



# 2024 BENEFITS GUIDE

JANUARY 1, 2024 – DECEMBER 31, 2024



# Welcome!

Thank you for choosing to be a part of the Goodwill of Western Missouri & Eastern Kansas (MoKan GW) team. Here at MoKan GW our mission is to empower people to discover their potential and adapt for the future through the power of work. Part of that journey with MoKan GW is to offer you and your family a variety of benefits opportunities to help address the needs to you and your family, as eligible.

Thank you for your ongoing commitment to the success of our organization. We are proud to include each of you as part of the Goodwill family. Please take the time to review this entire packet and know that our team of benefits consultants is here to support you through this process.

## What's Inside...

Medical .....	5
Dental .....	17
Vision .....	17
Employer Paid Benefits.....	18
(EAP) Employee Assistance Program...	19
Voluntary Benefits.....	20
Goodwill Benefits .....	25
Contact Information .....	32

How to Enroll	
OPEN ENROLLMENT	Changes outside your new hire period and a qualifying life event can be made once a year when the company policy renews. Everyone who is eligible for benefits, with or without coverage, is required to complete the enrollment process. If you do not complete the process, your previous year coverages will become inactive and no longer valid.
HOW TO ENROLL	Log into <a href="http://www.paycor.com">www.paycor.com</a> through your employee sign-on. Go to your home page and select People / Benefits from you left menu to view and select your benefits.
REQUIRED INFORMATION	When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The IRS requires the company to report this information each year to show that you and your dependents have coverage. The information will be securely transmitted to the IRS.

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.*

# What are my eligibility options for coverage?

<b>NEW HIRE</b>	<i>You must complete the enrolment process within 10 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days. If you fail to enroll on time, you will <b>NOT</b> have benefits coverage (except for company-paid benefits.)</i>
<b>NEW HIRE DEPENDENTS</b>	<i>Eligible dependents may also participate beginning on the first of the month following 30 days; eligible dependents include your legally married spouse, domestic partners, your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions apply.) Disabled children age 26 or older who meet certain criteria may continue on your health coverage.</i>
<b>QUALIFYING LIFE EVENT</b>	<i>Due to IRS regulations, you cannot change your elections until the next annual open enrollment without a qualified life event. A documented qualifying life event to change coverage must be submitted to the carrier within <b>30 days</b>. This includes involuntary loss of other coverage, marriage, divorce, birth or adoption of a new child, dependent child ages out of eligibility or gains coverage elsewhere, death of spouse, an employee who gains access to state coverage under Medicaid or CHIP. Documentation may be required.</i>

## Medical Plans Overview

MoKan Goodwill is proud to offer you a choice of 3 medical plans that provide comprehensive medical prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

**Spira Care EPO** – SpiraCare is built on an Exclusive Provider Organization (EPO) insurance model. While this plan is ideal for members who utilize the no-additional-cost primary and pediatric care at the Care Centers, members still have access to more than \$3,000 provides in the Blue Select Plus Network. Members also have nationwide coverage of the BlueCard network outside the 32 county area.

**Blue Select Plus PPO** - This is a plan with premium savings, but still utilizing the BlueSelect Plus Network savings. This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out of pockets costs if you choose a provider who participates in the BlueSelect Plus Network. The calendar year deductible must be met before certain services are covered.

**Preferred Care Blue** – This is a plan design with premium savings, but still utilizing the Blue Network Savings. This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out of pocket costs if you choose a provider who participates in the Preferred Care Blue network. The calendar year deductible must be met before certain services are covered.

## Plan Definitions

**Annual Deductible** – You must meet the entire annual deductible before the plan starts to pay for non-preventative medical and prescription drug expenses.

**Coinsurance** – Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.

**Out-of-Pocket Maximum** – Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.



# Welcome to Goodwill of Western Missouri and Eastern Kansas!

## EMPLOYEE BENEFITS



We are excited to have you join our organization! The following provides an overview on eligibility requirements, enrollment instructions and the benefits available to you and your family.

1

### WHO IS ELIGIBLE?

- Full-time employees working 30 hours per week
- Part-time employees working 20 hours per week \*
- Benefits are effective first of the month following 30 days of employment

#### Eligible dependents are defined as follows:

- Legally married spouse
  - Dependents up to age 26
  - Domestic partner, opposite or same sex, subject to Goodwill's Domestic Partner Guidelines
  - Domestic partner's child(ren) living with employee up to age 26
- Employees who are covering dependents under their health plan will be required to provide documents to verify eligibility of those dependents prior to coverage becoming effective under the plan.

2

### BENEFIT OFFERINGS

At Goodwill, we offer the following suite of benefits per qualification:

- Employee Assistance Program (EAP) \*
- Employee Discount \*
- Holidays, Paid Time Off (PTO) and Volunteer Time Off (VTO) \*
- Paid Parental Leave
- Group Life Insurance and AD&D Coverage
- Education Assistance Program
- Long Term Disability

#### Voluntary Benefits:

- Medical, Dental, and Vision Coverage
- Short Term Disability
- Accident, Critical Illness Coverage\*
- Hospital Indemnity
- Voluntary Life Insurance\*
- Flexible Spending Account (FSA) \*
- Helping Hand Fund \*
- Pet Insurance\*
- Retirement Savings Plan 403(b) / 401(a) \*
- 4% match after one year
- Vesting: 50% after 1 year / 100% after 2 years

3

### ENROLLMENT DETAILS

1. **Eligibility:** New employees are eligible for benefits the first of the month following 30 days of employment. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

My Benefits Enrollment is Due By:

2. **To Enroll:** Log into [www.paycor.com](http://www.paycor.com) through your employee sign-on. Go to your home page and select People / Benefits from your left menu to view and select your benefits.
3. **More Details:** Benefits information can be accessed on our website at [www.mokangoodwill.org/workfor-goodwill/your-benefits](http://www.mokangoodwill.org/workfor-goodwill/your-benefits).



Questions? Contact MoKanGW Total Rewards at [Benefits@mokangoodwill.org](mailto:Benefits@mokangoodwill.org) or  
(816) 842-7425 x300 or Bukaty Companies: MacKenzie Hobbs  
[mhobbs@bukaty.com](mailto:mhobbs@bukaty.com)

Please note: This communication is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this communication and the Plan Documents, the Plan Documents will govern.  
\*Part-time employees may be eligible based on qualifications.

# Medical Benefits at a Glance



Kansas City

We are proud to offer you a choice of 3 medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. The below is a brief description of each plan.

BCBS of KC	Spira Care EPO	Blue Select Plus PPO	Preferred Care Blue PPO
Calendar year deductible Individual/Family	\$750 / \$1,500	\$750 / \$1,500	\$2,000 / \$4,000
Coinsurance BCBS pays: You pay:	100% 0%	90% 10%	90% 10%
Out of pocket maximum (includes deductible, coinsurance & copays) Individual/Family	\$750 / \$1,500	\$2,000 / \$4,000	\$3,000 / \$9,000
Office visit copays: Primary Care Specialist Preventive services Virtual Visit (Telemedicine)	No Charge* / Deductible Deductible No Charge No Charge	\$20 Copay \$40 Copay No Charge \$20 Copay	\$20 Copay \$60 Copay No Charge \$20 Copay
Lab and X-ray in Physician's office	No Charge* / Deductible	Deductible; Coinsurance	Deductible; Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible	Deductible; Coinsurance	Deductible; Coinsurance
Urgent Care (Office Visit only)	No Charge* / Deductible	\$40 Copay	\$60 Copay
Emergency Room	Deductible	\$200 Copay + Ded; Coinsurance	\$200 Copay + Ded; Coinsurance
Hospital Services: Inpatient coverage Outpatient Surgery	Deductible Deductible	Deductible; Coinsurance Deductible; Coinsurance	Deductible; Coinsurance Deductible; Coinsurance
Mental Health and Substance abuse: Inpatient Outpatient (Office visit)	Deductible No Charge* / Deductible	Deductible; Coinsurance Deductible; Coinsurance	Deductible; Coinsurance Deductible; Coinsurance
Pharmacy / Retail (30 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 Copay \$50 Copay Deductible	\$5 Copay \$30 Copay \$50 Copay	\$5 Copay \$30 Copay \$50 Copay
Pharmacy / Mail order (90 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 Copay \$125 Copay Deductible	\$12.50 Copay \$75 Copay \$125 Copay	\$12.50 Copay \$75 Copay \$125 Copay
Network	BlueSelect Plus Spira Care Network	Blue Select Plus Network	Preferred-Care Blue

**\*These services are provided at no charge to the member if performed at a Spira Care Center**

- Out of Pocket Maximum included deductible, coinsurance and copays
- Copay amounts shown in the above chart represent what the member is responsible for paying
- If you use an out of network provider, you will be responsible for any charges above the maximum amount



**MoKan GW will contribute a monthly allowance toward the cost of medical premiums. Please see the BCBS of KC Summary of Benefits and Coverage for a full description of this plan.**

## Spira Care explained

### Care guides

These personal guides are there to support your health journey with just one phone call. Some of the services that they can provide are helping you understand costs, your benefits, the rationale behind your doctor's diagnosis and tests ordered, scheduling an appointment with the most appropriate provider and when it is time to see a specialist.

### First rate doctors and care team

These physicians are "member-centric" experts who are dedicated to your ongoing health and wellbeing. Each center employs doctors, nurses, physician assistants, care guides, x-ray and lab technicians who work together as a team to provide you seamless and comprehensive care.

### Online tools

Spira Care's online tools make it easy for you to manage your health and health benefits. Schedule appointments, see your test results, send secure messages to the care team, view your medications and set up appointment reminders. You can also access your benefits, view your claims, print or email your ID card and find an in-network provider or pharmacy.

### Who should enroll?

The Blue Select Plus network is available to members who live in one of these 12 counties:

- Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, & Caldwell
- Kansas: Johnson, Wyandotte

## Medical: Spira Care EPO

Spira Care Plan	Network	Non-Network
EPO	Exclusive Provider Organization (EPO) Members must receive all care from in-network providers except for emergency services. Non-emergency services received out of network will not be covered.	
Calendar year deductible Individual/Family	\$750 / \$1,500	Not Covered
Out of pocket maximum Individual/Family	\$750 / \$1,500	Not Covered
Coinsurance BCBS pays: You pay:	100% 0%	Not Covered Not Covered
Office visits: Primary Care ( <b>Spira Care / PCP</b> ) Specialist Preventive services Virtual Visit (Telemedicine)	No Charge* / Deductible Deductible No Charge No Charge	Not Covered
Pharmacy/Retail (30 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 Copay \$50 Copay Deductible	Not Covered
Pharmacy/Mail order (90 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 Copay \$125 Copay Deductible	Not Covered
Urgent care facility ( <b>Spira Care / PCP</b> )	No Charge* / Deductible	Not Covered
Inpatient hospital care	Deductible	Not Covered
Outpatient hospital care	Deductible	Not Covered
Outpatient lab services ( <b>Spira Care / PCP</b> )	No Charge* / Deductible	Not Covered
Outpatient surgery and scopes	Deductible	Not Covered
Emergency room care	Deductible	Paid as in-network (True Emergencies Only)
Lifetime maximum	Unlimited	Not Covered
Network	BlueSelect Plus Spira Care Network	Not Covered

**\*These services are provided at no charge to the member if performed at a Spira Care Center. Outside of the Kansas City area, this plan utilizes the Blue Card network.**

- Out of Pocket Maximum included deductible, coinsurance and copays
- Copay amounts shown in the above chart represent what the member is responsible for paying
- If you use an out of network provider, you will be responsible for any charges above the maximum amount

# Medical: Blue Select Plus PPO



	Blue Select Plus Network	Non-Network
Calendar year deductible Individual/Family	\$750 / \$1,500	\$1500 / \$3,000
Out of pocket maximum Individual/Family	\$2,000 / \$4,000	\$6,000 / \$12,000
Coinsurance BCBS pays: You pay:	90% 10%	70% 30%
Office visits: Primary Care Specialist Preventive services Virtual Visit (Telemedicine)	\$20 Copay \$40 Copay No Charge \$20 Copay	Deductible; Coinsurance Deductible; Coinsurance Deductible; Coinsurance N/A
Pharmacy/Retail (34 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$5 Copay \$30 Copay \$50 Copay	50% Coinsurance plus: \$5 Copay \$30 Copay \$50 Copay
Pharmacy/Mail order (35-102 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$12.50 Copay \$75 Copay \$125 Copay	50% Coinsurance plus: \$12.50 Copay \$75 Copay \$125 Copay
Urgent care facility (Office visit only)	\$100 Copay	Deductible; Coinsurance
Inpatient hospital care	Deductible	Deductible; Coinsurance
Outpatient hospital care	Deductible	Deductible; Coinsurance
Outpatient lab services	No Charge	Deductible; Coinsurance
Outpatient surgery and scopes	Deductible	Deductible; Coinsurance
Emergency services	\$200 Copay then Deductible; Coinsurance	Paid as In-Network (True Emergencies Only)
Lifetime maximum	Unlimited	
Network	Blue Select Plus / Blue Card	n/a

**Outside of the Kansas City area, this plan utilizes the Blue Card network.**

- Out of Pocket Maximum included deductible, coinsurance and copays
- Copay amounts shown in the above chart represent what the member is responsible for paying
- If you use an out of network provider, you will be responsible for any charges above the maximum amount

**MoKan GW will contribute a monthly allowance toward the cost of medical premiums.**

**Please see the BCBS of KC Summary of Benefits and Coverage for a full description of this plan.**

## Blue Select Plus Network Blue

Select+ is a high-performance network of health care providers specially designed to provide affordable access to quality care across the metro area. With this Select network, your premiums will be lower based on the discounts Blue Cross Blue Shield of Kansas City (Blue KC) has negotiated with these health insurance providers.

### Who should enroll in a Blue Select Plus Plan

Blue Select+ is designed for employees who reside and receive health care in Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray and Caldwell counties in Missouri, and Johnson and Wyandotte counties in Kansas.

### What providers and hospitals do I have access to?

Seek care from your choice of more than \$3,600 high-quality providers and ten top hospitals in the six-county Blue Select+ network. The network includes these participating hospitals in the Greater Kansas City area:

- AdventHealth
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman Medical Center
- University of Kansas Health Hospital
- Western Missouri Medical Center



**MoKan GW will contribute a monthly allowance toward the cost of medical premiums. Please see the Summary of Benefits and Coverage for a full description of this plan.**

**When to go to the E.R., when to go to the Urgent Care, or when to use Virtual Care:**

#### **E.R.:**

- Life or limb threatening
- Sudden loss of consciousness
- Chest pain / face, leg or arm numbness
- Difficulty speaking
- Severe shortness of breath
- High fever with stiff neck or mental confusion
- Coughing or vomiting blood
- Wound that won't stop bleeding
- Major injuries

#### **Urgent Care:**

- Sprains or strains
- Bumps and scrapes
- Cough, sore throat
- Ear or sinus pain
- Eye swelling or irritation
- Minor fever
- Minor allergic reactions
- Animal bites
- Stitches
- X-Rays
- Back pain

#### **Virtual Care:**

- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Burning with Urination
- Cold Sores
- Pink Eye
- Minor Fever, Colds
- Rashes, Minor Burns

## **Medical: Preferred Care Blue PPO**

	<b>Preferred Care Blue Network</b>	<b>Non-Network</b>
Calendar year deductible Individual/Family	\$2,000 / \$4,000	\$3,000 / \$6,000
Out of pocket maximum Individual/Family	\$3,000 / \$9,000	\$12,000 / \$24,000
Coinsurance BCBS pays: You pay:	90% 10%	90% 10%
Office visits: Primary Care Specialist Preventive services Virtual Visit (Telemedicine)	\$20 Copay \$60 Copay No Charge \$20 Copay	Deductible; Coinsurance Deductible; Coinsurance Deductible; Coinsurance Deductible; Coinsurance
Pharmacy/Retail (30 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$5 Copay \$30 Copay \$50 Copay	50% Coinsurance plus: \$5 Copay \$30 Copay \$50 Copay
Pharmacy/Mail order (90 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$12.50 Copay \$75 Copay \$125 Copay	50% Coinsurance plus: \$12.50 Copay \$75 Copay \$125 Copay
Urgent care facility	\$60 Copay	Deductible; Coinsurance
Inpatient hospital care	Deductible; Coinsurance	Deductible; Coinsurance
Outpatient hospital care	Deductible; Coinsurance	Deductible; Coinsurance
Outpatient lab services	Deductible; Coinsurance	Deductible; Coinsurance
Outpatient surgery and scopes	Deductible; Coinsurance	Deductible; Coinsurance
Emergency room care	\$200 Copay then Deductible; Coinsurance	Paid as in-network (True Emergencies Only)
Lifetime maximum	Unlimited	
Network	Preferred-Care Blue / Blue Card	n/a

**Outside of the Kansas City area, this plan utilizes the Blue Card network.**

- Out of Pocket Maximum included deductible, coinsurance and copays
- Copay amounts shown in the above chart represent what the member is responsible for paying
- If you use an out of network provider, you will be responsible for any charges above the maximum amount





# BLUESELECT PLUS NETWORK (EPO)

Understand the options - *including Spira Care* - as part of your Exclusive Provider Organization (EPO) plan.

BlueSelect Plus is a select network of healthcare providers specially designed to provide affordable access to care in and around the metro area. With this network, your premiums will be lower based on the discounts Blue Cross and Blue Shield of Kansas City (Blue KC) has negotiated with these providers.

## Who should enroll, and what access do I have with the BlueSelect Plus network?

BlueSelect Plus is **available exclusively to members who:**

☒ **Live in one of these twelve (12) counties:**

**Missouri:** Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell  
**Kansas:** Johnson, Wyandotte

☒ **Seek care from any of the 4,100+ providers and 16 hospitals primarily located in these seven (7) counties:**

**Missouri:** Clinton, Clay, Jackson, Johnson, Platte  
**Kansas:** Johnson, Wyandotte

## Which hospitals are in the network?

- AdventHealth College Boulevard
- AdventHealth Shawnee Mission
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Children's Mercy Hospital - South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- **Providence Medical Center\***
- **St. Joseph Medical Center\***
- **St. Mary's Medical Center\***
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health Hospital
- Western Missouri Medical Center

\*These hospitals were recently added to the BlueSelect Plus network.



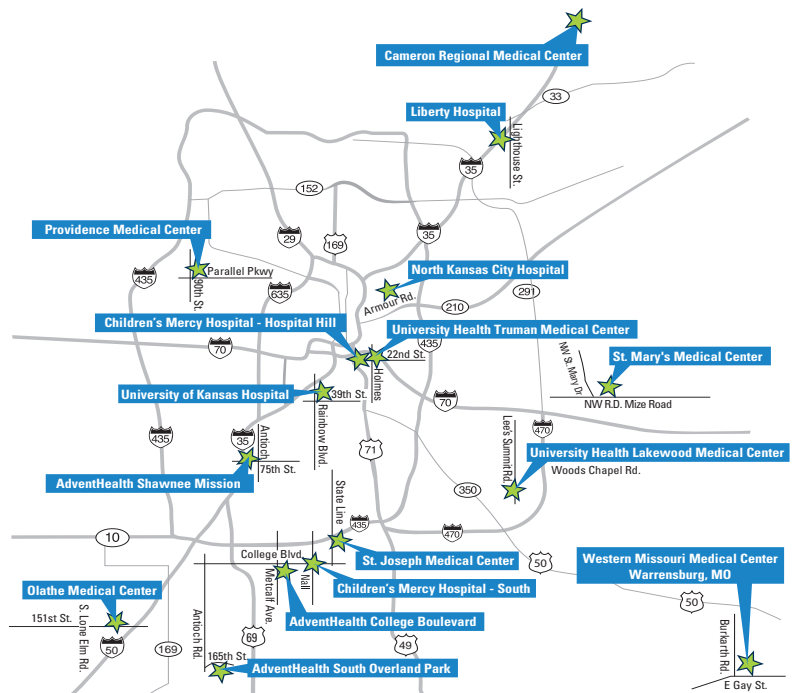
Over 4,100 Providers.  
16 Top Hospitals.



All other hospitals in Blue KC's service area are considered out of network.



BlueSelect Plus also includes specialty hospitals Ascentist Healthcare and Kansas City Orthopedic Institute and over 50 Ambulatory Surgical Centers (ASC). ASCs are modern care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures, and may be more cost effective. To learn more about all providers in the BlueSelect Plus network visit [MyBlueKC.com](http://MyBlueKC.com) or call the customer service number on your member ID card.



## IMPORTANT:

Your employer is offering the BlueSelect Plus on an Exclusive Provider Organization (EPO) plan type, including Spira Care options. Use the following guidelines to better understand the network and your coverage.

## BlueSelect Plus Network (EPO) and BlueCard Network

### BlueSelect Plus Network

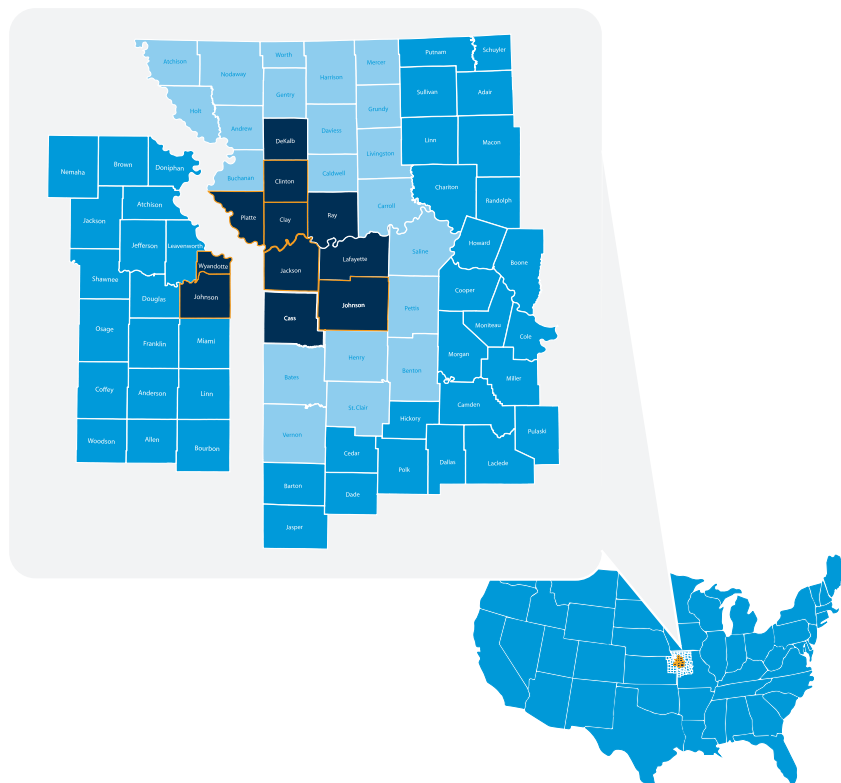
- Provides in-network coverage in the **dark blue** areas of the map. Costs apply toward your annual deductible.
- Hospitals located in the BlueSelect Plus network are located in the seven counties outlined in **orange** (excludes HCA and St. Luke's). Costs apply toward your annual deductible.

### BlueCard

- Offers coverage nationwide, including counties in **medium blue** on the map. Costs apply toward your annual deductible.
- Visit **MyBlueKC.com** to see in-network providers for our medical plans.
- Simply click **Find a Provider**. You will then be prompted to enter information found on your member ID card.

### Out-of-Network

- The areas in **light blue** are out-of-network.



## EPO Plan Type

<b>BlueSelect Plus Network:</b> When receiving care in the BlueSelect Plus network.	You have in-network coverage when using any of the 4,100+ providers and sixteen (16) hospitals in the network. Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out-of-network. †Emergency services are always covered at the in-network cost share. Cost applies toward your annual deductible.
<b>BlueCard:</b> When receiving care in the BlueCard network.	You have access to the BlueCard network which offers coverage nationwide, including counties in light blue on the map. Cost applies toward your annual deductible.
<b>Out-of-Network:</b> When receiving care outside the BlueSelect Plus network within the 32-county Blue KC service area.	<b>EPO:</b> No coverage out-of-network except for emergency services. You will be responsible for 100% of costs associated with any care received out of network.

Out-of-network benefits are subject to the plan's allowable charge. Members with EPO plans receive no out-of-network coverage except for emergency services and will be billed in full.

**Questions?** Please call Blue KC Customer Service at the number listed on your member ID card.

# CARE LIVES HERE



## We Don't Just See Patients. We Look at the Whole Person.

At Spira Care, we put you at the center of everything we do. We foster a partnership between you and your Care Team of doctors, nurse practitioners, and more. We treat you as an individual, not a set of symptoms. We take the time to listen, not rushing you in and out. And we talk with you, not at you.

It's about supporting your health with a full array of primary care services under one roof—without the stress and complexity. It's called advanced primary care. And it's a better healthcare experience.

## You're part of a team.

Advanced primary care is all about working together to help you reach your goals. And a big part of that is your Care Team:

- **Physicians, Physician Assistants, Nurse Practitioners** offering everything from routine care to preventive visits to treatment of illness.
- **Behavioral Health Consultants** to provide brief, focused interventions and consultation sessions and provide referrals as needed.
- **Diabetic Educators** to help you better manage diabetes.
- **Health Coaches** to help you make lasting, positive lifestyle changes like eating healthier and exercising more.
- A **Care Guide** will tie it all together by coordinating care, answering questions, and explaining benefits.

## Eight locations. Unlimited convenience.

- Crossroads
- Lee's Summit
- Liberty
- Olathe
- Overland Park
- Shawnee
- Tiffany Springs
- Wyandotte

## At Spira Care, Our Primary Focus Is *you*.

Experience the difference advanced primary care can make. Set up your **annual preventive visit** or **care appointment**:



Call **913-29-SPIRA (77472)** or visit your patient portal to schedule your appointment.

To learn more about advanced primary care go to:  
[SpiraCare.com/AdvancedPrimaryCare](https://SpiraCare.com/AdvancedPrimaryCare)

Whether you'd rather visit in person or you're more comfortable with a phone or telehealth option, we can connect you to the right care. Go to [SpiraCare.com](https://SpiraCare.com) to learn more about us, about advanced primary care, and how we can support your health journey.

## Spira Care Services

- |   |  |
|---|--|
| <b>Primary Care</b>                         | <b>Health Coaching</b>                               |
| <b>Routine Preventive Care</b>              | <b>Select Generic Prescriptions Filled On-site**</b> |
| <b>Chronic Medical Condition Management</b> | <b>Digital X-Rays*</b>                               |
| <b>Sick Care</b>                            | <b>Routine Lab Draws*</b>                            |
| <b>Behavioral Health Consults</b>           |  |

\*Routine labs and X-rays taken at a Spira Care Center are done based on a primary care need and ordered from a Spira Care provider only. We do not accept or facilitate orders from providers outside a Spira Care Center.

\*\*On-site prescription services for a select and limited number of the top generic prescriptions at your regular copay or deductible level.



# Spira Care Locations



## Kansas City Metro Locations for Spira Care Centers

Learn more about these locations, including extended hours and meet the Care Teams, at [SpiraCare.com](https://www.SpiraCare.com).



### **Spira Care Crossroads**

1916 Grand Boulevard  
Kansas City, MO 64108

### **Spira Care Independence**

3717 S Whitney Avenue  
Independence, MO 64055

### **Spira Care Lee's Summit**

760 NW Blue Parkway  
Lee's Summit, MO 64086

### **Spira Care Liberty**

8350 N Church Road  
Kansas City, MO 64158

### **Spira Care Olathe**

15710 W 135th Street, Suite 200  
Olathe, KS 66062

### **Spira Care Overland Park**

7341 W 133rd Street  
Overland Park, KS 66213

### **Spira Care Shawnee**

10824 Shawnee Mission Parkway  
Shawnee, KS 66203

### **Spira Care Tiffany Springs**

8765 N Ambassador Drive  
Kansas City, MO 64154

### **Spira Care Wyandotte**

9800 Troup Avenue  
Kansas City, KS 66111

## **Q: How do I know if Spira Care is right for me?**

A: This offering is crafted for members looking to simplify and personalize their healthcare experience. If you and your family's health needs in the next year will largely fall within primary care, including routine labs, digital x-rays and routine behavioral health consultations, you can enjoy the peace of mind that comes with choosing a plan with Spira Care, where you'll have the support of a Care Team and assistance with any services needed outside the Care Center and in your plan's network.

## **Q: Are prescription services offered at Spira Care?**

A: We do not have an on-site pharmacy or on-site prescription drug services. If part of your treatment plan includes a prescription medication we will

facilitate prescription services through convenient mail order or at your preferred pharmacy at your regular cost-sharing level.

## **Q: Where can I go for needs beyond what is offered at Spira Care, like specialty care or emergency situations?**

A: Outside of Spira Care Centers you will have access to your plan's network for things like a visit to a specialist or an emergency room where costs are subject to your plan's deductible. It is important for you to understand what hospitals and specialists are in-network based on your plan and costs associated with those services. Please refer to your Summary of Coverage and Benefits available at [MyBlueKC.com](https://www.MyBlueKC.com).

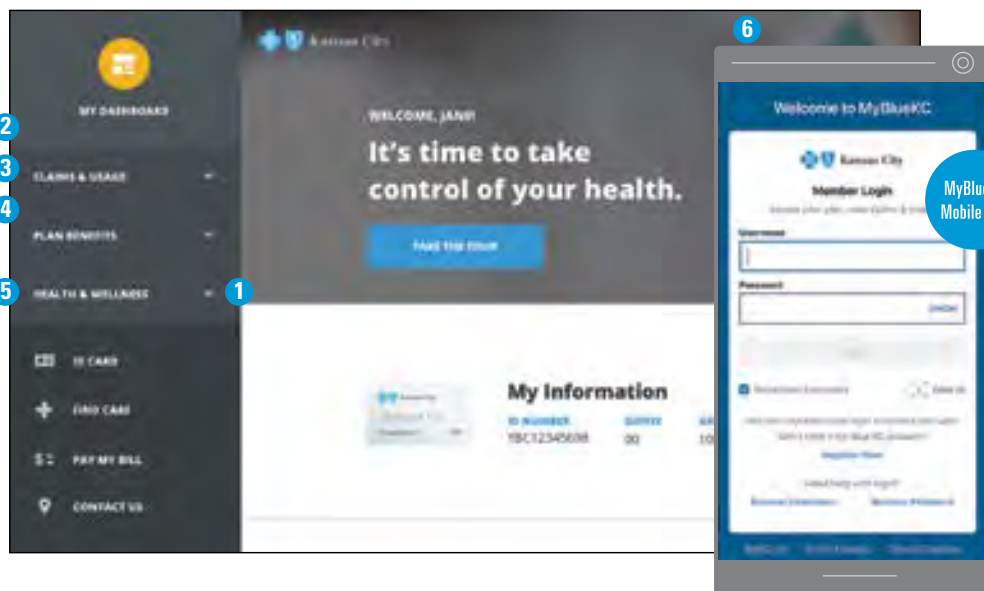




# Your Member Portal On MyBlueKC.com

Please register online at [MyBlueKC.com](https://MyBlueKC.com) or on the MyBlueKC mobile app to take advantage of helpful tools and information.

1. **My Information** – Quickly view, print or email a copy of your member ID card.
2. **Claims & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits, which you receive within approximately 14 days of a claim being processed. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
3. **Plan Benefits** – View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
4. **Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our **A Healthier You™** wellness program and a variety of other programs available.



5. **Find Care** – This is where you can access the Blue KC Doctor and Hospital Finder. See which healthcare providers are covered by your network, and search for ones who can meet your specific needs. From this section you can also search for a pharmacy or dentist.
6. **Contact Us** – Get answers to questions about your Blue KC policy or health insurance in general.

## Register even if you don't have your member ID card using these three easy steps:

1. Go to [MyBlueKC.com](https://MyBlueKC.com) and click **REGISTER**.
2. Click the "I don't have my ID card" link.
3. Follow the instructions—you'll be asked to provide some general information and answer questions to verify your identity.

**NOTE:** Once you've registered online, the same information can be used to access the MyBlueKC mobile app.



Visit [MyBlueKC.com](https://MyBlueKC.com)



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.





# Find A Doctor Or Hospital

Estimate your medical costs and learn ways to save.

At [MyBlueKC.com](https://mybluekc.com), the Blue KC **Find Care**, with the built-in **Cost Estimator Tool**, helps you make more informed decisions about your health.

- Narrow search using filters
- Estimate costs
- Find out networks a provider participates in
- Learn about treatment options
- Understand treatment timelines
- Read and write provider reviews
- Compare providers
- Review doctor quality information

## Get more from your search

Use categories to expand your search and feel more empowered with your healthcare decisions:

### Search by Location

Search by city or ZIP.

### Search by Plan

For current members, your plan's network should display. If it does not, you can find your network name at the top of your Blue KC member ID card.

### Search by Category

- Name of doctor or specialty - Search by first or last name, or a specialty, such as **general practice** or **OB/GYN**.
- Facility name or type of facility - Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

Use categories to estimate your medical costs based on procedure or treatment type, plus ways to save!

### Costs for Procedures

Get cost estimates for medical procedures, such as a **flu shot** or **MRI**.

### Treatment Timelines

Search treatment information for long-term medical conditions that include stages of healing, such as **total knee replacement** or **coronary bypass surgery**.

## Condition Information

Search conditions such as **deviated septum** or **lumbar (low back pain)** and read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.

## To Search as a Guest

Step 1: Visit [BlueKC.com](https://bluekc.com)

Step 2: Select Find Care, in the upper right corner of the page

Step 3: Tell us whether you're getting an employer plan, or shopping for an individual/family plan

Step 4: Select Your Network under the Select a Medical Network dropdown

Step 5: Set Your Location by Zip Code

Step 6: Explore Your Options

\*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines

## Find Care



Visit [MyBlueKC.com](https://mybluekc.com) and click **Find Care** from the menu.



or download the **MyBlueKC mobile app** to access your health insurance information anytime, wherever you go.











# 24/7 ACCESS TO VIRTUAL CARE

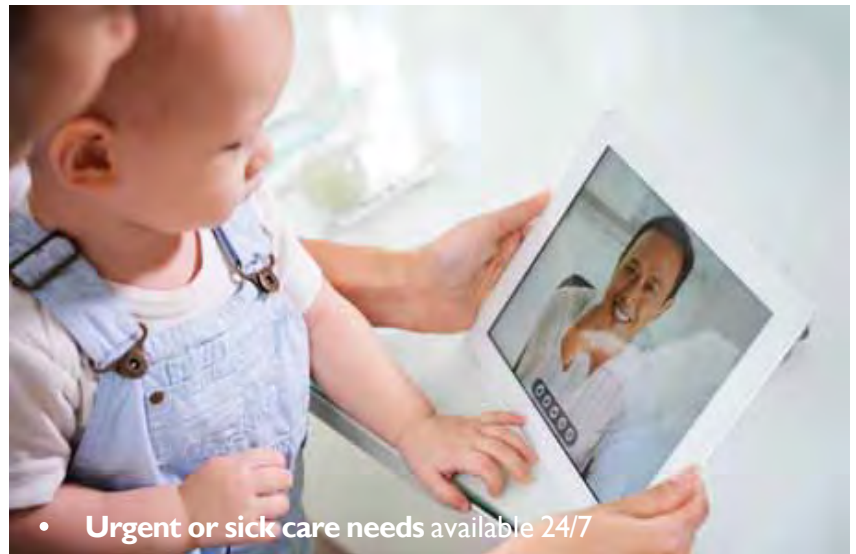
## Online or Mobile Doctor Visits

Get care wherever you are for common medical issues



### Why use virtual care?

	<b>SHORT WAIT TIMES</b>		Connect with your camera phone or computer with camera
	Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers		Get the care you need – including some prescriptions <sup>1</sup>
	Feel safe with private, secure, HIPAA-compliant tool		Save on drive time or office wait time
			Pay much less than going to emergency room



### What can be treated?

#### Common medical issues, such as:

- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Burning with Urination
- Cold Sores
- Sprains, Strains
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Bumps, Cuts, Scrapes
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns

#### Behavioral healthcare issues, such as:

- Anxiety
- Bereavement/grief
- Bipolar disorder
- Depression
- OCD
- PTSD/trauma
- Panic attack

- **Affordable visits based on your plan's benefits**  
(costs can vary for behavioral healthcare provider type)

### How do I start an appointment?

1. Download the **Blue KC Virtual Care mobile app** or visit **BLUEKCvirtualcare.com**.
2. Create an account using your Blue KC member ID card for reference.
3. View a list of available doctors, their experience and ratings, and select one.
4. **For urgent or sick care needs:** Stream a live visit directly online or your mobile device.
5. **For behavioral healthcare needs:** Schedule your session with a psychologist or counselor.



<sup>1</sup> Blue KC does not guarantee a prescription will be written.

**VIRTUAL CARE IS NOT FOR EMERGENCIES** If you have a serious medical concern, go to the emergency room or call 911

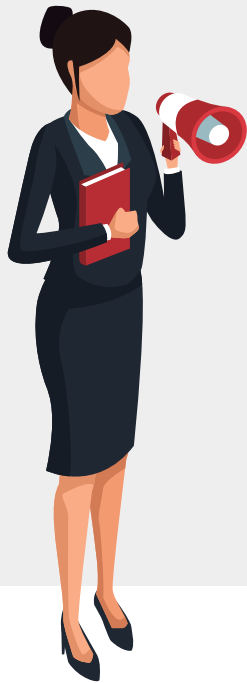
Meet with a family doctor or behavioral healthcare provider using your computer or smartphone.

Have your Blue KC member ID card handy and download the Blue KC Virtual Care mobile app, or visit [BLUEKCvirtualcare.com](https://bluekcvirtualcare.com).



# ATTENTION SMARTSHOPPERS!

Earn cash-back rewards for choosing quality providers for common medical tests and procedures



Shop

Shop online at MyBlueKC.com or call the number on the back of your ID card to reach a Blue KC customer advocate. To speak to the SmartShopper Personal Assistance Team (PAT), call 855.476.5027.



Go

Have your procedure at a reward-eligible location of your choice.



Earn

A reward check is mailed directly to your home once the claim is paid.

Licon to your BlueKC member portal and click the Find Care link. You'll be redirected to a page with the SMARTSHOPPER feature.



Select the appropriate test or procedure within the SMARTSHOPPER menu and select a provider.



Following your appointment, rewards are generally mailed within 8 weeks after your visit.



**My Plan Benefits**

- Medical >
- Pharmacy >
- Behavioral Health >

**Prior Authorization >**  
To make sure you get the right care, some services will need to be reviewed by Blue KC and your physician.

**Shop for Your Healthcare with Find Care >**  
Search for the care you need, how you want it, and be a smart healthcare consumer. Discover your estimated out-of-pocket costs for common procedures - all based on your specific health plan. You can also compare providers and view provider quality information.

**SmartShopper®**

Search for a reward eligible location for your doctor recommended procedure or service.

**Providers:**

- Midwest Physicians Surgery Center**  
Ambulatory Surgical Clinic/Center  
LOCATION: Midwest Physicians Surgery Center  
3601 NE Ralph Powell Rd, Lees Summit, MO 64064  
Get directions (est. 16.6 miles away)  
CONTACT INFORMATION: Phone: 816-525-4440  
☆☆☆☆☆ Be the First to Review  
SmartShopper Cash Reward: **\$295** Claim Your Reward  
Your Estimated Cost: **\$0**  
in your network
- Olathe Medical Center**  
General Acute Care Hospital  
LOCATION: Olathe Medical Center  
20333 W 151st St, Olathe, KS 66061  
Get directions (est. 10.4 miles away)  
CONTACT INFORMATION: Phone: 913-791-4200  
☆☆☆☆☆ Be the First to Review  
SmartShopper Cash Reward: **\$285** Claim Your Reward  
Your Estimated Cost: **\$0**  
in your network





## Dental



Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. This plan is available to full time employees.

Dental Plan	Network	Non-Network
<b>Annual maximum benefit</b>	\$2000	\$2000
<b>Deductible basic and major services</b>	\$50 individual / \$150 family	\$50 individual / \$150 family
<b>Preventive dental services</b>	100%	100%
<b>Basic dental services (deductible applies)</b>	80%	80%
<b>Major dental services (deductible applies)</b>	50%	50%
<b>Orthodontics (deductible applies)</b> • For dependent children under age 19 (\$1,000 Lifetime Max)	50%	50%
<b>RIGHT START 4 KIDS</b> – Children 12 and under receive their claims paid 100% for all covered services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics will not change. If a child visits an out of network dentist, normal waiting periods, deductibles and coinsurance will apply.		

*Please see the dental plan summary for a full description of this plan*

## Vision



An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. Find a Vision provider at [www.guardiananytime.com](http://www.guardiananytime.com). This plan is available to full time employees working at least 30 hours a week.

*This plan utilizes the VSP Network.*

Vision Plan	Network	Non-Network
Routine exams (every 12 months)	\$10 Copay	\$59 Max
Frames (every 12 months)	\$130 retail max \$70 Allowance at Costco, Walmart & Sam's Club (20% off balance over \$130 – except at Costco, Walmart and Sam's Club)	\$70 Max
Standard plastic lenses (every 12 months) Single Vision Lined Bifocal Lined Trifocal Lined Lenticular	\$10 Copay	\$30 Max \$50 Max \$65 Max \$100 Max
Contacts (instead of glasses)	\$130 Allowance	\$120 Max

### Access Guardian Benefits information right from your desktop/mobile

phone: **Log in at [www.guardiananytime.com](http://www.guardiananytime.com)** - Easily find a participating vision provider or view your benefits, copay or coinsurance amount, and claims online. Download your Vision ID Cards and print at your convenience. Cards contain your name, employer's name and group number.



# Employer Paid Benefits

The following benefits are provided by MoKan GW through Guardian for all eligible full-time employees.



## Basic Life / AD&D

Coverage is provided by MoKan GW and is effective 30 days following your date of hire.

Basic Life / AD&D	
Benefit amount	1x annual salary up to a \$250,000 max
Reduction schedule	Benefits reduce by: <ul style="list-style-type: none"><li>• 35% at age 65</li><li>• 50% at age 70</li></ul>

## Long-Term Disability

MoKan GW will pay 100% of the cost for you to have long-term disability coverage. In the event of an extended illness or disabling accident, this coverage provides a steady stream of income to cover essential expenses.

Long-Term Disability	
Monthly benefit	60% of monthly earnings to \$6,000
Elimination period	90 days
Maximum benefit duration	Social Security Normal Retirement Age
Definition of Disability	2 year Own Occupation/Any Occupation Thereafter
Pre-Existing Conditions	3 months prior, 12 months after Exclusion



## Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues



### In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



### Financial expertise

Consultation and planning with a financial counselor



### Legal consultation

By phone or in-person with a local attorney



### Short-term counseling

Access up to **six (6) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse



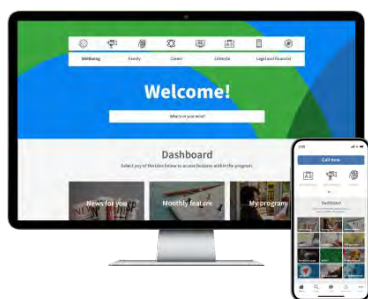
### Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



### Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

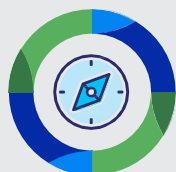


### Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

### Convenient, on-the-go support

- **Textcoach®**  
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**  
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**  
Moderated group support sessions on an anonymous, chat-based platform



### Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



# Voluntary Benefits



Voluntary benefits are available to purchase through Guardian. Benefits eligible employees can elect to enroll in these plans during open enrollment. Employees pay 100% of the cost of these plans, at an affordable group rate. Voluntary benefits are an extra layer of protection that give you cash payments to cover out-of-pocket expenses when you suffer unexpected incidents associated with these qualifying plans.

*Rates calculated as you enroll in Paycor*

## Voluntary Life / AD&D

You also have the option of purchasing additional life insurance for yourself and your spouse, and your dependents. If you determine you need more than the basic coverage, you may purchase additional coverage through Guardian.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue*	Benefit reduction/termination
Employee	\$10,000	\$500,000	\$150,000	Benefits reduce by 35% at age 65, and 50% at age 70
Spouse	\$5,000	\$50,000, cannot exceed 50% of employee benefit	\$50,000	Coverage terminates at age 70
Child(ren) – 14 days to 6 months old	N/A	\$500 flat benefit	\$500	Children are not covered until they are 14 days old.
Child(ren) – 6 months to 26 years old	\$1,000	\$10,000	\$10,000	Employee must elect Vol Life to elect Dependent Vol Life.

## Voluntary Short-Term Disability

This important benefit provides financial security in the event of an illness or accident that doesn't allow you to work.

Short Term Disability	
Coverage amount	60% of weekly earnings in \$50 increments up to \$1,000
Benefit waiting period	Accident: 14 days; Illness: 14 days
Duration of Benefits	11 weeks
Pre-Existing Conditions	3 months look back; 12 months after 2 week limitation

## Hospital Indemnity

Hospital Indemnity provides cash benefits based on your covered illness or injury, treatments and services.

Hospital Indemnity	Hospital	ICU
First Day Hospital benefit	\$1,000	\$1,000
Confinement benefit	\$100 per day to a max of 15 days, payable with First Day Hospital	\$200 per day to a max of 15 days, payable with First Day Hospital and payable with Hospital Confinement
Dependent Age Limit	Child Birth to 26 years old	
Portability	Included, up to age 70 or 12 months	
Treatments Covered	Sickness and Injury	
Treatment of Normal Pregnancy	Normal pregnancy is included with no 9 month limitation	





# Voluntary Accident

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. 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 include coverage for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more for **On and Off** the Job Accidents. The coverage is Portable and can include your spouse and/or dependent children to the age of 26 (if full-time student).

Accident	
Ambulance	\$200
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$3,350 18 sq inches to 35 sq inches: \$1,700/\$6,700 Over 35 sq inches: \$5,000/\$20,000
Emergency Room Treatment	\$150
Accident Follow-Up Visit	\$25 up to 6 treatments
Child Organized Sport	25% increase to child benefit
Coma	\$20,000
Concussions	\$300
Major Diagnostic Exam	\$200
Medical Appliance	Schedule up to \$500
Eye Injury	\$300
Fracture	Schedule up to \$3,000
Hospital Admission	\$1,000
Hospital Confinement	\$250/day, up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day – up to 15 days
Initial Physician's Office/UC Facility Treatment	\$40
X-Ray	\$125
Wellness Benefit	\$50 per year for routine health screening

*Please see full benefit summary for a more comprehensive description of benefit coverage.*

Rates per Pay Period	Employee Only	Employee/ Spouse	Employee/ Child(ren)	Family
Employee Pays	\$7.94	\$10.40	\$12.28	\$14.75



# Voluntary Critical Illness



For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. The coverage is Portable and can include your spouse and/or dependent children to the age of 26 (if full-time student).

Critical Illness			
Benefit Amounts		Employee: \$10,00; Spouse: \$5,000 Child: 25% of Employee benefit (Children covered for free with Employee election.)	
Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
	CANCER:		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain or Spinal Cord Tumor	100%	0%
	Skin Cancer	\$250 per lifetime	Not included
	VASCULAR:		
	Heart Attack or Heart Failure	100%	50%
	Coronary Artery Disease – requiring a bypass	50%	0%
	OTHER:		
	Stroke - severe	100%	50%
Group 2 Covered Conditions	First Occurrence of these additional illnesses: Addison's Disease 30%, ALS (Lou Gehrig's Disease) 50%, Alzheimer's Disease 100%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 50%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 50%, Permanent Paralysis 100%, Severe Burns 100%		
Group 3 Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Clubfoot, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
Dependent Age Limit	Child birth to 26 years		
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period		
Wellness Benefit	\$50 per year for routine health screening		

*Please see full benefit summary for a more comprehensive description of benefit coverage.*

Rates per Pay Period						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
<b>Employee</b>						
Non-Tobacco \$10,000	\$2.95	\$4.75	\$8.95	\$16.05	\$24.5	\$49.05
Tobacco \$10,000	\$4.20	\$7.55	\$16.60	\$34.20	\$56.05	\$101.40
<b>Spouse (Based on employee's age bracket)</b>						
Non-Tobacco \$5,000	\$1.48	\$2.38	\$4.48	\$8.03	\$12.25	\$24.53
Tobacco \$5,000	\$2.10	\$3.78	\$8.30	\$17.10	\$28.03	\$50.70

*(Children covered for free with Employee election.)*



# Flexible Spending Account (FSA) Health + Dependent Care



## PAY LESS IN TAXES AND INCREASE YOUR TAKE-HOME PAY

*It sure is easy.*

### WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

- An FSA is a plan designed to help you manage the rising cost of health care and/or dependent care by allowing you to pay for eligible expenses using pre-tax dollars, saving you money. **Think of it as a personal account just for your health care and dependent care expenses.** The amount you choose to contribute is taken out of your paychecks pre-tax in equal amounts each pay period.

### THERE ARE TWO TYPES OF FSAs AVAILABLE TO HELP YOU SAVE:

#### HEALTH CARE FSA

- This account allows you to pay for eligible out-of-pocket medical, dental, prescription and vision expenses. Eligible expenses include but are not limited to:
  - Copays, coinsurance & deductibles
  - Eyeglasses & contact lenses
  - Physical therapy & chiropractic care
  - Prescriptions

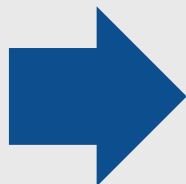
#### DEPENDENT CARE FSA

- This account allows you to pay for care costs for your dependents under the age of 13 OR for a spouse or dependent who is unable to care for themselves. Funds may be used to pay for expenses such as:
  - Before & after school programs
  - Nursery school & preschool
  - Day care (child & adult)

### WHY ENROLL?

Paying fewer taxes means you keep more of the money you earn. In the example below, an employee estimates that next year she will spend \$2,400 on medical expenses for herself and her child. Here's how she can save with a Health Care FSA:

Maximum contribution  
for 2024 = \$3,050



#### INCREASE YOUR TAKE-HOME PAY

	WITH FSA	WITHOUT FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax FSA Contributions:	\$2,400	\$0
Taxable Income:	\$47,600	\$50,000
Taxes (assumes 25% tax bracket):	\$11,900	\$12,500
Take-Home Pay:	\$35,700	\$37,500
Out-of-Pocket Expenses:	\$0	\$2,400
Spendable Income:	\$35,700	\$35,100
<b>Savings Each Year:</b>	<b>\$600</b>	<b>\$0</b>

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.



When you use the **Surency Flex Benefits Card** to pay for qualified expenses, the amount is deducted from your account - **no need to file claims!**



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

Check with your employer for your plan's maximum election amount.

866-818-8805 • Surency.com



23

# Nationwide<sup>®</sup> My Pet Protection<sup>®</sup> PLAN SUMMARY



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

## My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) with an optional \$500 wellness benefit so you can find coverage that fits your budget.<sup>1</sup> Base plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage includes<sup>2</sup>:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness<sup>1</sup> and more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

## What makes My Pet Protection different?

My Pet Protection is available through your employer's voluntary benefit plan, which includes preferred pricing and is guaranteed issuance.<sup>3</sup> It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.<sup>4</sup>



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

## Nationwide offers more than great coverage

### vet<sup>®</sup>helpline

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

### Nationwide PetRxExpress<sup>™</sup>

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations

<http://www.petinsurance.com/mokangoodwill> | 877-738-7874

[1] Starting on 9/1/23 new members can select the My Pet Protection<sup>®</sup> Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection<sup>®</sup> Wellness500 during their respective renewal period only. [2] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions. [3] Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [4] State of the Industry Report 2022, North American Pet Health Insurance Association.

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Nationwide<sup>®</sup>





## VTO (Volunteer Time Off)

Goodwill of Western MO & Eastern KS recognizes the need to volunteer time to our community. Goodwill encourages employees to participate in volunteer activities by providing the benefit of paid time off to volunteer, also referred to as Volunteer Time-Off (VTO). Goodwill's VTO policy is designed to encourage individuals and work teams to conduct volunteer projects that support community needs. Employees may use VTO to contribute their time and talents to recognized charities, causes and not-for-profit organizations that make a positive difference in deepening community connections. All employees are allowed one day every six months. Supervisors have a right to deny requests based on organizational needs.

Volunteer Time Off must be requested at least two weeks in advance via a complete Volunteer Time Off form and is subject to approval.

## Parental Leave

The Agency will provide 6 weeks of paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption. The purpose of paid parental leave is to enable the employee to care for their newborn or newly adopted child. This policy will run concurrently with the Family Medical leave Act (FMLA), as applicable.

## Educational Assistance and Professional Development

Goodwill offers an Educational Assistance and Professional Development benefit for active, regular, full-time employees who have completed at least one year of full-time employment. Eligible employees can receive up to \$5,000 for tuition per calendar year for Educational Assistance. For Professional Development/Certifications, eligible employees can receive up to \$1,000 per calendar year. Both must be approved by the employee's manager and Human Resources prior to the course beginning.

## Time Off (PTO/Vacation/Sick/Leave) and Holidays

MoKan Goodwill offers paid time off, holidays and leave for employees based on eligibility, years of service and employee category. Paid time off (PTO/Vacation/Sick) is accrued and submitted via Paycor. Holidays are specified by employee category. The employee handbook should be reviewed for full policy information and time off approval process.

***For full policy information and qualifications please see Employee Handbook and/or contact People & Culture.***

## Goodwill Employee Discounts & Additional Opportunities



### Goodwill Store Discount:

Employee discount of 30% at all stores in the MoKan Goodwill region.



### Goodwill GED Scholarship Program:

If you have not completed your GED and are interested in attending classes and sitting for the GED exam, we can help with scholarships for approved employees. Please contact your Benefits Specialist for more information.



### Cell Phone Plans and Equipment:

T-Mobile Phone Service: Receive up to 10% discounts on select plans and special promotions on equipment.



### Office Supplies:

Dell Computers: Visit [www.dell.com/mpp/goodwill](http://www.dell.com/mpp/goodwill) for discounts up to 20% all personal purchases, or call (800) 695-8133 and reference Member ID: GS17104034



### Home Care:

Penske Truck Rental: Call (800) 467-3675 and mention "Goodwill" to save 10% on truck rentals.

***For full policy information and qualifications please see Employee Handbook and/or contact People & Culture.***

## Goodwill Retirement Plan 403(b) / 401(a)

### Goodwill Store Discount:

Goodwill's retirement plan, called a 403b, is available to you now, if you are over the age of 18. All employees are eligible for an up to 4% match of contributions after one year of employment.

### Vesting:

- 50% after one year
- 100% after two years

403b Retirement Plan #7-13400

### Questions about how to enroll?

Visit [www.principal.com/enroll](http://www.principal.com/enroll) or go to [www.mokangoodwill.org](http://www.mokangoodwill.org) under Work for Goodwill/ Retirement Plan Information.

### Questions about your plan?

Contact Principal Financial at 800-547-7754 or online at [www.Principal.com](http://www.Principal.com)

### Questions about investment choices?

Contact Gary Liberty or Grant Ingram at 913-253-1400

When can I begin receiving benefits from the retirement plan?

- Retirement (age 59.5)
- Age 59-1/2 and still working
- Qualified reservist
- Death
- Disability
- Termination of Employment

### What if I need to access the money for an emergency?

The plan offers financial hardship withdrawals for "immediate and heavy financial need". The plan also offers the loan option of borrowing up to 50% of the vested account balance.

### How often can I make changes to the investment options in the retirement plan?

Anytime.

*For full policy information and qualifications please see Employee Handbook and/or contact People & Culture.*

## Helping Hand Fund: Contribution Election Form

The Helping Hand Fund (Employee Emergency Needs Fund) was created by the Agency to aid employees who need financial assistance in significant hardship situations. 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 Employee Emergency Fund, please complete this election form.**

Contributions to the Fund are made via payroll deductions and employees may contribute any amount between \$1.00 and \$10.00 per paycheck.  
*Contributions are not tax deductible.*

**I understand contributions to the fund are voluntary and will be automatically deducted from my paycheck until I request otherwise, in writing.**

Employee Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

I would like to donate \$\_\_\_\_\_ per paycheck.

***Contributions are not tax deductible and will not be returned upon separation from the Agency.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For information on applying to receive assistance from the fund,  
please visit [www.mokangoodwill.org/benefits](http://www.mokangoodwill.org/benefits).

Please return this form to People & Culture via:  
Fax (816) 842.7616, or **Email: [HelpingHand@mokangoodwill.org](mailto:HelpingHand@mokangoodwill.org)**, or  
delivered to Director of People & Culture.



# Rights and Disclosures

*This information is intended to be shared by employees with their spouse and dependents.*

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

## Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

## COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

## Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

## Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

## Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

# Rights and Disclosures *Continued*

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

## Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](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 or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1.866.444.EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further



## NOTES:

## What are my eligibility options for coverage?

<b>Company Contact &amp; Enrollment</b>	<i>816.842.7425 ext.300 - <a href="mailto:Benefits@mokangoodwill.org">Benefits@mokangoodwill.org</a></i>
<b>Medical</b>	<i>BCBS of KC – 800.432.3990 – <a href="http://www.bluekc.com">www.bluekc.com</a></i>
<b>Telemedicine</b>	<i>Blue KC Virtual Care – <a href="http://www.bluekcvirtualcare.com">www.bluekcvirtualcare.com</a></i>
<b>Dental</b>	<i>Delta Dental of KS – 913.381.4928 – <a href="http://www.deltadentalks.com">www.deltadentalks.com</a></i>
<b>Vision / Life/Ad&amp;D / Disability / Accident / Critical Illness</b>	<i>Guardian – 800.541.7876 – <a href="http://www.guardiananytime.com">www.guardiananytime.com</a></i>
<b>Employee Assistance Program</b>	<i>CuraLinc Healthcare – 800.490.1585 – <a href="http://www.curalinc.com">www.curalinc.com</a></i>

## Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing and other benefit-related questions. Please contact them by phone or email. They will work to ensure your satisfaction.



**MacKenzie Hobbs**  
*Account Manager*  
[mhobbs@bukaty.com](mailto:mhobbs@bukaty.com)  
913.521.2311

MacKenzie obtains carrier quotes, prepares spreadsheets, and assists clients through the enrollment process.

 **BUKATY  
COMPANIES**  
*Expertise you experience®*