GOODWILL

Goodwill of the San Francisco Bay

2026 BENEFIT PLAN SUMMARY RATE SHEET

MEDICAL PLANS	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Option 1 – Kaiser Low Option HMO $1,000 Deductible Plan Kaiser network	$72.17	$703.15	$546.44	$1,082.57
Option 2 – Kaiser High Option HMO $0 Deductible Plan Kaiser network	$147.62	$805.42	$673.15	$1,257.73
Option 4 – Cigna Broad $5,000 Deductible Plan OAP (Open Access Plus) Network with Garner	$54.67	$358.87	$249.02	$577.89
Option 7 – Cigna Broad $3,500 Deductible Plan OAP (Open Access Plus) Network	$85.32	$458.29	$304.54	$632.21
Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (26 pay periods)				

HRA
HEALTH REIMBURSEMENT ACCOUNT

Employer funds the following amounts for these High Deductible medical plan options:

- **Option 4:** Cigna Broad $5,000 Deductible Plan OAP (Open Access Plus) Network with Garner
  - **Individual: $3,000**
  - **Family: $6,000**
  - **Garner HRA available when you have searched for and sought care from Garner top providers**
  - **Unused Garner funds do not rollover**

- **Option 7:** Cigna Broad $3,500 Deductible Plan OAP (Open Access Plus) Network
  - **Individual: $800**
  - **Family: $1,600**
  - **Traditional HRA offered through Cigna for covered expenses**
  - **Cigna HRA funds that are unused in 2026 may be rolled over to 2027 (up to your individual deductible amount).**

DENTAL PLANS	AMERITAS Low Plan	AMERITAS Middle Plan	AMERITAS High Plan
Employee Only	$5.73	$12.21	$14.67
Employee + Spouse	$12.41	$22.08	$24.80
Employee + Child(ren)	$17.59	$27.63	$32.13
Employee + Family	$23.33	$37.50	$43.21
Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (26 pay periods)			

VISION PLAN	VSP Vision Plan
Employee Only	$2.71
Employee + Spouse	$5.44
Employee + Child(ren)	$5.82
Employee + Family	$9.31

Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (26 pay periods)

UNUM Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	UNUM Life and AD&D
Employee Only	- 100% Employer Paid - This benefit is effective 1st of the month following date of full-time employment

UNUM Voluntary Life and AD&D Insurance	Monthly Rates for each $10,000 of Team member & Spouse Life/AD&D Insurance Coverage												
Age Band	**<24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75-79**	**80+**
Life and AD&D	$0.90	$0.90	$1.00	$1.40	$2.20	$3.30	$6.00	$9.10	$12.30	$20.40	$36.10	$60.90	$97.90

Dependent Child(ren)/Life Only

- You may purchase Child Life Insurance for a **flat** **$10,000** in coverage
- The cost is **$0.50** per month per family unit
- To determine your **Spouse's** rate, you use the age the **Spouse** was on January 1st of the year they are enrolling

Cigna Voluntary Accident Injury	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	$13.36	$6.17
Employee + Spouse	$23.15	$10.68
Employee + Child(ren)	$28.76	$13.27
Employee + Family	$42.16	$19.46

Cigna Voluntary Hospital Care	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	$19.48	$8.99
Employee + Spouse	$39.38	$18.18
Employee + Child(ren)	$37.71	$17.40
Employee + Family	$54.83	$25.31

Cigna Voluntary Critical Illness Insurance	Monthly Premium Rates for EMPLOYEE ONLY or EMPLOYEE *plus* CHILD(REN) Coverage										
$10,000 Benefit Amount											
Attained Ages	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$2.56	$3.14	$4.03	$5.41	$7.28	$10.41	$15.67	$25.14	$30.82	$39.31	$87.02
$20,000 Benefit Amount											
Attained Age	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$4.41	$5.57	$7.35	$10.11	$13.85	$20.11	$30.63	$49.57	$60.93	$77.91	$173.33
$30,000 Benefit Amount											
Attained Age	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$6.26	$8.00	$10.67	$14.81	$20.42	$29.81	$45.59	$74.00	$91.04	$116.51	$259.64

Cigna Voluntary Critical Illness Insurance	Monthly Premium Rates for EMPLOYEE *plus* SPOUSE OR FAMILY Coverage										
$10,000 Benefit Amount											
Attained Age	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$4.04	$4.85	$6.22	$8.34	$11.20	$15.97	$23.96	$38.29	$46.80	$59.51	$131.31
$20,000 Benefit Amount											
Attained Age	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$6.73	$8.35	$11.09	$15.33	$21.05	$30.59	$46.57	$75.23	$92.25	$117.67	$261.27
$30,000 Benefit Amount											
Attained Age	**18-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Unismoke	$9.42	$11.85	$15.96	$22.32	$30.90	$45.21	$69.18	$112.17	$137.70	$175.83	$391.23

Critical Illness: Spouse coverage is automatically 50% of the employee's elected benefit and the child(ren) coverage is automatically 25% of the employee's elected benefit. In order to have Spouse and/or Child(ren) Critical Illness coverage, the team member must enroll in the Critical Illness benefit.

FSA BENEFIT HEALTHCARE FLEXIBLE SPENDING ACCOUNT
- You DO NOT need to elect a medical plan to participate with the FSA Account. - Your FSA Account can be used for eligible medical, dental and vision expenses. - The 2026 annual contribution limit is $3,400 for FSA Healthcare expenses. - An employee's plan year contribution is divided by 26 pay periods, if enrolled as of January 1, or the amount of pay periods left within the plan year if enrollment date is after the start of the plan year.

DCA BENEFIT DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
- You DO NOT need to elect a medical plan to participate with the DCA Account. - This account is used to pay for Dependent Care expenses. - The 2026 annual contribution limit is $7,500 per family or $3,750 if filling separately for Dependent Care expenses. - An employee's plan year contribution is divided by 26 pay periods, if enrolled as of January 1, or the amount of pay periods left within the plan year if enrollment date is after the start of the plan year.