

## A GUIDE TO YOUR 2025 -2026 Employee Benefits

# Benefit Eligibility

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you are a full-time member of **Goodwill Industries of Kansas**. Eligible family members include:

- Legal spouse
- Common law spouse
- Natural, Step and Adopted Children up to the age of 26.

## When Coverage Begins

**New Hires:** Benefits will start on the first day of the month following your date of full-time employment.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage, divorce, or legal separation
- Birth, adoption, placement, guardianship, or court-ordered coverage of a dependent child
- Death of a spouse or dependent
- Child reaching the maximum age limit of 26
- You lose coverage under your spouse's plan
- Eligibility for Medicare
- You gain access to state coverage under Medicaid or CHIP
- Covered team member's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment.

## Making Changes

To make changes to your benefit elections, you must contact the Director of Payroll and Benefits ([benefits@goodwillks.org](mailto:benefits@goodwillks.org)) within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



# Rates

## Bi-Weekly (26 pay periods) Team Member Medical Cost

	Option 1 \$1,000 PPO Plan	Option 2 \$2,500 PPO Plan
Employee Only	\$56.30	\$36.20
Employee + Spouse	\$248.20	\$201.70
Employee + Child(ren)	\$157.50	\$119.90
Family	\$300.30	\$250.90

## Bi-Weekly (26 pay periods) Team Member Dental Cost

	Base Plan	Buy-Up Ortho Plan
Employee Only	\$7.90	\$11.70
Employee + Spouse	\$22.70	\$26.70
Employee + Child(ren)	\$26.40	\$34.80
Family	\$44.60	\$53.40

## Bi-Weekly (26 pay periods) Team Member Vision Cost

	Employee Only	Employee +1	Employee + Family
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

# Did you know Goodwill Industries of Kansas' health plan is self-funded?

## Why does this matter to you?

Since Goodwill assumes the financial risk of providing healthcare benefits, making smart choices as a healthcare consumer can help keep costs manageable for everyone. Here are some simple ways to save money on healthcare:

### 1. Use In-Network Providers

In-network providers have pre-negotiated rates with our health insurance company, meaning you'll typically pay less when using their services.

### 2. Know Where to Go

Save money by choosing the right care option for your needs:

**Primary Care Physician:** For routine care or non-urgent issues.

**Urgent Care or Telehealth:** For non-life-threatening situations.

**Emergency Room:** Only for true emergencies, as it's the most expensive option.

### 3. Ask Questions About Your Treatment

Before committing to a treatment plan, ask your doctor:

- Why is this treatment necessary?
- How much will it cost?
- Are there equally effective but less expensive alternatives?

### 4. Save on Prescription Drugs

You can reduce your drug costs by up to 90% with these tips:

- Shop around for the best prices.
- Ask for generic medications.
- Use discount programs.
- Consider mail-order options for long-term prescriptions.

### 5. Practice Prevention

Preventive care, like annual screenings and maintaining a healthy lifestyle, is key. These services are often covered at **no cost** to plan members, so take advantage of them!

**By making informed decisions, you can lower your own expenses and help keep the health plan sustainable for everyone.**

# Medical Benefits

**Goodwill Industries of Kansas** offers medical insurance through **Blue Cross Blue Shield of Kansas** utilizing the **Blue Cross Blue Shield Network**. Locate an in-network provider through the Blue Access portal, at [www.bcbsks.com](http://www.bcbsks.com), the BlueAccess mobile app or call **800-432-3990**.

The medical plans include in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider..

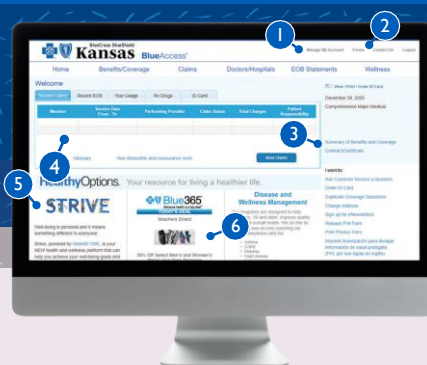
	Option 1 \$1,000 PPO Plan	Option 2 \$2,500 PPO Plan
Plan Year	April 1 – March 31	
Benefit Period	April 1 – March 31	
Deductible Individual   Family	\$1,000   \$2,000	\$2,500   \$5,000
Co-Insurance Plan   Member	80%   20%	
Co-Insurance Max Individual   Family	\$2,000   \$4,000	
Out-of-Pocket Max Individual   Family (Includes Deductible, Coinsurance, and Med & Rx Copays)	\$5,000   \$10,000	
Benefits		
Preventive Care	Plan pays 100%	
Office Visit Primary   Specialist	\$25 Copay   \$50 Copay	
Telemedicine	Free	
Urgent Care Visit	\$25 Copay	
Emergency Room 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	
Prescriptions		
Tier 1	\$15 Copay	
Tier 2	\$30 Copay	
Tier 3	\$45 Copay	
Tier 4	\$100 Copay	
Tier 5	20% up to \$250 Copay	

The chart above is a brief summary of your in-network benefits, if you have specific coverage questions, please be sure to log into your BCBSKS member portal. If you still have questions or concerns, please contact BCBSKS at 800-432-3990.

# BCBSKS 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](https://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](https://bcbsks.com/app)



For a complete look at your healthcare plan, log in to your BlueAccess account at [bcbsks.com/blueaccess](https://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.



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# BCBSKS BlueAccess

## 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.

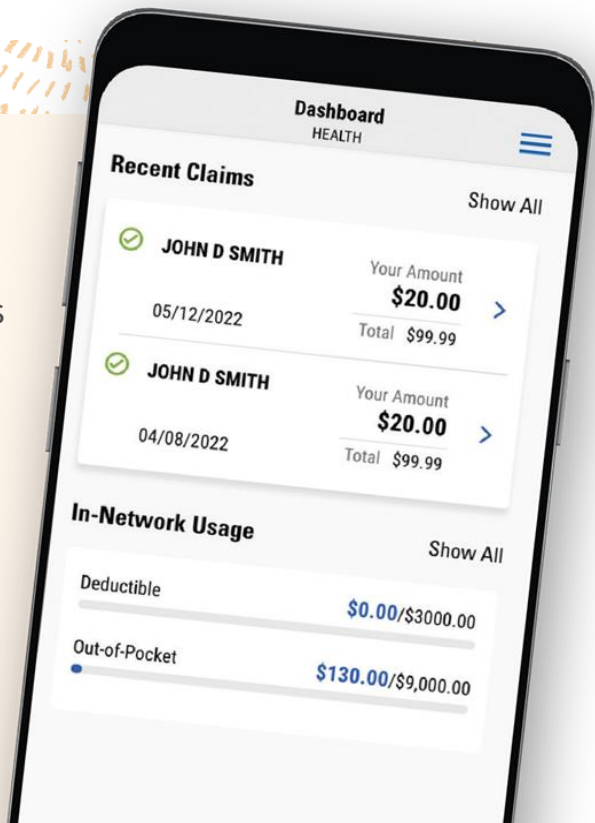
- Check your claims
- Quickly access your ID card
- Find an in-network doctor
- View your plan information
- and more!

### 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](https://bcbsks.com/app)

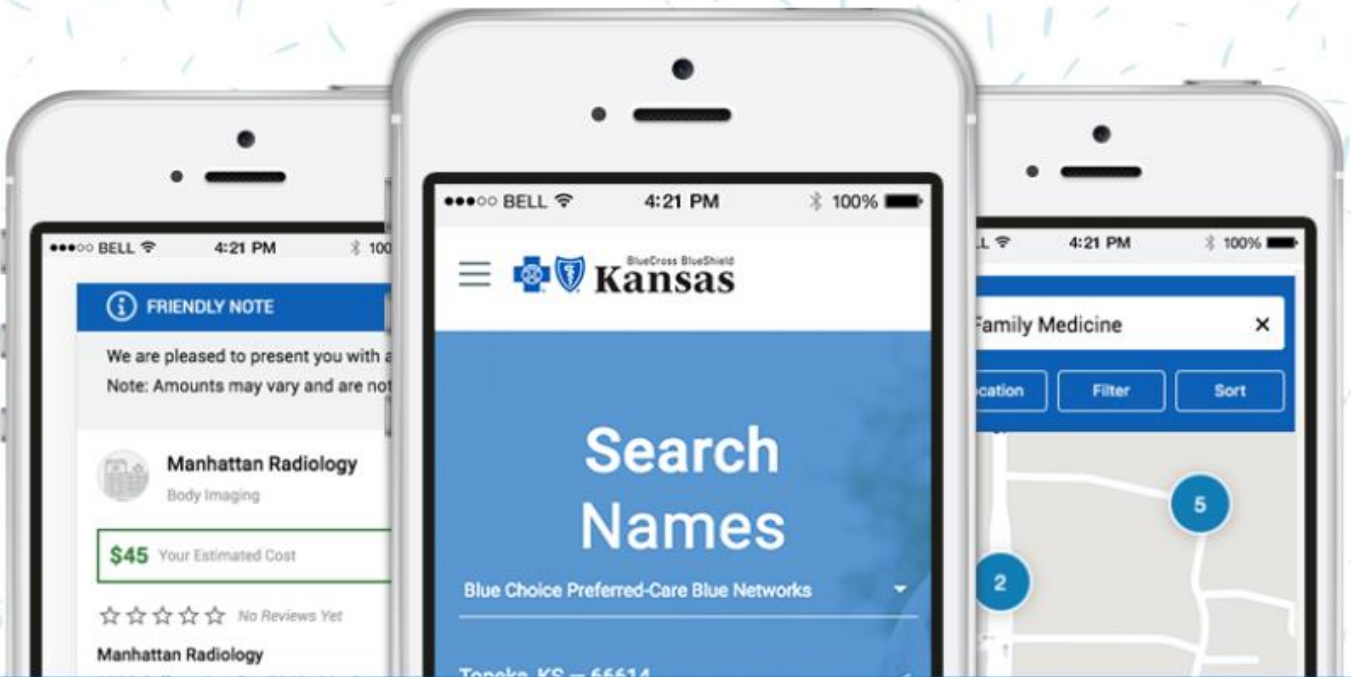


BlueCross BlueShield  
**Kansas**

An independent licensee of the Blue Cross Blue Shield Association.  
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# BCBSKS BlueAccess

*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](https://bcbsks.com/blueaccess). If you are the cardholder, select “Sign up for BlueAccess.”
- 2 Once logged in, select “Doctors/Hospitals” and begin your search!

Visit us at [bcbsks.com](https://bcbsks.com)



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An independent licensee of the Blue Cross Blue Shield Association.



# BCBSKS Find a Doctor/Hospital

## Find a Doctor/Hospital

Is your doctor, hospital or urgent care center in the Blue Cross and Blue Shield of Kansas network?

Turn to our convenient online provider directory to determine whether your current provider contracts with your program network or to search for a new provider located near you.

This easy-to-use directory allows you to search for doctors by:

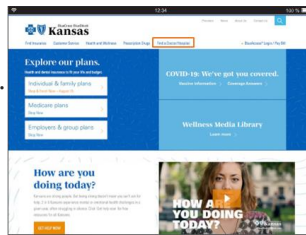
- Address
- County
- Name
- Gender
- Specialty

Members utilizing services out of state can confirm their provider is contracting by following the steps below or by contacting the provider directly to confirm they are in-network with their local Blue Cross and Blue Shield Plan.

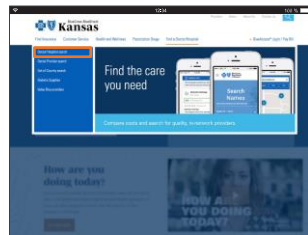
Questions? Contact Blue Cross and Blue Shield of Kansas Customer Service: 1-800-432-3990

### How to get started:

- 1 Visit the Blue Cross and Blue Shield of Kansas home page at [bcbsks.com](http://bcbsks.com).



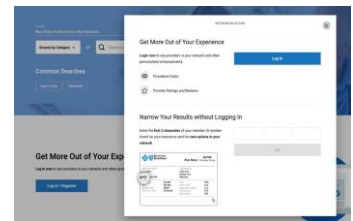
- 2 Using the top navigation, mouse over “Find a Doctor/Hospital.” Select “Doctor/Hospital search.”



- 3 From the drop-down, select your network. Your network is the one listed in the upper right-hand corner of your membership ID card. Or, when you log into BlueAccess® first, then go to the Provider Directory, the tool will automatically select the appropriate network.

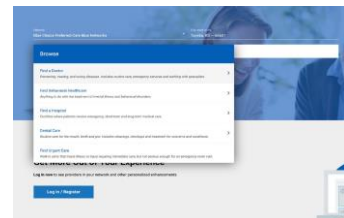


- 4 You can narrow your results by entering your prefix, or by logging in for personalized enhancements.



- 5 From there, access the Provider Finder for your benefit plan. From the menu, select the desired service. You may type into the search bar or choose a service from the drop-down menu.

Note: you have to change the “English” to “Español” in the upper right and then it changes the button from “Log In” to “Iniciar Sesión.”



# BCBSKS Blue 365



## ■ FOR EMPLOYEES

Did you know that, as Blue Cross and Blue Shield members, you have access to exclusive discounts on gym memberships, wearables, weight loss programs and more? With Blue365, you can help make it easier and more economical to workout, eat healthy, and live well.

Blue365 offers the best discounts from top brands including:



## ■ ENHANCED PERKS AT NO-COST WITH BLUE365:

- > All members need to do is register at <https://www.blue365deals.com/user/register>

## FlexAccess™ Copay Assistance Program

### Overview

Your Blue Cross and Blue Shield of Kansas (BCBSKS) prescription drug benefits are compatible with most forms of manufacturer copay assistance programs, also known as coupons. These programs help by reducing your out-of-pocket expense for certain medications. BCBSKS has partnered with FlexAccess to make it simple and easy for members to access coupons for select medications.

The amount paid by the manufacturer will not count towards your deductible and annual out-of-pocket maximum, if applicable.

### Enrollment

When purchasing certain drugs, you will be contacted by a FlexAccess team member by phone to register you in the drug manufacturer's copay assistance program to minimize your out-of-pocket expense. If you choose not to register with FlexAccess, you may be responsible for your copay without assistance.

Please note that some manufacturers do not allow FlexAccess to enroll you in the manufacturer copay assistance program on your behalf. If FlexAccess is unable to complete the enrollment on your behalf, they will provide you with the information necessary for you to self-enroll in the copay assistance program. Once you have self-enrolled, you will be asked to share your copay assistance information with your pharmacy.



### How it works

Claim Description	Total Cost	Plan Pays	Copay	Manufacturer Pays	Member Pay/Amount Applied to Accumulators
Enrolled members	\$4,500	\$2,700	\$1,800	\$1,795	\$5
Member opt-out	\$4,500	\$2,700	\$1,800	-	\$1,800

Examples meant to illustrate the breakdown of dollars on a FlexAccess claim/transaction. Amounts shown are hypothetical and could vary; manufacturer assistance program rules subject to change.

### How to opt out

If you choose not to enroll in the copay assistance program, please contact the FlexAccess team at 888-302-3618.

If you do not enroll, or opt out of using copay assistance, you will be charged the full amount which the assistance program would have covered.

Visit us at [bcbsks.com](https://www.bcbsks.com)



# BCBSKS Virta Health



## Eat your way to better health

If you struggle with diabetes or high blood sugar, your body may be carbohydrate intolerant. Virta's remote medical team and health coaches can teach you how to change the food you eat so you can naturally lower your blood sugar. Imagine less insulin, weight loss, and better sleep. This is life on Virta. Virta treatment is backed by clinical research and cited by the American Diabetes Association.

### Treatment can help you

- ↓ Lose weight
- ↓ Lower blood sugar
- ↓ Decrease medications
- ↓ Reduce A1c

### How is Virta different?

- ⊘ No calorie counting
- ⊘ No exercise
- ⊘ No surgery
- ⊘ No office visits

## Care tailored to your needs and lifestyle

Blue Cross and Blue Shield of Kansas fully covers the cost of Virta (valued at over \$3,000) for eligible members with type 2 diabetes.

## What's the cost?

Pay no extra fees if you meet the requirements. Your test supplies are covered too.

Learn more

[virtahealth.com/join/bcbsks](https://virtahealth.com/join/bcbsks)



*Virta is available to Blue Cross and Blue Shield of Kansas members between the ages of 18 and 79 who are enrolled in an eligible health plan. This benefit is currently being offered to those with type 2 diabetes. There are some medical conditions that would exclude patients from the Virta treatment.*

*Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Kansas contracts with Virta Health to provide a type 2 diabetes reversal program to members. Virta Health is unaffiliated with Blue Cross and Blue Shield of Kansas.*



# BCBSKS Healthy Options

## Disease and Wellness



When you enroll in one of our disease or wellness management programs, our registered nurses provide one-on-one support, coaching and education through regular telephone calls.

We can assist you with managing:

- Asthma
- COPD
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Weight loss
- Stress management
- Tobacco cessation
- Maternity (No age restrictions)

Enroll today! Visit [bcbsks.com/Enroll](https://bcbsks.com/Enroll) or call **800-520-3137**

## Stress

During your one-on-one calls, our registered nurses will coach and help you:

- Identify stress and its effects on health
- Develop effective coping mechanisms
- Promote positive behavior change

Our program, for ages 18 and older, is provided at no additional cost to your existing healthcare plan.

Enroll today! Visit [bcbsks.com/wellness](https://bcbsks.com/wellness) or call **800-520-3137**.



## Tobacco Cessation



We can help you get and stay tobacco free.

During your one-on-one phone calls, our trained, registered nurses will help you:

- Decide when you are ready to quit
- Select a quit date
- Learn how to adopt new habits
- Find ways to overcome triggers

Enroll today! Visit [bcbsks.com/BeHealthy](https://bcbsks.com/BeHealthy) or call **800-520-3137**

## Weight Loss

**Lose Weight. Increase Energy.**

During your one-on-one phone calls, our trained, registered nurses will help you develop a plan to:

- Boost confidence
- Adopt regular exercise and healthier eating habits
- Make lasting changes

Enroll today! Visit [bcbsks.com/BeHealthy](https://bcbsks.com/BeHealthy) or call **800-520-3137**



These programs, for ages 18 and older, are provided at no additional cost to your existing health care plan and will not affect your benefits.

# 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.



FOR MORE RESOURCES, VISIT

[WWW.CDC.GOV/PREVENTION](http://WWW.CDC.GOV/PREVENTION)

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

## 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 [www.healthfinder.gov](http://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.

**myhealthfinder**

See which preventive services you or a loved one may need this year.

Age:

Sex: ☐ Female ☐ Male

**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.

But did you know that, depending on the situation, the same test or service can be considered preventive (100% covered) or diagnostic (you share the cost)?

### 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



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



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



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

### 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



**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.



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



**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.

# Telemedicine

## Get care 24/7

Telemedicine services allow you to get care whenever you need it.

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

### What is telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

### Patient benefits:

- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Privacy
- No exposure to other potentially contagious patients

### Behavioral health services

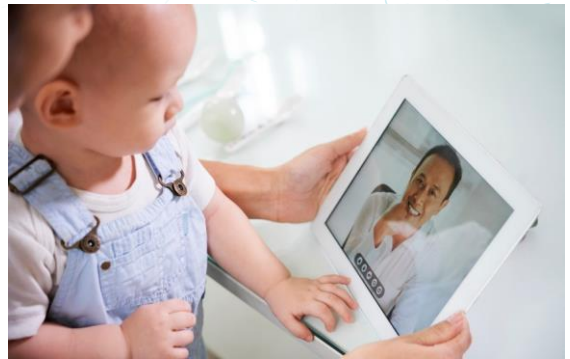
Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available seven days a week, 6:00 a.m. to 10:00 p.m. CST.

### Can my family use telemedicine?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

### Consult with a doctor by computer, tablet or phone

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Patient records accessible





### When can I use it?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

### Three ways to register:

- 1 Download the Amwell app on any mobile device.  
 
- 2 Visit [bcbsks.com/telemed](https://bcbsks.com/telemed)
- 3 Call toll-free **844-733-3627**

### How much does it cost?

Free to employees enrolled in one of the health plans.







Visit us at [bcbsks.com](https://bcbsks.com)



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

**Full cost of visit are not actual costs, only examples. Your responsibility may be higher or lower depending on the provider's contract with BCBSKS.**

# Dental Benefits

**Goodwill Industries of Kansas** offers dental insurance through **Delta Dental of Kansas** utilizing the **Delta Dental PPO & Premier networks**. The dental plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate a in-network dentist at [www.deltadentalks.com](http://www.deltadentalks.com) or call **1-800-733-5823**.

Please refer to the official plan documents for additional information on coverage and exclusions.

	Base Plan	Buy-Up Ortho Plan
	In-Network	In-Network
<b>Maximum</b>	\$1,500 per person per plan year	\$1,500 per person per plan year
<b>Deductible</b>	\$25 Individual   \$75 Family	\$25 Individual   \$75 Family
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>• <b>Prophylaxis (cleaning) – Unlimited</b></li> <li>• Oral evaluations</li> <li>• Bitewing x-rays</li> <li>• Full mouth or panoramic x-rays</li> <li>• Space maintainers for dependents</li> <li>• Sealants</li> </ul>	Plan Pays 100%	Plan Pays 100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Ancillary</li> <li>• Oral Surgery</li> <li>• Fillings (except gold)</li> <li>• Endodontics</li> <li>• Non-surgical Periodontics</li> <li>• <b>Covered 100% for dependents under age 12!</b></li> </ul>	Covered at 80% after deductible	Covered at 80% after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Periodontal surgery</li> <li>• Bridges</li> <li>• Crowns</li> <li>• Dentures, full or partial</li> <li>• <b>Covered 100% for dependents under age 12!</b></li> </ul>	Covered at 50% after deductible	Covered at 50% after deductible
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>• Lifetime maximum</li> </ul>	N/A	Covered at 50% after deductible \$1,500 max per person

**The chart above is a brief summary of your in-network benefits, if you have specific coverage questions, please be sure to log into your Delta Dental of Kansas member portal. If you still have questions or concerns, please contact Delta Dental of Kansas at 1-800-733-5823.**

# Vision Benefits

**Goodwill Industries of Kansas** offers vision insurance through **Vision Care Direct** utilizing the **VCD network**. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a **VCD** network provider at [www.visioncaredirect.com](http://www.visioncaredirect.com) or call **1-877-488-8900**.

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.

	Materials Only 100	Gold Complete 100	Gold Complete 160	Platinum Complete 160
	In-Network	In-Network	In-Network	In-Network
Eye Exam	Not Included	\$15 Copay	\$15 Copay	\$15 Copay
<b>Frequency</b>				
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
<b>Lenses (per pair)</b>				
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	<b>Note: Contact benefit can be chosen in lieu of Glasses.</b>			
Medically Necessary	Allowance of \$750			
Elective (Lenses Only)	Allowance of \$100	Allowance of \$100	Allowance of \$160	Allowance of \$160
<b>Frames</b>				
Allowance	Allowance of \$100	Allowance of \$100	Allowance of \$160	Allowance of \$160
<b>Fees at Time of Service Based on Plans Selected:</b>				
Exam	N/A	\$15 Copay	\$15 Copay	\$15 Copay
Materials	\$15 — <i>No Materials Fee for Contact Lenses</i>   100% covered after Materials Fee			
Polycarbonate for Kids	\$25 member copay at time of service, Included for dependent children up to age 18			

**The chart above is a brief summary of your in-network benefits, if you have specific coverage questions, please be sure to log into your Vision Care Direct member portal. If you still have questions or concerns, please contact Vision Care Direct at 1-877-488-8900.**

# Rx Savings Program

**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:

- |               |             |            |             |
|---------------|-------------|------------|-------------|
| • Ambrisentan | • Farxiga   | • Rexulti  | • Trulicity |
| • Biktarvy    | • Humira    | • Rinvoq   | • Vraylar   |
| • Descovy     | • Januvia   | • Rybelsus | • Xarelto   |
| • Dupixent    | • Jardiance | • Stelara  | • Xeljanz   |
| • Eliquis     | • Linzess   | • Taltz    | • Xolair    |
| • Enbrel      | • Ozempic   | • Tremfya  |             |

## 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 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 Advocate by emailing [imarx@imacorp.com](mailto: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 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). Some deliveries require a signature.
- **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, may result as a financial loss and medication that is unrecoverable.

For Lost, Stolen or Damaged medications please contact us at **866.530.9989**. Medication replacements are not offered through this benefit program when delivery attempts have been made and returned to the pharmacy.



# Payment Assistance

**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 on our health plan a 0% interest loan up to \$1,500 to pay for medical, dental, vision, pharmacy, mental health and veterinary expenses. Paytient makes paying providers easy while offering 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 [www.paytient.com/start](http://www.paytient.com/start)**
- **Scan the QR Code below**



Visit [learn.paytient.com](http://learn.paytient.com) for more FAQs.

# 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
- FSAs, EAPs
- And more!



**Let us help!**

**Ask Charlie Advocacy Center**

**M-F 8AM to 6PM CST**

EMAIL: [benefitquestions@imacorp.com](mailto:benefitquestions@imacorp.com)

PHONE: **866.906.4695**

### 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



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

**IMACORP.COM/BENEFITS**

# Flexible Spending Account (FSA)

## 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 (money taken out of your paycheck before income or Social Security taxes have been calculated). There are two different types of FSA accounts.

The easiest way to manage your account is online at [www.empower.com](http://www.empower.com) or through the **Empower** smart mobile app.

You can't change your election amount during the plan year, unless you experience a change in status or qualifying event. The Healthcare FSA lets you roll over \$660 to the next plan year. If you have more money left in your account than this amount, you will lose it. The Dependent Care FSA doesn't let you roll over money to the next year. So, if you have any money left in your account at the end of the plan year, you will lose it.

## The Two Types of FSAs:

### 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, such as a letter from your medical provider.

**The maximum amount you can contribute is \$3,300 per year. Funds are available on the first day of the plan effective date.**

### 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 childcare credit on your annual tax return may be more beneficial.

**The maximum amount you can contribute is \$5,000 per year, dependent on your marital and tax-filing status.**

# Flexible Spending Account (FSA)

## QUALIFYING HEALTH CARE EXPENSES

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

## HEALTH CARE EXPENSES NOT ALLOWED

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees

**For a complete listing of Qualified Health Care Expenses visit:**

[www.empowerflex.com/eligibility-list](http://www.empowerflex.com/eligibility-list)

**If you have extra FSA dollars to spend at the end of the year visit**

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

# Basic Life and AD&D Benefits

**Goodwill Industries of Kansas** provides all eligible employees with a Basic Life and Accidental Death & Dismemberment (AD&D) benefit **at no cost to you!** This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life.

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

Plan Information	
Team Members (Grade 1-5) Life & AD&D Benefit*	\$10,000
Team Members (Grade 6+) Life & AD&D Benefit*	1x Annual Salary up to \$150,000
Age Reduction	
At Age 65	65%
At Age 70	42%
At Age 75	27%

\*See full plan summary for more details



# Voluntary Life and AD&D Benefits

As an employee of **Goodwill Industries of Kansas**, you have the option of purchasing additional life insurance for yourself, a spouse and/or children. This benefit provides valuable income protection if you suffer a severe accident or loss of life. Any amounts over the Guarantee Issue amount will require an Evidence of Insurability form to be completed and sent to UNUM for underwriting approval. **Since this is a completely voluntary benefit, team members pay the full premium.**

Plan Information	
<b>Team Member Life Benefit* &amp; AD&amp;D</b>	5x Annual Earnings up to \$500,000 in increments of \$10,000
<b>Team Member Guaranteed Issue**</b>	\$150,000
<b>Spouse Life Benefit* &amp; AD&amp;D**</b>	Up to 100% of Team Member's Benefit
<b>Spouse Guaranteed Issue</b>	\$25,000
<b>Child Life Benefit</b> Live Birth to 6 Months	\$1,000
<b>Child Life Benefit</b> 6 Months to 19 Years   26 if unmarried & full-time student	\$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		Spouse Life Bi-Weekly Rate		Child Life Bi-Weekly Rate
Age	Per \$10,000 in Coverage	Age	Per \$5,000 in Coverage	\$0.325 per \$2,000 of coverage
<25	\$0.226	<25	\$0.155	
25-29	\$0.245	25-29	\$0.166	
30-34	\$0.332	30-34	\$0.224	
35-39	\$0.489	35-39	\$0.321	
40-44	\$0.748	40-44	\$0.482	
45-49	\$1.168	45-49	\$0.752	
50-54	\$1.722	50-54	\$1.119	
55-59	\$2.460	55-59	\$1.652	
60-64	\$3.166	60-64	\$2.289	
65-69	\$4.505	65-69	\$3.258	
70-74	\$8.520	70-74	\$6.166	
75+	\$26.340	75+	\$19.059	

AD&D Bi-Weekly Rate		
	Coverage Amount	Rate
<b>Team Member</b>	Per \$10,000 of Coverage	\$0.189
<b>Spouse</b>	Per \$5,000 of Coverage	\$0.099
<b>Child</b>	Per \$2,000 of Coverage	\$0.032





# Voluntary Critical Illness Benefits

## Critical Illness Insurance

Critical illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer). The benefit amount you receive is based on the level of coverage you purchase. You may also purchase coverage for your spouse and/or dependent children.

### Coverage options:

- **Plan 1:**
  - **Employee:** \$10,000
  - **Spouse:** \$5,000
  - **Dependent children:** \$5,000
- **Plan 2:**
  - **Employee:** \$20,000
  - **Spouse:** \$10,000
  - **Dependent children:** \$10,000



### Key features of the critical illness insurance plan:

- This policy provides cash benefits directly to you.
- You can use the money for whatever you would like.
- It does not matter what medical plan you have.



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
Reoccurrence 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

Plan 1 Bi-Weekly Rate (26 Pay Periods)		
Age	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 Bi-Weekly Rate (26 Pay Periods)		
Age	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

# Voluntary Accident Benefits

## Accident Insurance

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work.



### Key features of the accident insurance plan:

- This policy provides cash benefits directly to you.
- The amount you receive is based on your injuries, services provided, and treatment.
- 24-Hour Coverage (on or off the job)
- You can use the money for whatever you would like.
- It does not matter what medical plan you have.

	Plan 1	Plan 2
<b>Base Policy Benefits</b>		
<b>Initial Hospital Confinement</b> (Pays once/year)	\$1,000	\$1,500
<b>Daily Hospital Confinement</b> (Pays daily)	\$200	\$300
<b>Intensive Care</b> (Pays Daily)	\$400	\$600
<b>Rider Benefits</b>		
<b>Accident Treatment and Urgent Care Rider</b>		
<b>Ambulance</b> Ground   Air	\$200   \$600	\$300   \$900
<b>Accident Physician's Treatment</b>	\$100	\$150
<b>X-Ray</b>	\$200	\$300
<b>Urgent Care</b>	\$100	\$150
<b>Dislocation or Fracture Rider</b>	Up to \$4,000	Up to \$6,000
<b>Emergency Room Services Rider</b>	\$200	\$300

Bi-Weekly Cost (26 Pay Periods)	Plan 1	Plan 2
<b>Employee</b>	\$5.54	\$8.31
<b>Employee + Spouse</b>	\$9.59	\$14.38
<b>Employee + Child(ren)</b>	\$12.01	\$18.03
<b>Family</b>	\$15.16	\$22.73

### MYBENEFITS: 24/7 Access

[allstatebenefits.com/mybenefits](http://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!



# Employee Assistance Program

GuidanceResources®

## Your Life. Your Work. Your Best. Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

**Life is challenging.  
We can help.  
Confidential 24/7 support.**

**COMPSYCH®**  
GuidanceResources® Worldwide

### Services:

#### Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

#### Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

#### Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

#### Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

#### Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings



**24/7 Live Assistance:**  
Call: 800.272.7255  
TRS: Dial 711



Online: [guidanceresources.com](https://guidanceresources.com)  
App: GuidanceNow<sup>SM</sup>  
Web ID: COM589



# 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](http://www.988lifeline.org)**

988 Suicide & Crisis Lifeline



**CHAT WITH LIFELINE**

# Carrier Contacts



Benefit	Contact Information
<b>Medical</b> Blue Cross Blue Shield of Kansas (BCBSKS)	800.432.3990 <a href="http://www.bcbsks.com">www.bcbsks.com</a>
<b>Telemedicine</b> Amwell	844.733.3627 <a href="http://www.bcbsks.com/telemed">www.bcbsks.com/telemed</a>
<b>Rx Savings Program</b> IMA Pharmacy Advocates	844.681.8783 <a href="mailto:imarx@imacorp.com">imarx@imacorp.com</a>
<b>FSA</b> Empower	800.819.9571 <a href="http://www.empowerflex.com">www.empowerflex.com</a>
<b>Dental</b> Delta Dental of Kansas	800.733.5823 <a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
<b>Vision</b> Vision Care Direct	877.488.8900 <a href="http://www.visioncaredirect.com">www.visioncaredirect.com</a>
<b>Basic Life And Disability, Voluntary Life And Disability</b> Unum	866.679.3054 <a href="http://www.unum.com">www.unum.com</a>
<b>Voluntary Critical Illness, Voluntary Accident</b> Allstate	800.521.3535 <a href="http://www.allstateatwork.com">www.allstateatwork.com</a>
<b>EAP</b> ComPsych	800.272.7255 <a href="http://www.compsych.com">www.compsych.com</a>
<b>Not Sure Who To Call?</b>	Ask Charlie 866.599.4695 <a href="mailto:benefitquestions@imacorp.com">benefitquestions@imacorp.com</a>

# Notices

## CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

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 to avoid future penalties.

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 15<sup>th</sup> through December 7<sup>th</sup> for coverage to begin January 1<sup>st</sup>.

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

Creditable Coverage	Non-Creditable Coverage
Options 1 & 2	N/A

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

## 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.shiphelp.org>.

## 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 co-insurance 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

## 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](http://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

# 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

- **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, your spouse, and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **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).
- **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.
- **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

## 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 **premium assistance that can help pay for coverage through your employer**, 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 premium assistance but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at [www.healthcare.gov](http://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 (1-877-543-7669)** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) and also ask about premium assistance.

If you or your dependents eligible under your employer plan newly qualify for premium assistance under Medicaid or CHIP, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a HIPAA “special enrollment” opportunity, and **you typically must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact us at [HR phone] or the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or **1-866-444-EBSA (1-866-444-3272)**.

The below list of States may offer premium assistance to residents (last updated July 31, 2024).

ALABAMA – MEDICAID	ALASKA – MEDICAID
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Medicaid (Health First Colorado) and Chip (Child Health Plan Plus, Or CHP+)	FLORIDA – MEDICAID
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – MEDICAID	INDIANA – MEDICAID
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfir/">http://www.in.gov/fssa/dfir/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

# Notices

IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
<p>Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:</p> <p><a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
<p>Enrollment</p> <p>Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:</p> <p><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
<p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a></p> <p>Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
MONTANA – MEDICAID	NEBRASKA – MEDICAID
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218</p> <p>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
<p>Medicaid</p> <p>Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Phone: 1-800-356-1561</p> <p>CHIP Premium Assistance Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a></p> <p>Phone: 1-844-854-4825</p>
OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></p> <p>Phone: 1-800-699-9075</p>

# Notices

PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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

## U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## 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, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



## **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.*