



# Goodwill

# 2023

## EXECUTIVE BENEFITS GUIDE

Goodwill of Central and Northern Arizona

Goodwill Industries of Monocacy Valley

[my.goodwillaz.org](http://my.goodwillaz.org)

Effective: January 1, 2023 - December 31, 2023



## Eligibility

### Who is Eligible for Coverage?

- All regular full-time active team members scheduled to work 30 or more hours per week.

### When Am I Eligible?

- First of the month following 60 days of employment.

### When Can I Enroll for Coverage?

- Open Enrollment
- You must enroll within 30 days of your eligibility date of coverage or your enrollment will **automatically** default to “waive” status
- Qualifying Event



### Can I Choose Coverage for my Family?

- **Yes.** You may elect benefits for you and your family. Your dependents become eligible for coverage when you do, provided you have enrolled in coverage for yourself.

### Who is an Eligible Dependent?

- Your spouse (proof of marriage required)
- Your child(ren) under the age of 26

### What is Open Enrollment?

- Open enrollment is the time each year that you can make changes to your current elections or enroll for the first time if you have previously waived coverage. Open Enrollment will be held from October 26, 2022 to November 18, 2022, with a January 1, 2023, effective date. The 2023 plan year will end on December 31, 2023. Open Enrollment is the **only** time during the year that you can make changes to your current elections, or enroll for the first time, unless you become newly eligible or experience a Qualifying Event.

### Can I Have Other Health Coverage?

- You can be covered by another group health plan and still receive benefits under Goodwill’s medical plan; this is known as Coordination of Benefits (COB). Remember, only expenses normally eligible under a medical plan will be considered for COB. Any amount in excess of what is covered under a plan will not be considered.

**TO LEARN MORE ABOUT COORDINATION OF BENEFITS (COB), PLEASE VISIT THE GOODWILL BENEFITS WEBSITE AT: [my.goodwillaz.org](https://my.goodwillaz.org)**

As an eligible participant of the Goodwill Health and Welfare Benefit Plan, Goodwill is required to provide you with a copy of all ERISA Plan Documents. Goodwill is providing you with these Plan Documents, electronically, to help reduce waste and provide you a way to access these documents year-round. You can view and print these documents located on the Goodwill benefits website at [my.goodwillaz.org](https://my.goodwillaz.org). You are entitled to withdraw your consent to receive documents electronically, change your email address for any document delivery, or request and obtain a paper copy of any electronically furnished document, free of charge, by calling Human Resources.



## Frequently Asked Questions

### How Do I Pay For My Benefits?

You and Goodwill share the cost of the majority of your benefits, with Goodwill paying a large portion of this on your behalf. Throughout the year, the cost of the insurance for the benefits you are enrolled in is deducted from your paycheck. Most of the payroll deductions are taken out on a **pre-tax** basis. By doing this, it reduces your taxable income, which lowers the amount of federal and state taxes withheld from your paycheck.

### Will I Receive an ID Card?

- **Medical - Cigna:** Everyone who enrolls in one of the Cigna medical plan will receive an ID card.
- **Medical - The American Worker:** Everyone who enrolls in The American Worker medical plan will receive an ID card.
- **Dental - Ameritas:** If you are currently enrolled in the dental plan, and you are not making any changes to your coverage effective 1/1/2023, you will NOT receive a new ID card. If you are currently enrolled in the dental plan, and you ARE making changes to your coverage effective 1/1/2023, you WILL receive a new ID card.
- **Vision - VSP:** VSP does not issue ID cards. Regardless if you are a new enrollee or currently enrolled in the plan, you will NOT receive an ID card. If you would like a VSP Member ID card, please register as a member at [www.vsp.com](http://www.vsp.com) and follow the instructions for printing an ID card.

### What is a Qualifying Event?

A Qualifying Event includes the following life events/changes:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Spouse's Open Enrollment
- Change in spouse's employment and/or insurance
- Gain or loss of insurance coverage outside of Goodwill
- Other events may qualify (contact the Benefits department for questions)

**YOU MUST NOTIFY THE GOODWILL BENEFITS TEAM OF A QUALIFYING EVENT NO LATER THAN 30 DAYS FROM THE DATE OF THE QUALIFYING EVENT IN ORDER TO MAKE A CHANGE OR ENROLL.**

### What is an Embedded Deductible?

An embedded deductible means that a single member of a family doesn't have to meet the full family deductible before the plan begins to pay. The person's after-deductible benefits will kick in as soon as he or she has met the individual deductible.

### What is an In-Network Provider?

In-Network Providers are doctors, facilities and pharmacies that have contracted with our insurance carrier(s) to accept reduced fees for services. **You will save \$ when you use in-network providers!**

### What is an Out-of-Network Provider?

Out-of-Network Providers are doctors, facilities and pharmacies that are NOT contracted with our insurance carrier(s) and DO NOT accept reduced fees for services. This means you could be charged the difference between what the Provider charges and the maximum amount our insurance carrier(s) will pay for a specific service. **It will cost you more \$ when you use out-of-network providers!**



When you elect one of the Medical plans (Options 4 & 5), Preventive services are included in each plan. These preventive services are covered at 100% **NO COST TO THE MEMBER**, as long as the preventive services are received through an In-Network Provider.

Talk to your Healthcare Provider to find out which covered preventive services are right for you, which will be based on your age, gender, and health status.

**The following is a brief description of covered preventive services:**

**Well Woman Exam &  
Age-Appropriate Screenings**

**Well Man Exam &  
Age-Appropriate Screenings**

**Well Child Exam**

**Age-Appropriate Immunizations**

**Certain Generic Preventive  
Prescriptions**





	Option 4 Performance \$2,500 Deductible Plan LocalPlus Network		Option 5 Broad \$2,500 Deductible Plan OAP (Open Access Plus) Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Calendar Year Deductible</b> (Embedded Deductible)	Individual \$2,500 Family \$5,000	Individual \$7,500 Family \$15,000	Individual \$2,500 Family \$5,000	Individual \$5,000 Family \$10,000
<b>Coinsurance</b>	10%	50%	10%	30%
<b>Out-of-Pocket Maximum</b> (Includes Deductible, Coinsurance & Applicable Copays)	Individual \$4,500 Family \$6,500	Individual \$9,000 Family \$18,000	Individual \$4,500 Family \$6,500	Individual \$6,000 Family \$12,000
<b>Preventive Services</b> examples: Routine physicals, Immunizations, PSA, Pap Smear, Mammograms	No charge Covered 100%	Deductible then 50%	No charge Covered 100%	Deductible then 30%
<b>Physician Office Visit</b> Primary Care Physician (PCP) Specialist Physician	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Diagnostic Lab &amp; X-ray</b>	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Major Diagnostics/Imaging</b> examples: MRI, CT Scan, PET Scan	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Inpatient Services</b>	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Outpatient Services</b>	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Emergency Room</b>	Deductible then 10%			
<b>Urgent Care Facility</b>	Deductible then 10%	Deductible then 50%	Deductible then 10%	Deductible then 30%
<b>Prescription Drugs</b> <b>Retail, 30-day supply</b>  <b>See Cigna Pharmacy Benefits</b> <b>page in this Guide for additional</b> <b>Rx/Pharmacy details</b>	Deductible then: Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 \$60 copay	Deductible then 50%	Deductible then: Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 \$60 copay	Deductible then 50%

\*Services received Out-of-Network, including Prescription Drugs, may be subject to balance billing. Balance billing is the difference between the Aetna allowed amount and the billed amount the non-contracted provider charges for their services

**LocalPlus Network - Paired with Plan Options 4**

- Cigna's performance, National Provider Network - Network is NOT available in all states
- This Network has fewer providers than the OAP Network, but they are still high quality providers, and you will pay less per pay period for this plan(s)

**OAP (Open Access Plus) Network - Paired with Plan Options 5**

- Cigna's National Provider Network - Network is available in ALL states
- This Network has more providers than the LocalPlus Network, and you will pay more per pay period for this plan(s)
- Mayo Clinic and Cancer Treatment Centers of America is available under this plan option

**HOW TO SEARCH FOR IN-NETWORK PROVIDERS BEFORE YOU ARE AN ENROLLED MEMBER:**

**Don't forget ..... one of the simplest ways to check to see if a provider is in-network is to call Cigna @ 888-806-5042!!**

- Visit [www.cigna.com](http://www.cigna.com) and select **Find a Doctor**
- Select how you are covered: **Employer**
- Enter the address, city, or zip code of the area; you can search by:
  - \* Doctor by Type
  - \* Doctor by Name
  - \* Locations (If searching for a hospital, urgent care, or pharmacy, use this option)
- Select **Continue as Guest**
- Enter your zip code and select **Continue**
- Select the Plan: **OAP** (Open Access Plus) OR **LocalPlus**
  - \* You will see a list of in-network providers for the Plan you selected
  - \* To see in-network providers for the other Plan, select **Change Plan**
  - \* Providers/Facilities can be filtered by distance, name, and best match

**IMPORTANT THINGS TO KNOW ABOUT THE LOCALPLUS NETWORK.....**

Cigna has **expanded** the LocalPlus Network in Arizona for Goodwill to include ALL Banner Health providers. This includes ALL Banner Health Doctors, Physicians and Facilities (Urgent Care, Hospital, etc..).

- **Team members who reside in AZ – BEFORE** you enroll in a LocalPlus plan, when you visit [www.cigna.com](http://www.cigna.com) to search for in-network providers in the LocalPlus Network as a *Guest*, you will **NOT** see Banner Health providers appear in your *Guest* provider search. If you want confirmation that your Banner Health provider is in the EXPANDED LocalPlus network, simply contact Cigna @ **888-806-5042** and request assistance.
- **Team members who reside in AZ – AFTER** you enroll in a LocalPlus plan, when you log into your Cigna member portal @ [www.mycigna.com](http://www.mycigna.com) as a *Member*, the system recognizes that you are enrolled in the expanded LocalPlus Network. Your *Member* search of in-network, LocalPlus providers **WILL** show ALL Banner Health providers.

**LocalPlus Away From Home Care:**

Covered members under LocalPlus can count on getting quality, affordable care right where they live. When you are temporarily away from home, taking a business trip or traveling on vacation, Cigna has you covered with their nationwide **Away From Home Care** feature.

To access the **Away From Home Care** feature, simply:

- Log into [www.mycigna.com](http://www.mycigna.com)
- Select **Find Care & Costs**
- Enter the applicable city/state or zip code
- Search doctor by type or search nearby health facilities
- Confirm (when on-screen message pops up) that you need care while you're away from home
- See search results for in-network doctors or hospitals
  - \* What if I forget to use the **Away From Home Care** feature? If you choose to go outside the LocalPlus Network - and you DON'T use Cigna's **Away From Home Care** feature - your care would be considered "out-of-network" and your share of the costs may be higher.



## **LOCALPLUS - ARIZONA AT A GLANCE**

The LocalPlus network is available to most team members. We have great access in Maricopa County and surrounding areas.

**Network Includes** - Major Provider Groups

**Arizona Care Network** - Over 984 primary care physicians, 3700 specialists - Physician Health System collaboration between Dignity Medical Group and Abrazo Community Health Network

**Cigna Medical Group** - 150 physicians and 20 locations in Arizona are National Committee for Quality Assurance (NCQA) certified

**Innovative Care Partners (ICP)** - 270 Primary Care Physicians, 1,649 specialists, 85 specialists within 100+ locations

**Phoenix Children's Care Network** - Active engagement with 90+ independent pediatric practices with over 1,000 providers - integrated hospital, medical group and network teams - 1st URAC accredited pediatric clinically integrated network in the United States - 1,100+ physicians and 600+ practice locations

## **MAJOR HOSPITALS**

- **Dignity Health** - 5 hospitals - Dignity Health Medical Group 40+ practices
- **Abrazo Community Health Network** - 5 acute-care hospitals - Level 1 Trauma Center at Abrazo West Campus
- **Phoenix Children's Hospital** - 1,000+ pediatric physicians - 70+ pediatric subspecialties
- **HonorHealth** - 6 Hospital Campuses - HonorHealth Medical Group with 75+ primary, specialty and immediate care locations.

**Remember ..... Cigna has EXPANDED the LocalPlus Network in Arizona for Goodwill to include ALL Banner Health hospitals & providers!!**

## **LOCALPLUS - MARYLAND AT A GLANCE**

The LocalPlus network is available statewide.

**Network Providers** - 24,000+ providers and 145+ hospitals and urgent care centers

### **Network Includes**

#### **Major Provider Groups**

- Adventist Medical Group.
- Anne Arundel Medical Group
- Carroll Health Group
- Frederick Health Medical Group
- Johns Hopkins Community & Faculty Physicians
- Privia Medical Group
- Tidal Health Peninsula Regional
- University of Maryland Physicians
- UPMC Western Maryland Physicians

#### **Major Hospitals & Health Systems**

- Adventist Health System
- Anne Arundel Medical Center Inc.
- Frederick Health System
- Greater Baltimore Medical Center
- Johns Hopkins Health System
- Lifebridge Health System
- Mercy Medical Center
- Meritus Health
- University of Maryland Medical System

**GREAT NEWS ..... Maryland team members have a choice of Networks as Cigna's Performance Network IS located in Maryland!!**

Providers listed are contracted as of 1/1/2023. Provider contracts can change at anytime. It's important to verify in-network provider status **BEFORE** receiving services.



- You can choose to fill your medications in a 30-day or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at a wide range of network pharmacies across the nation. Prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies.
- If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan. Retail pharmacies include:

CVS	Walmart
Kroger/Fry's	Publix
Weis Markets	Winn Dixie
Albertson's	Safeway



- Preserve your HRA dollars! Remember ..... All pharmacies charge a different amount for covered medications. Be sure to check your [mycigna.com](http://mycigna.com) mobile app, or contact Cigna to locate the nearest in-network pharmacy with the lowest cost!
- Patient Assurance Program: Helps lower your out-of-pocket costs for certain diabetes medications and insulins, making it easier to stay on track. There's nothing to join and no cost to participate - it's part of your Cigna pharmacy benefit.
- Exclusive specialty home delivery: Specialty medications must be filled through Accredo; otherwise, you pay the entire cost of the prescription upon your first fill.

## EXTRA SAVINGS ON **PREVENTIVE MEDICATIONS!!!**

- Specific generic **OR** preferred brand name prescriptions for preventive care of specified health conditions, are available with **NO** out-of-pocket costs.

See the Cigna Preventive Drug List at [mycigna.com](http://mycigna.com) for covered preventive medications. Only medications on this list apply to this Preventive Prescription Drug Benefit - when prescribed for the chronic medical conditions listed below:

Hypertension	High Cholesterol
Diabetes	Asthma
Osteoporosis	Stroke
Prenatal nutrient deficiency	

## **YOUR COST SHARE AND SUPPLY:**

<b><u>Retail, 30-day supply Rx</u></b> (In-Network)	
Tier 1 = Generic	\$10 copay after Deductible
Tier 2 = Preferred Brand	\$30 copay after Deductible
Tier 3 = Non-Preferred Brand	\$50 copay after Deductible
Tier 4 = Specialty	\$60 copay after Deductible

<b><u>Retail 90 day supply, Home Delivery, 90-day supply Rx</u></b> (In-Network)	
Tier 1 = Generic	\$25 copay after Deductible
Tier 2 = Preferred Brand	\$75 copay after Deductible
Tier 3 = Non-Preferred Brand	\$125 copay after Deductible
Tier 4 = Specialty (Not available through retail)	\$60 copay after Deductible

**Out-of-Network Home Delivery:** Not covered



	<b>Diamond Plan</b> - Director & Sr Director -	<b>Diamond Plus Plan</b> - VP & SVP -
<b>Medical (Per Occurrence*)</b>	\$10,000	\$10,000
<b>Dental Treatments</b> ex: routine dental, ortho, crowns and bridges	\$5,000	\$10,000
<b>Vision Treatments</b> ex: LASIK eye surgery, contact lenses and prescription sunglasses	\$1,500	\$10,000
<b>Mental Health</b> ex: Mental and substance abuse programs	\$3,000	\$10,000
<b>Prescriptions</b> ex: Copays, brand name and lifestyle prescriptions	\$3,000	\$10,000
<b>Medical Equipment</b> ex: Durable medical equipment, wigs and hearing aids	\$5,000	\$10,000
<b>Wellness/Lifestyle</b> ex: Acupuncture, massage therapy and chiropractic care	\$1,500	\$10,000
<b>Executive Physicals</b> Top to toe physical for the primary member and enrolled spouse	\$2,500 each	\$10,000 each
<b>Annual Family Maximum</b>	\$100,000	\$100,000
<b><u>Additional Features</u></b>		
<b>TopDoc Connect</b>	Whether facing a routine or serious diagnosis, it can be difficult to know where to turn, especially while feeling the pressure to take action. With TopDoc Connect, you receive objective guidance and access to specialty care. This plan feature will quickly connect you to the right specialists with proven expertise to treat your specific condition in order to speed you on your journey to better health.	
<b>Take Me Home</b>	This emergency travel program includes a suite of travel support services to keep you protected while away from home. The services are available whether you are traveling domestically or internationally for business or pleasure. As an example, this program offers fully-paid medical air evacuation if you are hospitalized 100 or more miles from home to transport	

\*Covered medical expenses that are incurred by the same covered person during any one plan year and that result from the same or related injury, condition and diagnosis.



If you select coverage under any of our medical plans, you are eligible to use Teladoc services. If you have employee-only medical coverage, any dependent living in your household can take advantage of Teladoc. Teladoc services are available anywhere in the United States, for instance, while you and your family may be out of state for vacation or traveling for any reason.

Teladoc is a convenient and affordable option for a variety of medical services. Illness or injury can strike at any time. Teladoc helps you get back on your feet, no matter where you are or the time of day. All you need is a webcam or phone. In some instances, only a call may be necessary if you do not have a webcam.

Access Teladoc from any location - home, work, or vacation:

- [Teladoc.com](https://www.teladoc.com)
- [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)
- [Teladoc.com/mobile](https://www.teladoc.com/mobile)
- 1-800-Teladoc (1-800-835-2362)

- Get better quickly with an accurate diagnosis and a personalized treatment plan.
- Visit with U.S. board-certified doctors, licensed in your state.
- All you will pay for is your portion of the cost of any prescription(s) that may be prescribed.

With Teladoc, you can connect with a medical provider online and receive personalized treatment. When medically appropriate, these providers can submit an e-prescription to your local pharmacy for you to purchase, pick-up, and review (in-person) with your local pharmacist.

## How it Works

- **Sign Up and Log In**  
You can log on to [Teladoc.com](https://www.teladoc.com) and create a personal secure account and then log in for a webcam consultation with one of Teladoc's medical providers. If you cannot sign up on-line, call 1-800-Teladoc (1-800-835-2362) to set up your medical profile.
- **Visit with a Provider**  
You can speak with a Teladoc medical provider who is licensed to practice medicine in your state. To contact Teladoc, call 1-800-Teladoc (1-800-835-2362).
- **Receive Treatment and Get Better**  
After the consultation, follow your personalized treatment plan. If your Teladoc medical provider wrote an e-prescription, you can purchase and pick-up the prescription at your local pharmacy.





Goodwill offers executive team members a Dependent Care FSA.

You can use this account to pay for dependent care expenses, that you incur, while you are at work.

The maximum you can contribute into your Dependent Care FSA, on an annual basis, is \$5,000.

### **IMPORTANT THINGS TO KNOW ABOUT THE FSA:**

- You are eligible to participate in the Dependent Care FSA even if you are not covered under a Goodwill medical plan.
- You must re-enroll each year in the Dependent Care FSA - elections do **NOT** carry over from year to year.
- With a Dependent Care FSA, **ONLY** the amount currently in the account is available for distribution at any given time. If your claim is larger than the amount in your dependent care FSA, you will receive reimbursement as each subsequent contribution is made until the claim has been reimbursed or you reach the plan maximum.
- Be sure to save your receipts! These plans are governed by IRS guidelines; therefore, **WEX** is required to validate certain claims and may ask you to submit your receipts as proof that you have used your funds for IRS-eligible expenses. If you do not submit your receipts when requested, your reimbursement may be subject to taxes. Your FSA debit card may also be suspended until required documentation is received.





<u>DENTAL - High Plan</u>	<u>In-Network</u>	<u>Out-of-Network*</u>
<b>Calendar Year Maximum</b>	\$1,500	\$1,500
<b>Deductible</b> - Individual / Family	\$50 / \$150	\$50 / \$150
<b>Diagnostic/Preventive Services</b> Exams, Cleanings, Sealants	Covered 100% - <b>Deductible Waived</b> -	Covered 100% - <b>Deductible Waived</b> -
<b>Basic Services</b> Fillings, Stainless Crowns, Periodontics, Endodontics	Covered 80% - <b>After Deductible</b> -	Covered 80% - <b>After Deductible</b> -
<b>Major Services</b> Crowns, Inlays, Onlays, Bridges, Dentures, Oral Surgery	Covered 50% - <b>After Deductible</b> -	Covered 50% - <b>After Deductible</b> -
<b>Orthodontia Services</b> Appliances / Related Services Lifetime Maximum Max Dependent Age	Covered 50% \$1,500 19	Covered 50% \$1,500 19

\*Should you receive services out-of-network, you may be subject to balance billing. Balance billing is when a Provider charges you the difference between their "billed" amount and the insurance companies "allowed" amount.

<u>VISION</u>	<u>In-Network</u>	<u>Out-of-Network Reimbursement</u>
<b>Frequency of Benefits</b>	- - Exam, Lenses, Frames or Contact Lenses - - <b>Once every 12 months</b>	
<b>Vision Exam Copay</b>	\$10	Up to \$45
<b>Materials Copay</b> -Frames & Eyeglass Lenses	\$10	N/A
<b>Frames</b>	<b>\$200 Allowance</b> (featured frame brands) <b>\$180 Allowance</b> (wide selection of frames including Walmart & Sam's Club) <b>\$80 Allowance</b> (Costco) <i>If your frames cost more than the Allowance, you will save 20% on the amount that is over the Allowance</i>	Up to \$70
<b>Eyeglass Lenses</b> - Single Vision - Lined Bifocal - Lined Trifocal - Lenticular	Covered in full after \$10 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
<b>Contact Lenses</b> -In lieu of frames/lenses	<b>\$150 Allowance (copay waived)</b> <i>Fitting/Evaluation will not exceed a \$60 copay</i>	Up to \$105



## Basic Life and AD&D

COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL

Benefit Amount	3x annual salary to a max of \$500,000
Benefit Reduction Schedule	At age 65 - Reduces to 65% At age 70 - Reduces to 50%
Conversion/Portability	Included - You can request forms from the Goodwill Benefits Team within 31 days of the date your life insurance ends.
Accelerated Death Benefit	Up to 80% of the benefit

## Voluntary Life and AD&D

YOU PAY THE FULL COST

Employee Benefit Guarantee Issue**	Up to 5x salary, in increments of \$10,000, not to exceed \$500,000 \$200,000
Benefit Reduction Schedule	At age 65 - Reduces to 65% At age 70 - Reduces to 50%
Spouse Benefit* Guarantee Issue**	Up to 100% of employee amount, in increments of \$5,000, not to exceed \$150,000 \$50,000
Child(ren) Benefit	Flat \$10,000  <b>IMPORTANT:</b> -For child(ren) up to the age 19 or 26 if they are a full-time student; -The max death benefit, for a child between the ages of live birth & 6 months, is \$1,000; -Life coverage ONLY; <b><u>NO</u></b> AD&D coverage

Benefits will be paid to employee.

\*\*Guarantee Issue (GI) means, when you are first eligible for benefits (after you've satisfied the new hire benefit waiting period), this is the amount you can purchase up to without having to submit EOI (evidence of insurability) and answer health questions.

- Timely Entrants - If an employee elects at least the minimal amount of voluntary life coverage for themselves and their dependents, when they were initially eligible, then it guarantees they may increase their existing employee and dependent life coverages all the way up to the GI levels at any successive annual open enrollment period.
- Late Entrants - A late entrant is someone who did not elect this coverage for themselves and their dependents, during their initial new hire enrollment period. As a late entrant, EOI (evidence of insurability) - answering health questions - will be required for any amount of coverage.

**The cost of this voluntary benefit is based on your age and the amount of insurance you purchase.**

## Long-Term Disability

COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL

Benefit Percentage	66.67% of your monthly earnings up to a max monthly benefit of \$9,000
Elimination Period	90 days (benefits are payable as of day 91)
Maximum Benefit Duration	As long as you continue to meet the definition of disability, you can receive benefits up to SSNRA.

## Individual Disability

COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL

Benefit Percentage	75% of your monthly earnings, LESS the UNUM Group LTD benefit, to a max monthly benefit of \$6,500
Elimination Period	90 days (benefits are payable as of day 91)
Maximum Benefit Duration	To age 67 - Determined by your age when disability begins



## NEW IN 2023 .....GOODWILL NOW OFFERS TEAM MEMBERS 2 EAP BENEFIT OPTIONS!! BOTH AT NO COST TO TEAM MEMBERS!!!

### EAP - Employee Assistance Program

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to variety of helpful resources in your community and more.

Personal problems can affect the lives of team members both at home and at work. When life's events become challenging, team members have access to both Employee Assistance Program (EAP), The EAP is a **confidential** counseling program that is offered to all Goodwill team members and immediate family members.

- Parenting
- Pet care
- Identity theft
- Personal and work relationships
- Issues surrounding substance abuse
- Depression
- Grief and loss
- Locating child and eldercare services
- Financial issues, such as budgeting, controlling debt, teaching children to manage money, investing for college and preparing for retirement
- Legal services - referral to a local attorney for a free 30-minute in-person or telephonic consultation. If you retain the attorney, you may be eligible for a 25% discount on additional services.

The Cigna EAP is available to **ALL** Goodwill team members and their family members ..... REMEMBER, THIS EAP **INCLUDES 6 FACE-TO-FACE SESSIONS**

To Access the Cigna EAP:

[www.mycigna.com](http://www.mycigna.com)

Employer ID: gcna

**OR**

Call 877-622-4327

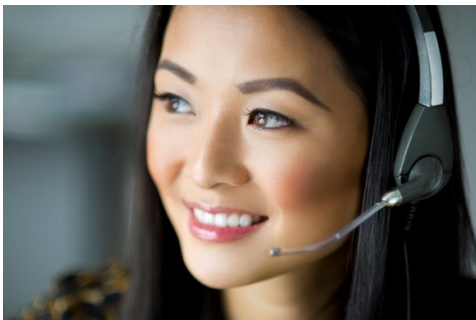
The UNUM EAP is available to **ALL** Goodwill team members and their family members .... REMEMBER THIS EAP **INCLUDES 3 FACE-TO-FACE SESSIONS**

To Access the UNUM EAP:

[www.unum.com/lifebalance](http://www.unum.com/lifebalance)

**OR**

Call 800-854-1446



**Having both the Cigna and UNUM EAP means that you now have access to up to 9 visits!!!!**



### Accident, Critical Illness & Hospital Indemnity .... all three insurance products include the following:

- Guarantee issue (GI) - no medical exams or health questions to qualify
- No networks - you can see any doctor/provider
- Benefits are paid directly to you, the insured (team member)
- No coordination of benefits – this will not affect any other insurance, including AHCCCS
- Coverage is portable – you own the benefits and may continue them at the same rate(s)
- Coverage is available for spouse and child(ren) as well

#### Accident

- Covers accidental injuries including stitches, broken bones, sprained ankle, torn tendons/ligaments, back injuries, broken teeth, etc.
- Includes benefits such as \$100 for a doctor's office visit, \$200 for an ER visit, \$1,000 for a hospital admission, \$200 for an X-ray, and \$100 for follow-up treatment
- Additional benefit payable for injuries caused by a child-organized sport
- Preventive care benefit pays up to \$100 per insured, with a maximum of \$200 per policy each calendar year, for procedures such as routine eye exams, immunizations - including the Goodwill flu clinic - annual physical exam, etc.

To learn more, visit: <https://vimeo.com/400662175/85f1f18516>

#### Critical Illness

- Lump sum payment to the insured (team member) upon diagnosis of specific covered illnesses
- Includes 17 covered conditions such as cancer, heart attack, stroke, Parkinson's, and Alzheimer's
- Benefit options of \$10,000, \$20,000, and \$30,000 available
- Health screening rider pays a \$50 benefit for each insured person, per calendar, year for many common health procedures such as mammography, chest x-ray, colonoscopy, etc.

To learn more, visit: <https://vimeo.com/400662548/7eb7fb53df>

#### Hospital Indemnity

- Covers hospital confinement\* due to injuries, sickness, maternity, COVID, etc.
- Lump sum admission benefit of \$1,000
- Daily confinement benefit of \$100 per day up to 30 days
- ICU confinement benefit of \$200 per day of confinement, up to 10 days
- Preventive care benefit pays up to \$100 per insured, with a maximum of \$200 per policy each calendar year, for procedures such as routine eye exams, immunizations - including the Goodwill flu clinic - annual physical exam, etc.

*\*Hospital confinement means the assignment to a bed as a resident inpatient, as prescribed by a physician, for a period of at least 20 consecutive hours.*

To learn more, visit: <https://vimeo.com/400663091/bf107c55d8>



### Eligibility in the 401(k) plan is as follows:

- First day of employment
- Full or part-time team member

### How do I enroll?

- Use the Workday Self-Service system to enroll or make changes to your Retirement Plan
- Retirement elections or changes can be made ANYTIME during the year

### Benefits You Receive:

To help you prepare for your financial future, Goodwill of Central and Northern Arizona sponsors a 401(k) Retirement Plan as part of its benefit package. You may contribute up to 100 percent of your pay not to exceed the IRS limits. If you are 50 years or older, you may be eligible for a catch-up contribution. These contributions are made on a pre-tax basis and also grow tax-deferred until they are withdrawn.

### Goodwill will match a portion of your contribution after:

- You have worked with us for 12 consecutive months

You become vested in the company matching contribution based on your years of service at Goodwill of Central and Northern Arizona. Vesting is another word for ownership and you receive more vesting years (ownership) the longer you work at the company. After 5 years from your date of hire, you are fully vested (owner) of the company match. You are always 100% vested in the contribution you make to the plan.

Years of Service	Total Amount Vested
1	20%
2	40%
3	60%
4	80%
5	100%





## Contacts

Vendor	Website	Phone Number
<b>Goodwill of Central &amp; Northern Arizona - Benefits Department</b>		602-535-4100; Option 3
<b>Goodwill of Central &amp; Northern Arizona</b> To access Goodwill's benefits website,	 <a href="http://goodwillbenefits.info">goodwillbenefits.info</a>   <a href="http://my.goodwillaz.org">my.goodwillaz.org</a>	
<b>Cigna - Medical (Cigna Concierge)</b> Group #3345266	<a href="http://www.cigna.com">www.cigna.com</a> <b>OR</b> <a href="http://www.mycigna.com">www.mycigna.com</a>	800-244-6224
<b>Cigna - EAP</b> Group #3345266	<a href="http://www.mycigna.com">www.mycigna.com</a>	877-622-4327
<b>ArmadaCare - Healthcare Reimbursement</b> Group #P10364	<a href="http://www.armadacare.com/myaccount">www.armadacare.com/myaccount</a>	888-302-5732
<b>WEX - DCA</b> Group #31126	<a href="http://www.benefitslogin.wexhealth.com">www.benefitslogin.wexhealth.com</a>	866-451-3399
<b>Teladoc - Telemedicine</b>	<a href="http://www.teladoc.com">www.teladoc.com</a>	800-835-2362
<b>Ameritas - Dental</b> Group #1035327	<a href="http://www.ameritas.com">www.ameritas.com</a>	800-659-2223
<b>VSP - Vision</b> Group #30040452	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
<b>UNUM - Life and Disability</b> Group #617381-BL & #617382-VL & #617381-LTD	<a href="http://www.unum.com/employees">www.unum.com/employees</a>	800-421-0344 <b>OR</b> 800-858-6843
<b>UNUM - EAP</b>	<a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>	800-854-1446
<b>Assurity - Worksite Benefits, Claims Filing</b> Group #5050915416	<a href="mailto:www.claimsinfo@assurity.com">www.claimsinfo@assurity.com</a>	800-869-0355; ext. 4484
<b>Aris Group - Assurity General Policy Questions</b>		480-305-0199
<b>Principal - 401(k)</b> Group #615572	<a href="http://www.principal.com">www.principal.com</a>	800-547-7754

This benefit summary brochure is intended to highlight major coverage categories. Please refer to actual plan documents for a complete outline of coverage. If there are any discrepancies between this brochure and the policy document, the policy document shall prevail.

Benefits provided through



16220 N. Scottsdale Road, #100; Scottsdale AZ 85254

[www.benefitcommerce.com](http://www.benefitcommerce.com)

\*This Guide serves as your Summary of Material Modifications (SMM) to Goodwill benefit plan effective 1/1/2023.