



Goodwill of Colorado

Employee Benefit Guide

Effective January 1, 2026 - December 31, 2026

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 52 for more details.



Throughout this guide, look for this logo to see ways that your employer and the

C3 Captive

(Collaborative • Concierge • Care)

are working together to

help control healthcare costs!



01 THE PATIENT'S JOURNEY BEGINS with an individualized Wellness Evaluation & Initial Health Exam.



Health Assessment Intake
 Biometric Screening
 Health Risk Baseline
 Wellness Coaching/Advocate

03

Holistic Care
 Chiropractic
 Acupuncture
 Nutrition
 IV Therapy
 Cardiology
 Naturopathy
 Supplements

strata

AN EXPANDED FOCUS ON PREVENTATIVE HEALTH integrates modern western medicine and traditional eastern therapies to promote healthy living, prevent disease and extend health into the later years.

Primary Care
 Urgent Care
 TeleMed
 Onsite Pharmacy
 Lab Draws

02

one medical

AN INITIAL HEALTH EXAM focuses on lifelong health, wellness foundations, daily care and chronic disease management.



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Benefit Resource Center
 855-874-0742 (Toll-Free)
 BRCMT@usi.com
 Monday - Friday 8:00 AM - 5:00 PM*

Call for assistance with:

- Benefit Elections
- Eligibility
- Change in Family Status
- Benefit Plan/Policy Questions
- Claim Issues with Carriers
- Plan Contact Information

Your one-call benefits information hotline

*Mountain, Pacific, and Alaskan Standard Time

The BRC line is equipped to answer your questions in languages other than English.



Open Enrollment is Nov 12 – Nov 26

Goodwill of Colorado's annual Open Enrollment period will begin on Wednesday, November 12, and end on Wednesday, November 26. We hope you will take this opportunity to review the comprehensive benefits available to you at Goodwill!

In 2026, Goodwill of Colorado will continue offering medical plans through the C3 Captive Plan utilizing UCHealth and Aetna's First Health networks. **Medical plan designs and costs are unchanged:**

- HDHP (HSA) \$5,500 medical plan *with an HSA contribution match of up to \$500 per year*
- Value \$4,000 medical plan.
- Premier \$2,000 medical plan

Your medical plan group number is changing effectively 1/1/2026. Your new group number is G1030679. Because of this change, all members will be receiving new ID cards to their home address.

Dental has some changes through **Delta Dental**. Only one plan option will be available through Delta Dental in 2026. The Patient Direct Discount Plan will no longer be offered. The Dental PPO plan will be the one plan offered with no plan design changes, and minor cost changes.

No changes to the cost or benefits offered through the following coverages:

- | | |
|---------------------------------------|--|
| ○ Vision: EyeMed | ○ Accident: Cigna |
| ○ HSA/FSA: Rocky Mountain Reserve | ○ Critical illness: Cigna |
| ○ Life/AD&D: New York Life | ○ Hospital Indemnity: Cigna |
| ○ Long-Term Disability: New York Life | ○ Employee Assistance Program (EAP): GuidanceResources |
| ○ Voluntary Life/AD&D: New York Life | |

Please complete your elections/waivers through UltiPro.

Open Enrollment is the one opportunity you have each year to make important benefit decisions without a qualifying life event, so don't miss your chance!



Contact Information

POLICY	CARRIER	GROUP ID	PHONE	WEBSITE
Medical Plan	Simplified Benefits Administrators	G1030679	1.800.207.1018	https://simplifiedbenefitsadministrators.org/
Prescription Benefits	SmithRx	G1030679	1.844.454.5201	www.mysmithrx.com
Rx Home Delivery			1.800.759.3203	
Direct Primary Care	One Medical	G1030679	1.844.673.2563 Option 2	www.onemedical.com/mycare-co
Concierge Specialty Care	Strata Med	G1030679	1.719.428.2202	www.stratawell.com
Välenz Bluebook	Välenz Bluebook	G1030679	1.800.207.1018	https://simplifiedbenefitsadministrators.org/
Wellness Program	HealthYou	G1030679	1.719.314-3535	www.myhealthy.com Access Code: G1030679
Dental	Delta Dental of Colorado	9741	1.800.610.0201	www.deltadentalco.com
Vision	EyeMed	9805870	1.866.939.3633	www.eyemedvisioncare.com
Health Savings Account (HSA)	Rocky Mountain Reserve (RMR)	RMRGID	1.888.722.1223	www.RockyMountainReserve.com
Flexible Spending Account (FSA)	Rocky Mountain Reserve (RMR)	RMRGID	1.888.722.1223	www.RockyMountainReserve.com
Basic Life and A&D Voluntary Life and AD&D	New York Life (NYL)	FLX-969333 OK970773 CO1	Please contact the Goodwill Benefits Team for assistance	www.newyorklife.com
Voluntary Long-Term Disability (VLTD)	New York Life (NYL)	LK752628 VDT-936002	Please contact the Goodwill Benefits Team for assistance 1.800.362.4462	https://www.newyorklife.com/group-benefit-solutions/employees/group-insurance/disability/submit-disability-claim
Disability Claims				
Cigna Supplemental: Hospital Care Coverage Critical Illness Accident	Cigna Supplemental Health Solutions	HC 961179 CI 961910 AI 962000	1.800.997.1654 800.754.3207	www.supphhealthclaims.com
Employee Assistance Program (EAP)	ComPsych Guidance Resources	Web ID: COM589	1.800.272.7255	www.guidanceresources.com
Secure Travel Assistance	GBS Secure Travel	Goodwill of Colorado	1.888.226.4567	Email: ops@us.generaliglobalassistance.com
Medicare Consultant	My Benefit Advisor	Goodwill of Colorado	Shawn McLean 1.757.663.4089	shawn.mclean@mybenefitadvisor.com www.mybenefitadvisor.com
Goodwill Benefits Team	719.635.4483			Email: Benefits@goodwillcolorado.org
USI's Benefit Resource Center – your one-call benefits information specialists and advocates!		855.874.0742		Email: BRCMT@usi.com
How to Enroll				https://n23.ultipro.com



Plan Offerings Overview for 2026

Medical plan designs are unchanged:

- HDHP (HSA) \$5,500 medical plan *with an HSA contribution match of up to \$500 per year*
- Value \$4,000 medical plan.
- Premier \$2,000 medical plan
- These are in-network plans only.
- All plans have the same Network, regardless of which plan you choose. The provider directory encompasses the Aetna First Health nationwide network as well as UCHealth.
- **Claims administrator: Simplified Benefits Administrators**

IMPORTANT REMINDERS:

- Please reference the HealthYou Wellness Program flyer for more information regarding how to qualify for the Wellness rate.
- If you are enrolled in the High-Deductible Health Plan, REMEMBER to also enroll in a Health Savings Account. Goodwill will make a generous dollar-for-dollar contribution of up to \$500 annually into your Health Savings Account.
- Your medical plan group number is changing effectively 1/1/2026. Your new group number is **G1030679**. Because of this change, all members will be receiving new ID cards to their home address.
- The way you access your SBA member portal is changing. Please refer to page 18 for directions.
- You may look up providers in the **UC Health and First Health Networks**. Both of these networks are included in your medical plan. Directories can be located online through this link:

<https://www.goperspecta.com/vpd/UChpa/public/ProviderSearch/ByPlan?Benefit=FHN&BenefitGroup=FHN>

One Medical Direct Primary Care (DPC) – Automatically available to all employees enrolled in a medical plan and is a voluntary option for those employees not enrolled in the medical plan.

Summary of what is included in our C3 Captive Plan:

- HealthYou manages wellness evaluations, biometric screening, coaching, and wellness advocacy.
- **One Medical labs and Rx** will be paid by the plan as a claim, delivering zero cost meds and labs to the member when available.
- **Strata Med** - an integrated holistic medicine with specialized focus on well-care.
- **UC Health and First Health Network** (Aetna's nationwide network). No narrow network, simplifying member's plan choice. Exclusive contracts through SBA and other providers.
- Network steerage through **Valenz Bluebook**. Providing members a monetary incentive for choosing "green" providers.
- Decreased pharmacy costs for both the plan and the members, through the **SmithRx Connect Programs**, for members who qualify.



Flexible Spending Account (FSA) and Health Savings Account (HSA) – Our FSA and HSA vendor is Rocky Mountain Reserve. Services include both a Health FSA, a limited Health FSA, and a Dependent Care FSA. Those enrolled in the high deductible health plan can enroll in an HSA and a Limited FSA (which is limited to use on dental, vision, & hearing expenses). **A New FSA and HSA Election MUST BE MADE for the 2026 plan year to continue this benefit.**

The Dependent Care FSA Limit is increasing to \$7,500 annually.

Delta Dental – One plan option administered by Delta Dental. The Patient Direct Discount Plan will no longer be offered. The Dental PPO plan will be the one plan offered with no plan design changes, and minor cost changes..

EyeMed Vision – There will be no plan or cost changes to vision.

Life & Disability – New York Life is still our insurance carrier for Basic Life and Accidental Death & Dismemberment (AD&D), Supplemental and Dependent Life, and Voluntary Long-Term Disability (VLTD) policies. Voluntary Long-Term Disability (VLTD) is paid for by the employee.

Voluntary Worksite Products: supplemental policies you may elect through Cigna Group Insurance include:

- Accident & Injury
- Hospital Care
- Critical Illness

This will be a **Passive enrollment**, which means your current benefits will roll over, except your FSA and HSA elections. Unless you make changes to your benefits or add/delete dependents, your 2025 benefits will remain in place for 2026.

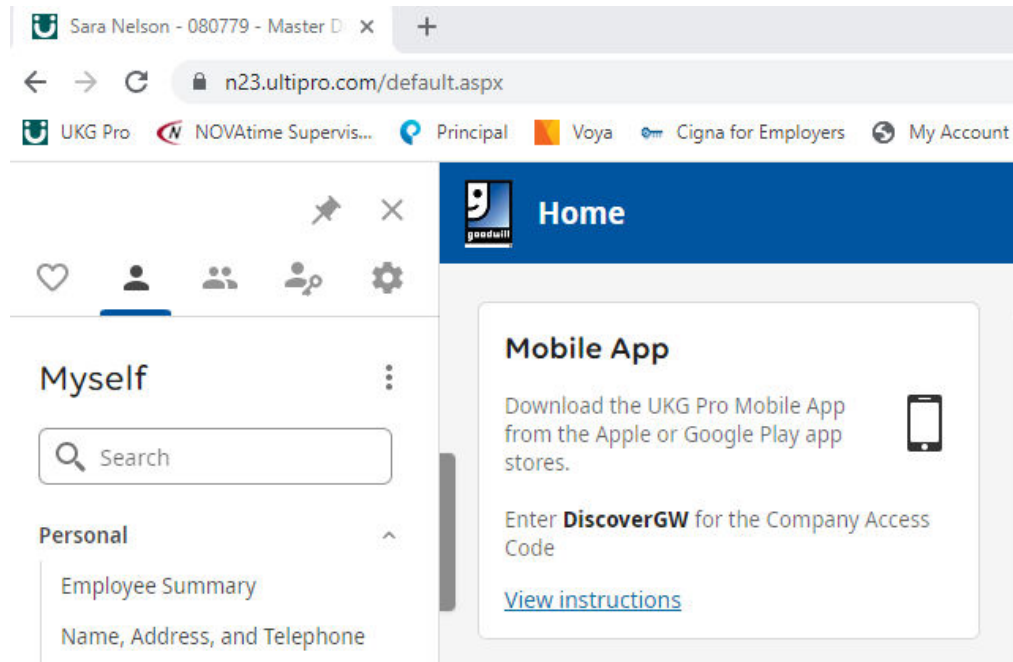


How to Enroll



How to access the system to complete your Open Enrollment for Employee Benefit Elections through UltiPro?

Type this address into your internet browser – <https://n23.ultipro.com>



Current Active Employees:

- If you need assistance logging into UltiPro Employee Self Service, please contact your supervisor or Human Resources via the HRHelpdesk@goodwillcolorado.org email.
- Information about benefits is available on UltiPro home page.
- Review benefit programs you are currently enrolled in – Go to “Myself” then “Benefits Summary.”
- Review your employee demographic information and update as necessary (including dependent data). Go to “Myself” then “Employee Summary” page.
- Add any new dependent information, you must have a social security number and birthdate for each dependent. Go to “Myself” then “Personal” then “Contacts.”
- To access the Open Enrollment, go to “Myself” then “Open Enrollment”. Then select “Open Enrollment” and follow the prompts to elect or decline in all coverages.
- Provide and/or update your beneficiary information for the Basic Life and AD&D insurance and Supplemental Life insurance. To add or change your beneficiary information, go to “Myself” then “Personal” then “Contacts.”

Remember, you MUST have a beneficiary designation for the Basic Life and AD&D coverage supplied by Goodwill of Colorado at no cost to you. You can also update existing contacts through the “Open Enrollment” tab.



Eligibility

Eligible Employees:

You may enroll in the Goodwill of Colorado Employee Benefits if you are a **Full-Time employee** working 30 or more hours per week. You are eligible for medical, dental, vision, FSA, HSA, Basic Group Life and AD&D, Supplemental Life, Voluntary Long-Term Disability (LTD), and Cigna Group Insurance voluntary benefits.

Employees identified by their manager as Full-Time (FT) scheduled to work a minimum of 30 or more hours per week, or who become Full-Time (FT) due to ACA rules, are eligible to participate in our benefit plans beginning the first of the month following sixty (60) days from when they become a Full-Time employee.

Part-time employees who are scheduled to work 29 hours or less are eligible to voluntarily participate in One Medical Direct Primary Care (DPC).

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal spouse, and children up to age 26, regardless of student, marital or employment status. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship

When Coverage Begins:

The effective date for your benefits is January 1, 2026 if you're enrolling during open enrollment. Newly hired employees and dependents will be effective in Goodwill of Colorado's benefits programs **first of month following sixty (60) days**. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event.

Open Enrollment:

The benefit plan year is January 1st through December 31st. **This year's annual open enrollment period will be held starting November 12, 2025 and ending on November 26, 2025.** Annual deductibles and/or out-of-pocket maximums cycle on a calendar year basis (January through December). If you elect to participate in the Flexible Spending Account (FSA), it also cycles on a calendar year basis.

Qualifying Life Events:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)



If such a change occurs, you must make the changes to your benefits **within 30 days of the event date**. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact the Goodwill Benefits Team to make a qualifying life event mid-year change.

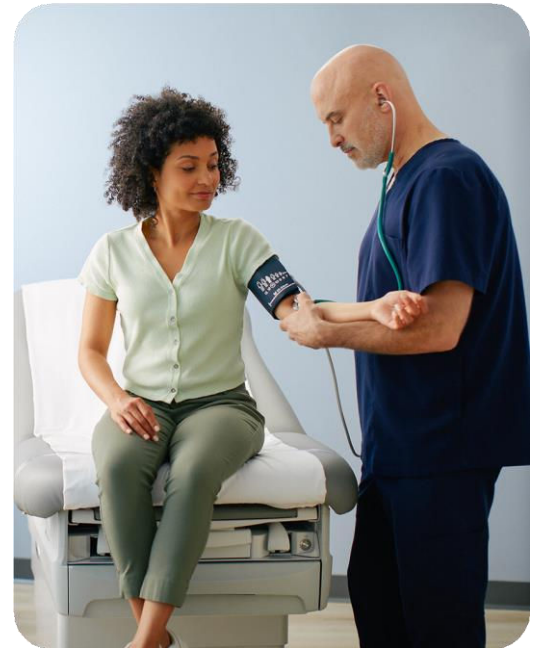
DIRECT PRIMARY CARE (DPC)



Experience the doctor's office designed around you

See what care is at no cost to you*

One Medical is a modern primary care practice that makes it faster, easier, and more enjoyable to get care, anytime. And great news: employees and their eligible spouses and dependents who are enrolled in our medical plan can get care at One Medical offices in Colorado and 24/7 virtual care all at no additional cost, no deductibles, and no copays.*



Primary care at no cost to you:*



Care at our offices

Same/next-day appointments that start on time and aren't rushed with caring providers, convenient locations, and drop-in lab services.



24/7 on-demand virtual care

Use Video Chat or Treat Me Now to get care for common concerns like the flu, allergies, UTIs, skin care, and headaches.



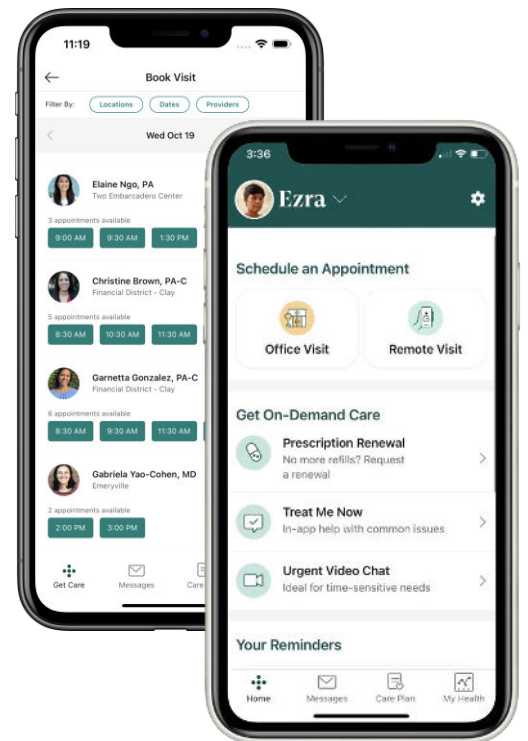
An easy to use app

Message with providers, view your health history, request prescription renewals, get 24/7 care, and easily book appointments – all from our app.



Onsite medication dispensing

Enjoy the convenience of picking up your medications right onsite, saving time by skipping that extra trip to the pharmacy.*



Download the One Medical app to easily book appointments, request prescriptions, get care 24/7, message providers, view your care plan, and more.

Activate your sponsored membership today

Sign up now at
onemedical.com/mycare-co



Virtual care at your fingertips

DESCRIPTION AND TYPES OF CARE

RESPONSE TIME



Urgent Video Chat

Request a Video Chat with our virtual medical team at any time (24/7 on-demand) for non-life threatening but urgent concerns and potentially avoid costly trips to the ER.

Types of care: Minor injuries (sprains, strains, burns, cuts), fevers over 103°, sudden back pain

Varies based on demand, but typically ~15-20 minutes



Treat Me Now

Get help with common issues by message. Simply answer a few questions about your symptoms and a provider will message you with next steps.

Types of care: Colds/flu, seasonal allergies, skin issues (rashes, moles, acne), cold sores, STI screening

Within ~4 hours



Prescription Requests

Request a renewal right from the app and we'll send your prescription to the pharmacy you enter.

Types of care: All prescription renewals (note: controlled substances may require a consultation)

48 hours for most meds, 72 hours for controlled substances



Messages

Send and receive secure messages with your PCP, our virtual medical team, admin team, or tech support.

Types of care: Simple follow-up questions after a visit, or insurance/billing questions for the admin team

Typically between 24-72 hours



Remote Visits

Schedule an appointment with your PCP or another provider of your choice for things that don't require an in-person exam. You'll receive a link to dial into your visit once you book it.

Types of care: Mental health, sleep issues, hair loss, follow-ups for chronic conditions like diabetes

Schedule your appointment for your preferred day and time



Not a One Medical member yet?

Visit onemedical.com/peakmed

The cost of membership is covered for you.

Primary care services at OneMedical



Adult physical health care



Care coordination and navigation



Integrated behavioral health



Preventive care



Pediatric and family care



Primary care procedures and diagnostics



Lifestyle management



On-site labs



Chronic care management



On-site medication dispensing*

Denver offices

Inverness

195 Inverness Dr W, Ste 100, Englewood, CO, 80112

8:00 am - 5:00 pm, Mon-Fri

Belleview (Previously Littleton)

2600 W Belleview Ave, Suite 200, Littleton, CO, 80123

8:00 am - 5:00 pm, Mon-Fri

Colorado Springs Offices

Northgate

13271 Bass Pro Drive, Suite 140, Colorado Springs, CO, 80921

7:00 am - 5:00 pm, Mon-Fri

Downtown Colorado Springs (Newly relocated)

321 Tejon St, Suite 100, Colorado Springs, CO, 80903

7:00 am - 5:00 pm, Mon-Fri

Tutt

6945 Tutt Blvd, Colorado Springs, CO, 80923

7:00 am - 5:00 pm, Mon-Fri

Get Started with Direct Primary Care Today!

Step 1 - Call One Medical's Membership Service team at [\(844\) 673-2563](tel:844-673-2563) to select your location.

Step 2 - Meet your doctor and establish care (virtually or in-person). Don't wait till you're sick, we want to get to know you when you are well!

Step 3 - Enjoy the direct primary care difference!

*Direct primary care (DPC) service availability and billing may vary by location, local legal requirements, your employer's policies and your insurance plan type. Third-party services and products, including external lab processing fees, medications, and immunizations, as well as primary care services provided at any office outside of Colorado, are generally not included in your DPC services. Check your DPC agreement, One Medical at pm-membermgt@onemedical.com or call (844) 673-2563 or with your employer to confirm whether any third-party services or products or pediatric and family services provided in Colorado are included in your DPC services.

Medical Insurance

Simplified
Benefits Administrators

 **First Health Network**
Complementary

Simplified Benefits Administrators administers the medical plan and **SmithRx** administers the Pharmacy plan. The national network of providers (physicians, hospitals, and ancillary services) will fulfill your healthcare needs. These are in-network plans only. Therefore, please ensure your provider is in the UCHealth or First Health Network. Both of these networks are included in your medical plan. You may look up provider in the **UCHealth and First Health Networks**. Both of these networks are included in your medical plan. The online directory can be located online through this link:

<https://www.goperspecta.com/vpd/UHPA/public/ProviderSearch/ByPlan?Benefit=FHN&BenefitGroup=FHN>


The chart below provides a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	High Deductible Health Plan (HDHP w/ HSA) \$5,500	Value Plan \$4,000	Premier Plan \$2,000
	In-Network Only Benefits	In-Network Only Benefits	In-Network Only Benefits
Calendar Year Deductible			
Individual	\$5,500	\$4,000	\$2,000
Family	\$11,000	\$8,000	\$4,000
Coinsurance	Plan Pays: 70% Member Pays: 30%	Plan Pays: 80% Member Pays: 20%	Plan Pays: 80% Member Pays: 20%
Annual Maximum Out-of-Pocket (Includes Copays, Deductible, & Coinsurance)			
Individual	\$7,050	\$6,500	\$5,500
Family	\$14,100	\$13,000	\$11,000
Office Visits			
One Medical Direct Primary Care (Virtual or In-person)	No cost, unlimited visits	No cost, unlimited visits	No cost, unlimited visits
Primary Care Physicians (PCP)	30% after deductible	20% after deductible	20% after deductible
Strata Med Concierge (i.e. Chiropractic and Acupuncture care)	Deductible, then copay	\$15 copay	\$15 copay
Specialty Care	30% after deductible	20% after deductible	\$60 copay
Adult and Child Preventive Exams	\$0, Deductible Waived	\$0, Deductible Waived	\$0, Deductible Waived
Diagnostic Services			
X-ray and Lab Tests	30% after deductible	20% after deductible	20% after deductible
Complex Radiology	30% after deductible	20% after deductible	20% after deductible
Urgent Care Facility	30% after deductible	\$100 copay	\$100 copay
Emergency Room Facility Charge	30% after deductible	\$300 copay waived if admitted	\$300 copay waived if admitted
Inpatient Facility Charges	30% after deductible	20% after deductible	20% after deductible
Outpatient Facility and Surgical Charges	30% after deductible	20% after deductible	20% after deductible
Retail Pharmacy (30 Day Supply)			
Generic (Tier 1)	30% after deductible	\$15 copay	\$15 copay
Preferred (Tier 2)	30% after deductible	\$45 copay	\$45 copay
Non-Preferred (Tier 3)	30% after deductible	\$60 copay	\$60 copay
Preferred Specialty (Tier 4)	30% after deductible	20% copay	20% copay



Medical Insurance Costs

You can save \$69 per month and qualify for the “with Wellness” Premiums! Please refer to the HealthYou Wellness Program flyer for more information.

EMPLOYEE COST – HDHP - HSA (\$5,500) Medical Plan per Pay Period (24 Pay Periods/year)		
Medical Plan Network	Wellness Rate	Non-Wellness Rate
Employee Only	\$40.09	\$74.59
Employee + Spouse	\$ 206.20	\$240.70
Employee + Child(ren)	\$226.11	\$260.61
Family	\$316.05	\$350.55
 If you are enrolled in this HDHP plan, you have the opportunity to receive an employer HSA contribution match of up to \$500 per year. Your employer will match dollar-for-dollar up to \$500 in your HSA contributions.		

EMPLOYEE COST - Value (\$4,000) Medical Plan per Pay Period (24 Pay Periods/year)		
Medical Plan Network	Wellness Rate	Non-Wellness Rate
Employee Only	\$46.64	\$81.14
Employee + Spouse	\$234.54	\$269.04
Employee + Child(ren)	\$256.42	\$290.92
Family	\$354.92	\$389.42

EMPLOYEE COST - PREMIER (\$2,000) Medical Plan per Pay Period (24 Pay Periods/year)		
Medical Plan Network	Wellness Rate	Non-Wellness Rate
Employee Only	\$64.28	\$98.78
Employee + Spouse	\$247.57	\$282.07
Employee + Child(ren)	\$269.91	\$304.41
Family	\$373.97	\$408.47

SmithRx Pharmacy Partners

Accessing your prescriptions is easy with our **broad pharmacy network**, which gives you access to **retail**, **mail order**, and **specialty** pharmacies. You can always find the pharmacy with the best price by using the **Find My Meds** search tool in the Member Portal at mysmithrx.com.

Retail Partners

We partner with over 65,000 pharmacies, including national and regional chains, grocery stores and local pharmacies. Here are just a few of the retail pharmacies in our network.



Specialty Partners



To enroll, create an account on the [Costco Pharmacy Member Portal](#) or call **855-213-0070**. Providers can send prescriptions via e-scribe.

Ordering: The Costco Pharmacy Team helps you manage your refills. You can order refills through the Costco Member Portal or by phone.

Shipping: Shipping is free. Refrigerated medications are shipped the next day. Other medications are be shipped within 2 days.



To enroll, call **888-777-5547**. Providers can send prescriptions via e-scribe.

Ordering: The Senderra Refill Specialists will call you when it's time to refill your medication. Orders need to be placed by phone.

Shipping: Standard shipping is free. Refrigerated medications are shipped overnight, except on Fridays. Other medications are sent with 2 day shipping.



Mail Order Partners



Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Name/E-scribe:** Amazon Pharmacy Home Delivery
- **Amazon Pharmacy fax:** 512-884-5981
- **Amazon prescriber and pharmacy line:** 855-206-3605



Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Walmart Pharmacy fax:** 1 (800) 406-8976
- **Walmart prescriber and pharmacy line:** 1 (800) 273-3455
- **Website:** www.walmart.com/cp/1042239



See whether your medications are available: costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:

- **Name/E-scribe:** Mark Cuban Cost Plus Drug Company (MCCPD)

We are here to help!

Have questions or need assistance? Contact our Member Services Team. Live support is available **Monday through Friday, 8 am - 9 pm ET** and **Saturdays 11 am - 4 pm ET**.



Chat

Chat live with a member service representative on our [website](#) or in the [member portal](#)



Portal

Find plan info, ID cards and documents at smithrx.com/portal



Email

Email our team at help@smithrx.com



Phone

Call us at [844-454-5201](tel:844-454-5201)

Simplified Benefits Administrators Portal Access

Important Notice: Member Portal Access

This notice is to inform and assist you in accessing the new member portal and other health plan resources for the plan year starting January 1, 2026.

NEW: SBA's PEAK360 Member Portal

The new member portal, powered by Select Health, provides information and resources regarding your 2026 medical plan year elections.

REGISTER:

1. Visit https://myhealthplus.intermountainhealthcare.org/shregistration?branding=sh&redirect_index=2000
2. Click No, I don't have any log in information
3. Click Select Health (including Medicare and Simplified Benefits Administrators)
4. Complete the required fields. Use the new member ID provided on the attached ID card

Dual Portal Access for Members Enrolled in 2025 Plan Year Benefits

Members who were enrolled in benefits during the 2025 plan year can continue accessing historical claims and benefits information in your existing member portal. See the table below for more information.

For claims:	Before January 1, 2026	On or after January 1, 2026
Use this portal:	Existing Portal & Login https://sba.veriben.net/	New Portal & Login <ol style="list-style-type: none"> 1. Visit simplifiedbenefitsadministrators.org 2. Locate the "Portal" in the top header 3. Select "Member" 4. Select "PEAK360 Member Portal" 5. Access benefit and claims information, view EOBs, download ID cards, and more

Frequently Asked Questions:

- **Who is Simplified Benefits Administrators?** Simplified Benefits Administrators (SBA) is the plan administrator for Goodwill of Colorado. SBA is responsible for providing customer service, access to health plan resources, and other plan operations.
- **Who is Select Health and Intermountain Health?** Select Health and Intermountain Health are SBA's parent company. SBA, through Select Health, is providing enhanced platforms designed to simplify health plan navigation. *Please note, you will see Select Health logos on some of the SBA resources.* If you have questions at any time, contact SBA customer service by calling 1-800-207-1018.
- **I was a member enrolled in the 2024-2025 plan year, what portal do I access?** You will access both portals depending on the date of service. Refer to the table above for detail.
- **I am a new member enrolled in the 2025-2026 plan year, what portal do I access?** You will only need to access the PEAK360 portal.
- **Where can I access health plan forms / member forms?** Medical forms are now located on the member portal page on simplifiedbenefitsadministrators.org.

**simplified
benefits**
ADMINISTRATORS

For questions or support, please contact Simplified Benefits Administrators by calling **1-800-207-1018**.



See what benefits are waiting for you!

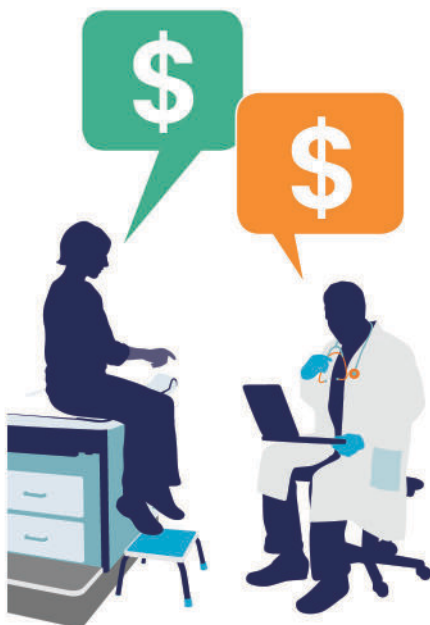
Find high-quality affordable care with a simple search and earn rewards!



SBA provides **Vælenz Bluebook** FREE as a benefit, so you can shop for medical care, save money, and earn rewards.

Here's what's included:

- **The Best Price and Quality** – Access price information and cost ratings for local facilities, and view national quality ratings based on patient safety, complications, mortality rates, and readmissions.
- **Doctor Search** – Find top-notch doctors who follow evidence-based guidelines and avoid unnecessary tests, treatments, and surgeries.
- **Rewards** – earn up to **\$1500** reward everytime you search for select procedures and use a **Fair Price™** facility for your care.
- **Enhanced Benefits** – Choose **Fair Price™** (green) providers to save on out-of-pocket costs and potentially lower deductibles or co-payments.



GETTING STARTED IS EASY AS 1-2-3!!

1

Scan the QR code with your phone or use the link below for direct access.
No sign up or registration required!

sba.veriben.net



2

Download the app on your mobile device and login.

Mobile Code: UCHealth



3

Call Member Support at **(800) 341-0504**.

See Reverse...

GO GREEN TO GET GREEN

Below is an example of how prices for the same procedure can vary significantly based on where you receive care. You can also earn a reward every time you search for select procedures in Bluebook and use a **Fair Price™** green facility for your care. For inpatient procedures just select a facility that is green in both cost and quality to earn rewards.



Top Rewardable Procedures

Full list at healthcarebluebook.com/cc/UCHealthPremium/rewards

Cataract Surgery - \$150
 Colonoscopy - \$150
 CT Scans - \$100
 Doppler Exam of the Heart - \$75
 Ear Tubes - \$350
 Heart Echo Imaging - \$75
 Heart Perfusion Imaging - \$150
 Knee Arthroscopy - \$350

Laparoscopic Cholecystectomy - \$500
 Lithotripsy - \$350
 MRIs - \$100
 Remove Tonsils & Adenoids - \$350
 Shoulder Arthroscopy - \$350
 Sleep Study - \$125
 Upper GI Endoscopy - \$150

Always check Fair Price™ and reward status in Välenz Bluebook and confirm in-network status with your provider.

See more procedures and costs by logging onto Välenz Bluebook.

2026 STRATA MED SERVICES, COPAYS & DISCOUNTS

Prepared for Employees & Dependents Enrolled in the C3 Captive



Goodwill
of
COLORADO

HERE ARE SOME OF THE BENEFITS OF HAVING SPECIALTY CARE SERVICES THROUGH STRATA MED
You must show proof of insurance by providing your Medical Plan ID Card at the Time of Your Visits.

COMBINED VISIT SERVICES	Value/Premier Plan	HDHP PLAN
Unlimited		
Office Visits	First Visit= \$0 Thereafter=\$15/visit	Deductible Met then \$15/visit
Behavioral Health	\$15.00/visit	Deductible Met then \$15/visit
Lab Draw	\$15.00/visit	Deductible Met then \$15/visit
Ultrasound	\$25.00/visit	Deductible Met then \$15/visit
24 Total Combined Visits per benefit year		
Chiropractic Medicine	\$15.00/visit	Deductible Met then \$15/visit
Acupuncture	\$15.00/visit	Deductible Met then \$15/visit
10 Total Combined Visits per benefit year		
Nutrition Therapy	\$15.00/visit	Deductible Met then \$15/visit
Personal Training	\$15.00/visit	Deductible Met then \$15/visit
Healing Touch Therapy	\$15.00/visit	Deductible Met then \$15/visit
Red Light Therapy	\$15.00/visit	Deductible Met then \$15/visit
Shockwave	\$15.00/visit	Deductible Met then \$15/visit
6 Total Combined Visits per benefit year		
Medical Massage (Clinician Directed)	\$15.00/visit	Deductible Met then \$15/visit
Gua Sha	\$15.00/visit	Deductible Met then \$15/visit
5 Total Visits per benefit year		
Genetic Testing Consultation*	\$15.00/visit	Deductible Met then \$15/visit
1 Total Visit per benefit year		
Bod Pod or RMR	\$15.00/visit	Deductible Met then \$15/visit

*Please note: the genetic test itself is not included in this benefit. If you choose to undergo genetic testing, the cost of the test is your responsibility and may be up to \$400, depending on the testing panel selected.

Nutraceuticals: Nutraceutical supplements are food-based products, such as vitamins, minerals, herbs, or probiotics that help support overall wellness and help maintain or improve health.

Tier 1: \$5/bottle
Tier 2: \$10/bottle
Tier 3: \$15/bottle

Milestones Resilience Care: Provides evidence-based trauma treatment combined with resilience-building practices. A team of professionals will guide you through a personalized healing journey. In addition to working with a trauma-trained clinical therapist and care navigator, clients can choose from complementary therapies such as massage, acupuncture, and trauma-informed yoga. **By referral only.**

Company Discounts	
Employees of the group that don't have the insurance?	No Discount
For all services outside of their benefits.	10% Discount
Non-dependent family members.	No Discount
After allotted number of services utilized.	10% Discount
Discounts on supplements.	No Discount (Copay Based)
Discount on IV's and Injectables.	10% on IV's/No Discount on Injectables
Spa Discount	No Discount

GETTING STARTED

Goodwill of Colorado partners with Strata Med to provide private and confidential medical services for team members covered under Goodwill of Colorado's medical plan. Together, they are committed to assuring the best possible care options are available to team members and their covered dependents, encouraging active and ongoing participation to achieve optimal health and wellness.

LOCATIONS & SERVICE HOURS

3314 MESA ROAD Colorado Springs,
CO 80904

Monday to Friday from 9:00AM to 7:00 PM

Saturday from 9:00 AM to 5:00 PM

11675 RIDGELINE DRIVE Colorado
Springs, CO 80921

Monday to Friday from 9:00AM to 6:00 PM

CONTACT INFORMATION

To schedule an appointment at
Strata Med (for both locations):
(719)428-2202
stratawell.com



strata

Digital Health

StrataWell Virtual Services

strata



We'd Love to See You at Strata Med!

You can use Strata Med in-person for multiple medical and specialty services; however, if you're not in the Colorado Springs / Pikes Peak Region, this may not be convenient for you.

With StrataWell Virtual Services, it's Easy to Talk with a Strata Med Provider



Goodwill
of
COLORADO

Discover **StrataWell Virtual Services**, an online health care experience to help you in your journey to optimal well-being.

Our virtual services offer access to an array of specialized appointments and personalized services designed to meet your health goals. Visit with our naturopathic doctors, explore preventive health with our Nurse Practitioner, or prioritize your heart health. Elevate your nutrition journey with personalized consultations from our expert nutritionists, receive recommendations for supplements aligned with your goals, and take control of your health with access to a wide range of laboratory services.

To get started, call Strata at 719-428-2202.

Quality Care – When & Where You Need It. . .

In-Person At Strata Med		Via StrataWell Virtual Services*	
✓ Acupuncture	✓ Fitness	✓ Naturopathic Treatment	✓ Nutrition
✓ Chiropractic	✓ Healing Touch	✓ Cardiovascular Consults	✓ Supplements
✓ Functional Medicine	✓ Supplements	✓ Wellness Services	✓ Non-Urgent Services
✓ Nurse Practitioner Exams	✓ Nutrition	✓ <i>And Much More...</i>	
✓ Naturopathic Treatment	✓ <i>And Much More...</i>		

NOTE: Available in Colorado Springs / Pikes Peak region only. Acupuncture, Ayurveda, and Chiropractic services are limited to no more than 20 total combined visits per year. Refer to a separate Strata Med Services, Copays & Discounts document for more details. Some restrictions may apply.

NOTE: Virtual services are available for Goodwill employees who reside outside of the Colorado Springs/ Pikes Peak region. Some restrictions may apply.

* For StrataWell Virtual visits, data rates may apply.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a designated Strata Virtual Services Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Insurance coverage provided by or through your employer-sponsored health plan. Administrative services provided by your employer-sponsored health plan or their affiliates.



StrataWell Virtual Services – Visits Made Easy

Prepare for your virtual visit in three (3) simple steps



Virtual visits, also known as telehealth, connect you with a doctor or health care provider from the comfort of home or work. With the convenience of a virtual visit, you can get access to quality care.



Virtual visits may also be a great way to stay on top of your health and stay at home. Here are three (3) simple steps to help you prepare for a smooth visit.

1 Get Yourself Ready

Take a few minutes before your virtual visit to prepare.

- **Quiet Space:** Choose a quiet area to avoid interruptions from family and pets
- **Good Lighting:** Position yourself in a well-lit room and try to avoid windows in the background that can cause glare
- **Comfortable Spot:** Find a place to settle in for your visit, like sitting at the kitchen table or in a comfy living room chair

2 Get Your Information Ready

It's a good idea to have your questions and information on hand.

- **Questions:** Jot down questions about symptoms, procedures or prescriptions
- **Medications:** List your prescriptions, over-the-counter medications, plus vitamins and supplements, along with your pharmacy name and address
- **Insurance:** Keep your employer-sponsored health plan member ID card handy for easy access

3 Get Your Tech Ready

To ensure a smooth experience, take a few minutes to check your tech.

- **Connect:** Test your internet signal to ensure it is strong
- **Charge:** Plug in or charge up your selected device — smartphone, laptop or tablet
- **Position:** Steady your camera by propping it up in front of you instead of holding the device
- **Access:** Follow any special instructions from your provider, like downloading an app or setting up an account

Troubleshooting Tips:

- **Test:** Test the audio and video on your device 10 to 15 minutes before your virtual visit
- **Speed:** Consider closing other apps to help avoid a slow internet connection and distractions
- **Volume:** Check that the microphone on your device is on and the volume is up, not on mute



Virtual visits can be a helpful option for getting care outside the doctor's office.

HealthYou

2026 Engage Wellness Program



Explore a variety of activities and resources to improve your overall wellbeing!



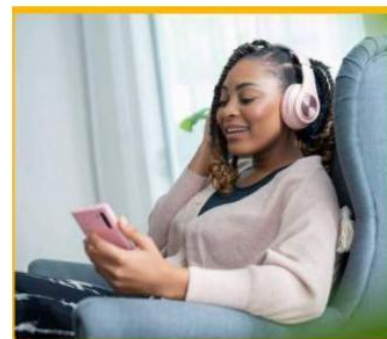
Required Know Your Numbers Biometric Health Screening

Onsite or PCP form completed
at Strata Med or One Medical



Recorded Wellness Webinars with a HealthYou Coach

Popular topics covered online
for 15-20 minutes



Articles for Better Choices The ABC's of Health

Read or listen to short 2-5 minute
articles offering great lifestyle tips



*Required Program Activity Preventative Exam

Medical visits at Strata Med, One
Medical, or with an In-Network
Primary Care Physician (PCP)



Recorded Mental Wellness Webinars Guided by Therapists

Empowering topics to help strengthen
human connections through
eye-opening online webinars



Life Coach Call with a Trained Lifestyle Coach

Begin your journey with
guided support and goal
setting for better wellbeing

WELLNESS INCENTIVE

Complete the two (2) required activities and two (2) optional activities
by December 15, 2026. This program may be incentivized in the
coming year



Access these resources by scanning the QR code
then enter Group Code: **G1030679**



Dental Insurance



Under the Dental PPO network program, members have the ability to select any licensed dentist for treatment; however, if a member selects either a PPO or Premier dentist, the member's Out-of-Pocket costs are reduced as participating dentists agree to accept Delta Dental's contracted rate as payment in full for covered services and collect only applicable deductible and/or coinsurance amounts from the member.

In addition, participating dentists file claims on behalf of the member. Pre-treatment authorization for any amount over \$250 is highly recommended. Have your dentist contact Delta Dental to obtain a pre-treatment authorization before any services are performed.

Find your network provider and print your ID card at www.deltadentalco.com.

	Delta Dental of Colorado PPO Plus Premier		
	Delta PPO	Delta Premier	Non-Network
Annual Deductible			
Annual Maximum (Applies for Basic and Major Expenses)	\$2,000		
Calendar Year Annual Deductible – Individual / Family	\$50 / \$150		
Annual Maximum (Applies to Basic and Major Expenses)			
Diagnostic & Preventive Oral Exams Routine Cleanings and X-rays Fluoride Application Sealants	100%, no ded	80%, no ded	80%, no ded
Basic Fillings Oral Surgery Simple Extractions General Anesthesia	80%, after ded	80%, after ded	80%, after ded
Major Minor and Major Periodontics Root Canal Therapy / Endodontics Bridges / Crowns / Dentures / Repairs / Adjustments	50%, after ded	50%, after ded	50%, after ded
Orthodontia			
Benefit Percentage	50%, no ded		
Adults (and Covered Full-Time Students, if Eligible)	Not covered		
Dependent Child(ren)	Covered to age 19		
Lifetime Maximum	\$1,000 per covered child		
Benefit Waiting Periods	12-Month Waiting Period on Orthodontia Services		

Employee Contributions per Pay Period (24 Pay Periods/year)	
Delta Dental of Colorado - PPO Plus Premier Plan	
Employee	\$7.94
Employee & Spouse	\$15.09
Employee & Child(ren)	\$17.35
Employee & Spouse & Child(ren) (Family)	\$27.56



Vision Insurance



This plan offers in-network and out-of-network benefits; however, to receive the maximum benefit, you should always use participating providers. To find a provider, visit www.eyemedvisioncare.com.

	EyeMed Vision Care	
	In-Network (Select Network)	Out-of-Network
Frequencies		
Exam	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Routine Vision Exams	\$10 copay	Reimbursement up to \$30
Vision Materials		
Materials Copay Standard Plastic Lenses: Single, Bifocal, Trifocal, Lenticular, or Progressive	\$25 copay	Reimbursement of \$25-\$55, depending on lens type
Lens Options	Copays Vary by Type of Option	Reimbursement up to \$5 for Standard Plastic Scratch Coating
Contacts -Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	\$150 allowance, 15% discount off balance over \$150	Reimbursement up to \$120
Frames	\$150 Allowance, 20% off balance over \$150	Reimbursement up to \$75

*Limited reimbursements are available when using an Out-of-Network provider. See the summary of benefits or contact EyeMed for more information.

Employee Contributions (Semi Monthly 24 per yr)	
Vision	
Employee	\$2.77
Employee & Spouse	\$5.25
Employee & Child(ren)	\$5.53
Employee & Spouse & Child(ren) (Family)	\$8.12

Your vision is very important to your overall health. Whether your vision is 20/20 or less than perfect, everyone should receive regular vision care. Did you know that regular comprehensive eye exams can spot symptoms of many underlying health problems, such as diabetes, hypertension, high cholesterol, glaucoma, and cataracts? We partner with a network of providers where members receive comprehensive vision care.

EyeMed providers deliver a complete vision examination, arriving at both a diagnosis and treatment plan (if needed). Don't take chances with your most precious possession – the gift of sight. Use your vision plan today!

Find your network provider and print your ID card at www.eyemedvisioncare.com.

Find an eye doctor (Select Network)

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

Heads up

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



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses



Flexible Spending Account (FSA)

2026 USER GUIDE: Health FSA

What is a Health FSA?

A Flexible Spending Account (FSA) is a pre-tax benefit that allows you to set aside money from your paycheck to use for eligible healthcare expenses. Any money you set aside comes out of your paycheck before taxes, this means you pay no income tax on your FSA money.

Know the Rules

- **Enrollment:** You must enroll in an FSA during your employer's open enrollment period. Elections cannot be changed during the year unless there is a qualifying event.
- **Contribution Limit:** The amount you can set aside in an FSA is limited by the IRS and your employer's FSA plan.
- **Eligible Expenses:** An FSA can only be used for eligible Health & Dependent Care expenses not covered by your insurance. What is eligible is determined by the IRS.
- **Use-it-or-Lose-it Rule:** Generally, you must spend the funds in your FSA by the end of the plan year. Some plans may offer a grace period or allow you to carry over a certain amount to the next year (check your plan details). Any unclaimed funds that do not rollover are forfeited.
- **Documentation:** IRS rules require that every FSA expense be substantiated. Keep your receipts and documentation for all FSA expenses (especially when you use your debit card). You'll need these to submit claims & substantiate card transactions.
- **Run-out Period:** Each employer sets the deadline when claims & documentation must be submitted by. You must claim your funds & submit documents by this deadline.

What Expenses Qualify?

Common Eligible Expenses:

- Medical co-payments and deductibles
- Prescriptions, and some OTC medications.
- Dental (excluding cosmetic)
- Orthodontia
- Hearing Expenses
- Menstrual Care
- Eye Exams, Glasses, & Contacts

Ineligible Expenses:

- Cosmetics (goods & services)
- Teeth whitening
- Vitamins (unless prescribed for a medical condition)
- Marijuana (or other controlled substances)

Scan or Click
to search for more
eligible expenses



Contribution Limits

Health FSA: \$2,000 (2026)
Health FSA Rollover: \$680 (2026)

Tax Savings - Why Use An FSA?

Your exact savings depends on your tax bracket but if your effective tax rate is 30% and you save \$2,000 in your Health FSA you would save \$600 in taxes.

Visit rockymountainreserve.com for additional information

Health Savings Account (HSA)

2026 USER GUIDE

What is an HSA?

A Health Savings Account (HSA) is a powerful way to save for current and future medical expenses—tax free. You deposit funds into an HSA bank account either via payroll deductions or individual contributions and then can use those funds to pay for eligible medical expenses.

Know the Rules

- **Eligibility:** You must be enrolled in a qualified High Deductible Health Plan (HDHP) in order to make contributions to your HSA.
- **Enrollment:** You can enroll in an HSA during your employer's open enrollment period. Contribution amounts can be changed throughout the year as desired.
- **Contribution Limit:** The amount you can contribute is limited by the IRS and changes each year. Those age 55 and older can make a \$1,000 catchup contribution each year to their own HSA account.
- **Eligible Expenses:** An HSA can only be used for eligible medical expenses not covered by your insurance. If money is withdrawn for anything else it may be subject to taxes and penalties. Eligible expenses for yourself, spouse, and/or dependents all qualify.
- **Portability:** Your HSA funds and account belong to you. You do not need to spend them in a certain time period and they remain yours even if you change employment, change medical coverage, move, etc.
- **Medicare:** Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the HSA are still owned by the account holder and can be used to pay for medical expenses tax-free.

What Expenses Qualify?

Common Eligible Expenses:

- Medical co-payments and deductibles
- Prescriptions, and some OTC medications.
- Dental (excluding cosmetic)
- Eye Exams, Glasses, & Contacts

Ineligible Expenses:

- Cosmetics (goods & services)
- Vitamins (unless prescribed for a medical condition)

Scan or Click
to search for more
eligible expenses



Tax Savings

Triple Tax Advantaged

- 1. Tax-free Contributions** When you make qualified HSA contributions, any money you put into an HSA is done pre-tax.
- 2. Tax-free Growth** Your HSA balance can be saved and invested. Any earnings grow tax-free.
- 3. Tax-free Withdrawals** When you take money from your HSA account to pay for eligible medical expenses the money comes out tax-free

IRS Limits

	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catchup (Age 55+)	\$1,000	\$1,000

HSA Investing

Maximize the power of your HSA by investing. HSA investments supercharge your HSA into a long-term savings & wealth building tool.

- Only a **\$500** minimum balance required to start investing
- Savings on **Autopilot**. Set up automated transfers into your investment account.

Using Funds Is Easy!

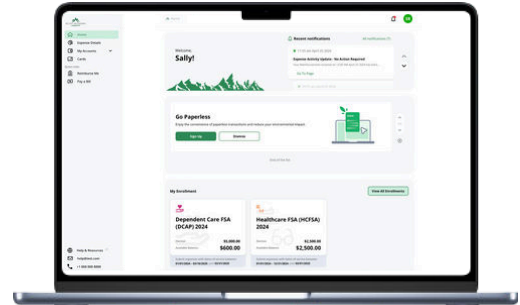
Pay With Your HSA Debit Card

- **Easy & Convenient:** payments come directly from your HSA, no need to pay out-of-pocket first
- **One Card:** The RMR card intelligently allocates funds between your HSA and other accounts
- **Save Your Receipts:** occasionally you will be asked to provide RMR with your receipt, per IRS rules



Pay Out-Of-Pocket & Get Reimbursed

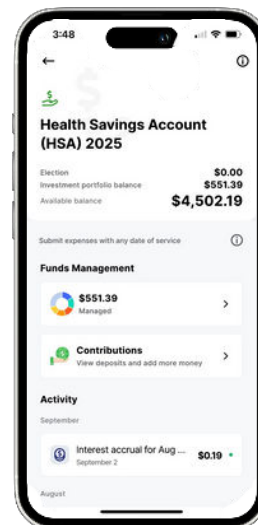
- **Mobile App & Online:** submit reimbursement requests easily right from your phone or computer
- **Fast Reimbursement:** Funds can be sent quickly via Direct Deposit, Venmo*, or Paypal*
**additional fees apply for instant reimbursement options*



Accessing Your Account

- 1 Navigate in your browser to: user.rmrbenefits.com
- 2 Select **Register**
- 3 Enter your Date of Birth and Unique ID (likely your 9 digit SSN)
- 4 Fill in or choose your required login & password information
- 5 **Verify your email**
After registering, you'll receive an email. You must click the verification link in that email to fully register your account
- 6 **Enter Your Debit Card #**
If your account has a debit card you'll need to enter the last 4 digits of your card number after logging into the portal

Mobile App



RMR Benefits

4.8



Need Help? 1-888-722-1223 • support@rmrbenefits.com

The content of this handout is for informational purposes only and does not constitute legal or tax advice.





Life and AD&D

We believe we should offer our employees the opportunity to provide for their family's future rather than leaving it to chance. Life insurance can provide your dependents with a lifetime of financial security and upon your death, can be used to pay off your debts – such as credit cards and your mortgage – or other expenses that could burden your family.

As an eligible employee, you are automatically covered by a Basic Life and Accidental Death & Dismemberment (AD&D) Insurance benefit **AT NO COST TO YOU** of **1 times** your annual salary (up to a maximum of \$500,000).

You do not have to enroll for Group Basic Life and AD&D; however, you must designate a beneficiary.

New York Life Insurance Company Life and AD&D	
Life and AD&D Benefit Amount	Class 1: 2 times annual compensation rounded up to the next higher \$1,000 not to exceed \$500,000 Class 2: 1 times annual compensation rounded up to the next higher \$1,000 not to exceed \$500,000
Employee Eligibility	Class 1: Officers, Directors, or Managers Class 2: All other active, Full-time Employees of Goodwill
Coverage Reduction Schedule	Benefit reduces to 65% at age 65 and 50% at age 70
Accelerated Death Benefit	Included, but not to exceed 80% of the Employee's Amount or \$400,000
Waiver of Premium	Yes, prior to age 60
Portability / Conversion	Yes

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

You must select a beneficiary – A person (or more than one person), a legal entity or group (or more than one group) who receives a benefit payment if you die while covered by the plans. This beneficiary designation will be for ALL group life and/or accidental death insurance coverage issued by New York Like for you, unless specifically named otherwise. Please make sure that you also name a contingent beneficiary – who will receive your benefit if your primary beneficiary dies first. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each.

Log in to the UltiPro HR/Payroll system to update your beneficiaries. Your beneficiaries are located in your “Contacts” page.



Supplemental (Voluntary) Life / AD&D



If you want additional financial protection for you and your family, then employees may purchase Supplemental Term Life Insurance and Accidental Death and Dismemberment (AD&D) coverage for themselves as well as Supplemental Dependent Life Insurance Coverage.

Supplemental Life Insurance is coverage you pay for, in addition to the basic coverage already provided by Goodwill. Life insurance pays your beneficiary, a benefit to them if you die while you are covered under the policy. Your contributions will depend on your age and the amount of coverage you elect. Any amount elected beyond your initial eligibility date, or any amount over the guaranteed issue amount will be subject to Evidence of Insurability.

New York Life Insurance Company Supplemental (Voluntary) Life / AD&D	
You	
Benefit Maximum	Increments of \$10,000 not to exceed \$500,000
Guaranteed Issue	\$200,000
Your Spouse	
Benefit Maximum	Increments of \$5,000 not to exceed \$250,000
Guaranteed Issue	\$30,000
Your Child	
Benefit Maximum	Increments of \$5,000 not to exceed \$20,000
Guaranteed Issue	\$20,000
Coverage Reduction Schedule	Benefit reduces to 65% at age 65 and 50% at age 70
Accelerated Death Benefit	Included, but not to exceed 80% of the Employee's Amount or \$400,000
Waiver of Premium	Yes, prior to age 60
Portability / Conversion	Yes



Supplemental Life Insurance Premium Calculation Example –

Bob is between 25 to 29 years of age.

- He elects \$200,000 of Life / AD&D insurance coverage for himself, which is the guaranteed issue amount.
- His rate is \$0.095 per \$1,000 of life benefit.

According to the plan design:

- His monthly premium is \$19.00 (\$200,000 divided by \$1,000 times \$0.075)
- His per pay period cost is \$9.50 (\$19.00 times 12 months divided by 24 pay periods).

Refer below to make your own life insurance premium calculations for both you and your spouse.

Employee Supplemental (Voluntary) Life / AD&D Premium Calculation

Full-Time Employee Contributions Based Upon Per Pay Period (24 Deductions)

Cost may change when you move into a new age category.

AGE	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
RATE	\$0.085	\$0.095	\$0.100	\$0.130	\$0.180	\$0.280	\$0.390	\$0.610	\$0.800	\$1.620	\$2.820	\$4.970

To calculate your per pay period cost, please use the following formula(s):

$$\frac{\$ \text{Your Life Benefit Amount}}{\$1,000} = \$ \text{Rate} \times 12(\text{months}) \div 24 (\text{pay periods}) = \$ \text{Per Pay Period Cost}$$

Spouse Supplemental (Voluntary) Life / AD&D Premium Calculation

Full-Time Employee Contributions Based Upon Per Pay Period (24 Deductions)

Cost may change when your spouse moves into a new age category.

AGE	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
RATE	\$0.085	\$0.095	\$0.100	\$0.130	\$0.180	\$0.280	\$0.390	\$0.610	\$0.800	\$1.620	\$2.820	\$4.970

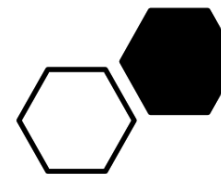
To calculate your spouse's per pay period cost, please use the following formula(s):

$$\frac{\$ \text{Spouse Life Benefit Amount}}{\$1,000} = \$ \text{Rate} \times 12(\text{months}) \div 24 (\text{pay periods}) = \$ \text{Per Pay Period Cost}$$



Voluntary Long-Term Disability Insurance

All active employees meeting the minimum eligibility requirements are eligible for voluntary employee-paid Long-Term Disability (LTD) protection, designed to replace a portion of the disabled employee's income while they are unable to work and to encourage their timely return-to-work.



Voluntary Long-Term Disability (VLTD) –

The voluntary Long-Term Disability (LTD) plan provides covered employees with monthly benefits for disability due to sickness and off-the-job accidents. LTD helps replace your income if you are sick or injured and cannot work. It is designed to begin after you have been disabled for a predetermined waiting period.

The voluntary Long-Term Disability (LTD) benefit is paid for by eligible Full-Time (FT) employees.

Elimination Period	90 Days
Monthly Benefit Percentage	60% of your monthly covered earnings
Monthly Maximum Benefit Amount	\$6,000 per month
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Definition of Disability	Employees are considered disabled, due to injury or sickness, if they are unable to perform the material duties of their regular occupation for a specified period; And, solely due to injury or sickness, they are unable to earn more than 80% of their Indexed Covered Earnings
Pre-Existing Condition Limitation	Three (3) Months Prior / Twelve (12) Months Insured
Mental Nervous / Substance Abuse	Twenty-Four (24) Months (Lifetime)
Subjective Conditions Limitation	None
<i>This summary of benefits is provided for informational purposes only. In the event of a conflict between this benefits summary and the Certificate of Coverage, the Certificate will prevail.</i>	

Voluntary Long-Term Disability (VLTD) Rates and Premium Calculation

Full-Time Employee Contributions Are On A Per Pay Period Basis (24 Deductions)

Your cost may change when you move into a new age category.

AGE	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74+
RATE	\$0.16	\$0.205	\$0.395	\$0.615	\$0.920	\$1.240	\$1.715	\$1.820	\$1.920	\$2.000	\$2.050

To calculate your per pay period cost, please use the following formula:

$$\frac{\$ \text{Your Annual Salary}}{\div 12} = \$ \text{Your Monthly Salary} \div 100 = \$ \text{Rate} \times \$ \text{Rate} = \$ \text{Monthly Cost}$$

$$x 12 (\text{months}) \div 24 (\text{pay periods}) = \$ \text{Per Pay Period Cost}$$





Voluntary Worksite Products

Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills.

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain injuries or undergoes a broad range of medical treatment or care resulting from a Covered Accident. This plan provides off the job only coverage.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown
Initial & Emergency Care		Plan	
Emergency Care Treatment		\$200	
Physician Office Visit		\$200	
Diagnostic Exam (x-ray or lab)		\$50	
Ground or Water Ambulance/Air Ambulance		\$400/\$1,600	
Hospitalization Benefits		Plan	
Hospital Admission		\$1,000	
Hospital Stay		\$300	
Intensive Care Unit Stay		\$600	
Fractures and Dislocations		Plan	
Per covered surgically-repaired fracture		\$200-\$8,000	
Per covered non-surgically-repaired fracture		\$100-\$4,000	
Chip Fracture (percent of fracture benefit)		25%	
Per covered surgically-repaired dislocation		\$200-\$6,000	
Per covered non-surgically-repaired dislocation		\$100-\$3,000	
Follow-Up Care		Plan	
Follow-up Physician Office Visit		\$75	
Follow-up Physical Therapy Visit		\$50	
Enhanced Accident Benefits		Plan	
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)		\$100	
Large Lacerations (more than 6 inches long and requires 2 or more sutures)		\$600	
Concussion		\$500	
Coma (lasting 7 days with no response)		\$10,000	

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.



Accident & Injury

Accidental Death and Dismemberment Benefit	Plan
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 25% respective of the benefit shown.	Loss of Life: \$25,000 - \$75,000 Dismemberment: \$1,000 - \$20,000

Health Screening Test Benefit*	Plan
Health Screening Test Benefit:* Examples include (but are not limited to) mammography and certain blood tests. Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$50

EMPLOYEE'S COST OF COVERAGE per Pay Period (24 Pay Periods/year)	
EMPLOYEE	\$3.39
EMPLOYEE AND SPOUSE	\$5.77
EMPLOYEE AND CHILD(REN)	\$6.84
FAMILY	\$9.21

Hospital Care

Hospital Care coverage provides a benefit according to the schedule below when a covered person incurs a hospital stay resulting from a covered injury or covered illness.

Hospitalization Benefits	Plan
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$150
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$150
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period

Additional Benefits	Plan
Health Screening Test Benefit* Examples include (but are not limited to) mammography, and certain blood tests. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50, limited to 1 per year.

EMPLOYEE'S COST OF COVERAGE per Pay Period (24 Pay Periods/year)	
EMPLOYEE	\$7.06
EMPLOYEE AND SPOUSE	\$14.19
EMPLOYEE AND CHILD(REN)	\$11.26
FAMILY	\$18.39



Critical Illness



The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical Illness insurance provides a cash benefit when a covered person is diagnosed with a covered critical illness or event after coverage is in effect.

*This is a sample of covered conditions. Please review the Summary of Benefits for more details.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$15,000, \$30,000	Up to \$30,000
Spouse	\$7,500, \$15,000	Up to \$15,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit. A 180 days separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 6 month separation period from diagnosis of a previous Covered Condition, subject to the Maximum Lifetime Limit.
Skin Cancer Benefit	Pays benefit stated above.
Maximum Lifetime Limit	The maximum benefit payable per Covered Person is the lesser of 5 times the elected Benefit Amount or \$150,000. The following benefits are not subject to this limit: Skin Cancer



Critical Illness Cost

Employee Cost of Coverage per Pay Period (24 Pay Periods/year):



Age Band	Employee	
	\$15,000	\$30,000
<25	\$2.15	\$4.29
25 to 29	\$2.84	\$5.67
30 to 34	\$3.36	\$6.72
35 to 39	\$4.41	\$8.81
40 to 44	\$5.31	\$10.61
45 to 49	\$6.33	\$12.65
50 to 54	\$9.86	\$19.71
55 to 59	\$9.72	\$19.44
60 to 64	\$19.88	\$39.75
65 to 69	\$34.92	\$69.83
70 to 74	\$34.92	\$69.83
75 to 79	\$34.92	\$69.83
80 to 84	\$34.92	\$69.83
85 to 89	\$34.92	\$69.83
90 to 94	\$34.92	\$69.83
95+	\$34.92	\$69.83

Age Band	Spouse	
	\$7,500	\$15,000
<25	\$1.08	\$2.15
25 to 29	\$1.42	\$2.84
30 to 34	\$1.68	\$3.36
35 to 39	\$2.20	\$4.41
40 to 44	\$2.65	\$5.31
45 to 49	\$3.16	\$6.33
50 to 54	\$4.93	\$9.86
55 to 59	\$4.86	\$9.72
60 to 64	\$9.94	\$19.88
65 to 69	\$17.46	\$34.92
70 to 74	\$17.46	\$34.92
75 to 79	\$17.46	\$34.92
80 to 84	\$17.46	\$34.92
85 to 89	\$17.46	\$34.92
90 to 94	\$17.46	\$34.92
95+	\$17.46	\$34.92

*Children covered at no additional cost

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is provided at no cost to you, and care is coordinated through highly trained master's and doctoral level clinicians.

EAP offers confidential support services to help you and your household members with work/life issues, including financial and legal consultation. You can reach assistance by phone 24/7 or speak with a professional face to face.

Some ways in which they can assist you are:

- Parenting guidance
- Marital and family conflicts
- Stress, depression or other conditions
- Childcare and senior Care concerns
- Alcohol or drug dependency
- Legal or financial consultation
- Pet care
- Counseling

EAP is available to help you and your family find solutions to many of life's challenges and restore your peace of mind.

As an employee of Goodwill, you have access to an EAP through ComPsych, at no cost to you. This program provides 3 free sessions, per person, per incident, per year for everyone in your household.

- To utilize, call 1.800.272.7255 or visit www.guidanceresources.com. **Goodwill Company Web ID is COM589.**



Additional protection when you travel

Emergencies can happen while traveling, but help is only a phone call away



New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers emergency travel assistance, emergency medical transportation and pre-trip planning information and resources (see your plan for details). Service is a phone call away, 24/7/365.

Emergency assistance*

- › Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***
- › Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
- › Cover round-trip transportation as well as accommodations, for a family member or friend to visit a covered person who is hospitalized
- › Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial
- › Assistance with making emergency travel arrangements**

Traveling assistance

- › 24-hour multilingual assistance and referral to interpretation and translation services
- › Referrals to physicians, dentists, medical facilities and legal assistance providers
- › Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**
- › Assistance with lost or stolen items, including luggage and prescription replacement services**
- › Emergency cash advances, up to \$1,500**

Pre-trip planning

- › Immunization requirements
- › Visa and passport requirements
- › Embassy/consular referrals

NYL GBS Secure Travel

From the United States and Canada, call (347) 708-1824

Emergency services must be coordinated through Crisis24. Services coordinated outside of this program may not be eligible for payment.

Employer name: _____

Policy #: _____



To learn more,
call (347) 708-1824



HOW TO ACCESS MEDICAL ID CARDS

Download your ID Card in a few simple steps:

1. Go to Simplified Benefits Administrators' secure Peak 360 Member Portal at <https://simplifiedbenefitsadministrators.org/>
2. Follow the onscreen prompts to either register (if a first-time visitor to the site) or to login;
3. Once logged-in, select "ID Cards" on the upper right-hand side of the webpage; follow the instructions to access and print your ID Card. You can also request a permanent replacement card.

Understanding Your Medical Plan ID Card:

Your member ID card has valuable information for you and your medical provider. It is important that you keep your card with you at all times as the numbers, addresses, and logos on your card play a key role in the administration of your benefits plan.

DENTAL & VISION ID CARDS

For dental, Delta Dental will send an ID card for you and each enrolled family member to your address of record. If you misplace your card, call 1.80.610.0201 or go to www.deltadentalco.com to register and request a new card.

For vision, EyeMed typically does not send out an ID card – just tell your vision provider you're with EyeMed and they'll look you up online. Call EyeMed at 1.866.939.3633 or go to www.eyemedvisioncare.com to register and request a card should you need one.

NEED HELP UNDERSTANDING PRESCRIPTION BENEFITS?

You can access your drug formulary by visiting the SmithRx member portal at www.mysmithrx.com.

If you have questions regarding your prescription coverage you can also contact SmithRx Member Support for assistance at 1.844.454.5201. SmithRx's dedicated Member Support team is available to help you:

- Answer questions, help you resolve problems and give you helpful information
- Check whether your preferred pharmacy is in-network
- If you want to speak with someone in Spanish, bilingual representatives are available.



CLAIMS ISSUES OR SERVICE CONCERNS

Refer to the contact information provided on the back of your respective medical / dental / vision ID card. If further assistance is required, then contact the USI Insurance Services Benefit Resource Center.

Contact the Benefit Resource Center ("BRC")!

Toll Free: 855-874-0742

BRCMT@usi.com

Our Benefits Specialists can assist you Monday through Friday,
8am to 5pm MST, PST and AST





USI Partners with Language Line Services®

USI is pleased to announce our partnership with Language Line Services® to provide over the phone interpretation for employees and their dependents who are non-English Speaking or speak English as their second language.

Upon calling, simply indicate to the Agent who answers the call what language needs you have, and we will bring an interpreter onto the line.

There is no charge to you for utilizing this service. This is just another way USI is committed to providing quality customer service, regardless of what language is spoken.

Below are the languages that have over-the-phone interpretation available by calling 1-855-874-0742:

Acholi	French	Latvian	Romanian
Afrikaans	French Canadian	Lingala	Russian
Akan	Fukienese	Lithuanian	Samoan
Albanian	Fula	Luganda	Serbian
Amharic	Fulani	Lusoga	Shanghainese
Armenian	Fuzhou	Luxembourgeois	Shona
Assyrian	Gaddang	Maay	Sicilian
Azervaijani	Gaelic	Macedonian	Sinhalese
Azeri	Georgian	Malagasy	Sindhi
Bajuni	Gorani	Malayalam	Slovenian
Bambara	Greek	Maltese	Somali
Basque	Gujarati	Mandarin	Sorani
Behdini	Haitian Creole	Mandingo	Spanish
Belorussian	Hakka	Mandinka	Sudanese Arabic
Bengali	Hakka – China	Mankon	Swahili
Berber	Hausa	Marathi	Swedish
Bosnian	Hebrew	Marshallese	Sylhetti
Bravanese	Hindi	Mien	Szechuan
Bulgarian	Hmong	Mina	Tagalog
Burmese	Hungarian	Mirpuri	Taiwanese
Cantonese	Ibanag	Mixteco	Tajik
Catalan	Ibo	Moldovan	Tamil
Chaldean	Icelandic	Mongolian	Telugu
Chaochow	Igbo	Navajo	Thai
Chamorro	Ilocano	Neapolitan	Tibetan
Chavacano	Indonesian	Nepali	Tigre
Cherokee	Italian	Nigerian Pidgin English	Tigrinya
Chuukese	Jakartanese	Norwegian	Toishanese
Croatian	Japanese	Nuer	Tongan
Czech	Karen	Oromo	Tshiluba
Dakota	Kashmiri	Pahari	Turkish
Danish	Khmer (Cambodian)	Pampangan	Twi
Dari	Kinyarwanda	Pangasinan	Ukrainian
Dinka	Kirundi	Papiamento	Urdu
Dutch	Korean	Pashto	Vietnamese
Estonian	Kosovan	Patois	Visayan
Ewe	Krio	Pidgin English	Welsh
Farsi	Kurdish	Polish	Yiddish
Fijian Hindi	Kurmanji	Portuguese	Yoruba
Finnish	Lakota	Portuguese Creole	Yupik
Flemish	Laotian	Punjabi	

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

NEWBORNS ACT DISCLOSURE – FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

ADA NOTICE REGARDING WELLNESS PROGRAMS

The HealthYou Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of

questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a discounted premium for the following years medical premium. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the wellness rate.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Goodwill of Colorado may use aggregate information it collects to design a program based on identified health risks in the workplace, The HealthYou Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Sara Nelson at snelson@goodwillcolorado.org or 303-412-4786.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at support@myhealthy.com or 719-314-3535 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Heather Taton
6850 Federal Blvd.
Denver, Colorado United States 80221
719-635-4483
htaton@goodwillcolorado.org

Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- 1/1/2026
- Heather Taton

htaton@goodwillcolorado.org

719-635-4483

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice from Goodwill of Colorado About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Goodwill of Colorado 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. Goodwill of Colorado has determined that the prescription drug coverage offered by the Premier and Value Medical Plans for the plan year 2026 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 15th to December 7th. 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, the following options may apply:

- You may stay in the Premier and Value Medical Plans and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Premier and Value Medical Plans creditable coverage.
- You may stay in the Premier and Value Medical Plans and also enroll in a Medicare prescription drug plan. The Premier and Value Medical Plans will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Premier and Value Medical Plans and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Premier and Value Medical Plans, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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 Goodwill of Colorado 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 person listed below 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 Goodwill of Colorado 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 1-800-772-1213 (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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2026

Name/Entity of Sender: Goodwill of Colorado

Contact Position/Office: Benefits Manager / Heather Taton

Address: 1460 Garden of the Gods Rd
Colorado Springs, CO 80907

Phone Number: 719-635-4483

MODEL INDIVIDUAL **NON-CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice From Goodwill of Colorado About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Goodwill of Colorado 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Goodwill of Colorado has determined that the prescription drug coverage offered by the HDHP for the plan year 2026 is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered Non-Creditable Coverage.** This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the HDHP. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from HDHP. However, because your coverage is **non-creditable**, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

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 15th to December 7th.

However, if you decide to drop your current coverage with Goodwill of Colorado, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under HDHP.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the HDHP and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date but you **will have to pay a higher premium (penalty)** because you did not have creditable coverage.
- You may stay in the HDHP and also enroll in the Medicare prescription drug plan. The HDHP will be a primary payer for prescription drugs and Medicare Part D will be a secondary payer.
- You may decline coverage in the HDHP and choose to enroll in Medicare as the only payer for all medical and prescription drug expenses. If you do not enroll in the HDHP, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to status change under the cafeteria plan or a special enrollment event.

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

Since the coverage under HDHP, is **not creditable** for the plan year 2026, and depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without

prescription drug coverage that's creditable, 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 (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 person listed below 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 Goodwill of Colorado 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 1-800-772-1213 (TTY 1-800-325-0778).

Date:	1/1/2026
Name/Entity of Sender:	Goodwill of Colorado
Contact Position/Office:	Benefits Manager / Heather Taton
Address:	1460 Garden of the Gods Rd Colorado Springs, CO 80907
Phone Number:	719-635-4483

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)**.

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p>	<p align="center">INDIANA – Medicaid</p>
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p>	<p align="center">KANSAS – Medicaid</p>
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">LOUISIANA – Medicaid</p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">MISSOURI – Medicaid</p>
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

<p align="center">MONTANA – Medicaid</p>	<p align="center">NEBRASKA – Medicaid</p>
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Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP

Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Date:	1/1/2026
Name/Entity of Sender:	Goodwill of Colorado
Contact Position/Office:	Benefits Manager / Heather Taton
Address:	1460 Garden of the Gods Rd Colorado Springs, CO 80907
Phone Number:	719-635-4483

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

The information provided in this brochure is for summary purposes only and is not a guarantee of benefits.



Goodwill of Colorado
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Colorado Springs, CO 80907
www.goodwillcolorado.org

This guide summarizes the benefit plans that are available to Goodwill of Colorado eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Goodwill Benefits Team.