



A GUIDE TO YOUR

New Hire

2024-2025 Employee Benefits

Notice to Enrollees

WELCOME TO YOUR 2024-2025 BENEFITS!

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all your team members. This booklet is designed to help you navigate your benefit choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact your Director of Payroll and Benefits.

Who is Eligible for Benefits?

As a newly hired full-time team member of Goodwill Industries of Kansas, you are eligible to enroll yourself and eligible family members in the offered plans. Your benefits will start on the first day of the month following your date of full-time employment.

For purposes of these benefits, eligible family members include:

- Your legal spouse
- Natural, Step and Adopted Children up to the age of 26



Qualifying Life Events

After your initial eligibility date, and other than the annual open enrollment period, you may only change your benefit election and covered dependents **within 30 days following a Qualifying Life Event**, such as:

- Marriage, divorce, or legal separation
- Birth, adoption, placement, guardianship, or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered dependent is no longer eligible
- Covered team member's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment

You may also request a change within 60 days of:

- Losing Medicare or CHIP; or
- Qualifying for Medicaid or CHIP premium assistance subsidies

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Medical & Rx

BLUE CROSS BLUE SHIELD OF KANSAS (BCBSKS)



Goodwill Industries of Kansas partners with BlueCross BlueShield of Kansas to offer full-time, benefit eligible team members the opportunity to enroll in one of three medical plans. A brief summary is below. Please see Summary of Benefits and Coverage (SBC) for full plan details.

	OPTION 1 \$500 PPO PLAN	OPTION 2 \$1,000 PPO PLAN	OPTION 3 \$2,500 PPO PLAN
Plan Year	April 1 - March 31		
Benefit Period	April 1 - March 31		
Deductible Per Plan Year Individual Family	\$500 \$1,000	\$1,000 \$2,000	\$2,500 \$5,000
Coinsurance Plan Member	80% 20%		
Coinsurance Max Individual Family	\$1,000 \$2,000		
Out-of-Pocket Max Individual Family	\$5,000 \$10,000		
IN-NETWORK SERVICES			
Preventive Care	Plan pays 100%		
Office Visits Primary Care Specialist	\$25 Copay \$50 Copay		
Telemedicine (Amwell)	Free		
Urgent Care Visits	\$25 Copay		
ER Visits	\$250 Copay, then Deductible/Coinsurance Applies		
Outpatient Imaging Lab X-Ray MRI CT	Plan pays \$300 per person per plan year, then Deductible/Coinsurance Applies		
Eye Exam	\$25 Copay		
PRESCRIPTION DRUG COVERAGE - RESULTS RX FORMULARY*			
Tier 1 (Generic)	\$15 Copay		
Tier 2 (Preferred Brand)	\$30 Copay		
Tier 3 (Non-Preferred Brand)	\$45 Copay		

*BCBSKS is making changes to our plan's pharmacy formulary. The BCBS Select Formulary is being replaced with the BCBS ResultsRx Formulary. Medications previously covered under the BCBS Select Formulary may not be covered under the BCBS ResultsRx Formulary effective April 1st. If any of your current medications are impacted, you will receive notification from BCBSKS via mail. If you receive notice, please consult with your physician to discuss the appropriate alternative medication.

Rx Savings Program

IMA PHARMACY ADVOCATES

Goodwill Industries of Kansas is partnering with IMA Pharmacy Advocates to find alternative sourcing options for specialty medications.

How Does the Program Work?

IMA Pharmacy Advocates provides a unique opportunity to help employees save money on high-cost specialty medications. **This is a free and confidential benefit that will support you in managing your specialty medications and healthcare budget.**

Are the Prescriptions Safe?

Yes! The tier 1 countries (Canada, Australia, New Zealand, and UK) where medications are being sourced from meet or exceed U.S. Food and Drug Administration (FDA) requirements.

Who Should Participate?

IMA's Pharmacy Advocate Program is available for employees and dependents on Goodwill Industries of Kansas health insurance taking specialty medications.

Why Participate?

Through the IMA Pharmacy Advocate Program & International Sourcing, team members and their family members enrolled in our pharmacy program are eligible to receive their medication at no cost.

What Medications Qualify for the Program?

The Pharmacy Advocates are targeting high cost specialty medications such as:

- Abilify
- Jardiance
- Trelegy
- Vraylar
- Farxiga
- Otezla
- Tremfya
- Xarelto
- Humira(CF)
- Rexulti
- Trulicity

How Much Will My Medication Cost If I Participate?

Nothing! Active participants will receive specialty medications **at no cost!**

What if I Already Get My Medication for Free?

While you may be getting your specialty medication at no cost, it is likely costing Goodwill Industries of Kansas' plan. Participating in this program could help save premiums long term.

If I Participate Does Goodwill Industries of Kansas Have Access to My Health Information?

No, IMA Pharmacy Advocates are separate from Goodwill Industries of Kansas. Goodwill Industries of Kansas will see who is eligible to participate but will not receive any Protected Health Information.

How Will I Receive My Medication?

All prescriptions are shipped and delivered via USPS Express Priority Service. All deliveries will require a signature, so please make arrangements to be available for your prescription deliveries.

How Do I Qualify?

Employees and/or dependents on Goodwill Industries of Kansas' health insurance will be identified by IMA Pharmacy Advocates.

How Do I Get Started?

If a medication you and/or dependents are taking is eligible to participate in this program, you may contact IMA's Pharmacy Advocates by emailing imarx@imacorp.com or by calling 844-681-8783 Monday—Friday 10am-6pm EST. To ensure your medication arrives on time, we ask that you call, text, or email the pharmacy 3 weeks prior to your next refill being delivered.





Then, IMA Pharmacy Advocates work directly with doctor's offices and pharmacies to enroll members in this program plan benefit. Please note: IMA Pharmacy Advocates must speak directly with spouse and dependents over the age of 18.

What is My Responsibility Once Enrolled?

- **Calling your local pharmacy** to discontinue necessary prescription refills.
- **Complete, sign, and submit** all required program participation forms.
- **Appropriately plan** for all medication deliveries (initial prescription fill and prescription refills). All deliveries require a signature (see USPS Informed Delivery Service).
- **Notify us of any changes such as:** insurance benefit changes, medication therapy (dose changes, medication changes, therapy discontinuation), or changes with your contact information (address, phone number, etc.).
- **Handling and returning** Specialty Refrigeration Packaging through International Sourcing (when applicable).
- **Not returning** your specialty cooler packaging may result in a fee. Not receiving, rescheduling, or not picking up your medication on time with USPS, may result as a financial loss and medication that is unrecoverable.

Real Life Examples

Seeking treatment at the appropriate location helps save you money. The chart below shows examples of where you should go depending on the treatment you are needing.

<p>\$ Telemedicine (Non-Life-Threatening)</p>  <p>Benefit</p> <ul style="list-style-type: none"> • Lower cost • Speak to a doctor from anywhere • Reduced waiting room time <p>Reasons to go:</p> <ul style="list-style-type: none"> • Headaches • Fever & flu symptoms • Cough, cold & sore throat • Skin irritations & rashes • Counseling services • Psychiatry services <p style="text-align: right;">Free</p>	<p>\$\$ Primary Care Provider (PCP) (Non-Life-Threatening)</p>  <p>Benefit</p> <ul style="list-style-type: none"> • In-person examination • Reasonable price in-network • Familiarity with regular PCP <p>Reasons to go:</p> <ul style="list-style-type: none"> • Earaches and infections • Regular treatment for chronic conditions • Preventive care • Headaches • Abdominal pain • Skin irritations & rashes <p style="text-align: right;">\$25 Copay</p>
<p>\$\$ Urgent Care Center (Non-Life-Threatening)</p>  <p>Benefit</p> <ul style="list-style-type: none"> • Lower cost than an ER visit • Same-day visits often available <p>Reasons to go:</p> <ul style="list-style-type: none"> • Earaches and infections • Minor cuts, bumps, sprains & burns • Fever & flu symptoms • Allergic reactions • Animal bites • Mild asthma • Headaches • Urinary tract infections <p style="text-align: right;">\$25 Copay</p>	<p>\$\$\$ Emergency Room (Life-Threatening)</p>  <p>Benefit</p> <ul style="list-style-type: none"> • Necessary for life-threatening conditions <p>Reasons to go:</p> <ul style="list-style-type: none"> • Sudden numbness or weakness • Disorientation or difficulty speaking • Seizure or loss of consciousness • Coughing or vomiting blood • Heart attack or chest pain • Severe cuts or burns • Overdoses • Uncontrolled bleeding <p style="text-align: right;">\$250 + Ded & Coins</p>

Preventive Care & You

Your body doesn't come with an owner's manual, but you have to take care of it to make sure it will keep running for a long time. An important part of self-care is getting preventive medical exams to check that you're staying healthy or to identify and treat diseases before they become serious.

WHAT IS PREVENTIVE CARE?		
TESTS Blood pressure Diabetes Cholesterol 	CHECKUPS Well baby Well child Well woman 	 Mammograms Colonoscopies CANCER SCREENINGS
 Prenatal care for healthy pregnancy & healthy baby PREGNANCY	VACCINATIONS Flu, pneumonia, measles, polio, meningitis, and other diseases 	
Screenings for sexually transmitted infections STD	TALK WITH YOUR DOCTOR ABOUT  Tobacco use, healthy weight, exercise, eating habits, alcohol use, depression	

Prevention is habit

- Make healthy lifestyle choices —food, exercise, sleep, safety.
- Schedule an annual physical with your primary care doctor and follow your doctor's recommendations.
- Set health and wellness goals and work towards them daily.

Know your numbers

Keep a record of your health screening dates and results so you can talk to your doctor about any changes.

- Date of last checkup
- Height and weight
- Blood pressure
- Cholesterol
- Immunizations and vaccines
- Other test results

What preventive care do you need?

Visit [healthfinder.gov](https://www.healthfinder.gov) and enter your age and sex in the app to get a list of recommended preventive screenings for your stage in life. Talk to your doctor about which are appropriate for you.

FOR MORE RESOURCES, VISIT
[CDC.GOV/PREVENTION](https://www.cdc.gov/prevention)

Recommended preventive care and healthy lifestyle choices are key steps to good health and well-being.



The screenshot shows the 'myhealthfinder' app interface. At the top is a blue header with a red apple icon and the text 'myhealthfinder'. Below the header, the text reads: 'See which preventive services you or a loved one may need this year.' There is a text input field for 'Age:'. Below that, there are two radio button options for 'Sex: Female' and 'Sex: Male'. At the bottom of the form is a dark grey button with the text 'Get Results'.

Preventive Care & You

IS IT PREVENTIVE OR DIAGNOSTIC?

You benefit both financially and health-wise when you get annual medical checkups. Preventive care helps you avoid more serious and costly health problems down the road. Plus, it's fully covered in-network.

Preventive care services

- Helps you stay healthy by checking for disease before you have symptoms or feel sick
- Can include flu shots and other vaccinations, physical exams, lab tests, and prescriptions
- 100% covered when delivered by an in-network provider

Diagnostic services

- Check for disease after you have symptoms or because of a known health issue
- Can also include physical exams, lab tests, and prescriptions
- You pay your share of the cost



PREVENTIVE: At Don's annual checkup, his doctor orders a blood sugar test to screen for diabetes, even though Don does not have symptoms.



DIAGNOSTIC: Grace's doctor orders a blood sugar test because she complains of increased thirst, frequent urination, weight loss, and fatigue—all symptoms of diabetes.



PREVENTIVE: As part of her well woman exam, Vanessa receives a mammogram to make sure there have been no changes since last time.



DIAGNOSTIC: Darla visits her doctor because she found a lump. Her doctor schedules a mammogram and a biopsy to check for cancer.



PREVENTIVE: Aki's doctor orders lab work during his annual physical, including a cholesterol check.



DIAGNOSTIC: Hector was diagnosed with high cholesterol two years ago. He has blood tests twice a year to check his cholesterol levels and make sure his medication is the right dose.

If you're unsure why a test was ordered, ask your doctor. And don't forget to schedule your preventive care visits. Many people use a key date like their birthday or anniversary as a reminder to make their appointments each year.

BCBSKS Tools

In-Network Provider Search

It is important for you to verify each of your medical providers are “contracting providers” prior to each service. Your out-of-pocket cost will be substantially lower if you receive services from contracting providers. Contracting providers give you the deepest discount possible — saving you money!

FIND A DOCTOR

How to find a network doctor:

1. Go to www.bcbsks.com.
2. Click “Find a Doctor/Hospital” on the top right of the screen.
3. Either login to your BlueAccess account (details below) or click on the link to enter the first characters on your ID card.
4. The results will default to location Topeka, KS so be sure to change your location if necessary.

NARROW YOUR SEARCH

How to find other network services:

Follow the same steps located to the left and narrow your search by any of the following:

- Urgent Care
- Behavioral Healthcare
- Find a Hospital
- Find and Compare Procedural Costs

SIGN UP FOR BLUEACCESS

VISIT WWW.BCBSKS.COM

BlueAccess is an online service that allows you to view your information quickly and securely. All you need to get started is your member ID Card for access to the following, and more!

- **Verify benefits, including eligibility and deductible/coinsurance information**
- **Check medical, behavioral health, and prescription drug claims**
- **View the formulary drug list and find a pharmacy near you**
- **Change your mailing address or request an ID card**
- **Find your latest Explanation of Benefits (EOBs)**
- **Locate an in-network provider near you**
- **Access your Health Risk Assessment**



**BlueCross
BlueShield
of Kansas**

BlueAccess

Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

Registration is quick and simple

- 1 Go to bcbsks.com/blueaccess.
- 2 Click Register for a BlueAccess account.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.

bcbsks.com/app



For a complete look at your healthcare plan, log in to your BlueAccess account at bcbsks.com/blueaccess.

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
 - View your copay, deductible and coinsurance amounts
 - Common medical coverage information
 - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365*** | Exclusive health and fitness deals and discounts.



1133 SW Topeka Blvd, Topeka, KS 66629

BlueAccess Mobile App

The new BlueAccess® mobile app is here!

With convenient and secure access to your health plan details, you can make informed decisions when you need care.

Check your claims

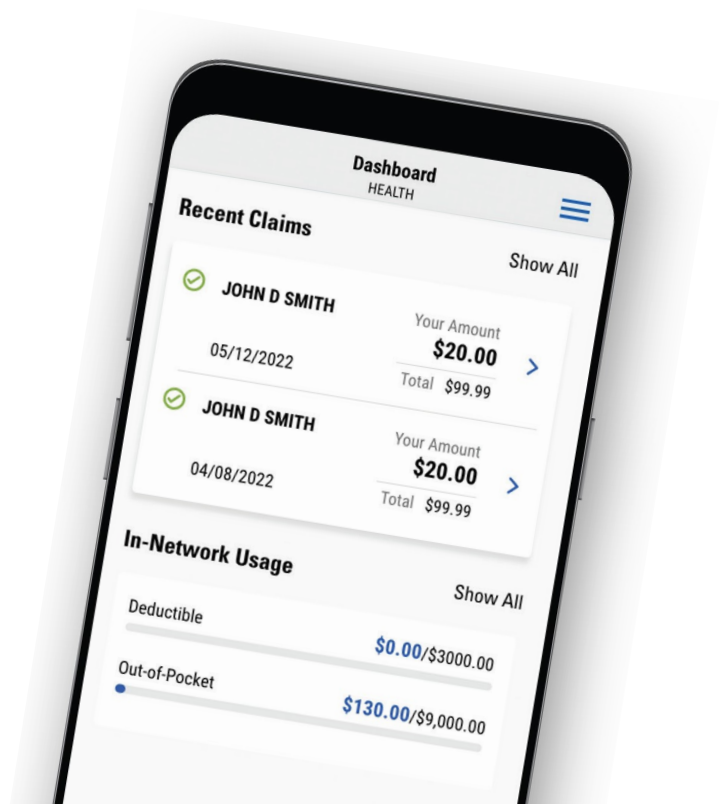
- Quickly access your ID card
- Find an in-network doctor
- View your plan information
- and more!

Get started

1. Register for a BlueAccess account, if you don't already have one.
2. Download the app and sign in using your BlueAccess log in.



bcbsks.com/app



An independent licensee of the Blue Cross Blue Shield Association.
MC163

Cost Transparency

*Know your cost
before you go.*



Get the care you need and save money! With our cost transparency tool, you can compare costs before you go to the doctor. Find out how much you could save by:

- Accessing the largest doctor and hospital network in Kansas.
- Getting an estimate for the average cost of a medical service or procedure in your area.
- Comparing doctors' costs, side-by-side.

Log in to [BlueAccess®](#) and start saving today!

- 1 Go to bcbsks.com/blueaccess. If you are the cardholder, select "Sign up for BlueAccess."
- 2 Once logged in, select "Doctors/Hospitals" and begin your search!



Telemedicine

AMWELL



For minor health concerns, you don't have to wait in an emergency room or urgent care center for diagnosis and treatment. Amwell's highly qualified team of medical providers are available 24 hours a day, 7 days a week, 365 days a year and can evaluate common conditions like these:

- Abrasions
- Acne
- Allergies
- Asthma
- Bites and Stings
- Body Aches
- Bronchitis
- Bruises
- Cough
- Dehydration
- Dermatology
- Diarrhea
- Earache
- Fever
- Flu
- Frostbite
- Gout
- Itchy Eyes
- Lice
- Migraines
- Headaches
- Nasal Congestion
- Nausea
- Pink Eye
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- Vomiting
- Yeast Infections

Amwell's team of behavioral health professionals are available from 6am - 10pm CST, 7 days a week and can help diagnose and treat Behavioral Health concerns such as:

- Anorexia
- Anxiety Disorders
- Bipolar Disorder
- Bulimia
- Cognitive Disorders
- Depression
- Insomnia
- OCD
- Panic Attacks
- PTSD

HOW DOES IT WORK?

1. Sign Up and Log In

Download Amwell's app to your smartphone and create a secure account. Then log in for a webcam consultation with one of Amwell's medical providers. Or talk to a physician over the phone!

2. Visit with a Provider

Speak with a board-certified Amwell medical provider who is licensed to practice medicine in your state.

3. Receive Treatment and Get Better

After the consultation, follow your personalized treatment plan. If your Amwell provider wrote an e-prescription, purchase and pick-up the prescription at your local pharmacy.

Dental

DELTA DENTAL OF KANSAS



Goodwill Industries of Kansas is using the Delta Dental PPO & Premier Networks. When you receive services from a contracting dentist, you will receive the highest level of benefits allowed by the plan.

You can look up the contracting dentists by visiting: www.deltadentalks.com.

If you receive dental services from a non-contracting dentist, Delta Dental will place a limit on the allowed amount. You will be responsible for all the expense over the allowed amount. You will minimize your out of pocket expenses by using dentists who contract with the Delta Dental PPO & Premier Networks.

	Base Plan	Buy-Up Ortho Plan
Maximum	\$1,500 per person per plan year	\$1,500 per person per plan year
Deductible	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Diagnostic & Preventive <ul style="list-style-type: none"> Prophylaxis (cleaning) - Unlimited Oral evaluations Bitewing x-rays Full mouth or panoramic x-rays Space maintainers for dependents Sealants 	Plan Pays 100%	Plan Pays 100%
Basic Services <ul style="list-style-type: none"> Ancillary Oral Surgery Fillings (except gold) Endodontics Non-surgical Periodontics Covered 100% for dependents under age 12! 	Covered at 80% after deductible	Covered at 80% after deductible
Major Services <ul style="list-style-type: none"> Periodontal surgery Bridges Crowns Dentures, full or partial Covered 100% for dependents under age 12! 	Covered at 50% after deductible	Covered at 50% after deductible
Orthodontia <ul style="list-style-type: none"> New for 2024 no age limit 	N/A	Covered at 50% after deductible \$1,500 max per person

*Please refer to the full plan summary for Out-of-Network coverages.

WAYS TO SAVE:

- Use Delta Dental contracting dentists.
- Protect your teeth — brush and floss at least once per day.
- Avoid surprises by obtaining a pre-treatment estimate before receiving extensive dental work.
- Get a check up and have your teeth cleaned every six months. It is paid 100% by Delta Dental contracting dentists up to your \$1,500 plan year benefit.



VISION CARE DIRECT



Goodwill Industries of Kansas partners with Vision Care Direct to offer full-time, benefit eligible team members the opportunity to enroll in a vision plan.

	GOLD MATERIALS ONLY 100	GOLD COMPLETE 100	GOLD COMPLETE 160	PLATINUM COMPLETE 160
Eye Exam	Not Included	\$15 Copay	\$15 Copay	\$15 Copay
Frequency				
Exam	N/A	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months	12 Months
Contact Lenses	12 Months	12 Months	12 Months	12 Months
Lenses (per pair)				
Single	\$15 copay then 100% covered			
Bifocal	\$15 copay then 100% covered			
Trifocal	\$15 copay then 100% covered			
Standard Progressive	Allowance up to retail price of lined trifocal			Allowance of \$180
Premium Progressive	Allowance up to retail price of lined trifocal			Allowance of \$180
Contact Lenses	Note: Contact benefit can be chosen in lieu of Glasses.			
Medically Necessary	Allowance of \$750			
Elective (Lenses Only)	Allowance of \$100	Allowance of \$100	Allowance of \$160	Allowance of \$160
Frames				
Allowance	Allowance of \$100	Allowance of \$100	Allowance of \$160	Allowance of \$160
Fees at Time of Service Based on Plans Selected:				
Exam	N/A	\$15 Copay	\$15 Copay	\$15 Copay
Materials	\$15 — No Materials Fee for Contact Lenses 100% covered after Materials Fee			
Polycarbonate for Kids	\$25 member copay at time of service, Included for dependent children up to age 18			

*Allowances may be different if using a VCD Plus Provider.

YOUR EYES ARE YOUR WINDOW TO THE WORLD. KEEP THEM HEALTHY AND BRIGHT BY TAKING ADVANTAGE OF THIS VALUABLE BENEFIT!!

Rates

BI-WEEKLY TEAM MEMBER MEDICAL COST

	OPTION 1 \$500 PPO PLAN	OPTION 2 \$1,000 PPO PLAN	OPTION 3 \$2,500 PPO PLAN
Employee Only	\$60	\$40	\$20
Employee + Spouse	\$250	\$215	\$175
Employee + Child(ren)	\$170	\$135	\$100
Employee + Family	\$320	\$270	\$225

BI-WEEKLY TEAM MEMBER DENTAL COST

	BASE PLAN	BUY-UP ORTHO PLAN
Employee Only	\$4	\$7
Employee + Spouse	\$18	\$23
Employee + Child(ren)	\$23	\$32
Employee + Family	\$39	\$50

BI-WEEKLY TEAM MEMBER VISION COST

	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Gold Materials Only 100	\$4.04	\$6.87	\$11.72
Gold Complete 100	\$5.98	\$10.17	\$17.35
Gold Complete 160	\$7.93	\$13.48	\$22.98
Platinum Complete 160	\$8.25	\$14.03	\$23.94

Payment Assistance

PAYTIENT

Goodwill Industries of Kansas takes your financial health seriously and wants to remove barriers to accessing the care you need. Goodwill Industries of Kansas is excited to partner with Paytient to offer employees a **0% interest free loan up to \$1,500** to pay for medical, dental, vision, pharmacy, mental health and veterinary expenses **for all full-time benefit eligible employees**. Paytient makes paying providers easy while offering a flexible repayment options through payroll deductions.

HOW DOES PAYTIENT WORK?

1. **Swipe** - Swipe, tap, or insert your Paytient card to pay for out-of-pocket health expenses.
2. **Click** - Click the notification that appears on your smartphone
3. **Split** - Then choose the interest-free payment plan that fits your family's budget.

WHY USE PAYTIENT?

- **Power in planning** - You can turn every out-of-pocket healthcare expense into a planned, affordable, payroll-deducted payment plan over the amount of time you choose.
- **Retake control of your care** - You can use Paytient to pay for medical, dental, vision, pharmacy, mental health, and veterinary care. Get the care you and your family need-free of any interest or worries.
- **We are here to help** - Paytient's support team is just a tap away. In-chat support is available if you ever have a quick question, concern, or need to make a change.

HOW DO I GET STARTED?

- Text **START** to **(855) 946-5256**
- Visit paytient.com/start
- Scan the QR Code below



Visit learn.paytient.com for more FAQs.

Flexible Spending Account

EMPOWER



What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible expenses using pre-tax dollars. The healthcare FSA allows \$640 to rollover into the next plan year, but any amount over will be subject to the use-it-or-lose-it rule. The dependent care FSA does not allow a rollover.

HEALTHCARE FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays and deductibles. Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible. Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation from your medical provider.

The maximum contribution amount is \$3,200 per year.

DEPENDENT CARE FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents. As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your child care credit on your annual tax return may be more beneficial.

The maximum contributions amount is \$5,000 per year, depending on your marital and tax-filing status.



QUALIFYING HEALTH CARE EXPENSES

QUALIFYING HEALTH CARE EXPENSES	
<ul style="list-style-type: none"> • Acupuncture • Allergy Medication • Ambulance • Annual Physical Exam • Bandages • Blood Pressure Monitor • Breast Pumps & Supplies • Chiropractor • Contact Lenses • Crutches • Dental Treatment • Diabetic monitors, test kits, strips and supplies • Diagnostic Devices • Eyeglasses • Eye Surgery • First Aid Kits • Flu Shots • Hearing Aids 	<ul style="list-style-type: none"> • Hospital Services • Laboratory Fees • Lactation Expenses • Plan Mileage (for travel to/from eligible healthcare) • Nursing Services • Optometrist • Over-the-counter drugs and medications • Oxygen • Physical Examination • Pregnancy Test Kit • Prescription Medicines • Prescription Sunglasses • Prosthesis • Psychiatric Care • Saline Solution • Sunscreen (SPF 15+ and "Broad Spectrum")

HEALTH CARE EXPENSES <u>NOT</u> ALLOWED	
<ul style="list-style-type: none"> • Baby Sitting • Cosmetic Surgery • Dancing Lessons • Diaper Service • Electrolysis or Hair Removal • Funeral Expenses • Future Medical Care • Hair Transplant 	<ul style="list-style-type: none"> • Household Help • Maternity Clothes • Medicine (from Outside U.S.) • Nutritional Supplements • Swimming Lessons • Teeth Whitening • Veterinary Fees

ITEMS THAT REQUIRE PHYSICIAN RX	
<ul style="list-style-type: none"> • Diaper Rash Ointments & Creams 	<ul style="list-style-type: none"> • Weight Loss Drugs (for purpose of medical condition)

Group Life and AD&D

UNUM



Goodwill Industries of Kansas provides full-time benefit eligible team members with Basic Life and AD&D Insurance through UNUM. This coverage is entirely company paid and requires no contribution on your part. Make sure your beneficiary is up to date!

To begin paperwork on these policies, please contact the Director of Payroll and Benefits.

GROUP LIFE AND AD&D PLAN INFORMATION	
Team member (Grade 1-5) Life & AD&D Benefit*	\$10,000
Team members (Grade 6+) Life & AD&D Benefit*	1x Annual Salary up to \$150,000

*Reduction schedule applies as follows: 65% at age 65; 42% at age 70 and 27% at age 75.



Voluntary Life and AD&D

UNUM



Goodwill Industries of Kansas provides all full-time benefit eligible team members with the opportunity to enroll themselves and their dependents in a Voluntary Life and Accidental Death and Dismemberment (AD&D) plan through UNUM. **Since this is a completely voluntary benefit, team members pay the full premium.**

VOLUNTARY LIFE AND AD&D PLAN INFORMATION	
Team member Life Benefit* & AD&D	5x Annual Earnings up to \$500,000 in Increments of \$10,000
Team member Guaranteed Issue**	\$150,000
Spouse Life Benefit* & AD&D**	Up to 100% of team member's benefit
Spouse Guaranteed Issue**	\$25,000
Child Life Benefit <i>Live birth to 6 Months</i>	\$1,000
Child Life Benefit <i>6 Months to 19 Years 26 Years if unmarried & full-time student</i>	\$2,000 up to \$10,000 In increments of \$2,000

*Reduction schedule applies.

**Guarantee issue is applicable only at your first offering. Outside of that, Evidence of Insurability will be required.

TEAM MEMBER LIFE BI-WEEKLY RATE												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Per \$10,000 in Coverage	\$0.226	\$0.245	\$0.332	\$0.489	\$0.748	\$1.168	\$1.722	\$2.460	\$3.166	\$4.505	\$8.520	\$26.340

SPOUSE LIFE BI-WEEKLY RATE												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Per \$5,000 in Coverage	\$0.155	\$0.166	\$0.224	\$0.321	\$0.482	\$0.752	\$1.119	\$1.652	\$2.289	\$3.258	\$6.166	\$19.059

CHILD LIFE BI-WEEKLY RATE		AD&D BI-WEEKLY RATE	
\$0.325 per \$2,000 of coverage			
		COVERAGE AMOUNT	RATE
		TEAM MEMBER Per \$10,000 of coverage	\$0.189
		SPOUSE Per \$5,000 of coverage	\$0.099
		CHILD Per \$2,000 of coverage	\$0.032

Worksite

ALLSTATE ACCIDENT INSURANCE



Goodwill Industries of Kansas has partnered with Allstate to offer full-time benefit eligible team members supplemental insurance offerings including Accident and Critical Illness.

Protection for accidental injuries on- and off-the-job, 24 hours a day

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

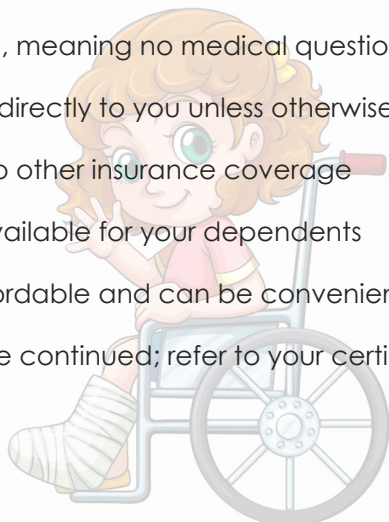
With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for more details



DID YOU KNOW

The number of injuries suffered by workers in one year, both on- and off-the-job, include:

ON-THE-JOB (in millions)



Work

4.4

OFF-THE-JOB (in millions)



Home

25.0



Non-Auto

12.6



Auto

4.3

WITH ALLSTATE BENEFITS, YOU CAN PROTECT YOUR FINANCES AGAINST LIFE'S SLIPS AND FALLS.

ARE YOU IN GOOD HANDS? YOU CAN BE!

ALLSTATE ACCIDENT INSURANCE

Benefits are subject to maximums as listed on the full marketing materials from Allstate. Below are a few examples of benefits offered on this plan.

BASE POLICY BENEFITS	PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement (Pays daily)	\$200	\$300
Intensive Care (Pays daily)	\$400	\$600
RIDER BENEFITS	PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider:		
Ambulance Ground Air	\$200 \$600	\$300 \$900
Accident Physician's Treatment	\$100	\$150
X-Ray	\$200	\$300
Urgent Care	\$100	\$150
Dislocation or Fracture Rider	Up to \$4,000	Up to \$6,000
Emergency Room Services Rider	\$200	\$300

MYBENEFITS: 24/7 Access

allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your case benefit to be direct deposited, make changes to personal information, and more!

USING YOUR CASH BENEFITS

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans, and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.

Accident Insurance Rates | Bi-Weekly -Monthly (26 Pay Periods)

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
PLAN 1	\$5.54	\$9.59	\$12.01	\$15.16
PLAN 2	\$8.31	\$14.38	\$18.03	\$22.73

ALLSTATE CRITICAL ILLNESS INSURANCE

Protection when faced with a critical illness diagnosis and you need treatment

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments, and medications can add to your stress levels.

INITIAL CRITICAL ILLNESS BENEFITS	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium	Yes	Yes
INITIAL CRITICAL ILLNESS BENEFITS	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
REOCCURANCE OF CI BENEFITS	PLAN 1	PLAN 2
Initial Critical Illness (Same amount as Initial CI Benefit)	Yes	Yes
Cancer Critical Illness (Same amount as Initial CI Benefit)	Yes	Yes

DID YOU KNOW



Every 40 seconds, an American will suffer a heart attack¹



Every 40 seconds, someone in the U.S. has a stroke²

¹ https://www.cdc.gov/heartdisease/heart_attack.htm

² <https://www.cdc.gov/stroke/facts.htm>

Critical Insurance Non-Tobacco Rates | Bi-Weekly -Monthly (26 Pay Periods)

Plan 1	EE & EE+CH	EE + SP & FAMILY
18-29	\$2.06	\$3.45
30-39	\$4.23	\$6.81
40-49	\$8.45	\$13.32
50-59	\$14.80	\$23.10
60-64	\$20.04	\$31.12
65+	\$30.82	\$47.52

Plan 2	EE & EE+CH	EE + SP & FAMILY
18-29	\$3.42	\$5.48
30-39	\$7.57	\$11.80
40-49	\$15.62	\$24.07
50-59	\$27.83	\$42.63
60-64	\$37.94	\$57.98
65+	\$59.01	\$89.82

Employee Assistance

COMPSYCH

COMPSYCH®

Goodwill Industries of Kansas has partnered with ComPsych to provide services for many of life's challenges **at no cost for all full-time and part-time employees**. Assistance is completely confidential. ComPsych can provide assistance, counseling and education to help employees and their family members live life to the fullest.

Confidential Counseling

- Family and Partner concerns
- Life Event Changes
- Marital and Relationship Issues
- Addictions
- Substance Abuse Services
- Self Esteem Concerns
- Stress, Depression and Anxiety
- Grief and Loss
- Work Related Problems
- Divorce Recovery
- Relationship Changes

Financial and Legal Assistance

- Financial and Legal Counseling

24-Hour Crisis Intervention and Assessment

- 24-hour emergency services available by calling 800-272-7255

How Do I Contact ComPsych?

Call 800-272-7255 to schedule an appointment or to talk with a counselor. When you call, ask for the right specialty area. If a therapist is not immediately available, you may leave a confidential voicemail. Please leave your telephone number, a time when you are available and whether ComPsych can identify itself when your call is returned. Some initial information will be taken over the telephone and an appointment for an evaluation can be scheduled at that time. For EMERGENCY SERVICES 24-hours, 7-days a week call 800-272-7255.

How Many Free Counseling Sessions Do I Have per Issue?

Short-term counseling will consist of three (3) sessions for each company employee and their eligible family members with a ComPsych Counselor per issue.



Mental Health Resources



We can all help prevent suicide. The Lifeline provides 24/7, free, and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

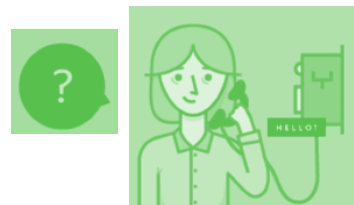
First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you with a skilled, trained crisis worker.

Then, a trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support, and get you the help you need.

Lifeline Center calls are FREE and CONFIDENTIAL, and we're available 24 / 7.



For more information on resources or to chat online with Lifeline visit www.988lifeline.org

988 Suicide & Crisis Lifeline



CHAT WITH LIFELINE

Ask Charlie



Advocating for Your Benefits Support Needs

Discover How Charlie Can Help You Today!

Charlie's personalized benefits support provides a team of dedicated advocates to help you and your covered family members maximize your benefits, alleviating the overwhelming process of navigating the complex world of employee benefits.

A Line of Support at Your Fingertips

At Charlie, our team of licensed experts are available to answer benefit questions you may have, from:

- + Medical, Dental and Vision
- + Voluntary, Life & Disability
- + EAPs

Here to Help You!

benefitquestions@imacorp.com

1-866-906-4695

M-F 8AM to 6PM CST

Please note that our emails could be mistakenly placed in your spam folder. Kindly check and mark us as "Not Spam" to receive all important communications.

Our Benefits Experts

- + Explain the value and functionality of your benefits
- + Help locate in-network providers
- + Navigate your billing issues and assist in resolving insurance claims
- + Facilitate your pre-authorizations and support appeal options

...and other benefits-related concerns!

PROVIDED BY



IMACORP.COM/BENEFITS

This material is for general information only and should not be considered as a substitute for legal, medical, tax and/or actuarial advice. Contact the appropriate professional counsel for such matters. These materials are not exhaustive and are subject to possible changes in applicable laws, rules, and regulations and their interpretations.
NPN 1316541 | IMA, Inc dba IMA Insurance Services | California Lic #0H64724

Notices

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from **October 15th through December 7th for coverage to begin January 1st.**

The information below indicates whether prescription drug coverage under our plan is creditable.

CREDITABLE COVERAGE	NON-CREDITABLE COVERAGE
Options 1, 2 3 & 4	N/A

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

OUR PLAN PAYS SECONDARY TO DISABILITY-BASED MEDICARE AFTER BEING SOCIAL SECURITY DISABLED FOR 24 MONTHS

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability. Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary (meaning it will pay very little or nothing).

If we employ 100 or more full- and part-time employees during 50% or more of business days during the previous calendar year, then we will give everyone an update that our plan will begin paying primary (not secondary) to disability-based Medicare.

ANYONE NEEDING TO LEARN MORE ABOUT MEDICARE SHOULD CONTACT A MEDICARE-APPROVED COUNSELOR IN THEIR STATE AT [HTTPS://WWW.MEDICARE.GOV/CONTACTS/#RESOURCES/SHIPS](https://www.medicare.gov/contacts/#resources/ships).

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

Notices

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE."

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - a) You would no longer be paying for insurance on a pre-tax basis
 - b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - b) wait until our next annual open enrollment

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue,

Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.

<p style="text-align: center;">ALABAMA – MEDICAID</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">ALASKA – MEDICAID</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>
<p style="text-align: center;">ARKANSAS – MEDICAID</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">CALIFORNIA – MEDICAID</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
<p style="text-align: center;">COLORADO – MEDICAID (HEALTH FIRST COLORADO) AND CHIP (CHILD HEALTH PLAN PLUS, OR CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;">FLORIDA – MEDICAID</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecov.ery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p style="text-align: center;">GEORGIA – MEDICAID</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization--act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p style="text-align: center;">INDIANA – MEDICAID</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/issa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p style="text-align: center;">IOWA – MEDICAID AND CHIP (HAWKI)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p style="text-align: center;">KANSAS – MEDICAID</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>

Notices

<p>KENTUCKY – MEDICAID</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – MEDICAID</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – MEDICAID</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?lanuage=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – MEDICAID AND CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102 Email: masspreassistance@accenture.com</p>
<p>MINNESOTA – MEDICAID</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – MEDICAID</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – MEDICAID</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – MEDICAID</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – MEDICAID</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – MEDICAID</p> <p>Website: https://www.dhhs.nh.gov/programs--services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY – MEDICAID AND CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – MEDICAID</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – MEDICAID</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – MEDICAID</p> <p>Website: http://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – MEDICAID AND CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – MEDICAID</p> <p>Website: http://healthcare.Oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA – MEDICAID</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP--Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – MEDICAID AND CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p>SOUTH CAROLINA – MEDICAID</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA – MEDICAID</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – MEDICAID</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>UTAH – MEDICAID AND CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>VERMONT – MEDICAID</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA – MEDICAID AND CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON – MEDICAID</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – MEDICAID</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>WISCONSIN – MEDICAID AND CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badqercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>WYOMING – MEDICAID</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Team member Benefits Security Administration
www.dol.gov/agencies/ebsa 1-866-444-EBSA (1-866-444-3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

Carrier Contacts

MEDICAL	
Provider Name:	Blue Cross Blue Shield of Kansas (BCBSKS)
Provider Phone Number:	1-800-432-3990
Provider Web Address:	www.bcbsks.com
DENTAL	
Provider Name:	Delta Dental of Kansas
Provider Phone Number:	1-800-733-5823
Provider Web Address:	www.deltadentalks.com
VISION	
Provider Name:	Vision Care Direct
Provider Phone Number:	1-877-488-8900
Provider Web Address:	www.visioncaredirect.com
FLEXIBLE SPENDING ACCOUNT (FSA)	
Provider Name:	EMPOWER
Provider Phone Number:	1-800-819-9571
Provider Web Address:	www.empowerflex.com
LIFE AND AD&D	
Provider Name:	UNUM
Provider Phone Number:	1-866-679-3054
Provider Web Address:	www.unum.com
WORKSITE	
Provider Name:	Allstate
Provider Phone Number:	1-800-521-3535
Provider Web Address:	www.allstateatwork.com
EMPLOYEE ASSISTANCE PROGRAM	
Provider Name:	ComPsych
Provider Phone Number:	1-800-272-7255
Provider Web Address:	www.compsych.com
BENEFITS ADVOCACY	
Provider Name:	Ask Charlie
Provider Phone Number:	1-866-599-4965
Provider Email:	benefitquestions@imacorp.com
NOT SURE WHO TO CALL?	
Director of Payroll and Benefits:	Sonja Morris
Phone Number:	1-316-744-9291 ext. 202
Email:	smorris@goodwillks.org

Goodwill

Industries of Kansas



BENEFITS ENROLLMENT GUIDE

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.