



**Goodwill**  
SAN FRANCISCO BAY



**JANUARY 1 - DECEMBER 31**

2026

# Team Member Benefit Guide

Goodwill of the San Francisco Bay  
[sfgoodwill.org](https://sfgoodwill.org)



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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. This guide also serves as a Summary of Material Modifications. If there is any discrepancy in this guide, the Summary Plan Descriptions will prevail.

# Eligibility and Enrollment

## Welcome!

Goodwill of the San Francisco Bay offers you and your family a comprehensive and valuable benefits package! To get the most out of your benefits, please review this guide and other provided resources.

### YOU ARE ELIGIBLE IF YOU ARE:

- Full-time team member (scheduled to work 30 or more hours per week)
- New hire eligible 1<sup>st</sup> of the month following 60 days of full-time employment

### COVERING YOUR FAMILY MEMBERS

You can enroll the following family members for medical, dental, and vision coverage at the same time you enroll:

- Your legal spouse
- Your certified domestic partner
- Your child(ren), your spouse's child(ren), or your certified domestic partner's child(ren) to age 26

### CAN I HAVE OTHER HEALTH COVERAGE?

- You can be covered by another group health plan and still receive benefits under Goodwill's medical plan; this is known as Coordination of Benefits (COB). Remember, only expenses normally eligible under a medical plan will be considered for COB. Any amount in excess of what is covered under a plan will not be considered.

As an eligible participant of the Goodwill Health and Welfare Benefit Plan, Goodwill is required to provide you with a copy of all ERISA Plan Documents. Goodwill is providing you with these Plan Documents, electronically, to help reduce waste and provide you a way to access these documents year-round. You are entitled to withdraw your consent to receive documents electronically, change your email address for any document delivery, or request and obtain a paper copy of any electronically furnished document, free of charge, by calling Human Resources.

\*If you qualify to change benefits, you must submit your request within 30 days of the qualifying event. Documentation (such as birth certificate or marriage license or proof of loss of coverage letter) may be required.

### WHEN & HOW TO SIGN UP

Open enrollment is held for a limited time each year. New hires' notification of eligibility includes sign-up deadline.

For step-by-step instructions for the benefits enrollment process, please watch the Paylocity On Demand training video at:

[https://docs.paylocity.com/training/videos/ODT\\_Enterprise\\_Benefits/index.html](https://docs.paylocity.com/training/videos/ODT_Enterprise_Benefits/index.html)



Click Start - Watch "Employee View"

### MOST COMMON QUALIFYING EVENTS TO CHANGE BENEFITS\*

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

# Frequently Asked Questions

## How Do I Pay for My Benefits?:

You and Goodwill share the cost of the majority of your benefits, with Goodwill paying a large portion of this on your behalf. Throughout the year, the cost of the insurance for the benefits you are enrolled in is deducted from your paycheck. Most of the payroll deductions are taken out on a **pre-tax** basis. By doing this, it reduces your taxable income, which lowers the amount of federal and state taxes withheld from your paycheck. Please note, costs for domestic partners and their dependents cannot be taken out pre-tax.

## Will I Receive an ID Card?

- **Medical - Cigna:** Everyone who enrolls in one of the Cigna medical plans will NOT receive a paper ID card. A digital ID card is available when you register and/or sign into your [mycigna.com](https://mycigna.com) - mycigna portal. You may contact Cigna and request a paper ID card.
- **Medical - Kaiser:** Everyone who enrolls in one of the Kaiser medical plans will receive a printed ID card when initially enrolled. If you are currently enrolled and renew benefits, you will not receive a new ID card.
- **Dental - Ameritas:** You WILL receive a new ID card.
- **Vision - VSP:** VSP does not issue ID cards. Regardless if you are a new enrollee or currently enrolled in the plan, you will NOT receive an ID card. If you would like a VSP Member ID card, please register as a member at [www.vsp.com](https://www.vsp.com) and follow the instructions for printing an ID card.

## What is an Embedded Deductible?

An embedded deductible means that a single member of a family doesn't have to meet the full family deductible before the plan begins to pay. The person's after-deductible benefits will kick in as soon as they have met the individual deductible.

## What is an In-Network Provider?

In-Network Providers are doctors, facilities and pharmacies that have contracted with our insurance carrier(s) to accept reduced fees for services. **You will save \$ when you use in-network providers!**

## What is an Out-of-Network Provider?

Out-of-Network Providers are doctors, facilities and pharmacies that are NOT contracted with our insurance carrier(s) and DO NOT accept reduced fees for services. This means you could be charged the difference between what the Provider charges and the maximum amount our insurance carrier(s) will pay for a specific service. You are responsible for 100% of any out-of-network charges on the Kaiser medical plans. The Cigna medical plans do have out-of-network coverage, but the benefits are not as generous. **It will cost you more \$ when you use out-of-network providers!**

**To learn more about your benefits, access flyers and videos, and view your plan documents, please visit the benefits website.**



<https://goodwillbenefits-sf.info/>

# Preventive Services

Your health plan covers a wide range of preventive services at no cost to you when receive from in-network providers. Preventive care is designed to help you stay healthy, catch issues early, and avoid more serious (and costly) conditions down the road.

## What Is Preventive Care?

Preventive care includes screenings, exams, immunizations, and counseling services that help detect health concerns before they become problems. Unlike diagnostic care (which treats symptoms once you're already sick), preventive care focuses on early detection and wellness.

## Examples of Covered Preventive Services

- Annual Physical Exam - routine check-up with your primary care provider
- Screenings
- Blood pressure, cholesterol, and diabetes
- Cancer screenings (breast, cervical, colon, prostate, etc. as age-appropriate)
- Depression, alcohol misuse, and other behavioral health screenings
- Immunizations - flu shot, COVID-19, shingles, tetanus, HPV, and others based on age/gender
- Well-Woman and Well-Man Visits - reproductive and sexual health screenings
- Child & Adolescent Care
  - Immunizations and wellness visits
  - Vision and hearing screenings
  - Developmental and behavioral assessments

## Why Preventive Care Matters

- Helps you stay on top of your health
- Detects conditions early, when they're easiest to treat
- Reduces long-term medical costs
- Keeps you feeling your best—at home, at work, and everywhere in between

## Quick Tips for Employees

- Schedule your annual wellness exam each year, even if you feel healthy.
- Use in-network providers to avoid unexpected charges.
- Ask your doctor if a test or service is preventive or diagnostic—this can affect coverage.
- Don't forget dental and vision preventive care if you're enrolled in those plans.

**Important:** Preventive services are covered at 100% in-network. If you see an out-of-network provider or if your visit becomes diagnostic, you may have costs.

# Medical Insurance - Kaiser

## BENEFIT HIGHLIGHTS

Only In-Network benefits are available for the Kaiser plans. Out-of-network services are not covered. See Summary of Benefits & Coverage (SBC) for more details.

	<b>Option 1 Low Option HMO</b>	<b>Option 2 High Option HMO</b>
<b>Deductible</b> Calendar Year	\$1,000 <b>Individual</b> \$2,000 <b>Family</b>	\$0 <b>Individual</b> \$0 <b>Family</b>
<b>Coinsurance</b> (after deductible is reached)	You pay 20% Plan pays 80%  Certain benefit limitations apply, such as 50% coinsurance for infertility and artificial insemination. Please see your plan documents for details	Coinsurance does not apply
<b>Out-of-Pocket Maximum</b> Calendar Year Includes deductible, coinsurance and copays	\$3,000 <b>Individual</b> \$6,000 <b>Family</b>	\$2,500 <b>Individual</b> \$5,000 <b>Family</b>
<b>Physician Office Visit</b> <b>Primary Care or Specialist</b>	PCP \$30 copay Specialist \$40 copay	PCP \$30 copay Specialist \$30 copay
<b>Preventive Care</b>	Covered at 100%	Covered at 100%
<b>Inpatient &amp; Outpatient Services</b>	You pay 20% after deductible Plan pays 80% after deductible	Inpatient Hospital: \$500 per admission Outpatient: \$250 per procedure
<b>Emergency Room</b> <b>Urgent Care Facility</b>	You pay 20% after deductible \$30 copay	\$200 per visit \$30 per visit
<b>Prescription Drugs Retail:</b> <b>30-day supply</b>	Tier 1: \$10 Tier 2: \$30 Specialty: You pay 20% up to \$250	Tier 1: \$15 Tier 2: \$35 Specialty: You pay 30% up to \$250
<b>Medicare Part D</b> (creditable / non-creditable)	<b>creditable</b>	<b>creditable</b>

Our offer of health insurance includes minimum value coverage and meets the affordability standards of the Affordable Care Act. This means that you would not qualify for a subsidy on the Health Insurance Marketplace. Your family members may qualify for a subsidy, depending on your total household income and the cost of coverage. Visit [healthcare.gov](https://www.healthcare.gov) to learn more.

# Medical Insurance - Cigna

Go online to find an In-Network provider: [www.mycigna.com](http://www.mycigna.com)

## BENEFIT HIGHLIGHTS

See Summary of Benefits & Coverage (SBC) for more details.

<b>\$5,000 Deductible Plan - With Garner</b>		
<b>Network</b>	<b>Option 4 - Broad OAP (Open Access Plus)</b>	
<b>HRA Fund - Provided by Goodwill Available through Garner Health</b>	\$3,000 <b>Individual</b> \$6,000 <b>Family</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>
<b>Deductible (Embedded)</b> Calendar Year	\$5,000 <b>Individual</b> \$10,000 <b>Family</b>	\$10,000 <b>Individual</b> \$20,000 <b>Family</b>
<b>Coinsurance</b> (after deductible is reached)	You pay 20%	You pay 40%
<b>Out-of-Pocket Maximum</b> Calendar Year Includes deductible, coinsurance and copays	\$7,000 <b>Individual</b> \$14,000 <b>Family</b>	\$14,000 <b>Individual</b> \$28,000 <b>Family</b>
<b>Physician Office Visit Primary Care or Specialist</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Preventive Care</b>	Covered at 100%	You pay 40% after deductible
<b>Diagnostic Lab &amp; X-Ray</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Major Diagnostics/Imaging</b> MRI, CT Scan, PET Scan	You pay 20% after deductible	You pay 40% after deductible
<b>Inpatient &amp; Outpatient Services</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Emergency Room Care</b>	You pay 20% after deductible	You pay 20% after deductible
<b>Urgent Care Facility</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Prescription Drugs Retail: 30-day supply</b>  See <i>Cigna Pharmacy Benefits</i> page in this Guide for additional Rx/Pharmacy details.	<b>Deductible then:</b> Tier 1 \$15 copay Tier 2 \$50 copay Tier 3 \$100 copay Tier 4 \$150 copay	You pay 50% after deductible

\*Services received Out-of-Network, including Prescription Drugs, may be subject to balance billing. Balance billing is the difference between the Cigna allowed amount and the billed amount the non-contracted provider charges for their services.

Our offer of health insurance includes minimum value coverage and meets the affordability standards of the Affordable Care Act. This means that you would not qualify for a subsidy on the Health Insurance Marketplace. Your family members may qualify for a subsidy, depending on your total household income and the cost of coverage. Visit [healthcare.gov](http://healthcare.gov) to learn more.

# Your Garner Account

## A higher level of health care, at a lower cost to you

With a Garner healthcare account on your plan, you can be treated by the most highly rated doctors, in every specialty, and at a lower cost to you.

Garner has analyzed over 320 million health claims and used data science to identify the doctors that get the best results for their patients. That's how they determine Garner-recommended doctors.

**ELIGIBILITY:** Garner is offered with Option 4 with Cigna. Garner is NOT HEALTH INSURANCE, but it sits on top of your Cigna medical plan. When you choose one of the Garner plans and use a Garner-recommended provider that you have added to your account, you can receive money directly from Garner to help cover your expenses!

**WHAT DOES GARNER COVER?** After you have searched and selected a Garner-approved doctor either by contacting the concierge team or through the mobile app or website, the medical services prescribed or ordered by your Garner doctor will be eligible expenses and can be reimbursed up to the amount in your Garner account.

**WHAT IF YOU HAVE AN EXISTING RELATIONSHIP WITH A DOCTOR?** You can continue to see your existing primary care physician, gynecologist, gerontologist, therapist, or pediatrician but you MUST ADD your doctors to your account by using the Garner app/website or messaging the Garner Concierge team. Once you have added your doctors, expenses from these doctors will be eligible for HRA reimbursement on the Garner Plan.

When you do a search in Garner, any doctors that are Garner-recommended and found in your search are linked to your Garner account.

**HOW MUCH WILL GARNER COVER OF YOUR MEDICAL EXPENSES?** If you enroll in Option 4 you will receive \$3,000 if you enroll as an employee only and \$6,000 if you enroll with dependents.

**Important:** Unused Garner funds do NOT roll over into the next plan year.



### COVERED SERVICES INCLUDE:

- Office Visits
- Prescriptions
- Imaging and lab work
- Physical therapy
- Urgent Care
- Hospital bills
- Emergency care

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### TO LEARN MORE ABOUT GARNER, WATCH THIS 2-MINUTE VIDEO:



<https://vimeo.com/770812009>

# How to Get Started with Garner

## Step 1: Register Your Account

1. Scan the QR code to download the Garner Health app or visit [getgarner.com/start](https://getgarner.com/start).
  - Type your company name  
**GSFB - Option 4**
2. Enter your name, phone, email address, and create a password.
3. Enter your date of birth and last four digits of your Social Security number.
4. Click on Settings, then Account, to set your language preference to English or Spanish.



## Step 2: See a Garner-Recommended Doctor

**Important Note:** Always use Garner before your service/appointment in order to be eligible for reimbursement.

To be eligible for Garner reimbursement funds, you must either have found your doctor through your search on the Garner app or website, or contacted your Concierge to confirm they are a Garner-approved doctor before your visit. Your existing PCP, gynecologist, gerontologist, therapist or pediatrician can be reimbursed by Garner IF YOU FIRST add them in through the app, website, or Concierge team. If you are under care for a specific medical condition or prepping for surgery, your services may still be covered. You will need to contact Garner Concierge.

**TO SEARCH FOR A NEW PROVIDER (DOCTOR):** 1. Once logged in, click on Find providers. 2. Enter the symptom, procedure, condition, or specialty. 3. Enter your zip code, address, or city. 4. Click Find providers. All listed doctors with Top Provider badges are Garner-recommended and are eligible for reimbursement and will be linked to the account for you and your family just by appearing in the search results.

Should your doctor not be Garner-approved, you may continue to see them; however, any out-of-pocket expenses would not be eligible for HRA reimbursement.

## Step 3: Garner Will Send a Check or Direct Deposit

Your medical plan interfaces with Garner, so you do not need to submit a claim. When you use Garner-recommended doctors, Garner will work with your medical plan and, as long as you have funds available in your Garner account, they will send a reimbursement check to you or through direct deposit.

**Garner will reimburse you with a mailed check or direct deposit.**

It usually takes two to four weeks for reimbursement checks to arrive or you can have your money within 2-5 days of claim approval when you set up direct deposit through the Garner app.

If you have questions about the process, message the Concierge through the Garner Health mobile app, call **866-761-9586** Mon. – Fri. from 8 a.m. to 8 p.m. ET or email [concierge@getgarner.com](mailto:concierge@getgarner.com).

Access Garner online at [getgarner.com](https://getgarner.com) or download the Garner Health IOS or Android mobile app.



# Medical Insurance - Cigna

Go online to find an In-Network provider: [www.mycigna.com](http://www.mycigna.com)

## BENEFIT HIGHLIGHTS

See Summary of Benefits & Coverage (SBC) for more details.

	<b>\$3,500 Deductible Plan</b>	
<b>Network</b>	<b>Option 7 - Broad OAP (Open Access Plus)</b>	
<b>HRA Fund - Provided by Goodwill</b>	\$800 <b>Individual</b> \$1,600 <b>Family</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>
<b>Deductible (Embedded)</b> Calendar Year	\$3,500 <b>Individual</b> \$7,000 <b>Family</b>	\$7,000 <b>Individual</b> \$14,000 <b>Family</b>
<b>Coinsurance</b> (after deductible is reached)	You pay 20%	You pay 40%
<b>Out-of-Pocket Maximum</b> Calendar Year Includes deductible, coinsurance and copays	\$6,000 <b>Individual</b> \$12,000 <b>Family</b>	\$12,000 <b>Individual</b> \$24,000 <b>Family</b>
<b>Physician Office Visit</b> <b>Primary Care or Specialist</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Preventive Care</b>	Covered at 100%	You pay 40% after deductible
<b>Diagnostic Lab &amp; X-Ray</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Major Diagnostics/Imaging</b> MRI, CT Scan, PET Scan	You pay 20% after deductible	You pay 40% after deductible
<b>Inpatient &amp; Outpatient</b> <b>Services</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Emergency Room Care</b>	You pay 20% after deductible	You pay 20% after deductible
<b>Urgent Care Facility</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Prescription Drugs</b> <b>Retail: 30-day supply</b>  See <i>Cigna Pharmacy Benefits</i> page in this Guide for additional Rx/Pharmacy details.	<b>Deductible then:</b> Tier 1 \$15 copay Tier 2 \$50 copay Tier 3 \$100 copay Tier 4 \$150 copay	You pay 50% after deductible

\*Services received Out-of-Network, including Prescription Drugs, may be subject to balance billing. Balance billing is the difference between the Cigna allowed amount and the billed amount the non-contracted provider charges for their services.

Our offer of health insurance includes minimum value coverage and meets the affordability standards of the Affordable Care Act. This means that you would not qualify for a subsidy on the Health Insurance Marketplace. Your family members may qualify for a subsidy, depending on your total household income and the cost of coverage. Visit [healthcare.gov](http://healthcare.gov) to learn more.



# Know before you go

Get the right care, at the right time, in the right place



	Virtual urgent care	Local provider	Urgent care center	Emergency room
	<p>On-demand 24/7 or schedule a time that works for you to receive care for minor medical illnesses and injuries. Prescriptions may be available if necessary.</p> <p>Access virtual care at <a href="https://teladoc.com">Teladoc.com</a> or <b>1-800-835-2362</b></p>	<p>Schedule an in-person appointment with a local health care provider to treat common ailments and manage care for all health conditions.</p> <p>Find an in-network provider on <a href="https://mycigna.com">mycigna.com</a> OR <a href="https://kp.org">kp.org</a></p>	<p>For medical conditions that aren't life threatening.</p> <p>Find an in-network urgent care center on <a href="https://mycigna.com">mycigna.com</a> OR <a href="https://kp.org">kp.org</a></p>	<p>For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER.</p>
Ages	All ages. Parent/guardian must accompany minors.	All ages. May vary by provider/service.	All ages. May vary by location. Confirm restrictions for infants as many have age limits.	All ages.
Conditions treated	<ul style="list-style-type: none"> <li>• Colds and flu</li> <li>• Rashes</li> <li>• Sore throats</li> <li>• Pink eye</li> <li>• Ear pain</li> <li>• Fever</li> <li>• Allergies</li> <li>• Acne</li> <li>• Urinary tract infections (UTIs) and more</li> </ul>	<ul style="list-style-type: none"> <li>• General health issues</li> <li>• Preventive care</li> <li>• Routine checkup</li> <li>• Vaccines and screenings</li> <li>• Acute sickness</li> <li>• Questions regarding health</li> </ul>	<ul style="list-style-type: none"> <li>• Fever and flu symptoms</li> <li>• Joint pain, sprains and cuts</li> <li>• Minor respiratory symptoms</li> <li>• Stomach pains</li> <li>• STDs</li> <li>• UTIs</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden numbness, weakness</li> <li>• Uncontrolled bleeding</li> <li>• Seizure or loss of consciousness</li> <li>• Shortness of breath</li> <li>• Chest pain</li> <li>• Head injury/major trauma</li> <li>• Blurry or loss of vision</li> <li>• Severe cuts or burns</li> <li>• Overdose</li> </ul>
Cost and time	<ul style="list-style-type: none"> <li>• More affordable than in-person, urgent care or ER visit</li> <li>• Connect with a doctor in minutes</li> <li>• No need to leave work or home with visits available by phone or video</li> </ul>	<ul style="list-style-type: none"> <li>• May charge copay/coinsurance and/or deductible</li> <li>• Usually need appointments</li> <li>• Short wait times</li> </ul>	<ul style="list-style-type: none"> <li>• Lower cost than emergency room (ER)</li> <li>• No appointment needed</li> <li>• Waiting times vary</li> <li>• Available most days of the week</li> <li>• Often have extended hours</li> <li>• In-person treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Most expensive</li> <li>• Available 24/7/365</li> <li>• No appointment needed</li> <li>• Waiting times vary</li> <li>• In-person treatment</li> </ul>

# Health Reimbursement Arrangement (HRA) - Cigna

## How your HRA Works

Your HRA is integrated with Cigna plan option 7. Goodwill of the San Francisco Bay will contribute up to the following amounts to pay your eligible covered healthcare and pharmacy expenses at both in and out of network providers:

### Plan Option 7

\$800 Individual  
\$1,600 Family

The full amount is funded by your employer. You are not able to contribute to your HRA. Your HRA funds will be used to pay for anything covered under your medical plan, including prescriptions until the fund is used up.

**Funds immediately available:** You can begin using the account for eligible medical and prescription expenses at the beginning of our health plan year.

**Rollover of unused funds to next plan year:** The Goodwill HRA allows for the rollover of a **portion** of unused HRA funds. The maximum amount eligible for rollover will not exceed the medical plan's individual deductible. Rollover occurs mid-April each year and will reduce your share of the deductible even more the following year. To be eligible for this rollover, for the next plan year (January 1), you need to have re-enrolled in an HRA-qualified medical plan. For 2026, HRA funds you did not use during 2025 will rollover and be added to the 2026 annual Goodwill HRA contribution.

The HRA is easy to use and is integrated (combined) with your Cigna Medical plan:

- No separate HRA debit card! When receiving medical services (doctor's office, lab, clinic, urgent care, etc.) OR picking up a prescription drug, simply present your Cigna member ID card to your Provider, and they can view your balance in their system to bill Cigna directly.
- Once the funds in your HRA have been used up, you pay for all of your healthcare expenses until you meet the calendar year deductible.
- Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your eligible expenses, and the plan pays the rest.
- When you meet your out-of-pocket maximum—the most you can pay in a plan year for covered expenses—your plan pays eligible expenses at 100%.
- Expenses that are not reimbursed by the HRA can be paid by a medical Flexible Spending Account (FSA) if you choose to enroll and contribute to an FSA.

After you enroll in the Cigna medical plan, make sure to sign up for your member website at [mycigna.com](https://mycigna.com). Not only can you view/print member ID cards, review claims and EOBs, but you can also check your HRA balance.

# Cigna Network

## **Broad OAP (Open Access Plus) Network - Paired with Plan Options 4 & 7 - Network is available in ALL states**

- Sutter providers are available under these plan options

### **HOW TO SEARCH FOR IN-NETWORK PROVIDERS BEFORE YOU ARE AN ENROLLED MEMBER:**

**Don't forget ....**

**One of the simplest ways to check to see if a provider is in-network is to call Cigna @ 888-806-5042!!**

- Visit [www.cigna.com](http://www.cigna.com) and select **Find a Doctor**. Select how you are covered: **Employer**.
- Enter the address, city, or zip code of the area; you can search by: Doctor by Type, Doctor by Name, Locations (for hospital, urgent care, or pharmacy)
- Select **Continue as Guest**. Enter your zip code and select **Continue**.
- Select the Plan: **OAP** (Open Access Plus)
- You will see a list of in-network providers for the Plan you selected
  - To see in-network providers for the other Plan, select **Change Plan**
  - Providers/Facilities can be filtered by distance, name, and best match

# Kaiser

### **HOW TO SEARCH FOR IN-NETWORK PROVIDERS:**

Got to: <https://healthy.kaiserpermanente.org/northern-california/front-door>



Click on "Doctors & Locations" and then complete the required information and "search".

## **Find Doctors and Locations**

Region  
California - Northern

Choose a personal doctor [Go to My Doctor Online](#)

Or, search all doctors and locations including specialists and therapists:  
The search results for doctors or locations will be limited to a 25-mile radius from the ZIP code entered. If you'd like to expand that distance, use [Advanced Search](#).

Search for:  ZIP code (optional):  Keywords (optional):

[Advanced search](#)

Select doctors or locations. Enter a 5-digit ZIP code. Enter any keywords, name, facility, or location.

# Pharmacy Benefits

## Cigna:

- You can choose to fill your medications in a 30-day or 90-day supply.
- A 30-day prescription can be filled at a wide range of network pharmacies across the nation.
- A 90-day prescription must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan. Retail pharmacies include but are not limited to:
  - CVS
  - Weis Markets
  - Albertson's
  - Walmart
  - Costco
  - Walgreens
  - Safeway
- Patient Assurance Program: Helps lower your out-of-pocket costs for certain diabetic medications and insulins, making it easier to stay on track. There's nothing to join and no cost to participate - it's part of your Cigna pharmacy benefit.
- Exclusive specialty home delivery: Specialty medications must be filled through Accredo; otherwise, you pay the entire cost of the prescription upon your first fill.

**REMEMBER:** All pharmacies charge a different amount for covered medications. Be sure to check your Cigna or Kaiser mobile apps or contact the carrier directly for the nearest in-network pharmacy with the lowest cost!

– [mycigna.com](https://mycigna.com)

## Kaiser:

- You can choose to fill your medications in a 30-day or 100-day supply.
  - A 100-day prescription can be ordered by going to [kp.org](https://kp.org) or going to the Kaiser app on your mobile phone.
- [www.kp.org](https://www.kp.org)

### EXTRA SAVINGS ON PREVENTIVE MEDICATIONS FOR BOTH, CIGNA AND KAISER!

Specific generic **OR** preferred brand name prescriptions for preventive care of specified health conditions are available with **NO** out-of-pocket costs.

See the Preventive Drug Lists for covered preventive medications. Only medications on this list apply to this Preventive Prescription Drug Benefit.



**Out-of-Network Home Delivery:** Not Covered

# Telemedicine – Teladoc

If you are enrolled in any of our medical plans, Goodwill of the San Francisco Bay provides a telemedicine benefit to you and any dependent living in your household through Teladoc. Be sure to download the mobile app for Teladoc. If you have dependents make sure to register yourself and then add your dependents.

Quality medical care is available **24/7, 365 days a year** throughout the U.S., while at home, at work or traveling. Telemedicine provides fast, convenient, and economical access to non-emergency care with board certified physicians that can diagnose illness, recommend treatment, and prescribe medications **over the telephone or through video chat.**

Telemedicine is not intended to replace your primary care provider, but it provides you access to healthcare when reaching your doctor is difficult or inconvenient.

Access Teladoc from any location – home, work, or vacation:

- [Teladoc.com](https://www.teladoc.com)
- [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)
- [Teladoc.com/mobile](https://www.teladoc.com/mobile)
- 1-800-Teladoc (1-800-835-2362)

## **IN MOST CASES, TELEMEDICINE IS PERFECT FOR TREATMENT OF:**

- Moderate fever
- Colds, cough, flu, or COVID-19
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sinus infections or strep throat
- Sprains and strains
- Urinary tract infections
- Respiratory infections

## **How It Works**

1. You can log in to [Teladoc.com](https://www.teladoc.com) and create a personal secure account and then log in for a webcam consultation with one of Teladoc’s medical providers. If you cannot sign up online, call 1-800-TELADOC (1-800-835-2362) to set up your medical profile.
2. You can speak with a Teladoc medical provider who is licensed to practice medicine in your state. To contact Teladoc, call 1-800-TELADOC (1-800-835-2362).
3. After the consultation, follow your personalized treatment plan. If your Teladoc medical provider wrote an e-prescription, you can purchase and pick-up the prescription at your local pharmacy.

# Flexible Spending Accounts (FSAs) – WEX

FSAs: Setting aside pre-tax dollars to spend on medical, dental, vision, prescription, and dependent care expenses allows you to save money by reducing your taxable income. Be sure to estimate your annual expenses carefully as these accounts do include “use it or lose it” provisions.

Our FSAs are available to any benefit-eligible team member, even if you are not enrolled in one of our medical plans.

You must re-enroll each year in an FSA - elections do NOT carry over from year to year.

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## Hold on to your receipts!

You will most likely be required to substantiate claims, meaning you will need to send in a receipt or Explanation of Benefits (EOB) to verify the expense was FSA eligible. It's important to respond to such a request quickly.

### Healthcare FSA

- Annual maximum for 2026 is \$3,400.
- You can begin using your FSA funds as soon as the plan year begins. Your annual contribution amount is available at any time throughout the year, regardless of the amount in the FSA account.
- Funds can be used for any IRS-qualified medical, dental, vision or prescription expenses during the year.
- You must use your funds in 2026, although we have adopted a carryover of up to \$680 of your unused Healthcare FSA funds into the following FSA plan year.
- For a list of eligible expenses for your Healthcare FSA, go to [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502).
- Use your FSA card to pay for your purchases.
- **You can elect this type of FSA even if you are not enrolled in the medical plan.**

### Dependent Care FSA

Covers qualified daycare expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

With a Dependent Care FSA, **ONLY** the amount currently in the account is available for distribution at any given time. If your claim is larger than the amount in your dependent care FSA, you will receive reimbursement as each subsequent contribution is made until the claim has been reimbursed or you reach the plan maximum.

- Annual maximum is \$7,500 if single or married and filing joint tax return (\$3,750 if married filing separately).
- There is no carryover of funds to the next year for dependent care FSA.
- **You can elect this type of FSA even if you are not enrolled in the medical plan.**

# Dental & Vision Insurance

**How to Find a Provider-** Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. Go online to find a provider at [www.ameritas.com](http://www.ameritas.com) for dental and [www.vsp.com](http://www.vsp.com) for vision.

## DENTAL BENEFIT HIGHLIGHTS - AMERITAS

	<b>Low Plan**</b>	<b>Middle Plan</b>	<b>High Plan</b>
<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,500
<b>Deductible: Individual/Family</b>	\$50/\$150	\$50/\$150	\$50/\$150
<b>Diagnostic/Preventive Services</b>			
Exams	\$23	0%	0%
Cleanings	\$34-\$49**	0%	0%
Sealants	\$27 per tooth*	0%	0%
<b>Basic Services</b>			
Fillings	\$54-\$126**	20%	20%
Stainless Crowns	\$117-\$140**	20%	20%
<b>Major Services</b>			
Crowns, Inlays, Onlays, Bridges, Dentures	See Schedule**	50%	50%
<b>Periodontics</b> (treatment of gum disease)	\$56-\$546**	20%	20%
<b>Endodontics</b> (root canal)	\$73-\$593**	20%	20%
<b>Oral Surgery</b>	See Schedule**	50%	50%
<b>Orthodontia Services - (to age 19)</b>			
Appliances / Related Services	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	\$1,500

\*Age 13 and under  
 \*\*Refer to the Ameritas MCE Plan Schedule for more detailed pricing on specific procedures. Please note that only procedures listed in the Schedule are covered. If a procedure is NOT listed, it is NOT covered.

## VISION BENEFIT HIGHLIGHTS - VSP

	<b>In-Network</b>	<b>Out-of-Network Reimbursement</b>
<b>Eye Exam Copay</b>	\$10	Up to \$45
<b>Materials Copay</b> Frames & Eyeglass Lenses	\$10	N/A
<b>Frames</b>	<p><b>\$200 allowance</b> (featured frame brands)  <b>\$180 allowance</b> (wide selection of frames including Walmart &amp; Sam's Club)  <b>\$80 allowance</b> (Costco)  <i>If your frames cost more than the allowance, you will save 20% on the amount that is over the allowance.</i></p>	Up to \$70
<b>Lenses</b> Single, Lined Bifocal, Lined Trifocal, Lenticular	Covered in full after \$10 copay	Single: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$65 Lenticular: Up to \$100
<b>Contacts (instead of glasses)</b>	<p><b>\$150 allowance (copay waived)</b>  <i>Fitting/Evaluation will not exceed a \$60 copay</i></p>	Up to \$105
<b>Frequency of Benefits</b>	Exam, Lenses, Frames or Contact Lenses <b>Once every 12 months</b>	

# Life and AD&D Insurance - UNUM

## **BASIC LIFE AND AD&D – COST FOR TEAM MEMBER IS FULLY PAID BY GOODWILL**

We provide eligible team members with Basic Life and AD&D (Accidental Death & Dismemberment) coverage at no cost to you. Your benefit amount is dependent on your position. Benefit amount will reduce to 65% at age 65 and to 50% at age 70. Accelerated death benefit is up to 80% of the benefit.

**Important Note:** Be sure Paylocity/bSwift has your up-to-date beneficiary information.

## **VOLUNTARY LIFE INSURANCE – YOU PAY THE FULL COST**

You can purchase life insurance to provide more financial protection for your family.

You must purchase coverage on yourself to be eligible to purchase spouse and/or child(ren) coverage.

<b>Employee Benefit (Life and AD&amp;D)</b>	\$10,000 increments up to \$500,000, up to 5x salary. No medical questions for coverage up to \$200,000 at initial enrollment.
<b>Spouse Benefit (Life and AD&amp;D):</b>	\$5,000 increments up to \$150,000; not to exceed 100% of Employee elected amount. No medical questions for coverage up to \$50,000 at initial enrollment.
<b>Child Benefit (Life)</b>	Flat \$10,000 - For child(ren) up to the age 19 or 26 if they are a full-time student; - The max death benefit, for a child between the ages of live birth & 6 months is \$1,000; - Life coverage ONLY; NO AD&D coverage

Benefit amount will begin reducing at age 65. Please refer to Certificate of Coverage or HR for questions.

If a team member elects at least the minimal amount of voluntary life coverage for themselves and their dependents when they were initially eligible, then it guarantees they may increase their existing employee and dependent life coverages all the way up to the Guarantee Issue (GI) levels at any successive annual open enrollment period.

*The cost of this voluntary benefit is based on your age and the amount of insurance you purchase.*

# Commuter Benefits

The Commuter Benefits Program saves you money on taxes if you commute to and from work using public transportation. Once you sign up, funds are deducted from your paycheck automatically on a pre-tax basis, lowering your taxable income. For 2026, the IRS maximum pre-tax transit contribution is \$340 per month.

**Edenred** is our transit benefit program provider. Using pre-tax dollars deducted from your paycheck, you can add transit passes and fares directly to a Clipper card.

Four easy steps to create and fund your Edenred Account:

1. Download and print the [Edenred Enrollment Authorization](#) for Payroll Deduction" form.
2. Complete the form and email it to our Payroll Team at [payrollsupport@goodwillaz.org](mailto:payrollsupport@goodwillaz.org)
3. You will receive an email once your Edenred account has been created.
4. Refer to the Edenred [Welcome Flyer](#) to complete your account, link your Clipper Card, and place your order.

You may modify your monthly purchases through your Edenred account. You have until the 1<sup>st</sup> of each month to place, change or cancel orders for the following benefit month.

# Employee Assistance Program (EAP) - Cigna or UNUM

Goodwill offers team members 2 EAP benefit options! Both, at no cost to team members!

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Our Employee Assistance Program (EAP) can provide you and your household family members with information and assistance on a wide range of topics and issues including:

- Work stress
- Debt problems
- Family issues
- Relationship worries
- Parenting challenges
- Anxiety, grief and much more
- Legal services - referral to a local attorney for a free 30-minute in-person or telephonic consultation. If you retain the attorney, you may be eligible for a 25% discount on additional services.

The Cigna EAP is available to **ALL** Goodwill team members and their family members.

This EAP **includes 10 face-to-face sessions.**

To access the Cigna EAP:

[www.mycigna.com](http://www.mycigna.com)

Employer ID: employees of goodwill

**OR**

Call 877-622-4327

The UNUM EAP is available to **ALL** Goodwill team members and their family members.

This EAP **includes 3 face-to-face sessions.**

To access the UNUM EAP:

[www.unum.com/lifebalance](http://www.unum.com/lifebalance)

**OR**

Call 800-854-1446

**Having both the Cigna and UNUM EAP means that you now have access to up to 13 visits!**



# Accident, Critical Illness and Hospital Care – Cigna

**Cigna is your Accident, Critical Illness and Hospital Care insurance carrier. If you are enrolled in the medical plan with Cigna, the claims submission process will be simpler!**

## **All three insurance products include the following:**

- Guarantee issue (GI) - no medical exams or health questions to qualify
- No networks - you can see any doctor/provider
- Benefits are paid directly to you, the insured (team member)
- No coordination of benefits - this will not affect any other insurance, including California's Medicaid
- Coverage is portable - you own the benefits and may continue them at the same rate(s)
- Coverage is available for spouse and child(ren) as well
- Claims submission process includes Auto Pay Wellness and Auto Compare for other Supplemental Health claims.

## **Accident Injury**

- Covers accidental injuries including stitches, broken bones, sprained ankle, torn tendons/ligaments, back injuries, broken teeth, etc. This includes accidents that happen both on and off the job.
- Includes benefits such as \$150 for a doctor's office visit, \$250 for an ER visit, \$1,000 for a hospital admission, \$200 for an X-ray, and \$100 for follow-up treatment
- Additional benefit payable for injuries caused by a child-organized sport

## **Critical Illness**

- Lump sum payment to the insured (team member) upon diagnosis of specific covered illnesses
- Includes covered conditions such as cancer, heart attack, stroke, Parkinson's, and Alzheimer's
- Benefit options of \$10,000, \$20,000, and \$30,000 available

## **Hospital Care**

- Covers hospital confinement\* due to injuries, sickness, maternity, COVID, etc.
- Lump sum admission benefit of \$1,000
- Daily confinement benefit of \$100 per day up to 30 days
- ICU confinement benefit of \$1,200 one time on day 1 and \$200 per day of confinement, up to 30 days. 1 benefit(s) every 90 days

*\*Hospital confinement means the assignment to a bed as a resident inpatient, as prescribed by a physician, for a period of at least 24 consecutive hours.*

# 401(k) Retirement Savings Plan - Principal

Goodwill of Central and Northern Arizona's 401(k) Retirement Savings Plan allows team members to save for retirement through convenient payroll deductions. Team members become eligible to participate in the Plan 1<sup>st</sup> of the quarter following three months of employment (full or part-time).

## PLAN IS DESIGNED WITH THE FOLLOWING FEATURES:

- You may contribute up to 100% of your pay not to exceed the IRS limits. The 2026 IRS contribution limit is \$24,500, with catch up contributions (for those age 50 and over) up to an additional \$8,000 on a pre-tax basis through payroll deduction. Contributions also grow tax-deferred until they are withdrawn.
- Goodwill will match a portion of your contribution after 12 months of continuous employment.
- You become vested in the company matching contribution based on your years of service at Goodwill of Central and Northern Arizona. Vesting is another word for ownership, and you receive more vesting (ownership) the longer you work at the company. After 5 years from your date of hire, you are fully vested (owner) of the company match. You are always 100% vested in the contributions you make to the plan.

Years of Service	Total Amount Vested
1	20%
2	40%
3	60%
4	80%
5	100%

## HOW DO I ENROLL?

- Use the Workday Self-Service system to enroll or make changes to your retirement plan
- Retirement elections or changes can be made any time during the year





# Contact Information

	VENDOR NAME	GROUP NUMBER	CONTACT INFORMATION
<b>Benefits Department</b>	Goodwill	N/A	833-624-0920; Option 3 <a href="https://goodwillbenefits-sf.info/">https://goodwillbenefits-sf.info/</a>
<b>Medical - Kaiser Options 1 &amp; 2</b>	Kaiser	194	800-464-4000 <a href="http://www.kp.org">www.kp.org</a>
<b>Medical - Cigna Options 4 &amp; 7</b>	Cigna	#3345266	800-244-6224 <a href="http://www.cigna.com">www.cigna.com</a> <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>HRA</b>	Garner	N/A	866-761-9586 <a href="http://www.getgarner.com">www.getgarner.com</a>
<b>Dental</b>	Ameritas	#1035327	800-659-2223 <a href="http://www.ameritas.com">www.ameritas.com</a>
<b>Vision</b>	VSP	#30040452	800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Healthcare &amp; Dependent Care FSA</b>	WEX	31126	866-451-3399 <a href="http://www.benefitslogin.wexhealth.com">www.benefitslogin.wexhealth.com</a>
<b>Telemedicine</b>	Teladoc		800-835-2362 <a href="http://www.teladoc.com">www.teladoc.com</a>
<b>Life, AD&amp;D</b>	UNUM	BL: #617381 VL: #617382	800-421-0344 800-858-6843 <a href="http://www.unum.com/employees">www.unum.com/employees</a>
<b>Accident / Hospital Care / Critical Illness</b>	Cigna	A1112449 C1112368 HC111981	480-202-0530 <a href="mailto:David.butler@cignahealthcare.com">David.butler@cignahealthcare.com</a> Claims 800-754-3207 <a href="mailto:SuppHealthClaims@Cigna.com">SuppHealthClaims@Cigna.com</a>
<b>EAP</b>	Cigna	#3345266	877-622-4327 <a href="http://www.mycigna.com">www.mycigna.com</a>
	UNUM	N/A	800-854-1446 <a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>
<b>Transit</b>	Edenred	CC018852	888-235-9223 <a href="https://login.commuterbenefits.com/">https://login.commuterbenefits.com/</a>
<b>401(k)</b>	Principal	#615572	800-547-7754 <a href="http://www.principal.com">www.principal.com</a>

\*This Guide serves as your Summary of Material Modifications (SMM) to Goodwill benefit plan effective 7/1/2025.

This benefit summary brochure is intended to highlight major coverage categories. Please refer to actual plan documents for a complete outline of coverage. If there are any discrepancies between this brochure and the policy document, the policy document shall prevail.