

2025

MERS MISSOURI GOODWILL Employee Benefits Guide

January 1, 2025 - December 31, 2025



MERS Missouri
Goodwill

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ABOUT THIS BENEFITS GUIDE

If there is any discrepancy between the description of the programs as contained in these or other materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate.

Please refer to the plan specific documents published by each of the respective carriers for detailed plan information. You should be aware any of these benefits may be modified in the future to meet legislative requirements or otherwise as decided by MERS Missouri Goodwill.

WELCOME

ABOUT MERS MISSOURI GOODWILL

MERS Missouri Goodwill is a non-profit that provides a variety of programs and services to support our community. Our programs and services are embedded within our four divisions; Retail, Career & Counselling, Contract Services, and Excel Centers. We continue to be a leader in providing social services dating back to 1918. Our fundamental operations decision making is guided by the following:

MISSION

"Changing Lives Through the Power of Work."

VISION

A community where each individual has the opportunity to learn, work, and achieve their greatest potential.

CORE VALUES:

- ⇒ **INTEGRITY:** We work openly, honestly, and ethically with all people. We follow through on commitments, protect confidential information, are truthful, and admit our mistakes.
- ⇒ **RESPECT:** We recognize and show empathy for others. We demonstrate appreciation for accomplishments, make an effort to see challenges from other perspectives. We treat people with courtesy, politeness, and kindness.
- ⇒ **DIVERSITY:** We create a community where everyone can be themselves. We acknowledge the value of diversity within others, consider and honor different opinions, styles, and ways of working. We positively contribute to a work climate where people feel they belong.
- ⇒ **PASSION:** We take ownership in what and how we work. We take initiative to improve current work, spread awareness of the mission through words and deeds, and strive to exceed expectations with a sense of urgency.
- ⇒ **PROFESSIONALISM:** We maintain high standards for ourselves and our work. We maintain safe work practices, exhibit competence, skill, and the preparation needed for our roles. We demonstrate punctuality, reliability, and attention to detail.
- ⇒ **RESPONSIBILITY:** We are stewards of people, communities, resources, and capital. We make people the priority, invest in others so they can do their best work, and maximize the value of all assets.

Our Human Resources Administration department is here to help if you have specific questions or require assistance in the benefit enrollment process.

WELCOME

OUR BENEFITS PHILOSOPHY

At MERS Missouri Goodwill, we think it is important to offer an attractive suite of employee benefits. We annually evaluate our benefit offerings and strive to provide a comprehensive and cost-effective program that allows you to choose your coverages and services.

To prepare for enrollment, please read this guide carefully to get answers to your questions and consider your options. Choose the plans which best fit your needs and make sure to include any family members who will be affected by your elections in the decision making process.

Our Human Resources Administration department is here to help if you have specific questions or require assistance in the benefit enrollment process.

ELIGIBILITY



Our benefit program is solely determined by actual hours worked per week and/or qualifying titles for all employees.

	ELIGIBILITY/NEW HIRE WAITING PERIOD	HOURLY REQUIREMENT
MEDICAL INSURANCE	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 30 hours/week
FLEXIBLE SPENDING ACCOUNTS	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 30 hours/week
<i>VOLUNTARY</i> DENTAL INSURANCE	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 20 hours/week
<i>VOLUNTARY</i> VISION INSURANCE	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 20 hours/week
<i>EMPLOYER-PAID</i> BASIC LIFE AND AD&D INSURANCE CATEGORY 1: (2 X SALARY W/ QUALIFYING TITLES) CATEGORY 2: (FLAT \$20,000)	DATE OF HIRE DATE OF HIRE	≥ 37.5 hours/week ≥ 20 hours/week
<i>VOLUNTARY</i> LIFE AND AD&D INSURANCE	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 20 hours/week
<i>VOLUNTARY</i> SHORT TERM DISABILITY INSURANCE	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	≥ 20 hours/week
PAID TIME OFF (PTO)	DATE OF HIRE	ACCRUAL BASED ON ACTUAL HOURS WORKED
JURY DUTY	90 DAYS OF EMPLOYMENT	NO HOURS REQUIRED
FUNERAL LEAVE	90 DAYS OF EMPLOYMENT	NO HOURS REQUIRED
401(A) RETIREMENT	DATE OF HIRE (AGE ≥ 21)	≥ 20 hours/week
403(B) RETIREMENT	DATE OF HIRE (AGE ≥ 21)	≥ 20 hours/week
403(B) RETIREMENT + EMPLOYER MATCH	ONE YEAR OF EMPLOYMENT (AGE ≥ 21)	≥ 20 hours/week
EMPLOYEE ASSISTANCE PROGRAM (EAP)	FIRST OF THE MONTH FOLLOWING OR COINCIDING WITH DATE OF HIRE	NO HOURS REQUIRED

ELIGIBILITY

MEDICAL ELIGIBILITY

You and your eligible dependents may enroll if you are an active employee working a minimum of **30 hours per week**. Your eligible dependent includes your legal spouse or domestic partner (with signed affidavit) and your children¹ up to age 26. Children¹ will be covered in the medical plan until the end of the month in which they turn 26.

Your continued eligibility for benefits will be determined on an annual basis by measuring the hours you work per week or per month during the December 1st to November 30th annual measurement period. If it is determined you work, on average, 30 or more hours per week during the annual measurement period, you will be eligible for 12 months of medical coverage during the January 1st through December 31st plan year. Time off for FMLA does not count against your average hours per week calculation.

¹ Children includes your natural born, legally adopted or foster child; your stepchild (or child of your domestic partner); your grandchild (ren); any other child who lives with you in a regular parent/child relationship and who qualifies as your dependent as defined in the United States Internal Revenue Code; or an Incapacitated person for whom you have been appointed legal guardian and who qualifies as your dependent as defined in the United States Internal Revenue Code.

VOLUNTARY DENTAL, VOLUNTARY VISION, VOLUNTARY LIFE AND AD&D, AND VOLUNTARY SHORT TERM DISABILITY ELIGIBILITY

You and your eligible dependents may enroll if you are an active employee working a minimum of **20 hours per week**. Your eligible dependent includes your legal spouse or domestic partner (with signed affidavit) and your children² up to age 26.

² Children includes your natural born, legally adopted or foster child; your stepchild, or child of your domestic partner.

EMPLOYER-PAID BASIC LIFE AND AD&D ELIGIBILITY

Category 1

All active full-time employees with a qualifying title, and working a minimum of **37.5 hours per week** will continue to receive a basic life benefit at 2 times annual, salary to a maximum of \$400,000.

Category 2 **NEW EFFECTIVE JANUARY 1, 2025!**

All active full time employees, not included in Category 1 and working a minimum of **20 hours per week** will receive \$20,000 Basic Life and AD&D benefit.

ENROLLMENT PROCESS



HOW TO ENROLL

All employees, once they receive a welcome email, will have access to Success Factors. Success Factors is our HCM (Human Capital Management) software that will assist you in benefit selection. You can also download the SuccessFactors mobile app to your smart device available on both the Apple and Google Play stores.

- Once logged into Success Factors, you will be asked to provide verification documents as well as dates of birth and social security numbers of all dependents you wish to enroll. If you are enrolling your domestic partner for the first time, you must complete the Domestic Partner Affidavit.

If you experience issues with your login and/or selecting your benefits, please contact the Human Resources Administration Department.

COVERAGE EFFECTIVE DATES

Automatic Enrollment In Medical Coverage

If you are a newly hired employee eligible for medical coverage or have averaged over 30 hours a week for 12 consecutive months, you will be automatically enrolled in the Base Medical Plan with employee only coverage first of the month following or coinciding with date of hire. If you wish to add eligible dependents, switch medical plans, or waive medical coverage, you must update your preferences in Success Factors within the first 30 days of employment, otherwise you will be unable to make changes to your medical coverage until the next annual Open Enrollment, unless you experience a qualifying life event. Outside of your first 30 days, if you choose to waive coverage, you will not be eligible to reenroll in medical coverage until the next annual Open Enrollment.

If you are a newly hired employee that meets the requirements, your employer-paid Basic Life and AD&D coverage is effective on your date of hire while Voluntary Dental, Voluntary Vision, Voluntary Life and AD&D, and Voluntary Short Term Disability coverage are effective the first of the month following your date of hire.

Unless you and/or your dependents experience a qualifying life event, you cannot make changes to your benefit elections until the next annual open enrollment period. A list of qualifying life events is located on **page 8**.



QUALIFYING LIFE EVENTS

Qualifying life events are opportunities that allow you to enroll or modify coverage outside the standard open enrollment period. You must enroll or modify coverage within **30 days** of the qualifying event date.

Qualifying life events include:

- Marriage
- Birth, adoption, or placement of a child for adoption
- Divorce or legal separation
- Termination or commencement of your spouse's and children coverage in general when coverage is maintained through your spouse's plan.
- Shift from part-time to full-time status (or vice versa) by you or your spouse
- Death of spouse or dependent



2025 MEDICAL, DENTAL, & VISION RATES

PERSONIFY HEALTH (formerly HealthComp) MEDICAL RATES—BI-WEEKLY (24) DEDUCTIONS³

Employee Cost	BASE PPO PLAN	CHOICE PPO PLAN
Employee Only	\$15.00	\$71.00
Employee + Spouse	\$57.50	\$165.00
Employee + Child(ren)	\$47.50	\$116.00
Family	\$95.00	\$201.00

Note: medical premium payroll deductions are taken on a pre-tax basis.

DELTA DENTAL DENTAL RATES—BI-WEEKLY (24) DEDUCTIONS³

Employee Cost
Employee Only
Employee + Spouse
Employee + Child(ren)
Family

Note: dental premium payroll deductions are taken on a post-tax basis.

DELTA VISION VISION RATES—BI-WEEKLY (24) DEDUCTIONS³

Employee Cost
Employee Only
Employee + Spouse
Employee + Child(ren)
Family

Note: vision premium payroll deductions are taken on a post-tax basis.

³ PLEASE NOTE, MERS MISSOURI GOODWILL HAS 26 BI-WEEKLY PAY PERIODS PER YEAR, HOWEVER, BENEFITS ARE ONLY DEDUCTED FROM THE FIRST 2 PAY CHECKS EACH MONTH. THERE ARE ONLY 24 BENEFIT PAYROLL DEDUCTIONS PER YEAR.



MEDICAL INSURANCE

PERSONIFY HEALTH

MERCY NETWORK / PHCS PRACTITIONER ONLY NETWORK
FAIROS REFERENCED BASED PRICING

Personify Health (formerly HealthComp) is the Medical Third Party Administrator (TPA) for MERS Missouri Goodwill for the 2025 plan year. Personify Health will process and pay the claims, send Explanation of Benefits (EOBs) to employees, and act as the main point of contact for employees with questions regarding the Medical plan.

MEDICAL CARE OPTIONS

FROM A PHYSICIAN, YOU HAVE THREE OPTIONS TO CHOOSE FROM:

1. **Mercy Network**
2. **PHCS Practitioner Only Network**
3. **Fairos Referenced Based Pricing—All Other Physicians Network**

While you may utilize any physician (**PCPs, Specialists, ENTs, OBs, etc.**), it is most cost effective to choose providers and facilities within Mercy's network. When seeking care from a physician outside the Mercy or PHCS Practitioner Only Network, Fairos —our Reference Based Reimbursement Coordinator—will act as the advocate for employees with claims.

AT A FACILITY OR HOSPITAL, YOU HAVE TWO OPTIONS TO CHOOSE FROM:

1. **Mercy Network**
2. **Fairos Referenced Based Pricing**

When seeking care from a hospital or facility outside the Mercy Network, Fairos—our Reference Based Reimbursement Coordinator—will act as the advocate for employees with facility/hospital claims.

SEARCHING YOUR PROVIDER OPTIONS

MERCY NETWORK

Use to search for in-network **PROVIDERS, HOSPITALS, & OUTPATIENT FACILITIES**

1. Go to **mercyoptions.net** and click 'Find a physician'.
2. Select 'MERS Goodwill' from the Employer dropdown menu.
3. Enter your search criteria and click 'Search'.

PHCS PRACTITIONER ONLY NETWORK SEARCH

Use to search for **PRACTITIONERS ONLY** (PCPs, Specialists, ENTs, OBs, etc.)

1. Go to **multiplan.com** and click on 'Find a Provider' in the top right corner.
2. Click the green 'Select Network' box and choose 'PHCS' and select 'Practitioner Only'.

IMPORTANT NOTE WHEN SEEKING CARE FROM OUT-OF-NETWORK PHYSICIANS

- ♦ **IF YOU SEEK MEDICAL CARE FROM A PRACTITIONER (PCPs, SPECIALISTS, ENTs, OBs, ETC.) AND YOU ARE OUTSIDE OF MERCY'S NETWORK AREA, PERSONIFY HEALTH WILL AUTOMATICALLY CHECK TO SEE IF THE PRACTITIONER IS IN-NETWORK WITH PHCS. IF THE PROVIDER IS OUTSIDE OF THE PHCS NETWORK, THEY WILL ROUTE TO FAIROS.**
- ♦ **WASHINGTON UNIVERSITY PHYSICIANS AND PHYSICIANS ASSOCIATED WITH BJC AND THE SITEMAN CANCER CENTER ARE NOT IN-NETWORK WITH THE PHCS PRACTITIONER ONLY NETWORK OR MERCY. PRIOR TO SEEKING CARE WITH THESE PHYSICIANS, PLEASE REACH OUT TO FAIROS DIRECTLY SO THEY CAN TRY TO NEGOTIATE PRICING ON YOUR BEHALF TO AVOID YOU RECEIVING A BALANCE BILL.**



WHY CHOOSE MERCY

With over 4,300 physicians, 44 specialty and acute-care hospitals in four states and 42,000 co-workers, Mercy has extensive experience and expertise in every area. Additionally, Mercy's electronic health record makes your entire health history –medications, procedures, tests and more –accessible to every Mercy provider with one click.

MERCY IS READY FOR YOU

If you are looking for a full service medical provider, Mercy is ready to answer any questions, either in person or by video.

MAKING SURE YOU GET THE CARE YOU NEED

At Mercy, our goal is to keep you and your family healthy and happy. We focus on preventive care – maintaining and improving your health.

Why is it important to have a Primary Care Physician?

- Your Primary Care Physician (PCP) gets to know you, your history, and your family health history.
- Your PCP can identify health issues in their early stages before they become major problems – preventive care is key to staying ahead of illness and other health problems.
- Your PCP is your main contact for preventive care (immunizations, regular tests and screenings).
- In case you get sick – Your established PCP can get you in for a sick visit, prescribe medication, and connect with you over the MyMercy Patient Portal.
- If you have a condition that requires more specialized care, your PCP can refer you to the proper specialist.

MYMERCY PATIENT PORTAL

[MyMercy.NET](https://www.mymercy.net)

MyMercy is a free, online tool and app for PCs, tablet devices, and smartphones that makes it easy to manage your whole family's health.

MyMercy lets you:

- Track your test results
- Schedule appointments
- Request prescription refills
- Message your providers
- Review and pay your bills

FINDING IN-NETWORK PROVIDERS

Find a Physician > Select MERS Goodwill from Employer drop down by visiting:

[MERCYOPTIONS.NET](https://www.mercyoptions.net) OR
[PERSONIFYHEALTH.COM](https://www.personifyhealth.com)

FOR FURTHER ASSISTANCE WITH FINDING PROVIDERS OR ANY QUESTIONS YOU MAY HAVE, EMAIL YOUR DEDICATED MERCY SUPPORT TEAM:

[MERCYEHS@MERCY.NET](mailto:MercyEHS@Mercy.net)



FAIROS REFERENCE BASED PRICING SERVICES

HELPING YOU NAVIGATE YOUR BENEFITS PLAN

For more information about your benefit plan, contact Personify Health at 800-843-3831.

HOW TO ACCESS PHYSICIAN CARE

Your plan participates in the PHCS Physicians Only Network. All providers within the PHCS Physician Only Network can be found at multiplan.com or the Personify Health mobile app. If your preferred physician is **not** in the PHCS Network, you may seek services from any doctor of your choice.

HOW TO ACCESS HOSPITAL CARE

You are part of an open network for hospital care, meaning every hospital facility is eligible to deliver services to you and your family. You may choose any hospital you and your doctor prefer. If the front desk has any questions about your insurance and you are unable to answer, advise them to call Personify Health. The Personify Health phone number is **800-843-3831**, or it can be found on the back of your ID card.

HOW TO DETERMINE HOW MUCH TO PAY

Before paying a medical bill, compare the medical bill to the corresponding Explanation of Benefits (EOB). You will receive an EOB in the mail or you can access your EOBs on Personify Health's website or mobile app.

- If the medical bill you received matches the patient responsibility, pay the bill.
- If the medical bill and EOB do not match, call Personify Health at **800-843-3831**.

WHAT IF I RECEIVE A BALANCE BILL?

- Call Personify Health at **800-843-3831** and Personify Health will transfer you to a Member Advocate at Fairos.
- Your Fairos Advocate will be dedicated to you. You will know their name and have direct access to them via phone and email.
- Your Fairos Advocate will provide access to the Fairos portal so you can track and monitor your balance bill. You can expect updates from your Fairos Advocate every 15 calendar days.

WHAT TO EXPECT FROM FAIROS

Personal dedicated member advocate

Access to member portal giving real-time updates on balance bill

No balance bill packets or "homework"

Any balance bills are typically settled within a few months or quicker

Timely updates from your personal member advocate



LAB & MAJOR DIAGNOSTIC IMAGING OPTIONS

QUESTSELECT LAB PROGRAM/ US IMAGING NETWORK



NO COST LAB SERVICE OPTION - QUESTSELECT LAB BENEFIT PROGRAM

QuestSelect lab program through Quest Diagnostics is a value added benefit enhancement to your current Health Plan. When you choose to use the QuestSelect program to obtain outpatient lab work covered by your medical plan, there is no cost to you – the testing will be covered at 100% by your medical plan. This is an optional benefit designed to save you money on your outpatient laboratory needs.

Using QuestSelect Lab Program Is Easy

1. When your physician orders lab work for you, show your Healthcare ID card with the QuestSelect logo and verbally request to use the QuestSelect program. Your physician will collect your specimen and send to Quest Diagnostics under the QuestSelect lab program.
2. Any physician can collect specimens and call QuestSelect Client Services at **1-800-646-7788** for courier pick-up and supplies.
3. If your physician does not participate with the QuestSelect program, take your test orders to an approved QuestSelect collection site for the draw. These locations can be found by calling QuestSelect Client Services or by visiting [QuestSelect.com](https://www.questselect.com).
4. Your specimens will be processed through the QuestSelect program at any approved Quest Diagnostics facility and results will be sent to your physician (usually within 24-48 hours). You can also access your test results through MyQuest online.

NO COST MAJOR DIAGNOSTICS OPTION - US IMAGING NETWORK

US Imaging Network (USIN) is a concierge scheduling program for MRI, CT, and PET scans. USIN educates members about their advanced radiology scan, offers transparency concerning safety and cost of radiology services, as well as takes care of all the scheduling details at a time and place convenient to you (typically within 24-48 hours). Members who use one of US Imaging Network's 2,200 network facilities for their MRI, CT, & PET, scan will receive it at no cost – it will be covered 100% by your medical plan. This is an optional benefit designed to save you money on outpatient major diagnostics.

How It Works:

1. When a doctor prescribes an advanced imaging test (MRI, CT, or PET scan), you or your doctor should call USIN at **877-874-6385** to schedule an appointment.
2. USIN will arrange for an appointment at a time/location convenient for you. USIN will also provide pricing transparency regarding the cost of your test.
3. USIN will provide you with a written appointment confirmation and directions. They will also let you know what you can expect during your exam.
4. After your exam is complete, USIN will send a satisfaction survey asking you about your USIN and radiology facility experience



MEDICAL PLAN RATES & SUMMARY

BASE PPO PLAN

MEDICAL RATES—BI-WEEKLY (24) DEDUCTIONS

Employee Cost	BASE PPO PLAN
Employee Only	\$15.00
Employee + Spouse	\$57.50
Employee + Child(ren)	\$47.50
Family	\$95.00

Note: medical premium payroll deductions are taken on a pre-tax basis.

PERSONIFY HEALTH/MERCY/PHCS/FAIROS	MERCY NETWORK	PHCS PRACTITIONER ONLY NETWORK	FAIROS REFERENCED BASED PRICING (ALL OTHER PROVIDERS)
Calendar Year Deductible			
Individual	\$1,500	\$2,500	\$2,500
Family	\$3,000	\$5,000	\$5,000
Coinsurance	20%	40%	40%
Out-of-Pocket Maximum	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
Individual	\$4,500	\$6,000	\$6,000
Family	\$9,000	\$12,000	\$12,000
Office Visit Setting Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
Wellness / Preventive	Covered in full	Covered in full	Covered in full
Primary Care Physician	\$15 copay	\$20 copay	\$20 copay
Specialist Physician	\$15 copay	\$20 copay	\$20 copay
Chiropractic and Therapy	Deductible then 20%	Deductible then 40%	Deductible then 40%
Diagnostic Lab & X-Ray	Covered in full	Covered in full	Covered in full
Urgent Care	\$15 copay	\$20 copay	\$20 copay
Teladoc Visit	Teladoc (Virtual Visits Are Not Covered By Any Other Provider)		
Teladoc	Covered in full		
Outpatient Lab Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
QuestSelect Lab Card	Covered in full	Covered in full	Covered in full
Lab Services	Deductible then 20%	Deductible then 40%	Deductible then 40%
Outpatient Radiology Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
US Imaging Network	Covered in full	Covered in full	Covered in full
Outpatient Minor Diagnostic	Deductible then 20%	Deductible then 40%	Deductible then 40%
Outpatient Major Diagnostic	Deductible then 20%	Deductible then 40%	Deductible then 40%
Hospital/Facility Services	Mercy Network	Fairos Reference Based Pricing	
Emergency Room	\$100 copay	\$100 copay	
Inpatient Hospital Stay	\$200 copay then 20% No Deductible	\$250 copay then 40% No Deductible	
Outpatient Surgery	\$50 copay then 20% No Deductible	\$75 copay then 40% No Deductible	
Physician/Surgeon fees	Deductible then 20%	Deductible then 40%	

Percentages listed in the table represent the amount paid by the member.

MEDICAL PLAN RATES & SUMMARY

CHOICE PPO PLAN

MEDICAL RATES—BI-WEEKLY (24) DEDUCTIONS

Employee Cost	CHOICE PPO PLAN
Employee Only	\$71.00
Employee + Spouse	\$165.00
Employee + Child(ren)	\$116.00
Family	\$201.00

Note: medical premium payroll deductions are taken on a pre-tax basis.

PERSONIFY HEALTH/MERCY/PHCS/FAIROS	MERCY NETWORK	PHCS PRACTITIONER ONLY NETWORK	FAIROS REFERENCED BASED PRICING (ALL OTHER PROVIDERS)
Calendar Year Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Coinsurance	10%	30%	30%
Out-of-Pocket Maximum	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
Individual	\$2,000	\$2,500	\$2,500
Family	\$4,000	\$4,500	\$4,500
Office Visit Setting Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
Wellness / Preventive	Covered in full	Covered in full	Covered in full
Primary Care Physician	\$15 copay	\$20 copay	\$20 copay
Specialist Physician	\$15 copay	\$20 copay	\$20 copay
Chiropractic and Therapy	10%	30%	30%
Diagnostic Lab & X-Ray	Covered in full	Covered in full	Covered in full
Urgent Care	\$15 copay	\$20 copay	\$20 copay
Teladoc Visit	Teladoc (Virtual Visits Are Not Covered By Any Other Provider)		
Teladoc Visit	Covered in full		
Outpatient Lab Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
QuestSelect Lab Card	Covered in full	Covered in full	Covered in full
Lab Services	10%	30%	30%
Outpatient Radiology Services	Mercy Network	PHCS Practitioner Only	Fairos Referenced Based Pricing
US Imaging Network	Covered in full	Covered in full	Covered in full
Outpatient Minor Diagnostic	10%	30%	30%
Outpatient Major Diagnostic	10%	30%	30%
Hospital/Facility Services	Mercy Network	Fairos Reference Based Pricing	
Emergency Room	\$100 copay	\$100 copay	
Inpatient Hospital Stay	\$200 copay then 10%	\$250 copay then 30%	
Outpatient Surgery	\$50 copay then 10%	\$75 copay then 30%	
Physician/Surgeon fees	10%	30%	

Percentages listed in the table represent the amount paid by the member.

FAIROS[®]

PRESCRIPTION DRUG BENEFITS



FairosRx is our Pharmacy Benefit Manager (PBM) administering our pharmacy benefits for the 2025 plan year.

PRESCRIPTION DRUGS—FAIROS [®] RX ¹			
	Retail (30-day supply)	Retail (90-day supply)	Mail Order (90-day supply)
ACA's Preventive Drug List	Covered In Full	Covered In Full	Covered In Full
Tier 1 —Generic Drugs	\$10 copay	\$20 copay	\$20 copay
Tier 2 —Preferred Brand Name Drugs	\$20 copay	\$40 copay	\$40 copay
Tier 3 —Non-Preferred Brand Name	\$40 copay	\$80 copay	\$80 copay

¹ Prescription drug copays apply to the PHCS Practitioner Only & Fairos Referenced Based Pricing/All Other Providers Out-of-Pocket Maximum amounts

IMPORTANT REMINDERS

MEDICAL/RX ID CARD — ID cards will be issued that contain both Personify Health medical and FairosRx pharmacy information. Make sure to give your pharmacy the new ID card for any new prescriptions or prescription refills .

RX MEMBER PORTAL— Once eligibility has been loaded, register for the new FairosRx member portal. You can view benefit documents, search of in-network pharmacies, calculate copays for specific medications, compare prescription drug pricing at multiple pharmacies, evaluate mail order savings, view financial information, and view prescription claims history.

TO REGISTER: Once you receive your new ID card, visit FairosRx.com and select Member Login, enter the employee's last name, date of birth and member ID number, select the member for whom you are creating the account and verify their date of birth, enter a username, email address, password and you're done!

DRUG FORMULARY—The **FairosRx Select HM Open Formulary** will be used to determine copay tiers for generics and preferred brands (listed) and non-preferred brands (not listed). There are also additional exclusions associated with this formulary. This means some drugs may fall under a different copay tier, require prior authorization, or be excluded altogether. The formulary can be found under the Benefit Documents section of the FairosRx Member Portal. **IMPORTANT NOTE:** If your drug is listed under the formulary exclusions, please review the formulary alternatives with your doctor. A new prescription may be required for the drug to be covered or for a lower copay to apply.

FAIROS[®]

PRESCRIPTION DRUG BENEFITS



MAIL ORDER PHARMACY - The mail order prescription drug program is FairoRx Mail Order provider, which is Welldyne Mail Order pharmacy. Complete the Welldyne Mail Order Registration Form found on Success Factors and mail to the address on the form. Ask your doctor to send a new prescription electronically to Welldyne Mail Order Pharmacy for a 90-day supply (with three refills).

RX CUSTOMER SERVICE- The Member Services team at FairoRx is ready to assist you by answering questions related to your prescription benefits such as drug coverage, copays and out of pocket amounts, prior authorizations, network pharmacies, mail order and more! You can reach FairoRx by phone at 833-464-9600 or email us at contactus@fairosrx.com.

MOBILE APP FOR PHARMACY — Download the FairoRx mobile app via Google Play or the Apple App store. This is a mobile version of the on-line member portal.



MORE ABOUT YOUR PRESCRIPTION DRUG BENEFIT

If a Generic Drug is available and you choose to purchase the Brand Name Drug, you will be responsible for the copay plus the difference in cost between the Brand Name and Generic Drug. The cost difference between the Brand Name and Generic prescription will not apply towards the Deductible or Out-Of-Pocket Maximums. The cost difference does *not* apply if your Physician indicates “Dispense As Written” (DAW). You will only be responsible for the applicable copay.

WELLDYNE RX MAIL ORDER PROGRAM

The Mail Order Program benefits members who are on long-term medications for chronic conditions such as diabetes, high cholesterol, high blood pressure, depression or asthma. By utilizing the Mail Order Program, you can receive a 90-day supply of medication for the equivalent of two retail copayments. That’s a savings of one copayment for every 90-day supply.

COMMON HEALTH INSURANCE TERMS

PREMIUM

The amount of money that is required to pay when participating in the medical plan. This premium is deducted from your paycheck 24 times a year. When we have a three payroll month, there will be no medical insurance deducted on the third payroll check.

NETWORK

In the medical plans, we have three network options: Mercy, PHCS Practitioner Only, and FAIROS Referenced Based Pricing as our “All Other Physicians” option. For hospitals or other medical facilities, we have 2 network options: Mercy and FAIROS Referenced Based Pricing.

EXPLANATION OF BENEFITS (EOB)

A statement mailed to employees from Personify Health detailing medical services performed. The statement will provide dollar amounts the medical plan paid to the doctor or facility and if there is any amount due from the insured employee.

BALANCE BILLING

When a provider bills you for the balance remaining on the bill that your plan doesn’t cover. This amount is the difference between the actual billed amount and the maximum payment the plan will pay for a covered health care service. For example, if the provider’s charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This can happen when you see a provider not in the Mercy or PHCS Practitioner Only networks or have a service at a hospital or facility.

MEDICAL INSURANCE CARRIER/TPA

MERS Missouri Goodwill operates a “self-insured” medical program and has contracted Personify Health a third party administrator (TPA) to administer the plan, including paying all the claims.

DEDUCTIBLE

The fixed amount during the plan year the employee pays before the medical provider begins paying claims. For example, if your deductible is \$2,500, your plan won’t pay anything until you’ve met your deductible.

COINSURANCE

This is the percentage that the employee pays once all deductibles and copays are paid.

COPAY

This is the fixed amount the medical plan requires when medical services are received (i.e. pharmacy and doctor visits)

OUT-OF-POCKET MAXIMUM (OOPM)

The maximum amount an insured employee will be required to pay based on the medical plan and its plan year.

MAXIMIZING YOUR MEDICAL/ RX INSURANCE

BENEFITS OF A PRIMARY CARE PHYSICIAN

Coverage, choice, and convenience are factors each of us consider important when selecting a Medical plan. Choosing a Medical plan is the first step to being prepared when you need care.

An essential component of good medical care is the relationship you develop with your primary care physician. With a primary care physician, your health history is understood and your provider is better able to gauge changes in your health and detect potential medical concerns, which can lead to a better outcome.

PREVENTIVE CARE

One of the best decisions you can make for your health, and the health of your family, is to make sure to visit your doctor annually for routine physical exams, immunizations, and recommended screenings. Preventive care can help ensure that you and your family stay well and identify potential health issues early. MERS Missouri Goodwill's Medical plan makes it easy and affordable for you and your family to get the preventive care you need.

GENERIC DRUG PROGRAMS

Costco Member Prescription Program (CMPP)

Use your Costco Card to save on prescriptions. If you are a Costco member simply show your Costco Card at Costco or network pharmacy for instant savings on prescriptions. Visit [costco.com/cmpp](https://www.costco.com/cmpp) for more information.

GoodRx.com

Compare prices, print free coupons, and save up to 80% on your prescriptions. For complete details visit [goodrx.com](https://www.goodrx.com).

Sam's Club

Join Sam's Club for exclusive access to their prescription savings program. Visit [samsclub.com/pharmacy/rxsavings](https://www.samsclub.com/pharmacy/rxsavings) for complete details.

SingleCare.com

Find the lowest prices at participating pharmacies nationwide and save up to 80% on your prescriptions. Visit [singlecare.com](https://www.singlecare.com) for more information.

Walgreens Prescription Savings Club

For complete details visit [walgreens.com](https://www.walgreens.com) and search Prescription Savings Club. There you will find over 8,000 discounted prescription drugs, medications offered in all drug classes covering most common and chronic health conditions, pet prescriptions, and more. This program includes savings on diabetic supplies and insulin. Annual membership fees apply.

Walmart

Hundreds of generic prescription drugs are available priced at \$4.00 for a 30-day supply and \$10.00 for a 90-day supply at Walmart and Neighborhood Market Pharmacies nationwide. There are numerous over-the-counter medications included in the \$4.00 program. For complete details visit the Pharmacy section at [walmart.com](https://www.walmart.com).



TELADOC

NO COST TELADOC OPTION THROUGH MEDICAL PLANS

MERS Missouri Goodwill continues to enhance our medical program to give our employees access to all available options for seeking medical care.

Teladoc is a telemedicine service provider allowing employees enrolled in the Base or Choice Medical Plans 24/7/365 access to a physician from the comfort of their own home at no cost. With an average of over 20 years of clinic experience, Teladoc's national network of US board-certified physicians can diagnose, treat, and prescribe medication for your non-emergency conditions. This includes for the flu, allergies, sinus infections, rash, sore throat, eye infections, bronchitis, and much more.

Whenever you need care, Teladoc physicians are available within minutes, by phone or video.

REGISTER YOUR ACCOUNT

To get started with Teladoc, simply register your account by following these instructions:

1. **Confirm benefits**—provide some information about yourself to confirm your eligibility
2. **Benefit confirmation**—Teladoc will confirm when your benefits have been verified so you can finish creating your account
3. **Create account**—Provide your contact information and preferred language
4. **Complete account**—create a username, password, and pick security questions to ensure your account is secure

Visit **teladoc.com** or download the Teladoc app on your smart phone to create your account. Once your account is created you can talk to a doctor online, through the app, or by calling **1-800-TELADOC (1-800-835-2362)**



FLEXIBLE SPENDING ACCOUNT

PNC BANK



Flexible Spending Accounts (FSAs) provide you with tax advantage accounts that allows employees to contribute pre tax dollars to pay for qualified health expenses. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

Any unused FSA dollars at the end of the calendar year maybe rolled over to the following year, subject to the IRS Rollover Limits. The 2025 Rollover Limit is \$660.

You can only make changes to your contribution amounts if you experience a qualifying life event. The change being made must be consistent with the qualifying life event that occurred. A list of qualifying life events can be found on page 8.

HEALTH CARE FSA

The Health Care FSA allows you to pay for IRS-approved health care expenses not covered by your insurance plan with pre-tax dollars

DEPENDENT CARE FSA

The Dependent Care FSA allows you to use pre-tax dollars towards qualified dependent care for children and/or disabled dependents.

	2025 ANNUAL CONTRIBUTION LIMIT	REIMBURSED EXPENSES
Health Care FSA	\$3,300 maximum	Medical / Dental / Vision
Dependent Care FSA	\$5,000 maximum \$2,500 if married, filing separately	Dependent Care

NEW DEBIT CARD OPTION EFFECTIVE JANUARY 1, 2025!

Once enrolled, contributions to your Health Care FSA and Dependent Care FSA are taken out of your paycheck bi-weekly for a total of 24 deductions per year.



FILE A CLAIM - ONLINE

- ◆ Enter reimbursement information
- ◆ Include required documentation / receipt

FILE A CLAIM – MOBILE

- ◆ Log into PNC BeneFit Plus Mobile app
- ◆ Complete the easy-to-follow claim tutorial
- ◆ Take picture of EOB or detailed receipt
- ◆ Upload image
- ◆ Submit

FILE A CLAIM – REIMBURSEMENT REQUEST FORM

- ◆ Claims are processed within (2) business days with proper documentation
- ◆ Reimbursements to self for out-of-pocket expenses or “Pay a Provider”

EMAIL OR TEXT MESSAGE NOTIFICATIONS ON CLAIM STATUS

For more information regarding approved items and additional details about the FSA, visit the IRS website at [irs.gov](https://www.irs.gov)





VOLUNTARY DENTAL INSURANCE

DELTA DENTAL OF MISSOURI

MERS Missouri Goodwill offers you a comprehensive Dental plan through Delta Dental that covers:

- Preventive Dental services such as routine exams and cleanings, fluoride treatments, and x-rays
- Basic services such as simple fillings and extractions, periodontics, endodontics, and oral surgery
- Major services such as crowns, inlays, onlays, and implants
- Orthodontia coverage available for children and adults

IN-NETWORK DENTISTS CAN SAVE YOU MONEY

When using an in-network dentist, your out-of-pocket costs are lower. This is because the network of dentists has agreed to charge lower fees and your plan's network services cover a large share of the charges. Delta Dental provides members access to TWO nationwide dental networks under your dental plan.

You'll save more on your out-of-pocket costs when you visit a Delta Dental PPO™ dentist. The Delta Dental Premier® network also provides cost-saving features and is the next best option when you can't find a Delta Dental PPO™ dentist. The dentist you choose could affect your cost.

If you choose to use a dentist who does not participate in the Delta Dental PPO™ or Dental Premier® networks, your out-of-pocket expenses will be higher and you are subject to any charges above reasonable and customary and you may be balance billed.



**Log in to view
your benefits**

Visit www.DeltaDentalMO.com, and click on one of the **Member** or **Sign In** links. To register, follow the steps under **Member Sign In**.



**Find a Delta Dental
participating dentist**

Visit www.DeltaDentalMO.com, and click on **Find a Provider** then on **Find a Dentist**.



**Call or email
customer service**

We are here to help every Monday - Friday from 7 a.m. to 5 p.m. (CT)

📞 **800-335-8266**

✉ **Service@DeltaDentalMO.com**



Download Delta Dental Mobile App

We've designed our mobile app to make it easy for you to make the most of your dental benefits. Use the **Mobile App** to access your **Mobile ID card**, **Search and Save your favorite dentists**, and use the **Dental Care Cost Estimator**.

ALL MEMBERS WILL RECEIVE 2 SEPARATE ID CARD MAILINGS FOLLOWING INITIAL ENROLLMENT; ONE ENVELOPE WILL CONTAIN THE DENTAL ID CARD AND ONE ENVELOPE WILL CONTAIN THE VISION ID CARD. PLEASE NOTE, ELECTRONIC VERSIONS OF THE DENTAL & VISION ID CARDS WILL BE AVAILABLE ON THE DELTA DENTAL MEMBER PORTAL AND MOBILE APP.



VOLUNTARY DENTAL PLAN RATES & SUMMARY

DENTAL RATES—BI-WEEKLY (24) DEDUCTIONS	
	Employee Cost
Employee Only	\$14.27
Employee + Spouse	\$26.89
Employee + Child(ren)	\$34.86
Family	\$47.48

Note: dental premium payroll deductions are taken on a post-tax basis.

DELTA DENTAL “PPO & PREMIER” NETWORKS		IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible + Maximum			
Employee Only		\$50	
Employee + Dependent(s)		\$150	
Annual Maximum		\$2,000	
Dental Benefits			
Preventive Care— • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth X-rays (1 in 36 months) • Periapical X-rays (1 in 12 months) • Fluoride for children under age 16 • Sealants for children under age 16 (1 in 3 years)		Covered in full	
Basic Care— • Space Maintainers for children under age 16 • Composite fillings • Emergency palliative treatment • Endodontics (nonsurgical / surgical) • Periodontics (nonsurgical / surgical) • Extractions (simple / surgical)		Deductible then 20%	
Major Care— • Bridges (1 in 7 years) • Bridge repairs & replacement • Crowns, Inlays, Onlays (1 in 7 years) • Crown repairs & replacement • Denture (1 in 7 years) • Denture repairs & replacement • Implants and bone grafts (1 in 7 years)		Deductible then 50%	
Orthodontia Benefits			
Orthodontia Coinsurance— <i>Adult</i>		50% up to lifetime maximum, no deductible	
Orthodontia Coinsurance— <i>Child up to age 26</i>		50% up to lifetime maximum, no deductible	
Orthodontia Lifetime Maximum		\$2,000	

Percentages listed in the chart represent the amount paid by the member.

VOLUNTARY VISION INSURANCE

DELTA VISION



Having an annual eye exam is one of the best ways to make sure you are keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems which can cause permanent vision impairment. You have the option to enroll in the Vision plan through Delta Vision to save money on eligible vision care expenses, such as eye exam, glasses, and contact lenses.

THE IMPORTANCE OF SEEING IN-NETWORK PROVIDERS

DeltaVision utilizes EyeMed's **"Insight"** Vision Network to provide you access to private practice optometrists and ophthalmologists, conveniently located retail chain providers, and discounted laser eye surgery from pre-screened providers. When you visit in-network providers the plan covers your vision care services at higher rates, and participating providers will submit your claim to Delta Vision.

DELTA VISION PROVIDER SEARCH

Visit to **deltadentalmo.com** register and log in to search for in-network Vision providers. Or go to **eyedoclocator.eyemedvisioncare.com/deltavisionmo/en** to search for in-network Vision providers.

ALL MEMBERS WILL RECEIVE 2 SEPARATE ID CARD MAILINGS FOLLOWING INITIAL ENROLLMENT; ONE ENVELOPE WILL CONTAIN THE DENTAL ID CARD AND ONE ENVELOPE WILL CONTAIN THE VISION ID CARD. PLEASE NOTE, ELECTRONIC VERSIONS OF THE DENTAL & VISION ID CARDS



DeltaVision[®]

VOLUNTARY VISION PLAN RATES & SUMMARY

VISION RATES—BI-WEEKLY (24) DEDUCTIONS

	Employee Cost
Employee Only	\$3.22
Employee + Spouse	\$6.11
Employee + Child(ren)	\$6.44
Family	\$9.61

Note: vision premium payroll deductions are taken on a post-tax basis.

EYEMED “INSIGHT” NETWORK		IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
Exam Services	Exam with Dilation	\$10 copay	Up to \$40
	Retinal Imaging	Up to \$39 allowance	Not covered
Frames		\$150 allowance + 20% off balance	Up to \$60
Lenses	Single Vision	\$10 copay	Up to \$20
	Bifocal	\$10 copay	Up to \$40
	Trifocal	\$10 copay	Up to \$60
	Lenticular	\$10 copay	Up to \$100
Contact Lenses (<i>in lieu of glasses</i>)	Fit & Follow-up Standard	Up to \$40 allowance	Not covered
	Fit & Follow-up Premium	10% off retail price less \$40 allowance	Not covered
	Conventional	\$150 allowance + 15% off balance	Up to \$90
	Disposable	\$150 allowance	Up to \$90
	Medically Necessary	Covered in full	Up to \$250
Benefit Frequency			
Exam		once every calendar year	
Frames		once every calendar year	
Lenses		once every calendar year	
Contact Lenses (<i>in lieu of glasses</i>)		once every calendar year	



EMPLOYER-PAID BASIC LIFE AND AD&D INSURANCE

SUN LIFE

MERS Missouri Goodwill will provide employees **employer paid** life insurance as follows:

Category 1— All employees with qualifying titles and working 37.5 hours per week will receive a Life and AD&D insurance policy with Sunlife at 2 times their W2 wages, up to \$400,000. This benefit reduces to 50% at age 70.

Category 2 (NEW EFFECTIVE JANUARY 1, 2025!) — All employees not within Category 1 and working 20+ hours weekly will receive a Life and AD&D insurance policy at \$20,000 at no cost through Sunlife. This benefit reduces to 50% at age 70.

MERS Missouri Goodwill recommends that all employees log into Success Factors to verify or provide a beneficiary—the person or persons who will receive your life insurance benefit upon your death.

Accidental Death and Dismemberment (AD&D) coverage only pays a benefit if death results from a covered accident or upon the loss (or loss of use) of a limb. If you die suddenly due to an accident, your family will face unexpected expense and have to make financial decisions quickly. As an addition to the pay out from voluntary life insurance, AD&D insurance may pay out an *additional* benefit equal to your Basic Life Insurance benefit.

Our Life Insurance policies have both portability and conversion provisions included meaning you can take the coverage with you if you retire!

Portability allows employees to continue term life insurance upon loss of eligibility or termination of employment. The cost is generally comparable to the current age-banded group rates.

Conversion allows employees to convert their term life insurance to an individual whole life policy. Conversion rates are more expensive than group rates.

Please contact our Human Resources Administration Department for the current portability and conversion rates.



VOLUNTARY LIFE AND AD&D INSURANCE

SUN LIFE



You may purchase Voluntary Life and AD&D insurance through Sun Life if you work 20 or more hours per week. You are responsible for paying the full cost of this coverage. If you choose to elect Voluntary Life and AD&D coverage for yourself, you may also purchase coverage on your dependents. See the table below for benefit amounts.

VOLUNTARY LIFE AND AD&D			
	Employee	Spouse ¹	Child(ren) ²
Increments	\$10,000	\$10,000	\$2,500
Maximum	\$500,000	\$250,000 ³	\$10,000
New Hires & 2025 Open Enrollment	\$150,000	\$30,000	\$10,000
Annual Open Enrollment Guarantee Issue Amount ⁴	\$50,000	\$10,000	\$10,000

¹ Spouse coverage is based on spouse's age

² Age 6 months - 26 years. The benefit amount for children age 14 days - 6 months is \$1,000.

³ Not to exceed 100% of the Employee's benefit

⁴ Applies to 2026 Annual Open Enrollment Only

Evidence of Insurability (EOI) is required under the following circumstances and approval is not guaranteed:

- **NEW HIRE:** you are requesting an amount over the Guarantee Issue when first eligible.
- **LATE ENTRANT:** you have previously waived the opportunity to elect this coverage when first eligible and are now enrolling for the first time.
- **WANT TO INCREASE YOUR ELECTION AMOUNT OUTSIDE OF ANNUAL OPEN ENROLLMENT:** you or your enrolled dependent have previously enrolled or request to increase your amount.
- **ANNUAL OPEN ENROLLMENT:** you are a current benefit eligible employee requesting to add or increase your coverage amount over the Annual Open Enrollment Guarantee Issue Amount.

ANNUAL OPEN ENROLLMENT

You, your spouse, and your children may add or increase your Voluntary Life and AD&D coverage at annual open enrollment, not to exceed the annual open enrollment guarantee issue amount or new hire guarantee issue amount listed above, without submitting EOI, provided you have not previously been declined. Our Life Insurance policies have both portability and conversion provisions included meaning you can take the coverage with you if you retire! Please contact our Human Resources Administration Department for the current portability and conversion rates.

Voluntary Life and AD&D

EMPLOYEE & SPOUSE RATES BI-WEEKLY (24) DEDUCTIONS	
Age	Cost Per \$10,000 of Coverage
0-24	\$0.48
25-29	\$0.48
30-34	\$0.53
35-39	\$0.61
40-44	\$0.81
45-49	\$1.09
50-54	\$1.65
55-59	\$2.53
60-64	\$3.80
65-69	\$5.85
70-74	\$10.04
75+	\$17.75

CHILD(REN) RATES BI-WEEKLY (24) DEDUCTIONS	
Cost Per Benefit Option	
\$2,500	\$0.25
\$5,000	\$0.51
\$7,500	\$0.76
\$10,000	\$1.01

VOLUNTARY LIFE & AD&D BENEFIT REDUCTION SCHEDULE

60% at age 75
35% at age 80
27.5% at age 85
7.5% at age 95
5% at age 100





VOLUNTARY SHORT TERM DISABILITY INSURANCE

SUN LIFE

MERS Missouri Goodwill offers employees working 20 or more hours per week the opportunity to purchase Voluntary Short Term Disability (VSTD) coverage through Sun Life as we recognize the financial hardship that lost time from work, due to an injury or illness, can have on you and your family. In the event that you become disabled from a non-work related injury or illness, disability insurance will provide partial replacement of lost income. If purchased, are responsible for paying the full cost of this coverage.

VOLUNTARY SHORT TERM DISABILITY		Age	Monthly Rate per \$10 of Weekly Benefit
Benefit	60% of pre-disability earnings up to a \$1,000 weekly benefit maximum	18-24	\$0.790
Benefits Begin	8th day for both injury or illness	25-29	\$0.846
Maximum Benefit	25 weeks or no longer disabled	30-34	\$0.739
Pre-Existing Condition Limitation	3/12 Any injury or illness that has been treated in the 3 months prior to the benefit effective date will not be covered until you can remain treatment-free of that condition for a total of 12 months after the benefit effective date.	35-39	\$0.570
		40-44	\$0.553
		45-49	\$0.564
		50-54	\$0.649
		55-59	\$0.891
		60-64	\$1.190
		65+	\$1.287

VOLUNTARY SHORT TERM DISABILITY COST CALCULATION EXAMPLES			
	\$25,000 Annual Salary Age 35	\$50,000 Annual Salary Age 35	\$100,000 Annual Salary Age 35
% of Weekly Salary	60%	60%	60%
Weekly Salary (annual salary ÷ 52)	\$480.77	\$961.54	\$1,923.08
Covered Weekly Benefit/Volume (\$1,000 max.) (weekly salary x .60)	\$288.46	\$576.92	\$1,000
Monthly Rate per \$10 Weekly Benefit from Table	\$0.570	\$0.570	\$0.570
Monthly Cost (covered weekly benefit x .570 ÷ 10)	\$16.44	\$32.88	\$57.00
Bi-Weekly (24) Premium Amount (Monthly Cost X 12 ÷ 24)	\$8.22	\$16.44	\$28.50





EMPLOYEE ASSISTANCE PROGRAM (EAP)

HEALTHCOMP BEHAVIORAL HEALTH

The Employee Assistance Program (EAP) through HealthComp Behavioral Health is for you and your immediate family members. Each of us experiences a problem or situation that is difficult to resolve at some point in our lives. When these events happen, HealthComp Behavioral Health is here to help.



IN-THE-MOMENT SUPPORT

Reach a licensed clinician by phone 24/7/365 for immediate assistance



FINANCIAL EXPERTISE

Consultation and planning with a financial counselor



LEGAL CONSULTATION

By phone or in-person with a local attorney



SHORT-TERM COUNSELING

Access up to **five (5) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse



CONVENIENCE RESOURCES

Referrals for child and elder care, home repair, housing needs, education, pet care, and so much more



CONFIDENTIALITY

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law



TO ACCESS BENEFITS

call 1-888-227-5900,
visit mersgoodwill.mysupportportal.com,
Group Code: **mersgoodwill**



PAID TIME OFF



PAID TIME OFF (PTO)

MERS Missouri Goodwill encourages the use of Paid Time Off (PTO) to maintain a quality work-life balance. Our employees may use PTO for any reason. This includes, but is not limited to, absences from work due to illness, vacation, or to attend to personal matters.

It is the responsibility of both managers and employees to plan and schedule absences in order to meet the operational needs of the department/agency, as well as balancing the requests of other staff to ensure there is coverage. In order to facilitate those needs, supervisors and staff should schedule absences in advance, except for unplanned illnesses or emergencies.

Employees accrue PTO at a rate based on years of service from when they began continuous employment with the agency, at a minimum rate of one (1) hour for every forty (40) hours worked or .015 accrual per hour worked. The PTO schedule is shown below and reflects the number of PTO days accrued over one year for a full time (40 hr) employee, whether salaried or non-exempt (hourly). PTO accruals will appear on each pay stub, please check your pay stub for you accrued PTO.

	RETAIL STAFF AND CONTRACTS STAFF			CAREERS & COMMUNITY PROGRAMS, MANAGERS, AND CENTRAL ADMIN			EXCEL CENTER STAFF			SENIOR LEADERSHIP (DM, SR. DIR, RM,AVP,VP,EVP)		
COMPLETE YEAR OF EMPLOYMENT	Annual FT PTO Days	Max Accrual Hours	Max Accrual Days	Annual FT PTO Days	Max Accrual Hours	Max Accrual Days	Annual FT PTO Days	Max Accrual Hours	Max Accrual Days	Annual FT PTO Days	Max Accrual Hours	Max Accrual Days
0	15	150	18.75	15	150	18.75	12	120	15.00	15	180	22.50
1	17	170	21.25	17	170	21.25	12	120	15.00	17	204	25.50
2	19	190	23.75	19	190	23.75	12	120	15.00	19	228	28.50
3	21	210	26.25	21	210	26.25	12	120	15.00	21	252	31.50
4	23	230	28.75	23	230	28.75	12	120	15.00	23	276	34.50
5	25	300	37.50	25	300	37.50	12	120	15.00	25	350	43.75
6	26	312	39.00	26	312	39.00	12	120	15.00	26	364	45.50
7	27	324	40.50	27	324	40.50	12	120	15.00	27	378	47.25
8+	28	336	42.00	28	336	42.00	12	120	15.00	28	392	49.00

PAID TIME OFF



FUNERAL LEAVE

In the event of the death of an immediate family member, leave of absence with pay is available to full time employees up to a maximum of 3 days in any calendar year after 90 days of employment. The following are considered members of the immediate family: grandparents, grandparents-in-law, grandchildren, parents, parents-in-law, siblings, sibling-in-laws, spouse, and child(ren).

JURY DUTY

MERS Missouri Goodwill recognizes serving on jury duty as an important civic responsibility. All employees are eligible for up to 5 days of leave with pay if called to service jury duty after 90 days of employment. Employees must promptly notify their supervisor and provide copies of all summons and court documentation, including a juror service certificate upon completion of service to Human Resources.

PARENTAL LEAVE

For employees who have been employed with MERS Goodwill continuously for 12 months and are parent to a child or legally adopt a child, we will provide 2 weeks of paid leave to be taken within 6 months of birth or legal adoption. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child. The 2 weeks of paid leave will be paid out at the current pay rate of the employee and at the average number of hours worked in the prior 26 pay periods. Employees must be eligible for FMLA to receive the parental leave benefit and may not use the parental leave to extend their 12 weeks of FMLA. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable and prior to the use of PTO, sick, and/or short term disability. Employees may only access parental leave benefit once per rolling 12 month period.

VACATION BUY-BACK PROGRAM

MERS Missouri Goodwill offers a Vacation Buy-Back Program that allows you to sell back 2 weeks of your vacation time, once a year. The Vacation Buy-Back Form can be found in the Company Documents in Success Factors. You may also call the Human Resources Administration department for assistance.

GOODWILL REFRESH

Goodwill REFRESH is recognition that we all need to take time away from work in order to renew ourselves personally and professionally, and to encourage staff to take that time. Goodwill REFRESH is two weeks paid leave, that can be coupled with up to two weeks of accrued PTO, for up to four continuous weeks of paid leave. REFRESH is available each decade milestone a staff member reaches and is to be used within one year of their anniversary. All employees are eligible for REFRESH paid leave benefit after reaching 10 years of continuous employment. Each qualifying 10-year period will result in an additional REFRESH benefit. Employees will be paid for REFRESH weeks based on the average hours they worked over the prior 12 months. Any unused REFRESH PTO expires 365 days from the employees 10,20,30, or 40-year anniversary. The intent of Goodwill REFRESH is for staff to take a concentrated period of time away from work, so it must be taken consecutively and may not be split up. All REFRESH PTO must be scheduled and approved in advance and in writing by the employee's supervisor.

PAID TIME OFF



HOLIDAYS

If you are an employee represented by a collective bargaining agreement, we ask that you refer to your contract. For all remaining employees your holiday schedule is as follows:

		RETAIL	FULL-TIME ALL OTHER DIVISIONS
NEW YEAR'S DAY	1/1/2025	✓	✓
MARTIN LUTHER KING JR DAY	1/20/2025	1.5 times pay	✓
MEMORIAL DAY	5/26/2025	1.5 times pay	✓
JUNETEENTH	6/19/2025	1.5 times pay	✓
INDEPENDENCE DAY	7/4/2025	✓	✓
LABOR DAY	9/1/2025	1.5 times pay	✓
THANKSGIVING DAY	11/27/2025	✓	✓
DAY AFTER THANKSGIVING	11/28/2025	1.5 times pay	✓
CHRISTMAS EVE	12/24/2025	✓	✓
CHRISTMAS DAY	12/25/2025	✓	✓



RETIREMENT PROGRAM

ONE AMERICA

MERS Missouri Goodwill is an advocate for retirement planning. We offer the following retirement plans:

401(A) DEFINED CONTRIBUTION PLAN

All employees, excluding clients, are eligible for enrollment in this plan if they work more than 1,000 hours in the eligible year and are over the age of 21. This plan is an annual discretionary employer contribution that is determined at year-end. You must be an active employee on December 31 to receive the contribution. As with life insurance, employees are encouraged to designate a beneficiary on retirement plans.

403(B) RETIREMENT PLAN

MERS Missouri Goodwill employees, over the age of 21, are eligible to invest a percentage of wages (pre-taxed) in our 403(B) retirement plan through One America. You may choose your investments and investment strategy. Please visit the One America website to view your contributions.

403(B) RETIREMENT PLAN + EMPLOYER MATCH

After one year of employment, MERS Missouri Goodwill will match 100% of your contribution up to 5% and include vesting after one year of continuous service.

ENROLLING IN ONE AMERICA

Your investment contributions can be changed as often as you like. You can set up your account through One America over the phone or online. The MERS Missouri Goodwill point of contact is Tyler Shank can assist you: **314-970-9208**.

MERS Missouri Goodwill plan number: G62431



CONTACT INFORMATION



CARRIER	COVERAGE	WEBSITE / EMAIL	PHONE
personify HEALTH	Medical POLICY NO. 117027	hconline.healthcomp.com	800-843-3831
FAIROX	Prescription Drug RX BIN: 021841 RX PCN: 18000405 RX GRP: 117027A3 = Base Plan 117027A4 = Choice Plan	fairosrx.com contactus@fairosrx.com	833-464-9600
FAIROX POWERED BY NDCU.NET	Referenced Based Pricing Arrangement Fairos	fairos.com/members/login	800-843-3831
QuestSelect™ Formerly Lab Card®	Quest Diagnostic Lab Card LAB CARD PROGRAM	questselect.com	800-646-7788
US Imaging Network	US Imaging Network MRI, CT, PET SCAN NETWORK	usimagingnetwork.com	877-874-6385
PNC	Flexible Spending Account HEALTH & DEPENDENT CARE FSA	pnc.com	844-356-9993
HealthComp	Employee Assistance Program (EAP)	mersgoodwill.mysupportportal.com Group Code: mersgoodwill	888-227-5900
DELTA DENTAL® DeltaVision®	Voluntary Dental POLICY NO. MO01250291 Voluntary Vision POLICY NO. MO01250292	deltadentalmo.com deltadentalmo.com/vision	800-335-8266 877-226-1412
Sun Life	Basic Life & AD&D, Voluntary Life & AD&D, & Voluntary Short Term Disability POLICY NO. 972607	sunlife.com/us	800-247-6875
Sun Life COMPSYCH® GuidanceResources® Worldwide	Bereavement Support Services & Online Will Preparation FOR EMPLOYEES WITH EMPLOYER-PAID BASIC LIFE AND AD&D COVERAGE	sunlife.com/us Online Will Preparation www.estateguidance.com Promo Code: SLF4VAS	888-475-3827
ONEAMERICA®	Retirement Plans 401(A) DEFINED CONTRIBUTION PLAN POLICY NO. G62431 403(B) RETIREMENT PLAN POLICY NO. G62431	oneamerica.com	800-249-6269
MERS Missouri Goodwill Industries	MERS Missouri Goodwill - Donalle Martin, VP/HR Administration - Abreigh Brown, Benefits Specialist	dmartin@mersgoodwill.com abbrown@mersgoodwill.org	314-982-8895 314-410-1437



**MERS Missouri
Goodwill Industries**

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