

CRI

2020

Employee Benefits Guide



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Important Phone Numbers and Websites

Medical - Blue Cross Blue Shield of North Carolina		
www.bcbsnc.com	(877) 258-3334	Group #14152196
Vision - Vision Service Plan		
www.vsp.com	(800) 877-7195	Group #00504044
Dental - MetLife		
www.metlife.com/mybenefits	(800) 275-4638	Group #05557941
Short Term Disability - MetLife		
Contact Human Resources		Group #05557941
Long Term Disability - MetLife		
Contact Human Resources		Group #05557941
Life and Accident - MetLife		
Contact Human Resources		Group #05557941
Reimbursement Accounts		
Contact Human Resources		
Human Resources		
Loren Snyder	(704) 887-8201	lsnyder@equip.org
CRI Benefits Website		
www.teamcreativa.com/cri		

Introduction

Introduction

At Christian Research Institute (CRI), employee benefits are an important component of your total compensation package. We continuously review the offerings and features of our benefits program, and make changes to meet employee and the Ministry's needs.

Our benefits program recognizes that one size does not fit all. We also understand that your employee benefit needs can change from time to time. That is why each year during open enrollment you are provided the opportunity to review your benefit choices and determine if you want to make any changes for the following year.

This guide briefly describes the CRI employee benefits program effective January 1, 2020. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. This guide should also be retained with your other important CRI documents. Additional enrollment and benefits information may be obtained from Human Resources or the CRI Benefits Website at www.teamcreativa.com/cri.



CRI Benefits Website
www.teamcreativa.com/cri

Are you using this guide for open enrollment? If yes, that's perfect because you'll find just what you need to make informed choices for 2020 coverage. Don't miss this once-a-year opportunity to enroll in plans that fit your needs.



As a CRI employee, you are eligible for an array of health and welfare benefits, including:

- Medical/Prescription Drug.
- Vision.
- Dental.
- Disability.
- Life and Accident (Basic and Optional).
- Reimbursement Accounts (Health Care and Dependent Day Care).

Some benefits are paid entirely by CRI and other benefits require that you share in the cost for your coverage. Refer to the section titled **Employee Contributions** for information on the cost of coverage. In addition to your health and welfare benefits, CRI also provides you with paid holidays, vacation and several work life programs.

Refer to the section titled **Important Phone Numbers and Websites** if you have questions or require additional information. Human Resources or the CRI Benefits Website can also be an excellent resource for information.

Eligibility and Enrollment

Benefit Plan Eligibility

You are eligible to participate in the employee benefit plans if you are classified as a regular full-time employee regularly scheduled to work 30 or more hours per week.

You are not eligible for the employee benefit plans if you are:

- A casual or common law employee who is not classified as a regular full-time employee.
- An individual who has signed an agreement, or has otherwise agreed, to provide services to the Ministry as an independent contractor, regardless of the tax or other legal consequences of such an arrangement.
- A leased employee compensated through a leasing entity, whether or not you fall within the definition of leased employee as defined in the Internal Revenue Code (IRC).

Certain plans also permit you to cover your eligible dependents. Eligible dependents include your:

- Legal spouse (unless legally separated).
- Your child who is less than age 26, including:
 - Biological child.
 - Stepchild.
 - Legally adopted child.
 - A child who has been placed with you in anticipation of adoption.

In addition, you can also cover a child for whom you are the legal guardian/legal custodian if he/she is claimed as your dependent for federal income tax purposes.

Your dependent children who are age 26 or over and physically or mentally incapable of self-support may continue coverage under certain plans beyond age 26 if they remain totally incapacitated and dependent on you for support.



If your spouse works for CRI, either you or your spouse can elect to cover your dependent children, but not both of you. Your dependents are not eligible if they are covered as an employee, on active duty in the military service of any country, or if you are not enrolled for coverage.

Initial Eligibility Period

You have a certain time frame to enroll yourself and your eligible dependents for coverage under the employee benefits program. Your initial eligibility period begins on your first day of employment and ends on your 60th day of employment.

If your enrollment forms are not received by Human Resources on or before the end of your initial eligibility period:

- You will have to wait until the next open enrollment to change your benefit elections (except as summarized in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**).
- You will be automatically enrolled in the core benefit plans that are paid in full by CRI (short term disability, long term disability, basic life, and basic accidental death and dismemberment).

Special enrollment rules apply if you terminate employment and are then rehired. Contact Human Resources for additional information.



Eligibility and Enrollment

How to Enroll

Once you have reviewed the information contained in this guide, complete the benefit plan enrollment forms. Forms are available from Human Resources or the CRI Benefits Website.

After you have completed your enrollment forms, make a copy for your records and submit the signed forms to Human Resources by the designated deadline. If you need assistance enrolling for benefits, contact Human Resources.

When Coverage Begins

The following table shows the dates your coverage will be effective under the various benefit plans for:

- Newly hired employees.
- Employees who experience a qualifying event.
- Changes made during open enrollment.

For more details on when coverage begins for a specific employee benefit plan, refer to the applicable section of this guide.

Effective Date of Coverage for Selected Events			
Plans	New Hire Enrollment	Qualifying Event (Reported Within 31 Days)	Open Enrollment
Medical, Vision, Dental, Reimbursement Accounts	First of the month following 60 days of employment	Date of qualifying event	January 1 following open enrollment period
Short Term Disability	First of the month following 60 days of employment	Not applicable	Not applicable
Long Term Disability	First of the month following 60 days of employment	Not applicable	Not applicable
Basic Life, Basic AD&D	First of the month following 60 days of employment	Not applicable	Not applicable
Optional Employee Life	First of the month following 60 days of employment*	Date of qualifying event*	January 1 following open enrollment period*
Optional Dependent Life	First of the month following 60 days of employment*	Date of qualifying event*	January 1 following open enrollment period*
Optional AD&D	First of the month following 60 days of employment	Date of qualifying event	January 1 following open enrollment period

The effective dates shown in this table assume any required forms have been properly completed and submitted timely.

* If your election requires a statement of health, the effective date of coverage will be the date the insurance company approves insurability. The effective date of coverage may also be delayed due to the actively-at-work or confinement-for-care provisions.

Eligibility and Enrollment

Making Changes During the Year

Generally, after you have made your benefit plan elections, you may change those elections only during the next open enrollment period.

However, if you experience a qualifying event or other allowable event during the year and you properly complete and submit the applicable benefit plan enrollment form (along with the supporting documentation) to Human Resources within 31 days of the event, you may change certain benefit plan elections before the next open enrollment period.

Your new election must be on account of the event and must correspond with that gain or loss of coverage. A qualifying event is defined as an event that results in the gain or loss of eligibility by you or your dependents. For example:

- A change in legal marital status.
- A change in number of dependents.
- A change in employment status.
- Your dependent satisfies or ceases to satisfy the requirements for dependents.
- A change in residence or worksite by you or your dependent that causes a loss or gain of coverage.
- Commencement or termination of adoption proceedings.
- Health Insurance Portability and Accountability Act (HIPAA) special enrollment event.

The rules regarding changes after your new hire enrollment and the open enrollment period are very specific; therefore, you should contact Human Resources or refer to the CRI Benefits Website. You may be required to provide proof of the qualifying event to validate your mid-year benefit plan change(s).

Special Enrollment Rules

If you originally declined medical/vision and/or dental coverage because you had other health coverage, you may be eligible to change your elections under the following circumstances:

- If the other coverage was COBRA and it is now exhausted; or
- The other coverage was not COBRA and either the coverage terminated due to loss of eligibility or employer contributions toward such coverage terminated. Loss of eligibility includes legal separation, divorce, death or employment termination.
- The other coverage was Medicaid or state Child Health Insurance Program (CHIP) and coverage terminated due to loss of eligibility.
- You or your dependent becomes eligible for state premium assistance under a Medicaid or CHIP plan. (This is an optional state program under Medicaid or CHIP that pays the employee's share of the premium for group health plan coverage.)

If your dependents also had other health coverage and lost that coverage in the previously listed situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated for cause (including failure to timely pay the required premiums).

In addition to the changes previously described, you may enroll yourself and your spouse (with or without the new dependent) in a CRI health care plan following marriage or the adoption, placement for adoption, or birth of a child. You must be enrolled in order to cover your dependents.

For example: If you and your spouse previously declined coverage, you may enroll yourself, your spouse and your newborn child immediately following the birth of the child, as long as you do so within 31 days of your baby's birth. You may not enroll other children at this time unless another qualifying event makes them eligible for coverage, such as gaining legal custody of another eligible child.

Eligibility and Enrollment



Special Enrollment Procedure

You must enroll for coverage within 31 days of the special enrollment event (60 days for CHIP) by contacting Human Resources and submitting supporting documentation.

If you enroll and provide any required documentation within this period, the effective date of coverage will be the date of the special enrollment event. Your paycheck contributions will be deducted retroactive to the date of the special enrollment on a pretax basis.

If you do not enroll and provide supporting documentation within 31 days of the special enrollment event (60 days for CHIP), you may not enroll until the next open enrollment period.

For more information on how your benefits are affected by life changes, contact Human Resources or refer to the CRI Benefits Website.

When Coverage Ends

The following table shows the dates your coverage ends under the various employee benefit plans:

Benefit Plans	When Coverage Ends
Medical*	On the last day of the month in which you are employed or deemed benefits eligible by CRI.
Dental*	
Vision*	
Short Term Disability	On the last day in which you are employed or no longer deemed benefits eligible by CRI.
Long Term Disability	
Life	
Accidental Death and Dismemberment	
Health Care Reimbursement*	
Dependent Day Care Reimbursement	

* COBRA eligible plans

Coverage for your dependents will end on the date your dependent no longer meets the definition of an eligible dependent or when your coverage ends.

Under certain circumstances you may be able to continue certain benefit coverage (medical, dental, vision and health care FSA) for yourself and your dependents through COBRA. You may also be able to convert or port CRI's life and accident plans, as permitted under the plans.

Medical



Medical

The medical plan offered by CRI is designed to help protect you and your covered dependents against financial loss by paying for a substantial portion of eligible expenses incurred for medically necessary care and treatment. The medical plan is insured by Blue Cross Blue Shield of North Carolina.

- If you enroll for coverage within your initial eligibility period, your coverage will be effective on the first day of the month immediately following 60 days of employment.
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

Your Cost

CRI and you share in the cost of medical/vision coverage. Your cost is deducted from your pay on a pretax basis. Refer to the section titled **Employee Contributions** for the applicable cost.

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires that you receive a Summary of Benefits and Coverage (SBC) for your medical plan. The SBC is designed to help you understand and evaluate your health plan choices. You can download a copy of the SBC from the CRI Benefits Website or contact Human Resources and request a copy be provided to you.



**Blue Cross Blue Shield of
North Carolina Website**
www.bcbsnc.com

First time visitors: You will need to establish a user ID and password. Then, information is available 24/7.

Medical

Tips for Getting the Most Out of Your Medical Plan Benefits

Manage Your Out-of-Pocket Costs by Managing the Locations in Which You Receive Care

Generally speaking, care received in a doctor's office is the most cost-effective for you, followed by hospital outpatient services. Hospital inpatient services often bear the highest cost. In addition, remember that in-network care (services from a Blue Cross Blue Shield of North Carolina participating provider who agrees to charge specified rates) will cost you less than similar care provided by an out-of-network provider. Know what your financial responsibility is before receiving care.

Save on Prescription Drugs

Remind your physician to prescribe generic drugs that provide the same benefit as the brand name counterpart whenever possible. In many cases, you will pay a lower drug copay – sometimes two to three times lower!

Pick a Primary Care Physician (PCP)

While this plan does not require you to have a PCP, Blue Cross Blue Shield of North Carolina strongly urges you to select and use one. A PCP informs you of your health care options, documents your care and maintains your records. In addition, PCPs can help save you time and unnecessary copays by recommending you to appropriate specialists, coordinating your care with them and informing them of important information such as your medical history and potential drug interactions.

Understand Your Health Care Plan

The more you know about your benefits, the easier it will be to take control of your health. Visit the Blue Cross Blue Shield of North Carolina website at www.bcbsnc.com, use the toll-free customer service line at (877) 258-3334 and be sure to read your Blue Cross Blue Shield of North Carolina benefit booklet.



Take Charge of Your Health and Save Money Through BCBSNC Value-added Programs and Other Member Exclusives

The CRI medical plan provides substantial benefits to help protect you from catastrophic loss in the event of illness or injury. To receive the highest level of benefits under the plan, utilize in-network providers and fully understand what is expected of you.

The plan offers additional value-added programs as briefly described below. More details can be found in the plan documents available on the CRI Benefits Website and on the Blue Cross Blue Shield of North Carolina website at www.bcbsnc.com.

BlueAccessSM for Members

BlueAccess for Members is an online tool provided by Blue Cross Blue Shield of North Carolina that gives you access to a wealth of information. For example, you can:

- Locate hospitals and other providers.
- Request a new ID card.
- Confirm benefits for you or your covered dependents.
- Check the status of a claim.

Medical

BlueCardSM Access Program

Will you be traveling or working outside of North Carolina, maybe even overseas? The BlueCard Program provides you and your family access to covered services, including urgent and emergency care, while you're away. Providers in more than 200 countries belong to the BlueCard Worldwide Network, and 85% of U.S. providers belong to BlueCard's national network. You should have access to care wherever you go. For more information on BlueCard providers, call BlueCard Access at (800) 810-BLUE (2583).

Pediatric Dental and Vision Care

Coverage for pediatric benefits is compliant with Health Care Reform and automatically provided upon enrollment into the CRI medical plan. These benefits provide important coverage for members through the end of the month in which they turn 19 years old, including preventive care, fillings, x-rays, prescriptions for lenses and more extensive services like medically necessary orthodontia. For more information, contact Blue Cross Blue Shield of North Carolina at the number listed on your ID card.

BluePointsSM Physical Activity Incentive Program

According to the Surgeon General, physical activity can greatly reduce the risk of developing cancer, heart disease and diabetes. That's why BluePoints, the physical activity incentive program, was created. It's a fun way to keep track of your physical activities and the program will actually reward you for being active!

All you have to do is record your activities in your BluePoints Activity Log. At least 30 minutes of physical activity a day will earn you points for that day. There are four BluePoints prize levels in all: B, L, U and E, each with great prize options, like camping equipment, coolers and sporting gear. After completing all four levels, you'll start the process over. That way, you can select all new prizes the next time around!

For more information about BluePoints, call (877) 258-3334 or visit the BlueExtras section of www.bcbsnc.com.



Your Health ProfileSM

Want to know if you are on the road to healthy living? Take this valuable health risk assessment. It will help you understand if you are going in the right direction. After taking this 15-20 minute assessment, you'll get personalized reports about different areas of your health and well-being. You will also be provided an analysis of your scores and provided with advice on how to make any necessary life changes. Health risk assessments are also available for sleep, stress management, nutrition, fitness and back health.

Weight Management/Smoking Cessation Programs

Sometimes a little extra support is all it takes to stay on track with your weight loss goals and healthy living choices. When you decide to make positive lifestyle changes, Blue Cross Blue Shield of North Carolina is ready to help you make the journey successful. These programs include a Wellness Coach who will provide personal assistance in goal setting and periodic progress checkups.

Health Management Programs

If you are pregnant or have asthma, diabetes, congestive heart failure, migraine headaches, multiple sclerosis, rheumatoid arthritis or other chronic conditions, Blue Cross Blue Shield of North Carolina has information about free health management programs.

Experienced and knowledgeable BlueCare Advisors will work with you and your physician to educate, facilitate and monitor your medical treatment plan. Based on your claim history, you may be automatically invited to participate in a program.* You can also nominate yourself or a dependent for a program. Call (800) 218-5295 for more information.

* Membership is confidential and offered at no additional cost to members.

Medical

HealthLineSM Blue 24-Hour Health Information

You can receive confidential, up-to-date health information 24 hours a day from specially trained nurses by calling HealthLine Blue at (877) 477-2424 and by visiting the HealthLine Blue Dialog Center in the BlueExtras section of the Blue Cross Blue Shield of North Carolina website.

HealthLine Blue nurses are available to assist you with medical questions, offer support, and send you free videos and brochures on health topics appropriate for your condition. Members may ask to speak with the same nurse on an ongoing basis.

The online Dialog Center at www.bcbsnc.com allows you to search unbiased, research-based medical information with real-life patient experiences and send secure emails to a HealthLine Blue nurse. You can also track symptoms and medications and follow online links to health information recommended by your nurse. On the phone and online, there's no simpler way for you to get the information you need to take control of your health today.

Prescription Drugs

For each 30-day supply of a Tier 5 Drug, you will pay a minimum of \$50 in coinsurance, but not more than \$100. For Tier 6 Drug you will pay a minimum of \$50 in coinsurance, but not more than \$200. Any Out-of-Network charges over the allowed amount are not included in this maximum. Refer to your benefit booklet for limitations to Infertility drugs.



Medical Benefits Key Terms

Here are some short explanations of common terms, which can help you better understand the terms mentioned in this guide.

Deductible: The amount of money you must pay each year toward health expenses. After you have met the deductible for the year, the plan will start to pay for the covered health expenses. The deductible does not apply to services that only require a copay or prescription drugs, unless otherwise noted.

Coinsurance: The percentage of the allowable amount or billed charges that the member must pay for covered services, after meeting any applicable plan deductible.

Copay: The fixed dollar amount that you must pay to receive certain covered services such as office visits and prescription drugs.

In-Network Provider: A provider who is part of the Blue Cross Blue Shield of North Carolina Blue Options PPO network, also called a network provider. PPO members pay less when they use preferred providers.

Out-of-Network Provider: A provider who is not in the Blue Cross Blue Shield of North Carolina Blue Options PPO network, also called a non-network provider.

Emergency: A sudden or unexpected onset of a condition of such severity that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of an individual or with respect to a pregnant woman, the health of the pregnant woman or her unborn child in serious jeopardy, serious physical impairment to bodily functions, serious dysfunction of any bodily organ or part, or death.

Heart attacks, strokes, uncontrolled bleeding, poisonings, major burns, prolonged loss of consciousness, spinal injuries, shock, and other severe, acute conditions are examples of emergencies.

Medical

The following table summarizes the key features of the medical plan available to you and your dependents.

To receive the highest level of benefits, utilize in-network (Blue Options PPO) providers and fully understand what is expected of you.

CRI Medical Plan (Blue Cross Blue Shield of North Carolina Blue Options Gold 2000 C PPO)		
Key Features	In-Network	Out-of-Network
Annual Deductible (ded.)	You Pay	
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Limits		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Physician Services		
Office visits	\$20 copay	50% after ded.
Specialist visits	\$40 copay	50% after ded.
Preventive Care		
Routine lab and x-ray	0%, no ded.	Not Covered
Annual routine physical exam	0%, no ded.	Not Covered
Immunizations	0%, no ded.	Not Covered
Well-baby care and well-child care*	0%, no ded.	Not Covered
Well woman exam and routine OB/GYN exam*	0%, no ded.	Not Covered
Mammogram, pap tests and prostate cancer screenings*	0%, no ded.	Not Covered
Hospital Services		
Inpatient hospitalization; semiprivate room and board	20% after ded.	50% after ded.
Surgeon, assistant surgeon, anesthesiologist	20% after ded.	50% after ded.
Outpatient hospital services	20% after ded.	50% after ded.
Maternity Care		
Delivery and inpatient hospital services	20% after ded.	50% after ded.
Emergency Care Services		
Ambulance	20% after ded.	20% after ded.
Emergency room	\$500 copay	\$500 copay
Urgent care centers	\$40 copay	\$40 copay
Other Covered Expenses		
Short-term physical, chiropractic and occupational therapy (PCP/Specialist)	\$20/\$40 copay	50% after ded.
Speech therapy (30 visits a year) (PCP/Specialist)	\$20/\$40 copay	50% after ded.
Skilled nursing facility (60 days a year)	20% after ded.	50% after ded.
Home health care	20% after ded.	50% after ded.
Hospice care	20% after ded.	50% after ded.
Durable medical equipment	20% after ded.	50% after ded.
Mental Health and Substance Abuse		
Office visits	\$20 copay	50% after ded.
Inpatient	20% after ded.	50% after ded.
Outpatient	20% after ded.	50% after ded.
Prescription Drugs (Retail - 30 day supply)		
Tier 1	\$4 copay	\$4 copay
Tier 2	\$15 copay	\$15 copay
Tier 3	\$35 copay	\$35 copay
Tier 4	\$50 copay	\$50 copay
Tier 5**	25% coinsurance	25% coinsurance
Tier 6**	50% coinsurance	50% coinsurance

* Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen (PSAs) tests are covered out-of-network.

** There is a \$50 per drug minimum copay for tier 5 and 6 and a \$100 per drug maximum copay for each 30-day supply of tier 5 drugs and \$200 per drug maximum copay for tier 6 drugs.

This summary is provided for general information only. The benefit schedule in the above table reflects the amount paid by plan members. In addition to deductible and coinsurance amounts, you are responsible for out-of-network provider charges that are higher than the plan's allowable fee. Since exclusions, dollar/frequency limitations apply and prior authorization may apply in certain cases, you should refer to the specific plan documents available on the CRI Benefits Website for detailed information. Services that reflect a percentage coinsurance are subject to the deductible.

Vision

Vision

CRI understands the importance of taking care of your eyesight. Our vision plan promotes preventive care through regular eye exams and early corrective treatment. The vision plan is insured by Vision Service Plan (VSP).

- When you enroll in the medical plan, you and your covered dependents are automatically enrolled in the vision plan. If you do not enroll in the medical plan, you and your dependents are not eligible to participate in the vision plan.
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

Practice good vision health. Obtain an eye exam every year and help stop vision loss before it starts.



Your Cost

You and CRI share in the cost of medical/vision coverage. Your cost is deducted from your pay on a pretax basis. Refer to the section titled **Employee Contributions** for the applicable cost.

Whether you use an in-network or out-of-network provider, benefit authorization is required before you receive services.

Using an In-Network Versus an Out-of-Network Provider

		In-Network	Out-of-Network
The plan gives you a choice when it comes to receiving eye care. You may receive services from either in-network or out-of-network providers. Although you are not required to use in-network providers, your out-of-pocket costs will be lower when in-network providers are used. This table compares some of the key differences between receiving care from an in-network versus an out-of-network provider.	Provider	Must use an in-network provider	Use any licensed eye care provider outside the network
	Benefit Authorization	Your network provider obtains authorization from your vision plan when you make your appointment and identify yourself as an enrolled member	You should contact VSP to verify eligibility and benefits prior to your appointment
	Benefits	The plan pays a higher benefit level, which means less out-of-pocket cost for you	The plan pays a lower benefit level, which means more out-of-pocket cost for you
	Claims	Your provider files claims on your behalf	You must file your own claims with your vision provider
	Additional Discounts and Savings	Available, which means your share of the cost for additional purchases will be less (e.g., LASIK surgery, etc.)	Not available

When searching for a network provider, note that you should select “VSP Signature” for your provider network.

VSP Exclusive Member Extras and Discounts

Save 30-60% (up to \$2,400) on hearing aids with VSP and TruHearing: TruHearing offers significantly reduced out-of-pocket costs on hearing aids for all VSP members and their families (including parents). You can combine these discounts with your medical plan insurance to further minimize your out-of-pocket expenses. For more information, visit <http://vsp.truhearing.com> or call (877) 396-7194.

For information on additional savings, visit www.vsp.com/optical-discounts.html - Discover great deals on glasses, sunglasses, contact lenses, LASIK, EyePromise vitamins, and much more.

The following table summarizes the key features of the vision plan available to you and your dependents.

To receive the highest level of benefits, utilize network (VSP Signature) providers and fully understand what is expected of you.

CRI Vision Plan (VSP Signature)		
Key Features	In-Network	Out-of-Network
Annual copay	\$25	
	Plan Pays	
Vision exam (once every 12 months)	Covered in full*	Up to \$50*
Lenses (complete set, not per lens; once every 12 months)		
- Single vision	Covered in full*	Up to \$50*
- Bifocal	Covered in full*	Up to \$75*
- Trifocal	Covered in full*	Up to \$100*
- Lenticular	Covered in full*	Up to \$125*
Frame (once every 12 months)	Up to \$130 allowance*	Up to \$70*
Contact lens evaluation and fitting (in lieu of lenses and frames; once every 12 months)		
- Visually necessary (prior authorization required)	Covered in full*	Up to \$210*
- Elective**	Up to \$130 allowance*	Up to \$105
Lens options		
- Tinted/Photochromic	Covered in full	Up to \$5
Low vision care As necessary for severe visual problems not corrected with regular lenses (limited to a maximum benefit of \$1,000 every two calendar years)		
- Supplemental testing	Covered in full	Up to \$125
- Supplemental aids	75% of cost***	75% of cost***

* Subject to copay.

** \$60 copay applies; 15% discount applies to member provider's usual and customary professional fees for contact lens evaluation and fitting.

*** Maximum benefit for all low vision services and materials is \$1,000 every two years.

This summary is provided for general information only. Except for the Annual Copay, the benefit schedule in the above table reflects the amount paid by the plan. Since exclusions and dollar/frequency limitations apply, you should refer to the specific plan documents available on the CRI Benefits Website for detailed information.

Vision

Why is Vision Insurance Important?

According to the National Eye Institute, more than 11 million Americans have an uncorrected visual impairment that can impact their quality of life. By obtaining an eye exam each year, you can help prevent vision problems before they start. This may lead you to wonder, who should get an eye exam and why?

- **Babies:** About 80% of what babies learn is through their eyes (schedule an eye exam at six months, between two and three years old and before kindergarten).
- **Children:** One in four children have vision problems that can interfere with learning and behavior (schedule an eye exam once a year, preferably around the beginning of the school year to give your child a healthy start).
- **Adults:** Even if you had laser vision surgery or have naturally good vision, you can still encounter vision problems (schedule an eye exam once a year).
- **Seniors:** As we age, we're more susceptible to cataracts, glaucoma and macular degeneration (schedule an eye exam once a year).
- **People with diabetes:** Diabetes is the third leading cause of blindness in the United States (most diabetes-related blindness can be prevented by an annual eye exam).
- **Contact lens wearers:** Contact lenses are medical devices, so regular exams with your eye doctor and review of your prescription are important (schedule a contact lens evaluation and fitting once a year).



VSP Website and Newsletter

www.vsp.com

<http://vspenvisionnewsletter.com>

You can connect to www.vsp.com to use VSP's interactive doctor directory to find the doctor that's right for you and instantly view personalized benefit information. You will also have access to the latest eye health and wellness information. Also, be sure to check out VSP's newsletter at <http://vspenvisionnewsletter.com> to learn about special offers and rebates, tips and trends, and answers to frequently asked eye health questions.

Dental



Dental

The dental plan offered by CRI is designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of dental services. The dental plan is insured by MetLife.

- If you enroll for coverage within your initial eligibility period, your coverage will be effective on the first day of the month following or coinciding with your 60th day of active full-time employment (whichever date is earlier).
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage within 31 days of a qualifying event in accordance with **Making Changes During the Year** and **Special Enrollment Rules**.

Your Cost

You and CRI share in the cost of dental coverage. Your cost is deducted from your pay on a pretax basis. Refer to **Employee Contributions** for the applicable cost.

In-Network Pediatric Dental Benefits Through Blue Cross Blue Shield of North Carolina

If you enroll in the Blue Cross Blue Shield of North Carolina medical plan, your plan includes pediatric dental care benefits for dependents up to age 19. Review the information on page 10 for more information.

Dental PPO Plan

MetLife's dental PPO plan allows you to choose the dentists, specialists and other dental professionals and facilities that work best for you. You are not required to select a primary care dentist and you do not need a referral to receive care from a specialist. Whether you choose a dentist contracted in the MetLife dental PPO network or outside the network, your coverage will include a wide range of eligible services. MetLife's negotiated rates are available to you when you use in-network participating dentists or specialists.

By selecting a dentist or specialist contracted in MetLife's network (i.e., an in-network dentist), you will pay less for covered services. Dentists in the network will submit claims on your behalf. If you select a dentist who is not contracted in MetLife's network (an out-of-network dentist), your out-of-pocket expenses will generally be higher and you may be required to file your own claims.

Most diagnostic and preventive care procedures are covered at no cost or low cost to you when you visit a participating in-network dentist. For other services, you will pay a percentage of the cost (coinsurance amount) to the dentist at the time of service. Depending on the type of service, you may also be required to pay your annual deductible.



MetLife Website
metlife.com/mybenefits
800.275.4638

First time visitors: You will need to establish a user ID and password. Then, information is available 24/7.

Dental

The following table summarizes the key features of the dental plan available to you and your eligible dependents. To receive the highest level of benefits, utilize in-network providers and fully understand what is expected of you.



CRI Dental Plan (MetLife)		
PPO (Option 3)		
Provision	In-Network	Out-of-Network
Calendar Year Maximum Benefits (per person)	\$1,500	
Orthodontia Lifetime Maximum (per person)	\$1,000	
	You pay	You pay
Calendar Year Deductible (ded.)		
Individual	\$50	\$50
Family	\$150	\$150
Diagnostic and Preventive Services Examinations, sealants, x-rays, emergency palliative treatment	0% (no deductible)	0% (no deductible)
Basic Restorative Services Amalgam fillings, root canal, periodontal maintenance, scaling and root planning, general anesthesia, periodontal surgery, oral surgery	10% after deductible	20% after deductible
Major Services Crowns buildups/Post core, dentures, fixed bridges, inlays/onlays/crowns, implants services	40% after deductible	50% after deductible
Orthodontia (appliances must be placed prior to age 19)	50%	50%

This summary is provided for general information only. It does not provide coverage details, exclusions or limitations (e.g., preexisting condition limitation). Refer to the plan documents available on the HR/Benefits website for complete plan provisions, exclusions and limitations.

Dental Provider Definitions

Endodontist: Treats diseases of the tooth root, dental pulp and surrounding tissue

Oral Surgeon: Specializes in the surgical treatment of the jaw, face and teeth

Pedodontist (or Pediatric Dentist): Treats children

Periodontist: Studies and treats gum disease

Prosthodontist: Treats and corrects missing teeth using dental implants, dentures, crowns and some cosmetic procedures

How Do I Search for a MetLife Dental Provider?

1. Go to [metlife.com/dental](https://www.metlife.com/dental)
2. Go to the "Find a dentist" box enter your zip code
3. Select the network "PDP Plus" and click "Go" to see the list of dentists in your area

It is recommended that when you call to schedule your appointment, you confirm the dentist or facility is participating in the network.

Dental

Why is Dental Insurance Important?

Oral health is important, not only for looks, but for your general health as well. The American Dental Association recommends regular dental check-ups because they can improve your health by helping you:

- **Prevent oral cancer:** An oral cancer screening is a routine part of a dental exam. Regular check-ups, including an examination of the entire mouth, are essential in the early detection of cancerous and pre-cancerous conditions.
- **Prevent gum disease:** If diagnosed early, gum disease can be treated and reversed. Regular dental cleanings and check-ups, flossing daily, brushing twice a day, and eating a balanced diet are key factors in preventing gum disease.
- **Help maintain good physical health:** Recent studies indicate there may be an association between oral health and serious health conditions such as cardiovascular disease and diabetes, underscoring the importance of good oral hygiene habits. Visiting your dentist regularly can help keep you and your smile healthy.
- **Prevent the need for advanced treatment:** Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.
- **Protect your children's health:** Regular check-ups can help prevent tooth decay in your children, which if untreated, can cause decay so severe that the teeth cannot be repaired. Children need strong, healthy teeth to talk and to chew their food. Schedule your child's first dental visit when their first tooth appears. Treat your first dental visit as you would a well-baby checkup with your child's physician.



Your provider's participation in the MetLife network may change at any time, so it is important to verify that your provider is contracted with the MetLife network prior to receiving services. For instructions on how to find a dental provider, refer to [How Do I Search for a MetLife Provider?](#)



MetLife Dental Health Resources [metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Learn about changes you can make to benefit your teeth and your overall well-being by visiting MetLife's oral health library. It is designed to give you information to stay educated about your dental health.

Disability

Disability

The disability programs offered by CRI are designed to replace a portion of your income if you are unable to work due to an accident or illness. The plans also provide the vital support, services and assistance you need to get back to work and to an independent lifestyle. Disability plans are insured by MetLife.

Short Term Disability

You are automatically enrolled for STD coverage on the first day of the month immediately following 60 days of employment.

Short term disability (STD) benefits will begin immediately after an accidental injury or after you have been absent due to an illness for seven continuous days, provided your non-work related illness or injury is a certified disability. STD benefits pay up to 55% of your eligible pay and continue for up to 26 weeks. The maximum weekly benefit is \$1,000.

STD benefits will be reduced by any other benefits you or your dependents may be eligible to receive due to your disability, such as state disability benefits, workers' compensation or Social Security benefits.

Disability Program			
Plan	Benefit Percentage	Maximum Benefit	Benefit Begins
Short Term Disability	55% of pay	\$1,000 per week	8th day of disability
Long Term Disability	66.67% of pay	\$7,500 per month	181st day of disability



Long Term Disability

If you continue to be disabled, as determined by the insurance company, long term disability (LTD) benefits begin after the later of:

- The maximum duration of STD is reached; or
- 180 days.

You are automatically enrolled for LTD coverage on the first day of the month immediately following 60 days of employment.

LTD benefits pay up to 66.67% of your eligible pay up to a maximum of \$7,500 per month. Generally, LTD benefits can continue as long as you remain disabled, up to age 65 (longer if your disability begins after age 60).

LTD benefits will be reduced by any other benefits you or your dependents may be eligible to receive due to your disability, such as state disability benefits, workers' compensation or Social Security benefits.

Any benefit payments you receive under the CRI disability plan will be considered taxable income under applicable federal and state tax regulations.

There are several other additional special benefit provisions available under the LTD plan as follows:

- Social Security assistance.
- Rehabilitation during disability.
- Transitional work arrangements.
- Work incentive benefits.

Your Cost

CRI pays the entire cost for the STD and LTD plans. However, if you work in a state that requires that you contribute to a state disability fund, your contributions and participation in that disability fund will be subject to laws of the state in which you work.

Life and Accident

Life and Accident

The life and accident insurance plans provide you with basic life and accident insurance paid for by CRI. In addition, you may purchase optional life and accident insurance for you, or you and your dependents at group rates. The life and accident plans are insured by MetLife.

The following table summarizes the key features of the plans.



CRI Life and Accident Insurance Program (MetLife)					
Plan	Employee	Spouse	Each Child	Enrollment Required	Paid By
Basic Life	\$50,000	—	—	No	CRI
Optional Life	\$10,000 - \$500,000 up to five times base pay*	\$5,000 – \$100,000**	\$1,000 – \$10,000	Yes	Employee
Basic AD&D	\$50,000	—	—	No	CRI
Optional AD&D	\$10,000 - \$500,000 up to five times base pay	\$5,000 – \$100,000	\$1,000 – \$10,000	Yes	Employee

* A statement of health is required for amounts exceeding \$50,000 and for late entrants.

** A statement of health is required for amounts exceeding \$25,000 and for late entrants.

This summary is provided for general information only. Certain maximums apply to each level of coverage and a statement of health may be required. In addition, life and AD&D coverage is reduced according to an age reduction schedule beginning at age 65. Children under the age of six months have a limited benefit of \$100. Refer to the specific plan documents available on the CRI Benefits Website for detailed information.

Basic Life

You are automatically enrolled for basic life insurance on the first day of the month immediately following 60 days of employment. Your basic life insurance coverage amount is \$50,000. Basic life and AD&D insurance reduces by 35% at age 65 and 50% at age 70.

Basic AD&D

You are automatically enrolled for basic accidental death and dismemberment (AD&D) insurance on the first day of the month immediately following 60 days of employment. The principal amount of your basic AD&D insurance is \$50,000.

Life and Accident

Optional Life and AD&D – Employee

Optional life and AD&D insurance is available in increments of \$10,000 up to a maximum benefit of \$500,000 or five times your annual base pay, whichever is less. Optional life and AD&D insurance reduces by 35% at age 65 and 50% at age 70.

If you enroll for coverage and your enrollment is received within your initial eligibility period, your coverage amount for optional life and AD&D insurance of up to \$50,000 will be effective on the first day of the month following 60 days of full-time employment.

If your enrollment into optional life and AD&D insurance results in over \$50,000 of coverage, you will be required to provide a statement of health satisfactory to the insurance company before coverage in excess of \$50,000 will become effective.

If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

You should also keep in mind that if you enroll or increase coverage after your initial eligibility period, you will be required to provide a statement of health to the insurance company before the coverage will become effective. For more details, refer to the section titled **Special Enrollment Rules**.

If your optional life insurance coverage amount changes, your employee premiums will change on the first of the month immediately following the date your voluntary life insurance coverage amount changed and the new premiums will be reflected on your next paycheck.

Your Cost

CRI pays the full cost of basic life and basic AD&D insurance. You pay the full cost of any optional life and optional AD&D insurance, dependent's optional life and optional AD&D insurance which is deducted from your pay. Refer to the section titled **Employee Contributions** for the applicable cost.

Optional Life and AD&D – Spouse

If you enroll for optional life and AD&D coverage, you are eligible to enroll for dependent life and AD&D coverage for your spouse. Coverage is available in amounts of \$5,000 to \$100,000 in increments of \$5,000. The maximum amount of dependent life and AD&D insurance for your spouse cannot exceed \$100,000 or 50% of your combined basic and optional life and AD&D insurance coverage amounts.

If your spouse's enrollment into dependent life and AD&D insurance results in over \$25,000 of coverage, your spouse will be required to provide a statement of health satisfactory to the insurance company before coverage in excess of \$25,000 will become effective.

If you do not enroll for optional life and AD&D insurance for your spouse during your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

However, you should keep in mind that if you enroll or increase coverage after your initial eligibility period, your spouse will be required to provide a statement of health satisfactory to the insurance company. The new or increased coverage will become effective on the date the insurance company approves such coverage.



Life and Accident

Optional Life and AD&D – Children

Optional life and AD&D insurance for your children is available in amounts of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. (Children under six months of age are limited to \$100.) The optional life and AD&D coverage amount for your children cannot exceed the optional life and AD&D coverage amount for your spouse.

If you enroll within your dependent child's initial eligibility period, coverage will be effective on the first day your child is eligible.

If you do not enroll for optional life and AD&D insurance within your dependent child's initial eligibility period, you may enroll for coverage:

- On or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.
- During the next open enrollment period.

Any enrollments or increases to your optional life and AD&D insurance after your child's initial eligibility period will be effective:

- January 1 immediately following the open enrollment period (for changes made during the open enrollment period).
- On the date of the qualifying event (for changes made as a result of a qualifying event).

If your dependent life insurance coverage amount changes, your employee premiums will change on the first of the month immediately following the date your dependent life insurance coverage amount changed and the new premiums will be reflected on your next paycheck.

The following table shows losses that are covered under the accident plans and the corresponding benefit amounts as a percentage of the covered person's principal amount. These benefit amounts will be paid only if:

- Death occurs within 365 days from the date of the accident; or
- Injury results in one or more covered losses listed below within 365 days from the date of the accident.

Covered Loss	Percentage of Principal Amount	
	Basic AD&D	Optional AD&D
Life		
Both hands, both feet, sight of both eyes or combination of any two hands, feet or eyes	100%	100%
Speech and hearing	—	100%
Quadruplegia		
Paraplegia		
Hemiplegia	—	50%
Speech or hearing		
Hand, foot or sight in one eye	50%	50%
Thumb and index finger of same hand	—	25%

Injury means bodily impairment resulting directly from an accident and independently of all other causes.

Life and Accident

Things to Consider About Life Insurance

Let's face it. Most people don't like to think about needing life insurance. But when an unexpected death happens to a wage earner, we realize how important life insurance can be. You can minimize the impact of an unexpected death by selecting the right amount of life insurance.

What is the Right Amount of Life Insurance?

How much is enough life insurance? To begin to determine how much you need, consider both your family's immediate and long-term financial needs, such as:

- Mortgage expenses.
- Day care and everyday expenses.
- Credit card debt.
- College costs.
- Charitable giving goals.
- Financial goals.

Final expenses (according to the Federal Trade Commission, simple funerals can cost over \$10,000).



Protect Your Family

Most people agree that protecting their loved ones' lifestyle in the event of death is very important. So why do so many Americans adequately insure their possessions but inadequately cover their family's future?

Consider what would happen to your dependents if they no longer had your income to rely on. Could they maintain their lifestyle? Life insurance can help secure the plans for your child's future such as college funding and medical expenses. Proceeds from a group term life insurance policy can also help supplement retirement income for a surviving spouse.

Reimbursement Accounts

Reimbursement Accounts

CRI offers two different types of reimbursement plans, a health care reimbursement account plan and a dependent day care reimbursement account plan.

The plans provide a great opportunity to get more for your dollars. Every FSA dollar you spend saves you money – not because the services cost less – but because you use dollars that have not been taxed.

Health Care Reimbursement Account

Our health care reimbursement account (HCRA) plan allows you to make pretax contributions from your pay to an account designated to reimburse you for eligible health care expenses. Examples of eligible health care expenses are listed below. For a complete list, refer to Internal Revenue Service Publication 502 at <https://www.irs.gov/uac/about-publication-502>.

- Out-of-pocket medical, vision and dental expenses such as deductibles and copays.
- Medical, vision and dental charges in excess of reasonable and customary limits.
- Certain medical, vision and dental expenses not covered by a CRI health plan, such as over-the-counter medications (as long as you have a written prescription for the medications).

Your contributions are deducted from your pay before federal income taxes, Social Security taxes, and in most states, before state income taxes are withheld.

Also, you may use HCRA dollars you contribute in 2020 toward eligible expenses for adult children through the end of the year in which they attain age 26.

You may contribute from \$200 to \$2,750 per year. If your enrollment occurs at any time other than January 1, your annual contribution will be prorated accordingly.

Keep in mind that the HCRA plan is for eligible health care expenses for you and all of the dependents you claim on your federal tax return, not just those dependents covered under a CRI health plan.



If you enroll for the HCRA plan within your initial eligibility period, your coverage will be effective on the first day of the month immediately following 60 days of employment.

If you do not enroll for the HCRA plan within your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

Carryover Provision

If you do not spend your HCRA funds by December 31, 2020, you will be able to carryover up to \$500 of unused HCRA funds into the following plan year. Any additional balance in your account after December 31, 2020 must be forfeited. If you are eligible for HCRA funds carryover, the carryover amount will appear in your account on/around April 15th following the end of the claim filing deadline. Unused dependent care reimbursement account funds are not eligible for the carryover feature.

Claim Filing Deadline

Keep in mind that your reimbursement account claims must be filed by March 31 of the year following the end of the plan year you participated.

Retain Your Receipts

The IRS requires reimbursement account administrators to carefully audit transactions. Therefore, you should retain your receipts in the event CRI needs to prove your transaction was for eligible health care expenses. You will be advised of any receipt that needs to be submitted for verification purposes.



Reimbursement Accounts

Dependent Day Care Reimbursement Account

Our dependent day care reimbursement account (DDCRA) plan allows you to make pretax contributions from your pay to an account designated to reimburse you for eligible dependent day care expenses, such as child day care, adult dependent day care, dependent care centers and preschool expenses. Your contributions are deducted from your pay before federal income taxes, Social Security taxes, and in most states, before state income taxes are withheld.

If you enroll for the DDCRA plan within your initial eligibility period, your coverage will be effective on the first day of the month immediately following 60 days of employment.

If you do not enroll for the DDCRA plan within your initial eligibility period, you may enroll for coverage during the next open enrollment period or within 31 days of a qualifying event as described in the sections titled **Making Changes During the Year** and **Special Enrollment Rules**.

You may contribute from \$300 to \$5,000 per year (up to \$2,500 per year if married and filing separate tax returns). In addition, there may be other circumstances where your contributions are limited. If your enrollment occurs at any time other than January 1, your annual contribution will be prorated accordingly.

Keep in mind that the DDCRA plan is for dependent day care expenses for your eligible dependents whose care you must pay for so that you and your spouse can work or look for work.

“Use It or Lose It”

You should carefully review your personal situation before enrolling in the reimbursement accounts – the IRS requires that you forfeit any unused money remaining in your reimbursement account at the end of the plan year. In addition, your elections are irrevocable until the next plan year unless you have a qualified change in status and comply with all notification guidelines.

Reimbursement Account Savings Example

Here is how participating in the reimbursement account plans can lower your taxes and help you keep more of your paycheck. The following example assumes an employee earns \$3,000 per month, is married with one child and makes a health care reimbursement account (HCRA) contribution of \$2,400 per year and a dependent day care reimbursement account (DDCRA) contribution of \$4,800 per year.

This example highlights how your take-home pay could change if you participate in the reimbursement account plans. Keep in mind that individual situations differ depending on your income tax status. You are also encouraged to contact your tax advisor to discuss your specific tax situation. If you decide to enroll in one or both of the plans, estimate your expenses carefully and elect to contribute only the amount you are confident that you will spend during the applicable plan year.

Savings Comparison		
	With HCRA/ DDCRA	Without HCRA/ DDCRA
Taxable Income	\$36,000	\$36,000
Reimbursement Account Contribution	- \$7,200	- \$0
Taxable Income – Adjusted	\$28,800	\$36,000
Subtract Federal and Social Security Taxes*	- \$7,387	- \$9,234
After-tax Dollars Spent on Eligible Expenses	- \$0	- \$7,200
Spendable Income	\$21,413	\$19,566
Your Tax Savings with an HCRA/DDCRA is:	\$1,847	–

* Assumes combined tax rate of 25.65%.

Legal Notices

HIPAA Special Enrollment Rights

You have special enrollment rights if you acquire a new dependent, or if you decline coverage under your employer's health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in your employer's 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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in your employer's plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. 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 new dependents in your employer's plan. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.



Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under your employer's plan, you may be able to enroll yourself and your dependents in the plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the health plans' notice of HIPAA privacy. You may obtain a copy of the notice from Human Resources.

Genetic Information Nondiscrimination Act

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

Legal Notices

Women's Health and Cancer Rights Act

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 of the mastectomy, including lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.



Important Notice About 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 available under the medical plans offered by your employer 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.
- CRI has determined that the prescription drug coverage offered under CRI's medical 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.

Legal Notices

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 through 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 medical coverage will not be affected. When your current medical plan coordinates benefits with Medicare, the combined benefits from Medicare and your current medical coverage will equal, but not exceed, what your current plan would have paid if you were not eligible to receive Medicare.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until January 1 following the next Open Enrollment period.



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 your employer 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. 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 your employer changes. You also may request a copy of this notice at any time. More information about your options under Medicare prescription drug coverage and 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.
- 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 (800) 633-4227 (Medicare). TTY users should call (877) 486-2048.

Legal Notices



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, or call them at (800) 772-1213; TTY (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: October 15, 2019

Name of Entity/Sender: Christian Research Institute

Contact-Position/Office: Human Resources

Address: P.O. Box 77333
Charlotte, NC 28271-7007

Phone Number: (704) 887-8201

Continuation of Health Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end. This coverage; however, is only available when coverage is lost due to certain specific events ("qualifying events") that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA.

Plans must give covered individuals an initial general notice informing them of their rights under COBRA and describing the law. The law also obliges plan administrators, employers, and qualified beneficiaries to provide notice of certain "qualifying events". In most instances of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events, the employer must provide a specific notice to the COBRA administrator. The COBRA administrator must then advise the qualified beneficiaries of the opportunity to elect continuation coverage.

If you have any questions regarding continuation of health coverage, please contact Human Resources.

Legal Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

There is 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.

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. Your employer’s health plan meets the standards established under the law with regard both to the plan’s minimum value and its affordability.

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.

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

What This Means For You

- Our plans are affordable. You’ll hear about new coverage options available in the Health Insurance Marketplace, but in most cases, CRI’s coverage will continue to provide the greatest value. And because our plans exceed the federally required “minimum value standards,” it is unlikely that our employees will be eligible for federal subsidies.
- We’ll keep you updated. As we get updates, we’ll provide resources and support to help you understand the impact of health care reform and to feel confident about your personal coverage decisions.

Questions?

Call (800) 318-2596; TTY (855) 889-4325
or visit www.healthcare.gov.

Legal Notices

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 (877) KIDS NOW (543-7669) or visit 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 (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 July 31, 2019. Contact your state for more information on eligibility.

Alabama – Medicaid

Website: <http://myalhipp.com>
Phone: (855) 692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com>
Phone: (866) 251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

Arkansas – Medicaid

Website: <http://myarhipp.com>
Phone: (855) MyARHIPP (855-692-7447)

Colorado – Medicaid and Child Health Plan Plus (CHP+)

Health First Colorado Website:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
(800) 221-3943/State Relay 711
CHP+: www.Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: (800) 359-1991/State Relay 711

Florida – Medicaid

Website: <http://flmedicaidtprecovery.com/hipp>
Phone: (877) 357-3268

Georgia – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: (678) 564-1162 ext. 2131

Indiana – Medicaid

Healthy Indiana Plan for Low-Income Adults 19-64
Website: www.in.gov/fssa/hip
Phone: (877) 438-4479
All Other Medicaid
Website: www.indianamedicaid.com
Phone: (800) 403-0864

Iowa – Medicaid

Website:
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: (888) 346-9562

Kansas – Medicaid

Website: www.kdheks.gov/hcf
Phone: (785) 296-3512

Kentucky – Medicaid

Website: <https://chfs.ky.gov>
Phone: (800) 635-2570

Louisiana – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: (888) 695-2447

Maine – Medicaid

Website:
www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: (800) 442-6003
TTY: Maine Relay 711

Legal Notices

Massachusetts – Medicaid and CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth
Phone: (800) 862-4840

Minnesota – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: (800) 657-3739

Missouri – Medicaid

Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: (573) 751-2005

Montana – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: (800) 694-3084

Nebraska – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633

Nevada – Medicaid

Website: <http://dhcfp.nv.gov>
Phone: (800) 992-0900

New Hampshire – Medicaid

Website: www.dhhs.nh.gov/oii/hipp.htm
Phone: (603) 271-5218
HIPP program: (800) 852-3345 ext. 5218

New Jersey – Medicaid and CHIP

Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: (609) 631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: (800) 701-0710

New York – Medicaid

Website: www.nyhealth.gov/health_care/medicaid
Phone: (800) 541-2831

North Carolina – Medicaid

Website: <https://medicaid.ncdhhs.gov>
Phone: (919) 855-4100

North Dakota – Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid
Phone: (844) 854-4825

Oklahoma – Medicaid and CHIP

Website: www.insureoklahoma.org
Phone: (888) 365-3742

Oregon – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
www.oregonhealthcare.gov/index-es.html
Phone: (800) 699-9075

Pennsylvania – Medicaid

Website: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: (800) 692-7462

Rhode Island – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov>
Phone: (855) 697-4347
Direct Rlte Share Line: (401) 462-0311

South Carolina – Medicaid

Website: www.scdhhs.gov
Phone: (888) 549-0820

South Dakota – Medicaid

Website: <http://dss.sd.gov>
Phone: (888) 828-0059

Texas – Medicaid

Website: <http://www.gethipptexas.com>
Phone: (800) 440-0493

Utah – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>
CHIP: <http://health.utah.gov/chip>
Phone: (877) 543-7669

Vermont – Medicaid

Website: www.greenmountaincare.org
Phone: (800) 250-8427

Virginia – Medicaid and CHIP

Medicaid and CHIP Website: www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: (800) 432-5924
CHIP Phone: (855) 242-8282

Washington – Medicaid

Website: www.hca.wa.gov
Phone: (800) 562-3022 ext. 15473

West Virginia – Medicaid

Website: <http://mywvhipp.com>
Phone: (855) MyWVHIPP (855-699-8447)

Wisconsin – Medicaid

Website:
www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: (800) 362-3002

Wyoming – Medicaid

Website: <https://wyequalitycare.acs-inc.com>
Phone: (307) 777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

Employee Contributions

Medical Rates (Ministry pays 60% of Employee Cost; 0% of Dependent Cost)				
Status	Monthly			Employee Semimonthly
	Employee	Ministry	Total	
Employee only	40% of Employee coverage, 100% of Dependent coverage	60% of Employee coverage; 0% of Dependent coverage	Rates are age specific; refer to rate table	Rates vary based on age and coverage level
Employee and spouse				
Employee and children				
Family				

CRI Medical Plan (Blue Cross Blue Shield of North Carolina Blue Options Gold 2000 C PPO) Contributions							
Age	Total Premium	Employee Coverage			Dependent Coverage		
		Monthly Premiums		Employee Semimonthly	Monthly Premiums		Employee Semimonthly
		Ministry Portion	Employee Portion		Ministry Portion	Employee Portion	
0-14	\$309.63	\$185.78	\$123.85	\$61.93	\$0.00	\$309.63	\$154.82
15	\$337.15	\$202.29	\$134.86	\$67.43	\$0.00	\$337.15	\$168.58
16	\$347.67	\$208.60	\$139.07	\$69.53	\$0.00	\$347.67	\$173.84
17	\$358.19	\$214.91	\$143.28	\$71.64	\$0.00	\$358.19	\$179.10
18	\$369.53	\$221.72	\$147.81	\$73.91	\$0.00	\$369.53	\$184.77
19	\$380.86	\$228.52	\$152.34	\$76.17	\$0.00	\$380.86	\$190.43
20	\$392.60	\$235.56	\$157.04	\$78.52	\$0.00	\$392.60	\$196.30
21-24	\$404.74	\$242.84	\$161.90	\$80.95	\$0.00	\$404.74	\$202.37
25	\$406.36	\$243.82	\$162.54	\$81.27	\$0.00	\$406.36	\$203.18
26	\$414.45	\$248.67	\$165.78	\$82.89	\$0.00	\$414.45	\$207.23
27	\$424.17	\$254.50	\$169.67	\$84.83	\$0.00	\$424.17	\$212.09
28	\$439.95	\$263.97	\$175.98	\$87.99	\$0.00	\$439.95	\$219.98
29	\$452.90	\$271.74	\$181.16	\$90.58	\$0.00	\$452.90	\$226.45
30	\$459.38	\$275.63	\$183.75	\$91.88	\$0.00	\$459.38	\$229.69
31	\$469.09	\$281.45	\$187.64	\$93.82	\$0.00	\$469.09	\$234.55
32	\$478.81	\$287.29	\$191.52	\$95.76	\$0.00	\$478.81	\$239.41
33	\$484.88	\$290.93	\$193.95	\$96.98	\$0.00	\$484.88	\$242.44
34	\$491.35	\$294.81	\$196.54	\$98.27	\$0.00	\$491.35	\$245.68
35	\$494.59	\$296.75	\$197.84	\$98.92	\$0.00	\$494.59	\$247.30
36	\$497.83	\$298.70	\$199.13	\$99.57	\$0.00	\$497.83	\$248.92
37	\$501.07	\$300.64	\$200.43	\$100.21	\$0.00	\$501.07	\$250.54
38	\$504.31	\$302.59	\$201.72	\$100.86	\$0.00	\$504.31	\$252.16
39	\$510.78	\$306.47	\$204.31	\$102.16	\$0.00	\$510.78	\$255.39
40	\$517.26	\$310.36	\$206.90	\$103.45	\$0.00	\$517.26	\$258.63
41	\$526.97	\$316.18	\$210.79	\$105.39	\$0.00	\$526.97	\$263.49
42	\$536.28	\$321.77	\$214.51	\$107.26	\$0.00	\$536.28	\$268.14
43	\$549.23	\$329.54	\$219.69	\$109.85	\$0.00	\$549.23	\$274.62

Note: Premium calculations include all subscribers, all spouses, all participants age 21 and over and only the 3 oldest child dependents under the age of 21.

Employee Contributions

CRI Medical Plan (Blue Cross Blue Shield of North Carolina Blue Options Gold 2000 C PPO) Contributions							
Age	Total Premium	Employee Coverage			Dependent Coverage		
		Monthly Premiums		Employee Semimonthly	Monthly Premiums		Employee Semimonthly
		Ministry Portion	Employee Portion		Ministry Portion	Employee Portion	
44	\$565.42	\$339.25	\$226.17	\$113.08	\$0.00	\$565.42	\$282.71
45	\$584.44	\$350.66	\$233.78	\$116.89	\$0.00	\$584.44	\$292.22
46	\$607.11	\$364.27	\$242.84	\$121.42	\$0.00	\$607.11	\$303.56
47	\$632.61	\$379.57	\$253.04	\$126.52	\$0.00	\$632.61	\$316.31
48	\$661.75	\$397.05	\$264.70	\$132.35	\$0.00	\$661.75	\$330.88
49	\$690.49	\$414.29	\$276.20	\$138.10	\$0.00	\$690.49	\$345.25
50	\$722.87	\$433.72	\$289.15	\$144.57	\$0.00	\$722.87	\$361.44
51	\$754.84	\$452.90	\$301.94	\$150.97	\$0.00	\$754.84	\$377.42
52	\$790.05	\$474.03	\$316.02	\$158.01	\$0.00	\$790.05	\$395.03
53	\$825.67	\$495.40	\$330.27	\$165.13	\$0.00	\$825.67	\$412.84
54	\$864.12	\$518.47	\$345.65	\$172.82	\$0.00	\$864.12	\$432.06
55	\$902.57	\$541.54	\$361.03	\$180.51	\$0.00	\$902.57	\$451.29
56	\$944.26	\$566.56	\$377.70	\$188.85	\$0.00	\$944.26	\$472.13
57	\$986.35	\$591.81	\$394.54	\$197.27	\$0.00	\$986.35	\$493.18
58	\$1,031.28	\$618.77	\$412.51	\$206.26	\$0.00	\$1,031.28	\$515.64
59	\$1,053.54	\$632.12	\$421.42	\$210.71	\$0.00	\$1,053.54	\$526.77
60	\$1,098.46	\$659.08	\$439.38	\$219.69	\$0.00	\$1,098.46	\$549.23
61	\$1,137.32	\$682.39	\$454.93	\$227.46	\$0.00	\$1,137.32	\$568.66
62	\$1,162.82	\$697.69	\$465.13	\$232.56	\$0.00	\$1,162.82	\$581.41
63	\$1,194.79	\$716.87	\$477.92	\$238.96	\$0.00	\$1,194.79	\$597.40
64+	\$1,214.22	\$728.53	\$485.69	\$242.84	\$0.00	\$1,214.22	\$607.11

Vision Contributions				
Status	Monthly			Employee Semimonthly
	Employee	Ministry	Total	
Employee only	\$7.48	\$4.99	\$12.47	\$3.74
Employee and spouse	\$21.82	\$4.99	\$26.81	\$10.91
Employee and children	\$21.82	\$4.99	\$26.81	\$10.91
Family	\$21.82	\$4.99	\$26.81	\$10.91

Employee Contributions

Dental Contributions				
Status	Monthly			Employee Semimonthly
	Employee	Ministry	Total	
Employee only	\$24.32	\$16.21	\$40.53	\$12.16
Employee and spouse	\$66.36	\$16.21	\$82.57	\$33.18
Employee and children	\$75.01	\$16.21	\$91.22	\$37.51
Family	\$126.43	\$16.21	\$142.64	\$63.22

Short Term Disability, Long Term Disability, Basic Life, Basic AD&D

These benefits are fully paid for by CRI.

Optional Life and Optional AD&D Contributions*		
Age	Life – Monthly Cost/\$1,000	AD&D – Monthly Cost/\$1,000
< 30	\$0.08 (Child Rate is \$0.24/\$1,000)	\$0.03
30 – 34	\$0.12	\$0.03
35 – 39	\$0.16	\$0.03
40 – 44	\$0.24	\$0.03
45 – 49	\$0.36	\$0.03
50 – 54	\$0.65	\$0.03
55 – 59	\$1.25	\$0.03
60 – 64	\$1.64	\$0.03
65 – 69	\$3.06	\$0.03
70 +	\$4.96	\$0.03

* These rates also apply to a spouse who enrolls for coverage; child life rate is \$0.24/\$1,000 of coverage, regardless of the number of children covered.

This guide provides a brief summary of the employee benefit plans in effect on January 1, 2020 for regular full-time employees of Christian Research Institute. It is not a Summary Plan Description (SPD). However, this guide serves as the "Summary of Material Modification" to our benefit plans in accordance of the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). If there is a discrepancy between this guide and the applicable insurance contract, agreement, SPD, plan document or employee manual, the applicable insurance contract, agreement, SPD, plan document or employee manual will prevail.

Neither this document nor Christian Research Institute's procedures and communications shall be deemed to be a promise or guarantee of future or continued employment, or as stating provisions and terms of employment. Christian Research Institute and its employees recognize their mutual right to end their employment relationship at any time and acknowledge that such relationship is one of employment at will.

Christian Research Institute reserves the right to change (including, but not limited to, the right to amend, suspend or terminate) or make exceptions to its personnel policies, procedures and benefit plans, or to change employee contributions at its discretion at any time and without prior notice.

The policies and benefit plans described in this document may vary from location to location to conform to applicable law or business unit needs.

No representative of Christian Research Institute has the authority to make any agreement contrary to the provisions of this notice.

Important Information About Medicare Prescription Drug Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to pages 27-29 for more details.