

HealthPartners Health Coverage

Jan-Dec	1-800-883-2177 : www.healthpartners.com : Group # 24641	
Empower HSRA Options		
Plan Highlights	HSA 5100-100% Silver Plan	HSA 7100-100% Bronze Plan
Annual deductible	\$5100 per member/10200per family	\$7100 per member / \$14,200 per family
Out-of-pocket maximum	\$5100 per member/ \$10200 per family	\$7100 per member / \$14,200 per family
Lifetime maximum	Unlimited	Unlimited
Office / Urgent care visits		
• Illness or injury	100% after deductible	100% after deductible
• Behavioral health	100% after deductible	100% after deductible
• Chiropractic	100% after deductible	100% after deductible
• In-office surgery / allergy	100% after deductible	100% after deductible
Preventive Care (Deductible does not apply to these services)		
• Well-child services/ immunizations	100%	100%
• Prenatal care	100%	100%
• Routine physicals / eye exams	100%	100%
• Cancer screening	100%	100%
Lab / x-ray services	100% after deductible	100% after deductible
In & outpatient hospital		
• Facility Services (includes behavioral health)	100% after deductible	100% after deductible
• Professional services (includes behavioral health)	100% after deductible	100% after deductible
Emergency care		
• Outpatient facility services	100% after deductible	100% after deductible
• Outpatient professional services	100% after deductible	100% after deductible
Ambulance services	100% after deductible	100% after deductible
Medical supplies	100% after deductible	100% after deductible
Therapy services		
• Chiropractic therapy	100% after deductible	100% after deductible
• Occupational & physical therapy	100% after deductible	100% after deductible
• Speech therapy	100% after deductible	100% after deductible
Prescription drugs		
• 31 – day supply	100% after deductible	100% after deductible
• Formulary Brand Name	100% after deductible	100% after deductible
• Non-Formulary	Not Covered	Not Covered
• Specialty Rx	100% after deductible	100% after deductible
HealthPartners member services included with health plan	Frequent Fitness discount at participating health clubs	
To access www.healthpartners.com	SmartSteps health & wellness program : 24 hour Careline nurse access	
<ol style="list-style-type: none"> run cursor over Insurance; click on "discover our insurance and network" Click on "Browse the networks" Click on "I get insurance through work" Click under Perform SE Network and enter your specific criteria 		

Colonial Life (Dental) Coverage (Vision Rider Optional)

Jan-Dec	Colonial Life Contact: Deb Ferrao #612-600-4135 deb.ferrao@coloniallifesales.com	
Individual Dental PPO Insurance through Colonial Life In-network-co-insurance		
Plan Highlights		
Deductible	\$50 Annual Deductible	
• Individual	\$150 Maximum Deductible on Basic & Major Services	
• Family Limit	Refer to brochure & online plan for detailed information	
Coinsurance		
• Preventive	100%	
• Basic	80%	
• Basic (Endodontics & Periodontics)	80%	
• Major (6 months wait - waived for 2023)	50%	
Annual maximum	\$2000 annual maximum per person (Ability to roll over a portion up to an annual max of \$3,600)	

Unum Life Coverage

Jan.	1-800-421-0344 : www.unum.com : Group # 514860GL		
	Plan Highlights	Basic Term Life	Voluntary Life
Employee			
· Term life benefit	\$25,000		\$10,000 increments to 5x annual earnings, GI \$30,000
· Accidental death & dismemberment benefit	\$25,000		Equal to life benefit
Dependant			
· Spouse benefit	\$5,000		\$5,000 increments to 100% of employee benefit, GI \$15,000
· Infant (birth to 6 months) / child benefit	\$1,000 / \$2,000		\$2,000 increments to \$10,000
Accelerated life benefit (Employee only)	50% of life benefit		50% of life benefit
Additional information			GI = Guarantee Issue, non-medical maximum

Unum Disability Coverage

Jan-Dec	1-800-421-0344 : www.unum.com : Group # 514860LTD	
	Plan Highlights	Long Term Disability
Monthly benefit		60% salary to \$5,000/month
Elimination period		90 days
Duration		2 year own occupation, then SSNRA
Additional information		SSNRA = social security normal retirement age

Voluntary Benefits

Jan-Dec	Contact: Deb Ferrao #612-600-4135 deb.ferrao@coloniallifesales.com	
	Voluntary Plan Options	
Supplement Life (UNUM)	Accidental Death & Dismemberment (UNUM)	Employee paid via payroll deduction
Accident Plan (Colonial Life)	Medical Bridge (Colonial Life)	
Critical Illness (Colonial Life)	Cancer Assist (Colonial Life)	
Vision Coverage (rider with Dental Plan - Colonial Life)	Short-term Disability (Colonial Life)	

Employer Specific

Health Reimbursement Savings Account (HRSA)	HSA 5100-100% Silver Plan	HSA 7100-100% Bronze Plan	
Employee Responsibility	Mbr will pay first \$1,600 of single deductible and \$3200 of family deductible	Mbr will pay first \$3,250 of single deductible and \$6,500 of family deductible	
HRA WH Responsibility	HRA will pay next \$2,400 of single deductible and \$4800 of family deductible.	HRA will pay next \$2,400 of single deductible and \$4,800 of family deductible.	
Employee Staff Fund	Mbr can submit up to \$275 of single deductible and up to \$550 of a family deductible	Mbr can submit up to \$1,350 of single deductible and up to \$2,700 of a family deductible	
Employee Responsibility	Mbr will pay the remaining \$825 of single deductible and \$1,650 of family deductible	Mbr will pay the remaining \$100 of single deductible and \$200 of family deductible	
Health Insurance Premium	75% WHC contribution to employee/family premium if electing Silver HSA 85% WHC contribution to employee/family premium if electing Bronze HSA		90% WHC
Dental premium	85% WHC contribution to employee premium		
Term Life premium	100% WHC contribution to group term life premium		
Disability premium	100% WHC contribution to disability premium		
Health Savings Account (HSA)-Ameriflex service@myameriflex.com 888-868-3539	Plans are eligible for employee to set up an H.S.A. \$4,150 (Single) & \$8,300 (Family). older can contribute additional \$1,000 catch up each year		Members 55 &
Health Reimbursement Account (HRA) - Ameriflex service@myameriflex.com 888-868-3539	Ameriflex administers HRA through My Plan Connect. Employees can pay physicians using the HRA funds through the Ameriflex website, or by using their debit card that will be used both for HRA & HSA. Ameriflex will pull funds from the HRA first before pulling funds from the HSA.		

Employee Eligibility

Employees must work 20 hours per week or greater to be eligible for dental, life, LTD & Voluntary Benefits, 30 hours per week or greater to be eligible for health and HSA benefits. Eligibility begins the first of the month following 30 days of regular full time. Eligibility for enrollment at the beginning of the calendar year.

Flagship Capital Advisors - Thad Johnson - 612-770-2780

All employees are eligible for the retirement plan regardless of hours worked. Changes can be made to the contributions at any time during the year.

David Briggs, Broker
Benefit Strategies Group, Inc.
Phone : (612) 424-5766
dbriggs@benefitstrategies.pro

This outline is not intended to be a complete explanation of any benefit or cost. Do not rely solely upon this summary. Consult your plan customer service for more information.

