Goodwin Living

Benefits Guidebook
Calendar Year 2026

Insurance Plan Year
January 1, 2026
to December 31, 2026

The Washington Post
TOP WORK PLACES 2025

Dear Team Member,

Welcome to your Benefits 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.

This Benefits Guidebook highlights the array of benefits available to full-time team members for this Plan Year. In addition, benefits available to part-time and PRN team members are also highlighted, beginning on page 32. This Guidebook is the best resource to learn more about your benefits at Goodwin Living and contains many hyperlinks to more information. For example, on page 14 you can click the links to find an EyeMed doctor; on page 26 you will find the links to learn about the Flexible Spending plans.

Each year the Guidebook is available in electronic format on the ADP Homepage and in Teams. It is also available in hard copy in HR.

The Human Resources Team is available to provide clarification and respond to questions that are not addressed in this Benefits Guidebook. For contact information, please refer to the back of this Benefits Guidebook. 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.

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Annual Open Enrollment

Annual Open Enrollment occurs each year in the fall and is the only time in the year that you can make changes to your benefit elections, outside of a major life event. In 2026 annual benefits 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 roll over into the new year. However, it is recommended that you review the changes in the costs, as well as review your beneficiary information.

Eligibility for You and Your Dependents

When Your Benefits Start

Full-time team members get insurance benefits starting the first day of the month after their hire date. Example: If you are hired on December 4, your benefits start January 1.If you are hired on the first day of a month, your benefits start that same day. The waiting period will never be longer than 30 days.

If You Become Full-Time Later

If you move from part-time or PRN to full-time, your benefits start the first day of the month after you become full-time. Example: If you become full-time on December 4, your benefits start January 1.

Who You Can Cover (Dependents)

If you're eligible for health insurance, you can also enroll:

Your legal spouse
Your children (up to age 30) for health and dental

Coverage ends at the end of the year they turn 30

Disabled children of any age (if the disability began before age 26 and medical proof is provided)

Eligible children include:

Biological or adopted children
Your spouse’s children (when you are legally responsible for them)

Important Reminders

All dependents must have a Social Security number to enroll. Newborns can be added without one at first, but you must update it in ADP once received. If a Social Security number is not provided, coverage will be terminated.

For questions, contact: HR@GoodwinLiving.org

Changing Your Benefits

You can change your benefits during the plan year only if you experience one of the following events:

- Marriage, divorce, or annulment
- Birth, adoption, or placement for adoption of a child
- Loss of your or your spouse's job, or a change in work status that affects coverage
- Death of a spouse or dependent
- Loss of dependent eligibility
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order (QMCSO)
- Reduction in work hours to fewer than 30 per week
- Enrollment in a state health insurance exchange plan due to:
- Eligibility for a special enrollment period (SEP), or
- Enrollment during the exchange's open enrollment period
- Any other significant event recognized under Section 125 regulations

Important:

You must provide proof of the event (showing the effective date) to Human Resources within 30 days of the event / QLE (60 days for Medicaid or CHIP changes). Newborns may be added to ADP without a Social Security Number, however it must be added once it's issued.

Changes made for reasons other than a qualifying event are not allowed until the next open enrollment period.

To add a dependent to your insurance, you must update ADP. Click here for instructions.

Benefits Eligible for Section 125 Cafeteria Plan

Full-time team members can join the Goodwin Living Section 125 Cafeteria Plan. This plan lets you pay eligible insurance premiums with pre-tax dollars, which may lower your taxable income and increase your take-home pay. If you enroll in one of these plans, you are automatically enrolled in Section 125 for the premiums you pay.

How to Enroll in Insurance

Enroll in insurance and choose your life insurance beneficiary in the ADP portal www.workforcenow.adp.com . You must enroll by the ADP deadline. If you miss it, you'll need to wait until Annual Open Enrollment or a Qualifying Life Event to make changes.

Beneficiary for Life Insurance and 401(k)

Ensure your loved ones are taken care of in the event of your death. Update ADP with your life insurance beneficiary, and Principal for your 401(k).

Identification Cards for Your Benefits

When you'll receive your card

- New enrollees will receive ID cards from their insurance provider within 30 days of the benefit start date.
    - Example: If your coverage starts January 1, your card should arrive in December.
- If your insurance is not changing, you will not receive new cards.

How ID cards work by plan*

- **Anthem BCBS**
    - Cards are issued by Quantum Health, which manages Anthem enrollment.
    - You will receive two identical cards.
    - All covered dependents' names appear on the cards.
- **Kaiser Permanente**
    - ID cards are issued directly by Kaiser Permanente.
- **Delta Dental**
    - Cards are issued by Delta Dental.
    - You will receive two identical cards with all covered dependents listed.
- **EyeMed (Episcopal Church Medical Trust)**
    - No physical ID cards are issued.
    - A digital ID card is available after creating an account on the EyeMed website.

    - You may show the digital card on your phone.
    - Many vision providers only ask for your name and date of birth to verify coverage.
- **Ameritas EyeMed**
    - New enrollees will receive a physical ID card.
- **Ameritas VSP**
    - No ID cards are issued.

If you don't receive your card

- Cards are sent by U.S. Mail in a plain white envelope and usually arrive within 30 days of enrollment (delivery may take longer during Annual Open Enrollment).
- Please check your mail carefully.

If your card does not arrive:

1. Confirm your mailing address in ADP and update it if needed.
2. If your address is correct, contact the insurance provider's customer service (numbers are listed on the last page of this Guidebook) to request a new card.

***Helpful tip**
We strongly recommend using the mobile apps for your insurance plans. They provide quick access to:

- Digital ID cards
- Coverage details
- Claims and provider information

Kaiser Permanente Plans Overview

Kaiser Permanente plans combine medical care and prescription drug coverage into one plan. Copays are generally low. A deductible applies only to the Kaiser 90 and Kaiser 80 plans.

When you enroll, you get care only within the Kaiser Permanente network, which includes:

- Over 1,500 Kaiser doctors in the Mid-Atlantic region
- More than 30 multi-specialty medical centers

At Kaiser facilities, you can often:

- See your doctor
- Get lab work or X-rays
- Pick up prescriptions
  —all in the same location.

You must choose a Kaiser Permanente doctor for yourself and any covered family members. You may change your doctor at any time online or by contacting customer service.

Important:
Non-emergency care received outside the Kaiser network is not covered. If Kaiser cannot provide a needed service, they will refer you to a non-Kaiser provider.

You can choose or change your Kaiser doctor online at: **www.kp.org/doctor**

Anthem Blue Cross Blue Shield Overview

You can choose from three Anthem BlueCross BlueShield plans, called BlueCard PPO plans:

- PPO 100 – No in-network deductible. You pay copays for most services.
- PPO 80 and PPO 90 – These two plans include a deductible.

How Anthem PPO Plans Work

Anthem plans are PPO (Preferred Provider Organization) plans, which means:

- You may see any doctor you choose
- You pay less when you use doctors and hospitals in Anthem's network

If you use in-network providers:

- You pay lower out-of-pocket costs
- The plan covers more of the cost

The Washington, DC, Maryland, and Northern Virginia area includes a large network with over 44,000 providers.

Coverage When You Travel or Live Outside the Area

Anthem's BlueCard PPO program gives you access to care nationwide, including:

- About 96% of hospitals

- About 95% of doctors across the U.S.

Your ID card includes a **"**PPO in a suitcase**"** symbol that tells doctors and hospitals you are a BlueCard PPO member, so you receive in-network-level benefits even when traveling.

Using Out-of-Network Providers

If you choose to see an out-of-network provider:

- You will pay more
- You may need to pay the provider up front
- You may be responsible for charges not covered by the plan

You can search for doctors anytime using Anthem's provider directory.

Pharmacy Benefits Overview

Kaiser Permanente Prescription Coverage

Kaiser plans include prescription drug coverage. Members can fill prescriptions at Kaiser pharmacies or use home delivery, which often costs less.

Anthem Plans – Express Scripts Prescription Coverage

When you enroll in an Anthem medical plan, prescription coverage is included through Express Scripts.

Medications are grouped into four cost tiers:

- Generic drugs – lowest cost
- Preferred brand drugs – higher cost
- Non-preferred brand drugs – higher cost
- Specialty drugs – highest cost

More details are available at www.express-scripts.com.

Express Scripts Home Delivery (for Anthem Plans)

If you take ongoing (maintenance) medications, you must use home delivery after:

- One initial fill and two refills at a retail pharmacy

- Retail fills are limited to 30-day supplies

Some short-term medications (such as antibiotics or acute pain medication) are not required to use home delivery.

Generic Medications

Generic drugs:

- Are FDA-approved
- Work the same as brand-name drugs
- Cost less

If a generic is available, the plan covers only the generic cost. If you choose the brand-name drug, you will pay the generic cost plus the difference.

If you have questions about generics, talk with your doctor or pharmacist.

Kaiser Permanente Resources

Kaiser Permanente plans through the Episcopal Church Medical Trust offer many tools and resources to help you stay healthy. Details are available in the **2025 Handbook** (the 2026 Handbook is coming soon).

Online Health & Lifestyle Programs

Kaiser members age 18 and older can take a Total Health Assessment through HealthMedia®. After answering a few questions, you receive a personalized action plan to help improve your health. Free online programs are available to support goals like better nutrition, fitness, and stress management.

Get started at www.kp.org

Kaiser Online Tools

At www.kp.org, you can:

- Message your doctor and Member Services (My Message Center)
- Schedule appointments and use a symptom checker
- View medical records, test results, and immunizations
- Manage prescriptions and learn about medications (Pharmacy Center)

Visit www. www.kp.org for more information.

Anthem Resources

Anthem BCBS insurance offered through the Episcopal Church Medical Trust offers many resources to members. **See the 2025 Handbook here** to learn more about these resources. The 2026 Handbook is coming soon. 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

Quantum Health is your single point of contact for Anthem plans. They can help Anthem members understand how their health plan works and answer questions about coverage. Quantum Health knows the Anthem plans offered for 2026, but they do not know which plans you are personally eligible for. Before calling, make sure you know which plans are available to you.

Contact Quantum Health

- Phone: 866-871-0629
- Website: https://www.cpg.org/redirects/Quantum/

Important reminders:

- If you move, you must contact Quantum Health to request new ID cards, even if you have already updated your address elsewhere.
- You can also download the Quantum Health mobile app for easy access: https://quantum-health.com/mobile-app/
- *Don't forget* - if you move, you must contact Quantum Health to request new cards, even though you've updated your address.
- Download the Quantum Health app today by clicking here **- https://quantum-health.com/mobile-app/**

Hinge Health

Hinge Health is free for Anthem members and helps with back, joint, and muscle pain. After signing up online or through the Hinge Health app, you'll complete a short questionnaire. Based on your needs, you'll be matched to one of these programs:

- Prevention – Exercises and education to stay strong and avoid injury (app-based).
- Chronic Pain – Support for long-term back or joint pain, including guided exercises, a personal health coach, and optional virtual physical therapy.
- Acute Injury – Care for recent injuries with live virtual visits with a licensed physical therapist.

- Surgery – Help before and after common orthopedic surgeries, including exercises and coaching.
- Expert Medical Opinion – Second opinions for non-emergency orthopedic surgeries.

For eligible programs, you may receive up to six virtual physical therapy sessions at no cost before needing in-person care. Access may vary by state and may require a doctor's referral.

Questions?
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.

Infertility Benefits

The Episcopal Health Plan through the Medical Trust covers services to diagnose and treat infertility.

Covered services include:

- Tests and procedures to determine infertility
- Fertility treatments such as:
    - Artificial insemination
    - In-vitro fertilization (IVF)
    - GIFT and ZIFT procedures

The plan has a lifetime maximum of $50,000 for both medical and prescription fertility services.

The plan also covers fertility preservation for individuals who must receive medical treatment that could cause infertility.

Important note:
Copays, coinsurance, and deductibles apply. These costs do not count toward the $50,000 lifetime maximum.

UnitedHealthcare Global Assistance

When you enroll in a Medical Trust medical plan, you automatically have access to UnitedHealthcare Global Assistance—at no extra cost. This service provides 24/7 emergency travel assistance when you are 100 or more miles from home. You do not need to sign up. Global Assistance can help with:

- Emergency medical and dental referrals worldwide
- Replacing lost prescription medications or glasses
- Other travel-related medical support

Important:

This program helps coordinate care but does not pay for medical services. If you receive care while traveling, you may need to pay upfront. If the service is covered by your medical plan, you can submit a claim for reimbursement.
For more information:

- Call (800) 527-0218
- Click this link to register your account - https://worldwatch.uhcglobal.com/

Important Notice About Vision Benefits

Kaiser and Anthem medical plans do not cover routine eye exams. Because of this, all team members enrolled in any medical plan receive vision benefits at no extra cost through the Episcopal Church Medical Trust EyeMed Vision Care (Insight Network).

The vision plan is provided and managed by the Episcopal Church Medical Trust, the same organization that manages the health and dental plans.

There are three options for vision insurance. Please review these below before enrolling.

1. **EyeMed Plan from The Episcopal Medical Trust**
    - Automatically included if you enroll in a Goodwin Living medical plan
    - Covers team members and dependents on the medical plan
    - No enrollment required
    - You do not need an Ameritas vision plan unless:
        - You waived medical coverage,
        - You want to cover dependents not on your medical plan, or
        - You want additional vision coverage

[Find a list of providers here.]

2. VSP Plan from Ameritas

- Available if you do not enroll in a medical plan or want to cover dependents
- Voluntary enrollment
- [To locate network providers, click here.]

3. EyeMed Plan from Ameritas

- Available if you do not enroll in a medical plan or want to cover dependents
- Voluntary enrollment
- [To locate network providers, click here.]

This table below may help you determine which plan you need:

Vision Plan	Who Is Eligible	Cost	Enrollment Needed?	What to Know
EyeMed – Episcopal Medical Trust	Team members enrolled in a Goodwin Living medical plan and covered dependents	No cost	No – automatic	This is the default vision coverage if you enroll in a medical plan. You do not need an Ameritas vision plan unless you waived medical, want to cover other dependents, or want extra coverage.
VSP – Ameritas	Team members who waived medical coverage or want to cover additional dependents	Employee paid	Yes – voluntary	Optional vision plan available through Ameritas.
EyeMed – Ameritas	Team members who waived medical coverage or want to cover additional dependents	Employee paid	Yes – voluntary	Optional EyeMed plan through Ameritas for those not enrolled in medical coverage or wanting additional vision coverage.

Medical 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.

For what you pay for common services, see the Summaries of Benefits and Coverage below.

Medical Plans
Anthem BlueCard PPO 100
Anthem BlueCard PPO 90
Anthem BlueCard PPO 80
Kaiser EPO High Plan
Kaiser EPO 90 Plan
Kaiser EPO 80 Plan

Kaiser Medical Plans at a Glance

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; $12 for group visit	$25 copay per visit for individual visit; $12 for group visit	$25 copay per visit for individual 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 Care[3]	$0 copay	50% coinsurance
Hospice Care[4]	$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 Care[3]	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Hospice Care[4]	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

Delta Dental plans cover care both in-network and out-of-network. You can save money by using Delta's large network of 135,000+ dentists who offer discounted rates.

Each plan includes three cleanings per year, along with the related oral exams. If you see a Delta Dental PPO or Delta Dental Premier dentist, there is no deductible for in-network services.

Delta has two levels of in-network dentists:

- Delta Dental PPO (network providers): Highest discounts and usually the best coverage, so you typically pay less.
- Delta Dental Premier: Discounted rates still apply, but savings are lower than PPO.

Out-of-network dentists are those who do not participate in Delta's network.

To find an in-network dentist, use the provider directory or call (888) 894-7059 or click here for the directory. For what you pay for common services, see the Summaries of Benefits and Coverage below.

Dental Plans
Delta Dental DDO Plus Premium
Delta Dental DDO Plus Comprehensive
Delta Dental DDO Plus Basic

Delta Dental Premium Plan at a Glance

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**
Deductible[1]: 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 Comprehensive 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**
Deductible[1]: 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 50% No Deductible	Plan Pays 50% No Deductible	Plan Pays 40% After Deductible
Implants	Plan Pays 50% No Deductible	Plan Pays 50% No Deductible	Plan Pays 40% 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 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**
Deductible[1]: 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

Cost of Insurance

2026 Premiums - Note that the April 29 and Sept. 30 paychecks have no insurance deductions

Benefit Plan	Coverage Level	Team Member Monthly Cost	Team Member Paycheck Cost*	GL 2026 Monthly Cost
Kaiser EPO High	Employee Only	$ 155.44	$ 77.72	$ 612.56
Kaiser EPO High	Employee Plus Spouse	$ 779.18	$ 389.59	$ 756.82
Kaiser EPO High	Employee Plus Child(ren)	$ 645.08	$ 322.54	$ 736.92
Kaiser EPO High	Employee Plus Family	$ 1,096.51	$ 548.26	$ 1,207.49
Kaiser EPO 90	Employee Only	$ 117.82	$ 58.91	$ 612.18
Kaiser EPO 90	Employee Plus Spouse	$ 702.86	$ 351.43	$ 757.14
Kaiser EPO 90	Employee Plus Child(ren)	$ 577.35	$ 288.68	$ 736.65
Kaiser EPO 90	Employee Plus Family	$ 982.56	$ 491.28	$ 1,207.44
Kaiser EPO 80	Employee Only	$ 76.35	$ 38.17	$ 562.65
Kaiser EPO 80	Employee Plus Spouse	$ 539.34	$ 269.67	$ 738.66
Kaiser EPO 80	Employee Plus Child(ren)	$ 429.23	$ 214.61	$ 720.77
Kaiser EPO 80	Employee Plus Family	$ 741.17	$ 370.58	$ 1,175.83
Anthem BCBS 100	Employee Only	$ 405.92	$ 202.96	$ 565.08
Anthem BCBS 100	Employee Plus Spouse	$ 1,280.13	$ 640.07	$ 661.87
Anthem BCBS 100	Employee Plus Child(ren)	$ 1,095.50	$ 547.75	$ 652.50
Anthem BCBS 100	Employee Plus Family	$ 1,847.94	$ 923.97	$ 1,065.06
Anthem BCBS 90	Employee Only	$ 282.29	$ 141.15	$ 568.71
Anthem BCBS 90	Employee Plus Spouse	$ 1,032.88	$ 516.44	$ 669.12
Anthem BCBS 90	Employee Plus Child(ren)	$ 872.98	$ 436.49	$ 659.02
Anthem BCBS 90	Employee Plus Family	$ 1,477.06	$ 738.53	$ 1,075.94
Anthem BCBS 80	Employee Only	$ 191.50	$ 95.75	$ 558.50
Anthem BCBS 80	Employee Plus Spouse	$ 829.00	$ 414.50	$ 671.00
Anthem BCBS 80	Employee Plus Child(ren)	$ 690.89	$ 345.44	$ 659.11
Anthem BCBS 80	Employee Plus Family	$ 1,174.68	$ 587.34	$ 1,075.32
Delta Dental Basic	Employee Only	$ 14.84	$ 7.42	$ 8.16
Delta Dental Basic	Employee Plus Spouse	$ 31.42	$ 15.71	$ 14.58
Delta Dental Basic	Employee Plus Child(ren)	$ 21.00	$ 10.50	$ 20.00
Delta Dental Basic	Employee Plus Family	$ 41.45	$ 20.73	$ 27.55
Delta Comprehensive	Employee Only	$ 32.36	$ 16.18	$ 13.64
Delta Comprehensive	Employee Plus Spouse	$ 65.91	$ 32.96	$ 26.09
Delta Comprehensive	Employee Plus Child(ren)	$ 54.66	$ 27.33	$ 28.34
Delta Comprehensive	Employee Plus Family	$ 101.65	$ 50.82	$ 36.35
Delta Premium	Employee Only	$ 46.43	$ 23.22	$ 13.57
Delta Premium	Employee Plus Spouse	$ 94.06	$ 47.03	$ 25.94
Delta Premium	Employee Plus Child(ren)	$ 79.81	$ 39.91	$ 28.19
Delta Premium	Employee Plus Family	$ 143.85	$ 71.92	$ 36.15
Eye Med Vision	Employee Only	No Charge	No Charge	$ 5.66
Eye Med Vision	Employee Plus Spouse	$ 5.90	$ 2.95	$ 5.00
Eye Med Vision	Employee Plus Child(ren)	$ 4.19	$ 2.10	$ 5.00
Eye Med Vision	Employee Plus Family	$ 9.44	$ 4.72	$ 5.00
VSP Vision	Employee Only	$ 6.76	$ 3.38	$ -
VSP Vision	Employee Plus Spouse	$ 12.99	$ 6.50	$ -
VSP Vision	Employee Plus Child(ren)	$ 10.79	$ 5.40	$ -
VSP Vision	Employee Plus Family	$ 17.06	$ 8.53	$ -

Flexible Spending Account / FSA

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

What is an FSA? These are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible medical expenses (Health Care FSA) or childcare expenses (Dependent Care FSA) so you can work. 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 2025 FSA plan and want to continue, you will need to actively enroll for 2026. NOTE: if you wish to carry over a balance into the new year, you must enroll in the 2026 plan to access those rolled over funds. The plan allows for a $660 rollover for health care FSA funds.

Click here to learn more about the FSAs with Health Equity, including a list of eligible medical expenses.

PLEASE NOTE THIS IMPORTANT INFORMATION:

- Plan carefully because you could forfeit any unused funds.
- Dependent Care FSA funds **do not rollover** into the new plan year. If not used, they are forfeited.
- Up to $660 unused Health Care FSA funds can be rolled over into the next plan year, however you must be enrolled in the next FSA plan year to use these rolled over funds.
- Dependent Care FSAs are to pay for childcare costs, not health care costs, so plan wisely.
- Save your receipts; you may need to provide them to verify transactions. If you do not, your account may be locked.
- Use this link -- https://www.wageworks.com/ to create and log into your account. You can see your balance and submit receipts for validation or reimbursement
- Health Care FSA enrollees will receive a debit card to use at doctors' offices and pharmacies for out-of-pocket expenses. If you didn't receive your card or you're your card, please use one of the options below to request a card. Dependent Care FSA does not provide a debit card. Receipts must be submitted for reimbursement.

  Option 1: Once you register and log in to your account on the member portal (https://participant.wageworks.com/home.aspx), click "Manage Cards" and order a replacement.

  Option 2: You can contact Member Services to get assistance or have a card ordered. Member Services is available 24 hours a day, 7 days a week, at 877-924-3967.

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	• 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.

How Do I File a Claim?

Goodwin Living partners with Matrix Absence and they will work with you on the claim. You can file your claim in any of the following ways:

- Online at www.matrixabsence.com
- Through the Matrix eServices Mobile App
- By phone at (877) 202-0055

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	• 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.
What You Get	• 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	• Coverage available for eligible dependents • Income Tax-free death benefit to your beneficiary Potential for loans and partial withdrawals based on cash value

Benefits for All Team Members (full-time, part-time or PRN)

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.

- Part time and PRN team members at least 21 years of age are eligible to participate in the 401(k) plan after 12 months of service, providing they have worked a minimum of 1000 hours in their first year of employment with Goodwin Living; this provision is evaluated annually thereafter.

- Team members who do not meet eligibility requirements under the above criteria, may be eligible to participate under the Secure 2.0 rule which allows team members who work a minimum of 500 hours a year for two consecutive years to make deferrals into the 401(k) but they are not eligible for the match until the 1000 hour over one calendar year is met.

- 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 at www.principal.com/welcome, or contact Principal at 800-547-7754 to enroll, change contributions or request a loan. To rollover a 401k plan from another employer, participants can submit rollovers on the Principal website or by contacting a rollover specialist at 855-808-0698 for assistance. If paper is preferred, you can request a paper copy of the rollover form at no additional cost through the **Enroll & Educate** tabs available under the participants tab or by contacting Principal at the number above.

Training and Development Opportunities:

Custom Guide Interactive eLearning

Learn more about Microsoft Office! Boost your business writing skills and brush up on email etiquette. The free courses offered include modules for Business Skills, Microsoft, Google, Computer Basics, and other applications like Zoom. Each module is brief and can be completed in just minutes. Quick References include a brief one- or two-page guide to the same topics in Courses, just in easy-to-access formats. The Courses and Quick References may be accessed from any computer with an internet connection. Whether you prefer to learn in the comfort of home, or at work during breaks, this is a great opportunity to help you advance those skills. (Team members using it during working hours should clear it with their manager). Register for your account here.

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.

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!

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 DTaylor@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).

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.

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.

Benefits for Part-time and Full-time Team Members

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.**

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. Full-time team members must work at least 60 hours in a pay period to accrue PTO. Part-time team members must work at least 37.5 hours in a pay period to accrue PTO. This chart shows accruals for all team members. See the Team Member Handbook for more information.

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.

Holiday Pay

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 (excluding PRN Rehab team members) are eligible for holiday pay for the seven recognized holidays if the holiday is worked. Holidays are New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas.

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 their website - https://partnersolutions.nationwide.com/pet/goodwinliving

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.

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.**

Do You Need Help?
Call the Employee Assistance Plan (EAP)
866-395-7794
Use the Employer ID "Episcopal"

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

Talkspace

The Cigna EAP also includes access to Talkspace® virtual behavioral health.

- Connect with a licensed therapist or psychiatrist online, by video, or text using Talkspace, available for Cigna EAP members, ages 13 and up.
- Visit myCigna.com or download the getting started flyer to learn how to access Talkspace virtual behavioral health.

Additional Benefits

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.

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 (excluding PRN Rehab team members) are also eligible for holiday pay for the seven recognized holidays if the holiday is worked. Holidays are New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas. 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.

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.

Extension of Benefits Program (Like COBRA)

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, those enrolled in a health insurance plan and/or their enrolled dependents can continue benefits for a limited time in certain instances when coverage through the Extension of Benefits (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 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.

- PTO – If dropping to PRN, all PTO is paid out on the last pay check. If the separation is in compliance with the PTO policy, you will receive the balance of your PTO on your last paycheck, minus the balance of any loans as permitted by wage and hour laws. If your last paycheck is not enough to cover the loan balance, please contact me as soon as possible to make arrangements to pay back the balance.

- All other benefits end upon separation.

My Retirement

The Social Security Administration has resources to help you get started on your retirement journey. Click this link to their website for information on retirement benefits, including Medicare.

HTA Insurance: HTA specializes in Medicare Insurance for individuals. The specialists quiet the confusion and provide non-biased education and enrollment assistance. They help protect your hard-earned assets with affordable policies that make sense for your budget. Our greatest strengths are your best interests. https://www.hta-insurance.com/individuals/medicare-services/

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, 2025

Name of Entity/Sender: .... Goodwin Living

Contact: .... Human Resources Department

Address: ....4800 Fillmore Ave., Alexandria, VA 22311

Phone Number: 703-517-3633

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/healthinsurancebuy-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/masshealthpremium-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/MontanaHealthcarePrograms/HIPP 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

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	Lincoln: 402-473-7000 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 *Employer ID Episcopal*	(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	Human Resources		Email HR@GoodwinLiving.org
Relias Training	Human Resources		Email HR@GoodwinLiving.org
Tuition Assistance	Catie Ramos	(571) 429-2180	cramos@goodwinliving.org
Citizenship/DACA			
Emergency Grants			
Fitness Center and Pool	GHA Fitness Center Manager Christie Thomas	(703) 824-1136	cthomas@goodwinliving.org
Fitness Center	GHBC Fitness Center Manager – Olga Cardosa	(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

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.