



**HISPANIC CHEESE MAKERS**  
NUESTRO QUESO LLC

## **2024—2025 Benefits-at-a-Glance for Nuestro Queso**

**This comprehensive Benefits Overview will supply you with information regarding:**

**MEDICAL & PRESCRIPTION DRUGS**

**DENTAL**

**VISION**

**LIFE/AD&D INSURANCE**

**VOLUNTARY SHORT TERM DISABILITY**

**LONG TERM DISABILITY**

**CONTACT INFORMATION**

Your overall health and sense of well-being directly affects the way in which Nuestro Queso grows and develops. Nuestro Queso's goal is to ensure that our benefits: are an integral part of our total rewards strategy, are in-line and supportive of our culture and values, and provide the highest quality and most cost-efficient insurance programs available. We understand that each person's family status and employee benefit needs are different. Therefore, Nuestro Queso offers several options which allow you to choose the plan and coverage level that is best for you and your family. Unless otherwise noted, full-time employees, are eligible for benefits annually during the open enrollment period or within 30 days of a qualified life event. Should you have any questions regarding the information contained in this benefits summary, including further information on plan details as well as employee costs not listed, please contact Human Resources.

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*This benefits overview does not create a contract of employment between Nuestro Queso and any employee.*

*The Company reserves the right to amend, suspend, or terminate the benefit plans at any time.*

*In all instances, the plan documents and summary plan descriptions will govern the benefit determinations.*



# HISPANIC CHEESE MAKERS

NUESTRO QUESO LLC

## MEDICAL & PRESCRIPTION DRUGS

### *Blue Cross Blue Shield of Illinois*

Through Blue Cross Blue Shield of Illinois, Nuestro Queso will be offering (4) four medical plans to best meet your needs: HSA PPO Qualified, PPO & BCO Plans. Each plan option has varying levels of out-of-pocket costs, and employee contributions. This will allow you to select the best plan for you and your dependents. In-network benefits are displayed below and out of network benefits are available on the Summaries of Benefits and Coverage.

Plan Name / Network	Plan 1	Plan 2	Plan 3	Plan 4
	HSA—MIEEE3053	PPO—MIBPP2010	BCO / PPO—MIBCO2000	BCO/PPO—MIBCO2040
Deductible				
Individual	\$3,500	\$250	\$500/\$1,500	\$1,500/\$3,500
Family	\$7,000	\$750	\$1,500/ \$4,500	\$4,500/\$10,200
Coinsurance				
	80%	80%	90/ 70%	90/70%
Out of Pocket Maximum (Deductible Included)				
Individual	\$7,000	\$1,250	\$4,000/\$5,600	\$3,000/\$5,500
Family	\$14,000	\$3,750	\$10,200/\$10,200	\$9,000/\$10,200
Emergency Room				
Facility Charge	80% after ded	\$150 copay	\$400 copay then 90%	\$400 copay then 90%
Routine Care Office Visit				
Primary	80% after ded	\$20	\$20/\$50	\$30/\$50
Specialist	80% after ded	\$40	\$40/\$100	\$50/\$100
Preventative Care	Included	Included	Included	Included
Prescription Drugs				
Generic	90% after ded	\$0/10	\$0/10	\$0/10
Formulary Brand Name	80% after ded	\$35/55	\$35/55	\$35/55
Non-Formulary Brand Name	70% after ded	\$75/95	\$75/95	\$75/95

## EMPLOYEE PRE-TAX CONTRIBUTIONS (BI-WEEKLY)

	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only	\$93.69	\$261.72	\$159.43	\$156.10
Employee & Spouse	\$286.25	\$591.26	\$360.18	\$352.65
Employee & Children	\$345.28	\$713.18	\$434.45	\$425.36
Family	\$504.82	\$1,042.72	\$635.20	\$621.92



# HISPANIC CHEESE MAKERS

## NUESTRO QUESO LLC

### DENTAL

*Blue Cross Blue Shield of Illinois*

#### In-Network

#### PPO

Annual Maximum Benefits	\$1,000
<b>Calendar Year Ded.</b>	
Individual	\$50
Family (Aggregate)	\$1,500
<b>Coinsurance Level</b>	
Preventative Services (No deductible)	100%
Basic Services	80%
Major Services	50%
Orthodontics (Child to age 19 only)	50%

#### EMPLOYEE PRE-TAX CONTRIBUTIONS (BI-WEEKLY)

Employee Only	\$6.80
Employee & Spouse	\$13.76
Employee & Children	\$19.08
Employee & Family	\$28.31

### VISION

*EyeMed*

#### In-Network

<b>Frequency of Service</b>	
Exam	12 months
Eyeglass Lenses or Contacts	12 months
Frames	12 months
<b>Copay</b>	
Exam	\$10
Materials	\$10
<b>Benefits</b>	
Eye Exam	100%
Frames	Up to \$150
Lenses - Single	100%
Lenses - Bifocal	100%
Lenses - Trifocal	100%
Lenses - Lenticular	100%
Contact Lenses (elective)	Up to \$150
Lasik	Discounts available

#### EMPLOYEE PRE-TAX CONTRIBUTIONS (BI-WEEKLY)

Employee Only	\$2.38
Employee & Spouse	\$4.53
Employee & Children	\$4.77
Employee & Family	\$7.01

### LIFE/AD&D INSURANCE

*Blue Cross Blue Shield of Illinois*

#### Basic Term Life/AD&D Insurance

- Amount of Life Insurance: \$25,000
- Basic AD&D mirrors Life amount
- Nuestro Queso pays full cost of premium
- Employees enrolled in medical coverage are enrolled in the basic life and AD&D benefit

#### Supplemental Employee Term Life/AD&D Insurance

- Opportunity to purchase additional term life insurance up to \$500,000 in \$10,000 increments
- Maximum Amount: \$500,000 or 5 times salary
- Medical evidence of good health required for coverage of \$150,000 and over or any amount if a late entrant or increasing elected amount

#### Supplemental Dependent Term Life/AD&D Insurance

- **Spouse:** \$5,000 to a maximum of \$250,000 not to exceed 50% of Employee Supplemental Life Amount. Medical Evidence required for coverage of \$25,000 and over.
- **Dependent Child(ren):** Flat \$1,000 for each child under 15 days. Flat Amount for each child 15 days to 6 months, each child 6 months to 25 Years has options of \$5,000 or \$10,000.
- Employees can only elect Dependent Life Insurance (Spouse and/or Child) provided the employee is also enrolled in the Supplemental Life Insurance Program.
- See Online Enrollment for premium costs

### SHORT TERM DISABILITY

*Blue Cross Blue Shield of Illinois*

- Benefit is voluntary and employee paid
- Provides financial protection for you by paying a portion of your income while you are initially disabled
- Benefits begin the day after the Elimination Period of 7 days is completed of an illness (no elimination period for accident)
- Coverage up to 60% of their base income to a maximum of \$1,000/week
- Benefits will be paid as long as the employee is disabled to a maximum of 12 weeks
- Policy is coordinated with any state-mandated benefits that are applicable
- Some disabilities may not be covered under this plan

### LONG TERM DISABILITY

*Blue Cross Blue shield of Illinois*

- Nuestro Queso pays full cost of premium
- Provides financial protection for you by paying a portion of your income while you are disabled for an extended period of time
- Benefits begin after an Elimination Period of 90 days is completed
- Monthly benefit is 50% of annual salary to a maximum of \$5,000
- Some disabilities may not be covered under this plan
- Benefit duration is to SSNRA
- Employees enrolled in medical coverage are enrolled in the long term disability benefit



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## NUESTRO QUESO LLC

### CONTACT INFORMATION

Benefit Plan Type	Carrier/Administrator	Policy #/ID	Customer Service #	Website
Medical	BCBS of IL	MIEEE3053 MIBPP2010 MIBCO2000 MIBCO2040	800-541-2768	www.bcbsil.com
Dental	BCBS of IL	DINLM25	800-541-2768	www.bcbsil.com
Vision	BCBS of IL (EyeMed)	F024370	855-362-5539	Eyemedvisioncare.com/bcbsilvis
Life and AD&D	BCBS of IL	F024370	800-367-6401	www.bcbsil.com/ancillary
Short Term Disability	BCBS of IL	F024370	800-367-6401	www.bcbsil.com/ancillary
Long Term Disability	BCBS of IL	F024370	800-367-6401	www.bcbsil.com/ancillary
Employee Assistance Program	BCBS of IL	F024370	800-899-1363	www.guidanceresources.com

### NUESTRO QUESO AND ASSOCIATED CONTACT INFORMATION

Name	Title	Phone	Email
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