



Goodwin
Living



Benefits Guidebook

Calendar Year 2025

Insurance Plan Year
January 1, 2025
to December 31, 2025



Dear Team Member,

Welcome to your FY 2025 Benefit Guidebook! Goodwin Living is committed to providing you with a comprehensive variety of benefits. These benefits are significant and an important part of your total compensation package. Every year we evaluate our benefit offerings and make changes where needed.

We are pleased to provide this Benefits Guidebook to highlight the array of benefits available to full-time team members for this Plan Year. In addition, benefits that are available to part-time and PRN team members are highlighted in this Guidebook, beginning on page 37. The information contained in this Guidebook is very important; please read it carefully and keep it where you can find it. As a reminder, the ADP homepage also contains information about our benefits. Please refer to it at www.workforcenow.adp.com

We encourage you to take advantage of these great benefits, which were created to provide you with choices so you can decide what is best for you and your family.

The Human Resources Team is available to provide clarification and respond to questions that are not addressed in the Guidebook. If you have a question or concern, please let us know. If you have a suggestion on how we can improve our benefits, we want to hear from you!

Important Note:

This Benefits Guidebook describes the highlights of Goodwin Living's benefits program. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the descriptions of the program's elements as contained in this Guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any elements of Goodwin Living's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Goodwin Living.

Table of Contents

Annual Open Enrollment	6
Eligibility for You and Your Dependents	6
Flexible Spending Accounts	6
Changing Your Benefits	7
Benefits Eligible for Section 125 Cafeteria Plan	7
How to Enroll in Insurance	8
Identification Cards for Plans	8
Important Notice About Vision Benefits	8
Anthem Blue Cross Blue Shield Overview.....	9
Pharmacy Benefits Overview.....	10
Kaiser Permanente Resources	11
Anthem Resources	12
Additional Benefits (For Kaiser and Anthem Members)	13
Episcopal Church Medical Trust Vision Plan - EyeMed Insight Network.....	14
Plan Breakdown of Services and Coverages.....	17
Kaiser Medical Plans at a Glance (Chart, below, runs off page).....	18
Anthem Medical Plans at a Glance	19
Express Scripts Prescription Plan at a Glance	22
Delta Dental Plans	22
Episcopal Medical Trust Vision Plan - EyeMed Insight Network	27
Ameritas VSP and EyeMed Vision Benefits.....	27
Cost of Insurance	30
Flexible Spending Account / FSA	31
Group Term Life Insurance (GTL)	32
Long Term Disability Insurance (LTD).....	33
Short-Term Disability	34
Voluntary Optional Life Insurance	36

401(k) Retirement Plan	37
Tuition Assistance.....	38
Student Loan Repayment Assistance for Clinical Team Members	38
Training and Development Opportunities:.....	39
In-house and Online Training	39
University of Maryland Global Campus.....	39
Family Medical Leave Act (FMLA)	39
Paid Time Off (PTO)	40
Holiday Pay, Floating Holiday and Personal Day	40
Bereavement Leave	40
Free Team Member Meal	40
Professional License Reimbursement.....	40
Daily Pay	40
Direct Payroll Deposit.....	40
Wisely Pay Debit Card	41
Credit Union	41
Team Member Referrals.....	41
Team Member to Resident Benefit	41
Flu and Hepatitis B Vaccine	41
Fitness Center and Pool	41
U.S. Citizenship Application Assistance/ Renewal of DACA, Green Card, Work Permits	41
Pet Insurance	42
LifeMart Employee Discounts	42
Ceca Award	42
Service Awards.....	42
BJs Membership (One-year)	42
Shared Leave Bank.....	43
Emergency Grants.....	43
Emergency Loans	43

Total Reward Statement.....	43
Employee Assistance Program (EAP)	44
Extension of Benefits Program for the GL Health Plan (EOB)	44
What Happens When My Employment Ends?	44
My Retirement.....	45
Medicare Notice of Creditable Coverage	45
When Can I Join a Medicare Drug Plan?	46
What Happens If I Decide to Join a Medicare Drug Plan?	46
When Will I Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?.....	46
For More Information About This Notice or Current Prescription Drug Coverage.....	46
For More Information About Options Under Medicare Prescription Drug Coverage.....	47
For More information about Medicare prescription drug coverage:	47
Newborn’s Act.....	47
Women’s Health and Cancer Rights Act	48
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)	48
HIPAA Notice of Special Enrollment Rights	55
Vendor Contact Information.....	56
HR Contact Information.....	57

Annual Open Enrollment

This year open enrollment is passive. This means if you are not making any changes to your coverage, you do not have to do anything in ADP. Your current insurance elections (except the FSA*) will rollover into the new year. However, it is recommended that you review the changes in the costs, as well as review your beneficiary information. In addition, you may want to review the new Kaiser plan. See page 17 for more information.

Eligibility for You and Your Dependents

Full-time team members are eligible for insurance benefits on the first of the month following the date of hire. For example, for a team member hired on December 4, 2024, the insurance benefits are effective on January 1, 2025. A team member hired on the first day of the month would have benefits effective on that date - their date of hire. The maximum waiting period will not exceed 30 days.

Team members who have an employment status change to full-time are eligible for insurance benefits on the first of the month following the date of becoming full-time; for example, if a part time or PRN team member becomes full-time on December 4, 2024, their benefits are effective on January 1, 2025.

Team members who are eligible to participate in Goodwin Living's health insurance may also enroll their dependents. For our benefit plans, dependents are defined as follows:

- Your legal spouse
- Your children up until age 30 for health and dental insurance (coverage ends on the last day of the year they turn 30)
- Disabled children of any age if they became disabled prior to age 26. Medical certification is required.

*Eligible dependent children are defined as children by birth or adoption and children of eligible team member's spouse, beginning when the team member has legal responsibility for the child.

Flexible Spending Accounts

Enrollment in the flexible spending account (FSA) is voluntary and must be completed each year you wish to be enrolled. If you are enrolled in the 2024 FSA plan and want to continue, you will need to actively enroll for 2025. NOTE: if you wish to carry over a balance into the new year, you must enroll in the 2025 plan to access those rolled over funds. The plan allows for a \$640 rollover for health care FSA funds.

[Click here to learn more about the FSA plan.](#) Register for your account [here](#).

Changing Your Benefits

Your insurance elections cannot be changed and are binding through December 31, 2025, unless your situation meets the criteria below. The following Qualifying Life Events (QLE) are circumstances that enable you to change your benefits during the plan year:

- Marriage, divorce, or annulment of marriage
- Birth, adoption, or placement for adoption of an eligible child
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan) or a significant change in your or your spouse's health coverage due to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare or Medicaid during the plan year
- Receiving a Qualified Medical Child Support Order
- Reduction in work hours to less than 30 hours
- Enrollment under a qualified health plan offered by a state health insurance exchange due to:
 - An employee becoming eligible for a special enrollment period (SEP) to obtain coverage under a qualified health plan offered by a state health insurance exchange; or
 - An employee obtaining coverage under a qualified health plan during the open enrollment period for the exchange
- Any other significant life events provided under the applicable regulations and provided for under the Section 125 Plan

For any QLE, you must provide proof of the event to Human Resources within 30 calendar days of the qualifying event (60 calendar days for changes related to Medicaid or CHIP eligibility). Changes due to a "change of mind" are not allowed until the next annual open enrollment period. For additional information, please contact the Human Resources Team.

Benefits Eligible for Section 125 Cafeteria Plan

Full time team members are eligible to participate in the Goodwin Living Section 125 Cafeteria Plan, which allows you to pay your premiums for qualified insurance plans on a pre-tax basis. This can reduce your total taxable income and possibly increase your take-home income. You are automatically enrolled in Section 125 for employee paid premiums when you enroll in one of these plans.

How to Enroll in Insurance

Insurance enrollment and life insurance beneficiary assignment is completed in the ADP portal (www.workforcenow.adp.com). Enrollments must be completed by the due date set by ADP. Check your emails for this important notice. If you have not registered for ADP, please contact your Human Resources office.

Identification Cards for Plans

New for 2025 – Anthem BCBS members will receive, and must use, the new Anthem cards which contain Quantum Health information, for Anthem medical coverage and Express Scripts prescription coverage. Each member enrolled in Anthem will receive two identical cards with all dependents' names on the cards. If more cards are needed, reach out to Quantum Health to request those or use the Quantum Health App.

Kaiser members continue to use Kaiser ID cards. Only new enrollees will get a new card.

Delta Dental members will receive two identical cards with all dependents' names on the cards. If more cards are needed, reach out to Delta Dental to request those or use the Delta Dental App.

The EyeMed plan managed by the Episcopal Church Medical Trust does not issue ID cards, however they do offer a digital ID card that can be downloaded from their website after registering for an account with EyeMed, or you can show the ID card from a mobile device. Many vision providers do not ask for an ID card but simply ask for the name and DOB to verify the coverage.

Ameritas EyeMed members receive a new card for new enrollees. Ameritas VSP does not issue ID cards.

Cards typically arrive in U.S. Mail in a plain white envelope within about 30 days of enrollment. Please check your mail carefully. If you do not receive your card within this time frame, contact the insurance provider's customer service number, located on the last page of this Guidebook. ID cards may be downloaded from the website/phone app.

Important Notice About Vision Benefits

Since January 2019, the Kaiser and Anthem plans DO NOT cover routine eye exams. Because of this significant change, any team member enrolled in *any medical plan* receives vision services through EyeMed Vision Care's Insight Network, at no extra cost. This vision benefit is provided by the Episcopal Church Medical Trust, which also manages



the health and dental insurance plans. **See page 14 for more information on the Episcopal Church Medical Trust EyeMed plan. See pages 25-26 for more information on the Ameritas vision plans.**

Kaiser Permanente Plans Overview

The Kaiser plans offer comprehensive medical and prescription drug coverage, all under one roof, with low copays; the deductible applies to the Kaiser 90 and the Kaiser 80 plans. These plans are designed for you to have access to the Kaiser network with more than 1,500 Mid Atlantic Kaiser Permanente physicians who care exclusively for Kaiser Permanente members. With over 30 multi-specialty medical centers, members can receive a lab test or an X-ray and pick up medications—all without leaving the building. You must choose a provider for you and your family members (if applicable). You can change your provider anytime online and/or through customer service.

Non-emergency care received outside of your Kaiser provider will not be covered. If there is a service that Kaiser cannot provide, you will be referred to a non-Kaiser doctor. Choose your Kaiser Permanente doctor online at www.kp.org/doctor.

Anthem Blue Cross Blue Shield Overview

You have access to three Anthem BlueCross BlueShield plans from which to choose, which are referred to as BlueCard plans. The Anthem BlueCard PPO 100 has no in-network deductible and you will be asked to pay a copayment for most healthcare services. The Anthem BlueCard PPO 80 and 90 both have deductibles.

Anthem PPO is a preferred provider organization (PPO) health care benefit plan. With Anthem PPO, you may choose to see any provider you wish, but your benefits cover more when you use network physicians. If you enroll in one of the Anthem PPO plans, you pay less out of your pocket – and the plan covers more – if you obtain care from Blue Plan network physicians and hospitals. The Washington D.C., Maryland and Northern Virginia service area has a vast network of more than 44,000 providers.

BlueCard PPO gives you access to Anthem PPO benefits across the nation by uniting Anthem's network with those of other Blue Cross and Blue Shield licensed companies. You have access to more than 96% of hospitals and 95% of doctors nationwide. Regardless of which Anthem plan you choose, a special "PPO in a suitcase" on your ID card helps doctors and hospitals recognize you as a BlueCard PPO member. That way, you get your PPO level of benefits when you live or travel outside the local area. [To locate a doctor, click here.](#)

Remember, if you enroll in one of the Anthem PPO plans, when you use an Out-of-Network provider, you may be required to pay the provider at the time of service, and you will incur higher out-of-network costs, including charges over the reasonable and customary charge.

Pharmacy Benefits Overview

Kaiser Permanente Prescription Benefit - Like the Anthem Express Scripts plan, Kaiser members are able to purchase prescriptions at the Kaiser location, or [home delivery service](#), which provides members significant cost savings. Learn more about the Kaiser prescription drug plan by clicking [here](#).

Anthem Plans Express Scripts Prescription Drug Program

When you enroll in one of the Anthem medical plans, you will automatically have prescription drug coverage through the Express Scripts Prescription Drug Program. This program includes a Formulary Management Program, which uses a four-tier copayment approach to covered drugs and is designed to control costs for you and the plan. The formulary includes FDA-approved drugs that have been placed in tiers based on their clinical effectiveness, safety, and cost.

- Generic drugs generally have the lowest cost share.
- Preferred drugs have a higher cost share.
- Non-preferred drugs and all non-sedating antihistamines have the highest cost share.
- Specialty drugs have the highest cost share.

For more detailed information on the prescription drug plans, please see their website - <https://www.express-scripts.com/>

Express Scripts Home Delivery Program

To help manage overall costs for members and limit increases in prescription drug cost shares, the Express Scripts Prescription Drug Program maintains a mandatory home delivery program. **NOTE: The program requires that you participate in the home delivery program if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy.**

The retail pharmacy program allows for a total of three fills of maintenance medication at a retail pharmacy (the original fill and two refills). Additional fills will not be covered by the program at the retail level. Each fill can be for no more than a 30-day supply. You are allowed a total of only three fills, even if each is for less than 30 days. In some circumstances, you may not be required to utilize the home delivery program. For example, there are certain categories of medications that are uniquely appropriate for refills at your local pharmacy (and are therefore exempt from the retail refill limit provision, as outlined above). These would include anti-infectives (including antibiotics), medications to treat acute pain, and medications that require a new written prescription each time you need them, among others.

Generic medications meet the same standards of safety, purity, strength, and effectiveness as the brand name drug. They have the same active ingredients and are manufactured

according to the same strict federal regulations. These drugs may differ in color, size, or shape, but the U.S. Food and Drug Administration (FDA) requires that the active ingredients have the same strength, purity, and quality as their brand-name counterparts.

For this reason, when there is a generic available, the plans will cover only the cost of the generic equivalent. If you decide to purchase the brand-name medication, you will be charged the generic cost share and the cost difference between the brand-name and the generic medication.

If you have questions or concerns about generic medications, or if you want to know if they are an option for you, speak to your physician or your pharmacist. For more detailed information on the prescription drug plans, please see their website - <https://www.express-scripts.com/>

Kaiser Permanente Resources

HealthMedia® Succeed® is an online total health assessment that can help you make smart choices. Help prevent disease and improve your health by examining what's affecting your overall wellness— from how often you exercise to what you eat in the morning. After answering some questions, you will receive a customized action plan to help you succeed in making healthier lifestyle choices.

Healthy Lifestyle Programs

Give yourself the winning edge with a Total Health Assessment and free healthy lifestyle programs for KP members 18 years and older, offered in partnership with HealthMedia®. Use these customized online programs to get the clear steps and ongoing encouragement it takes to reach your health goals. Sign on to www.kp.org to get on your path to healthier living and choose a program to learn more important health topics.

Kaiser Online Tools for You

- My Message Center allows you to exchange e-mail with your doctor's office. You can also contact Member Services and Web Manager by using the My Message Center feature.
- The Appointment Center allows you to use the interactive symptom checker to assist you with deciding if you need to schedule an appointment. You can schedule your appointment online by going to www.kp.org and clicking on Appointment Center.
- My Medical Record allows you to view your past visit information, get your latest test results, immunizations, health care reminders, and more!
- The Pharmacy Center allows you to manage your prescriptions and learn about specific medications with the Drug Encyclopedia. Access the Drug Encyclopedia for more information about prescription drugs, including how to use, precautions, drug interactions, side effects, and other important information.

Visit www.kp.org for more information.

Anthem Resources

In addition to the medical, pharmaceutical, and behavioral health benefits included in each of our Anthem plans, the program provides the following care management programs.

Quantum Health

As a single point of contact, Quantum Health simplifies the healthcare experience. Assistance is available to Anthem members if they need help understanding plan options or choosing the right plan for themselves and their families.

Quantum knows the full array of Anthem network plans being offered for 2025, but not which plans are available to any one individual. Therefore, if you require assistance selecting a plan you will need to know which plans you can choose before calling Quantum.

Call 866-871-0629 or go to <https://www.cpg.org/redirects/Quantum/>

NOTE: Health Advocate is not available after December 31, 2024.

Due to the robust nature of Quantum's services, Health Advocate will not be available after December 31, 2024. Health Advocate will try to resolve any open cases, but any not completed by that date will migrate to Quantum to ensure that members have a care coordinator by their side through this transition.

Hinge Health

Hinge Health is available at no cost to Anthem members. Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.

Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:

- a) *Prevention* - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app.
- b) *Chronic* - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief.

- c) *Acute* - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education.
- d) *Surgery* - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support.
- e) *Expert Medical Opinion* - Service offering second opinions for elective MSK procedures.

For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care.

State laws may limit access without a physician's referral. If you have any questions regarding Hinge Health, email help@hingehealth.com or call (855) 902-2777.

Additional Benefits (For Kaiser and Anthem Members)

Travel Vaccinations

Travel vaccines for personal travel are now covered. (Immunizations against yellow fever, typhoid, cholera and plague) Member cost sharing will follow the benefit plan design for immunizations.

Hearing Benefit

The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices. The benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years.

Note: member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums. [Click here to learn more.](#)

Fertility Benefits

The Medical Trust's Episcopal Health Plan includes benefits for the diagnosis and treatment of infertility. Covered health services include diagnostic and exploratory procedures to determine whether a member suffers from infertility. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intra-fallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures.

The lifetime benefit maximum is \$50,000 for medical and pharmacy services. In addition, the Medical Trust will provide standard fertility preservation services for individuals who must undergo medically necessary treatment that may cause iatrogenic infertility.

Note: member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the lifetime benefit maximum.


Episcopal Church Medical Trust Vision Plan - EyeMed Insight Network

Vision benefits for Goodwin Living team members and dependents who enroll in the Kaiser or Anthem medical plans are provided through The Episcopal Medical Trust EyeMed Vision Care's Insight Network, at no extra cost. These vision benefits via EyeMed's Insight Network include coverage for an annual eye exam and cost savings on prescription glasses and contact lenses. For a full list of benefits, see the [EyeMed Insight Network flyer](#), call (866) 723-0513, or visit [EyeMed](#), where you can register for your account.

NOTE: You do not need to enroll in the Ameritas EyeMed vision plan unless you waived the medical benefit, wish to enroll dependents not on your medical plan, or want an additional vision plan with Ameritas. The Ameritas EyeMed and VSP vision plans are administered by

Ameritas, and if you wish to enroll you must actively do so during Open Enrollment. See pages 25-26 for more information.


EyeMed Vision Plan Through the Episcopal Medical Trust at a Glance



Episcopal Church Medical Trust


SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$200 allowance	Up to \$63
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$32
Bifocal	\$10 copay	Up to \$46
Trifocal	\$10 copay	Up to \$57
Progressive - Standard	\$75 copay	Up to \$46
Progressive - Premium Tier 1 - 3	\$95 - 120 copay	Up to \$46
Progressive - Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$46
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$28
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$28
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$133
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$133
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Frame	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)



40% OFF

additional complete pair of prescription eyeglasses



20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up
You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

UnitedHealthcare Global Assistance

When you enroll in a Medical Trust medical plan, you have access to UnitedHealthcare Global Assistance. This comprehensive travel emergency assistance program can help you with emergency medical or travel needs you encounter while you are 100 or more miles away from home. You do not need to enroll, and there is no additional contribution for this service, which is provided to you alongside your medical benefits.

UnitedHealthcare Global Assistance is available 24 hours a day, seven days a week. Its highly trained, multilingual coordinators work with an extensive information and communication system to provide you with critical assistance. You will have access to worldwide medical and dental referrals, replacement of prescription medication and corrective lenses, and various other travel-related medical services.

Please note, UnitedHealthcare Global Assistance is not responsible for your medical costs while you are traveling. If costs are incurred, and depending on where you travel, you may be required to pay for your healthcare services.

If the services are covered under your medical plan, you can submit them as medical plan claims for reimbursement. Your medical plan handbook and Summary of Benefits and Coverage will determine what is covered by your plan and how to submit a claim.

For more information click [here](#), or call (800) 527-0218.

Plan Breakdown of Services and Coverages

In the next few pages, you will see a summary of all medical plan benefits. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

Please note that more information is available on all these plans at the Church Pension Group’s website - [click here to read more about these medical plans](#).

Medical Plans	Dental Plans
Anthem BlueCard PPO 100	Delta Dental DDO Plus Premium
Anthem BlueCard PPO 90	Delta Dental DDO Plus Comprehensive
Anthem BlueCard PPO 80	Delta Dental DDO Plus Basic
Kaiser EPO High Plan	
Kaiser EPO 90 Plan	
Kaiser EPO 80 Plan	

Kaiser Medical Plans at a Glance (Chart, below, runs off page)

Benefit	Kaiser EPO High	KP EPO 90	Kaiser EPO 80
Centers Covered	Kaiser Centers Only	Kaiser Centers Only	Kaiser Centers Only
Deductible: Jan - Dec (Individual / Family)	\$0/\$0	\$250/\$500	\$500/\$1,000
Out-of Pocket Max: Jan -Dec (Individual / Family)	\$1,750/\$3,500	\$2,500/\$5,000	\$3,500/\$7,000
Preventive Services	\$0 copay	\$0 copay	\$0 copay
Office Visit (PCP / Specialist)	\$25 copay/\$25 copay	\$25 copay/\$35 copay	\$25 copay/\$35 copay
Diagnostic X-Ray / Labs	\$50 copay	10% coinsurance	20% coinsurance
Specialty Imaging (CT, PET, MRI)	\$50 copay	10% coinsurance	20% coinsurance
Hospital Inpatient inc. Maternity	\$100 / day copay to maximum of \$600	10% coinsurance	20% coinsurance
Hospital Physician Services	\$100 / day copay to maximum of \$600	10% coinsurance	20% coinsurance
Outpatient Surgery (other than a provider's office)	\$100 copay	10% coinsurance	20% coinsurance
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Emergency Room	\$100 copay	10% coinsurance	20% coinsurance
Home Health Care	\$0 copay	\$0 copay	\$0 copay
Hospice Care	\$0 copay	\$0 copay	\$0 copay
Inpatient Mental Illness and Substance Abuse Facility Care	\$100 per day copay to maximum of \$600	10% coinsurance	20% coinsurance
Outpatient Mental Illness and Substance Abuse Facility Care	\$25 copay per visit for individual visit;	\$25 copay per visit for individual visit;	\$25 copay per visit for individual visit;
	\$12 for group visit	\$12 for group visit	\$12 for group visit
Outpatient Rehab Services (up to 30 days)	\$25 copay	\$25 copay	\$25 copay
	(includes hearing/speech, physical, and occupational)		
	(60 visits per year per each type of therapy)		
Routine Eye Exam / Office Visit	Vision benefits are available through EyeMed		
Prescription Drug Deductible	None	None	None
Kaiser Center Pharmacy (up to a 30-day supply)	\$5 / \$30 / \$70 / \$90	\$5 / \$30 / \$70 / \$90	\$5 / \$30 / \$70 / \$90
Mail Order (up to a 90-day supply)	\$10 / \$60 / \$140 / \$90	\$10 / \$60 / \$140 / \$90	\$10 / \$60 / \$140 / \$90

Anthem Medical Plans at a Glance

Benefit	Anthem PPO Plans	
	Anthem BlueCard PPO 100	
	In-Network	Non-Network
Deductible - Jan - Dec (Individual / Family)	\$0 / \$0	\$500 / \$1,000
Out-of Pocket Max - Jan - Dec (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000
Preventive Services	\$0 copay	50% coinsurance
Vision Services	Not Covered	Not Covered
Office Visit (Primary/Specialist)	\$30 / \$45	50% coinsurance
Diagnostic X-Ray / Lab Services	\$0 copay	50% coinsurance
Specialty Imaging (CT, MRI, PET)	\$0 copay	50% coinsurance
Hospital Inpatient (including maternity)	\$250 copay	50% coinsurance
Hospital Physician Services	No charge	50% coinsurance
Outpatient Surgery	\$200 copay	50% coinsurance
Urgent Care (office visit/other services)	\$50 copay	\$50 copay
Emergency Room	\$250 copay	\$250 copay
Home Health Care³	\$0 copay	50% coinsurance
Hospice Care⁴	\$0 copay	50% coinsurance

Benefit	Anthem PPO Plans	
	Anthem BlueCard PPO 100	
	In-Network	Non-Network
Inpatient Mental Illness & Substance Abuse Facility Care	\$250 copay	50% coinsurance
Outpatient Behavioral Health and Substance Abuse Facility Care	\$30 copay	30% coinsurance
Outpatient Rehabilitation Services	\$30 copay PCP/\$45 copay specialist	50% coinsurance

Benefit	Anthem PPO Plans			
	Anthem BlueCard PPO 90		Anthem BlueCard PPO 80	
	In-Network	Non-Network	In-Network	Non-Network
Deductible: Jan - Dec (Individual / Family)	\$500/ \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4, 000
Out-of Pocket Max: Jan - Dec (Individual / Family)	\$2,500 / \$5,000	\$5,000/ \$10,000	\$3,500 / \$7,000	\$7,000/ \$14,000
Preventive Services	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Vision Services	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit (Primary/Specialist)	\$30 / \$45	50% coinsurance	\$30 / \$45	50% coinsurance

Benefit	Anthem PPO Plans			
	Anthem BlueCard PPO 90		Anthem BlueCard PPO 80	
	In-Network	Non-Network	In-Network	Non-Network
Diagnostic X-Ray / Lab Services	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Specialty Imaging (CT, MRI, PET)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Hospital Inpatient (including maternity)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Hospital Physician Services	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient Surgery	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Urgent Care (office visit/ other services)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Room	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Home Health Care³	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Hospice Care⁴	No charge	50% coinsurance	No charge	50% coinsurance
Inpatient Mental Illness and Substance Abuse Facility Care	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance

Benefit	Anthem PPO Plans			
	Anthem BlueCard PPO 90		Anthem BlueCard PPO 80	
	In-Network	Non-Network	In-Network	Non-Network
Outpatient Behavioral Health and Substance Abuse Facility Care	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance
Outpatient Rehabilitation Services	\$30 copay PCP/\$45 copay specialist	50% coinsurance	\$30 copay PCP/\$45 copay specialist	50% coinsurance

Express Scripts Prescription Plan at a Glance

	Retail	Home Delivery
Annual Deductible (in-network)	None	None
Generic	Up to \$10 Copay	Up to \$25 Copay
Preferred Brand-Name	25%; up to \$40 min and \$80 max	25%; up to \$100 min and \$200 max
Non-preferred Brand-Name	40%; up to \$80 min and \$160 max	40%; up to \$200 min and \$400 max
Specialty	40%; up to \$100 min and \$200 max	40%; up to \$250 min and \$500 max
Dispensing Limits	Up to 30-day supply	Up to 90-day supply

Standard Rx members enrolled in an Anthem plan will have the following cost sharing for prescription drug benefits:

For more detailed information on the prescription drug plans, please see their website - <https://www.express-scripts.com/>

Delta Dental Plans

The Delta Dental plans offer both in-network and out-of-network coverage. Take advantage of discounted prices for dental care through an extensive network of over 135,000 providers. Each dental plan includes three annual cleanings and associated oral examinations. There is no deductible for network services when using a Delta Dental PPO or Delta Dental Premier Provider.

Some providers contract with Delta to provide services to members as part of the Delta Dental PPO Network or Delta Dental Premier Network. Delta's network consists of two tiers of contracted providers. The first tier, Delta PPO offers the highest discounts, and because the contracted rate results in savings to both you and the Plans, you are reimbursed at a higher level if you use Delta PPO providers. Delta PPO providers are also referred to as network providers. The second tier of Delta's network, the Delta Premier, still offers contracted rates, but these discounts are lower than with Delta PPO.

The term out-of-network refers to dental care providers that do not participate in the network.

Access the dental provider directory [here](#), or by calling toll-free at (888)-894-7059. See the dental Summaries of Benefits and Coverage at www.cpg.org/deltadental for information on cost sharing for common services.

Benefit	Delta Dental PPO Plus Premier Network		Non-Delta Dental Dentists
Delta Dental Premium	In-Network: Delta Dental PPO	In-Network Delta Dental Premier	Out-of-Network
Deductible¹: Plan Year	No Deductible	No Deductible	\$50 Individual \$150 Family
Benefit Maximum: Plan Year	\$3,000	\$2,500	\$2,000
Child Dependents	Covered up to age 30	Covered up to age 30	Covered up to age 30
Diagnostic & Preventive Services (D&P)	Plan pays 100% No Deductible	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible
Basic Services (Fillings, Simple Extractions, Posterior Composites, Denture Reline/Repair/Rebase)	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Major Services (Inlays, Onlays, Crowns, Cast Restorations)	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Implants	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Orthodontia (Lifetime Benefits Maximum: \$2,000, \$1,500 Non-Delta Dental)	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 40% / \$50 Lifetime (\$1,500 Lifetime)

Delta Dental Premium Plan at a Glance

Benefit	Delta Dental PPO Plus Premier Network		Non-Delta Dental Dentists
Delta Dental Comprehensive	In-Network: Delta Dental PPO	In-Network Delta Dental Premier	Out-of-Network
Deductible¹: Plan Year	\$No Deductible	No Deductible	\$100 Individual \$300 Family
Benefit Maximum: Plan Year	\$2,500	\$2,000	\$1,500
Child Dependents	Covered up to age 30	Covered up to age 30	Covered up to age 30
Diagnostic & Preventive Services (D&P)	Plan pays 100% No Deductible	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible
Basic Services (Fillings, Simple Extractions, Posterior Composites, Denture Reline/Repair/Rebase)	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Major Services (Inlays, Onlays, Crowns, Cast Restorations)	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Implants	Plan Pays 85% No Deductible	Plan Pays 85% No Deductible	Plan Pays 75% After Deductible
Orthodontia (Lifetime Benefits Maximum: \$1,500, \$1,000 Non-Delta Dental)	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 40% / \$50 Lifetime (\$1,000 Lifetime)

Delta Dental Comprehensive Plan at a Glance

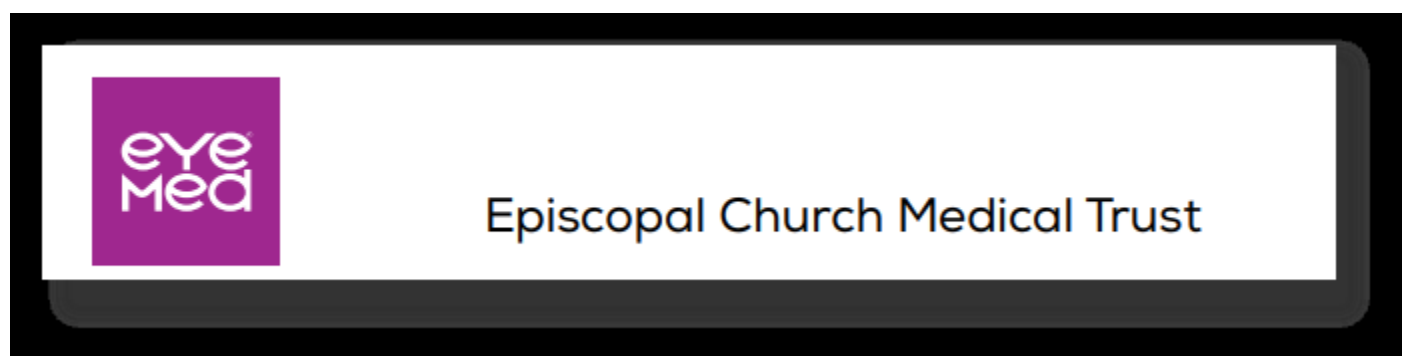
Delta Dental Basic Plan at a Glance

Benefit	Delta Dental PPO Plus Premier Network		Non-Delta Dental Dentists
Delta Dental Basic	In-Network: Delta Dental PPO	In-Network Delta Dental Premier	Out-of-Network
Deductible¹: Plan Year	\$No Deductible	No Deductible	No Deductible
Benefit Maximum: Plan Year	\$2,000	\$1,500	\$1,000
Child Dependents	Covered up to age 30	Covered up to age 30	Covered up to age 30
Diagnostic & Preventive Services (D&P)	Plan pays 100% No Deductible	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible
Basic Services (Fillings, Simple Extractions, Posterior Composites, Denture Reline/Repair/Rebase)	Plan Pays 80% No Deductible	Plan Pays 80% No Deductible	Plan Pays 70% No Deductible
Major Services (Inlays, Onlays, Crowns, Cast Restorations)	Plan Pays 40% No Deductible	Plan Pays 40% No Deductible	Plan Pays 1% No Deductible

Episcopal Medical Trust Vision Plan - EyeMed Insight Network

Vision benefits for Goodwin Living team members and dependents who enroll in the Kaiser or Anthem medical plans are provided through The Episcopal Medical Trust EyeMed Vision plan, at no extra cost. These vision benefits via EyeMed's Insight Network include coverage for an annual eye exam and cost savings on prescription glasses and contact lenses. For a full list of benefits, see the [EyeMed Insight Network flyer](#), call (866) 723-0513, or visit [EyeMed](#), where you can register for your account.

NOTE: You do not need to enroll in the Ameritas EyeMed vision plan unless you waived the medical benefit, wish to enroll dependents not on your medical plan, or want an additional vision plan with Ameritas.



Ameritas VSP and EyeMed Vision Benefits

Team members who do not enroll in a medical plan, where the EyeMed benefit is free, or prefer to enroll in an alternative to EyeMed, may enroll in an eye plan with Ameritas which utilizes two different networks. Enrollment in these plans is voluntary. To locate network providers, visit <https://www.ameritas.com/employee-benefits/find-a-provider/>

- Vision Service Plan (VSP)
- EyeMed Select

VSP Vision Plan at a Glance

GOODWIN LIVING

Policy #: 010-34193



Vision Plan Benefits

	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$43
Single Vision Lenses	Covered in full	Up to \$26
Bifocal Lenses	Covered in full	Up to \$43
Trifocal Lenses	Covered in full	Up to \$60
Lenticular Lenses	Covered in full	Up to \$91
Progressive Lenses	See lens options	NA
Frames	\$120	\$40
Contacts (elective)	Up to \$120	Up to \$100
Contacts (medically necessary)	Covered in full	Up to \$ 210

Deductible

Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25	\$25

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
-----------------	----------

Member cost for lens options (May vary by prescription, options chosen and retail location)

Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Bifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

Ameritas EyeMed Vision Plan at a Glance

GOODWIN LIVING

Policy #: 010-34193



Vision Plan Benefits

	EyeMed Access Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$35
Single Vision Lenses	Covered in full	Up to \$25
Bifocal Lenses	Covered in full	Up to \$40
Trifocal Lenses	Covered in full	Up to \$55
Lenticular Lenses	20% discount	No benefit
Progressive Lenses	See lens options	NA
Frames	\$130	\$65
Contact Fit & Follow up Exam	Standard: Member Cost up to \$55 Premium: 10% off of retail	No benefit
Contacts (elective)	Up to \$130	Up to \$104
Contacts (medically necessary)	Covered in full	Up to \$200

Deductible

Annual Eye Exam	\$10	No deductible
Eyeglass Lenses	\$25	No deductible

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
-----------------	----------

Member cost for lens options (may vary by prescription, option chosen and retail location)

Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance + Standard Progressive cost	No benefit
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser network participating providers.	No benefit

Cost of Insurance

Benefit Plan	Coverage Level	Team Member Monthly Cost	Team Member Paycheck Cost*	Goodwin Living Monthly Cost	Total Cost
Kaiser EPO High	Employee Only	\$144.60	\$72.30	\$557.40	\$702.00
Kaiser EPO High	Employee Plus Spouse	\$724.82	\$362.41	\$679.18	\$1,404.00
Kaiser EPO High	Employee Plus Child(ren)	\$600.07	\$300.04	\$663.93	\$1,264.00
Kaiser EPO High	Employee Plus Family	\$1,020.01	\$510.01	\$1,085.99	\$2,106.00
Kaiser EPO 90	Employee Only	\$109.60	\$54.80	\$557.40	\$667.00
Kaiser EPO 90	Employee Plus Spouse	\$653.82	\$326.91	\$679.18	\$1,333.00
Kaiser EPO 90	Employee Plus Child(ren)	\$537.07	\$268.54	\$663.93	\$1,201.00
Kaiser EPO 90	Employee Plus Family	\$914.01	\$457.01	\$1,085.99	\$2,000.00
Kaiser EPO 80	Employee Only	\$71.02	\$35.51	\$512.98	\$584.00
Kaiser EPO 80	Employee Plus Spouse	\$501.71	\$250.85	\$666.29	\$1,168.00
Kaiser EPO 80	Employee Plus Child(ren)	\$399.28	\$199.64	\$651.72	\$1,051.00
Kaiser EPO 80	Employee Plus Family	\$689.46	\$344.73	\$1,062.54	\$1,752.00
Anthem BCBS 100	Employee Only	\$377.60	\$188.80	\$557.40	\$935.00
Anthem BCBS 100	Employee Plus Spouse	\$1,190.82	\$595.41	\$679.18	\$1,870.00
Anthem BCBS 100	Employee Plus Child(ren)	\$1,019.07	\$509.54	\$663.93	\$1,683.00
Anthem BCBS 100	Employee Plus Family	\$1,719.01	\$859.51	\$1,085.99	\$2,805.00
Anthem BCBS 90	Employee Only	\$262.60	\$131.30	\$557.40	\$820.00
Anthem BCBS 90	Employee Plus Spouse	\$960.82	\$480.41	\$679.18	\$1,640.00
Anthem BCBS 90	Employee Plus Child(ren)	\$812.07	\$406.04	\$663.93	\$1,476.00
Anthem BCBS 90	Employee Plus Family	\$1,374.01	\$687.01	\$1,085.99	\$2,460.00
Anthem BCBS 80	Employee Only	\$178.14	\$89.07	\$544.86	\$723.00
Anthem BCBS 80	Employee Plus Spouse	\$771.16	\$385.58	\$674.84	\$1,446.00
Anthem BCBS 80	Employee Plus Child(ren)	\$642.69	\$321.34	\$658.31	\$1,301.00
Anthem BCBS 80	Employee Plus Family	\$1,092.73	\$546.36	\$1,076.27	\$2,169.00
Delta Dental Basic	Employee Only	\$14.84	\$7.42	\$8.16	\$23.00
Delta Dental Basic	Employee Plus Spouse	\$31.42	\$15.71	\$14.58	\$46.00
Delta Dental Basic	Employee Plus Child(ren)	\$21.00	\$10.50	\$20.00	\$41.00
Delta Dental Basic	Employee Plus Family	\$41.45	\$20.73	\$27.55	\$69.00
Delta Comprehensive	Employee Only	\$31.64	\$15.82	\$13.36	\$45.00
Delta Comprehensive	Employee Plus Spouse	\$64.46	\$32.23	\$25.54	\$90.00
Delta Comprehensive	Employee Plus Child(ren)	\$53.45	\$26.73	\$27.55	\$81.00
Delta Comprehensive	Employee Plus Family	\$99.40	\$49.70	\$35.60	\$135.00
Delta Premium	Employee Only	\$45.64	\$22.82	\$13.36	\$59.00
Delta Premium	Employee Plus Spouse	\$92.46	\$46.23	\$25.54	\$118.00
Delta Premium	Employee Plus Child(ren)	\$78.45	\$39.23	\$27.55	\$106.00
Delta Premium	Employee Plus Family	\$141.40	\$70.70	\$35.60	\$177.00
Eye Med Vision	Employee Only	\$0.00	\$0.00	\$5.66	\$5.66
Eye Med Vision	Employee Plus Spouse	\$5.90	\$2.95	\$5.00	\$10.90
Eye Med Vision	Employee Plus Child(ren)	\$4.19	\$2.10	\$5.00	\$9.19
Eye Med Vision	Employee Plus Family	\$9.44	\$4.72	\$5.00	\$14.44
VSP Vision	Employee Only	\$6.76	\$3.38	\$0.00	\$6.76
VSP Vision	Employee Plus Spouse	\$12.99	\$6.50	\$0.00	\$12.99
VSP Vision	Employee Plus Child(ren)	\$10.79	\$5.40	\$0.00	\$10.79
VSP Vision	Employee Plus Family	\$17.06	\$8.53	\$0.00	\$17.06

*** NOTE - The April 30, 2025 and October 29, 2025 paychecks have no insurance deductions.**

Flexible Spending Account / FSA

Goodwin Living offers team members the opportunity to redirect a portion of their pay, through payroll deductions, into Flexible Spending Accounts (FSAs) managed by Health Equity (HQT).

What is an FSA?

FSAs are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible medical expenses (Health Care FSA) or childcare (Dependent Care FSA). Click [here](#) to learn more about the FSAs with Health Equity.

REMINDER

- Team members enrolled in the FY 2024 plan year will have a \$640 rollover, which means you can roll over up to \$640 into the next plan year. This balance becomes part of your total annual election (which can be above the IRS maximum \$3200 + the \$640 rollover) and can be utilized on any claims in the current plan year. **You must be enrolled in the 2025 FSA plan to use these rolled over funds.**
- Plan carefully with an FSA, because you could forfeit any unused funds.
- Dependent Care FSAs are to pay for childcare costs, not health care costs, so plan wisely!
- Save your receipts
- Use this link -- <https://www.wageworks.com/> to create your account and log into your account. You can see your balance and submit receipts for validation or reimbursement

Group Term Life Insurance (GTL)

Goodwin Living provides full-time team members with group term life (GTL) and accidental death and dismemberment (AD&D) insurance through **Reliance**, at no cost to you. Update your life insurance beneficiary in [Workforce Now ADP](#).

Group Life Insurance	
Life Benefit	
Amount	2 times base annual salary (based on 2,080 hours per year)
Maximum Amount	\$250,000
Guarantee Issue	\$250,000
Accidental Death & Dismemberment (AD&D) Benefit	
Amount	2 times base annual salary (based on 2,080 hours per year)
Maximum Amount	\$250,000
Guarantee Issue	\$250,000
Both Life and AD&D Benefit	
Age Reduction	50% at age 70
Additional Benefits	Support services for beneficiaries who have experienced a loss Travel assistance for team members and eligible dependents traveling more than 100 miles from home
When Does this Benefit End	Upon separation of employment, unless application for portability is submitted within 30 days of separation

NOTE: The life insurance benefit greater than \$50,000 is subject to income tax. This is referred to as imputed income and appears as GTL (Group Term Life) on your paycheck and in line 12c of your W2. [Read this article on the IRS website](#).

Long Term Disability Insurance (LTD)

Goodwin Living provides full-time team members with a Long-Term Disability plan, through **Reliance** at no cost to you.¹

Group Long-Term Disability	
Maximum Monthly Benefit	60% of your annual base salary up to a maximum of \$8,000 per month
Elimination Period	90 days (The number of days you must be disabled prior to collecting disability benefits)
Maximum Benefit Duration	Later of 65 or Social Security Normal Retirement Age (SSNRA)
Pre-existing Condition*	3/12 - Please see note below for details
Own Occupation Period	24 months, after 24 months any occupation applies
Benefit Limitations	<ul style="list-style-type: none">Mental illness: 24 months (lifetime maximum)Substance abuse: 24 months (lifetime maximum)

***NOTE: Pre-existing Condition**

If you become disabled due to an injury, illness, including pregnancy for which you receive medical treatment during the 3 months before you are first covered for disability, no benefits will be paid for that condition until you have been covered under the plan for 12 months.

Short-Term Disability

Short-Term Disability provides additional income if you are unable to work due to a covered accident, illness, or pregnancy. Benefit protection is for non-work-related injuries or illnesses and is provided through **Reliance**. Full-time team members may participate in the STD benefit; the benefit is 50% team member paid. Please see the premium calculation chart below to determine your disability rates.

Short-Term Disability	
Maximum Weekly Benefit	60% of your weekly income up to a maximum of \$1500 per week
Maximum Benefit Duration	12 weeks
Guaranteed Issue	Subject to Evidence of Insurability (EOI) and medical underwriting approval if elected outside your initial new hire enrollment period
Elimination Period	Benefits begin on the 8th consecutive day of disability due to an injury/accident
Pre-existing Condition*	3/12 - Please see note below for details
Portability	Not Offered

***NOTE: Pre-existing Condition**

If you become disabled due to an injury, illness, including pregnancy for which you receive medical treatment during the 3 months before you are first covered for disability, no benefits will be paid for that condition until you have been covered under the plan for 12 months.

Estimated Pre-Pay Premium	
Calculate Your Covered Payroll Weekly Earnings x .60 (Maximum covered payroll is \$2,501.00 weekly)	\$ _____
Divide by 10	\$ _____
Multiply by 0.515 to get estimated monthly premium	\$ _____
Divide by 2 to get the total estimated per pay premium	\$ _____
Divide by 2, again, to get your estimated per pay premium (Goodwin Living pays 50%)	\$ _____
This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.	

Voluntary Optional Life Insurance

Reliance Voluntary Optional Life Insurance is a life insurance policy that has level premiums. It does not build cash value and is available for full-time and part-time team members. This policy will give you more coverage at a lower cost than a permanent policy. This plan is portable should you leave Goodwin Living. Coverage is available for dependents, such as a spouse or children.

Voluntary Optional Life Insurance Policy	
Eligibility	Full-time and part-time team members on the first of the month following date of hire (or if hired on the first, benefits start on date of hire).
Minimum Face Amount	<ul style="list-style-type: none">• The greater of \$10,000 or face amount purchased by weekly premium of \$2.00.• The greater of \$25,000 or the face amount purchased by annual premium.
Issue Ages	18-65
What You Get	<ul style="list-style-type: none">• Higher amounts of coverage for a set period• Gives your beneficiary a source of funds• Portable policy you can keep if you change jobs or retire, if you pay premiums to the insurance company• Competitive and affordable premiums, automatically deducted from your paycheck• Tax-free death benefit to your beneficiary (as per current law)
What You Get	<ul style="list-style-type: none">• Coverage available for eligible dependents• Income Tax-free death benefit to your beneficiary Potential for loans and partial withdrawals based on cash value

401(k) Retirement Plan

Goodwin Living maintains a defined contribution plan to provide supplemental retirement income in addition to Social Security benefits. This coverage is provided to all team members who meet eligibility requirements. Please see the summary plan description and/or Human Resources for full details.

- All **full-time** team members at least 21 years of age are eligible to participate in the 401(k)-salary deferral portion of the plan and receive matching contributions up to 4% upon hire.
- After 12 months of service and after at least 1000 work hours, **all PRN and part-time** team members at least 21 years of age are eligible to participate in the 401(k)-salary deferral portion of the plan and receive matching contributions up to 4%.
- Once eligible, team members are automatically enrolled in 401(k) plan at 2% of their pre-tax pay. (Certain exclusions apply, please refer to the Summary Plan Description.) This amount increases 2% each year on January 1 until a 10% contribution is reached. A team member may change or decline this automatic enrollment/escalation by contacting [Principal](#).
- The Goodwin Living 401(k) plan has a four-year vesting period as follows:

Years of Service	Vested Percentage
Less than One	Zero
Year One	25%
Year Two	50%
Year Three	75%
Year Four	100%

- After one year of service and 1000 hours worked during the eligibility computation period, team members are eligible for the Employer Discretionary Contribution (EDC) portion of the Plan. Although not guaranteed, the EDC has historically provided an additional 3% match to eligible wages.
- All eligible team members receive a detailed enrollment packet in the mail from Principal after about 30 days from hire or newly eligible.
- Register for your account [online](#), or contact Principal at 800-547-7754 to enroll, change contributions, request a loan, or a rollover from another retirement account.

- In January 2025, the maximum deferral limit is \$23,500; for those 50 years of age or older, an additional \$7500 is allowed.

Tuition Assistance

Goodwin Living Tuition Assistance is made available through the generosity of donors to the Goodwin Living Foundation Staff Support Fund. Residents, family members, friends and other colleagues donate to this fund in gratitude for the Goodwin Living community. Goodwin Living Tuition Assistance is available to full-time and part-time team members meeting eligibility requirements. This benefit provides financial assistance to pay for the cost of tuition for degrees and certificates. Additionally, the program also supports team members pursuing their social work license by assisting with clinical supervision fees, if Goodwin Living is not able to provide supervision in-house with our licensed staff. English as a Second Language (ESL) classes are now covered through this benefit.

The maximum allowable amount is based on years of service and employment status. The amounts range from \$1313 to \$5250 per team member in the calendar year (beginning January 1 and ending December 31), for courses approved by the team member's department director and Human Resources. **Find the application on the ADP Homepage under Resources, Forms Library.**

	Length of Employment	Tuition Assistance Amount
Full Time	6 months to 23 months	Up to \$2,625
Full Time	24 months or more	Up to \$5,250
Part Time	6 months to 23 months	Up to \$1,313
Part Time	24 months or more	Up to \$2,625

Student Loan Repayment Assistance for Clinical Team Members

Thanks to our generous community of donors, the Goodwin Living Foundation offers student loan repayment to all clinical positions of full-time and part-time team members who have been with Goodwin Living for at least six months. Clinical positions include rehab, nursing, and therapy positions. This new opportunity will apply towards the tuition benefit for each calendar year (beginning January 1 and ending December 31), and team members are eligible to receive \$1313 to \$5250 based on years of service and employment status.

Please note: Both tuition assistance and student loan repayment cannot be requested

within the same calendar year. **Find the application on the ADP Homepage under Resources, Forms Library.**

Training and Development Opportunities:

In-house and Online Training

The ongoing training and development opportunities that are available to all team members provide one of the greatest benefits we offer, and we urge all team members to take full advantage of them. We help team members grow personally and professionally with online learning, such as Relias training for mandatory training. In addition, all team members may utilize the Custom Guide Interactive eLearning to learn more about Microsoft Office applications like Excel, Word, Power Point, Business Writing, Effective Presentations, and much more. To access this benefit, click <https://www.customguide.com/portal/GH>

University of Maryland Global Campus

Team members and their family members can save 25% on out-of-state tuition for most programs at UMGC. The tuition rate is even lower for in-state tuition or for active-duty military. The discount applies to more than 75 degrees, certificates, and specializations, with just a few exclusions. [Click to learn more.](#)

Truist Momentum Financial Confidence Program

[This free program for all team members](#) uses a set of pillars to help you learn and strengthen your skills on financial topics ranging from budgeting to debt management to investments to retirement. The program has something from everyone, regardless of where you are in your financial journey!

Family Medical Leave Act (FMLA)

FMLA is available to qualified team members for up to 12 weeks of unpaid, job-protected leave during a rolling 12-month period for specific family or health related needs (see Team Member Handbook for details on eligibility). [Click to file a claim for Family Medical Leave](#), or [click here to see the instructions](#). You may also file a claim for Short Term Disability following the same instructions.

Team members who are approved for FMLA or other approved leave are strongly encouraged to work with their payroll coordinator and/or manager regarding a PTO plan for when they are on leave. Goodwin Living does not require that PTO is used when you are on FMLA leave. All other absences require PTO use when available.

Paid Time Off (PTO)

PTO is accrued and available immediately for full-time and part-time team members who meet the criteria and is subject to the supervisor's approval. The PTO accrual rate is based on years of service and scheduled work hours. Part-time team members must work at least 37.5 hours in a pay period to accrue PTO. See the ADP Workforce Now Home Page, under the Benefits section for more information.

Holiday Pay, Floating Holiday and Personal Day

All full-time team members are paid for seven recognized holidays, one floating holiday and one personal day each fiscal year. Part-time and PRN team members are also eligible for holiday pay for the seven recognized holidays if the holiday is worked. NOTE: the floating holiday and personal day have a 90-day waiting period. See the Team Member Handbook for more information.

Bereavement Leave

All full-time team members are provided up to five days of paid leave for the death of an immediate family member and up to three days of paid leave for the death of a nonimmediate family member.

"Immediate family" (up to five days of leave) includes mother, father, sister, brother, spouse, domestic partner, children (including stepchildren), or an individual who took the place of parents during childhood.

"Non-immediate family" (up to three days of leave) includes grandchildren, grandparents and corresponding in-laws to immediate family listed above.

Free Team Member Meal

All Goodwin Living team members working within a community are eligible to receive one meal per shift at no cost.

Professional License Reimbursement

Full-time and part-time team members whose work requires a professional license may be reimbursed for the cost of the license renewal.

Daily Pay

With Daily Pay, team members make secure transfers of earnings before payday, whenever and wherever needed. There is no charge to sign up, and like an ATM, team members pay a small fee of \$3.49 when making same day transfers to bank accounts, debit cards or pay cards, and there is **no fee** for next-day transfers. See [the Daily Pay website](#) to learn more.

Direct Payroll Deposit

Goodwin Living offers direct deposit for paychecks, which allows wages to be wired directly to the bank of the team member's choice. Team members may use direct deposit for up to three bank accounts and may take two pay cycles to complete.

Wisely Pay Debit Card

An option for those who do not have a bank account, or would like another option for pay day, the Wisely Pay card is a reloadable prepaid debit card, where each pay period your wages are automatically loaded onto your card. Please contact Jeanne Hobbs JHobbs@GoodwinLiving.org or 703-517-3633 to enroll.

Credit Union

All Goodwin Living team members are eligible to join Arlington Community Federal Credit Union. Applications are available in branch offices at GHA and GHBC or [online](#).

Team Member Referrals

Team member referrals are one of our best sources for qualified applicants to Goodwin Living. Applicants must include the referring team member's name on their application.

Team Member to Resident Benefit

Dedication is something to be celebrated! Team members who dedicated themselves to Goodwin Living or affiliates for at least 20 years and left in good standing are eligible for financial assistance towards an entrance fee at either Goodwin House Alexandria or Goodwin House Bailey's Crossroads. See Sue Dolton, Goodwin Living Director of Sales, at 703-824-1240 or SDolton@GoodwinLiving.org to learn more about this benefit.

Flu and Hepatitis B Vaccine

The Centers for Disease Control (CDC) recommends that everyone six months and older get a flu vaccine each season. Goodwin Living provides the flu vaccine free of charge to all team members, beginning in the early Fall.

The Occupational Safety and Health Administration (OSHA) recommends that all health care team members receive a Hepatitis B vaccine. This vaccine offers a high degree of protection against contracting Hepatitis B.

Note: Vaccines are free and entirely voluntary. Goodwin Living is not responsible for any ill effects caused by the vaccines. Call the Infection Prevention Nurse (see List of Contacts at the end of this Guidebook) to make an appointment for a vaccination or health screening.

Fitness Center and Pool

Team members may use the Fitness Center at GHA and GHBC, or the GHA Pool before or after working hours and when use does not interfere with the residents' routine. All team members who are interested in using the Fitness Center must see the Fitness Center Manager (see List of Contacts at the end of this Guidebook).

U.S. Citizenship Application Assistance/ Renewal of DACA, Green Card, Work Permits

The Goodwin Living Citizenship Program is made available through the generosity of donors to the Goodwin Living Foundation Staff Support Fund. Full-time and part-time team

members are eligible after six months of employment. In addition, full-time or part-time team members who have completed one year of employment or more are eligible to receive all types of support through this program for two immediate family members per calendar year (January 1-December 31). Find the application on the **ADP Homepage under Resources, Forms Library**.

[Pet Insurance](#)

Full-time and part-time team members may purchase pet insurance through Nationwide to help cover the cost of veterinary bills. Enrollment in the Pet Insurance plan is voluntary and is available at any time during the year. Get a free, no-obligation quote today at www.PetsNationwide.com.

[LifeMart Employee Discounts](#)

This savings platform available through www.workforcenow.adp.com is a member savings platform that provides discounts on everyday products and services.

[Verizon Discounts](#)

Team members can receive a discount when purchasing or adding services with Verizon Wireless. Ask the Verizon Wireless sales associate for more information.

[Dell Discounts](#)

Goodwin Living uses many Dell products, and as a result, team members can access their Member Purchase Program to save money on Dell productions. Click www.dell.com/mpp/goodwinhouse to learn more.

[Ceca Award](#)

The Ceca Award is given to team members who best exemplify the qualities of empathy, humor, integrity, professionalism, and teamwork in treating residents – qualities valued at Goodwin Living. To learn more and to nominate a co-worker, click [here](#). You can also download the Ceca Award app and nominate a co-worker from your mobile device.

[Service Awards](#)

Each year, team members celebrating years of service in multiples of five years are honored with a special ceremony where they receive their service pin and a certificate. Team members celebrating 15 years or more also receive a monetary gift.

[BJs Membership \(One-year\)](#)

Thanks to our generous community of donors, the Goodwin Living Foundation offers a one-year BJ's Wholesale Club membership to all Goodwin Living team members. Team members will be responsible for the renewal fees after their first year of membership if they are interested in continuing. [The application is available here](#) and on the ADP Homepage.

Shared Leave Bank

Under specific circumstances, team members may request shared leave for time off. Team members may donate their PTO up to 40 hours per year to contribute to the Shared Leave Bank. See your supervisor for information.

Emergency Grants

Goodwin Living Emergency Grants Program is made available through the generosity of donors to the Goodwin Living Foundation Staff Support Fund. These confidential grants are available for full-time and part-time team members who have worked at least 90 days. There is a maximum of \$3,000 for emergency grant support, and that level is generally reserved for the most extreme of circumstances. Find the application on the ADP Homepage under Resources, Forms Library. Questions? Email StaffSupport@GoodwinLiving.org

Emergency Loans

Goodwin Living provides interest-free emergency loans to team members meeting required eligibility criteria. Situations covered by this benefit include interest free loans to address an eviction notice, utility shut-off notice, and unexpected car repair. Please see [Human Resources](#) for more information.

Total Reward Statement

At Goodwin Living, compensation and rewards are made up of both salary and a variety of benefits. Your hourly rate does not fully represent your total compensation. Your Total Reward Statement is available for you to see the total income and benefits provided to you by Goodwin Living as well as the value of each benefit. In ADP go to Myself > Pay > Total Rewards. Once a year Goodwin Living provides this Total Rewards Statement to you via U.S. Mail. Look for this in late winter/early spring each year.

Employee Assistance Program (EAP)

Managed by Cigna Behavioral Health (CBH), the Employee Assistance Program (EAP) offers an array of services designed to assist you with work, life, and family issues. It is available to all full-time and part-time team members and members of their households. Note: you do not need to be enrolled in a medical plan to use the EAP. [To access the Cigna EAP, click here](#), or call (866) 395-7794, and let them know you are with **Goodwin Living under the Episcopal Church Medical Trust?**



EAP services are free, confidential, and available 24/7. Services include:

- Phone and website access 24/7
- In-person counseling (up to 10 sessions per issue/per year with \$0 copay)
- Immediate help during a crisis
- Local resources in your community on a wide range of topics, including elder and childcare providers, support groups, and so much more
- Tips and guidance to help balance work with family life, including a free legal or financial consultation
- The Healthy Rewards® Member Discount Program, offering discounts on weight management and nutrition programs, tobacco cessation programs, healthy lifestyle product discounts, and alternative medicine, such as acupuncture, chiropractic, and massage therapy

Extension of Benefits Program for the GL Health Plan (EOB)

Like COBRA, the health plans offered by the Episcopal Church Medical Trust provide for an Extension of Benefits program. Because the Goodwin Living plan is a church plan as described under Section 3(33) of ERISA, it is exempt from COBRA requirements.

Nonetheless, subscribers and/or their enrolled dependents can continue benefits for a limited time in certain instances when coverage through the EOB would otherwise cease. Individuals who elect to continue coverage through an Extension of Benefits are responsible for the full cost of coverage.

What Happens When My Employment Ends?

Team members separating employment from Goodwin Living are notified of the following:

- **401(k) Retirement** - Principal will send a packet of information providing options for the 401(k). This may include leaving the balance in the Goodwin Living 401k plan, rolling over into a new 401k plan, rolling over into an IRA, or taking a distribution. Contact Principal with any questions.

- **Medical, dental and vision insurance** – These plans end on last day of the month of separation or transition to part-time or PRN status. Team members may continue health insurance for up to 36 months through the Extension of Benefits with the Church Pension Group.
- **Disability and life insurance** – These plans end on the day of separation or transition to part-time or PRN status, however team members may elect to convert the group life insurance.
- **FSA plans** - Deductions discontinue on the last paycheck following status change or separation of employment. If you have a balance in your flexible spending account at that time, you may continue to file claims for eligible expenses against the balance until the end of the plan year, however you may not incur expenses beyond your separation or status change date.
- All other benefits end upon separation.

My Retirement

The Social Security Administration has resources to help you get started on your retirement journey. Please check out their [website](#) for information on retirement benefits, including Medicare.

Medicare Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Goodwin Living and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Goodwin Living has determined that the prescription drug coverage offered by the Goodwin Living Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can I Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens If I Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected and your Goodwin Living plan will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Goodwin Living coverage, be aware that you and your dependents will not be able to get this coverage back until next year's annual Open Enrollment period (provided that you are otherwise eligible to enroll in the plan at that time).

When Will I Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Goodwin Living and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Current Prescription Drug Coverage

Contact the Human Resources Department for further information.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Goodwin Living changes. You also may request a copy of this notice at any time.

For More Information About Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the

“Medicare & You” handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-7721213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2024
Name of Entity/Sender: Goodwin Living
Contact: Human Resources Department
Address:4800 Fillmore Ave., Alexandria, VA 22311
Phone Number: 703-824-1358

Newborn’s Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not more than 48 (or 96) hours.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan to avoid the requirements of the Act.
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator or The Episcopal Church Medical Trust at (800) 480-9967.

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply.

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

State Assistance with Health Plan Premiums

ALABAMA - Medicaid	CALIFORNIA
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA - Medicaid	COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/healthinsurancerebuy-program HIBI Customer Service: 1-855-692-6442

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility -

* Please refer to the HIPAA Notice of Special Enrollment Rights for information on an extension of time to request coverage because of the COVID-19 pandemic.

GEORGIA - Medicaid		MASSACHUSETTS - Medicaid and CHIP	
Website: https://medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131		Website: https://www.mass.gov/infodetails/masshealthpre-assistance-pa Phone: 1-800-862-4840	
INDIANA - Medicaid		MINNESOTA - Medicaid	
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584		Website: https://mn.gov/dhs/people-weserve/children-andfamilies/health-care/health-careprograms/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739	
IOWA - Medicaid and CHIP (Hawki)		MISSOURI - Medicaid	
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-atoz/hipp HIPP Phone: 1-888-346-9562		Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	
KANSAS - Medicaid		MONTANA - Medicaid	
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884		Website: http://dphhs.mt.gov/MontanaHealthcareProgr Phone: 1-800-694-3084	
KENTUCKY - Medicaid		NEBRASKA - Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx		Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000	

Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Omaha: 402-595-1178
LOUISIANA - Medicaid	NEVADA - Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

MAINE - Medicaid	NEW HAMPSHIRE - Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY - Medicaid and CHIP	UTAH - Medicaid and CHIP
Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OKLAHOMA - Medicaid and CHIP	VERMONT - Medicaid

Website: http://www.insureoklahoma.org Phone: 1888-365-3742	Website: http://www.greenmountaincare.org/ Phone: 1800-250-8427
OREGON - Medicaid	VIRGINIA - Medicaid and CHIP
Website: https://www.oregon.gov/oha/hsd/medicaid-policy/pages/state-plans.aspx Phone: 1-800-699-9075	Medicaid Website: https://www.coverva.org/en/famis-select Chip Website: https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924

PENNSYLVANIA - Medicaid	WASHINGTON - Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.hca.wa.gov/ Phone: 1800-562-3022
RHODE ISLAND - Medicaid and CHIP	WEST VIRGINIA - Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
NEW YORK - Medicaid	WISCONSIN - Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.dhs.wisconsin.gov/ Phone: 1-800-362-3002
NORTH CAROLINA - Medicaid	WYOMING - Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://health.wyo.gov/healthcarefin/mec Phone: 1-800-251-1269
NORTH DAKOTA - Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	
ARKANSAS - Medicaid	FLORIDA - Medicaid

Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
--	--

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
- U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272) | 1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Notice of Special Enrollment Rights

This notice informs you of your right to enroll in a group health plan sponsored by The Episcopal Church Medical Trust (a "Medical Trust Plan") under the special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA).

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 a Medical Trust 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 because 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.

Also, if you or any of your dependents loses eligibility for coverage under Medicaid or the Children's Health Insurance Plan (CHIP) or if you or any of your dependents becomes eligible for premium assistance under Medicaid or CHIP, you may be able to enroll yourself and your dependents in a Medical Trust Plan. However, you must request enrollment within 60* days after this change.

To request special enrollment or obtain more information, contact The Episcopal Church Medical Trust at the following address and phone number:

The Episcopal Church Medical Trust
19 East 34th Street
New York, NY 10016
(800) 480-9967

You may also review the applicable Medical Trust Plan Document Handbook available [here](#).

Vendor Contact Information

Benefit	Company Name	Phone Number	Website/ Email Address
General Insurance - Medical, Dental, EyeMed, EAP	Episcopal Church Medical Trust / Church Pension Group	(800) 480-9967	https://www.cpg.org/active-lay-employees/insurance/health-and-wellness/overview/
Kaiser Medical Insurance Plan Group Number 100001	Kaiser Permanente	(877) 740-4117	www.kp.org
Anthem Medical Insurance Group Number JNT218	Anthem	(844) 812-9207	www.anthem.com
Member ID Cards / Bills / Questions - Anthem Members	Quantum Health	(866) 871-0629	https://www.cpg.org/redirects/Quantum/
Anthem Pharmacy Medications	Express Scripts	800-841-3361	www.express-scripts.com
Delta Dental Insurance Group Number 22379	Delta Dental	888-894-7059	https://www1.deltadentalins.com/
Vision Insurance - EyeMed Included with Medical Enrollment Account # 9682527	Episcopal Church Medical Trust	(800) 480-9967	https://shorturl.at/UJNF2
Vision Insurance-EyeMed Policy number 010-34193	Ameritas	866-289-0614	https://shorturl.at/NY0k2
Vision Insurance-VSP Policy number 010-34193	Ameritas	800-877-7195	https://www.vsp.com/eye-doctor
Employee Assistance Plan Group Number 2005030	Cigna EAP <i>Employer ID Episcopal</i>	(866) 395-7794	www.myCigna.com
Short Term Disability Group Account # STD 652435	Reliance Standard	(800) HELP-RSL	www.reliancestandard.com
Long Term Disability Group Account # LTD 652435	Reliance Standard	(800) HELP-RSL	www.reliancestandard.com
Voluntary Life Insurance Account # 53004	Reliance Standard Group	(800) 778-2255	
Flexible Spending Account (FSA) Account # 54210	Health Equity Account		https://my.healthequity.com/ClientLogin.aspx
401(k) Retirement Account # 314591	Principal	(800) 547-7754	www.principal.com
Get Paid Today!	Daily Pay	(866) 432-0472	employee.support@dailypay.com

HR Contact Information

Benefit	Goodwin Living Contact Information		
Disability Claims	GHA - Mary Reyes	(703) 824-1306	mreyes@goodwinliving.org
	TVA - Septima Piedu	(703) 797-3803	spiedu@goodwinliving.org
	GHBC - Norma Lacayo	(703) 578-7121	nlacayo@goodwinliving.org
Relias Training	GHA - Mary Reyes	(703) 824-1306	mreyes@goodwinliving.org
	TVA - Septima Piedu	(703) 797-3803	spiedu@goodwinliving.org
	GHBC - Norma Lacayo	(703) 578-7121	nlacayo@goodwinliving.org
Tuition Assistance	Zoe Marcuse	(571) 429-2180	zmarcuse@goodwinliving.org
Citizenship/DACA			
Emergency Grants			
Fitness Center and Pool	GHA Fitness Center Manager Leslie LaPlace	(703) 824-1136	llaplace@goodwinliving.org
Fitness Center	GHBC Fitness Center Manager - Olga Cardoso	(703) 578-7609	ocardosa@goodwinliving.org
General Benefits, including Insurance, 401k and FSA	Benefits Manager - Jeanne Hobbs	(703) 517-3633	jhobbs@goodwinliving.org
Insurance Benefits and FSA	HR Specialist - Charniel Page	(571) 429-0586	cpage@goodwinliving.org



Goodwin
Living

Questions about your benefits?

Contact Human Resources
HR@GoodwinLiving.org

Thank You for all you do!

The mission of Goodwin Living is to support, honor and uplift the lives of older adults and the people who care for them through a faith-based, non-profit organization affiliated with the Episcopal Church.