



Reformed Benefits Association

2024 Renewal Information

Medical Coverage

We are pleased to announce a flat medical renewal with **NO rate increase!**

We have a NEW plan that will replace our CoPay Plan. The **Surest Plan** has **zero deductible or coinsurance**. Participants will know how much they'll pay before they even visit a provider. Higher quality providers typically have lower copays and coverage spans across the United States by using the UnitedHealthcare network. To review how it works, visit <https://join.surest.com/RBA>

Group Life Insurance Plans

RBA will continue to offer two basic life insurance options with no premium change:

- Basic Life Option 1: **\$175,000**
- Basic Life Option 2: **\$75,000**

Dental and Vision Insurance

Dental and Vision insurance will remain in place for 2024. The Dental premium remains unchanged but Vision will experience a very small change.

Voluntary Insurance Benefits

Voluntary Life, AD&D, Accident and Critical Illness Insurance will be offered again in 2024 with no premium changes.

Quantum Health

We highly encourage participants to engage with Quantum Health, as they are equipped with incredible tools to help navigate one's health journey. Access

Mobile Health, Hinge Health and Real Appeal

These unique wellness vendors will continue to be provided to all medical participants! Review the Benefits Guide for further eligibility guidelines.

Health Savings Account Contribution Limits

All Consumer Plan participants should also have a Health Savings Account. The Premium Plan and Surest Plan are *not* compatible with an HSA; however, you can use current funds to pay for medical expenses.

Contribution limits (*combined employer/church and staff contribution*):

- Single: \$4,150
- Family: \$8,300

Open Enrollment: MANDATORY FOR MEDICAL PARTICIPANTS

Annual open enrollment will take place from October 23 – November 3

Everyone who has medical coverage must re-enroll

Reformed Benefits Association 2024 Medical Plan Options			
	Premium Plan	Consumer Plan	NEW Surest Plan
Annual Deductible	\$2,000 individual \$4,000 family	\$2,000 individual* \$4,000 family*	NO DEDUCTIBLE
Reimbursement Account	\$350 HRA - Health Reimbursement Account	Health Savings Account (HSA)	None
Annual Out-of-Pocket Max (incl deductible)	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$6,000 individual \$12,000 family
Medical Benefits (in-network)			
PCP Office Visit	\$20 Copay No Deductible	20% after Deductible	\$35 - \$140 Copay
Preventive Care	Covered	Covered	Covered - \$0 copay
Specialist Office Visit	20% after Deductible	20% after Deductible	\$35 - \$140 Copay
Emergency Room	20% after Deductible	20% after Deductible	\$850 ER / \$90 Urgent Care
Most Other Services	20% after Deductible	20% after Deductible	Varies by Service
Prescription Drug Benefits - 30 day supply			
Tier 1	\$10 Copay no Deductible	\$10 Copay after Deductible	\$10 Copay
Tier 2	\$40 Copay no Deductible	\$40 Copay after Deductible	\$90 Copay
Tier 3	\$80 Copay after Deductible	\$80 Copay after Deductible	\$160 Copay
Specialty	\$100 Copay after Deductible	\$100 Copay after Deductible	\$440 - \$530

Consumer Plan- Aggregate Deductible: any individual on the plan must meet the **family deductible before coinsurance will pay.*