



Benefits Guide **2023**



Goodman
Community Center



WELCOME

We are committed to providing you with a competitive, comprehensive benefits program that provides the care you and your family need to lead healthy, productive lives. Please review this guide carefully for highlights of our benefits and discuss your options with your family.

ELIGIBILITY

- Full-time and Part-time employees working 20 or more hours per week (medical, dental and vision)
- Benefits are effective on the first of month following date of hire

QUALIFIED LIFE EVENTS

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- **Change in status:** Marriage, divorce, legal separation, annulment, or death
- **Change in number of dependents:** Birth, death, adoption/placement for adoption, or dependent reaching limiting age
- **Change in employment status** of employee, dependent, or spouse that affects that individual's eligibility
- **Change in employee, spouse, or dependent coverage** on spouse's plan during spouse's Open Enrollment period
- **Changes in entitlement** to Medicare, Medicaid, or State Children's Health Insurance Program (CHIP)* for employee, dependent, or spouse
- **Change in eligibility for group health plan premium assistance** under Medicaid or CHIP* for employee, dependent, or spouse

It is your responsibility to notify Human Resources (HR) within 31 days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s), or your spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event. For more information, please contact HR.

*In such cases you have 60 days to notify HR of the event instead of 31.

WHEN COVERAGE BEGINS

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire. If you fail to enroll on time, you will NOT have benefit coverage except for company-paid benefits.

LOOK INSIDE

Medical Coverage
Dental Coverage
Vision Coverage
Flexible Spending Program
Basic Life Coverage
AD&D Coverage
Supplemental Coverage
Disability Coverage
Additional Benefits
Employee Premiums
Benefits Contact Directory

HOW TO ENROLL

Contact:
Grace Flavin
608-204-8060
gflavin@goodmancenter.org

-or-

Elizabeth Kirchstein
608-204-8026
ekirchstein@goodmancenter.org



MEDICAL

MEDICAL COVERAGE – GROUP HEALTH COOPERATIVE (GHC)

We're proud to offer employees medical coverage that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Plan Feature	HMO \$0 Deductible In-Network	HMO \$500 Deductible In-Network
Annual Deductible		
Employee Only	\$0	\$500
Family	\$0	\$1,000
Annual Out-of-Pocket Maximum		
Employee Only	\$250	\$1,000
Family	\$500	\$2,000
Office Visit		
Primary Care Physician	\$20 Co-pay	\$20 Co-pay
Specialist	\$20 Co-pay	\$20 Co-pay
Preventive Care	\$0 Co-pay	\$0 Co-pay
Emergency Room Visit (Co-pay waived if admitted)	\$125 Co-pay	\$125 Co-pay
Inpatient Hospital Stay	0%*	20%*
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)		
Retail (up to a 30-day supply)	\$10 / \$30 / \$50 / \$100	\$10 / \$30 / \$50 / \$100
Mail Order (up to a 90-day supply)	N/A	N/A



DENTAL

DENTAL COVERAGE – DELTA DENTAL

Following is a high-level overview of your dental coverage. Through Delta Dental, you have access to two networks – the PPO and the Premier Network. Both are great networks but you are encouraged to use the PPO network as you will get deeper discounts through the PPO. For complete coverage details, please refer to the Summary Plan Description (SPD).

Plan Feature	PPO Dentist In-Network	Premier Dentist In-Network
Annual Deductible (Single/Family)	\$25/\$75	\$50/\$150
Annual Maximum Benefit	\$1,000	\$750
Preventive	Plan pays 100%, no deductible	Plan pays 80% after deductible
Basic	Plan pays 80% after deductible	Plan pays 50% after deductible
Major	Plan pays 50% after deductible	Plan pays 40% after deductible
Orthodontia (Children up to age 19)	Plan pays 70% after deductible	Plan pays 50% after deductible
Orthodontia Lifetime Maximum	\$1,000	\$750



VISION

VISION COVERAGE – DELTAVISION

Following is a high-level overview of your vision coverage. For complete coverage details, please refer to the Summary Plan Description (SPD).

Plan Feature	Frequency	In-Network	Out-of-Network
Exam	Every 12 months	Member pays \$20 Co-pay, plan pays balance	\$35 reimbursement
Basic Lenses (Single/Bifocal/Trifocal)	Every 12 months	Member pays \$20 Co-pay, plan pays balance	\$25/\$40/\$55 reimbursement
Frames	Every 12 months	\$150 frame allowance, then 20% off balance	\$75 reimbursement
Contact Lenses (in lieu of glasses)	Every 12 months	\$150 allowance, then 15% off balance	\$120 reimbursement
Lasik Surgery	N/A	15% off retail price or 5% off promotional price	None



FLEXIBLE SPENDING PROGRAM – TASC

Flexible spending accounts (FSAs) allow you to pay for eligible health and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced, and you get to keep a greater portion of your paycheck.

An FSA is a great option if you expect to incur medical, vision, dental and/or dependent care expenses that won't be reimbursed by your benefit plans. You have the following options:

Health Care FSA

Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance
Maximum Annual Contribution	\$3,050

Dependent Care FSA

Eligible Expenses	Qualified dependent care, such as a child or eldercare
Maximum Annual Contribution	\$5,000 (or \$2,500 if married and filing separately)

For a complete list of qualified health care expenses, visit <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

For a complete list of qualified dependent care expenses, visit <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

MORE ON FSAs

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

"Use it or lose it." The IRS allows you to carry over up to \$610 in unused Health Care FSA funds to the new plan year. Any remaining funds over \$610 in your account at the end of the plan year will be forfeited.



GROUP LIFE & DISABILITY

BASIC LIFE AND AD&D COVERAGE – GUARDIAN

We help our eligible employees maintain financial security by providing a company-paid group life and accidental death & dismemberment (AD&D) benefit.

Employee Life and AD&D

Amount	Employees working 30+ hours: \$150,000 Employees working a minimum of 20 hours but less than 30 hours: \$5,000
--------	---

If you have reached age 70, but not age 75, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 65; or
- 65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.
- There will be no further increases in your amount of life insurance.

If you have reached age 75 or more, your amount of life insurance will be:

- 50% of the amount of life insurance you had prior to your first reduction; or
- 50% of the amount of life insurance shown above if you become insured on or after age 75.
- There will be no further increases in your amount of life insurance.

SUPPLEMENTAL LIFE COVERAGE – GUARDIAN

You also have the opportunity to purchase additional life and AD&D coverage for yourself and your dependents at group rates. The chart below shows the coverage available. Note: Spouse and child coverage is only available when the employee elects voluntary coverage for him or herself.

Coverage	Amount	Guaranteed Issue
Employee	The lesser of 5x annual earnings or \$400,000	\$100,000
Spouse	The lesser of 100% of employee amount or \$200,000	\$25,000
Child(ren)	The lesser of 100% of employee amount or \$10,000	\$10,000

Note: Same benefit reduction schedule applies to the Supplemental Life Coverage as shown above in the Basic Life and AD&D Coverage.

Employees and dependents who elect coverage when first eligible can elect up to the Guaranteed Issue amounts without being required to submit Evidence of Insurability (EOI). If you wish for more than the Guaranteed Issue amount or to waive coverage now and elect at a later date, you will be required to submit EOI.

DISABILITY COVERAGE – GUARDIAN

We offer eligible employees short-term disability (STD) and long-term disability (LTD) coverage for your financial needs should you need to take a leave from work due to a serious illness or non-work-related injury. Following is a brief summary of our STD and LTD coverage. These benefits are company paid if you work 30 hours or more per week.

STD Coverage Features

Income Replacement	66.67%
Weekly Maximum	\$1,400
When Benefit Begins	Day eight of injury or sickness
Maximum Benefit Period	13 weeks

LTD Coverage Features

Income Replacement	66.67%
Monthly Maximum	\$6,000
When Benefit Begins	After 90 days
Maximum Benefit Period	To age 65 ADEA



ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP) – GUARDIAN WORKLIFE MATTERS

We understand that it can be difficult to manage family, work-related and personal issues. That's why we offer an EAP at no cost to you. To help guide you through difficult situations or simply assist you with day-to-day tasks like finding a last-minute dog sitter, trained professionals work with you as you search for solutions. The program is completely confidential and can help you work through issues related (but not limited) to:

- **Family:** Child care, eldercare, communication, conflict, serious illness, and parenting issues
- **Relationships:** Domestic violence, dual careers, conflict resolution and separation/divorce issues
- **Your job:** Career, interpersonal, and job "burnout" issues
- **Finances:** Budget control, credit problems, and identity theft issues
- **Emotional well-being:** Anger, anxiety, depression, eating disorders, grief/loss, life transition, addiction and stress issues

403(b) & ROTH RETIREMENT PLANS – ONE AMERICA

Goodman Community Center offers a traditional 403(b) that allows you to contribute pre-tax dollars to save for retirement. Once you retire and begin taking distributions from the plan, your contributions and earnings are taxed as ordinary income.

A Roth option is also available. With this option, contributions are made with after-tax dollars, which means that you are taxed on the full amount you earn and then your contribution is deducted from your paycheck. Your earnings accumulate tax free and, in general, distributions are tax free when you retire. Visit www.oneamerica.com/today for more details.



EMPLOYEE PREMIUMS

MEDICAL COVERAGE RATES – Per Payroll				
Coverage Tier	HMO \$0 Deductible		HMO \$500 Deductible	
	Full Time	Part Time	Full Time	Part Time
Employee	\$49.11	\$163.70	\$46.54	\$155.14
Employee + Spouse	\$137.58	\$343.95	\$130.18	\$325.46
Employee + Child(ren)	\$121.24	\$303.10	\$114.72	\$286.81
Family	\$203.06	\$507.64	\$192.24	\$480.59

DENTAL COVERAGE RATES – Per Payroll	
Coverage Tier	Delta Dental
Employee	\$14.03
Employee + Spouse	\$28.06
Employee + Child(ren)	\$28.69
Family	\$46.94

VISION COVERAGE RATES – Per Payroll	
Coverage Tier	DeltaVision
Employee	\$2.58
Employee + 1	\$4.91
Family	\$7.70

Please contact Human Resources for Supplemental Life rates.



BENEFITS CONTACT DIRECTORY

Benefit	Contact	Phone Number	Email or Website
General Benefits/ Enrollment	Grace Flavin	608-204-8060	gflavin@goodmancenter.org
	Elizabeth Kirchstein	608-204-8026	ekirchstein@goodmancenter.org
Medical Coverage	Group Health Cooperative (GHC)	800-605-4327	www.ghcscw.com
Dental Coverage	Delta Dental	800-236-3712	www.deltadentalwi.com
Vision Coverage	DeltaVision	866-939-3633	www.eyemed.com
Basic Life and Accidental Death & Dismemberment (AD&D) Coverage	Guardian	888-482-7342	www.guardiananytime.com
Supplemental Life and AD&D	Guardian	888-482-7342	www.guardiananytime.com
Disability Coverage	Guardian	888-262-5670	www.guardiananytime.com
Flexible Spending Accounts (FSAs) -	TASC	800-422-4661	www.tasconline.com
Employee Assistance Program (EAP)	Guardian Worklife Matters	800-854-1446	www.guardianlife.com

HausKey advocates are available to help you. HausKey experts can give you peace of mind by taking the confusion out of the claims process and assisting with any employee benefits-related questions or issues about:

- Claims
- ID Cards
- Finding a Provider
- Benefits Information
- Explanation of Benefits (EOB)
- Prescription Drug Discount Programs/Coupons
- Payment Plans



Contact the HausKey experts Monday through Friday 8:00 a.m. – 4:00 p.m.
Call: 866-913-4853, Option 3 -or- Email: HausKey21@myhaus.com