

# COBRA Benefits

Everything you need to know about your  
employee benefits for the 2024 plan year

Iowa Plans



# Table of Contents

---

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

<b>3</b>	Medical
<b>7</b>	Dental
<b>8</b>	Vision



# Medical

## HPI - Copay PPO Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
<b>Deductible</b>	\$1,500/ Person \$3,000/ Family	\$5,000 / Family \$10,000 / Family
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>	\$3,000 / Person \$6,000 / Family	\$10,000 Person \$20,000 / Family
<b>Preventive Care</b>	Covered in Full	50% AD
<b>Office Visits</b>		
Primary Care	\$25	50% AD
Specialist	\$50	50% AD
Urgent Care	20% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
<b>Emergency Room</b>	20% AD	20% AD
<b>Hospital Services</b>		
Minor Lab Testing and X-Ray	20% AD	50% AD
Major Diagnostic and Imaging Services	20% AD	50%AD
OP Mental Health/Substance Abuse	20% AD	50% AD
Inpatient Hospital	20% AD	50% AD
Outpatient Surgery	20% AD	50% AD
<b>Pharmacy</b>	<b>Retail</b> 30 Day Supply	<b>Mail Order</b> 90 Day Supply
Tier 1	\$10	\$20
Tier 2	\$25	\$50
Tier 3	50%	50%

AD = After Deductible

## 2024 Premiums

Status	Cost Per Month
Employee Only	\$685.77
Employee & Spouse	\$1,488.36
Employee & Child(ren)	\$1,396.50
Family	\$2,092.64

Looking for a provider? Check out the [Provider Search Here >](#)



# Medical

## HPI - Buy Up HSA Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
<b>Deductible</b>	\$2,000/ Single \$4,000/ Family	\$5,000 / Single \$10,000 / Family
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>	\$4,000 / Single \$8,000 / Family	\$12,000 Single \$24,000 / Family
<b>Preventive Care</b>	Covered in Full	50% AD
<b>Office Visits</b>		
Primary Care	20% AD	50% AD
Specialist	20% AD	50% AD
Urgent Care	20% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
<b>Emergency Room</b>	20% AD	20% AD
<b>Hospital Services</b>		
Minor Lab Testing and X-Ray	20% AD	50% AD
Major Diagnostic and Imaging Services	20% AD	50%AD
OP Mental Health/Substance Abuse	20% AD	50% AD
Inpatient Hospital	20% AD	50% AD
Outpatient Surgery	20% AD	50% AD
<b>Pharmacy</b>	<b>Retail</b> 30 Day Supply	<b>Mail Order</b> 90 Day Supply
Tier 1	20% AD	20% AD
Tier 2	20% AD	20% AD
Tier 3	50% AD	50% AD

AD = After Deductible

## 2024 Premiums

Status	Cost Per Month
Employee Only	\$607.42
Employee & Spouse	\$1,317.53
Employee & Child(ren)	\$1,236.26
Family	\$1,852.18

Looking for a provider? Check out the [Provider Search Here >](#)



# Medical

## HPI - Base HSA Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
<b>Deductible</b>	\$4,000/ Single \$8,000/ Family	\$5,000 / Single \$10,000 / Family
<b>Coinsurance</b>	30%	50%
<b>Out-of-Pocket Maximum</b>	\$7,500 / Single \$15,000 / Family	\$13,800 Single \$27,000 / Family
<b>Preventive Care</b>	Covered in Full	50% AD
<b>Office Visits</b>		
Primary Care	30% AD	50% AD
Specialist	30% AD	50% AD
Urgent Care	30% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
<b>Emergency Room</b>	30% AD	30% AD
<b>Hospital Services</b>		
Minor Lab Testing and X-Ray	30% AD	50% AD
Major Diagnostic and Imaging Services	30% AD	50%AD
OP Mental Health/Substance Abuse	30% AD	50% AD
Inpatient Hospital	30% AD	50% AD
Outpatient Surgery	30% AD	50% AD
<b>Pharmacy</b>	<b>Retail</b> 30 Day Supply	<b>Mail Order</b> 90 Day Supply
Tier 1	30% AD	30% AD
Tier 2	30% AD	30% AD
Tier 3	50% AD	50% AD

AD = After Deductible

## 2024 Premiums

Status	Cost Per Month
Employee Only	\$525.51
Employee & Spouse	\$1,138.94
Employee & Child(ren)	\$1,068.74
Family	\$1,600.80

Looking for a provider? Check out the [Provider Search Here >](#)



# Medical

## HPI - HSA Value-Based Pricing Plan

Not available to employees in Colorado, North Carolina, or South Carolina

Calendar Year Benefits	In-Network Only You Pay
<b>Deductible</b>	\$1,600/ Single \$3,200/ Family
<b>Coinsurance</b>	30%
<b>Out-of-Pocket Maximum</b>	\$6,000 / Single \$12,000 / Family
<b>Preventive Care</b>	Covered in Full
<b>Office Visits</b>	
Primary Care	30% AD
Specialist	30% AD
Urgent Care	30% AD
Telemedicine - HealthJoy	Covered in Full
<b>Emergency Room</b>	30% AD
<b>Hospital Services</b>	
Minor Lab Testing and X-Ray	30% AD
Major Diagnostic and Imaging Services	30% AD
OP Mental Health/Substance Abuse	30% AD
Inpatient Hospital	30% AD
Outpatient Surgery	30% AD
<b>Pharmacy</b>	<b>Retail</b> 30 Day Supply
Tier 1	30% AD
Tier 2	30% AD
Tier 3	50% AD

AD = After Deductible

## 2024 Premiums

Status	Cost Per Month
Employee Only	\$571.04
Employee & Spouse	\$1,238.20
Employee & Child(ren)	\$1,161.84
Family	\$1,740.52

Looking for a provider? Check out the [Provider Search Here >](#)



# Dental

## Cigna Dental PPO SA Plus

Plan Features	DPPO - Base Plan You Pay	DPPO - Buy Up Plan You Pay
<b>Calendar Year Deductible</b> (waived for Preventive Services and Orthodontics)	\$50 per person (maximum 3 per family)	
<b>Annual Maximum</b>	\$1,000 per person (for all expenses)	\$2,000 per person (for all expenses)
<b>Preventive Services</b> X-rays, cleanings, exams	Covered in Full	Covered in Full
<b>Basic Services</b> Fillings, extractions, root canals	10% AD	10% AD
<b>Major Services</b> Dentures, crowns, bridges	40% AD	40% AD
<b>Orthodontic Benefits</b> For Adults & Children	No Benefit	50%
<b>Orthodontic Lifetime Maximum</b>	N/A	\$2,000

AD = After Deductible

### 2024 Premiums

Status	Base Plan Cost Per Month	Buy Up Plan Cost Per Month
Employee Only	\$21.87	\$27.17
Employee & Spouse	\$43.77	\$53.86
Employee & Child(ren)	\$56.34	\$73.93
Family	\$85.60	\$111.05

Looking for a provider? Check out the [Provider Search Here >](#)



# Vision

## VSP

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Woodgrain’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Plan Features	Base Plan You Pay	Buy Up Plan You Pay
<b>Exam</b> (once every 12 months)	\$20	\$10
<b>Frames</b> (one every 24 months for Base plan, once every 12 months on Buy Up plan)	\$130 allowance + 20% discount	\$200 allowance + 20% discount
<b>Lenses</b> (one every 12 months)		
SingleVision	\$20	\$20
Bifocal	\$20	\$20
Trifocal	\$20	\$20
<b>Contact Lenses in Lieu of Eyeglasses</b> (one every 12 months)		
Elective	\$130 allowance	\$200 allowance

Out-of-network benefits are available on both the Base and Buy Up plans. Benefits vary and any applicable benefit payments will be reimbursed to you upon completion of a claim form.

[Click here](#) for information on how to submit for reimbursement.

## 2024 Premiums

Status	Base Plan	Buy Up Plan
Employee Only	\$4.74	\$7.69
Employee & Spouse	\$9.51	\$15.40
Employee & Child(ren)	\$10.16	\$16.46
Family	\$16.23	\$26.31

Looking for a provider? Check out the [Provider Search Here >](#)



If you have questions about	Contact	Call	Click
Plan brochures, enrollment materials, general benefit information	GBS COBRA Services	(801) 364-7233	
Medical	HPI	(888) 274-3775	<a href="http://www.hpitpa.com">www.hpitpa.com</a>
Pharmacy	Navitus	(855) 673-6504	<a href="http://www.navitus.com">www.navitus.com</a>
Dental	Allegiance	(855) 999-2268	<a href="http://www.askallegiance.com">www.askallegiance.com</a>
Vision	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>