

# COBRA Benefits

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

Nationwide



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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.

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# Medical

## Allegiance - Copay PPO Plan

| Calendar Year Benefits                | In-Network<br>You Pay                | Out-of-Network<br>You Pay             |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <b>Deductible</b>                     | \$1,500/ Person<br>\$3,000/ Family   | \$5,000 / Family<br>\$10,000 / Family |
| <b>Coinsurance</b>                    | 20%                                  | 50%                                   |
| <b>Out-of-Pocket Maximum</b>          | \$3,000 / Person<br>\$6,000 / Family | \$10,000 Person<br>\$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><br>30 Day Supply       | <b>Mail Order</b><br>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         | \$716.35       |
| Employee & Spouse     | \$1,544.16     |
| Employee & Child(ren) | \$1,357.50     |
| Family                | \$2,311.92     |

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



# Medical

## Allegiance - Buy Up HSA Plan

| Calendar Year Benefits                | In-Network<br>You Pay                | Out-of-Network<br>You Pay             |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <b>Deductible</b>                     | \$2,000/ Single<br>\$4,000/ Family   | \$5,000 / Single<br>\$10,000 / Family |
| <b>Coinsurance</b>                    | 20%                                  | 50%                                   |
| <b>Out-of-Pocket Maximum</b>          | \$4,000 / Single<br>\$8,000 / Family | \$12,000 Single<br>\$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><br>30 Day Supply       | <b>Mail Order</b><br>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         | \$634.47       |
| Employee & Spouse     | \$1,366.90     |
| Employee & Child(ren) | \$1,201.74     |
| Family                | \$2,046.19     |

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



# Medical

## Allegiance - Base HSA Plan

| Calendar Year Benefits                | In-Network<br>You Pay                 | Out-of-Network<br>You Pay             |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>Deductible</b>                     | \$4,000/ Single<br>\$8,000/ Family    | \$5,000 / Single<br>\$10,000 / Family |
| <b>Coinsurance</b>                    | 30%                                   | 50%                                   |
| <b>Out-of-Pocket Maximum</b>          | \$7,500 / Single<br>\$15,000 / Family | \$13,800 Single<br>\$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><br>30 Day Supply        | <b>Mail Order</b><br>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         | \$548.89       |
| Employee & Spouse     | \$1,181.59     |
| Employee & Child(ren) | \$1,038.92     |
| Family                | \$1,768.39     |

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<br>You Pay            |
|---------------------------------------|---------------------------------------|
| <b>Deductible</b>                     | \$1,600/ Single<br>\$3,200/ Family    |
| <b>Coinsurance</b>                    | 30%                                   |
| <b>Out-of-Pocket Maximum</b>          | \$6,000 / Single<br>\$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><br>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     |

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# Dental

## Cigna Dental PPO SA Plus

| Plan Features  | DPPO - Base Plan<br>You Pay              | DPPO - Buy Up Plan<br>You Pay            |
|--|--|--|
| <b>Calendar Year Deductible</b><br>(waived for Preventive Services and Orthodontics) | \$50 per person (maximum 3 per family)   |  |
| <b>Annual Maximum</b>  | \$1,000 per person<br>(for all expenses) | \$2,000 per person<br>(for all expenses) |
| <b>Preventive Services</b><br>X-rays, cleanings, exams                               | Covered in Full                          | Covered in Full                          |
| <b>Basic Services</b><br>Fillings, extractions, root canals                          | 10% AD                                   | 10% AD                                   |
| <b>Major Services</b><br>Dentures, crowns, bridges                                   | 40% AD                                   | 40% AD                                   |
| <b>Orthodontic Benefits</b><br>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                   |

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# 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<br>You Pay           | Buy Up Plan<br>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 and Dental  | Allegiance         | (855) 999-2268 | <a href="http://www.askallegiance.com">www.askallegiance.com</a> |
| Medical - HSA Value-Based Pricing Plan                            | 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>             |
| Vision  | VSP                | (800) 877-7195 | <a href="http://www.vsp.com">www.vsp.com</a>                     |