



GOODWIN HOUSE

Benefits Guidebook *Calendar Year 2021*

Medical Insurance Plan Year **01/01/2021-12/31/2021**

Dental Insurance Plan Year **10/01/2020-12/31/2021**

All Other Insurance Plans – Please Ask Human Resources



From Around the World
We Make a World of Difference

The mission of Goodwin House 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.



Welcome

Dear Valued Colleague,

Goodwin House is committed to providing you 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 staff members for this Plan Year. Information contained in this Guidebook is very important. Please read this Guidebook carefully and keep it where you can find it.

We encourage you to take advantage of these great benefits. Whether it is the health, dental, life, vision or disability insurance, flexible spending, or the 401(k) retirement savings plan, our benefits are created to provide you with choices so you can decide what is best for you and your family.

This **Benefits Guidebook** details the benefit plans and provisions. 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!

With thanks for all you do,

The Human Resources Team

Please Note

This Employee Benefits Guidebook describes the highlights of Goodwin House'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 and all elements of Goodwin House's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Goodwin House.

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Medical Benefits

Plan Year

This year, the Goodwin House benefit plan year has different date ranges: The Cigna dental plan began October 1, 2020 and ends December 31, 2021. The Ameritas Vision plan and the FSA plan began October 1, 2020 and end on September 30, 2021; the Anthem and Kaiser Permanente medical plan year begins on January 1, 2021 and will go through December 31, 2021.

Eligibility

1. New Hires are eligible on the first of the month following 60 days from date of hire; for example, an employee hired on 02/04/2021 benefits are effective on 05/01/2021. The maximum wait period will not exceed 90-days.
2. Employees who have an employment status change are eligible on the first of the month following the date of becoming full time; for example, a part time or PRN employee becomes full time on 02/04/2021, their benefits are effective on 03/01/2021.
3. Rehired employees (defined as “within 90 days of separation”) are eligible on the first of the month following 30 days from the date of rehire; for example, an employee separates on 12/31/2020, they are rehired on 3/1/2021, the employee would be eligible on 04/01/2021 and they could be enrolled on the same day.

Dependent Eligibility

Employees who are eligible to participate in Goodwin House’s benefit programs may also enroll their dependents. For the purpose of our benefit plans, your dependents are defined as follows:

- Your legal spouse
- Your children up until age 30 for health and dental insurance
- Disabled children of any age as long as 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 staff member’s spouse, beginning when the staff member has legal responsibility for the child.

Enrollment

This year, open enrollment will again be passive. This means that if you do not want to change your elections (e.g. plan selected, tier, etc.) you do not have to do anything. Your election from last year will automatically rollover. If you wish to change plans for the calendar year 2021, please be sure to read all the materials provided to you to ensure you are selecting the coverage that’s right for you. Please note: while there are no plan design changes, the amount staff pay toward coverage did increase, so please review your options in advance of making your selection.

How to Enroll in Insurance

All enrollments must be completed in www.workforcenow.adp.com. If you have not yet registered for ADP, please contact your Human Resources office.

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Life Insurance Beneficiary Designation

Make sure you have updated Workforce Now ADP with your life insurance beneficiary. Note that all full time staff members are automatically enrolled in the Group Term Life insurance provided by Prudential. You may also elect the voluntary optional life benefits. Please see page 23 for more information.

Changing Your Benefits

Your benefit choices for medical and dental insurance are binding through **December 31, 2021, unless your situation meets the criteria below**; for all vision and flexible spending (FSA), your benefit selections completed in September are binding through **September 30, 2021, unless you meet the criteria below**. The following Qualifying Life Events 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)
- 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 qualifying life events (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 enrollment period. For additional information, please contact the Human Resources Team.

Benefits Eligible for Section 125 Cafeteria Plan

You are eligible to participate in the Goodwin House 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.

Medical Benefits

Identification Cards for Plans

ID cards are issued for new enrollments in a medical plan, Express Scripts prescription plan, the dental plan, and the EyeMed vision plan. Dependents enrolled will receive their own cards, however the member's name will be printed on the card, not the dependents.

Please note that no cards are issued for the VSP vision plan, and new cards are not issued each plan year, unless you change plans.



Cards typically arrive within 30 days of enrollment, in a plain white envelope. Please check your mail carefully. If you do not receive your card within this timeframe, contact the insurance provider customer service number, located on the last page of this Guidebook. ID cards can be obtained and downloaded from the website/phone app for: Kaiser, Anthem, EyeMed, Express Scripts, Cigna Dental. NOTE: those enrolled in Anthem must use the Express Scripts card for prescriptions.

Medical and Prescription Drug Plans

Goodwin House offers comprehensive medical coverage through Kaiser Permanente and Anthem BlueCross BlueShield. You may choose between four options. A summary of each plan is on the following pages.



The **Kaiser EPO High** and **Kaiser EPO 80 plans** offer comprehensive medical and prescription drug coverage, all under one roof, with low co-pays for both plans, and a deductible applying only to the Kaiser EPO 80. 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 have the ability to 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.

IMPORTANT NOTICE ABOUT VISION BENEFITS AND KAISER:

For employees who elected a Kaiser plan, your vision benefits are no longer a covered benefit through a Kaiser Permanente Eye Care provider. Vision services are now a covered benefit through

Medical Benefits

EyeMed Vision Care's Insight Network, at no extra cost to you. For more complete information regarding your vision coverage, please refer to the vision Summary of Benefits and Coverage available at www.cpg.org

Through the Episcopal Church Medical Trust, your vision care benefits with EyeMed include:

- An annual eye examination at zero co-pay with network providers
- A \$150 allowance for the purchase of prescription eyewear or contact lenses
- A broad-based network of ophthalmologists, optometrists, and opticians at retail chains and independent provider locations. To locate a provider near you, please visit the website at: <https://www.eyemedvisioncare.com/ecmt/public/login.emvc>
- Additional products and services are also available at discounted rates and include:
 - Additional eyewear purchases at 40% off
 - Non-prescription sunglasses at 20% off
 - 20% off remaining balances beyond plan coverage limits
 - Discounted Lasik or PRK surgical procedures

For immediate access to your Member Id Card and EyeMed benefits, login to the EyeMed website at: <https://www.eyemedvisioncare.com/ecmt/public/login.emvc>. Also available to you is the EyeMed app that you can download on your cell phone device and get immediate access to an ID card, locate a provider and view your benefits.

You will find that EyeMed's Insight Network works with thousands of providers nationwide. EyeMed's Network includes local, private practitioners and retail chains such as: LensCrafters, Target Optical, Pearle Vision and JC Penney Optical. For a complete list call 866-804-0982 or at www.eyemed.com

Note: Any routine Vision Services claims through Kaiser Permanent will not be covered and you will be responsible for the costs.

All Episcopal Church Medical Trust Resources and information are available to you for EyeMed and ALL of your Medical Benefits can be found at: www.cpg.org/mtdocs



You have access to two **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** has a \$1,000 deductible.

Anthem PPO is a preferred provider organization (PPO) health care benefit plan. With Anthem PPO, you have the choice to see

Medical Benefits

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 all 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. You can locate a doctor by visiting www.anthem.com/find-doctor.

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.

Kaiser Permanente Resources -- Evaluate Your Total Health

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 about your health and day-to-day activities, you will receive a customized action plan to help you succeed in making healthier lifestyle choices. The Succeed assessment takes about 30 minutes to complete. If you aren't able to finish all at once you can save your spot, then pick up where you left off when you return.

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:

- Eat healthy
- Lose weight
- Quit smoking
- Reduce stress
- Manage chronic conditions
- Manage diabetes
- Manage pain
- Manage back pain
- Overcome insomnia

Medical Benefits

After you have answered an in-depth questionnaire, you'll have access to tools such as:

- A personalized action plan
- Follow-up emails to help you track your progress
- Tools to monitor your progress
- Exercise and stretching videos
- Guided imagery podcasts
- Health news
- The option to share your results with your doctor

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.
- Get more information about your plan and benefits with the My Plan and Coverage feature.

Visit www.kp.org for more information!

Medical Benefits

Anthem's Care Management Programs

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.

Anthem Health Guide (AHG)

The AHG helps members stay involved in their health, get more value from their benefits, and navigate the healthcare system more easily by leveraging skilled teams and smart technology and analytics. Members connect with Anthem when, where and how they want, including through a mobile phone app. Working with an AHG representative also provides an entry point into the Integrated Health Model nurse team, described below.

Integrated Health Model (IHM)

IHM uses predictive modeling and custom triggers to target at-risk members to engage them in programs to improve their health. The IHM team ensures that members are identified as being at-risk for adverse health conditions and provides outreach and intervention that meets their individual needs, making healthcare delivery more efficient and improving health outcomes resulting in total well-being improvements.

24/7 NurseLine

Anthem's NurseLine provides members with 24-hour access to trained health professionals to answer health-related questions and direct members to the appropriate level of care. The NurseLine also provides an entry point to Anthem's other care management and wellness programs, such as AHG, IHM and LiveHealth Online.

Future Moms

The Future Moms program is staffed by Registered Nurses trained in obstetrical care, the program helps expectant mothers reduce the incidence of low-birth weight infants and NICU admissions by focusing on early prenatal interventions, risk assessments and education. The RNs support members throughout the pregnancy.

LiveHealth Online

Anthem's telehealth solution provides members access to a doctor 24/7 by letting them talk face-to-face with a doctor through a mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center! Your copay will be collected at the time of the visit.

Virtual Second Opinion (VSO)

Anthem's VSO programs offers access to highly specialized physicians who will provide a virtual second opinion for certain diagnoses, procedures or courses of treatment.

Medical Benefits

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 three-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.

For more detailed information on the prescription drug plans, please see the Summaries of Benefits and Coverage.

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. 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 a 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.

Medical Benefits

Kaiser Medical Plans at a Glance*

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

*These two charts are a summary of select benefit options offered under Goodwin House's medical plans. 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.

Medical Benefits

Anthem Medical Plans at a Glance*

Benefit	Anthem PPO Plans			
	Anthem BlueCard PPO 100		Anthem BlueCard PPO 80	
	In-Network	Non-Network	In-Network	Non-Network
Deductible – Jan - Dec (Individual / Family)	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of Pocket Max – Jan - Dec (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$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
Diagnostic X-Ray / Lab Services	\$0 copay	50% coinsurance	20% coinsurance	50% coinsurance
Specialty Imaging (CT, MRI, PET)	\$0 copay	50% coinsurance	20% coinsurance	50% coinsurance
Hospital Inpatient (including maternity)	\$250 copay	50% coinsurance	20% coinsurance	50% coinsurance
Hospital Physician Services	No charge	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient Surgery	\$200 copay	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	\$0 copay	50% coinsurance	20% coinsurance	50% coinsurance
Hospice Care⁴	\$0 copay	50% coinsurance	No charge	50% coinsurance
Inpatient Mental Illness and Substance Abuse Facility Care	\$250 copay	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient Behavioral Health and Substance Abuse Facility Care	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance
Outpatient Rehabilitation Services (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay PCP/\$45 copay specialist	50% coinsurance	\$30 copay PCP/\$45 copay specialist	50% coinsurance
Prescription Drug - (Generic / Preferred Brand /Non-Preferred)				
Retail Pharmacy (up to a 30-day supply)	\$10 / \$40 / \$80		\$10 / \$40 / \$80	
Home Delivery (up to a 90-day supply)	\$25 / \$100 / \$200		\$25 / \$100 / \$200	

Vision Benefits

Vision Benefits

Vision benefits for Goodwin House staff members who enroll in health insurance are provided through EyeMed Vision Care’s Insight Network, at no extra cost. Please see pages 7-8 for detailed information.

For those not enrolling in a Medical plan, Goodwin House offers two options through Ameritas: Vison Service Plan (VSP) and EyeMed Focus network. These plans are voluntary, so you pay 100% of the cost of the plan. If you use an out-of-network provider, you will need to pay for your services and submit a claim for reimbursement. To locate network providers, visit www.ameritasgroup.com.



Benefit	EyeMed	
	In-Network	Out-of-Network
Annual Eye Exam	You pay \$0	Up to \$30 for ophthalmologists or optometrists
Frames Allowance	Up to \$150 allowance, 20% off balance over \$150	Plan pays up to \$47
Frequency: Exam, Lenses and Frames	Based on Date of Service (DOS) Every 12 Months	
Lenses	You pay \$10 for single, bifocal or trifocal; \$75 copay for standard progressive lenses \$95 - \$120 copay premium progressive lenses	Plan pays up to: \$32 for single vision \$46 for bifocal and standard progressive \$57 for trifocal
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Standard Polycarbonate Standard Anti-reflective Other Add-ons and Services	You pay up to \$15 You pay up to \$15 You pay up to \$15 You pay up to \$0 You pay up to \$45 20% off retail price	You are responsible for the cost of any lens options that you elect from out-of-network providers
Contacts and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed) Standard Contact Lens Fit and Follow-up Premium Contact Lens Fit and Follow-up	Up to \$40 Premium: 10% off of retail	Not covered Not covered
Contact Lenses Conventional Disposable Medically Necessary	Up to \$150 allowance, 15% off balance over \$150 Up to \$150 allowance, plus balance over \$150 \$0 copay; paid in full	Up to \$100 Up to \$100 Up to \$210

Benefit	VSP	
	In-Network	Out-of-Network
Deductible – DOS (Exam / Eye Glass Lenses)	\$10 / \$25 ¹	\$10 / \$25 ¹
Annual Eye Exam	Covered in full after copay	Up to \$43
Frames Allowance	\$120	Up to \$40
Frequency: Exam Lenses Frames	Based on Date of Service (DOS) Every 12 Months Every 12 Months Every 24 Months	
Contacts: Elective Medically Necessary Fitting & Follow-Up Exam	Up to \$120 Covered in full 15% discount	Up to \$100 Up to \$210 Not Covered
Fitting & Follow-Up Exam	15% discount	Not Covered
Lenses²: Single Bifocal Trifocal Lenticular	Covered in full after copay	Up to \$26 Up to \$43 Up to \$60 Up to \$91

This chart is a summary of select benefit options offered under Goodwin House’s medical plans. 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.

Additional Health Benefits

Health Advocate

Healthcare help is just a phone call away with Health Advocate, a program composed mainly of registered nurses, backed up by a team of experts. These personal advocates help our members navigate and facilitate medical and administrative issues within the healthcare system. Eligible members, their spouses, dependent children, parents, and parents-in-law are covered by this service.

Health advocates can be invaluable guides as you choose a new health plan. They can help you understand your options, check the networks for your doctors or specialists, and clarify your cost shares in the plans you are considering.

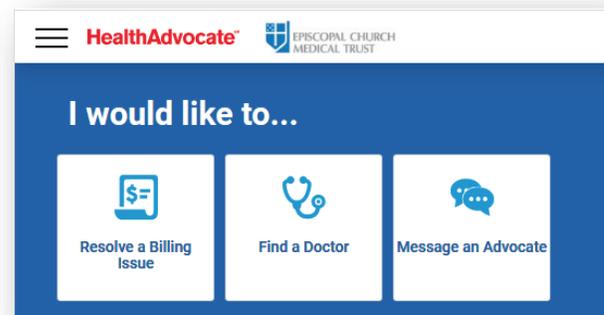
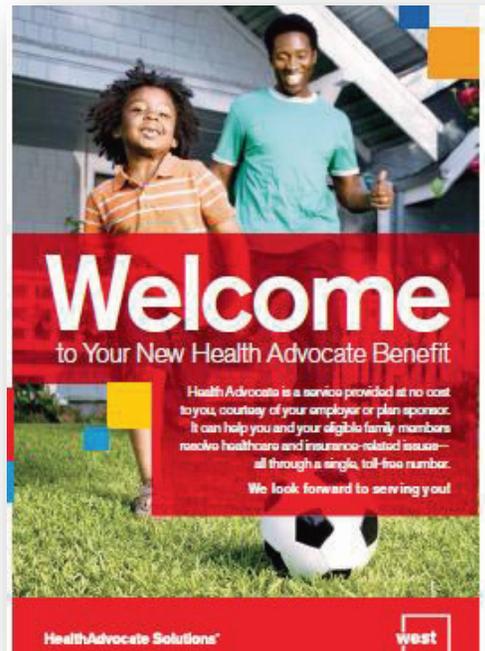
Services also include:

- Finding qualified providers anywhere in the country
- Resolving insurance claims or billing issue
- Finding elder-care services
- Expediting appointments with hard-to-reach specialists

This program is like having your own healthcare assistant at no cost to you! Call as often as you need to and speak toll-free with a health advocate about an insurance or healthcare issue. Your information is confidential. Your employer does not receive and does not have access to any of your confidential information. You will be asked to complete and submit forms to protect your privacy.

To access Health Advocate, visit their website at www.healthadvocate.com/ecmt or call (866) 695-8622. Offices are open weekdays, 8:00AM to 7:00PM ET.

You can also download the Health Advocate app to access the tools and support on your mobile device. Please enter "The Episcopal Church Medical Trust" to get started.



Additional Health Benefits

Amplifon Hearing Health Care

The Medical Trust offers access to Amplifon network discounts for hearing aids and supplies through more than 1,400 Amplifon affiliates across the U.S. These discounts are also available to your extended family members, who may also receive these discounts by mentioning that they are related to a member of a Medical Trust health plan.

For more information about the Amplifon network, or for a listing of their providers in your area, call Amplifon at (866) 349-9055, or visit www.amplifonusa.com.

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, multi-lingual 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 about UnitedHealthcare Global Assistance services, please visit <https://members.uhcglobal.com> or call (800) 527-0218.

Dental Benefits

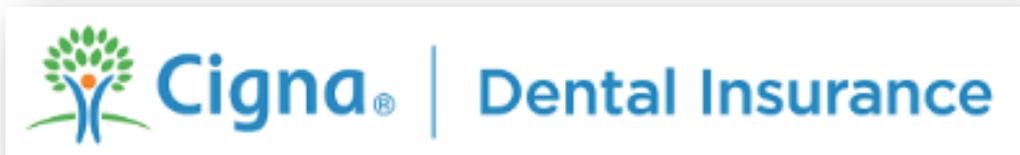
Dental Benefits

The dental plans offered by the Medical Trust are administered by Cigna. These plans offer both network and out-of-network coverage. You will be able to 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 DPPO Advantage Provider.

Some providers contract with Cigna to provide services to members as part of the Cigna Dental PPO (DPPO) Network. Cigna's network consists of two tiers of contracted providers. The first tier, Cigna DPPO Advantage, 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 Cigna DPPO Advantage providers. Cigna DPPO Advantage providers are also referred to as network providers. The second tier of Cigna's network, the Cigna DPPO, still offers contracted rates, but these discounts are lower than with Cigna DPPO Advantage.

The term out-of-network refers to dental care providers that do not participate in the network. Cigna DPPO providers and out-of-network providers are reimbursed at the same level of benefits.

You can access the dental provider directory at: www.mycigna.com or by calling toll-free at (800)-244-6224. See the dental Summaries of Benefits and Coverage at www.cpg.org/mtdocs for information on cost sharing for common services.



Dental Benefits

Benefit	Cigna DPPO	Non-Network	
DDPV: Preventive Dental	In-Network Cigna DPPO	Out-of-Network	
Deductible – Plan Year	\$0 Individual \$0 Family	\$0 Individual \$0 Family	
Benefit Maximum – Plan Year	\$1,500	\$1,500	
Child Dependents	Covered up to age 30	Covered up to age 30	
Type 1 – Diagnostic & Preventive Services	Plan pays 100% No Deductible	Plan pays 100% No Deductible	
Type 2 - Basic Restorative (Fillings, Simple Extractions, Denture Repairs, General Anesthesia)	Plan pays 80% No Deductible	Plan Pays 80% No Deductible	
Type 3 -Major Restorative (Inlays, Onlays, Prosthesis Over Implant, Crowns, Implants, Bridges, Dentures, Anesthesia, Oral Surgery)	Plan pays 1% No Deductible	Plan pays 1% No Deductible	
Orthodontia	Plan Pays 1% No Deductible	Plan Pays 1% No Deductible	
Benefit	Total Cigna DPPO Network	Non-Network	
DD50: Basic Dental	In-Network: DPPO Advantage Network	In-Network Cigna DPPO	Out-of-Network
Deductible ¹ – Plan Year	\$0	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Benefit Maximum – Plan Year	\$2,000	\$2,000	\$2,000
Child Dependents	Covered up to age 30	Covered up to age 30	Covered up to age 30
Type 1 – Diagnostic & Preventive	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible
Type 2 - Basic Restorative (Fillings, Simple Extractions, Denture Repairs, General Anesthesia)	Plan Pays 85% No Deductible	Plan Pays 85% After Deductible	Plan Pays 85% After Deductible
Type 3 -Major Restorative (Inlays, Onlays, Prosthesis Over Implant, Crowns, Implants, Bridges, Dentures, Anesthesia, Oral Surgery)	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible
Implants	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible

Dental Benefits

Benefit	Total Cigna DPPO Network		Non-Network
	In-Network: DPPO Advantage Network	In-Network Cigna DPPO	Out-of-Network
DD25: Dental & Orthodontia			
Deductible ¹ – Plan Year	\$0	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Benefit Maximum – Plan Year	\$2,000	\$2,000	\$2,000
Child Dependents	Covered up to age 30	Covered up to age 30	Covered up to age 30
Type 1 – Diagnostic & Preventive	Plan pays 100% No Deductible	Plan Pays 100% No Deductible	Plan Pays 100% No Deductible
Type 2 - Basic Restorative (Fillings, Simple Extractions, Denture Repairs, General Anesthesia)	Plan Pays 85% No Deductible	Plan Pays 85% After Deductible	Plan Pays 85% After Deductible
Type 3 -Major Restorative (Inlays, Onlays, Prosthesis Over Implant, Crowns, Implants, Bridges, Dentures, Anesthesia, Oral Surgery)	Plan Pays 85% No Deductible	Plan Pays 85% After Deductible	Plan Pays 85% After Deductible
Implants	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible
Orthodontia (Lifetime Benefits Maximum: \$1,500)	Plan Pays 50% No Deductible	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible

Insurance Premiums per Pay Check

Employee Contributions

Benefit Plan	Coverage Level	Employee Cost Per Month	Goodwin House Cost Per Month	Total Cost	Ded. Code on Pay Stub
Kaiser EPO High	Employee Only	\$111.00	\$457.00	\$568.00	18
Kaiser EPO High	Employee Plus Spouse*	\$572.00	\$564.00	\$1,136.00	19
Kaiser EPO High	Employee Plus Child(ren)	\$472.00	\$550.00	\$1,022.00	20
Kaiser EPO High	Employee Plus Family	\$804.00	\$900.00	\$1,704.00	21
Kaiser EPO 80	Employee Only	\$60.00	\$433.00	\$493.00	35
Kaiser EPO 80	Employee Plus Spouse*	\$422.00	\$564.00	\$986.00	36
Kaiser EPO 80	Employee Plus Child(ren)	\$337.00	\$550.00	\$887.00	37
Kaiser EPO 80	Employee Plus Family	\$579.00	\$900.00	\$1,479.00	38
Anthem BCBS 100	Employee Only	\$225.00	\$432.00	\$657.00	48
Anthem BCBS 100	Employee Plus Spouse*	\$739.00	\$575.00	\$1,314.00	49
Anthem BCBS 100	Employee Plus Child(ren)	\$653.00	\$530.00	\$1,183.00	5A
Anthem BCBS 100	Employee Plus Family	\$1,121.00	\$850.00	\$1,971.00	51
Anthem BCBS 80	Employee Only	\$117.00	\$432.00	\$549.00	28
Anthem BCBS 80	Employee Plus Spouse*	\$523.00	\$575.00	\$1,098.00	29
Anthem BCBS 80	Employee Plus Child(ren)	\$458.00	\$530.00	\$988.00	30
Anthem BCBS 80	Employee Plus Family	\$797.00	\$850.00	\$1,647.00	31
Cigna Preventive	Employee Only	\$14.17	\$6.83	\$21.00	D1
Cigna Preventive	Employee Plus Spouse	\$30.00	\$12.00	\$42.00	D3
Cigna Preventive	Employee Plus Children	\$28.34	\$9.98	\$38.32	D2
Cigna Preventive	Employee Plus Family	\$39.42	\$23.58	\$63.00	D4
Cigna Basic Dental	Employee Only	\$30.39	\$12.61	\$43.00	D
Cigna Basic Dental	Employee Plus Spouse	\$61.89	\$24.11	\$86.00	2
Cigna Basic Dental	Employee Plus Children	\$51.00	\$26.00	\$77.00	1
Cigna Basic Dental	Employee Plus Family	\$95.40	\$33.60	\$129.00	3
Cigna Dental and Orthodontia	Employee Only	\$43.39	\$12.61	\$56.00	DN1
Cigna Dental and Orthodontia	Employee Plus Spouse	\$87.89	\$24.11	\$112.00	DN2
Cigna Dental and Orthodontia	Employee Plus Children	\$75.00	\$26.00	\$101.00	DN3
Cigna Dental and Orthodontia	Employee Plus Family	\$134.00	\$34.00	\$168.00	DN4
Eye Med Vision	Employee Only	\$0.00	\$6.60	\$6.60	4A
Eye Med Vision	Employee Plus Spouse	\$7.72	\$5.00	\$12.72	41
Eye Med Vision	Employee Plus Children	\$5.72	\$5.00	\$10.72	42
Eye Med Vision	Employee Plus Family	\$11.88	\$5.00	\$16.88	43
VSP Vision	Employee Only	\$7.92	\$0.00	\$7.92	44
VSP Vision	Employee Plus Spouse	\$15.20	\$0.00	\$15.20	45
VSP Vision	Employee Plus Children	\$12.64	\$0.00	\$12.64	46
VSP Vision	Employee Plus Family	\$19.96	\$0.00	\$19.96	47

Flexible Spending Account

Flexible Spending Account

Goodwin House offers staff members the opportunity to redirect a portion of their pay, through payroll deductions, into Flexible Spending Accounts (FSAs) managed by **Wageworks**. FSAs provide you with the ability to save money on a pre-tax basis to pay for any IRS-allowed health expense or dependent care expense (childcare or elder care expenses). This benefit can provide significant cost savings to you.

How the Health Care FSA Works

You can set aside pre-tax dollars up to \$2750 in the health care FSA to pay for eligible expenses you incur during the plan year to include the following:

- Copays
- Out of pocket medical costs, such as deductibles and copays
- Over-the-counter medications (Rx required)
- Prescription drug copayments
- Dental, vision and hearing care expenses

How the Dependent Care FSA Works

You can set aside pre-tax dollars up to \$5000 in the dependent care FSA to pay dependent day care expenses that allow you and/or your spouse to work, look for work, or attend school full time. Eligible expenses include the following:

- Adult day care center or in-home care for an adult dependent
- Preschool, nursery school or day care expenses
- Before and/or after school care
- Summer day camp

Care can be for your dependent children through age 12 and/or any dependents who are physically or mentally unable to care for himself or herself who spends at least eight hours a day in your home and whom you claim as a dependent on your federal income tax return.

Using your Health Care FSA Debit Card

Per IRS regulations, your debit card is restricted to use at health care providers (merchants that have a merchant category code that indicates they are a health care provider). These merchants include hospitals, doctors, dentists, chiropractors, etc. You may also use your debit card at merchants that have an Inventory Information approval system, such as pharmacies.

When using your Health Care FSA Debit Card at an approved merchant, you may need to substantiate all of your transactions. If any transactions are not auto-approved, you must provide receipts to ADP in order to substantiate the transactions. If the charge is not substantiated, ADP must recover the charge and suspend the card until the money is returned.

REMINDER

- Staff enrolled in the FY 2021 plan year will have a \$550 rollover, which means you can roll over up to \$550 into the next plan year. This \$550 becomes part of your total annual election (which can be above the IRS maximum \$2,750 + the \$550 rollover) and can be utilized on any claims in the current plan year.
- Plan carefully with an FSA, because you could forfeit any unused funds.
- Save your receipts
- Use this link -- <https://myspendingaccount.wageworks.com> to log into your FSA account. You can see your balance and submit receipts for validation or reimbursement

Life Insurance and Disability Insurance

Group Term Life Insurance (GTL)

Goodwin House provides full-time staff members with group term life (GTL) and accidental death and dismemberment (AD&D) insurance through **Prudential**, at no cost to you.

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
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	65% at age 65 50% at age 70
Additional Benefits	Support services for beneficiaries who have experienced a loss Travel assistance for staff 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 benefit for your life insurance in excess of \$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. This is required by the IRS.

Long Term Disability Insurance (LTD)

Goodwin House provides full-time staff members with a Long Term Disability plan, through **Reliance Standard**, 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)

Life Insurance and Disability Insurance

Short-Term Disability

Short-Term Disability provides additional income if you are unable to work due to a covered accident or sickness. Benefit protection is for non-work-related injuries or illnesses and is provided through **Reliance Standard**. Full-time staff members are eligible to participate in the STD benefit; the benefit is 50% staff 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 \$2000 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

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 House pays 50%)	\$ _____
This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.	

*NOTE: Pre-existing Condition

If you become disabled as a result of an injury or sickness 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.

Life Insurance and Disability Insurance

Optional Term Life Policy

Prudential Term Life Insurance is a life insurance policy that has level premiums. It does not build cash value. This policy will give you more coverage at a lower cost than a permanent policy. This plan is portable should you leave our employment. Coverage is available for dependents, such as a spouse or children.

20 Year Term Life Policy	
Eligibility	Full-time staff members who have worked a minimum of 90 days
Minimum Face Amount	<ul style="list-style-type: none"> • The greater of \$10,000 or the 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 of time • Gives your beneficiary a source of funds • Portable policy you can keep if you change jobs or retire, as long as you pay premiums to the insurance company • Competitive premiums, deducted from your paycheck • Tax-free death benefit to your beneficiary (as per current law)

Optional Universal Life

Prudential offers Universal Life Insurance policies that can help protect you and your family during an unexpected death. Prudential can help customize an affordable plan to suit your needs. By adding additional life event riders, they can help your policy grow as your family's needs change.

Universal Life	
Riders available to add on are	Accidental Death Benefit, Waiver of Premium, Spouse Term Coverage, or Children's Term Insurance, Accelerated Death Benefit/Living Benefit, Long Term Care, Primary Insured Term, Critical Illness, Future Purchase Option
Eligibility	Full-time staff members who have worked a minimum of 90 days
What You Get	<ul style="list-style-type: none"> • Premium automatically payroll deducted • Affordable Premiums • Coverage available for your whole family • Underwriting is Simplified Issues - applicants answer a few questions • Staff Members can apply for Universal Life coverage on a simplified issue basis, up to \$150,000 • Income Tax-free death benefit to your beneficiary • Your fund value accumulates each month as it earns interest • Guaranteed to earn at least 40% • Premiums provide coverage to age 85 at guaranteed assumptions. This assures you will not have to pay higher premiums to keep your policy in force as you age. • Potential for loans and partial withdrawals based on cash value

Additional Benefits

Retirement Plan-401(k) and Employer Discretionary Contributions

Goodwin House maintains a defined contribution plan to provide supplemental retirement income in addition to Social Security benefits. This coverage is provided to full-time and part-time staff members who meet eligibility criteria.

- All full-time staff members are eligible to enroll upon hire. Staff who do not actively enroll are automatically enrolled in the plan approximately 45-60 days after hire, providing they are at least 21 years of age.
- You may defer up to IRS maximum of \$19,500 for calendar year 2021. If you are age 50 or above, you may defer up to an additional \$6,500 for calendar year 2021.
- Please allow up to 60-days after hire for your deferrals to begin if using auto-enrollment. After 12 months of participating in the plan (time of your first deferral), all full-time/ part-time staff members are eligible to participate in the matching portion of the plan, providing they have worked a minimum of 1,000 hours in the previous year.
- Goodwin House currently provides a dollar for dollar match, up to 4% of eligible wages.

Tuition Assistance

Goodwin House provides tuition assistance to full-time and part-time staff members who meet eligibility criteria.

The maximum allowable amount is based on years of service and employment status. The amount ranges from \$500 to \$4,000 per staff member in a GHI fiscal year (beginning October 1 and ending September 30), for courses approved by the staff member's department director and Human Resources. The plan does not cover additional costs such as uniforms, books, materials, lab fees, etc.

ASB Award

Twice a year, the Goodwin House Foundation awards the Alice Story Biache Education Fellowship to staff members who are furthering their education. In 2018, 22 staff members received awards of \$750 to help them with the cost of books, childcare and other fees not covered by the Goodwin House Tuition Assistance Benefit.

University of Maryland Global Campus

Staff 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.

Paid Time Off (PTO)

Paid time off is subject to the supervisor's approval. PTO is accrued and available after three months of continual employment for regular full-time and part-time staff members, who meet the criteria. Please see Human Resources for complete details. The PTO accrual rate is based on years of service and scheduled work hours.

Additional Benefits

Holiday Pay

After three months of continual employment, regular full-time staff members are paid for six recognized holidays and one floating holiday per fiscal year.

Discounted Staff Member Meal

Goodwin House staff members are eligible to receive one meal per shift at the staff member rate of \$3.00.

Direct Payroll Deposit

Goodwin House offers direct deposit services for paychecks. Direct deposit allows wages to be wired directly to the bank of the staff member's choice on each pay date. Staff members may use direct deposit for up to three bank accounts. Please allow at least two pay cycles for the direct deposit to go through.

Aline Card /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 (formerly known as Aline) is a reloadable prepaid debit card, where each pay period your wages are automatically loaded onto your card.

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 staff 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, visit the website at <http://www.mycigna.com/> or call (866) 395-7794.

EAP services are free, confidential, and available 24/7, through <http://www.mycigna.com/> or by phone. 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 child care providers, support groups, and so much more
- Tips and guidance to help balance work with family life, including a free legal or financial consultation

Additional Benefits

- 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.

Credit Union

All Goodwin House staff members are eligible to join Arlington Community Federal Credit Union. Applications are available in branch offices at each of the communities.

Flu Vaccine

The Centers for Disease Control (CDC) recommends that everyone 6 months and older get a flu vaccine each season. Goodwin House provides the flu vaccine free of charge to all staff members, beginning in the early Fall.

Hepatitis B Vaccine

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

NOTE: Vaccines are free of charge and entirely voluntary. Goodwin House is not responsible for any ill effects caused by the vaccines. Call the Employee Health Nurse to make an appointment for a vaccination or health screening.

Covid-19 Testing

Goodwin House provides on-going COVID-19 testing to all staff free of charge. The frequency of the test is based on a number of factors including position and number of staff testing positive within a work area. Please note: Staff are required to be testing based on the testing schedule, and the schedule is subject to change based without prior notice.

Fitness Center and Pool

Staff members may use the Fitness Center or Pool before or after working hours and when use does not interfere with the residents' routine. All staff members who are interested in using the Fitness Center must see the Fitness Center Manager.

Additional Benefits

U.S. Citizenship Application Assistance

Through a collaborative effort with HR and the Goodwin House Foundation, a fund was established to assist staff members seeking citizenship by covering the expense of the application fee. You must be employed for six months to be eligible for the citizenship benefit.

Pet Insurance

Staff 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.

PayActiv

This benefit allows you to receive your earned wages immediately for unexpected bills, and any other urgent financial need. You will no longer have to wait for payday to access your earned wages.

There are several methods to enroll to use the service:

1. Download the PayActiv app via your mobile device's app store or visit the website to enroll (web.payactiv.com).
2. Text "enroll me" to 1-877-937-6966 and follow the instructions or email your information at enrollme@payactiv.com.
3. Call the support line at 1-877-937-6966 (select option two for customer service). There is no cost to enroll or cancel.

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.

Ceca Award

The Ceca Award is given to caregivers who best exemplify the qualities of empathy, humor, integrity, professionalism and teamwork in treating residents — qualities valued by residents and fellow caregivers alike. To learn more and to nominate a co-worker, click

<https://www.cecaaward.org/Account/Login?ReturnUrl=%2F>

You can also download the Ceca Award app and nominate a co-worker from your mobile device.



Additional Benefits

Shared Leave Bank

Under certain circumstances, staff members may request shared leave for time off. Staff members may donate their PTO up to 40 hours per year to contribute to the Shared Leave Bank.

Emergency Loans

Goodwin House provides interest-free emergency loans to staff 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.

Extension of Benefits Program for the Employer Health Plan (EHP)

The health plans offered by the Episcopal Church Medical Trust provide for an Extension of Benefits program that is similar, but not identical, to the healthcare continuation coverage provided under Federal law (known as “COBRA”) for non-church plans. Because the Plan is a church plan as described under Section 3(33) of ERISA, the Plan is exempt from COBRA requirements.

Nonetheless, subscribers and/or their enrolled dependents will have the opportunity to continue benefits for a limited time in certain instances when coverage through the EHP would otherwise cease. Individuals who elect to continue coverage through an Extension of Benefits must be responsible for the cost of coverage.

Please see Human Resources for any questions related to any of these benefits.

Required Notices

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 House and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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 House has determined that the prescription drug coverage offered by the Goodwin House 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 You 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 (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You 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 House plan will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Goodwin House 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).

Required Notices

When Will You 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 House 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 Your 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 House changes. You also may request a copy of this notice at any time.

For More Information About Your 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).

Required Notices

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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2020

Name of Entity/Sender: Goodwin House

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 in excess of 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 in order 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.

Required Notices

Special Enrollment Rights

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment from Human Resources within 30 days after the marriage, birth, adoption, or placement for adoption.

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).

Required Notices

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, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

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>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

INDIANA – 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: <http://www.indianamedicaid.com>

Phone: 1-800-403-0864

IOWA – Medicaid

Website:

<http://dhs.iowa.gov/hawk-i>

Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

Required Notices

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/> Health First Colorado
Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-
1991/ State Relay 711

FLORIDA – Medicaid

Website:
<http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment
(HIPP) Phone: 404-656-4507

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-careprograms/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcftp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

KENTUCKY – Medicaid

Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website:
<http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

PENNSYLVANIA – Medicaid

Website:
<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

Required Notices

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://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

NEW YORK – Medicaid

Website:

https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website:

<http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website:

<http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

VIRGINIA – Medicaid and CHIP

Medicaid Website:

http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website:

http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/programadministration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Contact Information

Contact Information

Company	Benefit	Contact	Website/ Email Address
Episcopal Church Medical Trust	Medical	(800) 480-9967	cpg.org
Kaiser Permanente	Medical	(877) 740-4117	kp.org
Anthem	Medical	(844) 812-9207	anthem.com
Health Advocate	Medical	(866) 695-8622	healthadvocate.com/ecmt
Express Scripts	Pharmacy (Anthem)	800-841-3361	express-scripts.com
Cigna	EAP	(866) 395-7794	myCigna.com
Cigna	Dental	(800)-244-6224	myCigna.com
Reliance Standard	Short Term Disability Group Number: STD 656479	(800) HELP-RSL	reliancestandard.com
Reliance Standard	Long Term Disability Group Number: LTD 652435	(800) HELP-RSL	reliancestandard.com
Prudential	Term Life and Universal Life Insurance (Group Number BC98)	(703) 359-8100 x 216 LCarrico@HamiltonInsurance.com	prudential.com
Wageworks	Flexible Spending Account	chsclientservice@wageworks.com	https://myspendingaccount.wageworks.com
Wells Fargo	401(k)	(800) 728-3123	wellsfargo.com/retirement plan
Goodwin House Contact Information			
Heba Sikander for GHA	Disability Claims / Tuition Assistance	(703) 824-1306	hsikander@goodwinhouse.org
Norma Lacayo for GHBC	Disability Claims / Tuition Assistance	(703) 578-7121	nlacayo@goodwinhouse.org
HR Manager - Jeanne Hobbs	Flexible Spending Accounts	(703) 824-1358	jhobbs@goodwinhouse.org
Heba Sikander for GHA	Relias Training	(703) 824-1306 (703) 578-7121	hsikander@goodwinhouse.org nlacayo@goodwinhouse.org
Norma Lacayo for GHBC			
GHA Fitness Center Manager Leslie LaPlace	Fitness Center and Pool	(703) 824-1136	llaplace@goodwinhouse.org
GHBC Fitness Center Manager Sherry Compton	Fitness Center and Pool	(703) 578-7609	scompton@goodwinhouse.org
HR Manager - Jeanne Hobbs	Overall Benefits	(703) 824-1358	jhobbs@goodwinhouse.org
Employee Health Nurse (Please call for an appointment)	Vaccinations / Health Screens	GHA (703) 824-1298 GHBC (703) 578-7226	

**Thank you for doing
all that you do to make
Goodwin House what it is.**

*We would not be us
without you.*

Questions about your benefits?

Contact Human Resources

hr@goodwinhouse.org

