## Goodwill



**JANUARY 1 - DECEMBER 31** 

# 2024 Executive Benefits Guide

Goodwill of Central and Northern Arizona Goodwill Industries of Monocacy Valley <u>my.goodwillaz.org</u>



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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. This guide also serves as a Summary of Material Modifications. If there is any discrepancy in this guide, the Summary Plan Descriptions will prevail.

## Eligibility and Enrollment

#### Welcome!

Goodwill of Central and Northern Arizona offers you and your family a comprehensive and valuable benefits package! To get the most out of your benefits, please review this guide and other provided resources.

#### YOU ARE ELIGIBLE IF YOU ARE:

- Full-time employee (scheduled to work 30 or more hours per week)
- New hire (eligible 1st of the month following 60 days of full-time employment)

#### **COVERING YOUR FAMILY MEMBERS**

You can enroll the following family members for medical, dental and vision coverage at the same time you enroll:

- Your legal spouse (proof of marriage required)
- Your child(ren) and spouse's child(ren) to age 26

#### **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.

#### WHEN & HOW TO SIGN UP

Open enrollment is held for a limited time each year. New hires' notification of eligibility includes sign-up deadline.





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### MOST COMMON QUALIFYING EVENTS TO CHANGE BENEFITS\*

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

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 <a href="my.goodwillaz.org">my.goodwillaz.org</a>. 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.

\*If you qualify to change benefits, you must submit your request within 30 days of the qualifying event. Documentation (such as birth certificate or marriage license or proof of loss of coverage letter) may be required.

## 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: As of 2024 everyone who enrolls in one of the Cigna medical plans will NOT receive a paper ID card. A digital ID card is available when you register and/or sign into your mycigna.com mycigna portal. You may contact Cigna and request a paper ID card.
- **Dental Ameritas:** If you are currently enrolled in the dental plan, and you are not making any changes to your coverage effective 1/1/2024, you will NOT receive a new ID card. If you are newly enrolling or if you are currently enrolled in the dental plan and you ARE making changes to your coverage effective 1/1/2024, 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 <a href="www.vsp.com">www.vsp.com</a> and follow the instructions for printing an ID card.

#### 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 they have 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!

### Preventive Services

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

## Medical Insurance - Cigna

Go online to find an In-Network provider: www.mycigna.com

#### **BENEFIT HIGHLIGHTS**

See Summary of Benefits & Coverage (SBC) for more details.

	Option 4 Performance \$3,500 Deductible Plan LocalPlus Network		Option 5 Broad \$3,500 Deductible Plan OAP (Open Access Plus) Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible (Embedded)</b> Calendar Year	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
<b>Coinsurance</b> (after deductible is reached)	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Out-of-Pocket Maximum Calendar Year Includes deductible, coinsurance and copays	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
Physician Office Visit Primary Care or Specialist	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Preventive Care	Covered at 100%	You pay 40% after deductible	Covered at 100%	You pay 40% after deductible
Diagnostic Lab & X-Ray	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Major Diagnostics/Imaging MRI, CT Scan, PET Scan	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient & Outpatient Services	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Room Care	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Urgent Care Facility	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Prescription Drugs Retail: 30-day supply See Cigna Pharmacy Benefits page in this Guide for additional Rx/Pharmacy details	Deductible then: Tier 1 \$15 copay Tier 2 \$50 copay Tier 3 \$100 copay Tier 4 \$150 copay	You pay 50% after deductible	Deductible then: Tier 1 \$15 copay Tier 2 \$50 copay Tier 3 \$100 copay Tier 4 \$150 copay	You pay 50% after deductible

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

Our offer of health insurance includes minimum value coverage and meets the affordability standards of the Affordable Care Act. This means that you would not qualify for a subsidy on the Health Insurance Marketplace. Your family members may qualify for a subsidy, depending on your total household income and the cost of coverage. Visit <a href="healthcare.gov">healthcare.gov</a> to learn more.

## Cigna Networks

#### LocalPlus Network - Paired with Plan Option 4 - Network is NOT available in all states

• This Network has fewer providers than the OAP Network and you will pay less per pay period for this plan(s)

#### OAP (Open Access Plus) Network - Paired with Plan Option 5 - 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 are available under these plan options

#### 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 <u>www.cigna.com</u> 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 (for hospital, urgent care, or pharmacy)
- 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** - If you enroll in a LocalPlus plan, when you search for in-network providers in the LocalPlus Network, you will **NOT** see Banner Health providers appear in your 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.

#### **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 <u>www.mycigna.com</u>. 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
  - 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.
  - What about an emergency? You have access to nationwide, **in-network** coverage in the case of an emergency.

## Cigna Networks

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

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

**<u>Network Includes</u>** - Major Provider Groups

<u>Arizona Care Network</u> - Over 984 primary care physicians, 3,700 specialists - Physician Health System collaboration between Dignity Medical Group and Abrazo Community Health Network

<u>Cigna Medical Group</u> - 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

<u>Phoenix Children's Care Network</u> - Active engagement with 90+ independent pediatric practices with over 1,000 providers - integrated hospital, medical group and network teams - 1st URAC (Utilization review accreditation commission) 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 subspecialities
- **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**

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 <u>IS</u> located in Maryland!!

Providers listed are contracted as of 1/1/24. Provider contracts can change at anytime. It's important to verify in-network provider status **BEFORE** receiving services.

## Cigna Pharmacy Benefits

You can choose to fill your medications in a 30-day or 90-day supply.

- A 30-day prescription can be filled at a wide range of network pharmacies across the nation.
- A 90-day prescription 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 Weis Markets Albertson's Walmart Publix Winn Dixie Safeway

- Please keep in mind all pharmacies charge a different amount for covered medications. Be sure to check your <a href="mycigna.com">mycigna.com</a> 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 diabetic 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 <a href="mycigna.com">mycigna.com</a> 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:		
Retail, 30-day sup	<b>ply Rx</b> (In-Network)		
Tier 1 = Generic	\$15 copay after Deductible		
Tier 2 = Preferred Brand	\$50 copay after Deductible		
Tier 3 = Non-Preferred Brand	\$100 copay after Deductible		
Tier 4 = Specialty	\$150 copay after Deductible		
Retail, Home Delivery, 90	-day supply Rx (In-Network)		
Tier 1 = Generic	\$38 copay after Deductible		
Tier 2 = Preferred Brand	\$125 copay after Deductible		
Tier 3 = Non-Preferred Brand	\$250 copay after Deductible		
Tier 4 = Specialty (Not available through retail 90- day supply)	\$150 copay after Deductible		

Out-of-Network Home Delivery: Not Covered

## Healthcare Reimbursement - Armada

	Diamond Plan - Director & Sr Director -	Diamond Plus Plan - VP & SVP -	
Medical (Per Occurrence*)	\$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	
Mental Health ex: mental and substance abuse programs	\$3,000	\$10,000	
<b>Prescriptions</b> ex: copays, brand name and lifestyle prescriptions	\$5,000	\$10,000	
Medical Equipment ex: durable medical equipment, wigs and hearing aids	\$5,000	\$10,000	
Wellness/Lifestyle 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	
Annual Family Maximum	\$100,000	\$100,000	
	<b>Additional Features</b>		
The Prescription Visa Card	A prepaid Prescription Visa® Card, which provides immediate reimbursement for prescription co-pays and other eligible expenses at the pharmacy, with no need to file claims. Your card is sent directly from the bank, not ArmadaCare.		
TopDoc Connect	Whether facing a routine or serious diagnosis, it can be difficult to know where to turn, especially when 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.		
Take Me Home	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 you to a hospital of your choosing that is closer to home.		

<sup>\*</sup>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.

### Telemedicine - Teladoc

If you are enrolled in any of our medical plans, Goodwill of Central and Northern Arizona provides a telemedicine benefit to you and any dependent living in your household through Teladoc. Be sure to download the mobile app for Teladoc. If you have dependents make sure to register yourself and then add your dependents.

Quality medical care is available 24/7, 365 days a year throughout the U.S., while at home, at work or traveling. Telemedicine provides fast, convenient, and economical access to non-emergency care with board certified physicians that can diagnose illness, recommend treatment, and prescribe medications over the telephone or through video chat.

Telemedicine is not intended to replace your primary care provider, but it provides you access to healthcare when reaching your doctor is difficult or inconvenient.

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

- Teladoc.com
- Facebook.com/Teladoc
- Teladoc.com/mobile
- 1-800-Teladoc (1-800-835-2362)

#### IN MOST CASES, TELEMEDICINE IS PERFECT FOR TREATMENT OF:

- Moderate fever
- Colds, cough, flu, or COVID-19 Sinus infections or strep throat
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sprains and strains
- Urinary tract infections
- Respiratory infections

#### **How It Works**

- 1. You can log in to 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 online, call 1-800-TELADOC (1-800-835-2362) to set up your medical profile.
- 2. You an 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).
- 3. 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.

## Flexible Spending Account (FSA) – WFX

Goodwill offers Executive team members a Dependent Care FSA. Setting aside pre-tax dollars to pay for dependent care expenses that you incur while you are at work allows you to save money by reducing your taxable income. Be sure to estimate your annual expenses carefully as this account does include "use it or lose it" provisions.

You must re-enroll each year in an FSA - elections do NOT carry over from year to year.

## Hold on to your receipts!

You will most likely be required to substantiate claims, meaning you will need to send in a receipt to verify the expense was FSA eligible. It's important to respond to such a request quickly.

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.

#### **Dependent Care FSA**

Covers qualified daycare expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

- Annual maximum is \$5,000 if single or married and filing joint tax return (\$2,500 if married filing separately).
- There is no carryover of funds to the next year for dependent care FSA.
- You can elect this type of FSA even if you are not enrolled in the medical plan.

## Dental & Vision Insurance

**How to Find a Provider-** Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. Go online to find a provider at <a href="https://www.ameritas.com">www.ameritas.com</a> for dental and <a href="https://www.vsp.com">www.vsp.com</a> for vision.

#### **DENTAL BENEFIT HIGHLIGHTS - AMERITAS**

High Plan	In-Network	Out-of-Network*
Calendar Year Maximum	\$1,500	\$1,500
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Diagnostic/Preventive Services</b> Exams, Cleanings, Sealants	Covered 100% - Deductible Waived -	Covered 100% - Deductible Waived -
<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> -
Orthodontia Services - (to age 19) Appliances / Related Services	Covered 50%	Covered 50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500

<sup>\*</sup>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 company's "allowed" amount.

#### **VISION BENEFIT HIGHLIGHTS - VSP**

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

## Life and AD&D Insurance - UNUM

#### **BASIC LIFE AND AD&D – COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL**

We provide eligible employees with Basic Life and AD&D (Accidental Death & Dismemberment) coverage at no cost to you. All eligible employees receive guaranteed coverage in the amount of 3x annual salary to a max of \$500,000. Benefit amount will reduce to 65% at age 65 and to 50% at age 70. Accelerated death benefit is up to 80% of the benefit.

Important Note: Be sure HR has your up-to-date beneficiary information.

#### **VOLUNTARY LIFE INSURANCE - YOU PAY THE FULL COST**

You can purchase life insurance to provide more financial protection for your family. You must purchase coverage on yourself to be eligible to purchase spouse and/or child(ren) coverage.]

Employee Benefit (Life and AD&D)	\$10,000 increments up to \$500,000, up to 5x salary.  No medical questions for coverage up to	
•	\$200,000 at initial enrollment.	
Spouse Benefit (Life and	\$5,000 increments up to \$150,000; not to exceed 100% of Employee elected amount.	
AD&D):	No medical questions for coverage up to \$50,000 at initial enrollment.	
Child Benefit (Life):	Flat \$10,000  - 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; NO AD&D coverage	

Benefit amount will begin reducing at age 65. Please refer to Certificate of Coverage or HR for questions.

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 Guarantee Issue (GI) levels at any successive annual open enrollment period.

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

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## Disability Insurance - UNUM & The Standard

#### **COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL**

	LONG-TERM DISABILITY	INDIVIDUAL DISABILITY	
Benefit Amount	66.67% of monthly earnings to a maximum benefit of \$9,000 per month	75% of your monthly earnings, less the UNUM Group LTD benefit, to a maximum benefit of \$6,500 per month	
When Do Benefits Begin?	After 90 Days	After 90 Days	
How Long Are Benefits Paid?	As long as you continue to meet the definition of disability, up to Social Security Normal Retirement Age	To age 67 - determined by your age when disability begins	

## Employee Assistance Program (EAP) – Cigna or UNUM

Goodwill offers team members 2 EAP benefit options! Both at no cost to team members!

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Our Employee Assistance Program (EAP) can provide you and your household family members with information and assistance on a wide range of topics and issues including:

- Work stress
- · Debt problems
- · Family issues
- Relationship worries
- · Parenting challenges
- · Anxiety, grief and much more
- Legal services referral to a local attorney for a free 30-minute inperson 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.

This EAP includes 10 face-to-face sessions.

To access the Cigna EAP:

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.

This EAP includes 3 face-to-face sessions.

To access the UNUM EAP:

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 13 visits!



# Accident, Critical Illness and Hospital Indemnity - Assurity

#### 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: <a href="https://vimeo.com/400662175/85f1f18516">https://vimeo.com/400662175/85f1f18516</a>

#### **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

## 401(k) Retirement Savings Plan - Principal

Goodwill of Central and Northern Arizona's 401(k) Retirement Savings Plan allows employees to save for retirement through convenient payroll deductions. Employees become eligible to participate in the Plan upon their first day of employment (full or part-time).

#### PLAN IS DESIGNED WITH THE FOLLOWING FEATURES:

- You may contribute up to 100% of your pay not to exceed the IRS limits. The 2024 IRS contribution limit is \$23,000, with catch up contributions (for those age 50 and over) up to an additional \$7,500 on a pre-tax basis through payroll deduction. Contributions also grow tax-deferred until they are withdrawn.
- Goodwill will match a portion of your contribution after 12 months of continuous employment. .
- 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 (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 contributions you make to the plan.

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

#### **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 any time during the year







### Contact Information

	VENDOR NAME	GROUP NUMBER	CONTACT INFORMATION
Benefits Department	Goodwill		602-535-4100; Option 3 goodwillbenefits.info my.goodwillaz.org
Medical	Cigna	#3345266	800-244-6224 www.cigna.com www.mycigna.com
Dental	Ameritas	#1035327	800-659-2223 www.ameritas.com
Vision	VSP	#30040452	800-877-7195 www.vsp.com
Dependent Care FSA	WEX	#31126	866-451-3399 www.benefitslogin.wexhealth.com
Healthcare Reimbursement	ArmadaCare	#MZ0936178H	888-302-5732 www.armadacare.com/myaccount
Telemedicine	Teladoc		800-835-2362 www.teladoc.com
Life, AD&D & Long-Term Disability	UNUM	BL: #617381 VL: #617382 LTD: #617381	800-421-0344 800-858-6843 www.unum.com/employees
Accident / Hospital Indemnity / Critical Illness	Assurity	#1200000552	800-869-0355 ext 4484 www.claimsinfo@assurity.com
Assurity General Policy Questions	Aris Group		480-305-0199
401(k)	Principal	#615572	800-547-7754 www.principal.com
EAP	Cigna	#3345266	877-622-4327 www.mycigna.com
	UNUM	N/A	800-854-1446 www.unum.com/lifebalance

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.

<sup>\*</sup>This Guide serves as your Summary of Material Modifications (SMM) to Goodwill benefit plan effective 1/1/2024.