



RAINIER

CHRISTIAN SCHOOLS

2020-2021 Benefits Enrollment Guide

If you (and/or you dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 20 for more details



You are eligible for benefits if you are working 30 or more hours per week and have completed the new hire waiting period as determined by your employment classification. In addition to enrolling yourself, you may enroll your legal spouse or domestic partner. Children may be enrolled to age 26 (to age 19, 26 of fulltime student on voluntary life/ad&d).

The open enrollment elections you make will be effective October 1, 2020 through September 30, 2021. You may only change coverage if you experience a qualifying life event.

You may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child or your domestic partner's child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within the required timeframe of a qualifying life event and they will guide you through the change of benefit(s) process.



Contact Information

Have Questions? Need Help?

Rainier Christian Schools is excited to provide access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

Specialists in the Benefit Resource Center are available Monday through Friday 6:00am to 6:00pm Pacific Time at 866-468-7272 or via email at BRCWest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail.

Carrier	Policy Numbers	Contact Information
Kaiser Permanente Insurance Company	Medical HMO / 1908000	1-888-901-4636 www.kp.org/wa
	Medical PPO / 6546400	
Willamette Dental Insurance	Dental HMO	1-855-433-6825 www.willamettedental.com
Ameritas Life Insurance Corp	Vision	1-800-877-7195 www.vsp.com
		1-866-289-0614 www.eyemedvisioncare.com
Principal Financial Group Inc	Dental PPO	1-800-843-1371 www.principal.com
	Short Term Disability (STD)	
	Voluntary Life and AD&D	
	EAP	
	Will & Legal Documentation	
Allegiance	Flexible Spending Account	1-877-424-3570 www.askallegiance.com



Medical - Base Plan


Rainier Christian Schools is continuing the current medical benefits through Kaiser Permanente for the upcoming plan year October 1, 2020 through September 30, 2021. Medical coverage is available for all full-time employees. It is very important to verify that your doctors & facilities are in-network. The following chart summarizes the plan options that will take effect October 1, 2020.



	Medical - HMO - 1908000
	In-Network
Calendar Year Deductible	\$350 Individual / \$1,050 Family
Benefit Coinsurance	Plan pays 90% in most cases; you pay 10%
Out-of-Pocket Maximum (includes deductible, copays & coinsurance)	\$2,000 Individual / \$6,000 Family Once the out-of-pocket maximum is met, all covered expenses are paid at 100% (CY)**
Deductible and/or Coinsurance (Waiver)	1 st 4 visits (PCY) are not subject to deductible and/or coinsurance. Outpatient Lab and X-ray Covered in full up to \$500 (PCY), then deductible and coinsurance apply
Preventive Care	100%
Office Visits	First 4 visits PCY: \$25 copay, deductible waived Office Visit 5+ PCY: \$25 copay, then 90% after deductible
Outpatient Diagnostic Lab/X-ray Services	1 st \$500 PCY: 100%, deductible waived \$501+PCY: 90%, after deductible
Ambulance Services	80% after deductible
Emergency Services	\$200 copay (waived if admitted) then covered at 90% after deductible
Inpatient Hospital	\$200 copay per day up to 3 days per admittance, then 90% after deductible
Retail Prescription Drugs	
Generic:	Preferred: \$15 copay per 30-day supply Non-preferred: \$45 copay per 30-day supply
Brand Drugs:	Preferred: \$25 copay per 30-day supply Non-Preferred: \$45 copay per 30-day supply
Mail Order:	2x Retail cost; 90-day supply
Employee Monthly Premium Deductions	
Employee	\$0.00
Employee & Spouse	\$634.77
Employee & Child(ren)	\$455.29
Employee & Spouse & Child(ren) (Family)	\$1,090.07

*DW=Deductible Waived | PCY = Per Calendar Year | **CY=Calendar Year |

Medical - Buy-Up Plan

Medical - Access PPO - 6546400		
	In-Network Preferred Providers	Out-of-Network
Calendar Year Deductible	\$500 Individual / \$1,500 Family	\$1,000 Individual / \$3,000 Family
Benefit Coinsurance	Plan pays 90% in most instances; you pay 10%	Plan pays 70% of allowable amount; You pay the balance
Out-of-Pocket Maximum (includes deductible and all copays)	\$2,000 Individual / \$6,000 Family Once the out-of-pocket maximum is met, all covered expenses are paid at 100% (CY)**	\$4,000 Individual / \$12,000 Family Once the out-of-pocket maximums is met, all covered expenses are paid at 100% (CY)**
Deductible and/or Coinsurance Waiver 	1 st 6 visits (PCY) are not subject to deductible and/or coinsurance. Outpatient Lab and X-ray covered in full up to \$500 (PCY), then deductible and coinsurance apply	70% after deductible
Preventive Care	100%	70% after deductible
Office Visit Copays	Primary Care: \$30 copay (\$20 at Kaiser) Specialist: \$60 copay (\$40 at Kaiser)	70% after deductible
Office Visit Benefits	1 st 6 visits: Copay, then 100%, deductible waived Visit 7+ PCY: Copay, then 90% after deductible	
Outpatient Diagnostic Lab/X-ray Services	1 st \$500 PCY: 100%, deductible waived \$501 PCY: 90% after deductible	1 st \$500 Shared with In-Network \$501 PCY: 70% after deductible
Ambulance	90% after deductible	90% after deductible
Emergency Room Care	\$200 copay (waived if admitted) then covered at 90% after deductible	
Inpatient Hospital	90% after deductible	70% after deductible
Retail Prescription Drugs		
Generic	Preferred: \$20 copay per 30-day supply Non-preferred: \$65 copay 30-day supply	Not covered
Brand Drugs	Preferred: \$45 copay / \$40*** per 30-day supply Non-preferred: \$65 copay / \$60*** per 30-day supply	Not Covered
Mail order	2x Retail cost; 90-day supply	Not Covered
Employee Monthly Premium Deductions		
Employee	\$100.68	
Employee & Spouse	\$860.90	
Employee & Child(ren)	\$645.95	
Employee & Spouse & Child(ren) (Family)	\$1,406.16	

*DW=Deductible waived | **CY=Calendar Year | ***Enhanced Kaiser Benefit
| PCY = Per Calendar Year |

Voluntary Dental - PPO

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is more basic, and costs are much lower. Rainier Christian Schools offers you a PPO dental plan through Principal Financial Group Inc.

Visit www.principal.com/dentist to look up in-network dentists.

Voluntary Dental - PPO	
Calendar Year Deductible	\$50 / \$150
Calendar Year Benefit Maximum	\$1,500 Per Person
Diagnostic and Preventive: Exams, cleanings & x-rays	100%
Basic Services: Fillings, oral surgery, endodontics	80%
Major Services: Crowns, bridges, & dentures	50%
Employee Monthly Premium Deductions	
Employee	\$55.34
Employee & Spouse	\$111.44
Employee & Child(ren)	\$118.68
Employee & Spouse & Child(ren) (Family)	\$182.37

This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage.



Regular dental exams can help you prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

Under this dental plan, you can choose to go to any dentist. If you use a dentist in the Principal Financial Group PPO Network, you will be guaranteed no balance billing. If you choose to see a dentist outside of the network, Principal Financial Group will pay based on what the dentists in your area charge for that service.

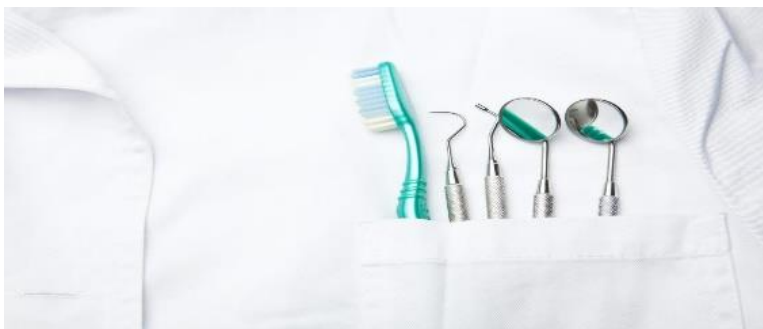
Voluntary Dental - HMO

Rainier Christian Schools offers a more comprehensive dental plan through Willamette Dental Group. There is no deductible or annual benefit maximum and Orthodontia services are available after a copay.

Visit www.willamettedental.com to look up in-network dentists.

Voluntary Dental - HMO	
Calendar Year Deductible	\$0
Copays Per Visit	General & Orthodontic Visits: \$20 Specialist Visits: \$30
Calendar Year Maximum	No Maximum - Fee based schedule
Diagnostic and Preventive*: Exams, cleanings & x-rays	General office Visit
Basic Services*: Fillings, simple extractions & oral surgery	Various copays apply depending on procedure
Major Services*: Crowns, bridges, dentures	Various copays apply depending on procedure
Comprehensive Orthodontia Treatment	\$2,800 copay
Employee Monthly Premium Deductions	
Employee	\$43.55
Employee & Spouse	\$87.65
Employee & Child(ren)	\$101.95
Employee & Spouse & Child(ren) (Family)	\$153.05

*See Willamette Plan Summary for fee schedule |



Regular dental exams can help you prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

*Under this dental plan, care must be received through a Willamette Dental Group dentist. **No coverage** provided if you choose to see a dentist outside of the Willamette Dental Group network.*

Voluntary Vision Insurance

Rainier Christian Schools offers vision coverage through Ameritas Life Insurance Corp. Both vision plan options provide coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses if you need them. You can see in- or out-of-network providers, however, keep in mind that out-of-network providers require you to pay up front and be reimbursed at a lower benefit level than in-network providers.

The Ameritas Life Insurance Corp. VSP Choice Network includes: Independent Provider Networks, Costco, Visionworks and more.

The Ameritas Life Insurance Corp. EyeMed Network includes: LensCrafters, Pearle Vision, Target Optical, Independent Provider Network & more.

	Voluntary Vision - VSP Plan		Voluntary Vision - EyeMed Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam - Once every 12 months	\$10 deductible	Up to \$45	\$10 deductible	Up to \$35
Hardware	\$25 deductible	\$25 deductible	\$25 deductible	\$25 deductible
Frames - once every 24 months	100% up to \$130	100% up to \$70	100% up to \$130	100% up to \$65
Lenses - once every 12 months	Single: 100% Bifocal: 100% Trifocal: 100%	Single: up to \$30 Bifocal: up to \$50 Trifocal: up to \$65	Single: 100% Bifocal: 100% Trifocal: 100%	Single: up to \$25 Bifocal: up to \$40 Trifocal: up to \$55
Contact Lenses	In lieu of glasses- once every 12 months		In lieu of glasses- once every 12 months	
	100% up to \$130 (Fitting/Eval. up to \$60 copay)	100% up to \$105	100% up to \$130 (Fitting/Eval. Up to \$55 copay)	100% up to \$104
Employee Monthly Premium Deductions				
Employee			\$7.84	
Employee & Spouse			\$15.72	
Employee & Child(ren)			\$13.72	
Employee & Spouse & Child(ren)(Family)			\$21.56	



Voluntary Life/AD&D Insurance

Rainier Christian Schools provides employees the opportunity to purchase Life and Accidental Death and Dismemberment (AD&D) insurance through Principal Financial Group Inc. Your contributions will depend on your age and the amount of coverage you elect.

- **Employee Voluntary Life:** Increments of \$10,000 up to a maximum of \$300,000 with up to \$100,000 guarantee issue, without evidence of insurability
- **Spouse Voluntary Life:** Increments of \$5,000 up to a maximum of \$100,000, with up to \$30,000 guarantee issue, without evidence of insurability
- **Child Voluntary Life:** Choose a flat amount of \$2,500 or \$5,000 or \$10,000. Maximum benefit live birth to age 14 days is \$1,000. The full elected benefit amount is guarantee issue.

Important Things to Consider

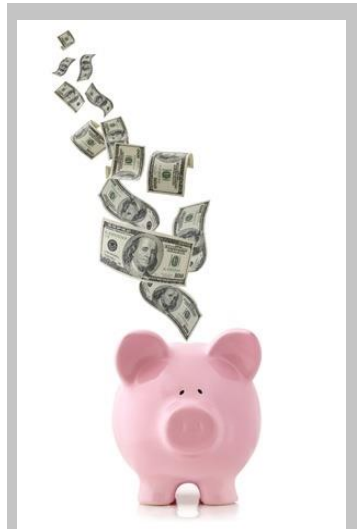
You will need to provide evidence of insurability for insurance if:

- You elect to initially enroll in an amount over the guarantee issue amount
- You elect to increase your current amount in excess of the guaranteed issue amount
- You declined voluntary life during your initial eligibility period and would like to enroll this year

Age	Non-Smoker (Monthly rate per \$1,000 of benefit)	Smoker (Monthly rate per \$1,000 of benefit)
< 25	\$0.060	\$0.086
25-29	\$0.060	\$0.086
30-34	\$0.080	\$0.095
35-39	\$0.090	\$0.142
40-44	\$0.121	\$0.230
45-49	\$0.186	\$0.355
50-54	\$0.303	\$0.578
55-59	\$0.476	\$0.908
60-64	\$0.660	\$1.261
65-69	\$1.270	\$2.327
70+	\$2.103	\$3.798

AD&D	(Monthly rate per \$1,000 of benefit)	(Monthly rate per \$1,000 of benefit)
Employee/Spouse	\$0.019	\$0.019

Child - Monthly Rate Life/AD&D	
\$2,500	\$.50
\$5,000	\$1.00
\$10,000	\$2.00

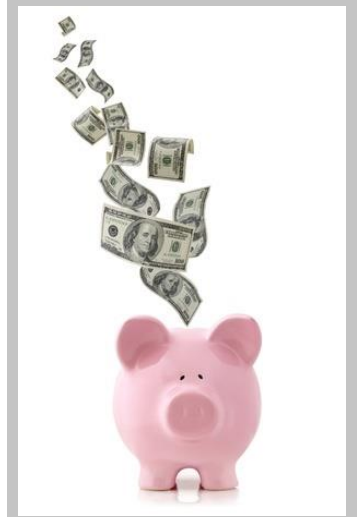


Voluntary Short-Term Disability Insurance

Rainier Christian Schools provides employees the opportunity to purchase Voluntary Short-Term Disability income protection through Principal Financial Group Inc. Your costs will depend on your age and the amount of coverage you elect. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive disability benefits if you are receiving workers' compensation benefits and benefit payable under the Washington Family Paid Leave plan may offset some or all of the benefits available to you under this plan. You may be subject to waiting periods for pre-existing conditions during your first 12 months of enrollment on this plan. See Principal benefit booklet for additional information.

Coverage	Benefit
Benefit Percentage	<ul style="list-style-type: none"> 60% of predisability earnings
Elimination Period: Accident or Sickness	<ul style="list-style-type: none"> 14 days
Maximum weekly benefit	<ul style="list-style-type: none"> \$1,000
Benefit Duration	<ul style="list-style-type: none"> Up to 11 Weeks (after elimination period)

Age	(Monthly rate per \$10 of benefit)
0-24	\$0.18
25-29	\$0.22
30-34	\$0.24
35-39	\$0.14
40-44	\$0.06
45-49	\$0.05
50-54	\$0.06
55-59	\$0.07
60-64	\$0.09
65-69	\$0.09
70 and over	\$0.10



Additional Voluntary Benefits

Rainier Christian Schools will now be offering Voluntary Critical Illness and Voluntary Accident insurance through Principal Financial Group Inc.

Critical Illness Insurance

Life doesn't always go as expected. Serious illnesses happen. And while medical insurance helps pay for medical expenses, and disability insurance replaces lost income, they don't cover all the costs associated with having a serious illness.

- Covers cancer, coronary artery bypass graft, heart attack, major organ failure and stroke
- Pays a tax-free, lump-sum cash benefit to an insured employee or family member diagnosed with a covered illness
- Benefit is paid regardless of any other insurance coverage or actual expenses incurred
- Multiple payouts for the same or different illnesses
- Option for employees to purchase coverage for their spouse and children
- Portable coverage that employees can take with them if they leave their employer (not available in all states)

Accident Insurance

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. This policy can help pick up where other insurance leaves off and provide cash to cover the expenses.

Your accident insurance includes benefits for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance, medical expenses and outpatient physician's treatment.

Some of the advantages of Principal include:

- Coverage available for spouse and dependent children
- Convenient payroll deduction of premiums

Flexible Spending

Healthcare Expense Account

The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of \$.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Rainier Christian Schools allows a voluntary contribution of up to \$2,750 per plan year into your healthcare expense account.

Healthcare FSA Debit Card: As an option, we are pleased to offer employees the option to have a Healthcare FSA debit card that will allow you to pay for most qualified expenses without being out-of-pocket and having to waive for reimbursement. **Please remember:** you must still retain all receipts as you may be asked to substantiate any expenses purchased with your FSA debit card.

Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of \$5,000 each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

What are the risks of FSAs?

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your expenses and have money left in the account at the end of the year, it will be forfeited. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

Contact

Phone: 1-877-424-3570

Website: www.askallegiance.com

Important Notes:

Expenses of a non-tax dependent are not eligible for reimbursement through the Healthcare FSA.

IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex Plan unless they qualify as a tax dependent under Code Section 152.

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis situation affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with Magellan Healthcare, through Principal Life Insurance Company, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Magellan Healthcare is only a phone call away at 800-356-7089 or via website at www.MagellanHealth.com/member.



Principal Value Adds

Travel Assistance

Whether you are traveling right here in the United States or leaving the country, you can rely on AXA to help your travel experience go off without a hitch. Because you are covered by voluntary term life insurance from Principal Financial Group Inc., you have access to many travel assistance services for free - no matter if you are traveling for business or pleasure.

Free Services

- Lost or stolen items
- Medical assistance
- Emergency medical transportation

Phone: 1-888-647-2611 (within the U.S.)
1-630-766-7696 (call collect outside the U.S.)

Website principal.com/travelassistance

Will Prep

If you are like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you are not able to. Especially since life can be so unpredictable.

That is why it is important to be proactive and make a plan to protect your family and finances. With your voluntary term life insurance through Principal, you can do just that, with access to resources from the Will & Legal Document Center provided by ARAG.

Services Include

- Will
- Healthcare power of attorney
- Durable power of attorney
- Living will
- Medical treatment authorization for minors

Phone: 1-800-546-3718

Website: www.aragwill.com/principal

Principal Value Adds

Beneficiary Support

We know that during difficult times it is easy to put yourself last. That is why Principal Financial Group Inc. provides beneficiaries of our life insurance policies with Grief Support Services from Magellan Healthcare that can help you focus on your well being

Services Include

- 24/7 access to confidential guidance and coping strategies
- Personal coaching over the phone or video teleconference
- Local legal service referrals
- Community resource referrals
- Private self-screening for depression

Phone 1-800-274-4529

Online Resources: www.magellanassist.com/logiemp/

Vision Care Discounts and Savings

You and your family can save on eye exams, glasses and sunglasses. If you have enrolled for dental or vision coverage from Principal Life Insurance Company, you are eligible for vision discount plan offered by VSP.

Services & Discounts

- Eye Exam - 20% discount on the VSP doctor's fee
- Prescription Glasses (Lenses & Frames) Discount - 20% discount on complete pair of glasses from any VSP doctor within 12 months of the last covered exam
- Lens Options- 20% savings on lens options such as progressive, scratch coatings and anti-reflective coatings

Phone: 1-800-877-7195

Website: www.principal.com/vsp

Identity Theft

Be proactive in protecting one of your most important assets- your identity. If your identity is stolen, despite your best efforts, you will get valuable tips on how to restore it through ARAG.

Website: www.ARAGwills.com/Principal

Legal Notices

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

Base Plan \$350 individual, \$1,050 family deductible 90% coinsurance
Buy-Up Plan \$500 individual, \$1,500 family deductible 90% coinsurance

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops

contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage and within 60 days from birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Sigrid Jones

16707 174th Ave SE, Renton, WA 98058-1249

(425) 255-7273

sigrid.jones@rainierchristian.org

Important Notice from Rainier Christian Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rainier Christian Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Rainier Christian Schools has determined that the prescription drug coverage offered by the Kaiser are, 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 to 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 Rainier Christian Schools coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Rainier Christian Schools coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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 Rainier Christian Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **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 Rainier Christian Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2020
Name of Entity/Sender:	Rainier Christian Schools
Contact--Position/Office:	Sigrid Jones, HR & Payroll
Address:	16707 174 th Ave SE, Renton WA
Phone Number:	(425) 255-7273

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or 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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA - Medicaid	COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711

<p align="center">ALASKA - Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p align="center">FLORIDA - Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p align="center">ARKANSAS - Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">GEORGIA - Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p align="center">CALIFORNIA - Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPL_RD_CAU_cont.aspx Phone: 1-800-541-5555</p>	<p align="center">INDIANA - Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">IOWA - Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p align="center">MONTANA - Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KANSAS - Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p align="center">NEBRASKA - Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

<p>KENTUCKY - Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA - Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA - Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE - Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE - Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NEW JERSEY - Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>MASSACHUSETTS - Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NEW YORK - Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA - Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA - Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MISSOURI - Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>NORTH DAKOTA - Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

TEXAS - Medicaid	WYOMING - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
OKLAHOMA - Medicaid and CHIP	UTAH - Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON - Medicaid	VERMONT- Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA - Medicaid	VIRGINIA - Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND - Medicaid and CHIP	WASHINGTON - Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA - Medicaid	WEST VIRGINIA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN - Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002

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

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

U.S. Department of Health and
Human Services
Centers for Medicare &
Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option
4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)