



Woodland Hills Church

Group Insurance Benefit Summary

Plan Year 2018

Health Coverage

HealthPartners Health Plans

1-800-883-2177 : www.healthpartners.com : Group # 24641

Empower HRA Options

Plan Highlights	HRA Emp Embedded Silver 4750-100%	HRA Emp Embedded Silver 4000-100%	HRA Emp Embedded Bronze 6000-100%
Annual deductible	\$4750 per member/ \$9500 per family	\$4000 per member/ \$8000 per family	\$6000 per member / \$12,000 per family
Out-of-pocket maximum	\$5000 per member/ \$10,000 per family	\$4000 per member/ \$8000 per family	\$6500 per member / \$13,000 per family
Lifetime maximum	Unlimited	Unlimited	Unlimited
Office / Urgent care visits			
· Illness or injury	100% after deductible	100% after deductible	100% after deductible
· Behavioral health	100% after deductible	100% after deductible	100% after deductible
· Chiropractic	100% after deductible	100% after deductible	100% after deductible
· In-office surgery / allergy	100% after deductible	100% after deductible	100% after deductible
Preventive Care (Deductible does not apply to these services)			
· Well-child services/ immunizations	100%	100%	100%
· Prenatal care	100%	100%	100%
· Routine physicals / eye exams	100%	100%	100%
· Cancer screening	100%	100%	100%
Lab / x-ray services	100% after deductible	100% after deductible	100% after deductible
In & outpatient hospital			
· Facility Services (includes behavioral health)	100% after deductible	100% after deductible	100% after deductible
· Professional services (includes behavioral health)	100% after deductible	100% after deductible	100% after deductible
Emergency care			
· Outpatient facility services	100% after deductible	100% after deductible	100% after deductible
· Outpatient professional services	100% after deductible	100% after deductible	100% after deductible
Ambulance services	100% after deductible	100% after deductible	100% after deductible
Medical supplies	100% after deductible	100% after deductible	100% after deductible
Therapy services			
· Chiropractic therapy	100% after deductible	100% after deductible	100% after deductible
· Occupational & physical therapy	100% after deductible	100% after deductible	100% after deductible
· Speech therapy	100% after deductible	100% after deductible	100% after deductible
Prescription drugs			
· 31 – day supply	\$15 Formulary Generic \$60 Formulary Brand Name \$150 Non-Formulary Brand Name Specialty Rx 20% to \$300 max	100% after deductible 100% after deductible 100% after deductible 100% after deductible	100% after deductible 100% after deductible 100% after deductible 100% after deductible

HealthPartners member services included with health plan

Frequent Fitness discount at participating health clubs : Discounts on health related products and services : SmartSteps health & wellness program : 24-hour CareLine nurse access

To access www.healthpartners.com

1. run cursor over Insurance; click on "find care in my plan network"
2. Click on "I get insurance through work"
3. Under Open Access Perform Network click on "find a doctor/ find a clinic"
4. Enter your specific criteria

Dental Coverage

Delta Dental

1-800-553-9536 : www.deltadentalmn.org : Group # 484000048

Pathfinder Value Plan

Plan Highlights	In-network	Out-of-network / Extended
Deductible		
· Individual		\$100 lifetime
· Family Limit		\$100 per person lifetime
Coinsurance		
· Preventive	100%	100%
· Basic	80%	80%
· Major	55%	50%
· Orthodontia		
Claim payment basis	Negotiated fee schedule	50% of usual and customary rating
Annual maximum		\$1000 per person/per calendar year

Life Coverage

Unum

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	

Disability Coverage

Unum

Jan. 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. contact: Darin Pavlish #952-446-7167 darin@arisbenefitgroup.com

Voluntary Plan Options		
Supplement Life	Accidental Death & Dismemberment	Employee paid via payroll deduction
Accident Protection	Hospital Deductible Coverage	
Critical Illness	Cancer Protection	
Short Term Disability	Vision Coverage	

Employer Specific

Woodland Hills Church

Health premium		80% contribution to employee premium	75% contribution to dependent premium
Health Reimbursement Account (HRA)	HRA Emp Embedded Silver 4750-100%	HRA Emp Embedded Silver 4000-100%	HRA Emp Embedded Bronze 6000-100%
HRA Employee Responsibility	Mbr will pay first \$1750 of single deductible and \$3500 of family deductible	Mbr will pay first \$1750 of single deductible and \$3500 of family deductible	Mbr will pay first \$3000 of single deductible and \$6000 of family deductible
HRA WH Responsibility	HRA will pay next \$2000 of single deductible and \$4000 of family deductible.	HRA will pay next \$2000 of single deductible and \$4000 of family deductible.	HRA will pay next \$2000 of single deductible and \$4000 of family deductible.
HRA Employee Responsibility	Mbr will pay next \$1000 of single deductible and \$2000 of family deductible	Mbr will pay next \$250 of single deductible and \$500 of family deductible	Mbr will pay next \$1000 of single deductible and \$2000 of family deductible
Health premium	80% contribution to employee premium on HRA Emp Embedded Silver 4750-100% 75% contribution to employee premium on HRA Emp Embedded Silver 4750-100%	80% contribution to employee premium on HRA Emp Embedded Silver 4000-100% 75% contribution to employee premium on HRA Emp Embedded Silver 4000-100%	91% contribution to employee premium on HRA Emp Embedded Silver 4750-100% 85% contribution to employee premium on HRA Emp Embedded Silver 4750-100%
Term Life premium	100% contribution to group term life premium		
Disability premium	100% contribution to disability premium		
Section 125 plan	All employee contributions will be run pre-tax. Employees may also elect to participate in a Flexible Spending and Dependent Day Care Account		

Employee Eligibility

Employees must work 25 hours per week or greater to be eligible for life, LTD & Voluntary Benefits, 30 hours per week or greater to be eligible for health, dental and section 125 benefits. Eligibility begins the first of the month following 30 days of regular full time employment

This outline is not intended to be a complete explanation of any benefit or cost. Certain restrictions and limitations apply. Do not rely solely upon this summary. Consult your group certificate(s), Human Resources Administrator, and the carrier(s) underwriting the specific plan for more information. The wording in your specific policy or certificate will apply in the event of any differences or errors contained herein.



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