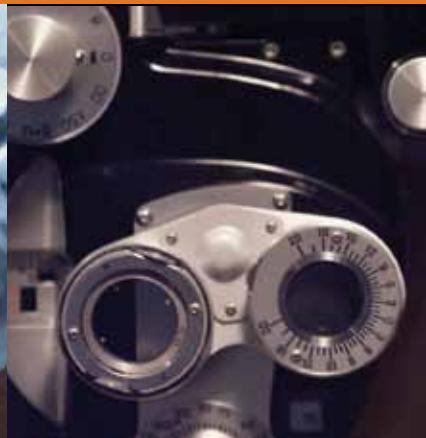


An overview of U.S. based Employee Benefits



Using This Guide

Your Benefits Program

Medical Insurance

Dental Insurance

Vision Insurance

Flexible Spending Accounts

Sick Leave and Disability

Life and Accident Insurance

Business Travel Accident

Time-Off Benefits

Retirement Savings Plan

Other Benefits

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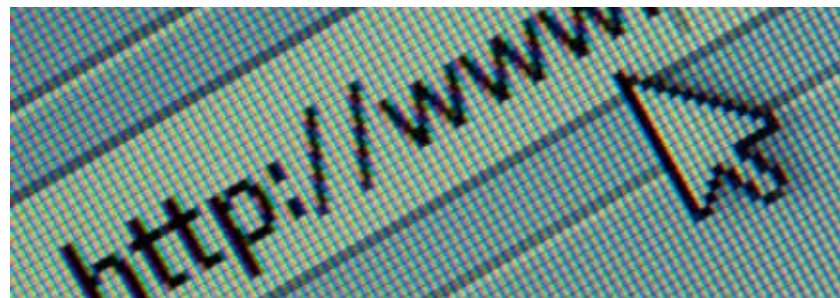
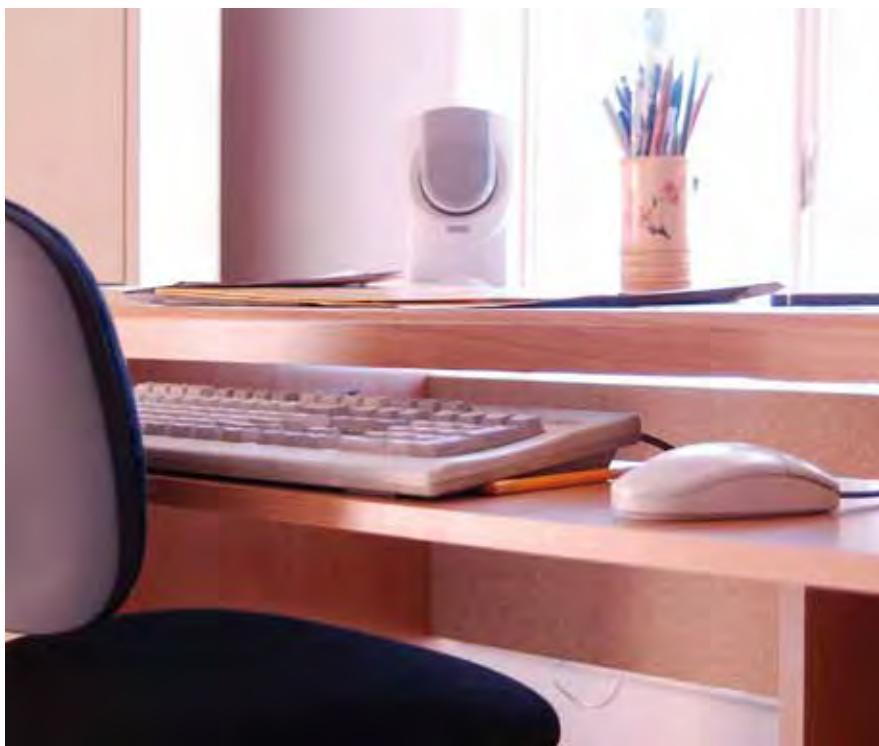
Using This Guide



We're excited to present CARE USA's employee benefits guide. This online format makes it easier to learn about specific benefit choices.

This interactive guide allows you to decide which pages you want to view with the click of a button. By clicking on the topics listed in the handy menu located at the bottom of each page, you can navigate to the benefits information that you prefer.

In addition, there is a key at the base of the page that provides a more detailed description of where these buttons might take you.






A print icon allows you to print the document or individual pages. Need to review a previous page or jump back to the beginning? Just remember to use the navigation buttons located at the bottom of the page to move through the document – instead of using your Web browser's back button.

We hope the easy-to-use format helps you learn more about making choices for your company benefits.

This benefits guide is not a comprehensive source of benefits information. Employees are responsible for reading the Summary Plan Descriptions and policy documents found in the Employee Handbook and on the portal.

Icon Key

	Link to a company website		Navigate to the next page
	Cover Table of Contents		Cost of contributions
	Navigate to the previous page		Close the PDF document
	Print the document or page		

Your Benefits Program



Life today is complex. That's why CARE USA, Inc. offers you a comprehensive benefits package – one that protects you and your family. CARE pays the full cost of several benefits for employees. The benefits provided can help you pay health care expenses, build capital for the future and provide financial security for your family. These benefits are an important element of your total compensation.

Reminder checklist for new employees:

- Submit your benefits enrollment form within 14 days of your start date.
- Don't forget to submit your beneficiary forms.
- You may enroll in the 401(k) retirement savings plan now or at any time during your employment.
- Print out your Emergency Evacuation ID cards located on your new hire checklist.
- Check out if a Flexible Spending Account is right for you.
- Have a question? Need more information? Visit the Benefits Center section under the Portal, Employee Self Service or contact the HR Service Center at **404-979-9511** or **HRServiceCenter@care.org** for help.

About Your Benefits

CARE provides a wide variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you elect them. It is important that you make an informed decision to best fit your family and your lifestyle. You are eligible for benefits if you are a regular, U.S.-based staff member working at least 20 hours each week (excluding interns and temporary staff). Qualified dependents include a legal spouse, dependent children and domestic partner (domestic partners are eligible for medical, dental and vision benefits only).

Elective CARE benefits for qualified dependents include:

- Medical Insurance
- Dental Insurance
- Basic Dependent Life Insurance (domestic partners not eligible)
- Supplemental Vision Insurance

For more dependent information, please see your Employee Handbook.

Making Changes – Life Events

Generally, you can only change your benefit choices during the annual open enrollment period. However, you can change your applicable benefit plans during the course of the year if you have a life event change such as a marriage, divorce or the birth/adoption of a child.

If you have a life event change, you must notify the HR Service Center within 31 days of the date of change. You will need to provide proof of the change (for example, a marriage license or birth certificate). If you do not notify HR within 31 days, you will have to wait until the next annual open enrollment period to make benefit changes, unless you have another family status change.

Open Enrollment

Each year, CARE offers employees the opportunity to make changes to your benefit elections for the upcoming calendar year. Employees will receive notification each year of the open enrollment period.



Your Benefits Program



Choosing Your Benefits

CARE provides a wide variety of benefits. Some benefits – like basic life insurance – are automatic, while others are elected – like medical insurance. You don't have to elect automatic benefits because CARE pays the entire cost for you.

But you must pay for any benefit that you elect. Your share of the cost is automatically taken out of your paycheck in the form of a payroll deduction. Payroll deductions can be taken either before or after taxes are calculated, depending on the benefit.

Benefit	Who pays the cost	When you are eligible	When your benefits end
Medical	You and CARE	First day of employment	Last day of the month in which you terminate or in which a family status change occurs
Dental	You and CARE	First day of employment	Last day of the month in which you terminate or in which a family status change occurs
Vision	You	First day of employment	Last day of the month in which you terminate or in which a family status change occurs
Basic Life Insurance	CARE	First day of employment	Last day of employment
Supplemental Life Insurance	You	First day of employment or when approved by carrier	Last day of employment
Accidental Death & Dismemberment (AD&D)	CARE	First day of employment	Last day of employment
Time-Off Benefits (Bank of Days)	CARE	Accrual begins within 15 business days of the first quarter of employment	Last day of employment
Sick Leave	CARE	First day of employment	Last day of employment

Benefit	Who pays the cost	When you are eligible	When your benefits end
Short-Term Disability	CARE	First day of employment	Last day of employment
Long-Term Disability	CARE	First day of employment	Last day of employment
Supplemental Long-Term Disability	You	First day of employment or when approved by the insurance carrier	Last day of employment
Health and Dependent Care Flexible Spending Accounts (FSAs)	You	First day of employment	Last day of employment
Retirement Savings Plan	You	First day of employment	Contributions end with your last paycheck
	CARE	Up to 8% with a match, after one year of service	
Business Travel Accident Insurance	CARE	First day of employment	Last day of employment

You may continue medical, dental and vision benefits, as well as FSA and Employee Assistance Program after leaving CARE through the COBRA program. You will receive COBRA information automatically when you separate from the organization. If you have any questions about COBRA, please visit the Portal.





There's nothing more valuable than your good health. That's why CARE's Medical benefits encourage you to access quality services – in sickness and in health.

About Your Medical Plan

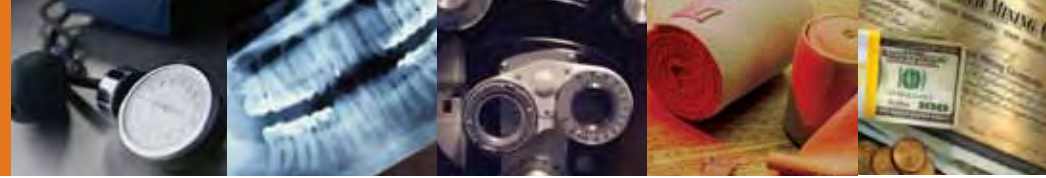
CIGNA's Open Access Plus (OAP) plan allows you the freedom to visit in-network and out-of-network providers. The chart (right) shows the benefit percentage the plan pays for certain medical services. Please call **1-800-244-6224** to contact Member Services if you have any questions.



Benefit	OAP Plan	
	In-Network	Out-of-Network
Annual Deductible <ul style="list-style-type: none"> For one person For your family 	\$300 \$600	\$350 \$750
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Maximum <i>(including deductibles)</i> <ul style="list-style-type: none"> For one person For your family 	\$1,000 \$2,000	\$2,000 \$4,000
Physician's Office Visits <i>(PCP and Specialists)</i>	\$25 copay, then covered at 100%	70% deductible applies
Preventive Care <ul style="list-style-type: none"> Well child exams Well woman exams, mammogram/Pap smears PSA prostate test with office visit Adult immunizations, unless business-related Sigmoidoscopy, colonoscopy 	100%	70% deductible applies
Hospital Care <ul style="list-style-type: none"> Inpatient services, surgery, physician, lab, etc. Outpatient services, surgery, physician, lab, etc. 	90% deductible applies 90% deductible applies	70% deductible applies 70% deductible applies
Emergency Room	\$100 copay, then 100% (copay waived if admitted)	\$100 copay, then 100% (copay waived if admitted)
Pre-Admission Testing	100%	100%
Nervous, Mental and Substance Abuse <ul style="list-style-type: none"> Inpatient hospital (includes substance abuse) Outpatient hospital Inpatient physician Outpatient physician 	90% deductible applies 90% deductible applies 90% deductible applies \$25 copay	70% deductible applies 50% deductible applies, limit 50 visits/calendar year 70% deductible applies 50% deductible applies, limit 50 visits/calendar year
Retail Prescriptions <i>(30-day supply)</i> <ul style="list-style-type: none"> Generic Preferred brand Non-preferred brand 	\$10 copay \$25 copay \$45 copay	\$10 copay \$25 copay \$45 copay
Mail Order Prescriptions <i>(90-day supply)</i> <ul style="list-style-type: none"> Generic Preferred brand Non-preferred brand 	\$20 copay \$50 copay \$90 copay	Not covered



Dental Insurance



Dental health is more than just a pretty smile. It's also important for your overall health. Because of this, the CARE dental plans cover a full range of services, including orthodontia.

When you enroll in the DPPO, you may visit your choice of any dentist, but you will receive a better benefit when you visit an in-network dentist. When you enroll in the DHMO, you must select a Network General Dentist for each covered family member.

About Your Dental Insurance Options

The CARE dental plans cover the four main types of dental expenses:

- Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, sealants, bitewing X-rays)
- Basic treatment (full-mouth X-rays, tooth extractions, fillings)
- Major treatment (root canals, oral surgery, gum disease treatment, crowns, dentures)
- Orthodontia

The chart (above right) shows the benefit percentage the plan pays for certain dental services under the two plan options after you meet your Calendar-Year Deductible, up to the applicable Maximum. The plans pay the rest. However, keep in mind that if your dentist charges more than the "reasonable and customary" rate for a particular service, you will be responsible for any additional fees incurred.

If you participate in the DHMO, you will pay the amount stated in the Patient Charge Schedule (PCS) for each procedure.

Benefit	Dental PPO	Dental HMO
Calendar-Year Deductible (all charges except preventive)		
• For one person	\$50	\$0
• For your family	\$100	\$0
Calendar-Year Maximum	\$1,500	\$0
Preventive Care (cleanings and X-rays)	100%	Generally \$0
Basic Treatment (fillings, space maintainers, simple extractions, complex oral surgery, etc.)	80%, deductible applies	See PCS
Major Treatment (crowns, inlays, onlays, periodontics, endodontics, etc.)	50%, deductible applies	See PCS
Orthodontic Treatment	50% \$3,000 lifetime maximum	See PCS No lifetime maximum



Supplemental Vision Insurance



About Your Supplemental Vision Insurance

EyeMed Vision Care administers CARE's supplemental vision plans. Vision benefits are available on a voluntary basis for benefits-eligible employees and their dependents.

CARE offers you a choice between the basic Supplemental Vision plan and the enhanced Supplemental Vision Plus plan.

Supplemental Vision: A discount program that can only be utilized inside of the U.S. with network providers. This program is offered to all eligible CARE USA staff members as an elective benefit.

Supplemental Vision Plus: An elective benefit that offers increased vision care benefit levels to all eligible CARE USA staff members. Members receive services from U.S. network providers at one cost level or pay slightly higher costs for services and vision products outside the network (including international claims). All international claims are considered out-of-network claims under this plan.

Receiving your vision benefit is as easy as visiting your EyeMed provider. To locate providers, call **1-866-939-3633** and use EyeMed's locator service or speak with an EyeMed Customer Service Representative. You may also visit their website at www.eyemedvisioncare.com.

Benefit	EyeMed Supplemental Vision		EyeMed Supplemental Vision Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	More than 35,000 ophthalmologists, optometrists and opticians at retail outlets such as LensCrafters, Sears Optical, Pearle Vision, JC Penney Optical and Target Optical			
Copayments				
<ul style="list-style-type: none"> Exam Contact Lens Exam and Fitting 	\$10 N/A	Up to \$35 N/A	\$20 Standard*: Max of \$55 Premium**: 10% off retail	Up to \$40 N/A
Benefit Frequency				
<ul style="list-style-type: none"> Exams Lenses Frames Contacts 	12 months Unlimited Unlimited Unlimited	12 months Unlimited Unlimited Unlimited	12 months 12 months 24 months 12 months, in lieu of lenses and frames	12 months 12 months 24 months 12 months, in lieu of lenses and frames
Lenses				
<ul style="list-style-type: none"> Single vision Bifocal Trifocal 	\$50 copay \$70 copay \$105 copay	N/A N/A N/A	\$20 copay \$20 copay \$20 copay	Up to \$40 Up to \$60 Up to \$80
Contacts (discount - materials only)				
<ul style="list-style-type: none"> Medically necessary Conventional Disposables 	N/A 15% off retail price N/A	N/A N/A N/A	\$0 copay; paid in full \$125 allowance + 15% discount over \$125 \$125 allowance	Up to \$210 Up to \$125 Up to \$125
Frames	35% off retail price	N/A	\$125 allowance + 20% discount over \$125	Up to \$65
Corrective Vision Service (ex. laser surgery)	15% off retail price OR 5% off promotional pricing	N/A	15% off retail price OR 5% off promotional pricing	N/A
Lenses Options				
<ul style="list-style-type: none"> Tint and UV coating Std. scratch resistance Std. polycarbonate Std. anti-reflection Std. progressive 	\$15 \$15 \$40 \$45 \$65	N/A	\$15 \$15 \$40 \$45 \$85	N/A
Other Discounts	20% off other add-ons, services & remaining balance at Participating Providers***	N/A	20% off other add-ons, services & remaining balance at Participating Providers***	N/A

*Standard Option: Spherical clear contact lenses in conventional wear and planned replacement (ex., disposable, frequent replacement, etc.)

**Premium Option: All lens designs, materials and specialty fittings other than Standard Contact Lenses (ex., toric, multi-focal, etc.)

***Does not apply to professional services or disposable contacts; 40% off complete additional pair of eyeglasses or 15% off conventional contact lenses once funded benefit has been used



Flexible Spending Accounts



Looking for a way to save money by reducing your medical and dependent care expenses? A flexible spending account (FSA) may be the answer.

Flexible Spending Accounts (FSAs)

FSAs are a smart way to save because they let you set aside pretax money out of your paycheck to pay for expenses not reimbursed under your insurance plans. CARE offers both a Health Care FSA and a Dependent Care FSA. There are maximum yearly limits on how much you can contribute to your FSA:

- Health Care maximum: \$2,500
- Dependent Care maximum: \$5,000 (if married, both spouses can only contribute to a total of \$5,000 or \$2,500 each)

End result – you get to keep more take-home pay and pay less in taxes.

How an FSA Works

The most challenging part of an FSA is determining how much to contribute. Be sure to estimate your expenses carefully because **you will forfeit any unused funds at the end of the plan year**. So it's best to estimate a little low when deciding how much to contribute. Keep in mind, money can't be transferred between the two accounts for reimbursement.

You must re-enroll in any FSAs each year during the benefits enrollment period.

We have provided worksheets [here](#) to help you calculate what would work best for you.

Sample Savings With an FSA*

FSA Benefit	If You Don't Participate	If You Participate
Annual Salary (before taxes)	\$25,000	\$25,000
Less:		
Health Care Spending Account Deposit	-\$1,500	-\$0
Dependent Care Spending Account Deposit	-\$4,000	-\$0
Taxable Income	\$19,500	\$25,000
Less:		
Income Taxes and Social Security (22%)	-\$4,290	-\$5,500
Take-Home Pay	\$15,210	\$19,500
Less:		
Health Care Expenses	-\$0**	-\$1,500
Child Care Expenses	-\$0	-\$4,000
Net Pay You Can Spend	\$15,210	\$14,000
Tax Savings	\$1,210	\$0

*Sample savings are provided for illustrative purposes only.

Actual savings may vary depending on individual circumstance.

**You get reimbursed from your Health Care and Dependent Care Spending Accounts.

Filing Claims for Reimbursement

Benefit Express administers our flexible spending accounts. To receive reimbursements from your account, you will need to complete a claim form and submit it to Benefit Express online. You will receive a reimbursement check or direct deposit for the amount of your approved expenses.

Type of FSA	Reduce Taxes and Increase Your Take-Home Pay
Health Care Account	Expenses not covered by your health plan, such as copays, deductibles and prescription drug expenses.
Dependent Care Account	If you pay someone to watch your dependents so you can work or go to school full-time, you can set aside a certain dollar amount to cover these expenses.



Sick Leave & Disability Insurance



How do you see yourself five years from now? Or maybe 10? Chances are that you don't see yourself disabled. Yet, a surprising number of people will find themselves hurt or sick and unable to work – even if only for a short time. But would a month seem like a short time if you had no income?

That's why CARE provides the following benefits to you:

- Sick leave
- Short-term disability (STD) insurance
- Long-term disability (LTD) insurance
- The option to purchase supplemental LTD coverage

Sick Leave

CARE's sick leave policy is intended to increase your sense of security about having sufficient time available when you are ill and unable to work. Sick leave is available for your personal illness only. Unscheduled absences should be reported to your supervisor immediately, and a doctor's note is required for absences of five consecutive days or longer.

A doctor's note may be required for shorter absence periods if a pattern of excessive use of sick days is noted. If you must miss 10 or more consecutive days due to an illness or injury, you should contact the HR Service Center and apply for short-term disability benefits.



Short-Term Disability (STD) Insurance

Some illnesses or injuries may leave you unable to work for longer than a few days. For those times, CARE provides short-term disability (STD) coverage to you at no cost unless you are hospitalized. If you are hospitalized, there is no 10-day waiting period and STD benefits begin immediately. During the waiting period (weeks one and two), you will be covered by CARE's sick leave plan.

Disability	CARE pays	STD Insurance pays
Weeks 1-2	100% (sick leave)	0%
Weeks 3-6	50%, up to \$2,000 per week	50%, up to \$2,000 per week
Weeks 7-26	0%	50%, up to \$2,000 per week

Long-Term Disability (LTD) Insurance

If you are disabled after exhausting 26 weeks of STD, you may be eligible to receive long-term disability (LTD) benefits. CARE provides your basic LTD coverage at no cost. For a small additional premium, you can "upgrade" your coverage to the supplemental LTD coverage.

The waiting period to receive any LTD benefits is 180 days. After being disabled for 180 days, basic LTD covers 60% of your gross monthly salary up to the maximum monthly benefit of \$1,000. If you elect supplemental LTD insurance, it covers the difference between the basic LTD and 60% of your gross monthly salary, up to a maximum of \$7,500 per month.

When Are You Disabled?

To be considered disabled, your doctor must certify that you are not able to do your job at CARE, and you need to be seeing a doctor regularly for treatment. If you are still disabled two years after LTD benefits start, the definition of "disabled" changes. After two years, you must be unable to hold any job that is reasonably appropriate (given your education level, training or experience).



Life, Accident & BTA Insurance



Should the unthinkable happen, CARE offers life and accident insurance coverage to help protect your loved ones' financial health, providing a benefit they can use to pay bills and other expenses.

Basic Life and Accident Insurance

CARE pays the entire cost of your basic life and AD&D insurance.

Benefit	Value
Basic Life Insurance For You	1 x your annual salary (up to \$750,000 when combined with your supplemental life insurance)
Basic AD&D Insurance For You	1 x your annual salary (up to \$450,000)
Supplemental Life For You	1–5 x your annual salary (up to \$750,000 when combined with your basic life insurance)
Dependent Life For Your Family	Spouse: \$20,000 Child: \$10,000

What Is Accidental Death & Dismemberment (AD&D) Insurance?

Accidental Death & Dismemberment insurance is similar to regular life insurance. If you die in an accident (for example, an automobile accident), your beneficiary will receive the amount of your AD&D coverage in addition to your life insurance benefit. AD&D insurance also pays a benefit if you are seriously injured in an accident. Part of your benefit may be paid to you if you lose a limb (like your arm) or the ability to see, hear, talk or become physically disabled.

Business Travel Accident (BTA) Insurance

Business Travel Accident (BTA) insurance is provided to all staff automatically. Under CARE's plan, your beneficiary will receive a benefit if you die while traveling on official CARE business. The chart below shows the benefits that are available. In addition, you will receive a partial benefit if you are seriously injured while traveling on CARE business.

A business trip does not include your normal commute to and from your office. Business trips begin when you leave your home or office, whichever happens last, and end at your home or office, whichever happens first.

Employee Class	Value
Chief Executive Officer Chief Operating Officer Senior Vice Presidents Vice Presidents Members of the Board of Directors	\$250,000
All Active, Full-Time Employees (Grade A–J)	\$200,000
All Active, Full-Time Employees (Grade 1–8)	\$100,000



Time-Off Benefits



CARE recognizes that in order to do your work well, you also need time away from work to refresh and renew. That's why CARE offers you paid time off from work.

Bank of Days

As a CARE employee, you are allotted a Bank of Days that provides you with paid leave for vacation and personal days to be used as you wish.

If you are a newly hired employee, your initial Bank of Days will be pro-rated quarterly during your first calendar year. The total Bank of Days for the first year of employment is the sum of all credited quarters earned that year. You must work at least 15 business days during any quarter to receive credit for that quarter.

Each subsequent calendar year on January 1, you will receive your full Bank of Days or your new accrual rate if you are in an anniversary year. Please see the chart below for years of service and accrual rates.

Years of Service	Number of Days Granted Annually
0-4 years	20 days: 5 days accrued each quarter
5-9 years	25 days: 6.25 days accrued each quarter
10 or more years	30 days: 7.25 days accrued each quarter

You are entitled to carry forward a maximum of 20 banked days from one year to the next. Any accrued days in excess of this amount will be forfeited at the end of each year.

To take leave for either a scheduled or unscheduled absence, you must complete a Paid Time-Off (PTO) form in advance of the leave and submit it to your supervisor for approval.

Refer to the Employee Handbook for additional information.

Credit for Previous Years of CARE Services

If you have worked for another CARE International member or as a national staff for a CARE country office, your previous service may be counted in determining length of service for the purpose of calculating your Bank of Days.

Holidays

Normally, CARE's U.S. based offices are closed to observe the following official U.S. holidays* each year:

- New Year's Day
- Martin Luther King's Birthday
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following Friday
- Christmas Day

*Subject to change.

Emergency/Compassionate Leave

In the event of the death (or unexpected serious illness with imminent likelihood of death) of a spouse/domestic partner, child/stepchild, daughter- or son-in-law, parent/parent-in-law/stepparent, sibling/step sibling, grandparent or grandchild, you are eligible for five days of emergency/compassionate leave per incident, not to be deducted from your Bank of Days.

You must use your Bank of Days for bereavement leave in excess of your leave allotment or if you wish to attend the funeral/services of someone other than a close relative.

(continued)



Time-Off Benefits (cont.)



Jury Duty

If you are called for jury duty or as a witness in a legal matter, CARE will provide you with paid time off based on your normal pay. You must inform your supervisor as soon as you are notified and present the summons, subpoena, or other court papers. You will be required to submit verification to your supervisor from either the bailiff or clerk's office after jury duty.

Voting Time

CARE encourages you to vote in all national, state and local elections. If necessary, reasonable paid time off is provided to allow you time to vote as arranged in advance with your supervisor.

Family Medical Leave

The Family and Medical Leave Act of 1993 (FMLA) provides unpaid, job-protected leave to employees for the birth, adoption, or foster care placement of a child; serious illness of the employee, child, spouse/domestic partner, parent or parent equivalent; a spouse, child, or parent's active military duty or call to active duty in the Armed Forces; or up to 26 weeks to care for a spouse, children, parents, or nearest blood relative (next of kin) with serious illness or injuries incurred during active military duty in the Armed Forces.

Employees who worked at least 1,250 hours during the 12 months prior to the date the leave is requested are eligible to take leave under this provision. Eligible employees are entitled to take an unpaid leave of absence up to a maximum of 12 weeks during a rolling 12-month period.

Spouses who are both employed by CARE are each eligible for FMLA leave for their own serious health condition or to take care of a sick child or spouse. However, these individuals may be limited to a combined total of 12 weeks leave if the leave is for the birth, adoption, or foster care placement of a child or for the care of a sick parent or parent equivalent. FMLA leave may be taken either continuously, intermittently,

or in combination with a reduced work schedule. Intermittent or reduced-schedule FMLA leave is subject to the prior approval of CARE and requires substantiation of medical necessity.

For more information, contact the HR Service Center.

Parental Leave

CARE supports employees with additional time so they can make the initial adjustments accompanying the arrival of a new child up to 12 years of age through birth, adoption or legal guardianship. To be eligible, you must have been employed by CARE continuously for at least 12 months and worked at least 1,250 hours prior to the qualifying event.

You are granted five weeks paid Parental Leave for the birth or adoption of a child. This leave provision will be based on the date of delivery, adoption, or legal guardianship. In cases of multiple births, adoptions, or legal guardianship of two or more children at a time, you will be eligible for five weeks per event, not per child.

Parental Leave days may be taken consecutively or you may elect to use your leave intermittently over the course of one year. This would enable you, if desired, to return to work at any time and utilize Parental Leave when needed during the first year. However, this benefit cannot be used beyond the one-year limit, nor will it be paid out if it is not used.

Parental Leave is provided without regard to gender and will not be deducted from your Bank of Days. Spouses who are both employed by CARE are both entitled to take Parental Leave.

Parental Leave may be taken alone or with a combination of the following leaves to increase your amount of time off:

- CARE's STD plan
- Bank of Days
- Unpaid leave



Retirement Savings Plan



CARE offers a Retirement Savings Plan to help its employees prepare financially for their futures. You have the opportunity to make contributions for retirement through savings and investment choices. When you elect to take part, you decide how much to save and how to invest your savings.

Resident Retirement Savings Plan - 401(k)

All eligible employees on CARE USA's domestic payroll may contribute to the retirement savings plan without having to meet age or service requirements. You can join the plan at any time by completing an enrollment application. Employer contributions will begin on the first day of the current quarter after employees have completed one year of service, as defined by the plan.



Your Contributions to the Plan

You may elect to make before-tax contributions from 1% to 100% of your eligible pay in whole percentages, not to exceed the annual IRS dollar limit* (adjusted annually for inflation). You may also make after-tax contributions from 1% to 100% of your eligible pay in whole percentages, subject only to the "maximum annual contribution limit." The maximum annual contribution limit* includes employee pre-tax, after-tax and employer contributions to the Retirement Savings Plan.

*Due to IRS regulations, the maximum contribution limits are subject to change each year (see your plan document for current calendar-year limitations).

If you wish to make investment option allocation changes to your portfolio after you are enrolled, please visit www.divinvest.com to access your account and update your portfolio. A confirmation will be mailed to you. Information about the effective date of your new election will be available online.

Employer Contributions

CARE will make a contribution of 4% of eligible compensation, which will be allocated among eligible participants. CARE may match up to an additional 4% of eligible compensation based on your voluntary contribution, which will be allocated among eligible participants. The amount of the additional contribution will be determined at CARE's discretion.

Vesting

Vesting refers to your "ownership" of your account. You are always 100% vested in your contributions (including any rollover/transfer contributions you have made to the plan), plus any earnings generated on those contributions. Employer contributions to the plan, plus any earnings they generate, are also fully and immediately vested.

For additional information on CARE's Resident Retirement Savings Plan, please contact Diversified Investment Advisors at **1-800-755-5801** or visit their website.



Tuition Reimbursement

To encourage you to advance your professional knowledge and skills, CARE offers a tuition reimbursement program. Through this program, you may be reimbursed for job-related courses that support your career goals.

The tuition reimbursement program provides you with up to \$3,000 per calendar year in tuition reimbursement assistance for traditional coursework offered by an accredited institution for higher learning. You must be an eligible full-time or part-time (20 hours or more per week) employee with at least 12 months of service to qualify for tuition reimbursement. All coursework requires your supervisor's approval prior to the start of the course.

The following rules apply to CARE's tuition assistance program:

- The course(s) must be job-related and offered as traditional coursework by an accredited institution of higher learning (ex. a college or university).
- Costs covered include 75% of total expenses to a maximum of \$3,000 per calendar year.
- The course must be graded (pass/fail, a letter grade, or percentage), and you must pass the course with a grade of "C" or better.
- The cost of certification programs and job-related seminars are not covered by this program. Please see your hiring manager as certifications or seminars may be covered under your unit's budget.
- The cost of language courses not offered as traditional coursework by an accredited institution of higher learning will not be covered by this program.

Employee Assistance Plans

Sometimes balancing work and family life creates stress that is hard to handle on your own. To help you through those times, you and your family members can receive confidential counseling and referrals through our Employee Assistance Plans (EAPs) at no cost to you.

When to Use the EAP Plans

Counseling is available for personal difficulties, such as family or marital problems, grief counseling, job stress, drug or alcohol dependence and emotional difficulties like depression and anxiety. Sometimes a telephone call is all it takes. If you want or need additional counseling, you can schedule an appointment with an EAP counselor. CARE will pay for up to six counseling sessions per issue each year through the Primary EAP with Horizon Behavioral Health, and up to five counseling sessions per issue each year with the MyLibertyAssist Supplemental EAP with Bensing, DuPont & Associates. Any help you receive is completely confidential.

The Primary and Supplemental EAP plans are separate and independent plans; there is no coordination between them. Information you provide to EAP counselors under the Primary plan will not be transferred to the Supplemental Plan. Both EAP plans can also provide referrals to other providers or community resources if you need additional assistance. If you are referred to an outside provider, the cost of that treatment is not covered by the EAPs. However, the treatment may be covered by CARE's medical plan. To learn more, see Medical Insurance or refer to your plan documents.

(continued)



Other Benefits (cont.)



Health Advocate

From locating a physician to dealing with claims issues, Health Advocate is there for you. The Health Advocate staff consists of registered nurses and is supported by health care directors and administrative experts. You will be assigned a Personal Health Advocate to assist you and your immediate family, as well as parents and parents-in-law, with the following:

- Untangling insurance claims and issues
- Answering diagnosis questions
- Finding the best doctors and arranging appointments
- Assisting with elder care
- Negotiating provider fees

Health Advocate's priority is to help you and your family resolve clinical and administrative benefit and insurance-related issues so you can make more informed health care decisions.

Physical Fitness Reimbursement

To help improve and maintain the health of the minds and bodies of our employees, CARE will reimburse up to \$20 per month for health club memberships and other physical fitness fees. To initiate your reimbursements, complete the form located on your new hire checklist and return it to the HR Service Center.

All requests submitted during the year will expire at the end of the calendar year. You must re-submit your request form annually to restart your reimbursements.

Eligible fees are limited to those paid under a health club contract or as a separate physical fitness fee on an invoice or receipt. All-inclusive fees (example, homeowner's association dues or rent for an apartment) are not eligible unless the physical fitness activity fee is clearly listed as a separate fee on your invoice or bill.

Glossary of Important Terms

COBRA: Under the Consolidated Omnibus Budget Reconciliation Act of 1985, if an employee terminates employment with the company, the terminated employee is entitled to continue participating with the company's group health plan for a prescribed period of time, usually 18 months. In certain circumstances, such as an employee's divorce or death, the length of coverage period may be longer for qualified dependents, such as a spouse or dependent child.

Deductible: The amount that you must pay for covered services each year (excluding copayments) before the plan provides any benefit for the service.

Flexible Spending Accounts (FSAs): Accounts offered by CARE that provide a way for employees to set aside, out of their paycheck, pre-tax dollars to pay for certain health care expenses not covered by their health plan or certain dependent care expenses. FSA money must be used within the given benefit year.

Out-of-Pocket Limit: The maximum dollar amount a group member is required to pay out of pocket during a year. After the maximum is reached, the insurance carrier pays all covered expenses.

Plan Coinsurance: The percentage share of eligible medical expenses that the plan pays for a covered service.

Premium: The total cost of insurance coverage. Premiums may be paid by CARE or the employee, or shared by both. Premiums are deducted per payroll period.

Monthly Costs



CARE Monthly Employee Payroll Contributions

CARE offers all of the benefits in this Benefits Guide at a reasonable cost* to you and your family. The charts below show your monthly payroll contributions based on the benefits you elect. Please review each option carefully and select the coverage that fits your budget and lifestyle.

CARE Benefits	Monthly Employee Contribution
Domestic PPO	
• Employee Only	\$120.57
• Employee + 1	\$225.89
• Employee + Family	\$337.06
Domestic Dental PPO (DPPO)	
• Employee Only	\$7.48
• Employee + 1	\$44.35
• Employee + Family	\$120.53
Domestic Dental HMO (DHMO)	
• Employee Only	\$4.49
• Employee + 1	\$23.28
• Employee + Family	\$56.82
Vision – Supplemental	
• Employee Only	\$1.23
• Employee + 1	\$2.28
• Employee + Family	\$3.32
Vision – Supplemental Plus	
• Employee Only	\$4.80
• Employee + 1	\$9.03
• Employee + Family	\$13.23
Basic Life Insurance	
• CARE pays 100%	\$0
Basic AD&D Insurance	
• CARE pays 100%	\$0
Short-Term Disability Insurance	
• CARE pays 100%	\$0
Long-Term Insurance	
• CARE pays 100%	\$0
Employee Assistance Plan (EAP)	
• CARE pays 100%	\$0

CARE Benefits	Monthly Employee Contribution
Supplemental Long-Term Disability Insurance	0.219% of insured earnings (The monthly cost for Supplemental LTD is \$0.219 per \$100. To calculate your monthly cost, first determine your gross monthly wage, then divide by \$100 and multiply that amount by 0.219.)
Supplemental Life Insurance (per \$1,000)	To calculate your monthly cost, first select the desired total amount of supplemental coverage (gross salary x multiple of salary elected [1-5]), then divide by \$1,000 and multiply that amount by the rate for your age as shown below.
Under Age 30	\$0.12
Age 30-34	\$0.13
Age 35-39	\$0.19
Age 40-44	\$0.24
Age 45-49	\$0.37
Age 50-54	\$0.57
Age 55-59	\$0.93
Age 60-64	\$1.31
Age 65-69	\$2.00
Age 70 and older	\$2.00
Supplemental Dependent Family Life Insurance	\$6.60
This premium provides \$20,000 of life insurance coverage for your spouse, where applicable, and \$10,000 for each dependent child, where applicable. This benefit does not apply to domestic partners.	
This rate is not a per-person rate, and it applies to all eligible dependents listed on your enrollment form (spouse and/or eligible children).	

*The rates listed in this chart are true at the time this document was created and are subject to change.



Important Contacts



Questions About Your Benefits

If you have questions about any of your benefits, please feel free to contact the company or insurance carrier that provides coverage for CARE's group plan. A list of companies, their contact information, and the plans they administer are listed below. If you still have questions, or need more information about any other benefits plan, please contact the HR Service Center. They will be happy to assist you.

Plan	Contact	Policy Number	Phone Number	Website
Medical	CIGNA Healthcare	330694	1-800-244-6224	www.mycigna.com
Dental	CIGNA Healthcare	330694	1-800-244-6224	www.mycigna.com
Vision	EyeMed Vision Care	9688268	1-866- 9-EYEMED	www.eyemedvisioncare.com
Flexible Spending Accounts	Benefit Express	n/a	1-877-837-5017	www.myfsaexpress.com
Short-Term and Long-Term Disability	Liberty Mutual	GD3-850-290538-01	File a claim: 1-800-713-7384 Check status: 1-800-291-0112	File a claim: www.mylibertyclaim.com (Claimant Service ID: CAREUSA)
Retirement Savings Plan – 401(k)	Diversified Investment Advisors	n/a	1-800-755-5801 1-800-676-5512	www.divinvest.com email – care@divinvest.com
Employee Assistance Plan – Primary	Horizon Behavioral Health Services	n/a	1-800-865-3200 or 1-800-872-7322	www.horizoncarelink.com (username – care; password – eap)
Employee Assistance Plan – Supplemental	MyLibertyAssist, services provided by Bensinger, DuPont & Assoc.	GD3-850-290538-01	1-877-695-2789	www.bensingerdupont.com/MLA (password – MLASSIST)
Health Advocate	Health Advocate	n/a	1-866-695-8622	www.healthadvocate.com email – answers@healthadvocate.com
All Plans	HR Service Center	n/a	1-404-979-9511	email – hrrservicecenter@care.org

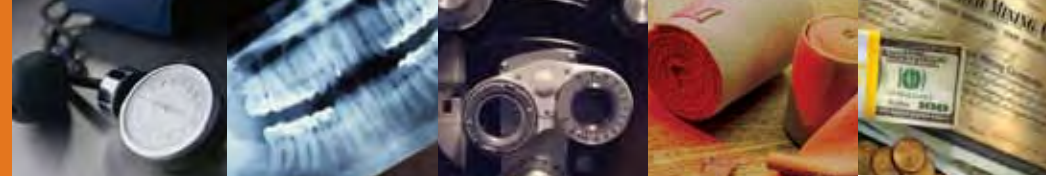
About This Guide

This guide describes the benefit plans available to you as an employee of CARE. The details of these plans are contained in the official plan documents, including some insurance contacts. This guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your summary plan descriptions (as described by the Employee Retirement Income Security Act [ERISA]). You will receive your summary plan descriptions automatically with your new hire benefits package. If there is ever a questions about one of these benefits, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of CARE. Regarding employment benefit options: Staff shall use all products, services, and/or facilities at their own risk. Any use is voluntary and may be declined. CARE does not endorse or recommend any product, service, or facility, and shall not be responsible for injury relating to such use.

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Calculating Your Health Care Contribution

How much do you spend out-of-pocket during an average year on...	Amount
1. Annual medical plan deductibles for you and your family	\$
2. Annual dental plan deductibles for you and your family	\$
3. Your share of medical payments (copayments and coinsurance)	\$
4. Your share of dental payments (copayments and coinsurance)	\$
5. Expenses not covered by your plans	
a.	\$
b.	\$
c.	\$
Total a + b + c	\$
6. Total unreimbursed expenses (1 + 2 + 3 + 4 + 5)	\$
7. Semi-monthly contribution (divide #6 by 24 pay periods)	\$

Transfer the amount from #7 to the appropriate section in ESS.
This will be your per-pay-period contribution to your Health Care Spending Account.

Calculating Your Dependent Care Contribution

Last year's eligible day care expenses	Amount
1. Annual day care expenses	\$
2. Annual cost of after-school or before-school care	\$
3. Day camp or summer program	\$
4. Other eligible dependent care expenses	\$
5. Total day care expenses (1 + 2 + 3 + 4)	\$
7. Semi-monthly contribution (divide #5 by 24 pay periods)	\$

Transfer the amount from #6 to the appropriate section in ESS.
This will be your per-pay-period contribution to your Dependent Care Spending Account.

Be sure to explore your options for tax savings with both the dependent care flexible spending account and the Child and Dependent Care Tax Credit.



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