

2023-2024 BENEFITS GUIDE



FOR BENEFITS EFFECTIVE 10/1/2023 - 9/30/2024

Richland Glass Company's annual open enrollment period is right around the corner! Open Enrollment is the one time of year that you are able to make changes to your benefit plans.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. Each year we carefully review our employee benefit options, and focus not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. You will find multiple options to meet the individual needs of you and your family.

HIGHLIGHTS FOR 2023-2024

- **No changes to plan designs or networks for Medical, Dental or Vision.**
- **No contribution increases for Dental & Vision.**
- **Slight contribution increase for Medical plans.**
- **Non-Medical Package:** Employees who waive medical (proof of other coverage required) will be eligible for;
 - **FSA Employer Contribution of \$500** regardless of family size.
 - Optional Enhanced **Employer-paid** Guardian Dental Plan at no cost to you.
 - Increased **Employer-paid** Term Life/AD&D in the amount of \$50,000.
 - Two additional paid vacation days!

QUALIFYING LIFE EVENTS

Benefit elections made during the Open Enrollment or New Hire Enrollment periods are binding through September 30th of each year, unless you experience a **Qualifying Life Event**, including but not limited to: Birth or adoption of a child, Marriage, Divorce, Loss of other coverage, Death of a spouse

These special circumstances, often referred to as life change events, will allow you to make plan changes within 30 days of the event. You must contact our HR department to report any qualifying changes.

BENEFITS ELIGIBILITY:

Full Time Employees working at least 30 hours per week on a regular basis will be eligible for Medical, Dental, Vision, Life/AD&D Insurance, and Flexible Spending Accounts the 1st of the month after 60 days*.

*Effective 10/1/2023

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier, CBIZ Service Team, or your Richland Glass Human Resources representative.



MEDICAL & VISION

Horizon
www.horizonblue.com
800.355.2583

DENTAL

Guardian
www.guardiananytime.com
866.569.9900

CBIZ SERVICE TEAM

pabenefits@cbiz.com
800.820.5090

HUMAN RESOURCES

Todd Lester
todd.lester@richlandglass.com
856.691.1697 x147

Shelby Gandy
Shelby.Gandy@richlandglass.com
856.691.1697 x168



REMEMBER: During open enrollment, you are able to:

- Enroll in or opt out of benefit plans
- Add or drop eligible dependents
- Re-enroll in a Flexible Spending Accounts

MEDICAL INSURANCE



Employee Bi-Weekly Contributions	Omnia 11 Budget Plan <small>With Blue Card</small>		Omnia 4 Base Plan <small>With Blue Card</small>		Omnia 3 Enhanced Plan <small>With Blue Card</small>	
Employee	\$52.04		\$60.70		\$90.89	
Employee + Child(ren)	\$144.15		\$158.79		\$210.98	
Employee + Spouse	\$159.69		\$179.58		\$251.25	
Employee + Family	\$190.82		\$217.69		\$314.56	
In-Network	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Deductible Individual / Family	\$1,000 / \$2,000	\$2,500 / \$5,000	\$500 / \$1,000	\$2,500 / \$5,000	\$0 / \$0	\$1,500 / \$3,000
Coinsurance (Member Pays)	10%	30%	10%	40%	0%	20%
Out-of-Pocket Maximum Individual / Family	\$3,500 / \$7,000	\$6,500 / \$13,000	\$2,500 / \$5,000	\$4,500 / \$9,000	\$2,500 / \$5,000	\$4,500 / \$9,000
Office Visits Preventative Care Primary Care Physician Specialist Urgent Care Diagnostic Lab X-Ray / Radiology	Covered at 100% \$20 Copay \$40 Copay \$40 Copay Covered 100% Covered 100%	Covered at 100% \$40 Copay \$50 Copay \$50 Copay Covered 100% Covered 100%	covered at 100% \$15 Copay \$25 Copay \$25 Copay Covered 100% Covered 100%	Covered at 100% \$30 Copay \$50 Copay \$50 Copay Covered 100% Covered 100%	Covered at 100% \$5 Copay \$15 Copay \$15 Copay Covered 100% Covered 100%	Covered at 100% \$20 Copay \$30 Copay \$30 Copay Covered 100% Covered 100%
Hospital Visits Inpatient Care Outpatient Surgery Outpatient Lab / X-Ray Emergency Room <small>(Copay waived if admitted)</small>	Ded., then 10% Ded., then 10% Ded., then 10% \$100 Copay, Ded., then 10%	Ded., then 30% Ded., then 30% Ded., then 30% \$100, then Ded., then 10%	Ded, then 10% Ded, then 10% Covered 100% \$100 Copay, then 10%	Ded, then 40% Ded, then 40% Ded, then 40% \$100 Copay, then 10%	\$250/day max 5 days \$150 Copay/\$100 ASC Covered 100% \$100 Copay	Ded., then 20% Ded., then 20% 20% Coinsurance \$100 Copay
Prescription Drug Generic Preferred Brand Non-Preferred Brand Mail Order <small>(90 day supply)</small>	\$20 \$40 \$70 \$40/\$80/\$140		\$20 \$40 \$70 \$40/\$80/\$140		\$20 \$40 \$70 \$40/\$80/\$140	
Out-of-Network						
Deductible Individual / Family						
Coinsurance (Member Pays)	In-network only except in case of true medical emergency		In-network only except in case of true medical emergency		In-network only except in case of true medical emergency	
Out-of-Pocket Maximum Individual / Family						

*In-network professionals and hospitals are designated to tier 1 or tier 2. Outside of New Jersey, all in-network designations are tier 2. When choosing the OMNIA plan, no tier selection is necessary.

HorizonbFit is a program offered to members of the Horizon medical plans and reward you when you stay on track to achieve your fitness goals. When you enroll in HorizonbFit, you become eligible to receive a \$20 incentive for every month that you visit your selected fitness facility 12 days or more. That means that you can earn up to \$240 a year in rewards when you exercise regularly. Family members who are covered under your Horizon plan and are 18 years of age or older, can also participate.

To Enroll, visit HorizonbFit.com and:

1. Verify your eligibility.
2. Select a participating facility or nominate one for the network.
3. Set up your secure account.
4. Select your preference for reporting visits.
5. Confirm enrollment



If you have any questions about the HorizonbFit program, email Advanta Health Solutions Member Services at memberservices@advantahealth.com or call 201.351.7850 ext. 1, Monday through Friday, 9am - 5pm.

SPECIALTY & MAIL-ORDER RX

Save money on medicine

Your pharmacy benefit has a covered drug list (formulary). It includes an extensive list of medicine to treat almost all conditions. The tiers — Generic, Preferred brand and non-Preferred brands — determine how much you pay. Choosing generics may save you money.



Taking a specialty medicine? What you need to know.

Specialty medicine is used to treat complex or rare conditions. Each of the participating specialty pharmacies provides personalized education and medicine instructions, support to help you manage your condition, and help with refills and your medicine therapy progress.

Visit HorizonBlue.com/SpecialtyPharmacyNetwork to find a participating specialty pharmacy near you.

Take advantage of home delivery

Members who take maintenance medicines can receive up to a **90-day** supply delivered to their door from either AllianceRx Walgreens Prime® or PillPack by Amazon Pharmacy. The first prescription usually arrives within 10 business days. Read more about your home delivery options below.

AllianceRx Walgreens Prime

Visit alliancerxwp.com/home-delivery, choose *Register*. Follow the directions to create an account and place your order.

Call¹ **1-888-844-3828**, 24/7, to refill or transfer a current prescription, or speak with a member of the AllianceRx Walgreens Prime pharmacy team.

You can also ask your doctor to electronically prescribe your prescription to **ALLIANCERX WALGREENS PRIME-MAIL-AZ** or fax a prescription request to **1-800-332-9581**.

PillPack by Amazon Pharmacy

Visit PillPack.com/HorizonBlue, choose *Get Started*. Follow the directions to create an account and place your order.

Call¹ **1-855-494-4897** to refill or transfer a current prescription, or speak with a member of the PillPack pharmacy team, Monday to Friday, 8 a.m. to 10 p.m. Eastern Time (ET) and Saturday and Sunday 10 a.m. to 8 p.m. ET.

You can also ask your doctor to electronically prescribe your prescription to **PillPack by Amazon Pharmacy: NCPDP 3061582** or fax a prescription request to: **1-603-935-9108**.

Have a question about your Pharmacy benefits or need assistance filling a prescription? We're here to help.

Pharmacy Member Services
1-800-370-5088

AllianceRx Walgreens Prime home delivery
1-888-844-3828

PillPack by Amazon Pharmacy home delivery
Go to PillPack.com/HorizonBlue for more information.

Find participating specialty pharmacies
HorizonBlue.com/SpecialtyPharmacyNetwork

DENTAL & VISION INSURANCE

DENTAL

Richland Glass offers two standalone dental plan options to all employees and their dependents under Guardian Dental. You have the choice of the Base or Enhanced Dental plans. These dental plan options cover periodic wellness exams, cleanings, and much more. To find a dentist in this network, please visit:

www.guardiandirect.com/find-a-dentist.

NON-MEDICAL PACKAGE: ALL EMPLOYEES ENROLLING IN THE NON-MEDICAL PACKAGE, RECEIVE THE ENHANCED PLAN AT NO COST.

Bi-weekly Employee Contributions	Base		Enhanced	
	In-Network	Out of Network	In-Network	Out of Network
Employee	\$11.68		\$15.71	
Employee + Child(ren)	\$24.93		\$34.09	
Employee + Spouse	\$22.61		\$30.85	
Employee + Family	\$35.89		\$49.25	
Annual Deductible * Individual / Family	\$50 / \$150 (combined INN & OON)		\$50 / \$150 (combined INN & OON)	
Yearly Maximum	\$1,500	\$1,000	\$1,500	\$1,000
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	N/A	N/A	50%	50%
Orthodontic Services	Discounts Apply		Discounts Apply	

*Deductible waived for Preventative & Diagnostic Services

VOLUNTARY VISION

Richland Glass' vision plan is administered by Horizon (Davis Vision). This plan is 100% employee-paid and includes one eye examination per year, as well as discounts on lenses, frames, and contacts. Please call Horizon toll free at: 800-355-2583 or visit <https://davisvision.com/>.

Bi-weekly Employee Contributions		
Employee	\$3.26	
Employee + Child(ren)	\$6.19	
Employee + Spouse	\$5.87	
Employee + Family	\$9.78	
Frequencies (Exam/Lenses/Frames)	12 / 12 / 24 months	
	In-Network	Out of Network
Eye Exams	\$10 Copay	Reimbursed up to \$40
Single Vision / Bifocal Lenses	\$25 Copay	Reimbursed up to \$40/\$60
Progressive Standard Lenses	\$65 Copay	Reimbursed up to \$60
Contacts		
Elective	Up to \$100 + 15% off balance No Charge	Reimbursed up to \$80
Medically Necessary		Reimbursed up to \$225
Fashion Level Frames	No Charge	Reimbursed up to \$50
Designed Level Frames	\$15 Copay	
Premier Level Frames	\$40 Copay	
Non-Collection Frame Allowance	Up to \$100 or \$150 (Visionworks only) + 20% off balance	

ADDITIONAL BENEFITS

IMPORTANT

You must re-enroll in the Flexible Spending Accounts each year in order to participate.



FLEXIBLE SPENDING ACCOUNTS (FSA)

		Annual Contribution Limit	Unused Funds
Healthcare FSA	Allow you to set money aside before taxes to pay for qualified medical, dental and vision expenses for you and your qualified dependents. The entire election is available on the first day of the plan year.	\$3,050* <small>*IRS limit for 2023</small>	Forfeited if not used
Dependent Care FSA	Dependent Care FSAs allow you to set money aside before taxes to pay for qualified child care expenses. Participants receive a debit card for use of these funds. Funds are available as you contribute them.	\$5,000 <i>(\$2,500 if married, filing separately)</i>	Forfeited if not used

Call CBIZ Flex at 855.410.2249 | Email cbizflex@cbiz.com | Website: <https://myplans.cbiz.com/>

NON-MEDICAL PACKAGE: EMPLOYEES CHOOSING THE NON-MEDICAL PACKAGE RECEIVE A FLAT \$500 EMPLOYER CONTRIBUTION FROM RICHLAND GLASS INTO THE HEALTHCARE FSA.



GROUP LIFE and AD&D (Accidental Death & Dismemberment)

Richland Glass provides eligible employees a paid group Life/AD&D plan through Guardian. The Life/AD&D benefit is based on Job Title.

Those employees who are in the Non-Medical Package, are eligible for a flat \$50,000 group Life/AD&D benefit.

SUPPLEMENTAL LIFE and AD&D (Accidental Death & Dismemberment)

Employees are eligible to elect up to \$100K in employee-paid supplemental Life and AD&D insurance with a Guarantee Issue amount of \$50k. When you are enrolled you can also enroll your Spouse and/or Dependent Child(ren). Spouse Life/AD&D election options are \$25k or \$30k of coverage. Dependent Children age 14 days to 23 years old (or 25 if a full-time student) are eligible for up to \$10k.

If you choose to enroll outside of your initial eligibility period or you increase your election amount above the GI amount, you will be subject to **Evidence of Insurability (EOI)**. In this case, your election amounts are not guaranteed until your EOI is submitted and approved by the carrier. See HR for more information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Richland Glass provides a no-cost **Employee Assistance Program (EAP)** to all employees and their household members.

You will be able to access up to 3 face-to-face visits per employee/per household member per issue for consultative services. Telephonic counseling is unlimited and is available 24/7.

Review the details below for additional benefits to you from the Guardian EAP/uprisehealth program.

To learn more:
Visit [Uprise Health Member Portal](#)
Access code: *worklife*
or Call **800.386.7055**
Monday-Friday 9a-8p

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — up to 3 visits per employee/household member per issue

Telephonic counseling — unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website

Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance & resources

Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, balancing work and life responsibilities

Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)

Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Medical bill negotiation tools — information and guidance on negotiating medical bills

Legal/financial assistance & resources*

Legal consultation — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library

Financial consultation — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — free consultation with a trained Fraud Resolution specialist who will assist with ID theft resolution and education; ID theft educational materials available online

Will preparation — online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation

Legal document preparation — online self-service documents available on the EAP website

Tax consultation — tax questions only can be answered as part of the Financial Consultation offering

Online self-service documents — examples include, but are not limited to living trust, will, power of attorney, deeds



ADDITIONAL BENEFITS (CONT.)

EDUCATIONAL ASSISTANCE

Richland Glass Company recognizes that the skills and knowledge of its employees are critical to the success of the Company. Richland Glass Company provides an opportunity for employees to continue their education by presenting a formal tuition reimbursement program. Richland Glass Company offers educational assistance programs, the GED Program and tuition reimbursement. Richland Glass Company offers educational assistance programs to encourage personal development, improve job-related skills and enhance an employee's ability to compete for reasonably attainable jobs within the Company.

All fulltime employees of Richland Glass Company who have successfully completed the required 90-day probationary period are eligible.

Reimbursement is provided only for credits earned from completion of approved courses in which the participant earned a grade of "C" or better. If the grade is a B+ or better, Richland Glass will reimburse for a total of 75% of the tuition amount only (supplies, fees associated with registration, parking, activities, etc. are not covered expenses). If the grade is a "B" or "C", Richland Glass will reimburse 50% of the tuition only. Richland Glass reserves the right to change, modify or eliminate this program at any time.

If you are interested in continuing your education and would like more information, please contact the Human Resource Department for a copy of the Tuition Reimbursement Program.

TRAINING AND PROFESSIONAL DEVELOPMENT

Richland Glass Company also recognizes the value of professional development and personal growth for employees. Therefore, Richland Glass Company encourages its employees who are interested in continuing education and job specific training to research these further and obtain approval from a management official and the Human Resources Manager before signing up for the seminars or courses.

BONUS

Richland Glass Company, in an effort to reward its associates for their contributions to the Company success, may provide to them a semi-annual bonus upon both the Company's profitability and at the sole discretion of the Board of Directors of the Company to award such bonus.

To be eligible for a bonus you must have been employed during the six-month period prior to a bonus being paid, provided that your performance has been deemed satisfactory by the Company. If you were an active employee during only a part of this six-month period, you will be paid a pro-rata bonus. You must be actively at work at the time of the bonus payment.

The payment of a bonus remains at the sole discretion of the Company's owners and is not by any means to be considered an automatic benefit. This benefits guide does not create a continuing obligation of the part of the Company to pay any bonus. See HR for more information.

VIDEO RESOURCES

Horizon: Get Care Anytime Anywhere

- **Horizon CareOnline:** Employees enrolled in the Horizon medical plans can make a telemedicine appointment with Horizon CareOnline. Participants can connect with a U.S. board-certified, licensed doctor in minutes on your computer or mobile device. Telemedicine is a great alternative to access care from the comfort of your home.
- **Nurse Chat:** Participants can also get answers to their health questions from a registered nurse through Nurse Chat, a feature of Horizon's 24/7 Nurse Line. Nurse chat is a no-cost online platform that allows employees to text questions to medical professionals.

Register today for digital access at HorizonBlue.com or on the app, [Horizon Blue app](#).

Click the links below to watch short informational videos on your benefits.

- ▶ [Benefits Key terms Explained](#)
- ▶ [Medical Plans Explained](#)
- ▶ [Prescription Drug Benefits Overview](#)
- ▶ [Prescription Drug Cost Management](#)
- ▶ [Preventive Care](#)
- ▶ [Telehealth](#)
- ▶ [What is Dental Insurance?](#)



Richland Glass Company matches up to 5% of your 401(k) contributions. All contributions are invested immediately!

The *power* of your retirement plan

Your employer's retirement plan offers you many benefits and can help you achieve the retirement you want.

Your workplace retirement plan can give you more than just a way to save for retirement, including:



Convenience and consistency

Contribute to your account automatically with each pay cycle, making a routine that's easy to manage.



Employer contributions

Some employers add money to your account when you do, matching your savings up to a certain point. This is part of your employee benefits provided by your employer to help boost your retirement savings.



After-tax savings

Some plans also allow you to save after tax. That means your money is taxed today, but when you go to take money out in retirement, you won't pay income taxes.³ These are called Roth 401(k) savings.



Flexibility and control

You have control over how much you contribute¹ and how you invest your money. Make changes when you want (subject to plan limits).



Pretax savings


You can save money in your retirement plan pretax, which reduces your taxable income (the amount you pay taxes on) now. Instead of being taxed today, you're taxed later when you take money from your account, ideally in retirement, when your tax rate may be lower.²




Compound interest

As you, and maybe your employer, add money to your retirement account, it can earn interest. Over time, your interest gets reinvested and also can start earning interest.

Create a plan when you log in to your account

 **Organizing your finances has never been easier.**

Use the [personal finance organizer](#) to see your entire financial picture in one place. You can link your financial accounts, create a budget, and set goals.

 **Personalize your plan for retirement.**

The [retirement planner](#) shows you your estimated income in retirement, your unique projected spending, and your progress toward having the savings you may need.

¹ Subject to IRS and plan limits. ² Ordinary income taxes are due at withdrawal. Withdrawals before the age of 59½ may be subject to an early distribution penalty of 10%. ³ Distributions from Roth accounts must be "qualified" for both the contributions and earnings to be treated as tax free. Certain conditions would apply. See your plan document for more details. All references to tax-free treatment of qualified distributions are intended to refer to the treatment of such distributions at the federal level only. You may want to consult a professional tax advisor regarding any tax issues discussed.

401(K) - JOHN HANCOCK

The benefits of starting early

Time is one of your strongest allies when it comes to saving for retirement. Time can allow for *compound interest* to take effect—you can earn interest on your savings, then your interest can earn its own interest, then that interest can earn its own interest, and so on.

Age	Monthly savings	Total savings	Compound interest	Total retirement savings
25	\$250	\$120,000	\$536,203	\$656,203
35	\$250	\$90,000	\$214,993	\$304,993
45	\$250	\$60,000	\$70,232	\$130,232

This is an example for illustrative purposes only. It assumes a \$0 starting balance, monthly savings of \$250, and a 7% rate of return compounded monthly, invested until age 65. It does not consider any potential fees, charges, or taxes that may be applicable. Taxes are due at withdrawal. Individual circumstances may vary and may not be reflective of your situation.



Consider three people of different ages—25, 35, and 45—all saving \$3,000 per year, or \$250 per month, for their retirement and each plans to retire at age 65. See the impact time can have on helping them build their retirement savings.

The more time you allow your savings to potentially grow, the more your interest could make a big impact on your retirement savings.



John Hancock

CBIZ SERVICE CENTER

The CBIZ Service Team is dedicated to providing you with accurate answers to your benefit plan questions while preserving and protecting your rights to privacy and confidentiality. Call or email the service team with questions/issues such as:

- **General Benefit & Eligibility Questions**
- **Assistance with resolving claims issues**
- **Provider searches**
- **Requesting ID Cards**



CONTACT US!

Email: PAbenefits@CBIZ.com | Phone: 800.820.5090
Monday - Friday, 9am—5pm EST

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from Richland Glass 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 Horizon Blue Cross Blue Shield of New Jersey 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:

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.

Richland Glass has determined that the prescription drug coverage offered by the Horizon Blue Cross Blue Shield of New Jersey is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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 Richland Glass coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Richland Glass medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

This notice is a summary. For a full description of all of Richland Glass' Benefit plans, please contact Human Resources.

IMPORTANT NOTICES

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 Richland Glass 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 Richland Glass changes. You also may request a copy of this notice at any time.

Contact: Thomas Hoskinson, 908-303-4178

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 <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 <http://www.socialsecurity.gov>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 9/19/2022
Name of Entity/Sender: Richland Glass
Contact--Position/Office: Todd Lester, Human Resources Manager
Address: 1640 West Blvd, Vineland, NJ 08360
Phone Number: 856.691.1697 x147

IMPORTANT NOTICES

MEDICAID CHIP NOTICE

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible 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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your 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 or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IMPORTANT NOTICES

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

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OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 1, 2023, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor Employee Benefits Security Administration | www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services | www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICES

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact Thomas Hoskinson, thoskinson@hillmannconsulting.com, 908.303.4178.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2024. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

IMPORTANT NOTICES

INITIAL COBRA NOTICE [for new hires or new benefits eligible only]

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

IMPORTANT NOTICES

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Thomas Hoskinson.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage -

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A,

Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

If you have questions -

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes -

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information -

Todd Lester
todd.lester@richlandglass.com
856.691.1697 x147

This notice is intended as a brief outline; please see HR for more information.

IMPORTANT NOTICES

MARKETPLACE COVERAGE OPTIONS

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 2013 for coverage starting as early as January 1, 2014.

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 **9.12% (2023)** 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. ¹

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 Richland Glass' HR department.

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.

¹ 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% of such costs.

IMPORTANT NOTICES

MARKETPLACE COVERAGE OPTIONS (CONT.)

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.

Employer Name: Richland Glass	Employer Identification Number (EIN): 21-0721833
Employer Address: 1640 West Blvd, Vineland, NJ 08360	Employer Phone Number: 856.691.1697
Who can we contact about employee health coverage at this job? Todd Lester	Phone Number: 856.691.1697 x147 Email Address: Todd.lester@richlandglass.com

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:

- ✓ Full time employees, working a minimum 30 hours per week on a regular basis. Employees will be effective the 1st of the month, following 60 days of employment for Medical, Dental, Vision, FSA and Life Insurance.

■ With respect to dependents:

- ✓ We do offer coverage. Eligible dependents are: Spouses and Dependent Children up 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. Above is 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.