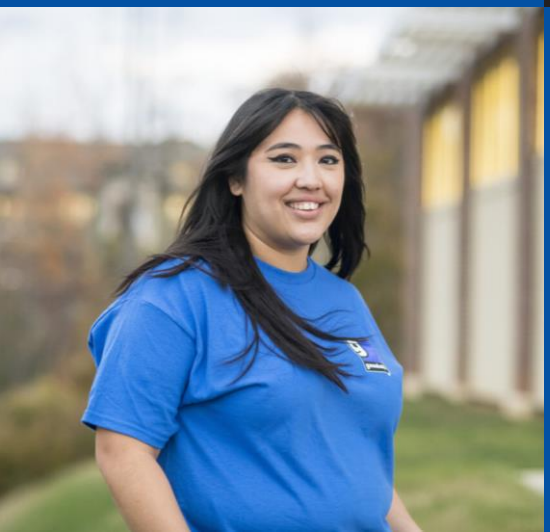
GOODWILL CENTRAL TEXAS

2024 BENEFITS GUIDE



Excel Staff & GSG Temporary Staff

Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the People and Culture Team.

WELCOME TO YOUR 2024 BENEFITS!

Goodwill Central Texas is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

ELIGIBILITY

If you are a Full-Time Team Member, working at least 30 hours per week, you are eligible for the Goodwill Central Texas benefits program. For newly hired individuals, most of your benefits are effective the first of the month after you have completed 60 days of full-time employment. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner (of the same/opposite sex) and any domestic partner children;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental, vision, voluntary life and voluntary AD&D end on the last day of the month in which your employment ends. Your life and disability coverage ends on the day of your termination from Goodwill Industries of Central Texas.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event (QLE), such as marriage or the birth of a child. If you experience a QLE (examples below), you should contact your People Operations Manager within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another QLE).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between team member and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

HOW TO ENROLL

If you are a new hire, you have 31 days from your date of hire to complete the online enrollment process. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Make sure to have your beneficiary and dependent information ready to enter in the online enrollment.

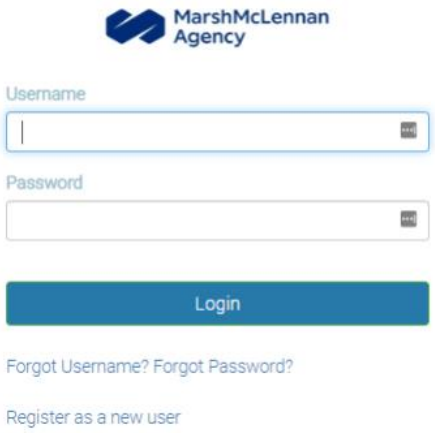
If you have questions about your Benefits, please contact the Benefits team at benefits@goodwillcentraltexas.org.

How to Enroll

1. Navigate to https://marsh.employeenavigator.com
2. First Time User? Choose "Register as a new user"
   a. Complete "Create Your Account" section:
      - Enter First and Last Name
      - Enter the Company Identifier: **100-GoodwillCTX**
      - Enter PIN (Last 4 digits of SSN)
      - Date of Birth format: (MM/DD/YYYY)
      - Password: Must be at least 6 characters and contain a symbol (#, ?, @, etc.) and a number

   b. Click "Register"
3. Returning User?

   a. Enter your Username and Password or select "Reset a forgotten password"
4. Click "Start" to begin your enrollment.
5. Follow prompts to make your elections.
6. Be sure to click the "Click to Sign" button to finalize your elections.



STAYING CONNECTED YEAR-ROUND

Imagine360 Medical Plan Mobile App & Online Access

Manage your benefits anytime, anywhere using miBenefits mobile app or through the portal: http://mibenefits.imagine360.com

- **Robust provider search** — Search for a provider using quality, access and cost data to help you make informed decisions
- **Dynamic member dashboard** — Track all your claims and deductibles in real-time, print ID cards, view plan information, and more
- **Live healthcare support** — Integrated messaging directly with our team via portal or app

GET IT ON Google Play

Download on the App Store

Benefits Service Center

The MMA service center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist Team Members with entering enrollment elections (New Hires/Life Events)
- Claims inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at goodwillcentraltexas@marshmma.com or via telephone at 855-550-9885, PIN 1737.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish-speaking representatives are available.

Telemedicine - UCM

Immediate, Convenient Access to Care!

We have partnered with UCM Digital Health (UCM) and are proud to provide you with 24/7/365 access to emergency medicine trained providers and experienced Master's and PhD level trained counselors.

Medical Issues and Injuries

You now have unlimited access to emergency medicine trained, board certified, compassionate Physicians and Physician Assistants who can diagnose and treat any medical issue or injury you have via phone or secure video. The UCM team can also prescribe medications when appropriate, order diagnostic tests, and assist you with in-person medical treatment when necessary.

Mental Health and Substance Abuse Counseling

You also receive unlimited 24/7 access to phone consults with trained counselors for confidential mental health and substance abuse counseling. You can speak with a counselor for help with everyday stressors, child and family issues, anxiety and depression, and more.

To get started, go to www.goseesam.com or download the SAM by UCM Mobile App today!

MEDICAL

Goodwill Central Texas' medical coverage, through Imagine360, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — For the HDHP/HSA Plan, once you have met the prescription deductible, you are responsible for the applicable copays until you reach the out-of-pocket maximum for the Plan Year. For the other plans, you are responsible for the applicable copays until you reach the out-of-pocket maximum for the Plan Year.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Using an in-network provider can streamline your experience. Ensure your doctor is in the plan's network by visiting https://miBenefits.imagine360.com. To find a providers, select HealthSmart network and Partners Direct Health network. If your doctor is out-of-network, you may pay more for your medical services.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	Base Plan		Buy-Up Plan	
	In-Network		In-Network	
Your Calendar Year Deductible				
Individual	$4,000		$1,500	
Family	$8,000		$3,000	
Your Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	$6,750		$6,000	
Family	$13,000		$12,000	
	You pay		You pay	
Preventive Care	$0		$0	
Primary Care Physician	$30		$30	
Specialist	$50		$60	
Telemedicine: UCM	$0		$0	
Urgent Care	$75		$75 + 10%	
Emergency Room	Facility Charges: $500 + 20%* ER Physician Charges: 20%*		Facility Charges: $500 + 10%* ER Physician Charges: 10%*	
Coinsurance	20%		10%	
Lab & X-ray	20%*		10%*	
Hospitalization	20%*		10%*	
Diagnostic Imaging (MRI/CT)	20%*		10%*	
Pharmacy				
Rx Deductible	N/A		N/A	
Rx Out-of-Pocket Max	Included in medical		Included in medical	
Retail Rx (up to 30-day supply)				
Tier 1 - Generic	$10		$10	
Tier 2 - Preferred Brand	$50		$50	
Tier 3 - Non-preferred Brand	$80		$80	
Specialty	$100		$100	
Mail Order Rx (90-day supply)	2x copay		2x copay	
Medical Payroll Deductions	Semi-Monthly	Weekly	Semi-Monthly	Weekly
Team Member Only	$16.25	$7.50	$94.55	$43.64
Team Member + Spouse	$97.00	$44.77	$191.52	$88.39
Team Member + Child(ren)	$29.91	$13.80	$177.16	$81.77
Team Member + Family	$140.00	$64.62	$280.01	$129.24

*After Deductible
Please refer to HRA pages for more information.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	HDHP/HSA Plan	
	In-Network	
Your Calendar Year Deductible		
Individual	$3,000	
Family	$6,000	
Your Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	$4,000	
Family	$8,000	
	You pay	
Preventive Care	$0	
Telemedicine: UCM	$10	
Primary Care Physician	$0*	
Specialist	$0*	
Urgent Care	$0*	
Emergency Room	$0*	
Coinsurance	0%	
Lab & X-ray	$0*	
Hospitalization	$0*	
Diagnostic Imaging (MRI/CT)	$0*	
Pharmacy		
Rx Deductible	Included in medical	
Rx Out-of-Pocket Max	Included in medical	
Retail Rx (up to 30-day supply)		
Tier 1 - Generic	$10*	
Tier 2 - Preferred Brand	$50*	
Tier 3 - Non-preferred Brand	$80*	
Specialty	$100*	
Mail Order Rx (90-day supply)	2x copay	
Medical Payroll Deductions	Semi-Monthly	Weekly
Team Member Only	$35.00	$16.15
Team Member + Spouse	$104.47	$48.21
Team Member + Child(ren)	$64.50	$29.77
Team Member + Family	$152.74	$70.49

*After Deductible
Please refer to HSA pages for more information.

MEDICAL - HELPFUL INFORMATION

SHIELD PBM

SHIELD PBM manages your prescription benefits just like your health insurance company manages your health benefits. To activate your online portal, register at www.ShieldPBM.com.

- Click “Login with member/group ID”
- Enter the Member and Group ID located on your benefits card
- Once logged in click “Update Profile” and complete your profile as much as possible

ID Card

Call the number on your ID Card if you:

- Have questions about your benefits
- Need to find a provider
- Need help with a claim
- Would like to discuss a health concern with a nurse

Understanding Your Benefits ID Card (Includes all the information you and your provider need):

- Always bring your ID card with you when you go to a provider
- Present your ID card at check-in
- Encourage office staff to call the provider number listed if they:
  - Have questions about your eligibility for benefits
  - Indicate that they don’t accept your benefits
- Call the member services number on the card if you are asked to pay upfront at anytime

For help finding providers, questions on claims, or information on your health plan:

- Email: myplan@imagine360.com
- Call: 800-903-4360

Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

- Basic information about the claim, including the patient ID and the EOB number.
- Overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.
- Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.
- The amount applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.
- Compare the amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

Price Protection and Billing Support

While you focus on getting better, we focus on the bills. We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair.

Here are three simple things that you need to do:

- Compare bills from your provider to the EOB from your health plan.
- Send the bill to us if they do not match (mail, fax or email), so we can work on your behalf.
- Watch your mail for any additional provider bills to send to us.

Most of the time, you'll never have a reason to contact us about a bill. But if you do, you can count on our dedicated team of advocacy experts, including legal support, if needed. Just call us at the number on your Benefits ID card.

Preventive Care

Your health plan includes preventive care, which is a critical step you can take to manage your health. A condition diagnosed earlier is usually easier to treat. Also, regular checkups can help you and your doctor identify lifestyle changes you can make to avoid certain conditions.

Please note that coverage for screenings vary by health plans. For a list of preventive services covered by your health plan, please call the number on your Benefits ID card.

For a complete list of recommended preventive services visit www.hhs.gov.

Case Management

Your health plan includes a case management program to help members who experience a catastrophic accident, life-threatening illness or complex diagnosis.

If any of these events happen to you, a nurse will provide one-on-one nursing support by phone. These services are available at no additional cost to you and are completely confidential.

Your nurse case manager is here to provide you with:

- Understanding Benefits
- Provider Identification and Assistance
- Pharmacy Coordination
- Site of Care Coordination
- Cost Savings
- Utilization Management

KIS Imaging

KIS Imaging is available for non-emergent high end radiology services. They can provide savings up to 80% on CT, MRI and PET Scans. KIS Imaging must be contacted directly to schedule services in order to access this program.

About diagnostic imaging:

- America's largest network of high-quality imaging providers
- $0 out-of-pocket costs
- Up to 80% savings on CT, MRI, PET Scans
- Over 2,600 high-quality and cost-effective radiology imaging centers nationwide
- Included in existing benefit plan at no additional cost to you

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses now or in the future. Your HSA contributions and earnings from interest or investments are tax-free. Plus, as long as used toward qualified medical expenses, the money you spend from your HSA is also tax-free. Your HSA can also be used to pay for your spouse's and dependents' health care expenses, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works

Eligibility
Anyone who is:
- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High Deducible Health Plan (HDHP);
- Not entitled to Medicare benefits;
- Not eligible to be claimed on another person's tax return;
- Not in receipt of VA benefits within the last 3 months; or
- Not covered under your or your spouse's Flexible Spending Accounts (FSAs), except for a Limited Purpose FSA

Opening an Account
- You will need to open an account through WEX, the Heath Savings Account third party administrator for Goodwill Industries of Central Texas.

Your Contributions
You can contribute up to the IRS maximum of $4,150/individual or $8,300/family.
You can make an additional "catch-up" contribution of up to $1,000 per year if you are age 55 or older.

Eligible Expenses
You can use your HSA to pay for medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*

Using Your Account
Use the WEX debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.

Your HSA is always yours – no matter what
One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. Your HSA and the money you choose to contribute belong to you.

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Goodwill Central Texas or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute $3,850 for a total of $3,850		$2,900 rolls over from last year and you contribute $3,850 for a total of $6,750
You use the HSA to pay $950 of eligible expenses		You use the HSA to pay $1,250 of eligible expenses
You have $2,900 in the HSA to roll over to next year!		**You have $5,500 in the HSA to roll over to next year!**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

A Health Reimbursement Arrangement (HRA) is an account set up for you by Goodwill Central Texas to reimburse you for medical expenses with pretax dollars. If you enroll in the Base Medical Plan, Goodwill Central Texas contributes funds on your behalf, and you are not taxed on these contributions. Even though you cannot contribute to this fund, you can use your HRA dollars as reimbursement for eligible medical expenses. These funds cannot be used for dental or vision expenses.

How an HRA Works

- You must be enrolled in the Base medical plan.
- Goodwill Central Texas covers the first $1,000* of out-pocket expenses for individuals; the first $2,000* of out-of-pocket expenses for a family.
- Your HRA pays your eligible copays, prescription copays, deductible and coinsurance amounts, as long as funds are available.
- After you use all of your HRA funds, you pay for services until you satisfy the out-of-pocket maximum.
- This fund does not transfer if you leave Goodwill Central Texas.

DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Goodwill Central Texas offers dental coverage through Unum. For information on finding a dental provider using the Unum Dental network, visit www.unumdentalcare.com and select 'Find a Dental Provider'.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Dental Plan	
	Unum Dental Network	
	In-Network	Out-of-Network
Your Calendar Year Deductible		
Individual	$50	
Family	$150	
Your Calendar Year Benefit Maximum		
Per Individual	$1,250	
Carryover Benefit**		
Threshold Limit	$600	
Carryover Amount / Carryover Maximum	$300 / $1,200	
Total Potential Annual Maximum	$2,450	
	You pay	
Preventive Care		
Routine Exams, Cleanings, X-rays, Fluoride Treatments, Sealants, Space Maintainers	0%	
Basic Services		
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics	20%*	
Major Services		
Inlays/Onlays, Crowns, Bridges, Dentures, Implants, Repairs	50%*	
Orthodontia		
Adults and Children	Not Covered	
Dental Payroll Deductions	**Semi-Monthly**	**Weekly**
Team Member Only	$12.73	$5.87
Team Member + Spouse	$24.68	$11.39
Team Member + Child(ren)	$24.13	$11.14
Team Member + Family	$37.36	$17.24

**After deductible*
***If you receive at least one cleaning and one regular exam within the benefit year and your total dental claims are below the Threshold Limit, a portion of your dental annual maximum will automatically carry over to the next year*

VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Goodwill Central Texas offers vision coverage through Unum Vision powered by EyeMed, using the EyeMed Insight network. For information on finding a vision provider, visit www.eyemedvisioncare.com/unum and select 'Find an eye doctor'.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement
Cost		
Exam	$10	Up to $40
Materials	$25	See Below
Covered Services – Lenses		
Single Lenses	$25	Up to $30
Bifocals	$25	Up to $50
Trifocals	$25	Up to $70
Frames	$0 copay, $130 allowance, 20% off balance over $130	Up to $70
Covered Services – Contacts in lieu of Frames/Lenses		
Standard Contact Lens Fitting Exam Fee	$40	Not Covered
Contacts – Medically Necessary	$0	Up to $210
Contacts – Elective	$0 copay, $130 allowance	Up to $130
Benefit Frequency		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
Vision Payroll Deductions	**Semi-Monthly**	**Weekly**
Team Member Only	$1.95	$0.90
Team Member + Spouse	$3.90	$1.80
Team Member + Child(ren)	$4.17	$1.92
Team Member + Family	$6.81	$3.14

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The Flexible Spending Accounts (FSAs), administered by WEX, allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your Dependent Care FSA to pay for health care expenses.

How the Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to $3,200 in the year 2024, pre-tax.	You may contribute up to $5,000 per year, pretax, or $2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical, dental and vision expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
At the end of the calendar year, participants can roll over up to $640 of unused health care funds. Any remaining funds exceeding $640 will be forfeited per IRS regulations.	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations -

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs, through WEX, to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	$50,000	$50,000	$50,000	$50,000
Account deposit (before taxes)	N/A	$3,050	N/A	$5,000
Taxable wages	$50,000	$46,950	$50,000	$45,000
Federal and Social Security taxes	$14,325	$13,451	$14,325	$12,894
Expense (after taxes)	$3,050	N/A	$5,000	N/A
Take home (net)	$32,625	$33,499	$30,675	$32,106
Annual tax savings with the FSAs	$0	$874	$0	$1,431

It's important to note that if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

BASIC LIFE AND AD&D

Life insurance, provided by Unum, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Check with your People and Culture team for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	Part-Time Team Members: $10,000 Full-Time Team Members: One times your basic annual earnings, up to a maximum of $250,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Part-Time Team Member benefit reduces by: 35% at age 65; 55% at age 70; 80% at age 80. Full-Time Team Member benefit reduces by: 35% at age 65; 50% at age 70.

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds $50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

VOLUNTARY LIFE AND AD&D

Voluntary life and AD&D insurance from Unum allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. When you cover yourself, you can add coverage for your dependents to help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents			
	Team Member	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of $10,000 up to $500,000 – not to exceed five times your salary	Increments of $5,000 not to exceed Team Membe's coverage	Increments of $2,000 to a maximum of $10,000; $1,000 for children live birth to six months
Guaranteed Issue (GI)	$200,000	$20,000	$10,000
Evidence of Insurability (EOI) / Proof of Good Health	**Newly Eligible**: Enroll up to GI without EOI **Open Enrollment:** Increase or enroll up to GI without EOI **Currently Enrolled w/ Change in Status**: EOI required	**Newly Eligible**: Enroll up to GI without EOI **Open Enrollment:** Increase or enroll up to GI without EOI **Currently Enrolled w/ Change in Status**: EOI required	Not required

Before You Enroll Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.
4. **The cost of coverage depends on your age, status and amount of benefit elected. Please refer to the online enrollment portal for assistance calculating your premiums.**

Team Member Voluntary Life Rates per $1,000 by Age			
< 25	$0.067	50-54	$0.257
25-29	$0.067	55-59	$0.473
30-34	$0.089	60-64	$0.738
35-39	$0.101	65-69	$1.420
40-44	$0.111	70-74	$2.306
45-49	$0.168	75+	$2.306

Spouse Voluntary Life Rates per $1,000 by Age			
< 25	$0.059	50-54	$0.255
25-29	$0.059	55-59	$0.420
30-34	$0.067	60-64	$0.764
35-39	$0.084	65-69	$1.291
40-44	$0.109	70-74	$2.264
45-49	$0.162	75+	$3.837

Team Member and Spouse Voluntary AD&D Rate per $1,000	$0.029

Child Voluntary Life Rate per $1,000	$0.089
Child Voluntary AD&D Rate per $1,000	$0.029

LONG-TERM DISABILITY

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided at no cost through Unum. **Only Salaried Team Members are eligible for this benefit. Eligible Salaried Team Members are automatically enrolled.**

Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	$10,000 per month
Benefit Duration	SS ADEA
Elimination Period	90 days
Pre-Existing Limitation	3/12*
**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*	

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

VOLUNTARY DISABILITY

Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury. A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

Goodwill Central Texas offers **all** Team Members the opportunity to purchase Short-Term Disability (STD). Hourly Team Members are eligible to purchase Long-Term Disability (LTD).

Short-Term Disability Benefits at a Glance	
Weekly Benefit	60% of weekly earnings
Weekly Maximum	$1,000 per week
Benefit Duration	11 weeks
Elimination Period	14 days
Pre-Existing Limitation	3/12*
**Conditions that existed within 3 months prior to the insured's effective date will not be covered if disability begins during the first 12 months of coverage.*	

Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	$10,000 per month
Benefit Duration	To age 65 / SSNRA or ADEA
Elimination Period	90 days
Pre-Existing Limitation	12/6/24*
**Conditions that existed within 12 months prior to the insured's effective date will not be covered if disability begins during the first 24 months of coverage unless the insured remained treatment free for six consecutive months beginning on or after the effective date of coverage.*	

Voluntary STD Rate per $10 by Age			
<25	$0.766	45-49	$0.596
25-29	$0.643	50-54	$0.744
30-34	$0.524	55-59	$0.858
35-39	$0.464	60-64	$0.958
40-44	$0.523	65+	$0.958

Voluntary LTD Rate per $100 by Age			
<25	$0.300	45-49	$2.213
25-29	$0.440	50-54	$3.589
30-34	$0.688	55-59	$4.575
35-39	$0.897	60-64	$5.831
40-44	$1.316	65+	$5.831

Please refer to the online enrollment portal for assistance estimating your premiums since they are based on your age and earnings.

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within the designated number of months prior to the effective date of your insurance plan.

Evidence of Insurability (EOI)

If you decline voluntary disability coverage when first eligible and attempt to enroll at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

ADDITIONAL BENEFITS

Employee Perks & Discount Program

BenefitHub is an all-in-one portal for employer-sponsored perk programs and discount marketplace. You can find thousands of amazing deals from over 300,000 vendors on all the brands you love for all kinds of items, including but not limited to:

- Health and wellbeing
- Discounts at restaurants, on flights, and hotels
- Cash back on purchases
- Auto
- Electronics
- Local Deals
- Education
- Entertainment
- Restaurants
- Beauty and Spa
- Tickets
- Sports and Outdoors

GET IT ON Google Play

Download on the App Store

Go to https://goodwillcentraltexas.benefithub.com to access your BenefitHub and enter your referral code **2FIFI2** to reconnect to the world around you!

IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email / Website
Benefits	Cindy Adams	512-637-7549	benefits@goodwillcentraltexas.org
MMA Service Center	Marsh McLennan Agency	855-550-9885 PIN 1737	goodwillcentraltexas@marshmma.com
Telemedicine	United Concierge Medicine (UCM)	844-484-7362	www.goseesam.com Or Download the SAM mobile app
Medical	Imagine360	800-903-4360	http://mibenefits.imagine360.com
KIS Imagings	KIS Imagings	888-458-8746	info@KISImaging.com
Health Savings Account (HSA) **Health Reimbursement Arrangement (HRA)**	WEX	800-492-0669 866-451-3399 Fax: 866-451-3245	www.wexinc.com customerservice@wexhealth.com
Dental	Unum	888-400-9304	www.unumdentalcare.com
Vision	Unum Vision powered by EyeMed	855-652-8686	www.eyemedvisioncare.com/unum
Flexible Spending Accounts (FSAs)	WEX	800-492-0669 866-451-3399 Fax: 866-451-3245	www.wexinc.com customerservice@wexhealth.com
Life and AD&D	Unum	866-679-3054	www.unum.com/employees/contact-us
Disability	Unum	866-679-3054	www.unum.com/employees/contact-us
Employee Perks & Discount Program	BenefitHub	866-664-4621	https://goodwillcentraltexas.benefithub.com Referral code 2FIFI2 customercare@benefithub.com
Retirement Account	Alerus	855-525-3787	www.alerusrb.com
People and Culture Team	-	-	humanresources@gwctx.org

GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

MarshMcLennan Agency