

# La Hacienda Treatment Center Employee Benefit Booklet 2026



Prepared by Endeavor Risk Advisors  
for La Hacienda Treatment Center





# Welcome to Open Enrollment

We are committed to supporting the health and wellness of our team of employees. Our annual employee benefits insurance is renewing effective 01/01/2026 and will be effective through 12/31/2026.

This benefit guide is designed to help you understand the available benefit options so you can make the best choices for you and your family. It provides a comprehensive overview of your benefit package, including eligibility, election periods, and costs.

This benefits booklet is a summary description of your La Hacienda Treatment Center 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.



# ENDEAVOR | RISK ADVISORS

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- Benefit Questions: [lisa@endeavorrisk.com](mailto:lisa@endeavorrisk.com)
- Justin Scott, President
- John Reece, Practice Manager
- Lisa Burkham, Sr. Account Manager



Carrier Name	Plan	Group #	Website	Phone #
BlueCross BlueShield	Medical	PPO - 322221	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	800.521.2227
		HSA - 322222	*HMO #TBD	
BlueCross BlueShield	Dental	322223	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	800.521.2227
BlueCross BlueShield	Vision	VF026987	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	855.556.8796
BlueCross BlueShield	Life	VF026987	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	855.556.8796
Mutual of Omaha	STD/LTD/AD&D	G000ANBK	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	800.877.5176
Interface	EAP	663	<a href="http://www.ieap.com">www.ieap.com</a>	800.324.4327
Flores	125 Flex		<a href="http://www.flores247.com">www.flores247.com</a>	800.532.3327
Freshbenies	Telemedicine		<a href="http://www.freshbenies.com">www.freshbenies.com</a>	855.647.6762
Flores	COBRA		<a href="http://www.flores247.com">www.flores247.com</a>	800.532.3327

# Eligibility

## ***Who is Eligible?***

All regular full-time employees working at least 30 hours per week. The following family members are also eligible for coverage:

- Your spouse
- Your children under the age of 26

## ***Who is not Eligible?***

Family members who are not eligible for coverage include:

- Parents, grandparents, siblings
- Employees who do not meet minimum hours worked

## ***When does coverage begin for New Hires?***

The date you are eligible to participate in the benefits is the first of the month following 30 days. employees must make elections during the first 30 days of employment.

## ***Enrollment Periods:***

After your initial hire date, Open Enrollment is the only time during the year you can make changes to your benefit elections unless you have a qualifying event.

## ***Qualifying Events:***

If you experience a qualifying event, you have 30 days to make changes to your plans. You must notify HR in order to make timely changes.

## ***Qualifying Events include:***

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence that affects your eligibility for a plan
- Change in employment status or a change in coverage under another employer-sponsored plan
- Unpaid leave, FMLA, COBRA event, Medicare eligible



# Preventative

## 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 La Hacienda Treatment Center, all covered individuals and family members are **eligible to receive routine wellness services, 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 in-network 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

# HDHP - BCBS MTBCP013H



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$6,900	\$13,800
Family Deductible	\$13,800	\$27,600
Individual Max Out of Pocket	\$6,900	Unlimited
Family Max Out of Pocket	\$13,800	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

	Per Pay Period Pricing
Employee	\$50.00
Employee & Spouse	\$215.00
Employee & Child(ren)	\$145.00
Employee & Family	\$330.00

Provider search at: [www.bcbstx.com](http://www.bcbstx.com). Network is BlueChoice.



## Health Savings Account (HSA) - only with HDHP – MTBCPO13H

### This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, La Hacienda Treatment Center or friends and family; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decided how and when to use your HSA dollars.

### Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

**2026 IRS Individual annual limit \$4,400; Family limit \$8,750.**

# PPO - BCBS 3000



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,000	\$10,000
Family Deductible	\$9,000	\$20,000
Individual Max Out of Pocket	\$9,000	Unlimited
Family Max Out of Pocket	\$18,000	Unlimited
Co-Insurance	80%	60%
Primary Care Office Visit	\$40	40% after deductible
Specialist Office Visit	\$80	40% after deductible
Urgent Care	\$75	40% after deductible
Emergency Room	\$500, then 20%	\$500, then 20%
Inpatient Services	20% after deductible	40% after deductible
Outpatient Services	20% after deductible	40% after deductible
Prescription Drugs	\$0/\$10/\$50/\$100	Copay, then 50%

	Per Pay Period Pricing
Employee	\$230.77
Employee & Spouse	\$588.46
Employee & Child(ren)	\$461.54
Employee & Family	\$830.77

Provider search at: [www.bcbstx.com](http://www.bcbstx.com). Network is BlueChoice.

# HMO - BCBS 3000



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,000	N/A
Family Deductible	\$9,000	N/A
Individual Max Out of Pocket	\$9,000	N/A
Family Max Out of Pocket	\$18,000	N/A
Co-Insurance	80%	N/A
Primary Care Office Visit	\$40	N/A
Specialist Office Visit	\$80	N/A
Urgent Care	\$75	N/A
Emergency Room	\$500, then 20%	\$500, then 20%
Inpatient Services	20% after deductible	N/A
Outpatient Services	20% after deductible	N/A
Prescription Drugs	\$0/\$10/\$50/\$100	N/A

	Per Pay Period Pricing
Employee	\$40.00
Employee & Spouse	\$170.00
Employee & Child(ren)	\$115.00
Employee & Family	\$260.00

Provider search at: [www.bcbstx.com](http://www.bcbstx.com). Network is Blue Essentials HMO

# Getting Started with Your BCBS of Texas HMO Plan

**Welcome to your new health plan!**

Here's what you need to know to make the most of your Blue Cross Blue Shield of Texas (BCBSTX) HMO plan.

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## How Your HMO Plan Works

- **Choose a Primary Care Physician (PCP):**  
Pick a doctor from the BCBSTX HMO network. Your PCP will be your main doctor and will help manage your care.
- **Referrals Required:**  
Need to see a specialist? Your PCP will give you a **referral** to an in-network specialist.
- **In-Network Only:**  
HMO plans only cover services from **in-network doctors and hospitals**, except in an **emergency**.

## Finding In-Network Doctors

- Visit [bcbstx.com](https://www.bcbstx.com) → “Find Care” → “Find a Doctor or Hospital.”
  - Check that your PCP, specialists, and hospitals are **in the Blue Essentials HMO network**.
- 

## After You Enroll

1. **Confirm your PCP** (you can update it anytime).
  2. **Watch for your BCBS member ID card** in the mail.
  3. **Register online** at [bcbstx.com](https://www.bcbstx.com) or download the **BCBS TX app** to:
    - View benefits and claims
    - Find in-network providers
    - Access digital ID cards
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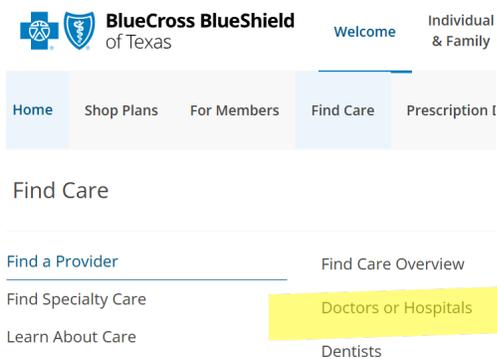
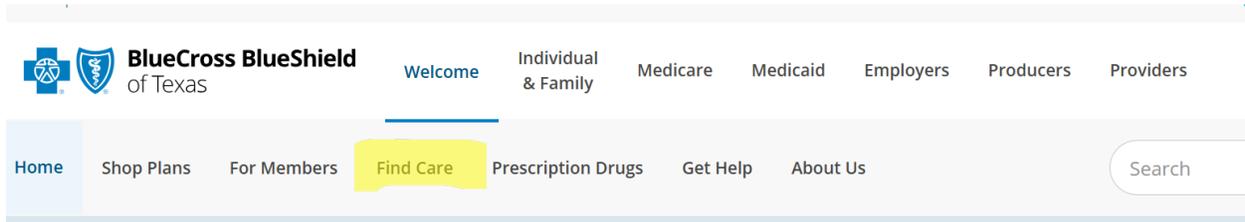
## Quick Tips

- Always use in-network providers to avoid surprise bills.
  - Get a referral from your PCP before seeing a specialist.
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## Need help?

Call **BCBS of Texas Member Services** at the number on your ID card once it arrives, or visit [bcbstx.com](http://bcbstx.com) for support.

Provider search – Go to [bcbstx.com](http://bcbstx.com). From the home page click on Find Care then Doctors or Hospitals.



You will then search as a Guest. Enter your City, State or Zip code.

Plan type is Employer Plans – click on your state (TEXAS) – you must live in Texas.

Select the state you currently live in

Select State

Select State

Click on HMO – select Blue Essentials HMO

### Select your HMO Plan

Doctors do not accept all HMO plans. Please carefully select your plan to avoid high out-of-network costs.

- Blue Advantage HMO<sup>SM</sup> [BAV]  
MOST COMMON
- Blue Essentials<sup>SM</sup> [HMO]  
This plan is typically offered by mid-size and large employers (51+ employees).

Then you can search by a doctor's name or a provider in your area. Doctor must be a PCP, have a PCP ID and accepting new patients



[Abigael R Dollens, PA](#) PCP

General Practice  
PCP ID: H08TR50901

Offers Telehealth

6301 Gaston Ave Ste 300, Dallas, TX 75214  
[Get directions](#) (est. 19.8 miles away)

Phone: 469-800-7900  
Website: Not Available

Accepting New Patients ⓘ



## Flexible Spending Account - only on PPO or HMO

### This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

You may also be able to carry over up to \$680 of unused funds to the following year. Refer to your FSA documentation for more details.

### Health FSA Eligible Expenses - Max contribution for 2026 - \$3,400

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

### Dependent Care FSA Eligible Expenses - Max contribution \$7,500

- Care for your child who is under the age of 13 Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

# How to Submit a Claim



**1 FLORES WEB PORTAL:**  
You may scan your claim and upload it to our secure website or complete your claim detail online at [www.flores247.com](http://www.flores247.com).

**2 FLORES MOBILE SMARTPHONE APP:**  
Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



**3 MAIL CLAIMS:**  
Claims Processing  
PO Box 31397  
Charlotte, NC 28231  
\*Please keep in mind, certified mail will need to be sent to our physical address at 1218 South Church St Charlotte, NC 28203.

**4 FAX CLAIMS:**  
704.335.0818 or 800.726.9982

## How to upload a claim on [www.flores247.com](http://www.flores247.com)

**Step One:** Log in to [www.flores247.com](http://www.flores247.com) using your Participant ID or Username and password. **Tip:** Your Participant ID will be on any correspondence you have received from Flores.

**Step Two:** Click "File a new Health Care or Dependent Care Flexible Spending Account Claim". Hit Next.

**Step Three:** If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next".

**Step Four:** Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to final-ize your claim.

**Tip:** Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

## Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for Orthodontia you can call an account manager at 800.532.3327.



# CLAIM PROCESS POWERED by *e*status

0  
HOURS

**1** Participants access account balance and activity on the Flores247 Web Portal at [www.flores247.com](http://www.flores247.com).

----- **or** -----

24/7 IVR Balance Line: 888.586.3994 -View Account Activity  
 Flores Benefits Card required -Download Claim Form

SMS: Sign up for text alerts and you can text "balance" to 888.586.3994 -Change PIN or email  
 receive your balance

Customer Service: 800.532.3327

**2** Claim may be submitted to FLORES by fax, mail, online, or via Flores Mobile app



**3** CLAIM RECEIVED  
by  
**Flores**

**4** *e*status  
sends email to participant  
confirming claim receipt.

**5** Claim scanned & logged  
into FSA Direct system

24  
HOURS

**1** FLORES  
reviews & enters claim



**2** *e*status  
sends email notice advising claim  
has been entered for payment

**3**  YES  
**Claim Approved?**  
NO

**4**   
Customer Service Letter  
Issued via email if not  
approved. If no email is on  
file, it will be mailed.

**5**  Participant provides  
requested information

48  
HOURS

**6**  Reimbursement Issued  
Health Care FSA payments released per employer's schedule.  
Dependent Care payments released per pay cycle.

**7** Check mailed directly to participant  
or  
Direct Deposit issued to participant's  
personal bank account

**8** *e*status  
sends email notice with details that  
reimbursement was issued

**9** Account activity report issued with each reimbursement

# Dental- **Base Plan**



## Summary of Coverage – BlueCross BlueShield

	In Network
Maximum Annual Benefit	\$1,000
Annual Deductible Individual	\$50
Annual Deductible Family	\$150
Preventive Services	100% of U&C
Basic Services	80%
Major Services	50%
Orthodontics - dependent children	50%
Orthodontics Lifetime Maximum	\$1,000

\*Please note out-of-network benefits match in-network benefit. If you chose to see an out-of-network provider, you are subject to balance billing.

	Per Pay Period Pricing
Employee	\$16.54
Employee & Spouse	\$33.08
Employee & Children	\$45.31
Employee & Family	\$67.29

Provider Search at: [www.bcbstx.com](http://www.bcbstx.com). Network is Dental PPO

# Dental - **Buy-Up Plan**



## Summary of Coverage – BlueCross BlueShield

	In Network
Maximum Annual Benefit	\$2,000
Annual Deductible Individual	\$50
Annual Deductible Family	\$150
Preventive Services	100% of U&C
Basic Services	80%
Major Services	50%
Orthodontics - dependent children	50%
Orthodontics Lifetime Maximum	\$2,000

\*Please note out-of-network benefits match in-network benefit. If you chose to see an out-of-network provider, you are subject to balance billing.

	Per Pay Period Pricing
Employee	\$20.28
Employee & Spouse	\$40.54
Employee & Children	\$48.99
Employee & Family	\$75.86

Provider Search at: [www.bcbstx.com](http://www.bcbstx.com). Network is Dental PPO

# Vision



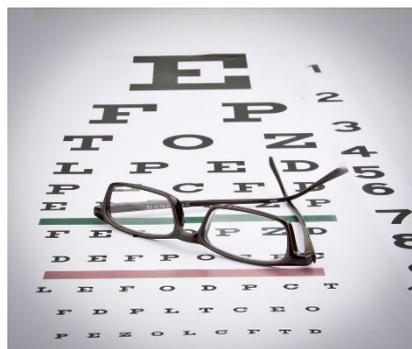
## Summary of Coverage – BlueCross Blue Shield

	In Network
Exams (Every 12 months)	\$10 Co-pay
Materials Co-pay	\$25 Co-pay
Contact Lenses (in lieu of glasses)	\$150 allowance, then 15% off balance
Glass Lenses (Every 12 months)	\$25 Co-pay Single, Bifocal, Trifocal & Lenticular
Frames (Every 12 months)	\$150 allowance, then 20% off balance

\*Please note that if you choose to see an out-of-network provider, you will need to pay for your services and then file a claim for reimbursement.

	Per Pay Period Pricing
Employee	\$4.37
Employee & Spouse	\$8.30
Employee & Children	\$8.74
Employee & Family	\$12.84

Provider Search at: [www.eyemedvisioncare.com/bcbstxvis](http://www.eyemedvisioncare.com/bcbstxvis).





## Group Life Insurance – BCBS

### Summary of Coverage

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 an employer-sponsored safety net in case the worst happens, with **no out-of-pocket costs to you.** If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.

Plan Features	Basic Life - Group
Employee benefit amount	1 times your annual salary to a max of \$250,000
Guarantee Issue amount	\$250,000
AD&D benefit	\$250,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	65%
70	50%

**Group life is 100% covered by the employer** with the option of employees adding voluntary life.



# Voluntary Life Insurance - BCBS

## Summary of Coverage

Voluntary life insurance is like group life insurance, except it is paid for by you. It can provide additional financial security for your family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

Plan Features	Basic Life - Voluntary
Employee benefit amount	Increments of \$25,000 to a max of \$500,000. Can not exceed 5 times your annual salary.
Guarantee Issue amount	\$100,000
Spouse benefit	\$10,000
Dependent benefit	6 mos - 26 years - \$5,000
Accidental Death & Dismemberment	Included in Voluntary Life rates
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	65%
70	50%

*Employees must fill out an EOI form if they exceed the guaranteed issue amount or has waived benefit before and/or would like to increase by more than \$25,000 at renewal.*

**Supplemental Life and AD&D**

Employee Benefit: \$25,000 to \$500,000 in \$25,000 increments.

Guarantee Issue\*

Employee \$100,000, not to exceed 5 times annual salary.

*\*new hires only*

Life and AD&D benefits reduce by 35% of the original amount at age 70 and further reduce to 45% of the original amount at age 75, 30% of the original amount at age 80, 20% of the original amount at age 85 and to 15% of the original amount at age 90.

Spouse and Children’s coverage is one flat rate of \$3.00 Monthly

Employee Supplemental Life/AD&D Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.112
20-24	\$0.112
25-29	\$0.132
30-34	\$0.152
35-39	\$0.202
40-44	\$0.292
45-49	\$0.512
50-54	\$0.802
55-59	\$1.402
60-64	\$2.082
65-69	\$3.552
70+	\$8.412

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25,000	\$2.80	\$2.80	\$3.30	\$3.80	\$5.05	\$7.30	\$12.80	\$20.05	\$35.05	\$52.05	\$88.80	\$210.30
\$50,000	\$5.60	\$5.60	\$6.60	\$7.60	\$10.10	\$14.60	\$25.60	\$40.10	\$70.10	\$104.10	\$177.60	\$420.60
\$75,000	\$8.40	\$8.40	\$9.90	\$11.40	\$15.15	\$21.90	\$38.40	\$60.15	\$105.15	\$156.15	\$266.40	\$630.90
\$100,000	\$11.20	\$11.20	\$13.20	\$15.20	\$20.20	\$29.20	\$51.20	\$80.20	\$140.20	\$208.20	\$355.20	\$841.20
\$150,000	\$16.80	\$16.80	\$19.80	\$22.80	\$30.30	\$43.80	\$76.80	\$120.30	\$210.30	\$312.30	\$532.80	\$1,261.80
\$200,000	\$22.40	\$22.40	\$26.40	\$30.40	\$40.40	\$58.40	\$102.40	\$160.40	\$280.40	\$416.40	\$710.40	\$1,682.40
\$250,000	\$28.00	\$28.00	\$33.00	\$38.00	\$50.50	\$73.00	\$128.00	\$200.50	\$350.50	\$520.50	\$888.00	\$2,103.00
\$300,000	\$33.60	\$33.60	\$39.60	\$45.60	\$60.60	\$87.60	\$153.60	\$240.60	\$420.60	\$624.60	\$1,065.60	\$2,523.60
\$350,000	\$39.20	\$39.20	\$46.20	\$53.20	\$70.70	\$102.20	\$179.20	\$280.70	\$490.70	\$728.70	\$1,243.20	\$2,944.20
\$400,000	\$44.80	\$44.80	\$52.80	\$60.80	\$80.80	\$116.80	\$204.80	\$320.80	\$560.80	\$832.80	\$1,420.80	\$3,364.80
\$450,000	\$50.40	\$50.40	\$59.40	\$68.40	\$90.90	\$131.40	\$230.40	\$360.90	\$630.90	\$936.90	\$1,598.40	\$3,785.40
\$500,000	\$56.00	\$56.00	\$66.00	\$76.00	\$101.00	\$146.00	\$256.00	\$401.00	\$701.00	\$1,041.00	\$1,776.00	\$4,206.00



## Voluntary AD&D – Mutual of Omaha

### Summary of Coverage

This accidental death and dismemberment (AD&D) insurance plan offers protection on a world-wide basis against any covered accident in the course of business or pleasure, whether on or off job, or in or away from home. This protection is available 24 hours a day, every day.

<b>Benefits</b>	<b>Employee</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Children</b>
Minimum Benefit	\$25,000	\$10,000	\$2,500
Maximum Benefit	\$250,000	\$100,000	\$25,000
Increments	\$25,000	\$10,000	\$2,500
	\$50,000	\$20,000	\$5,000
	\$100,000	\$40,000	\$10,000
	\$250,000	\$100,000	\$25,000
	<b>Cost Calculation per \$1,000</b>	<b>Cost Calculation per \$1,000</b>	
	Employee only \$0.022	Employee & Family \$0.038	
<b>Per Pay Period Pricing:</b>	\$25,000 \$0.25	\$25,000 + Dependents \$0.44	
	\$50,000 \$0.51	\$50,000 + Dependents \$0.88	
	\$100,000 \$1.02	\$100,000 + Dependents \$1.75	
	\$250,000 \$2.54	\$250,000 + Dependents \$4.38	



## Accident Insurance – Mutual of Omaha

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Esperanza Health Systems, Ltd. dba La Hacienda Treatment Center, you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

<b>Benefits</b>	<b>Base Plan</b>	<b>Buy Up Plan</b>
Emergency Room	\$400	\$400
Urgent Care	\$325	\$325
Initial Physician	\$175	\$175
Ambulance	up to \$2,000	up to \$2,000
Hospital Admit	\$2,000	\$2,000
Physical Therapy	\$75 (6 per accident)	\$100 (6 per accident)
Medical Device	\$300	\$400
Fractures (non-surgical)	Up to \$6,000	Up to \$6,000
<b>Election:</b>	<b>Per Pay Period Cost</b>	<b>Per Pay Period Cost</b>
Employee	\$3.90	\$9.51
Employee + Spouse	\$6.14	\$14.97
Employee + Child(ren)	\$6.39	\$16.78
Employee + Family	\$10.16	\$26.26



## Disability Insurance – Mutual of Omaha

### Summary of Coverage

Disability insurance provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Plan Features	Short Term Disability
Employee benefit amount	60%
Maximum benefit amount	\$2,200
Pre-Ex	3/6
Elimination Period (sickness or accident)	15 <sup>th</sup> day
Benefit Duration	11 weeks

Plan Features	Long Term Disability
Employee benefit amount	66 2/3% Mgmt 60% All others
Maximum benefit amount	\$6,000 Mgmt \$5,000 All others
Pre-Ex	3/12 Mgmt 12/12 All others
Elimination period (sickness or accident)	90 days
Benefit Duration	To age 65 - NSSRA

# Employee Assistance Plan (EAP)

## Interface EAP

Free, Confidential Access to Therapeutic Counseling, Legal, Financial, and Online Services through your Employee Assistance Program

### Summary:

La Hacienda provides employees with free and confidential mental health benefit through an Employee Assistance Program in partnership with Interface EAP. Employees have access to the EAP, which is free (there is no money out of your check) and 100% confidential. The EAP is available to the employee, employee's spouse, and children up to 26 years of age. There is nothing to sign up for –enrollment is automatic.

### Benefit:

The EAP provides up to 8 face-to-face counseling sessions with a therapist for issues such as stress, depression, grief, substance abuse, marriage and family issues. Different issues require authorizations to different counselors. In addition, members may speak with a financial planner for financial advice free for half an hour, and may speak with an attorney for legal advice free for half an hour (some exclusions apply). Additional benefits are available. All services are accessed by dialing Interface EAP at 800-324-4327. Office hours are Monday-Friday from 7:30a-6:00p Central, but the toll-free number is also a 24-hour crisis line, with live therapists available anytime day or night for emergencies.

Work/Life, Health and Wellness resources are available online for all members. To access visit [www.4eap.com](http://www.4eap.com)

Here is the login:

Username: La Hacienda  
Password: 663

**ACCESS TO INTERFACE EAP IS 24 HOURS A DAY,  
365 DAYS A YEAR**

**Call: 1-800-324-4327 or 1-800-324-2490 (Se Habla Español)**

# freshbenies

Attention Employees!

Have you heard about your freshbenies benefit? freshbenies gives you practical tools to control your healthcare (and more) in one easy membership! This is a free benefit for all eligible employees and their legal dependents – regardless if you and/or dependents are on the medical plan.

How does freshbenies help? Your membership is packed full of services to help keep more \$ in your pocket - including **Telehealth, Behavioral Telehealth, Advocacy, Rx savings as well as Dental & Vision discount access.**

Watch your inbox for your member welcome email with everything you need to activate your membership. You will add your dependents at this time.

freshbenies will help you and your family control your healthcare dime, time and peace of mind!

Enjoy!  
Your HR team

Disclosures: This plan is NOT insurance. Learn more at [freshbenies.com](http://freshbenies.com). Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762.

## 2 easy ways to use the services

1

App

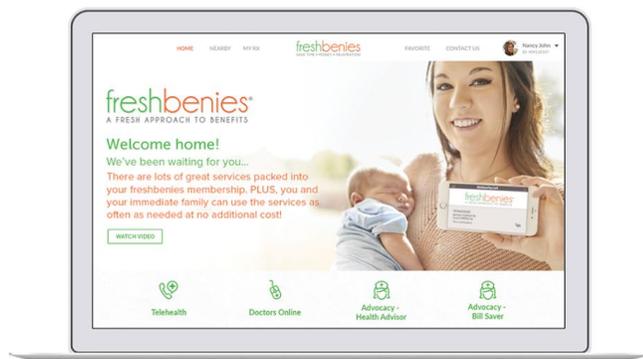
Download for  
on-the-go access!



2

Portal

Login at  
[freshbenies.com](http://freshbenies.com)!





**freshbenies**<sup>®</sup>  
A FRESH APPROACH TO BENEFITS

## Practical tools to control your healthcare (and more)...in one easy membership!

Save hundreds to thousands on your family's healthcare. Use your freshbenies services through your member app, portal or phone. One membership includes your entire immediate family!



### Advocacy PLUS

**Your friend in healthcare.** Comprehensive support throughout your healthcare journey. Find highly-rated doctors, compare costs for procedures, find lower-cost prescriptions, have medical bills negotiated and more.



### Telehealth

**Your 24/7 Dr. BFF.** It's like having a best friend who's a family doctor! Up to 70% of medical issues can be solved by phone. Reach out 24/7 for \$0 visit fee with a U.S. primary care doctor and get a prescription written, if medically necessary\*.



### Behavioral Telehealth

**Even more access to experts!** Schedule convenient, discreet consultations with therapists or psychiatrists at a fraction of the cost of typical in-person visits, only \$85 - \$95 (initial psychiatrist intake is \$225).



### Prescription Savings

**Get your drug on (sale)!** Fewer medications are covered under today's medical plans. Use our pricing tool to save an average 79% on generic and 34% on brand name\*\* prescriptions at over 60,000 pharmacies nationwide.



### Vision Savings

**See and be seen!** Get amazing discounts on everything from vision exams, brand name eyewear and contacts to LASIK and more - at thousands of providers nationwide, including national chains and local retailers.



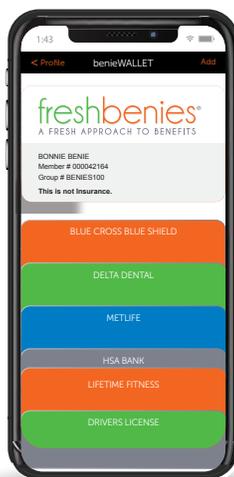
### Dental Savings

**Smile at the savings.** Save an average 20-40%\*\*\* on dental services from cleanings, whitening and root canals to braces and more at thousands of available dental practice locations nationwide.



### benieWALLET

**Your important cards ready - anytime, anywhere!** Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



**ACTIVATE** your membership  
at [freshbenies.com](https://freshbenies.com)  
where you can chat with  
AI Assistant Bonnie –  
she makes it a snap

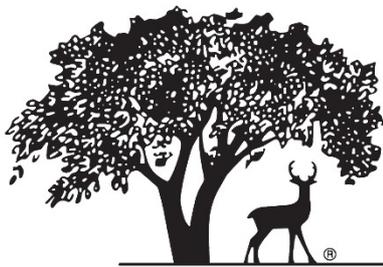
\*Initial Telehealth and Behavioral Telehealth visits in DE and AR must be

via video. Phone or video available for subsequent visits. In ID, visits are video only. \*\*Average savings based on usage data compared to cash prices; average savings for generics are 79%, and 34% for select brand medications; restrictions apply. \*\*\*Actual costs and savings vary by provider, service and geographical area.

Disclosures: **This plan is NOT insurance.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a **30 day cancellation period**, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Learn more at [freshbenies.com](https://freshbenies.com). Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.

# La Hacienda Treatment Center

2026 Employee Benefit Booklet



La Hacienda  
Treatment Center

*Integrity ~ Purpose ~ Recovery*

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