

ELIGIBILITY

Employee

All eligible employees scheduled to work 30 or more hours per week are eligible for benefits. Coverage will begin on the first of the month following or coinciding with date of hire.

Dependents

You may cover your eligible dependents, which include the following:



- Your legal spouse
- Your domestic partner*
- Your children up to the age of 26 (includes step children living at your address and/or for whom you have financial responsibility)
- Any dependent child who is incapable of self-support because of a physical or mental disability

*Benefits are extended to domestic partners; however, the value of these benefits must be included in your gross income and subject to federal income tax and FICA tax (unless the domestic partner is your tax dependent). This means a portion of your benefit contribution (the difference between the cost to cover you plus your domestic partner and the cost to cover just you) is deducted from your pay after taxes have been applied (referred to as "post tax"). It also means the premium your employer is paying on your behalf when you choose to cover your domestic partner is added to your taxable income. For more information, please contact Human Resources.

When can you enroll?

You can sign up for benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period
- Within 31 days of a qualified life event
- Within 60 days of the birth of a child

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

Qualified Life Event Changes

You may make changes to your healthcare and insurance benefits choices once a year during the Open Enrollment period. All benefits you select will be effective until our next renewal, unless you have a "qualified change in status" or leave employment. Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year.

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a qualified life event, you must timely notify Human Resources and complete the necessary forms. For more information, refer to your benefits booklets.

COST SHARING

Age	Employee Medical Premium	Dependent Medical Premium
0-20	\$0.00	\$125.46
21	\$0.00	\$260.01
22	\$0.00	\$260.01
23	\$0.00	\$260.01
24	\$0.00	\$260.01
25	\$0.00	\$260.01
26	\$0.00	\$260.01
27	\$0.00	\$260.01
28	\$0.00	\$260.01
29	\$0.00	\$260.01
30	\$0.00	\$260.01
31	\$0.00	\$260.01
32	\$0.00	\$260.01
33	\$0.00	\$260.01
34	\$0.00	\$260.01
35	\$0.00	\$260.01
36	\$0.00	\$260.01
37	\$0.00	\$260.01
38	\$0.00	\$260.01
39	\$0.00	\$260.01
40	\$0.00	\$260.01
41	\$0.00	\$260.01
42	\$0.00	\$260.01
43	\$0.00	\$260.01
44	\$0.00	\$260.01
45	\$0.00	\$260.01
46	\$0.00	\$260.01
47	\$0.00	\$260.01
48	\$0.00	\$260.01
49	\$0.00	\$260.01
50	\$0.00	\$260.01
51	\$0.00	\$260.01
52	\$0.00	\$260.01
53	\$0.00	\$260.01
54	\$0.00	\$260.01
55	\$0.00	\$260.01
56	\$0.00	\$260.01
57	\$0.00	\$260.01
58	\$0.00	\$260.01
59	\$0.00	\$260.01
60	\$0.00	\$260.01
61	\$0.00	\$260.01
62	\$0.00	\$260.01
63	\$0.00	\$260.01
64+	\$0.00	\$260.01

- **SP:** Spouse
- **DP:** Domestic Partner

Dental Premium

Employee only	\$0.00
Employee + SP/DP	\$23.32
Employee + SP/DP + Child	\$54.41
Employee + SP/DP + Children	\$54.41
Employee + Child	\$31.09
Employee + Children	\$31.09

Vision Premium

Employee only	\$0.00
Employee + SP/DP	\$1.79
Employee + SP/DP + Child	\$4.92
Employee + SP/DP + Children	\$4.92
Employee + Child	\$1.91
Employee + Children	\$1.91

Calculate your monthly premium

Employee age premium	
Spouse/Domestic Partner age premium	
Dependent age premium (21+)	
Dependent age premium (21+)	
Child age premium (0-20): <i>Multiply premium by # of children - MAX 3x</i>	
Dental premium	
Vision premium	
Total	

Benefits Costs

Glowforge, Inc. contributes 100% to your Medical, Dental, and Vision coverage. Glowforge, Inc. contributes 50% to your dependents Medical, Dental, and Vision coverage.



STAYING HEALTHY

Medical Benefits Overview



The information below is a high-level overview of medical coverage only. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible. **Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.**

Carrier

Regence BlueShield

	Preferred	Non-Participating
Provider Network		
Annual Deductible Applies first unless copay only or otherwise noted	\$250 individual \$500 family	\$3,000 individual \$6,000 family
Out-of-Pocket Limit (OOP limit) Includes Deductible, Coinsurance, and Copays	\$2,500 individual \$5,000 family	\$10,000 individual \$20,000 family
Coinsurance Carrier / Member	90% / 10%	50% / 50%
Office Visits	Copays apply to OOP limit	
Office Visit	PCP: \$20 copay SP: \$30 copay	50%
Chiropractic	\$20 copay 10 manip. PCY	50% 10 manip. PCY
Mental Health	\$20 copay	50%
Preventive Care		
Office Visit, Screenings, Immunizations	0%	50%
Lab & X-Ray		
Diagnostic Testing	0% Deductible waived	50%
Imaging CT, PET Scans, MRIs	10%	50%
Rehabilitation		
Outpatient Physical / Occupational Therapy	10% 25 visits PCY	50% 25 visits PCY
Prescription Drugs	Rx costs apply to OOP limit	
Select one	\$4 / 25% / \$25 / 50% / 20% / 50%	In-network copay Can be balance billed
Mail Order	\$8 / 20% / \$50 / 45% / 20% / 50%	Not covered
Emergency Room	\$250 copay Copay waived if admitted	

- **PCY:** Per Calendar Year
- **Balance billing** may apply if a provider is not contracted. Members are responsible for amounts in excess of the allowable charge.
- In addition to the Preferred and Non-contracted networks, **Regence has a Participating network.** There is a higher copay in the Participating network than the Preferred and the coinsurance matches the Non-contracted network. Unlike the Non-contracted network, if you use the Participating network, you will not