



Institute for Medical Research Inc.

08/01/2021 – 07/31/2022

Employee Insurance Benefits Summary

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IMR Inc. offers

The Institute for Medical Research Inc. offers employees a variety of insurance plans as employee benefits. IMR Inc. pays for a portion of the insurance benefits and allows employees to pay their share through payroll deduction. Those insurance benefits are:

- Blue Cross Blue Shield of NC Health Insurance: Choice of 2 copay plan designs, Silver or Gold level
- Blue Cross NC Dental Insurance
- Blue Cross NC Vision Insurance
- Principal Life Insurance and Accidental Death and Dismemberment
- Principal Short-Term Disability Insurance
- Principal Long-Term Disability Insurance

IMR Inc. pays a significant portion of the cost for each employee premium cost for full-time employees working 30 or more hours per week:

- IMR, Inc. pays 80% of the cost of the Blue Cross NC health insurance plans**
- IMR, Inc. pays 100% of the cost of the Blue Cross NC dental and vision plan, & the Principal life insurance & ADD plan**

See below for cost details depending on what you choose.

Insurance Package Choice #1: Employee Chooses Blue Cross NC *Silver 2500* Plan

Employee Chooses BCBSNC Silver 2500 Copay	IMR Inc. Pays Monthly	Employee Pays Monthly
Blue Cross NC Silver 2500 Copay Health Insurance Plan (<i>Low Option</i>), \$539.61 total monthly cost	\$431.69	\$107.92
Blue Cross NC Dental Blue Dental Insurance Plan, \$34.60 monthly cost	\$34.60	\$0.00
Blue Cross NC Blue 20/20 Vision Insurance Plan, \$6.07 monthly cost	\$6.07	\$0.00
Principal Life Insurance Plan, \$25,000 Benefit, \$2.45 monthly cost	\$2.45	\$0.00
Voluntary Short-Term Disability Insurance		Depends, see page 16
Voluntary Long-Term Disability Insurance		Depends, see page 17

Insurance Package Choice #2: Employee Chooses Blue Cross NC *Gold 3000* Plan

Employee Chooses BCBSNC Gold 3000 Copay	IMR Inc. Pays Monthly	Employee Pays Monthly
Blue Cross NC Gold 3000 Copay Health Insurance Plan (<i>High Option</i>), \$637.74 total monthly cost	\$510.20	\$127.54
Blue Cross NC Dental Blue Dental Insurance Plan, \$34.60 monthly cost	\$34.60	\$0.00
Blue Cross NC Blue 20/20 Vision Insurance Plan, \$6.07 monthly cost	\$6.07	\$0.00
Principal Life Insurance Plan, \$25,000 Benefit, \$2.45 monthly cost	\$2.45	\$0.00
Voluntary Short-Term Disability Insurance		Depends, see page 16
Voluntary Long-Term Disability Insurance		Depends, see page 17

Insurance Package Choice #3: Employee Chooses *Neither* Health Insurance Plan

Employee Does Not Choose IMR Inc. Health Insurance (covered through spouse, parents, etc.)	IMR Inc. Pays Monthly	Employee Pays Monthly
Blue Cross NC Dental Blue Dental Insurance Plan, \$34.60 monthly cost	\$34.60	\$0.00
Blue Cross NC Blue 20/20 Vision Insurance Plan, \$6.07 monthly cost	\$6.07	\$0.00
Principal Life Insurance Plan, \$25,000 Benefit, \$2.45 monthly cost	\$2.45	\$0.00
Voluntary Short-Term Disability Insurance		Depends, see page 16
Voluntary Long-Term Disability Insurance		Depends, see page 17

Part-time Employees (working 25-29 hours per week)

The Institute for Medical Research Inc. also pays a significant portion of the cost for each part-time employee; 60% of the health insurance premium cost for employees working 25-29 hours per week.

Part-time employees working 25-29 hours per week may also choose and pay 100% of the premium cost for the other offered insurance benefits on a voluntary basis.

Part-time employees will find costs of insurance coverages per pay period on the following pages.

health insurance benefits



Monthly Costs: The Institute for Medical Research Inc. pays 80% of your premium cost to be covered by the Blue Cross NC health insurance plan. You pay the remaining 20% share of the cost of the employee coverage, plus 100% of the cost to cover any dependents. You pay your share of the health insurance costs pre-tax through payroll deduction. See below for the insurance costs, based on the plan design you choose:

Blue Cross Blue Shield of NC Silver 2500 Copay Health Insurance Plan (*Low Option*)

	Monthly Cost	IMR, Inc. Pays, Monthly	Employee Pays, Monthly	Translated to Cost Per Pay Period
Employee Only	\$539.61	\$431.69	\$107.92	\$49.81
part-time	\$539.61	\$323.77	\$215.84	\$99.62
Employee + Spouse	\$1,079.22	\$431.69	\$647.53	\$298.86
part-time	\$1,079.22	\$323.77	\$755.45	\$348.67
Employee + Child(ren)	\$998.28	\$431.69	\$566.59	\$261.51
part-time	\$998.28	\$323.77	\$674.51	\$311.32
Employee + Family	\$1,672.79	\$431.69	\$1,241.10	\$572.82
part-time	\$1,672.79	\$323.77	\$1,349.02	\$622.63

Blue Cross Blue Shield of NC Gold 3000 Copay Health Insurance Plan (*High Option*)

	Monthly Cost	IMR, Inc. Pays, Monthly	Employee Pays, Monthly	Translated to Cost Per Pay Period
Employee Only	\$637.74	\$510.20	\$127.54	\$58.87
part-time	\$637.74	\$382.65	\$255.09	\$117.74
Employee + Spouse	\$1,275.48	\$510.20	\$765.28	\$353.21
part-time	\$1,275.48	\$382.65	\$892.83	\$412.08
Employee + Child(ren)	\$1,179.82	\$510.20	\$669.62	\$309.06
part-time	\$1,179.82	\$382.65	\$797.17	\$367.93
Employee + Family	\$1,976.99	\$510.20	\$1,466.79	\$676.98
part-time	\$1,976.99	\$382.65	\$1,594.34	\$735.85

Benefits: The Institute for Medical Research Inc. offers a choice of two health insurance plan designs, both from Blue Cross Blue Shield of North Carolina (BCBSNC):

- Blue Cross NC Blue Options Silver 2500, a silver level PPO copay plan, see pages 5 and 6 for more details
- Blue Cross NC Blue Options Gold 3000, a gold level PPO copay plan, see pages 7 and 8 for more details

“Blue Options” is the name of the provider network utilized by the health insurance plan, the listing of in-network physicians, hospitals, practices and other medical providers in your plan. The Blue Options network is the largest health insurance provider network in North Carolina and is available in all 50 states.

Benefit Highlights: Blue Cross Blue Shield of NC Blue Options Silver 2500 PPO Plan (Low Option)

	IN-NETWORK	OUT OF NETWORK
Lifetime Maximum, Deductibles & Out of Pocket Limits		
Lifetime Benefit Maximum	Unlimited	Unlimited
Embedded Deductibles		
Individual (per benefit period)	\$2,500	\$5,000
Family (per benefit period)	\$5,000	\$10,000
Out of Pocket Limits		
Individual (per benefit period)	\$8,550	\$17,100
Family (per benefit period)	\$17,100	\$34,200
Physician Office Services		
	<i>You Pay</i>	<i>You Pay</i>
Office Visit		
(Includes Office Surgery, Consultation, X-Rays, Obesity Treatment)		
Primary Care Provider or Telehealth (MDLive)	\$30 copayment	60% after deductible
Specialist	\$150 copayment	60% after deductible
Telehealth	\$10 copayment	N/A
Preventative Care		
Routine Exams, Well-Baby/Child Care, Immunizations, Flu Shot, Bone Mass Measurement, Ovarian & Cervical Cancer Screening, Colorectal Screening, Pap Smears, Mammograms, PSA's (see bcbsnc.com/preventative)		
Primary Care Provider or Specialist	100% paid by insurer	30% after deductible
Therapies		
Short-term rehabilitative Therapies (Maximums apply to home, office and outpatient settings)		
Physical/Occupational/Speech Therapy: 30 visits per period		
Primary Care Provider	\$30 copayment	60% after deductible
Specialist	\$150 copayment	60% after deductible
Urgent Care Centers and Emergency Room		
Urgent Care Centers	\$150 copayment	\$150 copayment
Emergency room Visit	\$1,500 copayment	\$1,500 copayment
Ambulatory Surgical Center		
	30% after deductible	60% after deductible
Inpatient and Outpatient Hospital Services		
Hospital and Hospital Based Services	30% after deductible	60% after deductible
Professional Services	30% after deductible	60% after deductible
Outpatient Labs and Mammograms	30% after deductible	60% after deductible
Other Diagnostic Services (MRI's, CT scans)	30% after deductible	60% after deductible
Other Services		
Skilled Nursing Facility (60 days per benefit period)	30% after deductible	60% after deductible

Benefit Highlights: Blue Cross Blue Shield of NC Blue Options Silver 2500 PPO Plan (Low Option)

	IN-NETWORK	OUT OF NETWORK
Home Health Care, Durable Medical Equipment, Hospice and Ambulance	30% after deductible	60% after deductible

Maternity

Maternity Delivery includes Prenatal/Post-Delivery care

Hospital Services (Delivery)	30% after deductible	60% after deductible
Professional Services (Delivery)	30% after deductible	60% after deductible

Transplants

Hospital Services	30% after deductible	60% after deductible
Professional Services	30% after deductible	60% after deductible

Infertility and Sexual Dysfunction Services

Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per member

Primary Care Provider	\$30 copayment	60% after deductible
Specialist	\$150 copayment	60% after deductible
Inpatient/Outpatient/Hospital Professional Services	30% after deductible	60% after deductible

Mental Health and Substance Abuse Services

Mental Health Services

Office	\$30 copayment	60% after deductible
Inpatient/Outpatient	30% after deductible	60% after deductible

Substance Abuse Services

Office	\$30 copayment	60% after deductible
Inpatient/Outpatient	30% coinsurance	60% after deductible

Prescription Drugs (Up to 30 day supply. 31-60 day supply is 2 copayments and 61-90 day supply is 3 copayments.)

Preventative Medications and Contraceptive Drugs	100% paid by insurer	100% paid by insurer
Tier 1 Drugs	\$15 copayment	\$15 copayment
Tier 2 Drugs	\$35 copayment	\$35 copayment
Tier 3 Drugs	\$45 copayment	\$45 copayment
Tier 4 Drugs	\$90 copayment	\$90 copayment
Tier 5 Drugs	25% of cost	25% of cost
Tier 6 Drugs	50% of cost	50% of cost

Pediatric Dental and Vision Services (Available for members up through the end of the month they become age 19)

Pediatric Dental Services

Preventative Services (Dental check-up)	No Charge	30% after deductible
Basic and Major Services	30% after deductible	60% after deductible

Pediatric Vision Benefits

Routine Vision Exams	No Charge	30% after deductible
Frames and Lenses or Contact Lenses	50%, no deductible	50%, no deductible

Benefit Highlights: Blue Cross Blue Shield of NC Blue Options Gold 3000 PPO Plan (High Option)

	IN-NETWORK	OUT OF NETWORK
Lifetime Maximum, Deductibles & Out of Pocket Limits		
Lifetime Benefit Maximum	Unlimited	Unlimited
Embedded Deductibles		
Individual (per benefit period)	\$3,000	\$6,000
Family (per benefit period)	\$6,000	\$12,000
Out of Pocket Limits		
Individual (per benefit period)	\$7,000	\$14,000
Family (per benefit period)	\$14,000	\$28,000
Physician Office Services		
	<i>You Pay</i>	<i>You Pay</i>
Office Visit		
(Includes Office Surgery, Consultation, X-Rays, Obesity Treatment)		
Primary Care Provider or Telehealth (MDLive)	\$25 copayment	50% after deductible
Specialist	\$50 copayment	50% after deductible
Telehealth	\$10 copayment	N/A
Preventative Care		
Routine Exams, Well-Baby/Child Care, Immunizations, Flu Shot, Bone Mass Measurement, Ovarian & Cervical Cancer Screening, Colorectal Screening, Pap Smears, Mammograms, PSA's (see bcbsnc.com/preventative)		
Primary Care Provider or Specialist	100% paid by insurer	30% after deductible
Therapies		
Short-term rehabilitative Therapies (Maximums apply to home, office and outpatient settings)		
Physical/Occupational/Speech Therapy: 30 visits per period		
Primary Care Provider	\$25 copayment	50% after deductible
Specialist	\$50 copayment	50% after deductible
Urgent Care Centers and Emergency Room		
Urgent Care Centers	\$50 copayment	\$50 copayment
Emergency room Visit	\$750 copayment	\$750 copayment
Ambulatory Surgical Center		
	20% after deductible	50% after deductible
Inpatient and Outpatient Hospital Services		
Hospital and Hospital Based Services	20% after deductible	50% after deductible
Professional Services	20% after deductible	50% after deductible
Outpatient Labs and Mammograms	20% after deductible	50% after deductible
Other Diagnostic Services (MRI's, CT scans)	20% after deductible	50% after deductible
Other Services		
Skilled Nursing Facility	20% after deductible	50% after deductible
(60 days per benefit period)		

Benefit Highlights: Blue Cross Blue Shield of NC Blue Options Gold 3000 PPO Plan (High Option)

	IN-NETWORK	OUT OF NETWORK
Home Health Care, Durable Medical Equipment, Ambulance and Hospice	20% after deductible	50% after deductible

Maternity

Maternity Delivery includes Prenatal/Post-Delivery care

Hospital Services (Delivery)	20% after deductible	50% after deductible
Professional Services (Delivery)	20% after deductible	50% after deductible

Transplants

Hospital Services	20% after deductible	50% after deductible
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Infertility and Sexual Dysfunction Services

Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per member

Primary Care Provider	\$25 copayment	50% after deductible
Specialist	\$50 copayment	50% after deductible
Inpatient/Outpatient/Hospital Professional Services	20% after deductible	50% after deductible

Mental Health and Substance Abuse Services

Mental Health Services

Office	\$25 copayment	50% after deductible
Inpatient/Outpatient	20% after deductible	50% after deductible

Substance Abuse Services

Office	\$25 copayment	50% after deductible
Inpatient/Outpatient	20% after deductible	50% after deductible

Prescription Drugs (Up to 30 day supply. 31-60 day supply is 2 copayments and 61-90 day supply is 3 copayments.)

Preventative Medications and Contraceptive Drugs	100% paid by insurer	100% paid by insurer
Tier 1 Drugs	\$4 copayment	\$4 copayment
Tier 2 Drugs	\$15 copayment	\$15 copayment
Tier 3 Drugs	\$35 copayment	\$35 copayment
Tier 4 Drugs	\$50 copayment	\$50 copayment
Tier 5 Drugs	25% of cost	25% of cost
Tier 6 Drugs	50% of cost	50% of cost

Pediatric Dental and Vision Services (Available for members up through the end of the month they become age 19)

Pediatric Dental Services

Preventative Services (Dental check-up)	No Charge	30% after deductible
Basic and Major Services	20% after deductible	50% after deductible

Pediatric Vision Benefits

Routine Vision Exams	No Charge	30% after deductible
Frames and Lenses or Contact Lenses	50%, no deductible	50%, no deductible

telehealth with MDLIVE



The Blue Cross NC health insurance plans offer telehealth services to members through MDLIVE.



Meet MDLIVE

MDLIVE, a leading virtual visits vendor, lets you visit independently contracted MDLIVE board-certified doctors when you may need care. They may help treat non-emergency medical and pediatric health issues. Plus, they may even write and send prescriptions to a nearby pharmacy (when appropriate).



Having a Virtual Visit

You may want to have a virtual visit:

- Instead of going to the ER or urgent care for non-emergency visits
- If your doctor is booked
- While at home, work or on-the-go

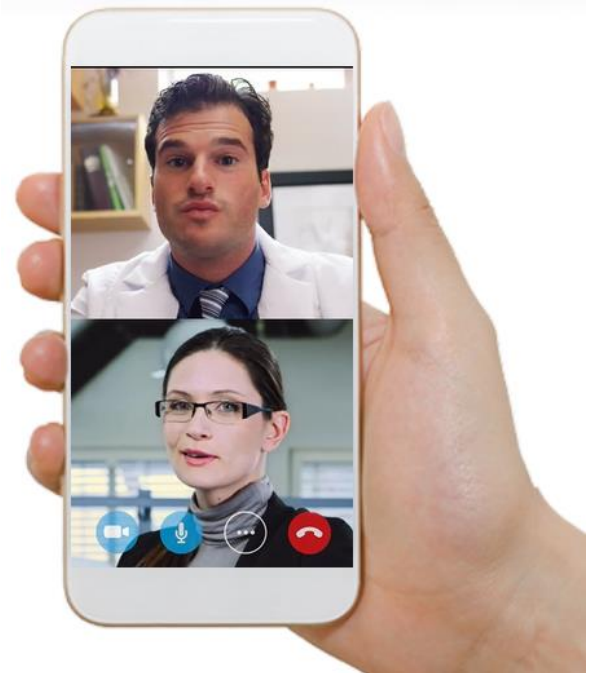


Your Costs

Simply pay your in-network primary care doctor copay. For plans with a deductible and coinsurance, you'll pay no more than \$45.

Here are some of the most common reasons for visiting an MDLIVE doctor:

- Acne
- Allergies
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Diarrhea
- Earache
- Fever
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Respiratory Problems
- Sinus Infection
- Sore Throat
- Sport Injuries
- Vomiting
- And More...



Learn more at https://members.mdlive.com/ncvideodoc/landing_home

online and mobile access



You can view benefits, claims, ID cards, provider networks and other information about the Blue Cross NC health and vision insurance plans online, or on your mobile phone, 24/7/365.

BlueConnect™

Online at www.bluecrossnc.com/members



View your coverage details and access tools to help you manage your health and your plan



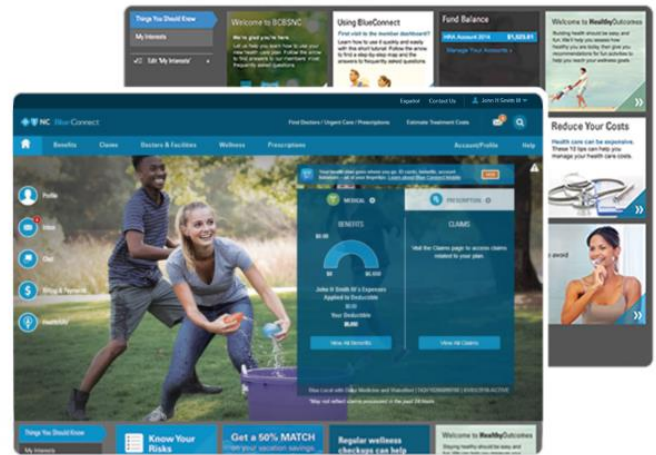
Access your claims and view the expenses applied to your current deductible



Learn more about your personal health and practical steps you can take to improve it



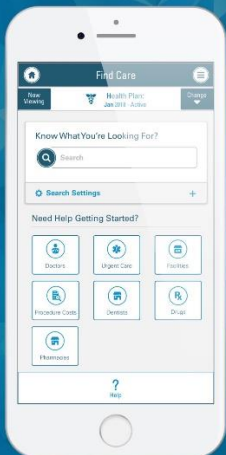
Access a powerful suite of tools that allows you to find and compare ratings and costs of providers in your network



Blue Connect Mobile: Download on the Apple Store or Get it on Google Play

Find Care

Use new Find Care search functionality, including browse-level searching with large icons, type ahead, and common searches.



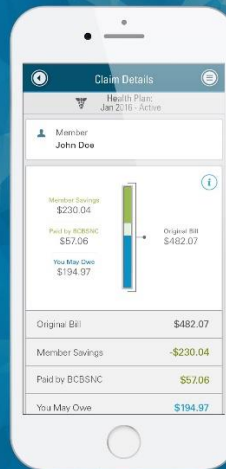
Benefits

Track your savings and check subscriber and dependent deductibles, out-of-pocket expenses, spending account balances, and member savings.



Claims

Tap on a filter to search or browse your pending or processed claims to see what your insurance plan will cover and what you may owe.



ID Card

Flash your ID card at the doctor visit for easy sign-in. You can also view ID cards for your dependents.







preventative care services



Your health insurance plan pays 100% of the cost of certain preventative care services with no out-of-pocket costs to you. Preventative care is routine health care that includes screenings, checkups, and patient counseling to help prevent illnesses, disease or other health problems.

Which types of services are covered at 100%?: Preventative care is covered at 100% when 1) it is provided by an in-network physician, 2) the claim is filed as a preventative visit and 3) the services are identified as preventative care under the Affordable Care Act (ACA). The below list is not complete. Please check the full list of services at bluecrossnc.com/preventative.

Women	Adult Screening Tests	Other Services	Infants, Children & Teens	Routine Services, Screening Tests	Other Services
	<ul style="list-style-type: none"> -Blood pressure -Breast cancer counseling -Cervical cancer screening -Chlamydia and gonorrhea -Cholesterol -Colon cancer -Depression -Diabetes -Lung cancer -Mammogram -Osteoporosis 	<ul style="list-style-type: none"> -Contraception -Immunizations -Flu shot -Intimate partner violence -Obesity screening and counseling -Quitting tobacco -Sexually transmitted infection (STI) counseling 		<ul style="list-style-type: none"> -Behavioral -Developmental -Fluoride dental varnish and oral health check -Hearing / vision test -Immunizations -Flu shot -newborn, infant screenings -Well-baby, Well-child care 	<ul style="list-style-type: none"> -Depression screening -Lead exposure test -Obesity counseling -Sexually transmitted infection (STI) screening -Tobacco and alcohol use counseling
Pregnant Women	Pregnancy Related Services	Pregnancy Related Tests	Men	Adult Screening Tests	Other Services
	<ul style="list-style-type: none"> -Breastfeeding support, supplies and counseling -Folic acid supplementation 	<ul style="list-style-type: none"> -Bacteria in urine -Gestational diabetes -Hepatitis B -Iron deficiency anemia -Postpartum depression 		<ul style="list-style-type: none"> -Abdominal aortic aneurysm -Blood pressure -Cholesterol -Colon cancer -Depression -Diabetes -Lung cancer 	<ul style="list-style-type: none"> -Immunizations -Flu shot -Obesity screening and counseling -Quitting tobacco -Sexually transmitted infection (STI) counseling

These services are not covered 100% as preventative care services: Urine tests, hormone tests, vitamin D tests, chest x-rays, thyroid test and EKGs (electrocardiograms)

behavioral (mental) health



Your health insurance plan covers care for your mental health, usually called “behavioral health” by insurers. Behavioral Health is the broader term for mental health conditions, such as depression, anxiety, ADHD and trauma, and substance use disorders characterized by overuse of drugs or alcohol.

How the Blue Cross NC plans cover care for behavioral health:

- The Gold 3000 (high option) plan covers any in-network behavioral health visit after you pay a **\$25 copay**.
- The Silver 2500 (low option) plan covers any in-network behavioral health visit after you pay a **\$30 copay**.
- Needed inpatient treatment is processed as major medical care (deductible and coinsurance).

How to Access Care:

You can make an appointment with a behavioral health provider at any time. You do not need a referral from your primary care provider. You may also visit any behavioral health provider, though it is best to visit in-network providers so you can pay the copay (lowest cost). **Visits may be in-person or via telehealth.**

Blue Cross NC sees behavioral health as part of your total overall health, and offers care in 3 channels:



Your Primary Care Provider (PCP)

Your PCP is your total health manager, helping you decide what care you need and connecting you to that care. With the tools we provide, PCPs can better identify issues, understand when your physical health is being affected and help other providers with their knowledge about you.



Behavioral Health Providers

Behavioral health providers – including therapists, psychologists, psychiatrists, and addiction counselors – can coordinate your care and their treatment with your PCP. You do not need a referral from your PCP to seek help, though it helps to keep them informed.



Blue Cross NC Nurse Advocates

Blue Cross NC’s nurse advocates can advise you over the phone. They are case managers that advocate for you, answer your questions, and direct you to the right help at the right time. They can also help you with processes and paperwork if you ever need help.

Learn more and view in-network providers at <https://www.bluecrossnc.com/members/behavioral-health>

covid-19



Your health insurance plan covers the prevention of Covid-19 (vaccination), as well as testing and care for Covid-19 in offices, hospitals and via telehealth. As details change rapidly please check this frequently updated web site for current care: <https://www.bluecrossnc.com/covid-19/covid-19-resources-members>

dental insurance benefits



Blue Cross NC Dental Blue Dental Insurance Plan

Services	Description	Benefits
Diagnostic and Preventative Care	Routine Oral Exams, Cleanings, X-Rays, Flouride Application, Sealants, Space Maintainers	Blue Cross NC pays 100% of costs
Basic Care	Routine Fillings, Oral Surgery, Simple Extractions, Endodontics (root canal), Emergency Exams, Stainless Steel Crowns	Blue Cross NC pays 80% of costs
Major Care	Crowns, Periodontics, Inlays and Onlays, Complete Dentures, Fixed Partial Dentures, Complex Oral Surgery, General Anesthesia, IV Sedation	Blue Cross NC pays 50% of costs
Orthodontics	Orthodontic services- <i>braces</i>	Not Covered
Deductible	Per Person/Per Calendar Year (Maximum for Family)	\$50 \$150
Combined Benefit Period Maximum	Per Person/Per Calendar Year (includes diagnostic and preventative, basic and major care)	\$1,000

IMR, Inc. pays 100% of the employee only premium for full-time employees. You pay the monthly cost of coverage for any dependents you add (spouse and/or children), pre-tax through payroll deduction.

(*IMR, Inc pays 0% for employees who work part-time, 25-29 hours per week)

	Monthly Cost	IMR, Inc. Pays, Monthly	Employee Pays, Monthly	Translated to Cost Per Pay Period
Employee Only	\$34.60	\$34.60 *\$0.00	\$0.00 *\$34.60	\$0.00 *\$15.97
Employee + Spouse	\$71.37	\$34.60 *\$0.00	\$36.77 *\$71.37	\$16.98 *\$32.94
Employee + Child(ren)	\$80.64	\$34.60 *\$0.00	\$46.04 *\$80.64	\$21.25 *\$37.22
Employee + Family	\$121.40	\$34.60 *\$0.00	\$86.80 *\$121.40	\$40.07 *\$56.04

vision insurance benefits



Blue Cross Blue Shield of NC Blue 20/20 Exam Plus Vision Insurance Plan

Vision Care Services	In Network Copay & Allowance	Out of Network Allowance
Comprehensive Eye Exam	Copay: \$10	Allowance: \$39
Frames (member pays 80% of cost over allowance)	Allowance: \$130	Allowance: \$65
Standard Plastic Lenses Single Vis., Bifocal, Trifocal, Lenticular Standard Progressive Lens Standard Polycarbonate (<19)	Copay: \$25 \$25 Copay plus \$65 Copay: \$0	Allowance: \$25/\$39/\$63 \$63 \$39
Contact Lenses Conventional (member pays 85% over allowance) Medically Necessary	\$130 Copay: \$0 (paid in full)	80% of Allowance \$200 Allowance
Lasik Vision Correction Lasik or PRK from U.S. Laser Network	15% off retail price	N/A
Frequency Examination Lenses or Contact Lenses Frames	1 per 12 months 1 per 12 months 1 per 24 months	1 per 12 months 1 per 12 months 1 per 24 months

IMR, Inc. pays 100% of the employee only premium for full-time employees. You pay the monthly cost of coverage for any dependents you add (spouse and/or children), pre-tax through payroll deduction.

(*IMR, Inc pays 0% for employees who work part-time, 25-29 hours per week)

	Monthly Cost	IMR, Inc. Pays, Monthly	Employee Pays, Monthly	Translated to Cost Per Pay Period
Employee Only	\$6.07	\$6.07 *\$0.00	\$0.00 *\$6.07	\$0.00 *\$2.81
Employee + Spouse	\$11.53	\$6.07 *\$0.00	\$5.46 *\$11.53	\$2.52 *\$5.33
Employee + Child(ren)	\$12.14	\$6.07 *\$0.00	\$6.07 *\$12.14	\$2.81 *\$5.61
Employee + Family	\$17.85	\$6.07 *\$0.00	\$11.78 *\$17.85	\$5.44 *\$8.24

life insurance benefits



Principal Life Insurance and Accidental Death & Dismemberment Coverage

Life Insurance	\$25,000 benefit
Accelerated Benefit	Terminally ill employees can receive up to 75% of their life insurance benefit, up to \$25,000, if their life expectancy is 12 months or less (as diagnosed by a physician) and the death benefit is at least \$10,000. When an employee uses the accelerated benefit, the death benefit is reduced by the accelerated benefit payment.
Accidental Death and Dismemberment Coverage	<p>\$25,000 benefit (coverage on and off the job) Benefit is paid when the loss occurs within 365 days of the accident.</p> <ul style="list-style-type: none"> · Full benefit - Loss of life, loss of both hands, both feet, sight of both eyes, one hand and sight of one eye, one foot and sight of one eye, or one hand and one foot. · Half the benefit - Loss of one hand, one foot, or sight of one eye. · One fourth the benefit - Loss of thumb and index finger on the same hand.
Coverage During Disability	If an employee becomes totally disabled before age 60, coverage will continue and premium will be waived. The employee must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until the employee recovers or for two years, whichever occurs first.
Benefit Age Reduction	35% reduction at age 65 and an additional 15% reduction at age 70
Individual Purchase Right	Employees who terminate employment may be able to convert to individual policies. Upon coverage termination, employers are required to inform employees of their right to convert to an individual policy without proof of good health.

IMR, Inc. pays 100% of the employee only premium for full-time employees.

(*IMR, Inc pays 0% for employees who work part-time, 25-29 hours per week)

You pay the remainder of the cost of coverage, pre-tax through payroll deduction.

	Monthly Cost	IMR, Inc. Pays, Monthly	Employee Pays, Monthly	Translated to Cost Per Pay Period
Employee Only	\$2.45	\$2.45 *\$0.00	\$0.00 *\$2.45	\$0.00 *\$1.31

short-term disability



Voluntary Principal Short-Term Disability Insurance Coverage

Weekly Benefit	If disabled you will receive a weekly benefit of 60% of your pre-disability earnings, up to a maximum of \$500 weekly.
Elimination Period	Benefits begin on: <ul style="list-style-type: none"> · The 8th day for disability due to injury · The 8th day for disability due to sickness
Benefit Duration	Weekly benefits continue until you can return to work, or up to 12 weeks.
Definition of Disability	An employee will be considered disabled if, because of sickness, injury or pregnancy, one of the following applies: <ul style="list-style-type: none"> · Unable to perform a majority of the substantial and material duties of his/her own job; OR · Unable to earn 80% of his/her pre-disability income while working in his/her own job in a modified capacity or any job.
Maternity	Treated as any other disability
Reasonable Accommodation Benefit	\$500, a benefit to help make reasonable accommodation for employee at home (example, wheelchair ramp)

This coverage is voluntary, meaning you can decline the coverage, or choose the coverage and pay the cost of coverage through payroll deduction. The cost is determined by your age and income.

Monthly Cost Per \$10 of Weekly Benefit

Age	Monthly Cost
24 & under	\$0.83
25-29	\$1.12
30-34	\$1.04
35-39	\$0.52
40-44	\$0.33
45-49	\$0.23
50-54	\$0.27
55-59	\$0.36
60-64	\$0.44
65-69	\$0.48
70 & over	\$0.52

Determining Your Benefit and Cost of Coverage (example)

1. Your gross weekly income x .60 = _____ \$400 benefit
2. Weekly benefit / 10 = _____ 40 factor
3. _____ 40 Factor x monthly cost per 10 _____ \$0.23 = _____ \$9.20 monthly cost of coverage
4. _____ \$9.20 monthly cost x 12 / 26 = _____ \$4.25 cost per pay period

long-term disability



Voluntary Principal Long-Term Disability Insurance Coverage

Monthly Benefit	If disabled you will receive a monthly benefit of 60% of your pre-disability earnings, up to a maximum of \$5,000 monthly.
Elimination Period	Benefits begin on the 91st day (12 weeks) for disability due to injury or sickness.
Benefit Duration	Monthly benefits continue until you can return to work, or up to your Social Security Normal Retirement Age (SSNRA).
Definition of Disability	<p>An employee will be considered disabled if, because of sickness, injury or pregnancy, during the elimination period and 2 year own occupation period, one of the following applies:</p> <ul style="list-style-type: none"> · Unable to perform a majority of the substantial and material duties of his/her own occupation; OR · Unable to earn 80% of his/her pre-disability income while working in his/her own occupation in a modified capacity or any occupation. <p>An employee will be considered disabled if, after completing the elimination period and own occupation period, one of the following applies:</p> <ul style="list-style-type: none"> · Unable to perform a majority of the substantial and material duties of any occupation for which he/she is or may reasonably become qualified based on education, training or experience; OR · Unable to earn 60% of his/her pre-disability income while working in his/her own occupation or any occupation in a modified capacity.
Reasonable Accommodation	\$2,000, a benefit to help make reasonable accommodation for employee at home (example, wheelchair ramp)

This coverage is voluntary, meaning you can decline the coverage, or choose the coverage and pay the cost of coverage through payroll deduction. The cost is determined by your age and income.

Monthly Cost as % of Covered Mthly Earnings

Age	Monthly Cost
24 & under	\$0.20
25-29	\$0.28
30-34	\$0.29
35-39	\$0.47
40-44	\$0.69
45-49	\$0.72
50-54	\$0.78
55-59	\$1.20
60-64	\$1.01
65-69	\$0.42
70 & over	\$0.21

Determining Your Benefit and Cost of Coverage (example)

- Your gross monthly income _____ \$2,833.33 x .60
= _____ \$1,700 benefit
- Gross monthly income _____ \$2,833.33 x monthly
cost per age _____ \$0.72 = _____ \$2,040 factor
- _____ \$2,040 Factor / 100 = _____ \$20.40 monthly
- _____ \$20.40 monthly cost x 12 / 26 = _____ \$9.42
cost per pay period

frequently asked questions

When am I eligible for coverages?

All full-time employees are eligible to begin insurance benefits the first of the month after your full-time start date. *(Example, your full-time start date is 09/24/2021....the insurance coverage begins 10/01/2021)*

How will I pay for my share of the insurance coverages?

You will pay for your share of the coverages (health, dental, vision) pre-tax through payroll deduction. The costs for you (the employee), your spouse, and dependent children are eligible. This works in that you contribute a portion of your salary on a pre-tax basis to pay for the qualified benefits (health, dental and/or vision). Salary reduction contributions are not actually or constructively received by the participant (you). Therefore, those contributions are not considered wages for Federal or State income tax purposes. You will pay your cost share of the life and disability coverages with post-tax income, through payroll deduction.

When would payroll deductions begin for any elected coverage?

All payroll deductions will be taken out in the payroll corresponding to the employee's eligibility date.

How may I look for in-network providers for the health and vision insurance plans?

Blue Cross Blue Shield of NC:

<https://www.bluecrossnc.com/find-a-doctor-or-facility>

If you have trouble locating your favorite providers, contact Chip and he will search for you.

What if my health insurance with a previous employer ends before my health insurance coverage here begins?

To prevent a break in health insurance coverage, you have two options. First, you could choose COBRA coverage from your previous employer for this time period. Or, choose a short-term or individual health insurance plan to bridge the gap between the two employer-sponsored health insurance plans. Chip can discuss these options with you and research options.

Can I enroll later if I do not choose the coverages now? How about if I want to enroll my dependents later?

You can choose the insurance coverages after your initial enrollment period (defined as when you first become eligible for coverage) only when there is a qualifying event such as: marriage, birth of a child, loss of other coverage by employee or spouse, etc. You may also choose to enroll in insurance coverages during the open enrollment period, defined as the month (July) before the insurance plans renew (each 08/01).

If my employment terminates what coverage(s) can I continue?

COBRA regulations will allow you to continue coverage with the health insurance plan for you and your dependents, for up to 18 months, by paying the monthly health insurance premium in full. You will be notified of how to continue the coverage.

contact information



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www.chipmillard.com / www.chipmillardfinancial.com



**BlueCross BlueShield
of North Carolina**

Health Insurance / Dental Insurance / Vision Insurance

Blue Cross Blue Shield of North Carolina

(877) 258-3334 / www.bluecrossnc.com



Life Insurance / Disability Insurance

Principal

(800) 986-3343 / www.principal.com

You should contact / ask for help whenever you have a question or need help concerning one of the insurance employee benefits. Though not a complete list, here are some of the reasons you may need help:

- If your home address and/or phone number changes.
- If you have questions about the insurance plans (benefits, costs etc.)
- If you lose your I.D. card
- If your marital status changes.
- If your dependent child(ren)'s status changes, or they reach age 26.
- If you experience birth or adoption of child(ren).
- If you have claim questions / problems you cannot resolve.
- If your spouse has a work status change and needs to be added to coverage.
- If you are disabled or need an extended absence from work for reasons of health.
- If you become scheduled for military leave.