

HealthPartners Health Coverage		
Jan-Dec	1-800-883-2177 : <a href="http://www.healthpartners.com">www.healthpartners.com</a> : Group # 24641	
Empower HSRA Options		
Plan Highlights	HSA 4800-100% Silver Plan	HSA 7000-100% Bronze Plan
Annual deductible	\$4800 per member/ 9600 per family	\$7000 per member / \$14,000 per family
Out-of-pocket maximum	\$4800 per member/ \$9600 per family	\$7000 per member / \$14,000 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 <a href="http://www.healthpartners.com">www.healthpartners.com</a>		SmartSteps health & wellness program : 24 hour Careline nurse access
<ol style="list-style-type: none"> <li>1. run cursor over Insurance; click on "discover our insurance and network"</li> <li>2. Click on "Browse the networks"</li> <li>3. Click on "I get insurance through work"</li> <li>4. Click under Perform SE Network and enter your specific criteria</li> </ol>		

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		
• Individual	\$50 Annual Deductible	
• Family Limit	\$150 Maximum Deductible on Basic & Major Services	
Coinsurance	Refer to brochure & online plan for detailed information	
• 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		
	<b>Plan Highlights</b>	<b>Basic Term Life</b>	<b>Voluntary Life</b>
<b>Employee</b>			
- 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
<b>Dependant</b>			
- 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
<b>Accelerated life benefit (Employee only)</b>		50% of life benefit	50% of life benefit
<b>Additional information</b>		GI = Guarantee Issue, non-medical maximum	

## Unum Disability Coverage

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

## Voluntary Benefits

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

## Employer Specific

Health Reimbursement Savings Account (HRSA)	HSA 4800-100% Silver Plan	HSA 7000-100% Bronze Plan	
Employee Responsibility	Mbr will pay first \$1,500 of single deductible and \$3000 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 \$125 of single deductible and up to \$250 of a family deductible	Mbr can submit up to \$1,300 of single deductible and up to \$2,600 of a family deductible	
Employee Responsibility	Mbr will pay the remaining \$775 of single deductible and \$1,550 of family deductible	Mbr will pay the remaining \$50 of single deductible and \$100 of family deductible	
Health Insurance Premium	75% WHC contribution to employee/family premium if electing Silver HSA 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. \$3,875 (Single) & \$7,750 (Family). older can contribute additional \$1,000 catch up each year		Members 55 &

### 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. All employees are eligible for the Retirement Plan through Mutual of America regardless of hours worked.

Mutual of America - (952) 820-0089



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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.