

2019 Benefit Manual



**Insurance and
Retirement Programs
for Goodwill employees
and their families**

Welcome to the Benefit Guide for Goodwill of Western Missouri and Eastern Kansas. Enclosed, you will find information concerning all of your benefits, eligibility information, and details for all of our available plans for employees.

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Mission

Goodwill empowers people with disadvantages and different abilities to earn and keep employment through individualized programs and services.

Benefit Eligibility

As you review the benefits available to you for this calendar year, please remember that Goodwill has medical, dental and vision coverage under an IRS regulated cafeteria plan. What this means for you is that once you elect benefits, your election will be in effect for the entire plan year unless you experience a Qualifying Event. If a change in status or Qualifying Event occurs, you must notify Human Resources within 30 days to make any changes to your benefits.

As a full-time employee (30 hours or more per week):

- You are eligible for benefits if you have been employed with Goodwill for 60 days. Your benefits will be effective on the 1st of the following month following 60 days.
- You are eligible for Medical Insurance.
- You are also eligible for Dental, Vision, and Supplemental Coverages (Life Insurance, Critical Illness, Accident, and Short Term Disability) and Flexible Spending Accounts.
- You are eligible for retirement contributions immediately upon hire, at any time, if you are over the age of 18. After one year, your contributions will be matched up to 4%.
- You are eligible to enroll in a Flexible Spending Account (FSA) at the time of hire or at Open Enrollment.
- You are eligible to be paid for a Holidays immediately after hire.

As a part-time employee (Less than 30 hours per week):

- You are eligible for benefits if you have been employed with Goodwill for 60 days. Your benefits will be effective on the 1st of the following month following 60 days.
- You are eligible for Dental, Vision, and Supplemental Coverages (Life Insurance, Critical Illness, and Accident).
- You are eligible for retirement contributions immediately upon hire, at any time, if you are over the age of 18. After one year, your contributions will be matched up to 4%.
- You are eligible to enroll in a Flexible Spending Account (FSA) at the time of hire or at Open Enrollment.
- You are eligible to be paid for a Holiday immediately after are hired.

Dependents:

- In general, eligible dependents are your spouse and children younger than 26.
 - For Medical, Dental, Vision and Voluntary Life: Dependents are covered through the end of the month they reach age 26.
 - For Critical Illness and Accident Coverage: Dependents are covered from birth but less than age 26.

Termination of Benefits

Benefits that remain active through the end of the month of termination date are:

- Medical, Dental, Vision
 - Employees with these benefits will receive COBRA paperwork to their home address after their termination has been processed.
- Voluntary Life or Basic Life Insurance plans

- Employee Assistance Program

Benefits that terminate on an employee's termination date:

- Critical Illness, Accident, and Short Term Disability
- Flexible Spending Account
- Retirement Contributions
 - Employees are responsible to change their address with the Principal retirement company
- Helping Hand Contributions

Premiums

Pre-tax premiums:

When you enroll in Medical, Dental, Vision, Flex Spending Accounts, Critical Illness, or Accident, your share of the premium is deducted from your paycheck before you pay federal income and Social Security taxes. This means that you pay less tax and your take-home pay is higher.

Once you make your election to participate in a pre-tax plan, your election is valid for the remainder of the year. Your Short Term Disability and Voluntary life are deducted after tax. You may only change this election during Open Enrollment or in the case of a Signature Life Event.

Tobacco User premium:

If you have used tobacco products in the last twelve months, you and/or your spouse must be listed as such for your critical illness benefit. Make sure to tell Human Resources (Benefits) if you have used these products, so that you have the correct coverage.

Qualifying Life Events

Your benefit elections are in effect throughout the plan year. However, you may adjust your coverage levels within your plans if a qualifying life event occurs. If you make any changes to your coverage, they must occur within 30 days of the event. The change will be effective the first of the month after 30 days.

Qualifying events include but are not limited to:

- Divorce or Legal Separation
- Addition of a Dependent (Marriage, Birth, Adoption)
- Change in Number of Dependents
- Dependent Child Reaching Limiting Age
- Dependent Child Graduates from School or College
- Change in Employment Status (Employee, Employee's Spouse or Dependent)
- Death of a Family Member
- Loss of Coverage through another Provider / Insurance Carrier

Understanding Benefit Lingo

Here are some of the terms that will be used throughout this guide. Their definitions are provided to help you understand your coverages.

COBRA: The Consolidated Omnibus Budget Reconciliation Act allows you and/or your covered dependent to extend health, dental, and/or vision coverage beyond that date that your coverage is scheduled to end. Often, in the case of employee termination, COBRA is a necessary option for continuous coverage.

Coinsurance: The cost of the health expense that is shared between you and the plan after you pay your deductible. For instance, after you have met your deductible, you may be responsible for 20% (coinsurance amount) of the costs you accrue beyond your deductible, up until you have met your out-of-pocket maximum.

Copayment: A set dollar amount you pay toward a medical expense, such as a doctor's office visit or a prescription drug. The remainder of the cost is paid by the plan.

Deductible: The amount of money you must pay toward your plan's expenses for yourself or each family member, each year, until the costs are reimbursable. After you have paid your deductible, future expenses are covered by the coinsurance or copayment amount.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-pocket maximums: Generally, this is the most you will have to spend during each plan year for each covered family member for the annual deductible and your coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% in most remaining cases for you or the dependent for the rest of that plan year.

Premium: The amount that must be paid for your insurance or plan. You usually pay the full amount per pay period, and for certain coverages, your employer sometimes covers part of the costs, like Medical premiums for certain employees.

Provider: A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Medical Insurance

Goodwill of Western MO & Eastern KS offers medical coverage for all eligible full-time employees with Blue Cross and Blue Shield of Kansas City. You may choose between 2 plans depending on your home location. These plans are detailed in graphical and text summaries on the benefits website at www.mokangoodwill.org/benefits

Medical: Routine Preventive Care Services

Below is a list of in-network routine preventive care services, and the related office visit for routine preventive care services, that are covered at 100% by Blue Cross Blue Shield. Out-of-Network Services are subject to the out-of-network deductible and coinsurance, except for childhood immunizations, which are paid 100%.

- Prostate exams and prostate specific antigen (PSA) tests
- Pelvic exams and pap smears*, including those performed at the direction of a Physician in a mobile facility certified by Centers for Medicare and Medicaid Services (CMS)
- Mammograms* if ordered by a Physician, including those performed at the direction of a Physician in a mobile facility certified by CMS
- Colorectal cancer exams* and laboratory tests consisting of a digital rectal exam and the following: fecal occult blood test; flexible sigmoidoscopy; colonoscopy; double contrast barium enema
- Newborn hearing screening*, audiological assessment and follow-up, and initial amplifications
- Childhood immunizations*: At least 5 doses of vaccine against diphtheria, pertussis, tetanus; At least 4 doses of vaccine against polio, Haemophilus Influenza Type b (Hib); At least 3 doses of vaccine against Hepatitis B; 2 doses of vaccine against measles, mumps, and rubella; 2 doses of vaccine against varicella; at least 4 doses of vaccine against pediatric pneumococcal (PCV7); 1 dose of vaccine against influenza; at least one dose of vaccine against Hepatitis A; 3 doses of vaccine against Rotavirus; such other vaccines and dosages as may be prescribed by the State Department of Health
- Lead testing
- Physician Examinations
- Additional examinations, testing and services: Hemoglobin/Complete Blood Count (CBC); Metabolic screening*; Hearing exams, Immunizations:
 - Covered Immunizations are limited to the age ranges and gender recommended by the Advisory Committee on Immunization Practices and/or adopted by the Center for Disease Control*: Catch-up for Hepatitis B; Catch-up for varicella; Catch-up for MMR; Tetanus boosters as necessary, including tetanus, diphtheria and pertussis, diphtheria and tetanus, and tetanus only; Pneumococcal vaccine; Influenza virus vaccine; Meningococcal vaccine; Catch-up for Hepatitis A; HPV vaccine; Zoster vaccine; Polio vaccine; Haemophilus Influenza Tube b (Hib) vaccine
- Urinalysis
- Glucose screening
- Thyroid stimulating hormone screening
- Lipid cholesterol panel*
- HIV Screening*
- HPV Testing
- Chlamydia Trachomatis Testing*
- Gonorrhea Testing
- Electrocardiogram (EKG)

- Chest X-ray
- Newborns:
 - Congenital Hypothyroidism Screening
 - Gonorrhea, Prophylactic Eye Medication
 - Phenylketonuria (PKU) Screening
 - Sickle Cell Disease Screening
- Pregnancy:
 - Hepatitis B Virus Infection Screening
 - Iron Deficiency (Anemia) Screening
 - Rh(D) Incompatibility Screening
 - Asymptomatic Bacteriuria Screening
- Alcohol Misuse Screening and Behavioral Counseling Intervention (Adults and Pregnant)
- Tobacco Use and Tobacco-Caused Disease Counseling (Adults and Pregnant)
- Obesity Screening and offer Intensive Counseling and Behavioral Interventions (Adults and Children)
- Adult Aortic Aneurysm Screening (Men Age 65-75+)
- Adults:
 - Intensive behavioral dietary counseling for those with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease
 - Depression Screening
 - High Blood Pressure Screening
- Breastfeeding Counseling
- Discuss Chemoprevention (High Risk for Breast Cancer)
- Major Depressive Disorder Screening (Adolescents)
- Risk Assessment and Referral for BRCA Testing and associated genetic counseling (Women)
- Osteoporosis Screening (Women 60+)
- Visual Acuity Screening (Children up to 5 years)
- Prevention of Dental Caries with Oral Fluoride (Children up to 6 years)
- Tuberculosis screening – Tuberculin skin test (Children under 19)
- Sexually Transmitted Infections Counseling
- Syphilis Infection Screening

*Indicates services that are required by the Protection and Affordable Care Act (PPACA), but are already covered by Blue Cross and Blue Shield of Kansas City.

Medical: Health Risk Assessment

Goodwill offers Employees, and their *covered* spouses, the opportunity to take the Health Risk Assessment (HRA). Through this process, employees are awarded a credit to their account through payroll. Contact your Benefits Manager for more information concerning this financial benefit.

After taking the HRA, the opportunities available to you through BCBS are:

- Health Advising Call
- Lifestyle Coaching
- Self-Directed Coaching
- Tobacco Cessation Program
- On Demand Webinars
- Healthy Companion Condition Management
- Little Stars Prenatal Assessment

In order to access your HRA, you can login online. Most people complete the confidential questionnaire in about 15 minutes. Immediately after completing the questionnaire, you will receive a summary report of your current health status. Use the HRA results as a guide to

become more aware and take steps to improve your overall health. Also, be sure to review them with your doctor at your next appointment.

1. Visit www.MyBlueKC.com
2. To login with your username and password, click the LOG IN button in the upper right hand corner of the screen. If you are a first time visitor, click on REGISTER. Please have your Member ID Card available to reference.
 - a. If this is your first time registering on the site you will be prompted to:
 - i. Create Username and Password
 - ii. Choose Security Image and Title
 - iii. Choose Challenge Questions
 - iv. Confirm
 - v. Click on "GO TO YOUR MEMBER HOME PAGE"
3. Once logged in, click on "A Healthier You" from My Home page.
4. This will take you to your "A Healthier You" member portal; click "Continue to your A Healthier You portal home page."
5. Once on your portal home page click on "Take the Health Risk Assessment today!"
6. If you have any trouble, call A Healthier You at 816-395-2121, M-F, 8-5pm, CST.

Dental Insurance

Goodwill of Western MO and Eastern KS provides eligible employees dental coverage through Delta Dental of Kansas. A detailed benefit summary is outlined on the following pages. This plan is effective January 1, unless you are a new hire or have a Qualifying Life Event.

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with their unparalleled customer service. They have designed a dental benefit plan to help protect the oral health of you and your covered dependents. Regular preventive dental care not only reduces the cost and the pain generally associated with extensive dental work, but a healthy mouth contributes to your overall well-being.

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPO** or **Delta Dental Premier** dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates with Delta Dental, contact Customer Service at (316) 264-4511 or toll-free at (800) 234-3375. You may also locate a dentist using the 'Locate a Dentist' link at www.deltadentalks.com.

From www.deltadentalks.com, you can:

- Locate a participating Delta Dental PPO or Delta Dental Premier dentist anywhere in the United States.
 - Go to www.deltadentalks.com
 - Click on 'Subscribers' across the top of the page
 - Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
 - #1 - 'Product Selection', click on 'Delta Dental PPO' or 'Delta Dental Premier'
 - #2- 'Your Location', type in either your city and state OR your zip code
 - You may also sort the number of results, enter your dentist's name or choose by specialty
 - Click on 'Search for a Dentist'
- Check your eligibility and plan information
- Print an ID card
- Check claim status

- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign-up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness

Maximum Contract benefit Per Person: The maximum benefit for all covered services for each enrollee in any one calendar year is \$1,000.

Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the calendar year deduction is: \$50 x 3.

Dependent Ages: Covered to age 26.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

Dental Category	Delta Dental PPO	Delta Dental Premier	Non-participating	Category
Diagnostic and Preventive (not subject to deductible)	100%	100%	100% (up to DDKS caps)	<p>Diagnostic: Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:</p> <ul style="list-style-type: none"> • Oral Examinations: once each 6 months • Diagnostic x-rays: bitewings once each 6 months for dependents under age 18 and once each 12 months for adults >18 • Full mouth x-rays or panoramic x-rays- once each 5 years
	100%	100%	100% (up to DDKS caps)	<p>Preventive: Provides for the following</p> <ul style="list-style-type: none"> • Prophylaxis (Cleanings): once each 6 months • Topical Fluoride: once each 6 months for dependent children under age 19 • Space Maintainers: for dependent children under age 14 and only for premature loss of primary molars • Sealants: once per lifetime for dependent children under age 16 when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
Basic (subject to deductible)	80%	80%	80%	Ancillary: Provides for one emergency examination per plan year by the Dentist for the relief of pain
	80%	80%	80%	Oral Surgery: Provides for extractions and other oral surgery including pre and post-operative care.
	80%	80%	80%	Regular Restorative: Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
	80%	80%	80%	Endodontics: Includes procedures for root canal treatments and root canal fillings
	80%	80%	80%	<p>Periodontics:</p> <ul style="list-style-type: none"> • Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis. • Surgical periodontal procedures.
Major (subject to deductible)	50%	50%	50%	Special Restorative: When teeth cannot be restored with a filling material listed in

				Regular Restorative Dentistry, provides for individual crowns.
	50%	50%	50%	Prosthodontics: Includes bridges, partial and complete dentures, including repairs and adjustments.
Orthodontics (subject to deductible)	50%	50%	50%	Orthodontic appliances and treatment, interceptive and corrective for dependent children under age nineteen (19). Lifetime max \$1,000.

Vision Insurance

Goodwill of Western MO and Eastern KS provides eligible employees with a voluntary vision insurance plan through VSP administered by Sun Life Vision. A plan summary is outlined on the following pages. Coverage for eligible employees begins January 1, unless you are a new hire or have a Qualifying Life Event. You must sign up by the Initial Enrollment Deadline or forfeit the opportunity until the next plan anniversary date.

Your Vision Insurance Plan allows you to enroll in a payroll-deduction vision program that features doctors who offer flexible hours and office settings, eyewear options, access to the largest national network of private-practice eye care doctors in the industry through the Vision Service Plan (VSP).

How the Plan Works:

VSP's doctor network offers a wide choice of private practice optometrists, ophthalmologists, and opticians. A VSP provider can be located by visiting www.vsp.com or by calling VSP's Member Services department at **(800) 877-7195**.

If you visit an in-network provider for services and materials, you don't need an ID card or have forms to complete. If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount to the provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

Using your Vision Benefit:

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required! If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call VSP at (800) 877-7195 for more details. Dependents are qualified to be covered under your vision plan until the age of 26.

Limitations:

In no event will the coverage exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Vision Insurance Schedule. The allowance for lenses shown in the Vision Insurance Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses. Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period. The plan is designed to cover visually necessary materials rather than cosmetic materials.

When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options: optional cosmetic processes, anti-reflective coating, color coating, mirror coating, scratch coating, blended lenses, oversize lenses, progressive multifocal lenses, photochromic lenses (tinted lenses except Pink #1 and Pink #2), UV (ultraviolet) protected lenses, certain

limitations may apply to low vision care benefits, a frame that costs more than the plan allowance, contact lenses (except as noted in the Vision Insurance Schedule).

General Exclusions:

Covered vision expenses do not include and benefits will not be paid for the following: orthoptic or vision training and any associated supplemental testing; plano lenses; two or more pairs of glasses in lieu of bifocals or trifocals; medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision Insurance Schedule; materials, services or options not shown in the Visions Insurance Schedule; treatment or materials of an experimental nature.

Vision Insurance

Benefit	Frequency	In-Network Cost	Out-of-Network
Vision Exam- focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	Average 15% off the regular price of 5% off the promotional price Discounts only available from contracted facilities	N/A
Lenses: Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (for lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 24 months	\$130 allowance for frames of your choice and 20% off the amount over your allowance	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained	Up to \$105
Additional Glasses and Sunglasses Discount		30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.	N/A

Life and Accidental Death & Dismemberment (AD&D) Insurance

Goodwill of Western MO and Eastern KS offers eligible employees Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance through two carriers. The product offered for \$10,000 is through USABLE Life. Additional amounts are available through MetLife.

For both of these coverages, be sure to update your beneficiary on an annual basis.

Voluntary Group and Accidental Death and Dismemberment (AD&D) coverage is available to you for purchase through payroll deduction. Voluntary Life insurance can be a way to protect your family in the event of your death, particularly if you have financial obligations such as a mortgage or children in college.

Dependents:

Dependent life insurance is available for eligible dependents, including your lawful spouse (if not disabled or hospital confined on the effective date) and unmarried children (if not hospital confined) from birth to age 26. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.

If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

Voluntary Life Schedule Amounts:

Life insurance coverage is available in \$10,000 units from a minimum of \$10,000 to a maximum of \$500,000, not to exceed 5 times your basic annual earnings.

If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$250,000. If you elect child coverage, your children are eligible to be covered for \$1,000, \$5,000 or \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

Accidental Death and Dismemberment Insurance (AD&D):

The AD&D benefit, if elected, equals the employee or dependent Life amount, to a maximum of \$500,000. You must elect AD&D for yourself in order to elect AD&D for your dependents.

AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident, provided the loss occurs within 365 days of the accident.

The coverage includes:

AD&D Exclusions: We will not pay benefits if the loss results directly or indirectly from war; riot or insurrection; service in the armed forces; physical or mental disease; infection; assault or felony committed by the covered person; suicide or attempted suicide; intentionally self-inflicted injury; the use of any drug, unless it is used as prescribed by a doctor; or your intoxication, including but not limited to operating a motor vehicle while you are intoxicated.

Proof of good health requirements for employees hired on or after the start of the plan year on January 1:

The Guarantee Issue amount for an employee is \$150,000; a spouse is \$50,000; a child is \$10,000. "Guarantee Issue" means the amount of coverage you can purchase without answering proof of good health questions. Guarantee Issue amounts apply to timely eligible applicants. A timely applicant is one who applies for coverage within 41 days from the date that all eligibility requirements are met. If you decline Voluntary Life coverage, you may be required to provide proof of good health to become insured.

Additional Features:

If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement.

Anytime Life insurance is continued under the Waiver of Premium, AD&D insurance will also be continued (and the premium waived) for up to 1 year from the date of disability. Limitations and exclusions apply.

An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$500,000 in the event of a life-threatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.

Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.

A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. AD&D coverage is not eligible for conversion. Limitations and exclusions apply.

For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.

Supplemental Insurance

Goodwill of Western MO and Eastern KS offers eligible employees Accident and Critical Illness coverage through Sun Life. In the following pages you will find detailed summaries of these benefits.

Coverage provided through Sun Life:

- Critical Illness Insurance
 - Helps cover costs associated with cancer, heart attack, kidney failure and stroke
 - Benefits are paid directly to you
- Accident Insurance
 - Pays you cash based off the type of injury you sustain or the type of treatment you need due to an accident
- If you are enrolled, you can login online at www.sunlifeconnect.com to view your Accident and Critical Illness coverage information.

Coverage provided through MetLife:

- Voluntary Short-term Disability
 - Paycheck protection
 - Pays you when you are injured or ill and unable to work

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness. Unlike most life insurance plans, critical illness insurance provides a benefit to you while you are living – and when you may need it most.

Key Advantages of This Plan:

- Benefits are payable directly to you to be spent any way you choose
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable – if you change jobs you can take your coverage with you

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Sun Life Employee Benefits for additional details.

What benefits are provided under this plan?

After your coverage effective date, if you are first diagnosed for a covered critical illness or undergo a covered procedure, you could receive \$10,000. You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit. You can receive benefits from a second procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

Category	Covered Illnesses/Procedures	Percent of Benefit Payable
1	Heart attack, heart failure, stroke Coronary bypass surgery	100% 25%
2	Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma	100%
3	Invasive Cancer Cancer in situ	100% 25%

Recurrence Benefit:

If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category. Note: the recurrence benefit is not payable for Category 3.

Total Benefit:

You could receive up to 350% of your elected amount (100% of the elected amounts in each category as well as the 25% Recurrence Benefit in Categories 1 and 2).

Annual Wellness Screening Benefit- for you and your covered spouse:

If both you and your spouse enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: Blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; chest x-ray; colonoscopy; pap smear; PSA (blood test for prostate cancer); electrocardiogram (EKG); echocardiogram (Echo) and more. In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your or your dependent's doctor.

Dependents:

If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your lawful spouse and any unmarried children under the age of 19, or age 25 if a full-time student. Family members cannot be hospital confined on the effective date of coverage. State variations exist; please contact Assurant Employee Benefits for additional eligibility information.

How much coverage should I buy?

You may elect coverage for yourself in the amount of \$10,000. Coverage for your spouse is available in the amount of \$5,000 and children for \$5,000. The amount of coverage for your spouse and children cannot exceed 50% of your own amount of coverage. Your benefit is subject to a 50% reduction when you turn age 70.

Do I need to answer any medical questions or be examined by a doctor to enroll?

No doctor's exam is required. You do need to complete a simple health questionnaire on yourself and any dependents you wish to cover.

Limitations:

All benefit amounts are subject to a pre-existing condition limitation. A pre-existing condition means an injury, sickness, pregnancy, symptom or physical finding, or any related injury, sickness, pregnancy or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent

became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly from a pre-existing condition unless you or your covered dependent is initially diagnosed with a critical illness or undergo a procedure after 12 consecutive months during which you or your covered dependent is continuously insured under this plan. State variations exist; please contact Assurant Employee Benefits for additional information.

Exclusions:

We will not pay benefits for you or your covered dependent if the critical illness or procedure is related to or resulting directly or indirectly from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant, one in which you or your covered dependent's own bone marrow is used; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means you or your covered dependent's blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane. State variations exist; please contact Assurant Employee Benefits for additional information.

Accident Insurance

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

If you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of This Plan:

- Provides coverage for off-the-job accidents
- Benefits are payable directly to you to be spent any way you choose
- Pays in addition to any other coverage you may have
- No health questions or pre-existing conditions limitations
- Fast and accurate claims service
- Coverage is fully portable – if you change jobs you can take your coverage with you

This is an accident only insurance policy. It provides limited benefits and has some specific benefit limits. It does not pay benefits for sickness or loss from any other cause. Please refer to the issued insurance policy for complete details and all benefit requirements including all limitations, exclusions and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits.

What is the Annual Wellness Screening Benefit?

If you and your dependents enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: Blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; chest x-ray; colonoscopy; pap smear; PSA (blood test for prostate cancer); electrocardiogram (EKG); echocardiogram (Echo) and more. In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your or your dependent’s doctor.

What about coverage for my family?

If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your lawful spouse and any unmarried children under the age of 19, or age 25 if a full-time student. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital. Please inquire about newborn dependent coverage. State variations exist; please contact Assurant Employee Benefits for additional eligibility information.

What benefits are payable for covered Accidents?

Initial Emergency Treatment: *Pays a benefit for an emergency room visit, ambulance transportation for medical treatment of a covered accident and certain other services.*

Ambulance	\$200 \$1,500	Ground ambulance Air ambulance
Accident Emergency Treatment	\$150 \$75	Emergency Room Non-Emergency Room Limited to once each accident and once in any 24-hour period
Major Diagnostic Exams	\$200	Per benefit year
Blood/Plasma/Platelets	\$200	Payable once for any accident

Hospital Care: *Traditional health insurance policies may have deductibles and co-payments associated with hospital stays. The Accident benefits can help cover your out-of-pocket costs resulting from a hospital admission due to a covered accident.*

Initial Accident Hospitalization	\$1,000	Limited to once per benefit year Increases to \$1,500 if immediately admitted to the ICU.
Daily Hospital Confinement	\$250	Not to exceed 365 days
Daily Intensive Care Unit Confinement	\$500	Not to exceed 15 days per Accident Paid in addition to the daily Hospital Confinement Benefit

Accidental Injuries: *Benefits are payable for many injuries.*

Dislocation (Separated Joint)*	Up to \$4,000 Up to \$1,000	Open Reduction (Surgical) Closed Reduction (repair by manipulation) Limited to 2 dislocations per accident If reduction is administered without general anesthesia, 25% of the Closed Reduction benefit is payable
Fractures (Broken bones)	Up to \$5,000 Up to \$2,500	Open Reduction (Surgical) Closed Reductions (repair by manipulation) Limited 2 fractures per accident Chip fractures and other fractures not reduced by Open or Closed Reduction will be payable at 25% of the amount otherwise payable for the Closed Reduction
Emergency Dental Work*	\$200 \$65	Broken teeth repaired with crowns Broken teeth resulting in extractions Limited to 1 benefit per accident
Concussion*	\$100	
Eye Injury	\$300 \$65	Surgical repair Removal of foreign body by a doctor
Lacerations	\$35 to \$500	
Burns	\$1,000 to \$20,000** \$400 to \$2,000** 50% of total burn benefit* payable	Third Degree Burns Second Degree Burns Skin Grafts ** Burn benefit is a fixed amount determined by the surface area burned.

Surgical Care: *Provides a benefit for covered surgical procedures performed within 90 days of the accident*

\$1,250	Open abdominal (including exploratory laparotomy), cranial (head), hernia, or thoracic (chest) surgery
\$625	Repair of tendons and/or ligaments, torn rotator cuffs, ruptured discs, or torn knee cartilages
\$300	Arthroscopy without surgical repair, or miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum injury benefit.
	Miscellaneous surgery limited to one surgery per 24-hour period.

Transportation: *Assists when a covered employee or dependent requires medical care or treatment as prescribed by an attending doctor that is not available within 100 miles of the accident or the covered*

employee's or dependent's residence.

Transportation	\$600	Limited to 3 round trips per benefit year for each covered employee and each covered dependent upon completion of the roundtrip. Excludes ground or air ambulance.
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Lodging Assistance: *If a covered employee or dependent is hospital confined more than 100 miles from the covered employee's or dependent's residence due to an injury, the Accident policy can help with costs.*

Lodging	\$100 per day	Limited to one benefit per day and 40 days per accident per benefit year
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Accidental Death and Dismemberment: *If injury results in death or dismemberment, a lump sum benefit is payable.*

Accidental Death Benefit	\$25,000	Employee
	\$25,000	Spouse
	\$5,000	Child
Common Carrier Death Benefit	\$100,000	Employee
	\$100,000	Spouse
	\$20,000	Child
		Either the accidental death or the common carrier accidental death benefit will be paid, but not both.
Dismemberment	\$750 to \$15,000	Loss of Finger, Toe, Hand, Foot, Arm, Leg, Eye

Follow-up care: *Helps with expenses for additional care or support that might be required after the initial treatment for an accident. Certain benefits may not be payable if provided on the same day.*

Follow-up Treatment*	\$25	Per day, not exceed 6 payments
Physical Therapy*	\$25	Per day, for up to 10 days of treatment
Appliances	\$125	Wheelchairs, leg or back braces, crutches or walkers Limited to one appliance per accident
Rehabilitation Unit	\$150	Per day; limited to 30 days per period of confinement and limited to 60 day per benefit year
Prosthesis	\$500	Limited to one per accident

Serious Accidents: *Serious accidents can result in life changing losses. Benefits are payable for the following conditions as a result of a covered accidental injury*

Coma	\$20,000	
Paralysis	\$50,000	Quadriplegia
	\$25,000	Paraplegia
		Payable only once per lifetime

*Initial treatment must be provided within 72 hours of the accident.

Important Definitions

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- Maintain clinical records on all patients;
- Have every patient be under the care of a doctor;
- Provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse;
- Be licensed or be approved by the state or local licensing agency;
- meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and
- Is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

Exclusions

We will not pay benefits for the covered employee or dependent relating to or resulting from: services or treatment not included in the Schedule; services or treatment for which the covered employee or dependent is not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; services or treatment rendered or hospital confinement outside the United States; or dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an accident. We will not pay benefits for the covered employee or dependent if the accident or injury results, directly or indirectly, from: service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the covered employee's or dependent's blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder or an associated company, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats; participation in mountaineering, operating a glider, bungee jumping or skydiving; operating a taxi or any other delivery service for any kind of compensation or profit; any physical or mental sickness or related complications; or treatment or complications of treatment.

Voluntary Short-Term Disability

Short-term disability insurance is available through MetLife. You may select units of \$50 with a minimum election of \$100 and a maximum election of \$1,000, not to exceed 60% of weekly covered basic pay.

Computing election allowance:

Multiply your basic weekly pay by 60%. Round this amount down to the nearest \$50. This is your maximum benefit amount.

Plan Features:

Benefits begin on the 15th day of disability for accident and the 15th day of disability due to sickness or pregnancy. Pregnancy is covered as any other disability. Benefits are payable to 11 weeks.

Benefits are not subject to federal income tax when premiums are paid with after-tax dollars.

You may qualify for disability benefits by meeting **either** a job test **or** an earnings test.

Job Test: You may qualify under the job test if you are under the regular care and attendance of a doctor, and an injury, sickness or pregnancy prevents you from performing at least one of the material duties of your job.

Earnings Test: You may qualify under the earnings test if an injury, sickness or pregnancy prevents you from earning more than 80% of your pre-disability pay.

Any amount of coverage you elect is available on a **Guaranteed Issue** basis. This means that you do not have to answer any health questions to enroll in this plan.

If you are eligible and choose not to enroll for coverage you are a late applicant under our plan and must wait to enroll during a subsequent annual enrollment period. The normal pre-existing conditions limitation will apply.

This plan includes Rehabilitation benefits which provide services and support initiatives targeted at helping you return to active work.

There is a pre-existing conditions limitation. A pre-existing condition is one for which you have seen a medical practitioner or taken medication in the 3 months prior to your coverage effective date. We will not pay benefits for any disability resulting directly or indirectly from a pre-existing condition unless the disability begins after the earlier of 12 consecutive months ending on or after the effective date of coverage during which you have not consulted with or seen a medical practitioner or received medical care, treatment or services, or taken medication for that condition.

Your benefit may be reduced by disability benefits from retirement or government plans, other group disability plans, no-fault benefits, and return-to-work earnings. The greater of 10 employees or 20% of all eligible employees must be enrolled in the plan for this group policy to remain in force.

We will not pay benefits for any time you are confined to any facility because you were convicted of a crime or public offense. We will not pay benefits for any part of a period of disability during which you are receiving benefits under any Workers' Compensation Act or a similar law. We will not pay benefits for any disability caused by war or any act of war, whether declared or not; intentionally self-inflicted injury; while sane or insane; taking part in or the result of taking part in committing an assault or felony; an injury that arises out of or occurs in the course of any occupation for pay or profit; or a sickness that entitles you to benefits under any Workers' Compensation Act or a similar law. We will also not pay benefits if your employer, the policyholder, or an associated company has offered you the opportunity to return to limited work while you are disabled; you are functionally capable of performing the limited work which is offered; and you do not return to work when and as scheduled.

This coverage has limitations and exclusions. We do not pay for disabilities resulting from a pre-existing condition or a related condition. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.

Flexible Spending Accounts (FSA) & Dependent Care

Flexible Spending Account

Goodwill of Western MO & Eastern KS provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year January 1 – December 31. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

As of 2019, employees are able to carry over \$500 of funds from the plan year, into the next plan year. This is different from the use-it-or-lose-it rule that has previously existed. However, amounts over \$500 will be lost if not used during the plan year that it was designated. All funds must be used by Dec 31, or they will be lost, if over \$500. Consult your Benefits Specialist for the date that claims must be submitted by.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,650. The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

An FSA allows employees to set aside pre-tax dollars for out-of-pocket healthcare expenses. Because the FSA is set up as a tax-advantaged account, participants can experience savings of up to 40% on thousands of eligible everyday expenses (including co-pays, dental and vision expenses, prescription drugs, and many over-the-counter items with a prescription). FSAs are not tied to the health insurance plan itself, meaning that employees can participate in an FSA regardless of whether or not they are covered under the health plan (employer restrictions may apply).

For employees, Ameriflex provides:

- Free debit cards for members and qualified dependents
- Customizable member messaging options (including balance reminders)
- Limited substantiation requests
- E-mail substantiation request available
- Access to highly-trained member services team and life web chat
- Online claims submission available 24/7 through member portal
- Free access to the gold standard eligible expense list
- Exclusive promotions and discounts on FSA-eligible items through FSA Store partnership

Dependent Care Accounts

Save money on daycare expenses with a Dependent Care account offered by Ameriflex.

How it works:

Like most families, you may incur costs for the care of dependent children or seniors. A Dependent Care Account is a type of flexible spending account that helps you save money by allowing you to set aside funds on a pre-tax basis to pay for daycare, in-home child and eldercare services, and more.

What is covered?

You can use the funds in your Dependent Care Account to pay for:

- Daycare
- Before or After-School programs
- Babysitting in your home (that enables you to be employed) by someone who is not your dependent for tax purposes
- Care for a dependent adult that enables you to be employed
- Nanny, nursery school, or pre-school expenses
- Summer day camp
- And more!

For more details about eligible or ineligible expenses, please visit www.myameriflex.com

The Ameriflex Advantage:

- The AmeriFlex Convenience Card automatically synchronizes all of your AmeriFlex flexible benefit accounts, allowing you to access all of your funds with a single debit card.
- If your provider doesn't accept debit cards, AmeriFlex makes the manual claim process easy. File just one dependent care claim each year and AmeriFlex will automatically reimburse you as more funds become available in your dependent care account. If your provider signs or stamps the claim form, no additional documentation is needed!
- View account balances online 24/7 through the AmeriFlex Convenience Portal—you can even submit claims and supporting documentation online with our secure, easy-to-use online Claims Submission option.
- Dedicated Member Services team available via phone or e-mail.

AmeriFlex Online Account Instructions

- Accessing your AmeriFlex account via the Internet:
Go to www.myameriflex.com. Select *Employees* from the navigation area. Next, select *Login* at the top right. Please note that pop-up blockers may need to be disabled in order to access this site.
- To Create an Account
Click on the *New User* button, then sign up! All fields MUST be completed to create an account.
 - For AmeriFlex Convenience Card Holders:
 - Name - enter participants First and Last name
 - Employee ID - enter participant's social security number without dashes
 - Card Number - enter your AmeriFlex Convenience Card number without spaces
 - New User ID - create a username specific to you
 - Password - create a password specific to you
 - Security Word - enter Mother's Maiden Name
 - E-Mail Address - enter your email address

- For Non-Cardholders:
 - Name - enter participants First and Last name
 - Employee ID - enter participant's social security number without dashes
 - Employer ID - this can be obtained by calling AmeriFlex's Customer Service Dept.
 - New User ID - create a username specific to you
 - Password - create a password specific to you
 - Security Word - enter Mother's Maiden Name
 - E-Mail Address - enter your email address
- Your plan information

Select the *My Accounts* tab to view balances in all accounts. You can also view Benefit Account Summary, Benefit Account Details, Transaction History, Reimbursement Requests, Pending Claims, Frequently Asked Questions, and more!

Employee Assistant Plan

Through New Directions, Employees have access to voluntary and confidential services for professional counseling and referral services. This program is fully paid by Goodwill and is available to employees and their families at no cost.

The EAP can help you with a variety of issues, including:

- Day-to-day stresses
- Depression and anxiety
- Difficult life circumstances
- Problems with co-workers or supervisor
- Marital and family issues
- Drug and alcohol issues
- Elder care consultation with an elder care specialist
- Legal consultation with an attorney
- Financial consultation with a professional

The EAP website is also available at www.ndbh.com. To enter the EAP Member Section, use the company pass code (**Goodwill**). While there, check Personal Directions – a substantial resource containing thousands of information articles, planners, assessments, calculators, videos, and national search services for dependent care, legal, and financial services.

Don't forget to sign up for e-Directions, four weekly emails that provide information and motivation about parenting, stress, relationships, and healthy mind/healthy body.

Take advantage of this valuable employee benefit. For help with the day-to-day stressors of life, just pick up the phone and call the New Directions 24/7 Clinical Referral Center at 1-800-624-5544 at any time, day or night. The EAP is available 24/7 to provide confidential assistance.

Questions and Answers:

Q: What will I find at the EAP?

A: Your EAP provides counseling and work/life services to all employees of Goodwill Industries and their immediate family members.

Q: How much do EAP services cost?

A: It's free. Goodwill Industries covers the costs for you to use EAP services. This benefit offers up to 6 face to face or telephonic counseling sessions per issue for you and your

immediate family members.

Q: Who will know if I call the EAP?

A: This program is confidential. No one will know you have used the service unless you give permission to discuss it or if you tell them yourself.

Q: How can the EAP help?

A: We help with a wide range of everyday or unexpected concerns. We provide professional counseling services and we also have a number of resources aimed at your growth and development. Many people call for resources in dealing with:

- Stress
- Depression
- Relationships
- Parenting
- Substance use
- Grief and loss

Q: Who is eligible for EAP services?

A: Beginning January 1st, all employees of Goodwill Industries are eligible for EAP services. You don't need to "enroll" in the program; these benefits are offered to you free of charge as part of Goodwill Industries benefits package. More information about the New Directions EAP program can be found at www.ndbh.com

Q: Are your counselors professionals?

A: Yes, New Directions EAP counselors have a minimum of a master's degree in behavioral health and a state license to provide these services. PROVIDERS ARE NOT EMPLOYED OR ASSOCIATED WITH GOODWILL INDUSTRIES. THEY ARE PART OF NEW DIRECTIONS' AFFILIATE NETWORK.

Q: What if I have a legal concern?

A: You will be referred to an attorney who can assist you. This is part of the benefit offered to you through the New Directions EAP service.

Q: Can you help with financial issues?

A: Yes, we have professional financial advisors available. This is also part of the benefit offered through New Directions to assist you.

Q: What if I need help for an emergency?

A: The EAP Call Center is open 24 hours a day, 7 days a week, 365 days a year. There is always a licensed EAP professional available to help in a crisis.

Q: How do I get in touch with the program?

A: Call New Directions Employee Assistance Program at 800-624-5544

Q: What if I just need some information?

A: You will find valuable information at www.ndbh.com. Your login code is: GOODWILL

The website has thousands of resources covering a wide range of topics including, Family Life, Stress, Finances, Legal, Health and Wellness, Emotional Wellbeing, and Business Management.

Helping Hand Fund

The Helping Hand Fund was created to aid employees who need financial assistance with significant hardship situation and is a benefit FOR employees, funded BY employees. A committee composed of employees representing each division administers the fund. The committee establishes the eligibility requirements, the procedures for the distribution of funds and determines whether the requests meet the established guidelines.

If you would like to become a contributor to the Helping Hand Fund, please contact the Human Resources Department. Contributions to the fund are made via payroll deductions and employees may contribute any amount between 50 cents and \$10 per paycheck. *Contributions are not tax deductible.* Contributing employees will be allowed a 35% discount at any local Goodwill store.

Application Guidelines

1. Complete an application and return it to Human Resources by fax 816.842.7616 or Benefits@mokangoodwill.org.
2. Employees must have been employed 45 calendar days in order to receive a loan from the fund and 6 months in order to receive a grant.
3. Proof that all other means of assistance have been exhausted will be required before an application can be submitted (Credit Union, other income in the household, etc.)
4. Documentation showing the significant hardship must accompany the application.
5. Consideration will be given to the sustainability of the support. For example, assisting in temporary shelter for one night may not help the employee with a sustainable solution. However, assistance toward helping secure a deposit may be deemed more beneficial.
6. Examples of a significant financial hardship situation which would be considered for a loan or grant include:
 - A. Extended illness and/or uncovered emergency hospital bills that create an established hardship.
 - B. Expenses incurred as a result of the death of an immediate family member (Spouse, Mother, Father, Sister, Brother, or Child).
 - C. Accidents, Fire, Flood, Theft, etc.
 - D. Utility expenses, when the employee's life or security may be in jeopardy. Electric and/or gas bills with the threat of a service discontinuation are examples.
7. As the fund cannot meet every need scenario, there are some requests that are determined not to meet the eligibility requirements. Those requests will not be considered. Examples of requests that do not meet eligibility requirements may include, but are not limited to:
 - A. Wants versus established needs
 - B. Restructuring current debt
 - C. Overdue bills for utilities that are not life or security sustaining (cable or other)
 - D. Support in obtaining a residence, car or other similar need when a hardship has not been established
8. An employee is only eligible for one grant or loan during a one-year period. A second request for a grant or loan will not be considered within one year of a first grant or loan.
9. Only contributing employees will be eligible for a grant, although it will not be guaranteed. Non-contributing employees are eligible for a loan. Repayment of a loan is by payroll deduction, the term may not exceed one year from the date of the loan. The committee may award any amount up to the requested amount. Employees who would like to receive a grant must contribute to the fund for at least three months in order to be eligible.

10. All grant or loan checks issued must be for a minimum amount of \$200.00 and will be made payable to a third party involved; checks will only be made payable to a business entity not to an individual person. Examples: electric company, a pharmacy, auto repair shop, apartment complex or landlord, funeral home, etc.
11. Requests will be kept strictly confidential. No names of applicants will be revealed to the general committee members. VP of Human Resources and/or the Chairperson are the only people with access to the name of the applicant.
12. An explanation of approvals, denials and repayment terms will be provided to the Applicant and must be signed.

All Decisions of the Helping Hand Fund Committee are final once approved by the Chairperson.

Paid Time Off (PTO) Policy

Purpose

The Agency awards PTO to employees on a per-payroll basis to allow employees to take time away for illness or personal reasons with the peace of mind that no income will be lost for that time off.

Eligibility

PTO is eligible to all full-time employees immediately after hired and part-time employees after one year of service.

Using PTO

PTO may be used if the employee has accrued time available. Employees should submit PTO requests on the approved form and provide two weeks' notice to the supervisor when PTO is planned. PTO for unplanned or last minute requests may be approved at supervisor discretion. Supervisors are to take Agency and business needs into consideration when approving requests. Hourly staff may use PTO in 1 hour increments; salaried staff may use PTO in half-day (4 hour) increments. If an employee takes time off and does not have PTO to cover the absence, it will be time off without pay. Actual time worked plus PTO taken must be less than 31 hours for part-time hourly employees, 41 hours for full-time hourly employees or no more than 5 regular work days for salaried employees. For example, if the actual hours worked during the week for a full time hourly employee are 35.5, and the employee had previously approved PTO planned for 8 hours, then only 5 hours are to be submitted for the week. This would result in a total of 40.5 compensable hours.

PTO and FMLA

PTO time will run concurrently with any unpaid time used during an employee's Family Medical Leave Act (FMLA).

PTO banks at the end of the year

If an employee has unused PTO at the end of the calendar year, it will be able to be rolled over into their PTO bank for the following year according to the chart below. The amount eligible for rollover directly relates to the employee's tenure. If the amount of unused time exceeds the amount allowed to roll over, the employee may place unused time in a "sick bank" (see below).

Payment of unused PTO time at termination

Unused PTO will be paid to an employee upon separation from the Agency when a written 2-week notice of resignation is given. Time will not be paid when an employee is terminated for

cause or leaves without a 2-week written notice. Unused PTO time will be paid on the employee's final paycheck in most cases. The final 2 weeks must be worked unless agreed upon in advance by senior management. Executive staff will be required to give 3 week notice.

Entering PTO and Holiday hours for payroll

For administrative employees, holidays and PTO should be logged according to the following guidelines:

- Holidays that fall on a M-Th will result in 8 hours of pay for FT and 5 for PT. Holidays on Friday will be 6 hours and 4 hours, respectively. If this results in weekly hours falling below 40, additional hours can be worked during the remainder of the week up to 40.
- PTO should be logged according to the scheduled workday. For salaried employees, if half a day is taken PTO should be used. However, when logging PTO no single day should reflect a combination of work and PTO greater than 8.5 hours Mondays through Thursdays and 6 on Friday.

Sick bank

The sick bank is PTO time that was unused by an employee the previous year. This bank is meant to be a short-term disability (STD) fund for employees to allow for paid time off during FMLA-qualifying events that will require the employee to be gone at least 3 days. This bank of time may be used in lieu of PTO and unused time in their bank will not be paid upon separation from the agency.

Cashing out PTO

Employees will be eligible each year to cash out up to 10 days (or 80 hours) of PTO. This is allowed once per calendar year between January 1st and November 15th. All PTO is cashed out on a 2-for-1 ratio, which means 2 days of PTO have to be given to equal 1 day of cash-out. Requests should be made through the Finance office. Ability One employees are not eligible to cash out vacation hours, per contract guidelines.

Class	Eligibility	Years of Service	Accrual per pay period	Annual amount awarded	Amount that can be rolled over into next year's PTO	What happens to remaining PTO	Maximum bankable hours
PTO A Part-Time Employees	PTO accruals begin Following one year of employment	0-1	0 hrs		0-10 yrs tenure Up to 10 days	Sick bank (STD)	No maximum in either PTO bank or sick bank (STD)
		1+	2.15 hrs	7 days	10-20 yrs tenure Up to 15 days	Cash out option of 2 for 1 PTO (up to 10 days) PTO Jan. 1 – Nov. 15	
					20+ yrs tenure Up to 20 days		
PTO B Full-Time Employees	Accruals begin immediately after hired. (30+ hours per week)	0-1	3.69 hrs	12 days			Same
		2-4	5.23 hrs	17 days	Same	Same	
		5-7	6.77 hrs	22 days			
		8-9	8.31 hrs	27 days			
		10+	9.23 hrs	30 days			

PTO C Retail Management (with required 45 hour work week)	Accruals begin immediately after hired.	0-1	4.27 hrs	13.87 days	Same	Same	Same
		2-4	5.81 hrs	18.87 days			
		5-7	7.35 hrs	23.88 days			
		8-9	8.89 hrs	28.88 days			
		10 +	9.81 hrs	31.87 days			

Holidays

Holiday Schedule – Non Retail

**Ability One will follow a different holiday schedule*

New Year’s Day

MLK Day

Memorial Day

July 4th

Labor Day

Thanksgiving

Day after Thanksgiving

Christmas Day – December 25th

Holidays – Retail

Part-Time Employees will receive 5 hours Full-Time Employees will receive 8 hours:

Birthday

Easter

Employee’s Anniversary Date

Thanksgiving

Christmas

Details about Retail/Admin Holidays

For employees following a Monday - Friday schedule, if a holiday falls on a Saturday, it will be observed on the previous Friday. If it falls on a Sunday, it will be observed the following Monday. To qualify for holiday pay, an employee must work the scheduled shift before and after a holiday, unless excused. In the event an employee works on a scheduled holiday, they will be paid time and a half. Employees who do not work will be paid straight time for the day of the holiday. Full-time employees will receive 8 hours of holiday pay and part-time employees will receive 5 hours of holiday pay.

Ability One Vacation and Holidays

All Ability one employees receive up to 10 vacation days after being employed with the agency for one year. These vacation days do not roll over from year to year, but each employee is paid any remaining vacation hours on their anniversary. Please refer to your handbook for updated and complete information. Below is the Ability One Vacation Annual Amounts considering years of service. There is no waiting period for holiday pay.

Eligibility	Years of Service	Annual Amount	How and when this is awarded?	What if I don’t use all	What happens to it if I leave
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		<i>Awarded</i>		<i>my vacation?</i>	<i>the agency?</i>
<i>No minimum number of hours. All employees are eligible.</i>	<i>1-7</i>	<i>10 days</i>	<i>Vacation time is awarded on each anniversary date and is pro-rated based on the number of hours worked each week.</i>	<i>Vacation needs to be used within 12 months. If not, remaining vacation will be paid out.</i>	<i>If you leave the Agency, you will be paid any unused vacation time as of the date of separation.</i>
	<i>8-14</i>	<i>15 days</i>			
	<i>15+</i>	<i>20 days</i>			
<i>Vacation will be calculated utilizing the following method: The most recent 12 months of pay history (anniversary date to anniversary date) will be used to calculate the average number of hours per week for vacation time. The total of these 26 pay periods will be divided by 52 to get the weekly average, and each employee will get 2 weeks of hours for 10 days of vacation, 3 weeks for 15 days of vacation, and 4 weeks for 20 days of vacation.</i>					

Vacation may be used if the employee has accrued time available. Employees should submit vacation requests on the approved form and provide two weeks' notice to the supervisor when Vacation is planned. Vacation for unplanned or last minute requests may be approved at supervisor discretion. Supervisors are to take Agency and business needs into consideration when approving requests.

Hourly staff may use vacation in 1 hour increments; salaried staff follow the agency PTO guidelines. If an employee takes time off and does not have vacation hours to cover the absence, it will be time off without pay. Actual time worked plus vacations hours should not exceed regular work schedule.

Unused Vacation will be paid to an employee upon separation.

Holidays

Ability One follows the federal holiday schedule as seen below. If a holiday falls on a Saturday, it will be observed on the previous Friday. If a holiday falls on a Sunday, it will be observed on Monday.

New Year's Day
 Martin Luther King, Jr. Day
 President's Day
 Memorial Day
 Independence Day
 Labor Day
 Columbus Day
 Veterans Day
 Thanksgiving Day
 Christmas Day

Ability One Vacation and Holidays

Sick pay hours are loaded on April 1st of each year and available through March 31st of the following year. Sick Leave hours are determined based on the average hours worked on annualized basis each week. Sick leave hours will be pro-rated based on the date of hire and remaining weeks in the year.

Full Time employees who average 35-40 hours per week will have 56 hours per year.
Part Time employees who average 25-28 hours per week will have 39 hours per year.
Part Time employees who average 18-20 hours per week will have 28 hours per year.
Part Time employees who average 12 hours per week will have 17 hours per year.

Use of Paid Sick Leave

Employees may use paid sick leave in increments as small as one hour. An employee's request to use paid sick leave may be made orally or in writing. A leave request must be made at least 7 calendar days in advance where the need for the leave is foreseeable, and in other cases as soon as is practicable. Certification for absences of three or more consecutive full days is required. The employee must have received notice of the requirement to provide certification or documentation before he or she returns to work.

An employee may use paid sick leave for an absence resulting from: (i) physical or mental illness, injury, or medical condition of the employee; (ii) obtaining diagnosis, care, or preventive care from a health care provider by the employee; (iii) caring for the employee's child, parent, spouse, domestic partner, or any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship who has any of the conditions or need for diagnosis, care, or preventive care described in (i) or (ii); or (iv) domestic violence, sexual assault, or stalking, if the time absent from work is for the purposes described in (i) or (ii) or to obtain additional counseling, seek relocation, seek assistance from a victim services organization, take related legal action, or assist an individual related to the employee as described in (iii) in engaging in any of these activities.

Unused sick leave is not payable upon termination.

Bereavement Leave

Bereavement leave consists of up to 5 paid days off per year for immediate family only. Up to 3 days will be granted for grandparent, grandchild, parent-in-law or daughter/son-in-law. Up to 5 days will be granted for child, step-child, spouse, domestic partner, sibling, parent or step-parent. No wait period is required.

Retirement Accounts

A 403(b) plan allows you to contribute a portion of your compensation on a pre-tax basis in order to save for your retirement. You have the right to elect to defer a portion of your compensation and contribute the amount to Goodwill's 403(b) plan. These contributions are known as "elective deferrals" and will help ensure that you will have funds to provide yourself with an income during retirement. Contributions are made to the plan by payroll deduction. If you are already contributing to the 403(b) plan, you may want to increase your deduction. *Plan details can be found in the Summary Plan Description on-line or available in HR.*

Benefits of contributing to the plan

The pre-tax elective deferrals that you make to the plan now are not taxed until you withdraw them. This means you are lowering your taxable income now, and will potentially lower the amount of income tax you will pay on those funds at the time of withdrawal when you may be in a lower tax bracket. Both your pre-tax elective deferrals and earnings grow tax-free until they are withdrawn.

Enrolling

To enroll you will need to make an election regarding how much of your compensation you wish to defer to the 403(b) plan. You will also need to determine where you want to invest your contributions. You will need to go on-line to Principal.com or call 1-800-547-7754 in order to enroll. *You can change your election at any time during the plan year. Funds are held and managed by The Principal Financial Group.*

Changing deferral amount

Once you are enrolled, you may access your account any time at www.principal.com to make any changes. This is the only way changes to your account can be made.

Contribution amount limitations

In 2019, you can make elective deferrals up to \$19,000. This amount is subject to cost of living increases established by the government and will increase over time.

If you will be age 50 or older sometime during the calendar year, you are eligible to contribute an additional amount that is known as an “age 50 catch-up contribution”. The limit on the age 50 catch-up contributions is \$6,000 and can be contributed on top of the deferral limit of \$18,000. Consequently, participants eligible to make the age 50 catch-up contributions can contribute up to \$25,000 to the 403(b) Plan for the 2019 calendar year.



Agency contribution match

After you have been employed a year the Agency will match your contribution dollar-for-dollar up to 4% of your salary. This match will begin the first payroll following your first anniversary with the Agency and is subject to the Vesting Schedule

Borrowing against retirement account

You may take out loans from your 403(b) account under the following parameters:

- Interest rate of Prime +2% will be charged
- Loans must be at least \$1,000.00
- There are no restrictions on the reason for the loan
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- Hardship withdrawals are permitted, provided that IRS guidelines are met

	<p>Contact for questions about benefits and enrollments</p>	<p>(816) 842-7425 Extension 252 benefits@mokangoodwill.org www.mokangoodwill.org/benefits</p>
	<p>Contact for questions about claims, issues, and coverage</p>	<p>Kara Vincent (913)754-5927 kvincent@trussadvantage.com</p>
<p>Blue Cross Blue Shield of Kansas City</p>	<p>Medical</p>	<p>Medcial: 888-989-8842 or 816-395-2950 SpiraCare Medical 913-297-7472 Pharmacy: 816-395-2176 www.bluekc.com www.Spiracare.com</p>
<p>Delta Dental of Kansas</p>	<p>Dental</p>	<p>800-733-5823 www.deltadentalks.com</p>
<p>SunLife</p>	<p>Vision, Voluntary Benefits</p>	<p>800-733-7879 www..slfserviceresources.com</p>
<p>USABLE</p>	<p>Basic Life/AD&D</p>	<p>800-370-5856 www.usablelife.com</p>
<p>MetLife</p>	<p>Voluntary Life/AD&D, Disability</p>	<p>800-638-5433 www.metlife.com</p>
<p>Ameriflex</p>	<p>Flexible Spending Account</p>	<p>888-868-3539 www.myameriflex.com</p>
<p>New Directions Behavioral Health</p>	<p>Employee Assistance Program</p>	<p>800-528-5763 www.ndbh.com</p>

