Employee & Child(ren)	\$18.09
Employee & Family	\$26.60



Summary of Coverage

Plan Features		Basic Life -	- Group
Employee b	enefit amount	2x Basic Annual Sala	ry up to \$260,000
Maximum b	enefit amount	\$260,000)
Guarantee Issue Amount		all amounts	
The following shows how much bene		fits are reduced at certa	nin ages.
Age band		Benefit red	duction
Age 65	Age 70	65% of coverage	50% of coverage

Group life is 100% covered by the employer.

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you.



Summary of Coverage

Plan Features	Short Term Disability
Weekly Percentage	60%
Weekly Maximum	\$2,500
Elimination period	8 days
Benefit duration	13 weeks

Plan Features	Long Term Disability
Monthly Percentage	60%
Monthly Maximum	\$3,000
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age
Pre-existing Limitation	3/12

Both Short & Long Term disability is 100% covered by the employer.

In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income.

Paid Time Off

Vacation

Laguarda Low Architects offers you 120 hours of Paid Time Off (PTO) per year. This time (15 days) can be used for any reason. You accrue 5 hours every pay period and you may start using this time after you have completed 90 days of employment. Laguarda Low reserves the right to not approve any personal time off requests if it will interfere with Company operations or adversely affect coverage of job and staff requirements. You may not substitute pay for unused PTO. If you leave Laguarda Low Architects, you will not receive pay for any unused Paid Time Off.

Holidays

As a full-time employee who has worked at least 90 days for Laguarda Low and who has worked the full day before and the full day after the holiday (unless otherwise approved), you will receive the following paid holidays each year:

- New Years Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving and the day after
- Christmas Eve
- Christmas Day

Laguarda.Low

2023 - 2024 Employee Benefits Guide



Prepared by Endeavor Risk Advisors for Laguarda.Low

