

# Benefits Notices

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## **Cardington Yutaka Technologies Welfare Benefit Plan**

**575 West Main Street  
Cardington, Ohio 43315  
(419) 864-8777**

***Created on: 1/18/2021***

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# Health Insurance Exchange Notice

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## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### 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 9.5% 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: Human Resources at 575 West Main Street Cardington, Ohio 43315 (419) 864-8777

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<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.

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

## 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 Cardington Yutaka Technologies, Inc.		4. Employer Identification Number (EIN) 31-1428274	
5. Employer address 575 West Main Street		6. Employer phone number (419) 864-8777	
7. City Cardington	8. State Ohio	9. ZIP code 43315	
10. Who can we contact about employee health coverage at this job? Administration Department			
11. Phone number (419) 864-8777		12. Email address	

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

- As your employer, we offer a health plan to:
  - Some employees. Eligible employees are:  
Full time associates working 30 or more hours per week
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: Legal 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.

Note: 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.

## Notice of Special Enrollment Rights

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If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Human Resources at 575 West Main Street, Cardington, Ohio 43315, (419) 864-8777.

## Wellness Program Disclosure (HIPAA Nondiscrimination)

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Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Wellness Coaches USA at (833) 854-9426 and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Wellness Program Notice (ADA Nondiscrimination)

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Cardington Yutaka Technologies Welfare Benefit Plan is a voluntary wellness program available to all employees and their spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test for cholesterol, glucose and triglycerides and complete other tasks which include but aren't limited to a physician examination, dental cleaning, vision screening, flu shot and tobacco screening. If your spouse chooses to participate they will be asked to complete a physical examination, dental cleaning and vision screening. You or your spouse are not required to participate in the blood test or other medical examinations or activities.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$25 for Single coverage, \$40 for Associate & Spouse or Associate & Child(ren) or \$55 for Family coverage in weekly health plan premiums for participating in the CYT Wellness Program. Although you are not required to participate in the biometric screenings or complete the other tasks, only employees who do so will receive reduction in weekly health plan premiums.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Wellness Coaches USA at (833) 854-9426 and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

The information from your biometric screening and other activities may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition counseling, fitness training and tobacco cessation counseling. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cardington Yutaka Technologies Welfare Benefit Plan may use aggregate information it collects to design a program based on identified health risks in the workplace, Cardington Yutaka Technologies Welfare Benefit Plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only

individuals who will receive your personally identifiable health information are Wellness Coaches USA and United Healthcare in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact CYT's Ethics Hotline & Web Intake by phone at (855) 595-9583 or via the website at [www.yutakatech.ethicspoint.com](http://www.yutakatech.ethicspoint.com)

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

### **New Hires:**

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- HRA Plan: \$1,500 deductible and 20% coinsurance.
- PPO Plan C: \$750 deductible and 20% coinsurance.

If you would like more information on WHCRA benefits, call your plan administrator (419) 864-8777.

### **Open Enrollment (Annual Notice):**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at (419) 864-8777 for more information.

## Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

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The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Cardington Yutaka Technologies Welfare Benefit Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (419) 864-8777.

## Employer's Children's Health Insurance Program (CHIP) Notice

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### 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**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 July 31, 2020. Contact your State for more information on eligibility —**

<p align="center"><b>ALABAMA – Medicaid</b></p>	<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>
<p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442</p>
<p align="center"><b>ALASKA – Medicaid</b></p>	<p align="center"><b>FLORIDA – Medicaid</b></p>
<p>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p>Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>
<p align="center"><b>ARKANSAS – Medicaid</b></p>	<p align="center"><b>GEORGIA – Medicaid</b></p>
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131</p>
<p align="center"><b>CALIFORNIA – Medicaid</b></p>	<p align="center"><b>INDIANA – Medicaid</b></p>
<p>Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 916-440-5676</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p align="center"><b>MONTANA – Medicaid</b></p>
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084</p>
<p align="center"><b>KANSAS – Medicaid</b></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p>
<p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>NEVADA – Medicaid</b></p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a> Medicaid Phone: 1-800-992-0900</p>

KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718	
Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.coverva.org/hipp/">http://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>

Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Newborns' and Mothers' Health Protection Act Notice

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Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Genetic Information Nondiscrimination Act (GINA) Disclosures

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### Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Medicare Part D Creditable Coverage Notice

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### Important Notice from the Cardington Yutaka Technologies Welfare Benefit Plan 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 the Cardington Yutaka Technologies Welfare Benefit Plan 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. The Cardington Yutaka Technologies Welfare Benefit Plan has determined that the prescription drug coverage offered by the Cardington Yutaka Technologies Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore **considered Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

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

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

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cardington Yutaka Technologies Welfare Benefit Plan coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Cardington Yutaka Technologies Welfare Benefit Plan 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 Cardington Yutaka Technologies Welfare Benefit Plan 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 contact Human Resources (419) 864-8777. 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 Cardington Yutaka Technologies Welfare Benefit Plan 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: 1/18/2021

Name of Entity/Sender: Cardington Yutaka Technologies Welfare Benefit Plan

Contact--Position/Office: Human Resources

Address: 575 West Main Street, Cardington, Ohio 43315

Phone Number: (419) 864-8777

# General Notice of COBRA Rights

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## Continuation Coverage Rights Under COBRA

### 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).

**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 to the company contact in Human Resources at:**

**575 West Main Street  
Cardington, Ohio 43315**

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. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## 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](http://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](http://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

Cardington Yutaka Technologies Welfare Benefit Plan  
Human Resources Department  
575 West Main Street  
Cardington, Ohio 43315

# USERRA Notice

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## ***Your Rights Under USERRA***

### A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### C. Right To Be Free From Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address:

<http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

# Notice of Privacy Practices

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## CARDINGTON YUTAKA TECHNOLOGIES

### WELFARE BENEFITS PLAN

### HEALTH CARE OPTIONS

#### Notice of Privacy Practices

**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.**

This Notice is effective on April 1, 2017.

At Cardington Yutaka Technologies, Inc. (“CYT”), we respect your privacy and will protect your private health information responsibly and professionally. This Notice describes the privacy practices of the group health plan Benefit Options (the “Health Plan”) included in the Welfare Benefits Plan. This Notice does not apply to any non-health Benefit Options, such as disability benefits or life insurance.

As you read this Notice, you’ll see the term protected health information or “PHI.” Protected health information is health information that identifies you individually and relates to your medical history (i.e., the health care you receive or the amounts paid for that care) that is created or obtained by the Health Plan in connection with your eligibility for or receipt of benefits under the Health Plan.

Federal law requires that the Health Plan maintain the privacy of protected health information, give you this Notice of the Health Plan’s legal duties and privacy practices with respect to protected health information, notify you as required following a breach of unsecured protected health information, and follow the terms of this Notice as currently in effect. These protections will remain in effect with regards to your protected health information held by the Health Plan during your lifetime, and for at least 50 years following your death.

CYT contracts with claims administrators and other third parties to provide Health Plan services. For purposes of this Notice, the “Health Plan” includes third parties when performing services for the Health Plan, including persons or entities creating, receiving, maintaining or transmitting your protected health information in connection with your health coverage (referred to in this Notice as “business associates”). Protected health information may be shared among the components of the Health Plan and the third parties providing services for the components of the Health Plan in the course of payment, Health Plan operations, and treatment. The current claims administrators are listed under Contact Information, below. When their services involve the use of protected health information, the third parties and their subcontractors will be required to perform their duties in a manner consistent with this Notice.

#### **How the Health Plan Uses and Shares PHI for Payment, Health Plan Operations, and Treatment**

Below are some examples of ways that the Health Plan may use or share information about you for treatment, payment, and Health Plan operations. For each category, a number of uses or disclosures will be

listed, along with an example. However, not every use or disclosure in a category will be listed. The Health Plan may use or share your protected health information for:

- **Payment:** The Health Plan will use and disclose your protected health information to determine and pay for covered services. Payment activities include determining eligibility; conducting pre-certification, utilization, case management, and medical necessity reviews; coordinating care; calculating cost sharing amounts; coordination of benefits; reimbursement and subrogation; and responding to questions, complaints, and appeals. For example, the Health Plan may use your health information to decide whether a particular treatment is medically necessary. During that process, the Health Plan may disclose information to your provider. Any request for information or use of such information involving psychotherapy notes will only be done with your written authorization. The Health Plan will mail Explanation of Benefits forms and other information to the employee at the address it has on record for the employee.
- **Health Plan Operations:** The Health Plan will use and disclose your protected health information for Health Plan operations. Operational activities include quality assessment and improvement; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management, and care coordination. For example, the Health Plan may use protected health information to provide disease management programs for participants with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure of protected health information include administration of stop loss coverage, including underwriting of such coverage; legal, actuarial, and audit services; business planning and cost management; detection and investigation of fraud; administration of pharmaceutical programs and payments; and other general administrative activities, including data and information systems management and customer service. We will not use or disclose any genetic information involving you for underwriting purposes.
- **Health Care Treatment:** The Health Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Health Plan may disclose protected health information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from the Health Plan to supplement their own records. The Health Plan may also send certain information to doctors for patient safety or other treatment-related reasons.

The Health Plan may also disclose protected health information to providers or other health plans for the payment, treatment, and certain operational activities of the provider or other health plan.

#### **How the Health Plan Uses and Shares PHI for Communications about Benefits**

The Health Plan may use or disclose protected health information to send you treatment reminders for services such as mammograms or prostate cancer screenings. Also, the Health Plan may use or disclose your protected health information to give you information about alternative medical treatments and programs or health-related products and services that may be of interest to you. For example, the Health Plan might send you information about smoking cessation or weight-loss programs. Disclosures involving the sale of your health information to another entity for marketing purposes, or for any purpose not disclosed in this Notice, will only be done with your written authorization.

### **Disclosures that the Health Plan May Make to Others Involved in Your Health Care**

The Health Plan may disclose protected health information to a family member, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls the Health Plan with prior knowledge of a claim, the Health Plan may confirm whether or not the claim has been received and paid. You may instruct the claims administrator to stop or limit this kind of disclosure. We will continue to permit such disclosure to these individuals following your death, unless doing so is inconsistent with any prior expressed preference made by you that is known to us.

### **Disclosures You May Authorize the Health Plan to Make**

The Health Plan will not use or disclose your protected health information for any reason other than those listed in this Notice unless you provide a written authorization.

Notwithstanding the limitations otherwise set forth above in this Notice, you may give the Health Plan written authorization to use and/or disclose your protected health information to anyone for any purpose. If you give the Health Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure made pursuant to your authorization while it was in effect.

### **Disclosures that the Health Plan May Make to CYT**

To determine if and when you and your family members are covered by the Health Plan, the Health Plan will share enrollment information about you and your family members with CYT.

The Health Plan will periodically disclose protected health information to CYT Administration so that the Administration representatives can assist participants with benefits questions and oversee the administration of the Health Plan. Also, the Health Plan will periodically disclose protected health information to the Finance Department of CYT so that the Finance Department can perform financial planning and projections and monitor the performance of third parties. In addition, the Finance Department is responsible for paying the claims covered by the Health Plan. The Administration representatives and the Finance Department will only use the protected health information for the purposes for which it was disclosed or as required by law. Specifically, CYT certifies that it will:

- Not use or disclose protected health information for employment-related actions and decisions, except that enrollment, disenrollment and eligibility information may be used as permitted by law to perform enrollment and disenrollment functions;
- Not use or disclose protected health information in connection with any non-health benefits or another employee benefit plan sponsored by CYT;
- Not use or further disclose protected health information other than as permitted or required by the Plan, this Notice or as required by law;
- Ensure that any business associates (including a subcontractor) to whom CYT provides protected health information received from the Health Plan agree to the same restrictions and conditions that apply to CYT with respect to such information, including ensuring that such business associates agree to implement reasonable and appropriate security measures to protect electronic protected health information;

- Provide training to our employees, including volunteers, trainees and others who are under our direct control with access to protected health information maintained by the Health Plan on their responsibilities under the law, including the safeguarding and protection of the information;
- Report to the Health Plan's Privacy Officer any use or disclosure of protected health information that is inconsistent with the uses or disclosures provided for or any security incident of which CYT becomes aware;
- Provide notification to you within a reasonable time of our discovery of an impermissible use or disclosures of your protected health information (breach) or any security incident, unless we reasonably determine that there is a low probability that such information has been compromised. Such notification will also be provided to the media or the U.S. Secretary of Health and Human Services if required by law. We will also provide you with notification of any such breaches committed by our business associates, unless we have delegated the responsibility for such notifications to the business associate who is responsible for the breach;
- Confirm that the Health Plan makes your protected health information available to you for access, amendment, and/or accounting, as described below;
- Make internal practices, books, and records relating to the use and disclosure of protected health information received from the Health Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Health Plan with federal law;
- Return protected health information to the Health Plan (when feasible), destroy protected health information (when return is not feasible and retention is not required by law), or continue to maintain the privacy of all protected health information (when return is not feasible and retention is required by law);
- Use its best efforts to request only the minimum necessary type and amount of protected health information to carry out the functions for which the information is requested; and
- Ensure adequate separation between the employees who are Human Resources Representatives or in the Finance Department and all other employees of CYT with access to Health Plan information so that protected health information received by these individuals is not disclosed to other employees of CYT or other individuals in violation of this Notice.

#### **Other Uses and Disclosures of PHI**

There are state and federal laws that may require or allow the Health Plan to release your health information to others. The Health Plan may provide information for the following reasons:

- **Health Oversight Activities:** The Health Plan may disclose your protected health information to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activities.
- **Legal Proceedings:** The Health Plan may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.
- **Law Enforcement:** The Health Plan may disclose your protected health information to law enforcement officials under limited circumstances. For example, in response to a warrant or subpoena; for the purpose of identifying or locating a suspect, witness, or missing person; or to provide information concerning victims of crimes.

- **For Public Health Activities:** The Health Plan may disclose your protected health information to a government agency that oversees the health care system or government programs for activities such as preventing or controlling disease or activities related to the quality, safety, or effectiveness of an FDA-regulated product or activity.
- **Required by Law:** The Health Plan may disclose your protected health information when required to do so by law.
- **Workers' Compensation:** The Health Plan may disclose your protected health information when authorized by and to the extent necessary to comply with workers' compensation laws and similar programs.
- **Victims of Abuse, Neglect, or Domestic Violence:** The Health Plan may disclose your protected health information to appropriate authorities if the Health Plan reasonably believes that you're a possible victim of abuse, neglect, domestic violence, or other crimes.
- **Coroners, Funeral Directors, and Organ Donation:** In certain instances, the Health Plan may disclose your protected health information to coroners or funeral directors and in connection with organ donation.
- **Research:** The Health Plan may disclose your protected health information to researchers, if certain established steps are taken to protect your privacy.
- **Threat to Health or Safety:** The Health Plan may disclose your protected health information to the extent necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of others.
- **For Specialized Government Functions:** The Health Plan may disclose your protected health information in certain circumstances or situations to a correctional institution if you are an inmate in a correctional facility, to an authorized federal official when it's required for lawful intelligence or other national security activities, or to an authorized authority of the Armed Forces.
- **For Cadaveric Organ, Eye, or Tissue Donation:** The Health Plan may disclose your protected health information for the purpose of facilitating organ, eye, or tissue donation and transplantation.

### Your Rights

You have the following rights regarding the protected health information that the Health Plan maintains about you.

- **You have the right to ask the Health Plan to restrict** its use and disclosure of protected health information for the purposes of treatment, payment, or health care operations. Your request must be in writing and sent to the claims administrator. If the information you for which you are requesting the restrictions involves health care services or supplies that were paid in full by you or on your behalf by another person, we will honor such request. Otherwise, the Health Plan will consider your request, but it is not required to agree to restrict the information.
- **You have the right to ask to receive confidential communications.** If you believe that normal communications would put you in danger, you may request that the Health Plan send communications with protected health information (e.g., an Explanation of Benefits) to you by alternative means or to an alternative location. Your request must be in writing and sent to the claims administrator. Your request

must include the alternative location (e.g., fax number, address, etc.) to which you would like the Health Plan to send the information. Such requests, if reasonable, will be accommodated when you state in the request that you believe that normal communications would endanger you.

- **You have the right to inspect and obtain a copy** of the protected health information that the Health Plan maintains about you in a designated record set, including information maintained in paper or electronic formats. A designated record set contains protected health information that the Health Plan collects, maintains, or uses to administer or make decisions regarding your enrollment, payment, claims adjudication, or case management. Your request must be in writing. If the request pertains to records held by the claims administrator, you must complete an Access Request Form and send it to the claims administrator. An Access Request Form can be obtained by contacting the claims administrator or by downloading the form from the claims administrator's website. The Health Plan, or its designee, will respond within 30 days of the receipt of your request. The Health Plan may charge a reasonable, cost-based fee to provide you with the information. If you request such information be provided to you through unencrypted e-mail, you assume the risk on any unauthorized access or such protected health information during its transmission to you, and are responsible for safeguarding such information once it is delivered to you. There are exceptions as to what information can be accessed. For example, information compiled for legal proceedings cannot be accessed. If the Health Plan denies access to your information, in part or in whole, it will notify you in writing. The denial will include the reason for the denial, your review rights (if applicable), and information on how to file a complaint.
- **You have the right to ask the Health Plan to amend** protected health information about you that is contained in a designated record set (as described above) if you think that information is incorrect or incomplete. Your request must be in writing. If the request pertains to records held by the claims administrator, you must complete an Amendment Request Form and send it to the claims administrator. An Amendment Request Form can be obtained by contacting the claims administrator or by downloading the form from the claim administrator's website. Your request must include the reason for the request. The Health Plan, or its designee, may deny your request if you ask the Health Plan to amend information that: is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If the Health Plan denies the request, you may file a written statement of disagreement with the Health Plan.
- **You have the right to request an accounting of certain disclosures** of protected health information. Your request must be in writing and must specify the time period for which you are requesting information. The period cannot go back more than six years from the date of your request. Your request must be in writing. If the request pertains to records held by the claims administrator, you must complete an Accounting Request Form and send it to the claims administrator. An Accounting Request Form can be obtained by contacting the claims administrator or by downloading the form from the claim administrator's website. The accounting will not include disclosures made to you or with your written authorization or in the course of treatment, payment, or health care operations. If you request such an accounting more than once in a 12-month period, the Health Plan will charge a reasonable fee.
- **You have the right to a copy of this Notice** upon request. Your request must be in writing and sent to the Privacy Officer. A copy of the current Notice will be sent to you.

For more information, or to begin the formal process connected with these rights, see Contact Information, below.

### **Contact Information**

If you want to exercise any of the rights described in this Notice with respect to the records held, or the disclosures made, by the Health Plan's claims administrator, you may contact that claims administrator. Contact information for the respective claims administrators is contained in the Summary Plan Description for the Welfare Benefit Plan. If you call the claims administrator, please tell the customer service representative that your call relates to the privacy of your protected health information.

If you have questions regarding this Notice, you may also contact the Health Plan's Privacy Officer, c/o the Administration Office, 575 West Main St, Cardington, OH 43315. You may also contact the Health Plan's Privacy Officer if you have any problems in exercising your rights.

### **Complaints**

You have the right to file a written complaint with the Health Plan's Privacy Officer if you think your privacy rights have been violated. Include your name, address, and telephone number. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201. You won't be retaliated against or denied any Health Plan benefit or service because you file a complaint.

The Health Plan's Privacy Officer will investigate and address any issues of noncompliance with this Notice of which any one or more of these entities or persons is notified or becomes aware.

### **Revisions to the Notice**

CYT reserves the right to change the terms of this Notice and to make the new Notice effective for all protected health information maintained by the Health Plan. CYT will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, the Health Plan's duties, or other practices stated in this Notice. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice in which the material change is reflected.