2025

EMPLOYEE BENEFITS GUIDE

CRI

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Important Contact Information

Plan/Program	Contact No.	Group/Policy No.
Medical - Blue Cross Blue Shield of North Carolina		
www.bluecrossnc.com	(877) 258-3334	14152196
Vision - Vision Service Plan		
www.vsp.com	(800) 877-7195	00504044
Dental - MetLife		
www.metlife.com/mybenefits	(800) 275-4638	05557941
Short Term Disability - MetLife		
Contact Human Resources		05557941
Long Term Disability - MetLife		
Contact Human Resources		05557941
Life and Accident - MetLife		
Contact Human Resources		05557941
Reimbursement Accounts - Flores & Associates		
www.flores247.com	(704) 335-8211	
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 plan year that begins on the following January 1.

This guide briefly describes the CRI employee benefits program effective January 1, 2025. 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**.

Are you using this guide for open enrollment?
If yes, please read carefully to find valuable information to make informed choices for your 2025 coverage. Do not miss this once-a-year opportunity to enroll in benefit plans that fit your needs.

CRI Benefits Website
www.teamcreativa.com/cri

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 applicable sections of this guide for more details about each plan.

Refer to the section titled **Important Contact Information** if you have questions or require additional information, or contact Human Resources.

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, which 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. Contact Human Resources for additional information.

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

Enrolling into the benefit programs is easy! Shortly after you are hired you will receive a benefits package. This benefits package will provide you with all the information you need to enroll for benefits.

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	First of the month following 60 days of employment (enrollment required to participate)	Work status change (PT to FT) - First of the month following 60 days of work status change; all other events - date of qualifying event	January 1 following open enrollment period
Vision Dental Reimbursement Accounts	First of the month following 60 days of employment (enrollment required to participate)	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* (enrollment required to participate)	Date of qualifying event*	January 1 following open enrollment period*
Optional Dependent Life	First of the month following 60 days of employment* (enrollment required to participate)	Date of qualifying event*	January 1 following open enrollment period*
Optional AD&D	First of the month following 60 days of employment (enrollment required to participate)	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.

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 employee 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* Dental* Vision*	On the last day of the month in which your employment or benefits eligibility ends.
Short Term Disability Long Term Disability Life and Accident Health Care Reimbursement* Dependent Day Care Reimbursement	On the last day of employment or your benefits eligibility ends.

* 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, whichever occurs first.

Under certain circumstances you may be able to continue certain benefit coverage (medical, dental, vision and health care reimbursement account) for yourself and your dependents through COBRA.

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 (BCBSNC).

- 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 (SBC)

The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires that plans provide an SBC. 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.bluecrossnc.com
First time visitors: You will need to establish a username and password. Then, information is available 24/7.

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: Your share of medical costs and some prescriptions that you 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 BCBSNC Blue Options PPO network, also called a network provider. As a PPO member, your care is provided at a discounted rate when using an in-network preferred provider.

Out-of-Network Provider: A provider who is not in the BCBSNC Blue Options PPO network, also called a non-network provider. You usually pay more when you use an out-of-network provider.

Urgent Care: Can save you time and money when you have a minor to moderate non life-threatening illness or injury and cannot see your provider. Ideal for walk-ins, after hours and weekends.

Emergency: The emergency room is open 24/7 and available if you experience sudden or unexpected life-threatening conditions requiring immediate medical attention, such as chest pain, severe abdominal pain, trouble breathing, heavy bleeding, coughing or throwing up blood, head trauma, broken bones, seizures or convulsions, suddenly unable to speak or walk, weak or drooping on one side of the face or body.

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

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 BCBSNC website at www.bluecrossnc.com.

BlueAccess℠ for Members

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

- Request ID cards.
- Find an in-network doctor, drug or facility.
- View your benefits summary.
- Review your claims and explanation of benefits (EOBs).
- Confirm enrollment for you or your covered dependents.
- Track your out-of-pocket expenses.
- Research health and wellness information and so much more.

Medical

BlueCard℠ 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 BCBSNC at the number listed on your ID card.

BluePoints℠ 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.bluecrossnc.com.

Your Health Profile℠

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, BCBSNC 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, BCBSNC 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 free and confidential program. You can also nominate yourself or a dependent for a program. Call (800) 218-5295 for more information.

Medical

HealthLine℠ Blue 24-Hour Health Information

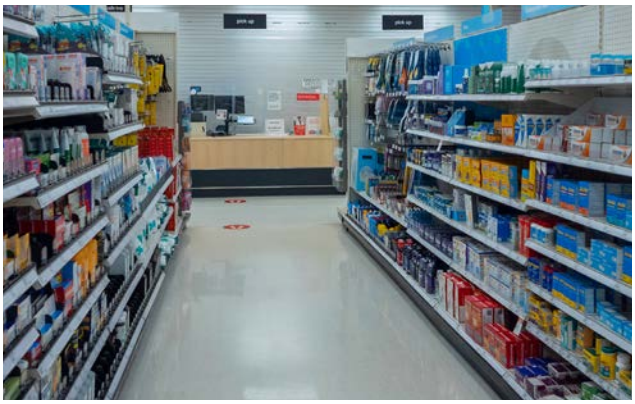
You can receive confidential, up-to-date health information 24 hours a day from specially trained nurses by calling HealthLine Blue at (877) 477-2424 and by visiting the HealthLine Blue Dialog Center in the BlueExtras section of the BCBSNC website.

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.bluecrossnc.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. 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.



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 BCBSNC 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.

Pick a Primary Care Physician (PCP)

While this plan does not require you to have a PCP, BCBSNC 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.

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!

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 BCBSNC website at www.bluecrossnc.com, use the toll-free customer service line at (877) 258-3334 and be sure to read your Blue Cross BCBSNC benefit booklet.

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 (BCBSNC Blue Options Gold 2000 CA PPO)		
Key Features	**In-Network**	**Out-of-Network**
Annual Deductible (ded.)	**You Pay**	
Individual	$2,000	$4,000
Family	$4,000	$8,000
Annual Out-of-Pocket Limits		
Individual	$6,250	$12,500
Family	$12,500	$25,000
Physician Services		
Teladoc (phone and online video consultation)	$10 copay	Not Covered
Office visits	$30 copay	50% after ded.
Specialist visits	$60 copay	50% after ded.
Preventive Care		
Routine lab and x-ray	0%, no ded.	30% after ded.
Annual routine physical exam	0%, no ded.	30% after ded.
Immunizations	0%, no ded.	30% after ded.
Well-baby care and well-child care*	0%, no ded.	30% after ded.
Well woman exam and routine OB/GYN exam*	0%, no ded.	30% after ded.
Mammogram, pap tests and prostate cancer screenings*	0%, no ded.	30% after ded.
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	$600 copay	$600 copay
Urgent care	$60 copay	$120 copay
Other Covered Expenses		
Short-term physical, chiropractic and occupational therapy (PCP/Specialist)	$30/$60 copay	50% after ded.
Speech therapy (30 visits a year) (PCP/Specialist)	$30/$60 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	$30 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

*The medical plan covers preventive care received in-network at 100%. When you receive preventive care from out-of-network providers, charges may apply. Find more details in the plan's Summary of Benefits and Coverage at teamcreativa.com/cri.

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

Medical

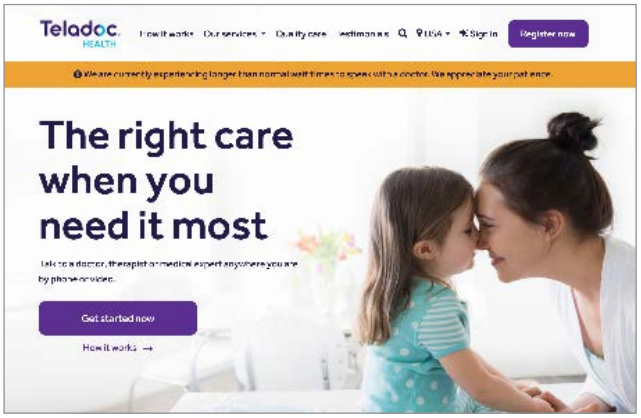
Teladoc Phone & Online Video Consultations

Have you ever been so sick you couldn't get out of bed, let alone drive yourself to go see a doctor? Or have you unexpectedly become sick while out on vacation or on a business trip?

Teladoc is available for phone and online video consultations, and allows you to receive treatment from your home, office or any location where you have phone or internet access for a number of short-term conditions.

With Teladoc, you have access 24 hours, 7 days a week to doctors who are U.S. board-certified and licensed to practice medicine in your state. They can diagnose, treat and prescribe medication if medically necessary for conditions such as:

- Cold and flu symptoms.
- Allergies.
- Bronchitis.
- Urinary tract infection.
- Respiratory infections.
- Sinus problems.
- And much more.



Once you receive your enrollment materials from Teladoc, register your account (by phone, web, or mobile app) so when you need care, a Teladoc doctor is just a call or click away.

Teladoc
(800) 835-2362
www.teladoc.com
teladoc.com/mobile
First time visitors: You will need to create your account and establish a username and password. Then, information is available 24/7.

Teladoc Mobile App

The Teladoc mobile app gives you a quick and convenient option for accessing your Teladoc account. Whether you're at home, stuck at work or out of town, you can manage your medical history or request a visit anytime.

Once you're registered, you are ready to:

1. Request an appointment to speak with a doctor (A flat $10 copay is required).
2. Speak within minutes to a doctor via phone or internet about your symptoms (no time limit).
3. Receive your diagnosis and prescribed medication (if medically necessary).

Teladoc Exclusions

Service not available outside of the United States.

For a psychiatric or medical emergency, dial 911.

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.			

Vision

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/offers/special-offers - 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)	100%*	Up to $50*
Lenses		
(complete set, not per lens; once every 12 months)		
- Single vision	100%*	Up to $50*
- Bifocal	100%*	Up to $75*
- Trifocal	100%*	Up to $100*
- Lenticular	100%*	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)	100%*	Up to $210*
- Elective**	Up to $130 allowance*	Up to $105
Lens options		
- Tinted/Photochromic	100%	Up to $5
Low vision care* **		
As necessary for severe visual problems not corrected with regular lenses		
- Supplemental testing	100%	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 BCBSNC

If you enroll in the CRI offered BCBSNC PPO 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 calendar year deductible.

MetLife Website
www.metlife.com/mybenefits
800.275.4638
First time visitors: You will need to establish a username 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 Option 3 PPO Plan (MetLife)		
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		
Individual	$50	$50
Family	$150	$150
Diagnostic and Preventive Services Examinations, sealants, x-rays, emergency palliative treatment	0%	0%
Basic Restorative Services Amalgam fillings, root canal, periodontal maintenance, scaling and root planning, general anesthesia, periodontal surgery, oral surgery	10% after ded.	20% after ded.
Major Services Crowns buildups/Post core, dentures, fixed bridges, inlays/onlays/crowns, implants services	40% after ded.	50% after ded.
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 **www.metlife.com/dental**
2. Click on the “Find a participating dentist” link
3. Select the “PDP Plus” network, enter your zip code and click “Find” to see a 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.

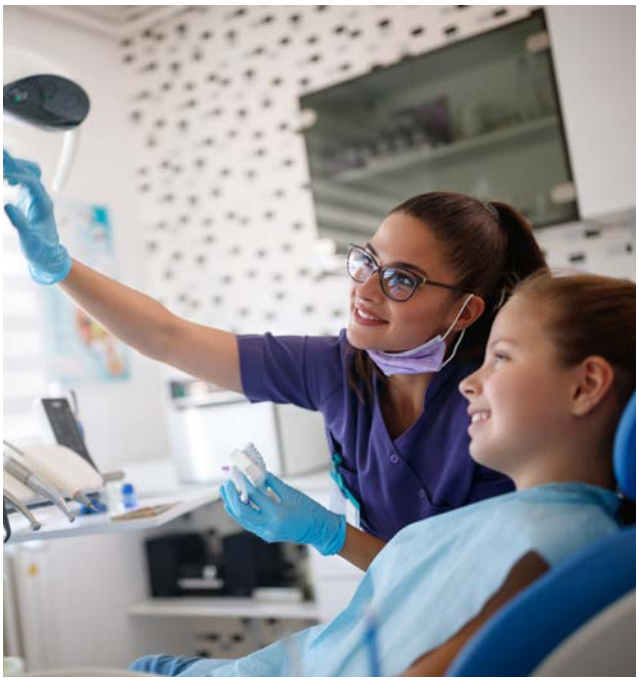
Dental

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.

When searching for a dental provider, you should select the **PDP Plus** network to find an in-network provider.



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
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.

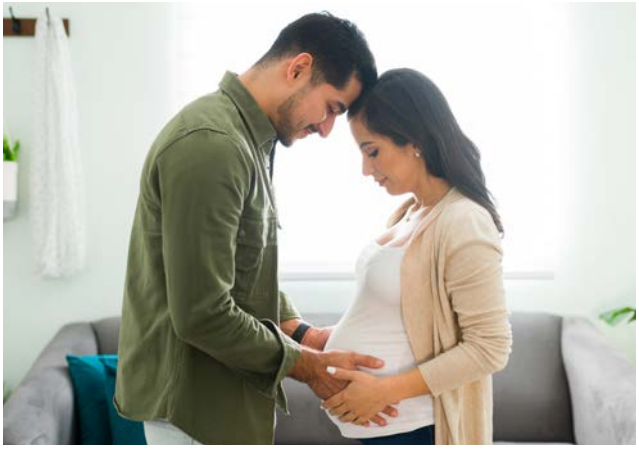
Short Term Disability

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 and Basic AD&D

You are automatically enrolled for basic life and basic AD&D insurance on the first day of the month immediately following 60 days of employment. Your basic life and basic AD&D insurance coverage amount is equal to $50,000.

Your basic life and basic AD&D insurance coverages reduce automatically to the amounts shown in the following table immediately following the attainment of the specified age.

Age	Percentage of Pre-65 Amount
65	65%
70	50%

For example, if you are age 64 and have $50,000 of basic life and basic AD&D coverage, your benefit payable would be the full $50,000. Upon turning age 65, your benefit payable would be $32,500 for basic life and basic AD&D (calculated as $50,000 x 0.65 = $32,500).

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. If you enroll for optional life insurance, you will automatically be enrolled for the same coverage amount of optional AD&D insurance.

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.

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 optional life and optional AD&D insurance coverages reduce automatically to the amounts shown in the following table immediately following the attainment of the specified age.

Age	Percentage of Pre-65 Amount
65	65%
70	50%

For example, if you are age 64 and have $50,000 of optional life and optional AD&D coverage, your benefit payable would be the full $50,000. Upon turning age 65, your benefit payable would be $32,500 for optional life and optional AD&D (calculated as $50,000 x 0.65 = $32,500).This reduction in coverage on your birthday will result in a change in your premium effective the first of the month following your birthday.

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.

Life and Accident

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.

Your spouse dependent life and AD&D insurance coverages reduce automatically to the amounts shown in the following table immediately following the attainment of the specified age.

Age	Percentage of Pre-65 Amount
65	65%
70	50%

For example, if your spouse is age 64 and has $50,000 of spouse dependent life and AD&D coverage, the benefit payable would be the full $50,000. Upon turning age 65, the benefit payable would be $32,500 for spouse dependent life and AD&D (calculated as $50,000 x 0.65 = $32,500).This reduction in coverage on your spouse's birthday will result in a change in the premium effective the first of the month following your spouse's birthday.

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 Quadriplegia	–	100%
Paraplegia Hemiplegia Speech or hearing	–	50%
Hand, foot or sight in one eye	50%	50%
Thumb and index finger of same hand	–	25%

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).

Beneficiary Designations

Since you are automatically enrolled for basic life and basic AD&D insurance, you must provide your beneficiary designations. Same applies if you choose to enroll for optional life and optional AD&D insurance.

You should also keep in mind that changes in your family status (such as marriage, divorce or new children) do not automatically alter or revoke your previous designations. Therefore, it's important that you review your beneficiary designations from time to time. You can designate a beneficiary or change your previously designated beneficiary by submitting a Beneficiary Form to Human Resources.

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 (HCRA) and a dependent day care reimbursement account plan (DDCRA). The reimbursement plans are administered by Flores & Associates.

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

The plans provide a great opportunity to get more for your dollars. Every reimbursement account 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 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 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.

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.

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 2025 toward eligible expenses for adult children through the end of the year in which they attain age 26.

You may contribute from $200 to $3,300 per year. If your enrollment occurs at any time other than January 1, your annual contribution will be prorated accordingly.

Carryover Provision

If you do not spend your HCRA funds by December 31, 2025, you will be able to carryover up to $660 of unused HCRA funds into the following plan year. Any additional balance in your account after December 31, 2025 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.

Flores & Associates
www.flores247.com
(704) 335-8211

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

Reimbursement Accounts

Dependent Day Care Reimbursement Account

Our dependent day care reimbursement account 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, elder 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.

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 the CRI 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 the CRI 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 the CRI 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 the CRI 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 the CRI 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.

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

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.

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.

Legal Notices

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.

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.ssa.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, 2024
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

Legal Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

You can buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and the health coverage offered by CRI.

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 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 CRI does not offer coverage, or offers coverage that doesn't meet certain standards. The premium savings you're eligible for depends on your household income.

Does CRI Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from CRI that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in the CRI health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if CRI does not offer coverage to you at all, or does not offer coverage that meets certain standards. The CRI 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 CRI, then you may lose the Ministry contribution (if any) to the CRI-offered coverage. Also, this ministry contribution — as well as your employee contribution to CRI-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.

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, dial 1-877-KIDS-NOW (1-877-543-7669) 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 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility.

Alabama
Medicaid
http://myalhipp.com
1-855-692-5447

Alaska
Medicaid
The AK Health Insurance Premium Payment Program:
http://myakhipp.com
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

Arkansas
Medicaid
http://myarhipp.com
1-855-MyARHIPP (1-855-692-7447)

California
Medicaid
Health Insurance Premium Payment (HIPP) Program:
http://dhcs.ca.gov/hipp
1-916-445-8322 (fax: 1-916-440-5676)
hipp@dhcs.ca.gov

Colorado
Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: **https://hcpf.colorado.gov/child-health-plan-plus**
CHP+ Customer Service:
1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

Florida
Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

Georgia
Medicaid
GA HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
1-678-564-1162, press 1

GA CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
1-678-564-1162, press 2

Legal Notices

Indiana
Medicaid

Health Insurance Premium Payment Program
All other Medicaid
www.in.gov/medicaid
www.in.gov/fssa/dfr
1-877-438-4479
Family and Social Services Administration:
www.in.gov/fssa/dfr
1-800-403-0864
Member Services: 1-800-457-4584

Iowa
Medicaid and CHIP (Hawki)

Medicaid: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid**
1-800-338-8366
Hawki: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki**
1-800-257-8563
HIPP: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp**
1-888-346-9562

Kansas
Medicaid

www.kancare.ks.gov
1-800-792-4884
HIPP: 1-800-967-4660

Kentucky
Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): **https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx**
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: **https://kynect.ky.gov**
1-877-524-4718
Kentucky Medicaid: **https://chfs.ky.gov/agencies/dms**

Louisiana
Medicaid

www.medicaid.la.gov or **www.ldh.la.gov/lahipp**
Medicaid Hotline: 1-888-342-6207
LaHIPP: 1-855-618-5488

Maine
Medicaid

Enrollment: **www.mymaineconnection.gov/benefits/s**
1-800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium:
www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740
TTY: Maine Relay 711

Massachusetts
Medicaid and CHIP

www.mass.gov/masshealth/pa
1-800-862-4840
TTY: 711
masspremassistance@accenture.com

Minnesota
Medicaid

https://mn.gov/dhs/health-care-coverage
1-800-657-3672

Missouri
Medicaid

www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

Montana
Medicaid

http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084
HHSHIPPProgram@mt.gov

Nebraska
Medicaid

www.ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

Nevada
Medicaid

http://dhcfp.nv.gov
1-800-992-0900

New Hampshire
Medicaid

www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
1-603-271-5218
HIPP program: 1-800-852-3345, ext. 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey
Medicaid and CHIP

Medicaid: **www.state.nj.us/humanservices/dmahs/clients/medicaid**
1-800-356-1561
CHIP: **www.njfamilycare.org/index.html**
1-800-701-0710 (TTY: 711)
CHIP Premium Assistance: 1-609-631-2392

New York
Medicaid

www.health.ny.gov/health_care/medicaid
1-800-541-2831

North Carolina
Medicaid

https://medicaid.ncdhhs.gov
1-919-855-4100

Legal Notices

North Dakota
Medicaid
www.hhs.nd.gov/healthcare
1-844-854-4825

Oklahoma
Medicaid and CHIP
www.insureoklahoma.org
1-888-365-3742

Oregon
Medicaid
http://healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075

Pennsylvania
Medicaid and CHIP
www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP: **www.pa.gov/en/agencies/dhs/resources/chip.html**
1-800-986-KIDS (5437)

Rhode Island
Medicaid and CHIP
www.eohhs.ri.gov
1-855-697-4347
Direct RIte Share Line: 1-401-462-0311

South Carolina
Medicaid
www.scdhhs.gov
1-888-549-0820

South Dakota
Medicaid
https://dss.sd.gov
1-888-828-0059

Texas
Medicaid
www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1-800-440-0493

Utah
Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP): **https://medicaid.utah.gov/upp**
upp@utah.gov
1-888-222-2542
Adult Expansion: **https://medicaid.utah.gov/expansion**
Utah Medicaid Buyout Program: **https://medicaid.utah.gov/buyout-program**
CHIP: **https://chip.utah.gov**

Vermont
Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

Virginia
Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP: 1-800-432-5924

Washington
Medicaid
www.hca.wa.gov
1-800-562-3022

West Virginia
Medicaid and CHIP
https://dhhr.wv.gov/bms
http://mywvhipp.com
Medicaid: 1-304-558-1700
CHIP: 1-855-MyWVHIPP (699-8447)

Wisconsin
Medicaid and CHIP
www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

Wyoming
Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565

Employee Contributions (January 1, 2025)

CRI Medical Plan (BCBSNC) Contributions				
Status	Monthly			Employee Semimonthly Portion
	Employee Portion	Ministry Portion	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 Vision Plan (VSP) Contributions				
Status	Monthly			Employee Semimonthly Portion
	Employee Portion	Ministry Portion	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

CRI PPO Dental Plan (MetLife Dental Option 3) Contributions				
Status	Monthly			Employee Semimonthly Portion
	Employee Portion	Ministry Portion	Total	
Employee only	$29.56	$19.71	$49.27	$14.78
Employee and spouse	$80.65	$19.71	$100.36	$40.33
Employee and children	$91.16	$19.71	$110.87	$45.58
Family	$153.66	$19.71	$173.37	$76.83

Short Term Disability, Long Term Disability, Basic Life and Basic AD&D
These benefits are fully paid for by CRI.

Optional Life and Optional AD&D Contributions*		
Age	Life – Employee Monthly Cost/$1,000	AD&D – Employee 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.

Employee Contributions (January 1, 2025)

CRI PPO Medical Plan (BCBSNC Blue Options Gold 2000 CA) Contributions NEW							
Age	Total Premium	Employee Coverage			Dependent Coverage		
		Monthly Premiums		Employee Semimonthly Portion	Monthly Premiums		Employee Semimonthly Portion
		Ministry Portion	Employee Portion		Ministry Portion	Employee Portion	
0-14	$357.59	$214.55	$143.04	$71.52	$0.00	$357.59	$178.80
15	$389.38	$233.63	$155.75	$77.88	$0.00	$389.38	$194.69
16	$401.53	$240.92	$160.61	$80.31	$0.00	$401.53	$200.77
17	$413.68	$248.21	$165.47	$82.74	$0.00	$413.68	$206.84
18	$426.77	$256.06	$170.71	$85.35	$0.00	$426.77	$213.39
19	$439.86	$263.92	$175.94	$87.97	$0.00	$439.86	$219.93
20	$453.42	$272.05	$181.37	$90.68	$0.00	$453.42	$226.71
21-24	$467.44	$280.46	$186.98	$93.49	$0.00	$467.44	$233.72
25	$469.31	$281.59	$187.72	$93.86	$0.00	$469.31	$234.66
26	$478.66	$287.20	$191.46	$95.73	$0.00	$478.66	$239.33
27	$489.88	$293.93	$195.95	$97.98	$0.00	$489.88	$244.94
28	$508.11	$304.87	$203.24	$101.62	$0.00	$508.11	$254.06
29	$523.07	$313.84	$209.23	$104.61	$0.00	$523.07	$261.54
30	$530.54	$318.32	$212.22	$106.11	$0.00	$530.54	$265.27
31	$541.76	$325.06	$216.70	$108.35	$0.00	$541.76	$270.88
32	$552.98	$331.79	$221.19	$110.60	$0.00	$552.98	$276.49
33	$559.99	$335.99	$224.00	$112.00	$0.00	$559.99	$280.00
34	$567.47	$340.48	$226.99	$113.49	$0.00	$567.47	$283.74
35	$571.21	$342.73	$228.48	$114.24	$0.00	$571.21	$285.61
36	$574.95	$344.97	$229.98	$114.99	$0.00	$574.95	$287.48
37	$578.69	$347.21	$231.48	$115.74	$0.00	$578.69	$289.35
38	$582.43	$349.46	$232.97	$116.49	$0.00	$582.43	$291.22
39	$589.91	$353.95	$235.96	$117.98	$0.00	$589.91	$294.96
40	$597.39	$358.43	$238.96	$119.48	$0.00	$597.39	$298.70
41	$608.61	$365.17	$243.44	$121.72	$0.00	$608.61	$304.31
42	$619.36	$371.62	$247.74	$123.87	$0.00	$619.36	$309.68
43	$634.32	$380.59	$253.73	$126.86	$0.00	$634.32	$317.16

Note: Total family rate calculation includes subscriber, spouse, all dependent children over the age of 21 and only the 3 oldest child dependents under the age of 21.

Employee Contributions (January 1, 2025)

CRI PPO Medical Plan (BCBSNC Blue Options Gold 2000 CA) Contributions NEW							
Age	Total Premium	Employee Coverage			Dependent Coverage		
		Monthly Premiums		Employee Semimonthly Portion	Monthly Premiums		Employee Semimonthly Portion
		Ministry Portion	Employee Portion		Ministry Portion	Employee Portion	
44	$653.01	$391.81	$261.20	$130.60	$0.00	$653.01	$326.51
45	$674.98	$404.99	$269.99	$135.00	$0.00	$674.98	$337.49
46	$701.16	$420.70	$280.46	$140.23	$0.00	$701.16	$350.58
47	$730.61	$438.37	$292.24	$146.12	$0.00	$730.61	$365.31
48	$764.26	$458.56	$305.70	$152.85	$0.00	$764.26	$382.13
49	$797.45	$478.47	$318.98	$159.49	$0.00	$797.45	$398.73
50	$834.85	$500.91	$333.94	$166.97	$0.00	$834.85	$417.43
51	$871.78	$523.07	$348.71	$174.36	$0.00	$871.78	$435.89
52	$912.44	$547.46	$364.98	$182.49	$0.00	$912.44	$456.22
53	$953.58	$572.15	$381.43	$190.72	$0.00	$953.58	$476.79
54	$997.98	$598.79	$399.19	$199.60	$0.00	$997.98	$498.99
55	$1,042.39	$625.43	$416.96	$208.48	$0.00	$1,042.39	$521.20
56	$1,090.54	$654.32	$436.22	$218.11	$0.00	$1,090.54	$545.27
57	$1,139.15	$683.49	$455.66	$227.83	$0.00	$1,139.15	$569.58
58	$1,191.04	$714.62	$476.42	$238.21	$0.00	$1,191.04	$595.52
59	$1,216.75	$730.05	$486.70	$243.35	$0.00	$1,216.75	$608.38
60	$1,268.63	$761.18	$507.45	$253.73	$0.00	$1,268.63	$634.32
61	$1,313.51	$788.11	$525.40	$262.70	$0.00	$1,313.51	$656.76
62	$1,342.96	$805.78	$537.18	$268.59	$0.00	$1,342.96	$671.48
63	$1,379.88	$827.93	$551.95	$275.98	$0.00	$1,379.88	$689.94
64+	$1,402.32	$841.39	$560.93	$280.46	$0.00	$1,402.32	$701.16

Note: Total family rate calculation includes subscriber, spouse, all dependent children over the age of 21 and only the 3 oldest child dependents under the age of 21.

Notes

Notes

This guide provides a brief summary of the employee benefit plans in effect on January 1, 2025 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 29-30 for more details.