

MOVING FORWARD

# HEALTHIER & STRONGER



**GTI** GLAZ-TECH INDUSTRIES  
DESIGN THROUGH GLASS

## 20 | EMPLOYEE 22 | BENEFITS GUIDE

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GLAZTECH.COM

**NOV**

9<sup>TH</sup>  
THROUGH  
20<sup>TH</sup>

OPEN ENROLLMENT



## Welcome to Glaz-Tech Industries

Each year Glaz-Tech reviews the benefit program and strives to ensure its employees receive the most comprehensive and affordable benefit plans available.

This employee benefit guidebook describes the highlights of Glaz-Tech's 2022 benefits. Included in this booklet is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by Glaz-Tech Industries as well as voluntary products which you can choose to meet your individual needs.

Please remember, these summaries are not intended to provide all the details or requirements of each benefit. The official plan summaries of coverage will prevail if any inconsistencies are found between and the official plan documents.

## 2022 Open Enrollment Information

Glaz-Tech Industries is pleased to be partnered with CBIZ for our benefit communication and enrollment process for 2022.

Glaz-Tech will be utilizing Employee Navigator, to help each employee enroll in medical, dental, and vision plans. Colonial insurance coverages will continue to be enrolled through an on-site benefit counselor. Please contact your local manager for more information.

Please refer to the details in this booklet for more information on eligibility requirements, insurance plan offerings, and instructions on how to use the online enrollment system.



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## Eligibility Requirements

- Eligible employees must be scheduled to work 30+ hours/ week
- New Hire employees are eligible the first day of the month following 60 days of employment
- Qualifying Life Event (QLE) (Changes must be made within 30 days of occurrence). Typical qualifying events include:
  - Marriage, divorce or legal separation
  - Birth or adoption of a child
  - Gain or loss of coverage through employee's spouse
  - Employee's child gaining or losing eligibility status

All the necessary enrollment and change forms are available through the Human Resources Department.



20  
22

ARE YOU READY FOR

# OPEN ENROLLMENT?



## November 9th - November 20th

Scan the QR code and follow the steps to ensure you are prepared to begin Open Enrollment and maximize on the 2022 benefits.



## Maximize Employee Benefits



Employee Navigator is a user friendly online platform that allows you to view, compare and select the right coverage for you and your family during open enrollment.



Access Perks is Glaz-Tech's employee discount program. Utilize Access Perks to find local deals at restaurants and retailers, or while you're out of town for hotel deals.

## Employee Portal

Glaz-Tech's Employee Portal is an essential online tool for employees, that allows you to view your total hours worked per pay period, check your hours for the current and previous week, view your accrued time off and much more.

## 401(k)

401(k) is a retirement savings plan sponsored by Glaz-Tech. After 90 days of employment, every employee is automatically enrolled with a 3% employee contribution rate, unless they elect otherwise. Glaz-Tech matches 10% of each employee's contribution.



Cigna is Glaz-Tech's medical insurance provider, for health, pharmacy, dental and supplemental coverages.



Eyemed is Glaz-Tech's affordable vision insurance provider, for eye exams, glasses and contacts.

# HSA - Health Savings Account

H\$A

## Is an HDHP and HSA for Me?

### High Deductible Health Plan (HDHP)

- Lower biweekly premiums than traditional plans
- Higher deductible requirements before co-insurance begins  
\*Co-insurance of 20% does not begin until entire deductible is met
- Lower “max out of pocket” than traditional plans
- Employee elects to contribute into individual HSA (\*No employer contribution)



## Health Savings Account (HSA) Benefits

HSA is a special bank account that employees may contribute into and use for eligible health expenses.



Use HSA funds to pay for eligible health expenses and / or save and direct HSA funds into an investment account



Triple tax advantage: Contributions, earnings and income withdrawals are tax-free



Covers eligible health expenses for yourself, spouse or dependents



Opportunity to save for future qualified medical expenses, including retirement

# Understanding Your Health Benefits



## CIGNA Medical Plan Offerings

Glaz-Tech contributes and pays for 2/3<sup>rd</sup>s of the base medical plan. Glaz-Tech offers other plans that may fit your need, but are considered buy-up plans. Below you will find the rates corresponding to employees (per pay period).

### Not Sure Which Plan to Select?

The Pre-Enrollment Support line will be open from November 9th - November 20th. Please call **888-806-5094** to speak to a representative.

In-Network Choice Plus	Base Plan HSA \$3,500	Middle Plan OAP \$2,500	Buy-Up Plan OAP \$1,000
<b>Out of Pocket Maximum*</b> Individual / Family	\$6,250 / \$12,500	\$7,750 / \$15,500	\$6,600 / \$13,200
Coinsurance (You Pay)	20%	20%	20%
<b>Calendar Year Deductible</b> Individual / Family	\$3,500 / \$7,000	\$2,500 / \$5,000	\$1,000 / \$2,000
<b>Hospital Services</b> Inpatient / Outpatient	Deductible then 20%	Deductible then 20%	Deductible then 20%
Major Diagnostics	Deductible then 20%	Deductible then 20% \$250 Copay	Deductible then 20% \$250 Copay
<b>Non-Preventative Office Visits</b> Primary Care / Specialist	Deductible then 20%	\$25 / \$40	\$25 / \$40
Urgent Care	Deductible then 20%	\$75 Copay	\$75 Copay
Emergency Room	Deductible then 20%	\$500 Copay	\$500 Copay
<b>Diagnostic Test</b> (Blood Work & X-Ray)	Deductible then 20%	No Charge	No Charge
<b>Prescription Drugs</b> Retail - 30 Days	Deductible then 20%	\$15 / \$30 / \$60	\$15 / \$30 / \$60
Mail Order - 90 Days		\$45 / \$90 / \$180	\$45 / \$90 / \$180
Virtual Visits (Dr. by Phone)	Deductible then 20%	\$30 Copay	\$25 Copay

Out-of-Network	HSA \$3,500	OAP \$2,500	OAP \$1,000
<b>Out of Pocket Maximum*</b>	\$12,500 / \$25,000	\$15,500 / \$31,000	\$13,200 / \$26,400
<b>Coinsurance (You Pay)</b>	50%	50%	50%
<b>Deductible</b>	\$7,000 / \$14,000	\$5,000 / \$10,000	\$4,000 / \$8,000
<b>Dependent Definition</b>	To Age 26	To Age 26	To Age 26

*\*The Out of Pocket includes the deductible, coinsurance and all copays.*

Employee's Cost Per 26 Payroll Period	Base Plan HSA \$3,500	Middle Plan OAP \$2,500	Buy-Up Plan OAP \$1,000
Employee	\$70.01	\$126.65	\$152.32
Employee + Spouse	\$301.07	\$420.02	\$473.91
Employee + Children	\$259.06	\$366.68	\$415.43
Employee + Family	\$490.11	\$660.05	\$737.02

# Dental Plans



## Smile & Learn More About the Dental Benefit Plan

Glaz-Tech offers a voluntary insurance dental plan. Once enrolled you may select a dentist and start enjoying the different services available to you.



## CIGNA Dental Plan Offerings

DHMO PLAN	
*Plan not offered in Idaho, Louisiana or New Mexico	
<b>Calendar Year Deductible</b>	N/A
Oral Exam / Cleanings (2 per CY)	\$0.00
X-Rays	\$0.00
Amalgam fillings (2 surfaces)	\$28.00
Composite fillings	\$33.00
Molar Root Canal (Excluding Final Restoration)	\$595.00
Periodontal Scaling & Root Planning (1 Quadrant)	\$135.00
Removal / Extraction of Impacted Tooth	\$300.00
Removal / Extraction of Erupted Tooth	\$64.00
Crown - Porcelain Fused High Noble Metal	\$480.00
Orthodontic Treatment - Child to 19	\$515.00

Employee Contributions per 26 Pay Period	DHMO PLAN
Employee	\$5.02
Employee + Spouse	\$10.68
Employee + Children	\$10.68
Employee + Family	\$10.68

DPPO PLAN	
<b>Calendar Year Deductible</b>	N/A
Individual / Family	\$50 / \$150
<b>Annual Maximum</b>	\$1,500
<b>Preventative Services</b>	Covered at 100%
Cleaning, Fluoride, Sealants, X-Rays	
<b>Basic Services</b>	Covered at 80% after deductible
Basic Restorative, Oral Surgery: Simple Extractions, Endodontics and Periodontics	
<b>Major Services</b>	Covered at 50% after deductible
Prosthetics, Bridges, Crowns, Inlays/ Onlays, Space Maintainer	
<b>Orthodontia</b>	Not Covered
<b>Out of Network</b>	80% / 50% / 50%
<b>Waiting Periods</b>	None
<b>Dependent Child Definition</b>	Up to age 26

Employee Contributions per 26 Pay Period	DPPO PLAN
Employee	\$17.41
Employee + Spouse	\$35.26
Employee + Children	\$36.72
Employee + Family	\$54.57



## eyemed

### Your Sight In Focus

Vision is an important part of your complete wellness. GTI is pleased to present a voluntary vision benefit designed to give you and your insured family members the care, value and service to help maintain good vision and overall health.



**71%** Members save an average of 71% off retail on eyeglasses with an eye exam.

### More Choices

Take your pick from a huge network of eye doctors. The who, what, where and when are all up to you.



Hover over & scan QR code with your smartphone's camera to enroll with EyeMed

Employee Contributions Per 26 Pay Periods	
Employee	\$2.80
Employee + Spouse	\$5.33
Employee + Children	\$5.61
Employee + Family	\$8.24

	In-Network	Out-of-Network
<b>Vision Exam - (Every 12 Months)</b>	\$10 Copay	Up to \$35 Reimbursement
<b>Frames - (Every 24 Months)</b>	\$120 Allowance 20% Off Balance Over \$120	Up to \$48 Reimbursement
<b>Lenses - (Every 12 Months)</b>		
Single	\$25	Up to \$25 Reimbursement
Bifocal	\$25	Up to \$40 Reimbursement
Trifocal	\$25	Up to \$60 Reimbursement
Standard Progressive	\$25; 80% of charge less \$55	Up to \$40 Reimbursement
<b>Contact Lenses - (Every 12 Months) In Lieu of Glasses</b>	\$135 Allowance, 15% Off Balance Over \$135. \$40 Fit % Follow Up On Standard Lenses, 10% Off Retail On Premium Medically Necessary - \$0 Copay	Up to \$95 Reimbursement Medically Necessary - Up to \$200 Reimbursement

# 401 (k) - Empower Retirement



## Invest for Yourself Through the Glaz-Tech 401(k) Plan

A 401(k) plan is an account that allows you to contribute a certain amount of money from each paycheck to your retirement by investing in a mutual and/or target date fund(s). Glaz-Tech Industries automatically sets this contribution at 3% for each eligible employee. This contribution can be waived or changed at any time.

### What's In It for You?

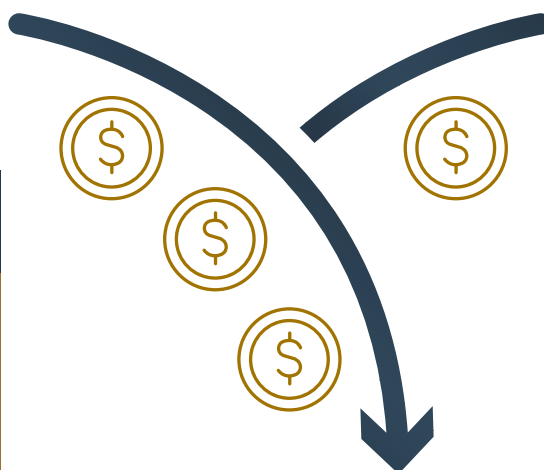
- Start planning and saving for retirement each paycheck by investing (contributing) to your 401(k) account.
- Investments tend to grow over the long-term thus making your money work for you over time.
- Glaz-Tech matches 10% of each contribution you make (up to a max of 5% in annual salary).
- Flexibility in investment choices through a range of mutual funds or auto target date funds.



Employee contributes to their individual account.

Automatically enrolled at 3%

\*Unless waived or contribution changed



Glaz-Tech matches 10% of each contribution up to a max of 5% in annual salary.

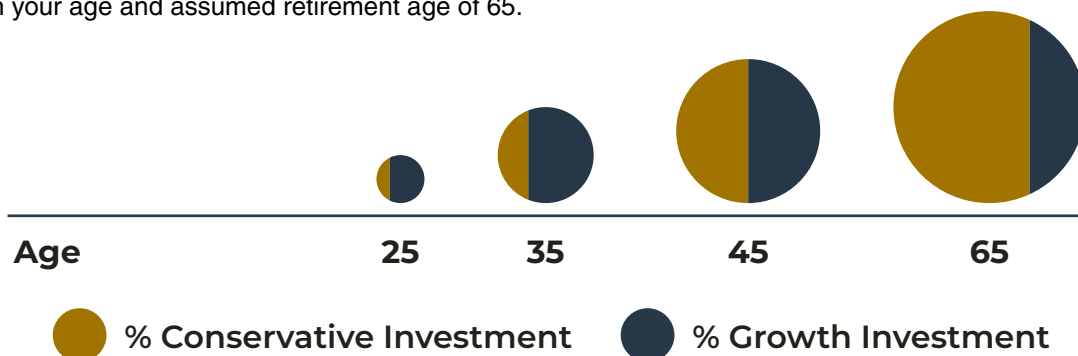
\*Ex. Glaz-Tech contributes \$10 for every \$100 contributed \*10% of contribution match.



Hover over & scan QR code with your smartphone's camera to access Empower Retirement

## Auto Enrolled Employees are Placed in Target Date Funds

Target date funds are based on your age and assumed retirement age of 65.





# Company Sponsored Life Insurance Plan



An **Employee Assistance Program** or **EAP** assists employees with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being.



Mutual of Omaha

## Accidental Death & Dismemberment Insurance

Company sponsored Accidental Death & Dismemberment Insurance (AD&D). This benefit provides money for your family at the time of death or if diagnosed with terminal illness.

### \$10,000 Insurance Benefit

#### Am I Eligible?

In order to become eligible for Term Life Coverage and Accidental Death & Dismemberment (AD&D) Coverage, you must be:

- Full-Time
- Employed longer than 90 days



#### Did You Know?

All employees are eligible for Mutual of Omaha's Employee Assistance Program, which includes free over the phone counseling 24/7 with a licensed therapist.

\*Call hotline and let them know you are a Glaz-Tech employee to access these services.



World Wide Assistance



Pre-Trip Travel Assistance Emergency



Hearing Discount Program



Will Prep



Access online at [mutualofomaha.com/eap](https://mutualofomaha.com/eap) or Call 1-800-316-2796



### Preventative Care | Free with all Cigna Medical Plans

Annuals are part of preventative care and are completed free of charge. These include but are not limited to:

- Annual Physicals
- Immunizations
- Pap Tests
- Annual Blood Work
- Colon Cancer Testing
- Breast Exams & Mammograms

## Vaccine Resources

### COVID-19 Vaccine

Find Covid-19 vaccines in your area by entering your zip code.

\*Powered by **VaccineFinder**



<https://www.vaccines.gov/search/>

### Flu Shot Vaccine

Find a flu vaccination center in your area by entering your zip code.

\*Powered by **VaccineFinder**



Flu shots are free through most medical insurance carriers, including Cigna.

<https://www.vaccines.gov/find-vaccines/>

# Wellness Connection - Mental Health



## Glaz-Tech Offers Employee Assistance Programs Through Cigna Medical Plans

Access online at [myCigna.com](http://myCigna.com) or call (877) 622-4327



### Emotional Health & Support

Learn how to manage stress, address depression and anxiety, cope with illness, and adjust to life challenges. Also, get help with marriage and relationship issues.

Six free sessions with a therapist.



### Financial and Legal Assistance

Chat with financial consultants on debt, budget, retirement, etc. Get a no-cost 1/2 hour, per legal issue, with a network attorney.



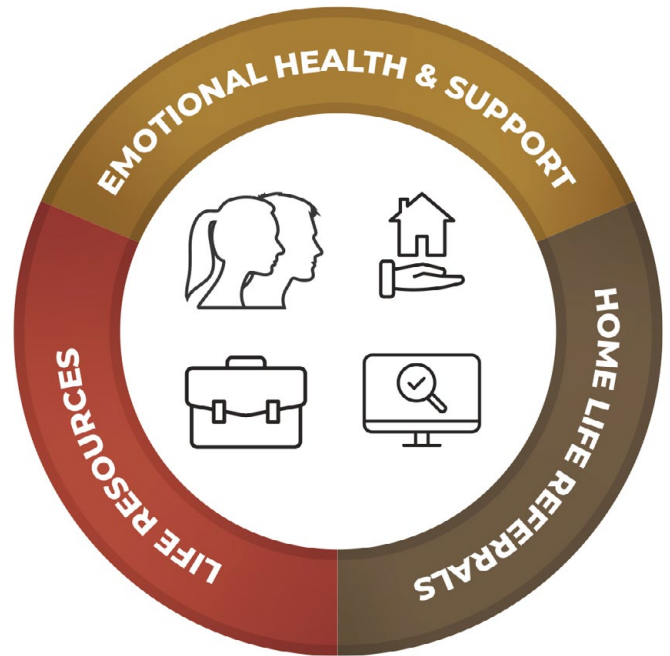
### Home Life Referrals

Request referrals for child care, elder care adoption, pet care, home repairs, and more. Address parenting questions.



### Job and Career Support

Discuss career growth, and get tips for managing workplace stress and change, and other issues.



## Telehealth Through Cigna Medical Plans

Healthcare you can access anytime, anywhere.

### When Should I Use Telehealth?

As medicine has evolved so has the way you can communicate and inquire about unexpected symptoms without compromising work or family time.

- Follow Ups
- Pediatric Needs
- Medication Management
- Minor Urgent Care
- Behavioral Health & More

Visit [www.mdliveforcigna.com](http://www.mdliveforcigna.com) and click the **Register Now** button to begin.



# Additional Benefits



## Vacation

- 40 hours per year after one year of employment.
- 80 hours per year of vacation after five years of employment.

\*Albuquerque, Arizona and Colorado employees earn at an accrued rate as stated in local state law.

## Holidays

6 Paid Holidays per Year

- New Years
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

\*Subject to waiting period as stated in the new hire packet.



## Employment Anniversary Appreciation Program

During the month of your employment anniversary you can select a gift through SNAPPY, a partner of GTI.

Upon achievement of set milestone anniversaries such as 5, 10, 15, etc. years, you'll receive a custom plaque.



Customized discounts on fast food, groceries, hotel accommodations and theme park passes.

Utilize Access Perks to plan your next vacation - discounts available for hotels, rental, excursions and dining.

\*Available after 30 days of hire



### Free Access

Hover over QR code with your smartphone's camera to scan.

[glaztech.accessperks.com](http://glaztech.accessperks.com)

## Access Perks Most Common Discounts



Hotels



Entertainment



Theme Parks



Travel Arrangements



Apparel

# Colonial Life



## Supplemental Insurance Benefits

Glaz-Tech Industries and Colonial Life have been working together to bring you an exclusive voluntary benefit package.

Voluntary benefits help protect your income and provide financial security for you and your family outside of work. Colonial Life offers disability, accident, life, cancer, critical illness and hospital confinement insurance plans. Voluntary benefits are offered through Glaz-Tech paid directly by you, the employee.



### Short-Term Disability

Insurance replaces a percentage of an employee's income for a set period of time you become disabled as a result of a covered accident or sickness.

### Accidental Insurance

Plan can help offset the unexpected medical expenses that may result from a covered accidental injury.

### Long-Term Disability

Insurance replaces a percentage of an employee's income for an extended time period beyond short-term disability if you become disabled as a result of a covered accident or sickness.

### Critical Illness

Complement existing medical coverage by providing a lump-sum benefit for an employee diagnosed with a covered critical illness.

### Hospitalization Insurance

Provides a lump-sum benefit to help with out-of-pocket costs related to a hospital stay.

### Life Insurance

Pays out a lump sum to help provide financial protection for an employee's family members in the event of the employee's death.

## How Do I Enroll?

Through Employee Navigator or by contacting your assigned benefit counselor. Please see your local manager for more information.

# Colonial Life



# EMPLOYEE OUTREACH



## Employee Portal

- View your employee information
- View next holiday
- View your benefit information
- Check your hours worked
- View accrued time off
- View next pay date



Hover over QR code with your smartphone's camera to scan

Type in link to access  
[glaztech.com/emp/employee-login.aspx](https://glaztech.com/emp/employee-login.aspx)

## Employee Communication



GLAZ-TECH INDUSTRIES  
**CONNECTION BITS**  
SAFETY ■ WELLNESS ■ COMPLIANCE

Weekly Safety, Compliance and Wellness Tips



Look out for monthly surveys to win GTI Merch



## Introducing Pro Skills for Employee Development

Assess your skills today to prepare yourself for tomorrow.



Career Growth Opportunities



Recognize Growing Knowledge in Department(s)



Encourage Cross Functional Training and Development



Continuous Improvement of Employee Experience



## 1

### Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

**Returning users:** Log in with the username and password you selected. **Click Reset a forgotten password.**

**First time users:** Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password.

Hover over & scan QR code with your smartphone's camera to access website.



## 1

Username

Password

Login

For new users please enter **glaztech** under Company Identifier when registering.

## 2

### Start Enrollments

After clicking Start Enrollment, you'll need to complete some personal & dependent information before moving to your benefit elections.



#### Tip

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

Start Enrollments

## 2

## 3

### Benefit Elections

To enroll dependents in a benefit, click the check box next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

### Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

Continued

Compare Details Selected

### How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.45	\$ 138.45	= \$0.00

View employer contributions summary

Save & Continue

Don't want this benefit?

## 3

## 4

### Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



#### Tip

If you miss a step you'll see **"Enrollment Not Complete"** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

### Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

**Enrollment Not Complete!**  
Please complete the required highlighted steps from your enrollment progress menu.

### Enrolled Plans

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

### Progress 60%

- 1 Personal Information
- 2 Dependent Information
- 3 Medical
- 4 Dental
- 5 Vision
- 6 HSA
- 7 FSA
- 8 Enrollment Summary

## 4



## How Will I be Receiving My Cigna Identification Cards?

**New Enrollees** - You will be receiving your medical, dental and vision cards through mail.

**Existing Members** - You may continue using your previous cards, new cards will not be mailed out.

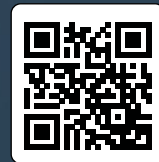
## Get a Cigna ID card for Your Medical, Dental or Pharmacy Plan

If you lost your Cigna ID card, take a moment to request a new ID card before going to your next doctor's appointment. Use the information below to get the replacement cards you need.

### Request a Medical ID Card

To request a medical ID card for you or someone else covered by your health plan, please visit the myCigna® website ([www.mycigna.com](http://www.mycigna.com)) and create an account.

You may also call: 1 (800) 997-1654 - 24 hours a day, 365 days a year.



### Request a Dental ID Card

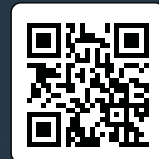
To request a replacement or print a temporary ID card, please visit the myCigna® website.

You may also call: 1 (800) 997-1654 - 24 hours a day, 365 days a year.

(An ID card is not required to receive coverage for dental care but will assist your dentist with verifying your coverage and filing a claim.)

### Request a EyeMed ID Card

EyeMed sends 2 ID cards in the subscriber's name when you join EyeMed, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the EyeMed website (<https://www.eyemedvisioncare.com>). You may also call: 1 (866) 268-4063



## Reminder

You can also access a digital version anytime by downloading the members app through the App Store or Google Play.



# Summary of Employee Rights

## Women's Health and Cancer Rights Act (WHCRA)

The WHCRA requires group health plans to provide coverage for breast reconstruction, prostheses and complications following a mastectomy. The law mandates that a Participant or Dependent who is receiving benefits for a mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

All stages of reconstruction of the breast on which mastectomy has been performed;  
Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and treatment of physical complications of all stages of mastectomies, including lymph edemas.

This coverage will be provided in a manner determined in consultation with the attending Physician and the patient, and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan. If a Participant has any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact the Plan Administrator.

## Newborns and Mothers Health Protection (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance, generally may not restrict benefits or require authorization for a hospital length of stay in connection with child birth for the mother of the newborn child to less than 48 hours for a vaginal delivery, or less than 96 hours for a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., the Participant's Physician, nurse or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans may not set the level of benefits for out of pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

## Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272)

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### *Get a copy of health and claims records*

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### *Ask us to correct health and claims records*

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### *Request confidential communications*

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### *Ask us to limit what we use or share*

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### *Get a list of those with whom we've shared information*

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



#### *Get a copy of this privacy notice*

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### *Choose someone to act for you*

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### *File a complaint if you feel your rights are violated*

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
  - Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

#### **Our Uses and Disclosures**

- **How do we typically use or share your health information?** We typically use or share your health information in the following ways.

#### *Help manage the health care treatment you receive*

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### *Run our organization*

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

#### *Pay for your health services*

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### *Administer your plan*

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### *Help with public health and safety issues*

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### *Do research*

We can use or share your information for health research.

#### *Comply with the law*

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### *Respond to organ and tissue donation requests and work with a medical examiner or funeral director*

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### *Address workers' compensation, law enforcement, and other government requests*

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### *Respond to lawsuits and legal actions*

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

If you have any questions about this Notice or about our privacy practices, please contact: Alexander Miramontez at (520)798-4965.

## **Important Notice from Glaz-Tech Industries 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 with Glaz-Tech Industries 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. Glaz-Tech Industries has determined that the prescription drug coverage offered by Cigna are, 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 15th to December 7th.

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 Glaz-Tech Industries coverage will not be affected. See the Contact listed below for an explanation of your plan benefits including the prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Glaz-Tech Industries coverage, be aware that you and your dependents will be able to get this coverage back.

### **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 coverage with Glaz-Tech Industries 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 person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Glaz-Tech Industries changes. You also 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).**

**Date:** 01/01/2021 Glaz-Tech Industries

**Sender:** Alexander Miramontez,

**Contact-Position / Office:** HR Director

**Address:** 2207 E Elvira Rd, Tucson, AZ 85756

**Phone Number:** (520) 629-0268



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(Expires 1-31-2021)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Alexander Miramontez.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name <b>Glaz-Tech Industries</b>		4. Employer Identification Number (EIN) <b>86-0677038</b>	
5. Employer Address <b>2207 E Elvira Rd</b>		6. Employer Phone Number <b>(520) 629-0268</b>	
7. City <b>Tucson</b>	8. State <b>AZ</b>	9. Zip Code <b>85756</b>	
10. Who can we contact about employee health coverage at this job? <b>Alexander Miramontez</b>			
11. Phone Number (if different from above)		12. Email Address <b>hr@glaztech.com</b>	

Here is some basic information about health coverage offered by this employer:

• **As your employer, we offer a health plan to:**

All employees. Eligible employees are: Working at least 30 hours per week.

• **With respect to dependents:**

We do offer coverage. Eligible dependents are: To age 26

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

## CONTACT INFORMATION

### Glaz-Tech Industries Human Resources

Alexander Miramontez  
Ph: 520-629-0268  
Email: hr@glaztech.com

### Cigna Medical & Dental

Ph: 1-866-494-2111  
www.mycigna.com

### HSA Bank

Ph: 800-357-6248  
www.myaccounts.hsabank.com

### EyeMed Vision

Ph: 866-939-3633  
www.eyemedvisioncare.com

### Mutual of Omaha - Basic Life & AD&D

Ph: 1-800-778-2255  
www.mutualofomaha.com/customer-service

### CBIZ

Becky Lopez  
Account Executive  
Ph: 520-321-7507  
Email: blopez@cbiz.com

This summary is not a legal document and does not replace or supersede the "Evidence of Coverage", policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Glaz-Tech Industries reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/Summary Plan Description in the whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Glaz-Tech Industries.

## LOCATIONS

### Corporate Office

2207 E Elvira Rd  
Tucson, AZ 85756  
Ph : (520) 629-0268

### Albuquerque Office

6700 Bluewater Rd NW  
Albuquerque, NM 87121  
Ph : (505) 831-6224

### Denver Office

4005 S. Clay St.  
Englewood, CO 80110  
Ph : (303) 399-8587

### Boise Office

1200 W. Amity Rd  
Boise, ID 83705  
Ph : (208) 389-1080

### Phoenix Office

4931 W. Brill St.  
Phoenix, AZ 85043  
Ph : (602) 272-1544

### Santa Teresa Office

150 Industrial Rd  
Santa Teresa, NM 88008  
Ph : (575) 589-4970

### Salt Lake City Office

2191 S. 300 West #5  
Salt Lake City, UT 84115  
Ph : (801) 467-3136

### Baton Rouge Office

10757 N. Dual St.  
Baton Rouge, LA 70814  
Ph : (225) 442-7040