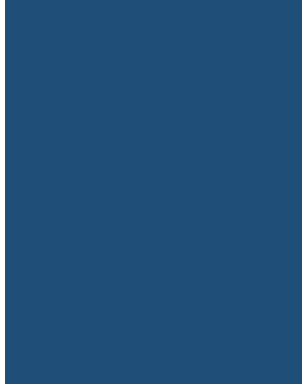
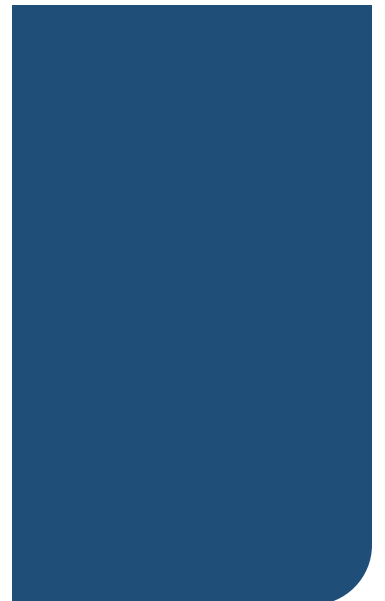


Full Time / Part Time Benefits Guide



A Guide to  
**YOUR BENEFITS**



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## Welcome To Your Benefits

Our most important asset is our people. That's why Palmetto Goodwill offers a comprehensive benefits program to meet all your needs. Review this guide to learn about everything provided to you and to determine which benefits are best for you and your family. You will find many resources outlined in this guide available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

### What's Available:

Full Time (30+ Hours a Week)			
Medical Insurance	Voluntary Dental Insurance	Voluntary Vision Insurance	Employer Paid Life and AD&D
Employer Paid Short Term Disability	Voluntary Long-Term Disability Insurance	Voluntary Accident Insurance	Voluntary Life and AD&D
Voluntary Critical Illness Insurance	Flexible Spending Accounts		

Part Time (10-29 Hours a week)		
Voluntary Dental Insurance	Voluntary Vision Insurance	Employer Paid Life and AD&D

## Benefits Contacts & Resources

Once enrolled in benefits and after your benefit eligible date you can find more details about the benefits offered to you by contacting your insurance carrier or logging in to PalGW using your unique User ID and Password. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources.

Benefit	Carrier	Phone	Website / Email
Medical	BlueChoice	800-868-2528	BlueChoiceSC.com
Flex Spending Account	iSolved	866-370-3040	Email: fbamail@isolvedhcm.com
Dental	SunLife	800-247-6875	Sunlife.com/us
Vision	Community Eye Care (CEC)	888-254-4290	Cecvision.com
Life and AD&D	SunLife	800-247-6875	Sunlife.com/us
Disability	SunLife	800-247-6875	Sunlife.com/us
Worksite Benefits	SunLife	800-247-6875	Sunlife.com/us
Employee Assistance Program (EAP)	Optum	866-248-4096	Liveandworkwell.com
	First Sun EAP	800-968-8143	FirstSunEAP.com

# Eligibility and Enrollment

Newly hired eligible team members may enroll for benefits which become effective on the first of the month following 60 days of employment. Team members working 10-29 hours per week on average are considered Part-Time eligible and team members working 30+ hours per week on average are considered Full-Time eligible.

## Who Can Enroll

You may enroll the following dependents in our group benefit plans:

- Your legal spouse
- Your domestic partner
- Your natural, adopted, or stepchildren living with you, or children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

## When You Can Enroll

You can enroll in benefits during the following times:

- Your initial new hire eligibility period
- The annual Open Enrollment period for a January 1st effective date

If you fail to enroll within the timeframe given for your new hire eligibility period or the annual OE window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage. Please make your elections on time, or you may experience a delay in using your benefits such as seeing a doctor or refilling a prescription.

## Making Changes to Your Benefits

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes to your benefits.

## Dependent Eligibility Status

The age requirement for dependent eligibility can vary from plan to plan. If a dependent's age makes that dependent no longer eligible for coverage under any of the plans in your benefits program, you are responsible for reporting the age change to Human Resources or ADP within 30 days of the dependent's birthday.

You are responsible for reporting a change in status and must make any changes to elections within 60 days for the loss/gain of Medicaid or State Children's Health Program.

# How To Enroll

**STEP 1: Log into PalGW** using your unique User ID and Password. There are several ways to access PalGW.

- a) PalGW Workforce Now – There is an Icon on many breakroom and company sponsored computers.
- b) ADP mobile app - Available if downloaded onto a phone, tablet, or other personal device.
- c) Palmetto Goodwill SharePoint site - Available on all work computers and in community outreach centers (COCs).
- d) <https://workforcenow.adp.com> - Accessible from any device with internet access and computers in COCs.

**STEP 2: BENEFIT ENROLLMENT** - From the top menu, select [Myself](#)>[Benefits](#)>[Enrollment](#)>[Your Benefits](#)

**CLICK:** “Start enrollment” in the bottom left-hand corner to be directed to your benefit options.

**STEP 3: ADDING DEPENDENTS AND MAKING SELECTIONS** – You will be directed to a step-by-step process. Select “Next”.

**STEP 4: MANAGE DEPENDENT** – If you do not want to add any family members to your benefits, select “Next” in bottom right-hand corner. If you would like to add any dependents, select, choose the relationship from the dropdown menu and add all the information marked with an asterisk (\*)

**STEP 5: HELP ME CHOOSE:** Our program, Nayya, will help you chose the best benefits for you. You can choose to “[Skip Survey](#)” if you do not need assistance or “[Get Started](#)” if you would like to use the tool.

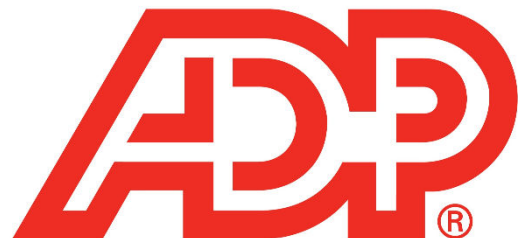
**STEP 6: SELECT BENEFITS** – All the benefit programs available to you will be listed. We would suggest that you go through each plan by selecting “[View all plans](#)” on right side and make appropriate elections or chose to **Waive benefit** if you do not wish to enroll in the benefit.

**STEP 7: BENEFIT SELECTIONS OR WAIVE ENROLLMENT** - For each plan, select all the family members you would like to enroll and [Confirm details](#) or **Waive benefit**. Please go through all plans available to you.

**STEP 8: BENEFICIARY DESIGNATION** – Basic Life and AD&D Insurance is provided by the company at no cost to you. Please designate a beneficiary(s) for this benefit.

**STEP 9: REVIEW AND SUBMIT** – Your cost per paycheck will be displayed in the top right-hand corner. Please review all your enrollments and submit enrollment.

**STEP 10: SUBMIT YOUR ENROLLMENT** – Select [Yes](#) to confirm your enrollments.



# Medical and Prescription Benefits



Palmetto Goodwill full time team members have the option to enroll in our medical plan offered through BlueChoice. These plans offer services on the Blue Card Network.

The plan offers preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. You can find BlueChoice network providers online at [www.bluechoicesc.com/providers](http://www.bluechoicesc.com/providers).

## **Prescription Drugs**

When you enroll the medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at [www.bluechoicesc.com/providers](http://www.bluechoicesc.com/providers).

# Medical Benefits



In-Network	PPO Plan <i>You pay:</i>
<b>Deductible</b>	
Individual / Family	\$1,500 / \$3,000
<b>Coinsurance</b>	
Plan Pays After Deductible	70%
<b>Max Out-of-Pocket</b>	
Individual / Family	\$7,900 / \$15,800
<b>Office Visits</b>	
Preventive Care	Covered in full
Primary Care Visits	\$25 copay
Specialist Visits	\$50 copay
Urgent Care	\$50 copay
Emergency Room	30% after deductible
Inpatient Hospital	30% after deductible
Outpatient Surgery	30% after deductible
Labs and X-rays	Included in office visit copay
Advanced Imaging	30% after deductible

# Prescription Drugs



When you enroll in our medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at [www.bluechoicesc.com](http://www.bluechoicesc.com).

<b>In-Network</b>	<b>PPO Plan</b> <i>You pay:</i>
<b>Prescription Drugs – Retail (Up to 30 days)</b>	
<b>Generic Tier 1</b>	\$8 copay
<b>Brand Preferred Tier 2</b>	\$25 copay
<b>Brand Non-Preferred Tier 3</b>	\$45 copay
<b>Brand Non-Preferred Tier 4</b>	\$70 copay
<b>Specialty Tier 5</b>	\$125 copay
<b>Specialty Tier 6</b>	\$175 copay
<b>Prescription Drugs – Mail Order (Up to 90 days)</b>	
<b>Generic Tier 1</b>	\$20 copay
<b>Brand Preferred Tier 2</b>	\$62.50 copay
<b>Brand Non-Preferred Tier 3</b>	\$112.50 copay
<b>Brand Non-Preferred Tier 4</b>	\$175 copay
<b>Specialty Tier 5</b>	\$312.50 copay
<b>Specialty Tier 6</b>	\$437.50 copay

*In-network services are only shown above. Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.*



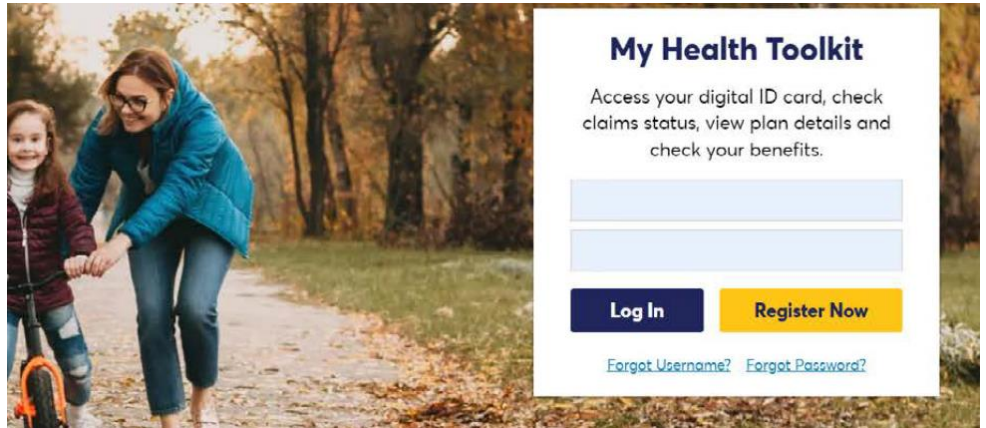
# Medical Plan Tools & Resources

## Online Tools and Resources Can Help You Better Manage Your Health

Access and log into My Health Toolkit from [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

In the Member Center, you can view:

- Your member materials
- Prescription drug information
- Programs and services



### Doctor Visits Anytime, Anywhere

With Blue CareOnDemand, you can visit with a doctor via smartphone, tablet or computer rather than visiting an office or urgent care facility.



### Services Available:

- Urgent Care: Common issues such as cold and flue symptoms, sinus infections, skin infections, and more.
- Behavioral Health: Schedule an appointment with a mental health professional to help with life's challenges

### Get Started Now

There are two easy ways for you to use Blue CareOnDemand

- From a cell phone or tablet, download the Blue CareOnDemand app for an Apple or Android device
- From a computer, go to [www.BlueCareOnDemandSC.com](http://www.BlueCareOnDemandSC.com)

## Section 125 Flexible Spending Accounts

Your employer has established a Cafeteria Plan under Section 125 of the IRS Code allowing you to use pretax dollars to purchase eligible benefits.

**Premium Conversion** (Medical, Dental, Vision, and Flexible Spending Accounts): Qualified insurance premiums are deducted from your salary before taxes. This process is called pre-taxing. By pre-taxing premiums, you lower your gross taxable income. As a result, you pay fewer taxes and keep more of what you earn.

Palmetto Goodwill offers **Flexible Spending Accounts (FSAs)** through iSolved. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. If you are enrolled in our Medical plan, Palmetto Goodwill provides **\$500 in Medical FSA dollars each year**. Health Care FSA funds are available to use on January 1<sup>st</sup>. Dependent Care funds are only available as you contribute.

### How It Works

You determine the amount you wish to have deducted from each paycheck on a pre-taxed basis; the funds are then automatically deposited to your account(s). You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses. You cannot mix funds from one account to another. You must re-enroll each year to continue funding the account(s), and you can incur expenses only during the plan year you are enrolled. Unused health care amounts over \$640, and all unused dependent care funds will be forfeited, so estimate wisely.

Use your Medical FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items. You can also purchase items online through the FSA Store. Visit [irs.gov/forms-pubs/about-publication-502](https://irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified healthcare expenses.

Use your Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult-dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit [irs.gov/publications/p503](https://irs.gov/publications/p503) to see a complete list of IRS-qualified dependent care expenses.

### For 2024, the FSA contribution limits are as follows:

- **Health Care FSA: \$3,200**
- **Dependent Care FSA: \$5,000 per household (\$2,500 if married, filing separately)**

# Dental Benefits



Palmetto Goodwill offers dental coverage to both full time and part time team members through SunLife. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider. To find an in-network provider, go to [www.sunlife.com/us/en/plan-members-and-families/](http://www.sunlife.com/us/en/plan-members-and-families/). The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

The cost of dental coverage can be found on page 18 of the guide.

Plan Features	SunLife	
	In-Network	In-Network
	<i>You pay:</i>	<i>You pay:</i>
<b>Annual Deductible</b>	<b>Low Plan</b>	<b>High Plan</b>
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>Annual Maximum Paid by Plan</b>	\$1,500	\$5,000
<b>Diagnostic and Preventive Services</b> (X-rays, cleanings, exams)	Covered in full	Covered in full
<b>Basic and Restorative Services</b> (Fillings, extractions, root canals)	80%	80%
<b>Major Services</b> (Dentures, crowns, bridges)	50%	50%
<b>Orthodontia</b> Children to age 26	50%	50%
<b>Orthodontia Lifetime Maximum</b>	Plan pays up to \$1,500	Plan pays up to \$1,500

# Vision Benefits



Palmetto Goodwill offers vision coverage to both full time and part time employees through Community Eye Care on the VSP network. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers, visit [www.cecvision.com](http://www.cecvision.com) and register for an account. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

The cost of vision coverage can be found on page 18 of the guide.

Plan Features	Community Eye Care Vision	
	In-Network*	
	<i>You pay:</i>	
<b>Exam</b> (once every 12 months)	\$15 copay	
<b>Frames</b> (once every 12 months)	\$250 allowance + 20% discount on overages	
<b>Non-Prescription Eyewear</b> (once every 12 months)	\$250 allowance + 20% discount on overages	
<b>Lenses</b> (once every 12 months)	\$25 copay	
<b>Contact Lenses—In lieu of lenses and frames</b> (once every 12 months)		
<b>Contact Lens Fitting Exam</b>	\$15 copay	
<b>Medically Necessary</b>	Covered in full	
<b>Elective</b>	\$250 allowance + 10% discount on overages	

# Life and AD&D Insurance

## Basic Life Insurance and AD&D

Palmetto Goodwill provides each team members with Basic Life and AD&D insurance through SunLife and **pays for the full cost of coverage.**

**Full time (30+ hours) team members receive \$25,000 in Basic Life coverage**

**Part time (10-29 hours) team members receive \$5,000 in Basic Life coverage**

Accidental Death and Dismemberment (AD&D) Insurance pays an **additional benefit equal to your life insurance** to your beneficiary in the event your death is the result of a covered accident. It may also pay a benefit to you if you experience the loss or loss of use of a limb.

The cost of AD&D coverage can be found on page 18 of this guide.

Ensuring your beneficiary information is correct at enrollment and throughout the year is essential!



# Life and AD&D Insurance

## **Voluntary Term Life**

Palmetto Goodwill full time team members can supplement their company-paid Basic Life insurance by **purchasing up to \$150,000 in voluntary life insurance**, not to exceed 5x annual salary. This additional coverage is through SunLife. You may also purchase coverage for a spouse and child(ren) after electing coverage for yourself. For your spouse, you have the option to elect \$5,000 increments between \$10,000 and \$50,000, not to exceed 50% of your coverage. Children can be covered in amounts of \$1,000, \$5,000 or \$10,000, not to exceed 50% of your coverage. You may increase your voluntary life during open enrollment up to the Guarantee Issue (GI) without having to complete an Evidence of Insurability (EOI) form.

Voluntary Life coverage rates can be found on page 19 of this guide.

## **Voluntary Accidental Death and Dismemberment (AD&D)**

Palmetto Goodwill full time team members can also purchase AD&D insurance for an amount equal to their voluntary life insurance. AD&D Insurance will pay an additional amount equal to your voluntary life insurance to your beneficiary, in the event your death is the result of a covered accident. It may also pay a benefit to you if you experience the loss or loss of use of a limb.

Voluntary Life and AD&D pay in addition to the company paid Basic Life & AD&D. The cost of Voluntary Life & Voluntary AD&D coverage is automatically calculated for you when you enroll through ADP and can be found on page 19 of the guide.

*The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without answering medical questions with an Evidence of Insurability (EOI) form. If you wish to increase your benefit amount after your initial eligibility period or after the open enrollment period, the coverage amount will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage.*

# Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Palmetto Goodwill offers Short and Long-Term Disability benefit options administered through SunLife. Disability is insurance to cover loss of income should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your earnings once you satisfy the waiting period. Refer to the Plan Summaries for details.

## Employer Paid Short-Term Disability (STD)

Palmetto Goodwill offers Short-Term disability (STD) insurance to full time team members **and pays the full cost of coverage**. The benefit would pay up to 60% of your weekly pre-disability earnings to a maximum of \$1,500 per week up to 13 weeks or until you no longer meet the definition of disability, whichever occurs first.

## Voluntary Long-Term Disability (LTD)

Palmetto Goodwill offers full-time team members the option to purchase Long-Term disability (LTD) insurance. The benefit would pay up to 60% of your monthly pre-disability earnings to a maximum of \$6,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA). Long-Term disability insurance benefits are available after the 13 weeks of Short-Term disability have been exhausted.

Your cost of Long-Term disability coverage is automatically calculated for you when you enroll through ADP. Rates can be found on page 19 of this guide.

### EMPLOYER PAID SHORT-TERM DISABILITY

<b>Eligibility requirement</b>	Full-Time Active Employees
<b>Waiting Period Illness / Injury</b>	7 days
<b>Benefit Percentage Paid</b>	60%
<b>Maximum Weekly Benefit</b>	\$1,500
<b>Benefit Duration</b>	13 weeks

### VOLUNTARY LONG-TERM DISABILITY

<b>Eligibility requirement</b>	Full-Time Active Employees
<b>Elimination period</b>	90 days
<b>Percentage of Income Replaces</b>	60% of base salary
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Duration of Benefits</b>	To age 65 or Social Security Normal Retirement Age

# Employee Assistance Programs

## Optum EAP

All Palmetto Goodwill Services team members **have free access** to our Employee Assistance Program (EAP) through Optum. Get access to three no-cost counseling visits with a confidential counselor and resources to help you deal with a variety of life stages and concerns, available 24/7/365. Visit <https://www.liveandworkwell.com/> and use company access code **Goodwill** or call



## First Sun EAP

If you are enrolled in our medical plan through BlueChoice, you also have the option to utilize the employee assistance program powered by First Sun EAP at **no cost**. The program includes three free face-to-face sessions for you and your family members per person per year. Dedicated professionals are available to serve you 24 hours a day, seven days a week. Call **800-968-8143** or, for more detailed information about your benefits as well as helpful articles, assessments, webinars, videos, etc., visit <http://www.FirstSunEAP.com/>.

Both programs provide resources available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Work-related issues
- Loss and grief
- Eating disorders
- Financial Consultations and Planning
- Legal Services
- + More



# Worksite Benefits

Palmetto Goodwill offers full time team members the option to purchase supplemental worksite benefits voluntarily provided through SunLife.

In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck.

## Voluntary Group Accident

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit directly to you to cover expenses if you or a covered dependent experience an eligible accident on or off the job. The plan also offers a **benefit of \$50** paid directly to you for completing a covered routine wellness screening.

Employees can choose between two plans to receive reimbursement for covered services, including:

- Hospital/ICU admission
- Emergency transportation and care
- Fractures, burns, lacerations, and more
- Accidental death benefit

The cost of accident coverage can be found on page 18 of the guide.

## Voluntary Group Critical Illness

Critical Illness insurance pays a lump sum cash benefit directly to you when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan also offers a **benefit of \$50** paid directly to you for completing a covered routine wellness screening.

The cost of critical illness coverage is automatically calculated for you when you enroll through ADP. Rates can be found on page 19 of the guide.

# Rates

## BlueChoice PPO Plan

Rate per pay period (24)	
Employee Only	\$30.00
Employee + Spouse	\$322.50
Employee + Child(ren)	\$242.50
Employee + Family	\$435.00

## SunLife Dental High Plan

Rate per pay period (24)	
Employee Only	\$6.56
Employee + Spouse	\$21.68
Employee + Child(ren)	\$21.68
Employee + Family	\$34.50

## SunLife Dental Low Plan

Rate per pay period (24)	
Employee Only	\$5.78
Employee + Spouse	\$19.07
Employee + Child(ren)	\$19.07
Employee + Family	\$30.96

## Community Eye Care Vision Plan

Rate per pay period (24)	
Employee Only	\$3.59
Employee + Spouse	\$6.72
Employee + Child(ren)	\$6.30
Employee + Family	\$9.94

## SunLife Accident High Plan

Rate per pay period (24)	
Employee Only	\$8.95
Employee + Spouse	\$13.84
Employee + Child(ren)	\$15.50
Employee + Family	\$20.39

## SunLife Accident Low Plan

Rate per pay period (24)	
Employee Only	\$6.56
Employee + Spouse	\$9.39
Employee + Child(ren)	\$10.19
Employee + Family	\$13.02

# RATES

Your premiums are automatically calculated when enrolling in ADP.

Voluntary Life	Age	Monthly Cost per \$1,000
Employee / Spouse  Rate based on Employee Age	0 - 29	\$0.069
	30 - 34	\$0.092
	35 - 39	\$0.127
	40 - 44	\$0.219
	45 - 49	\$0.345
	50 - 54	\$0.518
	55 - 59	\$0.909
	60 - 64	\$1.517
	65 - 69	\$2.404
	70-74	\$3.795
75+	\$6.509	

Voluntary Life	Age	Monthly Cost per \$1,000
Dependent Child(ren)	0-25	\$0.182

Voluntary AD&D	Age	Monthly Cost per \$1,000
Dependent Child(ren)	0-99	\$0.026

Critical Illness	Age	Monthly Cost per \$1,000
Employee / Spouse  Rate based on Employee Age	0 - 29	\$0.62
	30 - 39	\$0.87
	40 - 49	\$1.75
	50 - 59	\$3.52
	60 - 69	\$6.34
	70+	\$12.54
Child(ren)	0-26	\$0.60

Long Term Disability	Age	Monthly Cost per \$100
Employee	0 - 29	\$0.971
	30 - 34	\$1.038
	35 - 39	\$1.373
	40 - 44	\$2.009
	45 - 49	\$3.315
	50 - 54	\$5.023
	55 - 59	\$5.960
	60+	\$6.798

## Medicare Part D Creditable Coverage Notice

### Important Notice from Palmetto Goodwill 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 offered by the BLUECHOICE PPO through Palmetto Goodwill 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. Palmetto Goodwill has determined that the prescription drug coverage offered by the BLUECHOICE PPO 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.

**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. **Palmetto Goodwill has determined that the prescription drug coverage offered by the BLUECHOICE PPO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage through Palmetto Goodwill may be affected. For those individuals who elect Part D coverage, coverage under the entity's plan may end for the individual and all covered dependents, etc.

If you decide to join a Medicare drug plan and drop your current group health coverage through Palmetto Goodwill, be aware that you and your dependents may not be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

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# Employee Notices

## Continued

### 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 group health coverage through Palmetto Goodwill 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 Plan Administrator listed below for further information. **NOTE:** You'll get this notice each year or if the creditable coverage status of this plan through Palmetto Goodwill changes. You 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](http://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](http://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).**

## Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Plan Administrator:

LaShawn Crawford

# Employee Notices

## WHCRA Enrollment/Annual Notice

### Enrollment Notice

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. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

### Newborns' Act Disclosure

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).

### Special Enrollment Notice

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.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below:

LaShawn Crawford

# Employee Notices

## Your Rights and Protections Against Surprise Medical Bills

### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” means providers and facilities that haven’t signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your plan’s deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

### You’re protected from balance billing for:

#### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan’s in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can’t balance bill you, unless you give written consent and give up your protections.

**You’re never required to give up your protections from balance billing. You also aren’t required to get out-of-network care. You can choose a provider or facility in your plan’s network.**

### When balance billing isn’t allowed, you also have these protections:

- You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you’ve been wrongly billed, contact the No Surprises Helpdesk, operated by the U.S. Department of Health and Human Services, at 1.800.985.3059.

Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.



## Palmetto Goodwill

*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.*

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