

# 2024 Guide to Employee Benefits





## Table of Contents

Welcome .....	3
Eligibility.....	4
Medical Plans .....	5
Medical Plan Resources & Tools .....	8
MyQHealth Care Coordination .....	10
Mobile Health .....	11
Supplemental Medical .....	12
Health Savings Account (HSA).....	14
Health Reimbursement Account (HRA) .....	15
Dental Plans .....	16
Vision Plan.....	17
Life and Accidental Death & Dismemberment (AD&D) Insurance .....	18
Disability Insurance .....	19
Important Contacts.....	20



## Welcome

Reformed Benefits Association is a non-profit organization providing insurance benefits to churches, denominational staff and similar ministries. RBA is committed to delivering the highest level of benefits care with attentiveness, warmth and integrity. We understand your ministry, and we're qualified and prepared to work through the uniqueness that can be presented when working with churches and non-profits. We'll walk with you step-by-step to ensure you have comprehensive coverage for a price that meets your budget. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family—then be sure to take action.

This document is distributed at open enrollment each year to serve as the summary of material modifications for the Reformed Benefits Association's health and welfare plan. Please see the benefit descriptions and charts for detailed information on the benefit plans. When referencing the guide and the Summary Plan Description (SPD), the SPD should be considered the governing document.



# Eligibility

If you work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Part-time employees (at least 20 hours per week) are eligible for benefits at employer’s discretion.

### To Enroll or Make Changes for 2024:

- Go online to <https://reformedbenefits.bswift.com>
- Call toll-free 844-643-1131

## Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Event		Documentation Needed
<b>Change in marital status</b>	<ul style="list-style-type: none"> <li>» Marriage</li> <li>» Divorce/Legal Separation</li> <li>» Death</li> </ul>	<ul style="list-style-type: none"> <li>» Copy of marriage certificate</li> <li>» Copy of divorce decree</li> <li>» Copy of death certificate</li> </ul>
<b>Change in number of dependents</b>	<ul style="list-style-type: none"> <li>» Birth or adoption</li> <li>» Step-child</li> <li>» Death</li> </ul>	<ul style="list-style-type: none"> <li>» Copy of birth certificate or copy of legal adoption papers</li> <li>» Copy of birth certificate plus a copy of the marriage certificate between employee and spouse</li> <li>» Copy of death certificate</li> </ul>
<b>Change in employment</b>	<ul style="list-style-type: none"> <li>» Change in your eligibility status (i.e., full-time to part-time)</li> <li>» Change in spouse’s benefits or employment status</li> </ul>	<ul style="list-style-type: none"> <li>» Notification of increase or reduction of hours that changes coverage status</li> <li>» Notification of spouse’s employment status that results in a loss or gain of coverage</li> </ul>

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, or vision unless you have a Qualified Life Event. If you do not contact RBA within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

# Medical Plans

Medical insurance is essential to your well-being and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens. You have three plan options available to you through UMR and Surest. Note that the UMR plans do have out-of-network benefits but, the Surest plan does not have out-of-network benefits. It is always more cost effective for you to see in-network providers.

## How a Health Plan Works

Preventive Care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Annual deductible amount** – The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

## For Your Protection

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum, however, does not include penalties (such as a late cancellation fee for a doctor's appointment), and out-of-network out-of-pocket maximums are significantly higher vs in-network (or not covered/unlimited on the Surest plan).



# Medical Plan Comparison


	UMR Premium Plan (HRA Compatible)		UMR Consumer Plan (HSA Compatible)		Surest Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
<b>Calendar Year Deductible</b>					
<b>Individual</b>	\$2,000	\$4,000	\$2,000	\$6,000	\$0
<b>Family</b>	\$4,000	\$6,000	\$4,000	\$12,000	\$0
<b>Calendar Year Out-of-Pocket Maximum (includes Deductible and Copays)</b>					
<b>Individual</b>	\$5,000	\$15,000	\$5,000	\$15,000	\$6,000
<b>Family</b>	\$10,000	\$30,000	\$10,000	\$30,000	\$12,000
	You Pay		You Pay		You Pay
<b>Coinsurance</b>					
<b>Preventive Care</b>	\$0	Not covered	\$0	Not covered	\$0
<b>Primary Care Physician</b>	\$20 copay	50%*	20%*	50%*	\$35-\$140
<b>Specialist</b>	20%*	50%*	20%*	50%*	\$35-\$140
<b>Urgent Care</b>	\$50 copay	50%*	20%*	50%*	\$90
<b>Emergency Room</b>	20%*	20%*	20%*	20%*	\$850*

\* After deductible


For the UMR plans, the UnitedHealth Premium program provides physician designations based on quality and cost-efficiency criteria to help members make more informed choices about their medical care.

Physicians may also use these designations when referring patients to other physicians. In markets where tiered benefit plans are available, employers may choose to offer their employees a tiered benefit plan with a lower member cost share for using Premium Care Physicians.


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**Premium Care Physician**  
 The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.


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**Quality Care Physician**  
 The physician meets the UnitedHealth Premium program quality care criteria but does not meet the program's cost-efficient care criteria or is not evaluated for cost-efficient care.

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**Does Not Meet Premium Quality Criteria**  
 The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.

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**Not Evaluated for Premium Care**  
 The physician's specialty is not evaluated in the UnitedHealth Premium program or the physician's program's evaluation is in process. Or the physician does not have enough claims data to be evaluated for UnitedHealth Premium program quality, so the physician is not eligible for the Premium Care Physician designation.

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Physicians can review their Premium designation details by signing into [UnitedHealthPremium.uhc.com](https://UnitedHealthPremium.uhc.com) after they receive their evaluation notifications.

The Surest plan offers set copays for **ALL** services with no deductible, but all copays accumulate towards your out-of-pocket maximum. Surest uses the same network as the UMR plans but provides copay ranges based on provider selection. You still have full access to the same providers as with UMR, but have the opportunity to pay lower copays for certain providers, as well as have a copay amount confirmed for **ALL** services (surgeries, etc.) before your date of service (no more balance bills!). You will not see the above mentioned "heart" ranking if you enroll in the Surest plan but will receive lower copays if you see higher quality providers.

## Pharmacy Benefits

	UMR Premium Plan (HRA Compatible)		UMR Consumer Plan (HSA Compatible)		Surest Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
<b>Retail Rx (up to 31-day supply)</b>					
<b>Tier 1</b>	\$10 copay	50%*	\$10 copay*	50%*	\$10 copay
<b>Tier 2</b>	\$40 copay	50%*	\$40 copay*	50%*	\$90 copay
<b>Tier 3</b>	\$80 copay*	50%*	\$80 copay*	50%*	\$160 copay
<b>Mail Order Rx (up to 90-day supply)</b>					
<b>Tier 1</b>	\$25 copay	N/A	\$25 copay*	N/A	\$25 copay
<b>Tier 2</b>	\$100 copay	N/A	\$100 copay*	N/A	\$225 copay
<b>Tier 3</b>	\$200 copay*	N/A	\$200 copay*	N/A	\$400 copay

\* After deductible

## Prescription Drug Coverage

If you enroll in one of the RBA medical plans, you will automatically receive prescription drug coverage through Optum. When you need prescriptions, you can purchase them through a local retail pharmacy or, for maintenance medications, through the mail order program.

We encourage you to speak to your physician about the drug that's best for you and to request less expensive prescription drugs (generic drugs). Your pharmacist will be able to recommend alternatives that create the same desired effect but may be more cost efficient than a name brand drug.

### Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. For more information about a particular pharmacy or pharmacy claim, contact your MyQHealth Coordinators if you are enrolled in a UMR plan, and if you are enrolled in the Surest plan, please visit your Surest app.

### Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). Your medications are mailed directly to your home. To order prescriptions through the mail order program, please visit the Optum website at [www.optumrx.com](http://www.optumrx.com) or call 855-524-0381. If you are a UMR plan member, contact MyQHealth for more information, and if you are a Surest member, visit your Surest app.

# Medical Plan Resources & Tools



You may have different programs and resources available to you depending on if you have enrolled in the Surest plan or a UMR plan, but both plans offer robust resources. See below for a comparison and further information on all resources embedded into both plans.

	<b>SUREST PLAN</b> (FOR ALL RESOURCES BELOW, VISIT YOUR SUREST APP)	<b>UMR PLAN</b>
<b>App / Website</b>	<p>Visit <a href="https://benefits.surest.com">benefits.surest.com</a> or visit your Surest app to find in-network doctors, copay tiers, and more! If you choose to see higher quality doctors in the UHC Choice Plus network you will have a decreased copay for your healthcare needs. You can also locate claim details and ID cards, check your medical benefits and out of pocket maximum accumulation, and more!</p> <p>If you are new hire or looking for more info on Surest before enrolling, visit <a href="https://join.surest.com/RBA">join.surest.com/RBA</a> and enter code "RBA2024"</p>	<p>Members enrolled in either UMR plan have access to <a href="https://myrbabenefits.com">myrbabenefits.com</a> where you can search for ID cards, search for in-network providers, check your medical benefits and out-of-pocket maximum accumulation, review claims, and more.</p>
<b>Concierge Support</b>	<p>Visit the Surest app to receive assistance with any medical &amp; prescription benefits</p>	<p>MyQHealth is available to all UMR members. See page 10 for more details and contact info</p>
<b>Virtual Telemedicine</b> <p>Telemedicine works best for non-emergency medical issues and questions, if you traveling and in need of medical care, or if you need care after normal business hours or on weekends. Common conditions treated include colds, flu, ear infections, sinus infections, skin inflammation, and more.</p>	<p>FREE virtual telemedicine is available to all Surest members through Dr. On Demand. Visit the Surest app for more information.</p>	<p>Virtual telemedicine is available to all UMR members through Teladoc for \$20 per visit. Visit the Teladoc app or text "<b>Get Started</b>" to 469-844-5637 for more information.</p>
<b>Virtual Behavioral Health</b> <p>Members can see a behavioral health professional 24/7 from your mobile device, tablet or computer. These types of virtual visits are good if you are experiencing depression, anxiety, ADD/ADHD, addiction and mental health disorders, and more.</p>	<p>FREE virtual behavioral health visits are available to Surest members at the following costs:</p> <ul style="list-style-type: none"> <li>» Licensed Therapist Visit: \$0</li> <li>» Initial Visit w/ Psychiatrist: \$0</li> <li>» Follow Up Visit w/ Psychiatrist: \$0</li> </ul> <p>Talkspace also provides FREE access to a behavioral health provider 24/7 via text</p>	<p>Virtual behavioral health visits are available to UMR members through Teladoc at the following costs. Visit the Teladoc app for more information.</p> <ul style="list-style-type: none"> <li>» Licensed Therapist Visit: \$10 Copay/\$90 HSA</li> <li>» Initial Visit w/ Psychiatrist: \$10 Copay/\$220 HSA</li> <li>» Follow Up Visit w/ Psychiatrist: \$10 Copay/\$220 HSA</li> </ul>
<b>Diabetes Support</b>	<p>Virta can provide FREE, customized diabetic support to members living with a diabetes diagnosis</p>	<p>Livongo can provide FREE, customized diabetic support to members living with a diabetes diagnosis. Visit <a href="https://myrbabenefits.com">myrbabenefits.com</a> for more information</p>
<b>Virtual Exercise Therapy</b>	<p>Kaia Health provides customized virtual exercise therapy for Surest members experiencing back pain, joint pain, etc.</p>	<p>Hinge Health provides customized virtual exercise therapy for UMR members experiencing back pain, joint pain, those in need of pelvic floor therapy, etc. To get started, call 855-902-2777 or go to <a href="https://hingehealth.com/rba">hingehealth.com/rba</a>.</p>



## Other UMR Plan Resources

### Real Appeal

Real Appeal is a weight loss program that incorporates small goals each day to guide you toward a healthier life. Through your coach's guidance and support, group sessions, educational material and activities. Real Appeal will track your daily progress. You can enroll in Real Appeal by visiting [enroll.realappeal.com](https://enroll.realappeal.com).

### Cariloop

Cariloop can help support UMR members navigating caregiving for family members. Cariloop is available to help you navigate healthcare systems, demystify insurance benefits and find resources and solutions that meet the unique caregiving needs of any age for you and anyone you consider family. Visit [cariloop.com/rba](https://cariloop.com/rba) or call 972-325-5836 to learn more.

### MyQHealth Cancer Support

MyQHealth Cancer Support provides support to members with a cancer diagnosis. Our Expert Cancer Review program provides support when members request assistance or a clinical review, and our Personal Precision Oncology Management program may identify members for a case review based upon claims data through the medical plan. Please reach out to MyQHealth for more information.

## Other Surest Plan Resources

### Virtual Primary Care

If you choose to seek primary care virtually vs. in person, Dr. On Demand provides FREE Virtual Primary Care to all Surest members! Virtual Primary Care is more of an enhanced virtual visit than standard telemedicine and provides a more convenient option for you to build a relationship with a PCP.

### Virtual Urgent Care

Virtual urgent care provides quicker access in semi-emergent situations, FREE through Dr. On Demand.

### Migraine Clinic

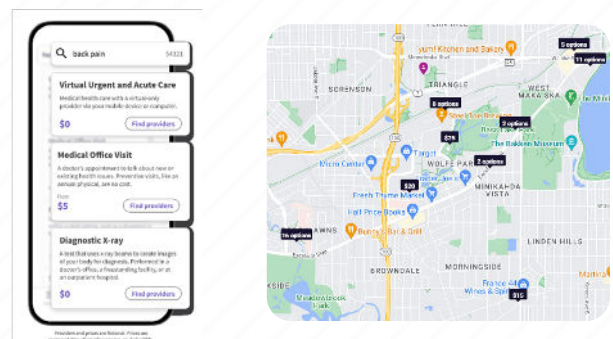
If you struggle with migraines, Cove can provide customized support from physicians who specialize in migraine care.

### Second Opinion Service

If you have received a diagnosis and would like a second opinion, 2nd MD is included in the Surest plan for all members.

### Surest App

Search for doctors, treatments, and procedures with the Surest health plan, then see prices before making an appointment. Below is an example of how you can navigate the Surest app to see cost and provider options. You can search for your specific healthcare need, select "Find Providers", then you will be directed to a map of provider options. You will select the copy or the "Options" in the map to see more about costs, options, provider details, etc. Remember, you can receive the lowest copays possible if you opt to see the highest quality providers in the UHC Choice Plus network!



# MyQHealth Care Coordination

## A personalized, guided health care experience

MyQHealth is available to all UMR plan members. MyQHealth will be your primary contact and assist you with all your health care-related issues and questions. MyQHealth Care Coordinators organize and simplify your medical and prescription benefits to provide you with a better experience when you need care. From medical claims to checkups and even precertifications, your Care Coordinators are with you every step of your health care journey. If you are a Surest member, please visit your Surest app to find resources available to assist you with your medical and prescription benefits.



### Search

Search for a medical procedure and find providers in your area.



### Manage

Manage chronic conditions with health routines.



### Save

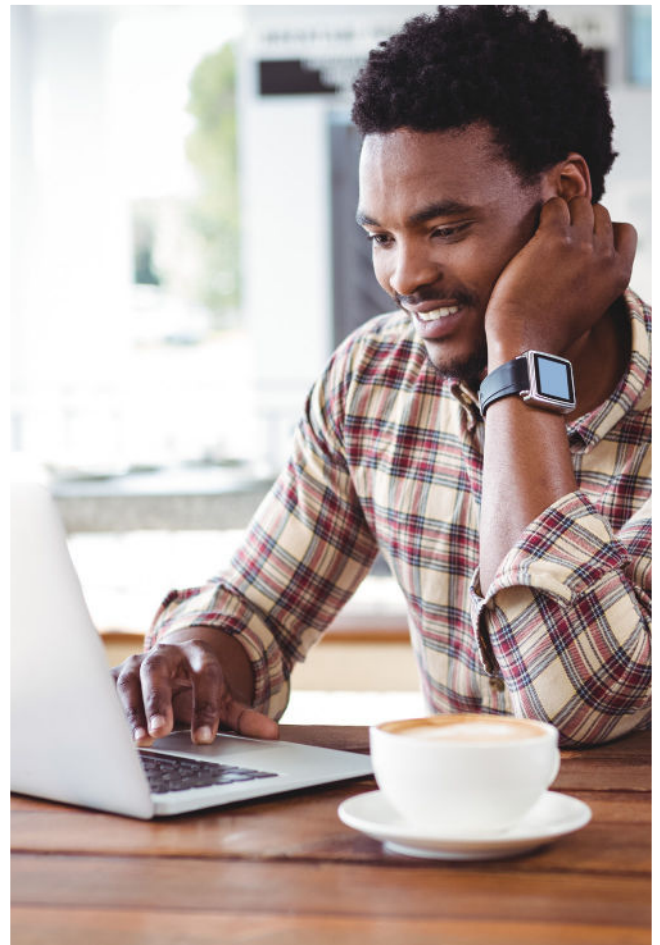
Save hundreds to thousands of dollars on out-of-pocket costs.

## MyQHealth Care Coordinators do things like:

- Verify coverage
- Provide health education resources
- Advocate for your care
- Help manage chronic conditions
- Find in-network providers
- Contact providers to discuss treatment
- Answer claims, billing and benefits questions
- Create health-improvement plans
- Help reduce unnecessary, out-of-pocket costs

## Contact your MyQHealth Care Coordinators

- Call 877-498-1382
- Visit [myrbabenefits.com](https://myrbabenefits.com)
- Download the MyQHealth – Care Coordinators app



# Mobile Health

Mobile Health is RBA's wellness activity and health and wellbeing mobile application, and is available to all UMR and Surest members. Mobile Health provides resources such as Health Coaching and Health Care Navigation as one central hub for all things health and wellbeing! Members and their spouses both have access to Mobile Health in 2024.

## Getting Started

### 1. Choose Your Device

You can choose to access Mobile Health using a smartphone, tablet, computer, or smart watch. No matter the device(s) you choose your experience will be the same. You can download the app **Mobile Health Consumer** from Google Play or the App Store.

You can also access Mobile Health Consumer using a web browser:

<https://www.mobilehealthconsumer.com/web/pages/login.html>



Mobile Health users can complete the following activities to earn Amazon Gift Cards:

- Registration and Completion of the Health Assessment
- Complete a Wellness Exam
- Complete 1 Journey to 100%

Be on the lookout for other ways to win rewards throughout the year, such as Team Challenges and Raffles!

### 2. Register Your Account

Mobile Health takes all the necessary precautions to ensure it is you – and only you – accessing your account. Once you download the app or access the URL, Mobile Health requires you to register your account.

- Tap **Register Now**.
- Enter your first and last name, the last four digits of your social security number (SSN), and your birth date (e.g. 05/23/1985).
- Then tap **Next**.
- After registering your account, Mobile Health will prompt you to login. Your username is your firstname.lastname (e.g. Robert.Smith). You can choose to keep this username or create your own once in the platform under “Profile”.
- Choose your password and enter your email address. Tap **Next**.
- Note: Passwords must contain at least six characters, 1 letter, and 1 digit.

### 3. Choose Your Interests

Upon logging into Mobile Health for the first time, you will be presented with three welcome messages. You can progress through the messages by tapping the three radio buttons at the bottom of the welcome screen.

You will then be prompted to choose your interests. Choosing your interests is an important step in personalizing your experience within Mobile Health.

**Note:** Your first and last name must be entered exactly as it appears on your medical ID card – including if you have a hyphenated name. For example, enter Robert instead of Bob if this is how your employer displays your name on HR records.

Your employer may choose to use an employee ID number instead of the last four digits of your SSN. This will be outlined in the welcome email you receive from Mobile Health.

# Supplemental Medical

Just as it sounds, Supplemental Medical Plans – Accident and Critical Illness insurance – can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are administered by Reliance Standard and are 100% voluntary.

Supplemental Medical Plans pays a fixed, one-time benefit amount which you can use for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses.

## Accident Insurance

### Eligible Expenses



**Emergency Room Visits**



**Hospital Stays**



**Fractures and Dislocations**



**Medical Exams** – including major diagnostic exams



**Physical Therapy**



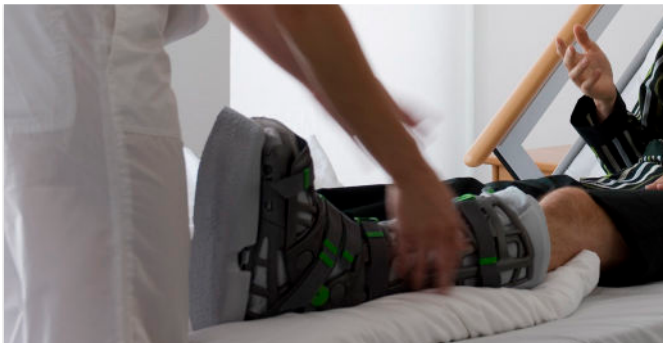
**Transportation and Lodging** – if you are away from home when the accident happens

### How the Plan Works

- On his way to work, John was in a car accident.
- He was transported by ground ambulance to the emergency room and admitted to the hospital.
- He had a dislocated hip and spent five days in the hospital.
- He had several physical therapy sessions before returning to work.
- John submitted his accident claim and received \$5,490 from his accident insurance coverage.
- He used it toward his deductible, copay and supplemental income for his missed work days.

### Sample Reimbursements

<b>Ground Ambulance</b>	\$150
<b>Emergency Treatment</b>	\$200
<b>Diagnostic Examination</b>	\$200
<b>Hospital Stay – Admission + 5 days</b>	\$2,250
<b>Dislocated Hip (non-surgical)</b>	\$2,400
<b>Medical Appliance</b>	\$150
<b>Physical Therapy (4 sessions)</b>	\$140
<b>Total Benefit Paid</b>	<b>\$5,490</b>





## Critical Illness

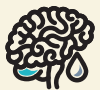
### Sample of Covered Conditions



**Heart Attack**



**Multiple Sclerosis**



**Stroke**



**Alzheimer's Disease**



**Parkinson's Disease**



**Major Organ Failure**

### How the Plan Works

- Tom suffered a relatively small stroke.
- He was hospitalized for five days.
- He began rehab to get back to where he was physically before the stroke.
- Tom submitted his claim and received a lump-sum payment of \$10,000.

### Benefit Amount

#### Employee and Spouse

\$10,000 – \$30,000 in \$10,000 increments

#### Children

25% of the Insured Person's approved Amount of Insurance, up to \$12,500

# Health Savings Account (HSA)

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars – now or in the future. RBA does not administer the HSA. As a member, you must enroll in an HSA through your employer or by opening your own account through a bank.

## How a Health Savings Account (HSA) Works



### Eligibility

You must be enrolled in the High Deductible Health Plan.



### Your Contributions

You contribute on a pre-tax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,150 if you enroll only yourself, or \$8,300 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55.



### Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.



### Your HSA is always yours – no matter what

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you and you can continue to pay and save for future eligible health care expenses.

## The Triple Tax Advantage

HSAs offer you tax advantages like no other:

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too – tax-free.
- 2 Unused funds grow and can earn interest over time – tax-free.
- 3 You can save your HSA funds to use for your health care when you leave the Company or retire – tax-free.



# Health Reimbursement Account (HRA)

An HRA is an account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. If you are enrolled in the Premium Plan, you are eligible for the HRA. You can use HRA money to pay for eligible medical expenses for you and your covered dependents. HRAs are also a way for an individual or a family to pay for medical expenses without the funds being taxed by the government beforehand. The employee may not contribute to the HRA.

## Using the HRA

Please note: Funds available for reimbursement are limited to the balance in your HRA.

### How a Health Reimbursement Account (HRA) Works



#### Reformed Benefits Association contributes to your account

\$350 for individual employees.



#### Your expenses are paid by your HRA

Your HRA pays your eligible deductible and coinsurance amounts.



#### You make all applicable copayments at the doctor's office

These payments apply towards your out-of-pocket maximum.



#### You pay your deductible

After you use all of your HRA funds, you then pay the rest of the deductible amount out of your own pocket.



#### After that, you pay only coinsurance

Once you have met your deductible, you share in the cost of the expenses. This is called "coinsurance."

## How the Plan Works

John enrolls his family of three in the HRA plan. This plan has an HRA fund of \$350 for the plan year.

### Son Tyler has strep throat; John injures his foot and needs an X-ray.

<b>HRA Fund</b>	\$350
<b>Expenses</b>	
» 2 office visits x \$20	\$40
» Urgent Care visit for injured foot	\$50
» Foot X-ray	\$120
» Annual physicals for entire family	\$0
» Annual OB/GYN exam	\$0
<b>Amount paid from HRA (applied to deductible)</b>	\$210
<b>Amount paid by John</b>	\$0



# Dental Plans

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative, and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will only pay a small deductible and coinsurance for basic and major services.

Delta Dental administers your Dental insurance. When you visit an in-network dentist, you will maximize your savings. To find an in-network dentist, go to <https://www.deltadentalmi.com/Member/Using-Your-Benefits/Find-a-Dentist> and click the Delta Dental PPO and Delta Dental Premier search button. These in-network dentists have agreed to reduced fees, meaning you won't be charged more than your expected share of the bill.

	Delta Dental PPO	Delta Dental Premier	Nonparticipating*
<b>Calendar Year Deductible</b>			
<b>Individual</b>	\$50	\$50	\$50
<b>Family</b>	\$150	\$150	\$150
<b>Calendar Year Maximum</b>			
<b>Per Individual</b>	\$1,200	\$1,200	\$1,200
<b>Diagnostic and Preventive</b>			
<b>Exams, Cleanings, Fluoride, Space Maintainers, Sealants, Brush Biopsy and Radiographs</b>	\$0	\$0	\$0
<b>Basic Services</b>			
<b>Emergency Palliative Treatment, Fillings, Crown Repair, Endodontics, Periodontics, Extractions and Oral Surgery</b>	20%	20%	20%
<b>Major Services</b>			
<b>Crowns, Dentures and Bridgework Repairs and Prosthodontics</b>	50%	50%	50%
<b>Orthodontia</b>			
<b>Braces</b>	50%	50%	50%
<b>Lifetime Maximum</b>	\$2,000		
<b>Age Limit</b>	No Age Limit	No Age Limit	No Age Limit

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges, and you are responsible for that difference.

The network with the largest discount rate is the Delta Dental PPO. By utilizing a provider in the Delta Dental PPO, you can make your claim dollars go farther.



# Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

EyeMed administers the Vision insurance. The vision plan utilizes the Insight Network. To find an in-network provider, go to [www.eyemed.com](http://www.eyemed.com) and select "Find an Eye Doctor."

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Vision Plan	
	IN-NETWORK YOU PAY	OUT-OF-NETWORK REIMBURSEMENT*
<b>Cost</b>		
<b>Exam</b>	\$0	Up to \$40
<b>Frames</b>	\$0 copay, \$160 allowance; 20% off balance over \$150	Up to \$88
<b>Standard Plastic Lenses</b>		
<b>Single Vision</b>	\$25 copay	Up to \$25
<b>Bifocal</b>	\$25 copay	Up to \$40
<b>Trifocal</b>	\$25 copay	Up to \$60
<b>Standard Progressive</b>	\$90 copay	Up to \$40
<b>Premium Progressive</b>		
» Tier 1	\$110	Up to \$40
» Tier 2	\$120	Up to \$40
» Tier 3	\$135	Up to \$40
» Tier 4	\$90 copay, 80% less \$120 allowance	Up to \$40
<b>Lenticular</b>	\$25 copay	Up to \$60
<b>Contact Lenses**</b>		
<b>Conventional</b>	\$0 copay, \$175 allowance; 15% off balance over \$175	Up to \$140
<b>Disposable</b>	\$0 copay, \$175 allowance; plus balance over \$175	Up to \$140
<b>Medically Necessary</b>	\$0 (paid in full by Benefit)	Up to \$210
<b>Benefit Frequency</b>		
<b>Exams</b>	Once every 12 months	Once every 12 months
<b>Lenses</b>	Once every 12 months	Once every 12 months
<b>Frames</b>	Once every 24 months	Once every 24 months
<b>Contacts</b>	Once every 12 months	Once every 12 months

\* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.

\*\* For prescription contact lenses for only one eye, the Benefit will pay one-half of the amount payable for contact lenses for both eyes.

# Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. AD&D Insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury. This coverage is administered by Reliance Standard.

The Basic Life and AD&D benefit available is based on an employee's class. Class 1 includes full-time employees and Class 2 is comprised of part-time domestic employees regularly scheduled to work 20 - 29 hours per week. Class 3 includes full and part-time Ordained employees formerly of ARC. Your organization determines whether option 1 or option 2 is offered.

Life and AD&D Insurance – For You		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
<b>Life and AD&amp;D</b>	Option 1: Class 1: \$175,000 / Class 2: \$100,000 Option 2: Class 1: \$75,000 / Class 2: \$50,000 Class 3 Only: \$275,000	None
<b>Supplemental Life and AD&amp;D</b>	Increments of \$10,000 not to exceed \$500,000	Required if electing coverage greater than \$200,000

## Life and AD&D Insurance – for Your Dependents

Supplemental Life insurance for your dependents can help protect your family during difficult times.

Life and AD&D Insurance – For Your Dependents		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
<b>Spouse</b>	Increments of \$10,000 up to \$250,000 – not to exceed 100% of Employee coverage	Required for amounts greater than \$30,000 or if you have previously declined this coverage
<b>Child(ren)</b>	\$10,000	None



### Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect coverage when first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

### Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security, and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.



# Disability Insurance

Disability insurance can keep you financially stable should you become disabled and unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income.

## Long-Term Disability Benefits at a Glance

<b>Classes</b>	<p>Class 1: Non-ordained domestic Agency employees of the CRCNA and active full-time or part-time non-ordained employees of the GSC of the Reformed Church of America. All active, Full-time non-ordained employees of another eligible affiliated organization as approved by the Board of Trustees of RBA</p> <p>Class 2: Non-ordained employees of the CRCNA or RCA congregation, institution, agency or eligible affiliated organization</p> <p>Class 3: Each active, Full-time and Part-time ordained employee formerly of ARC, except any person employed on a temporary or seasonal basis</p>
<b>Coverage</b>	<p>Class 1: 66.67% of your pre-disability earnings, up to a maximum of \$5,000 per month until you recover or reach your Social Security Normal Retirement Age (SSNRA), whichever is sooner</p> <p>Class 2: 60% of your pre-disability earnings, up to a maximum of \$5,000 per month until you recover, your Social Security Normal Retirement Age (SSNRA), whichever is sooner</p> <p>Class 3: 66.67% of your pre-disability earnings, up to a maximum of \$5,000 per month until you recover, your Social Security Normal Retirement Age (SSNRA), whichever is sooner</p>
<b>When Benefits Begin</b>	Benefit begins after 180 days of disability
<b>Election Required</b>	Yes

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

# Important Contacts

Coverage	Contact	Phone	Website
<b>Medical (UMR Plans)</b>	MyQHealth	877-498-1382	<a href="http://www.myrbabenefits.com">www.myrbabenefits.com</a>
	Teladoc	469-844-5637	<a href="http://www.member.teladoc.com">www.member.teladoc.com</a>
	Talkspace	N/A	<a href="http://talkspace.com/connect">talkspace.com/connect</a>
	Livongo	800-945-4355	<a href="http://www.myrbabenefits.com">www.myrbabenefits.com</a>
	Hinge Health	855-902-2777	<a href="http://hingehealth.com/rba">hingehealth.com/rba</a>
	Real Appeal	N/A	<a href="http://enroll.realappeal.com">enroll.realappeal.com</a>
	Cariloop	972-325-5836	<a href="http://cariloop.com/rba">cariloop.com/rba</a>
<b>Medical (Surest Plan)</b>	Surest	866-683-6440	<a href="http://benefits.surest.com">benefits.surest.com</a> or visit your Surest app
	Dr On Demand		
	Talkspace		
	Virta		
	Kaia Health		
	Cove		
2nd MD			
<b>Dental</b>	Delta Dental	800-524-0149	<a href="http://www.deltadental.com">www.deltadental.com</a>
<b>Vision</b>	EyeMed	866-723-0513	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Life and AD&amp;D</b>	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
<b>Disability</b>	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
<b>International Medical</b>	UHC Global	877-844-0280	<a href="http://members.uhcglobal.com">members.uhcglobal.com</a>
<b>Supplemental Medical</b>	Reliance Standard	800-435-7775	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>





This brochure highlights the main features of the Reformed Benefits Association Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Reformed Benefits Association reserves the right to change or discontinue its employee benefits plans at any time.

