

DEFINITIONS

This defines the major terms in your retiree benefits package as of January 1, 2024. For a complete description of all applicable definitions of terms, please refer to the plans' legal documents. If there is any contradiction between terms, the definition in the applicable plan document will govern.

Accident

A single, unpremeditated event of violent and external means that

- happens suddenly, without intent or design;
- is unexpected, unusual, unforeseen;
- is identifiable as to time and place; and
- is not the result of illness.

Active employee

A person currently employed by a participating employer.

Acute

Having rapid onset, severe symptoms, and a short course.

Affidavit

A statement written and sworn to in the presence of someone authorized to administer an oath, such as a notary public.

Allowable amount

The maximum health benefit for a covered medical or dental procedure, established by the plan administrator after considering, among other factors,

- the complexity of the services,
- the degree of skill needed to provide the services,
- the medical provider's specialty,
- the range of services provided by the facility or provider, and
- the prevailing charge in the same geographical area for that service.

Alternate payee

A spouse, former spouse, child, or other dependent awarded benefits through a qualified domestic relations order, including a divorce decree.

Annual maximum benefit

The maximum benefit payable in a calendar year for a participant and each eligible dependent.

Annuity

Master Retirement Plan. Regular income paid at fixed intervals.

Annuity conversion factor

Master Retirement Plan. Mathematical factor calculated using mortality tables and used to convert the standard benefit to other annuity options.

Annuity starting date

The date annuity payments begin.

Appeal

A formal written request a participant files to request reconsideration of an adverse benefit decision.

Asset diversification

A strategy of putting money in a variety of investment funds to reduce exposure to any single investment option's risk.

Beneficiary

Life benefit and retirement plans. The person, persons, trust, or other entity named to receive benefits upon the death of the participant. May be primary or alternate.

Medicare. The person who has health insurance through Medicare.

Benefit calculation

Master Retirement Plan. Based on the participant's age when benefits start, the final average salary, and the benefit credit earned.

Benefit start date

Master Retirement Plan. The date a participant receives or should receive his or her first benefit payment.

Billed charges

The amount a healthcare provider bills for a particular medical service or item.

Brain death

Defined in detail according to criteria established by experts for use in U.S. hospitals. Criteria include, but are not limited to, bilateral absence of cerebral hemispheric and/or brain stem function documented by silent EEG and appropriate findings on detailed neurological exam. These findings must have occurred after excluding the possibility of reversible causes. Clinical evidence of brain death must be demonstrated on multiple

exams over 12 to 24 hours, or else absent blood flow to the brain must be shown by brain scan or angiography.

Brand-name drug

A prescription medication marketed by the company that researched, developed, and manufactured it. Contains the same active-ingredient formula as the generic version manufactured and sold by another company after the patent expires.

Case management

Collaborative process that promotes quality healthcare and cost-effective outcomes and provides a comprehensive plan of care and rehabilitation to enhance physical and mental health.

Catch-up contribution

Deseret 401(k) Plan. For employees aged 50 and older, additional money beyond the normal limits that can be contributed.

Centers for Medicare & Medicaid Services (CMS)

The federal agency that runs the Medicare and Medicaid programs.

Certain benefit payment

Master Retirement Plan. A guaranteed, minimum payment period, such as Life with 10-year Certain, that begins on the participant's benefit start date.

Certificate of creditable coverage

A document provided from a previous plan that shows the beginning and ending dates of the coverage.

Children

See *Dependents*.

Chronic

Showing little change or slow progression and long continuance of symptoms.

Claim

A notification to DMBA requesting a benefit payment.

Coinsurance

The percentage of covered expenses the participant is responsible for paying after the applicable copayment and deductible.

Collective investment trust (CIT)

An investment vehicle made up of pooled assets with a specific investment objective, similar to a mutual fund. Can only be offered to tax-exempt, qualified retirement plans.

Compensation

Deseret 401(k) Plan. The income used to calculate a participant's contribution to the plan. Includes all W-2 reportable income (including bonuses, lump sum payments for paid and sick leave, and earned non-severance compensation paid after the termination of employment). Not reduced by welfare (health plan) premiums or participation in the Flexible Spending Account or the Premium Only Plan programs. Excludes severance pay at termination and nonqualified plan payments.

Considered earnings

Master Retirement Plan. The amount of eligible gross income used to determine a participant's final average salary. Includes all FICA reportable income, including earned non-severance compensation paid after the termination of employment. Excludes severance pay at termination, nonqualified plan payments, disability payments, and lump sum payments for paid and sick leave. Not reduced by participation in the Flexible Spending Account or the Premium Only Plan programs. Federal law imposes limitations on how much of a person's compensation can be used to calculate the benefit.

Contracted providers and facilities

In-network physicians, specialists, hospitals, other facilities (such as outpatient surgical centers), laboratories, pharmacies, and other healthcare professionals contracted with DMBA to provide services to participants.

Coordination of benefits

The process of determining which of two or more insurance policies will have the primary responsibility for processing and paying a claim, and the extent to which other policies will contribute.

Copayment

The fixed dollar amount of the covered expenses the participant is responsible for paying when services are rendered.

Covered expenses

Expenses incurred by a participant or dependent for treatment of injury or illness that is

- medically necessary for the care and treatment of the injury or illness,
- incurred on the recommendation and while under the continuous care of a physician,
- not in excess of the allowable amount as defined by DMBA for the services performed or the materials furnished,
- not excluded from coverage or otherwise excluded by the terms of the plan,
- incurred for one or more of the services or materials specified in the plan, and
- incurred during a period of active enrollment in the plan.

Expenses incur on the date the service is performed or the purchase is made.

Current balance transfer

The process of changing the investment mix of an account balance to a new mix of investment funds.

Custodial care

Maintaining a patient beyond the acute phase of injury or illness. Includes room, meals, bed, or skilled or unskilled care in a hospital, extended care facility, or at home to assist the patient with activities of daily living, including, but not limited to, feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, and ambulation; and where an individual's impairment, regardless of severity, requires support to continue for more than two weeks after establishing a pattern of this type of care.

Deductible

A fixed dollar amount a participant must pay in a plan year before the plan will pay any benefits for services incurred by the participant in that plan year.

Default investment option

Deseret 401(k) Plan. Default option for participants who don't select their own investment allocation. Currently, the BlackRock LifePath index fund corresponding to the participant's expected retirement date.

Defined benefit plan

Master Retirement Plan. A qualified retirement plan in which the benefit to be provided to each participant is defined by a formula and funded by contributions from the participating employers.

Defined contribution plan

Deseret 401(k) Plan. A qualified retirement plan that provides a separate account for each participant, contributed to by employers and/or employees on a regular basis.

Dental appliance

A dental device—removable or fixed—used to provide function or therapeutic healing effect. A fixed appliance is cemented to the teeth or attached by adhesive materials. A prosthetic appliance is used to replace one or more missing teeth.

Dentist

A person licensed to practice dentistry pursuant to the laws and regulations in the locality where the services are rendered.

Dependents

A participant's spouse and any person who meets one of the following definitions:

- A participant's natural child, stepchild, legally adopted child, or child lawfully placed for adoption who is younger than 26

- A participant's grandchild who
 - » is younger than 26;
 - » is the child of the participant's covered, unmarried, dependent child;
 - » lives in the participant's home with his or her parent (the covered, unmarried, dependent child);
 - » depends primarily on the participant for support; and
 - » has a direct lineal relationship to the participant through birth or adoption
- A child who is appointed by a court of law to be under permanent legal guardianship (not temporary guardianship) of the participant or the participant's spouse until legal guardianship is terminated or the child reaches age 26, whichever is earlier
- A participant's unmarried child who
 - » is 26 or older,
 - » is incapable of self-support because of mental or physical incapacity that existed before age 26,
 - » lives in the participant's home,
 - » depends primarily on the participant for support,
 - » is an eligible dependent according to IRS guidelines, and
 - » was covered by the participant's DMBA health plan before age 26

Direct rollover

A payment from a qualified retirement plan, such as a 401(k) plan, paid directly to the trustee, custodian, or issuer of the receiving IRA or qualified plan and is reported to the Internal Revenue Service (IRS) as a rollover.

DMBA ID number

A participant number that DMBA assigns as a secure means for accessing benefit information.

Domestic relations order (DRO)

A court order that includes any judgment, decree, or order made according to state domestic relations laws pertaining to child support, alimony, or marital property rights awarded to an alternate payee (such as a spouse, former spouse, child, or another dependent).

Durable medical equipment

Medical equipment that is

- ordered or prescribed by a physician,
- durable and useful for an extended time,
- used for a medical purpose (not merely convenience or comfort),
- not useful to a person without an illness or injury, and
- not attached to a home or vehicle.

Examples include wheelchairs, hospital beds, and equipment that supplies a person with oxygen.

Effective date

The date coverage begins.

Election period

Medicare. The time when an eligible person can enroll. See also *Open Enrollment* and *Special enrollment period*.

Elective surgery

Operation or surgical procedure for a condition that is not immediately life threatening and for which the timing is subject to the choice or decision of the patient and physician.

Eligibility date

The date a participant become eligible for benefits in an eligible class of employment.

Spouse. The employee's eligibility date or the date of marriage, whichever is later.

Dependent child. The employee's eligibility date or the date of birth, adoption, or placement in legal custody, whichever is later.

Eligibility—Medicare

See www.cms.gov and www.medicare.gov for current information on Medicare parts A, B, C, and D.

Eligible charges

See *Covered expenses*.

Emergency care

The covered medical services required in connection with a sudden and unexpected onset of a condition requiring medical or surgical care necessary to safeguard the patient's life immediately after the onset of the emergency, evaluate the patient's condition, or stabilize an emergency medical condition. May be provided for certain conditions, such as heart attacks, severe bleeding, loss of consciousness, convulsions, acute asthmatic attacks, or temperature of more than 104° Fahrenheit.

Emergency room

See *Hospital emergency room*.

Employee Retirement Income Security Act (ERISA)

The federal law that establishes the legal requirements for employee benefit plans.

Employer Discretionary Retirement Contribution (EDRC)

Deseret 401(k) Plan. A component of retirement savings consisting of employer contributions for eligible employees. See the *Deseret 401(k) Plan Summary Plan Description* for details.

Estate

All assets owned by an individual at death that are to be distributed according to the individual's will or by a court that determines the distribution of the assets among heirs and/or creditors.

Explanation of Benefits (EOB)

A document that verifies how medical or dental benefit payments are applied to a claim.

Fiduciary

An individual or company, such as DMBA, with the legal requirement and duty to follow the terms of the benefit plans and to make prudent decisions in the best interest of the participants and beneficiaries of employee benefit plans.

Final average salary

Master Retirement Plan. An employee's average monthly salary, using considered earnings, for the five highest-paid years of eligible employment with a participating employer. Used to calculate the benefit.

Formulary medication

A medication on the plan administrator's list of covered medications that has been reviewed by an independent pharmacy and therapeutics committee for safety and efficacy.

Generic drug

A prescription drug with the same active-ingredient formula as a brand-name drug, and that usually costs less. Rated by the Food and Drug Administration to be as safe and effective as brand-name drugs.

Health Insurance Portability and Accountability Act (HIPAA)

A federal law that provides rights and protections for participants and beneficiaries in group health plans.

Hire date

The date on which an employee performs his or her first hour of paid service for a participating employer.

Hospital

A facility licensed as a hospital and operating within the scope of this license.

Hospital emergency room

A hospital facility that provides services for urgent medical needs.

Illness

A bodily disorder, disease, mental or emotional infirmity, or all sickness that is a result of the same cause or a related cause.

In-network pharmacy

A pharmacy at which your pharmacy benefits are covered at point of sale and only member pay portion is required for payment. Offers covered drugs to participants at lower cost than other pharmacies.

Income

All sources of money (such as wages, salary, and bonuses) paid to an employee from a former employer. See also *Compensation* and *Considered earnings*.

Increasing payment alternative

Master Retirement Plan. Monthly benefit payment designed to help manage inflation by starting at a lower rate and increasing at 4% annually. Compare to *Level payment alternative*.

Individual Retirement Account (IRA)

A tax-deferred retirement account that permits individuals to save a limited amount of money per year, with earnings tax-deferred until withdrawals begin at 59½ or older, or younger with a 10% penalty. DMBA accepts employee rollovers from specific, qualified IRAs into the Deseret 401(k) Plan.

Initial enrollment period

Medicare Part B. A seven-month period that begins three months before the month a participant becomes eligible and marks the first chance to enroll. Generally, eligibility begins at age 65.

Injury

Harm or hurt. For benefit purposes, see the plan provisions and exclusions.

Inpatient care

Healthcare received upon admission to a hospital, skilled nursing facility, or rehabilitation facility.

Inpatient hospital for mental illness

A general acute-care hospital that has designated beds, is licensed by the state, and certified by Medicare and/or Medicaid for the treatment of mental illness disorders, or a freestanding psychiatric hospital that is licensed by the state as a healthcare facility and is certified by Medicare and/or Medicaid for the treatment of mental illness.

Intensive outpatient program (IOP)

A comprehensive, structured outpatient treatment program that includes extended periods of individual or group therapy sessions designed to assist individuals with mental health and substance use disorders. It is an intermediate setting between traditional outpatient therapy and partial hospitalization programs, typically performed in an outpatient facility or outpatient professional office setting.

Interruption in service

Master Retirement Plan. A period of unemployment that does not cause the loss of previous vesting and benefit credit.

Investment horizon

The expected investment time for a sum of money before it is needed for retirement. Usually extends beyond the retirement date.

Investment mix

Deseret 401(k) Plan. The percentage contribution for each investment fund selected.

Joint annuitant

The participant's legal spouse at the time an annuity is purchased, regardless of later divorce, death, or remarriage.

Level payment alternative

Master Retirement Plan. Monthly benefit payment that remains the same from month to month and year to year. Compare to *Increasing payment alternative*.

Limiting charge

Medicare. The amount a non-participating provider can charge a patient in excess of the Medicare-approved amount. Visit www.cms.gov and www.medicare.gov for more information.

Long-term care

See *Custodial care*.

Lump sum payment option

Master Retirement Plan and Deseret 401(k) Plan. Account balance or accrued benefit paid in one payment.

Maintenance drugs

Prescription medications for conditions that require ongoing, regular medication.

Medically necessary

A service or supply determined by the plan administrator to be

- used to evaluate, diagnose, directly care for, or treat an illness, or a covered preventive service;
- in accordance with generally recognized and accepted standards of good medical practice;
- the most appropriate level of service;
- recognized as accepted and effective medical practice for the treatment of an illness or injury;
- approved by a government;
- not primarily for the convenience of the covered individual or his or her provider;
- within the scope of the specialty, education, and training of the provider;
- clinically appropriate, in terms of type, frequency, extent, site, and duration;
- appropriate and needed for a legitimate diagnosis or a cost-effective treatment of an illness or injury; and
- not significantly more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the illness or injury.

Medicare (Original Medicare)

The federal health insurance program for people 65 or older, certain younger people with disabilities, and people with end-stage renal disease.

It is made up of Parts A (hospital insurance), B (medical insurance), C (a voluntary coverage offered by a Medicare Advantage Plan), and D (a voluntary prescription drug plan, also known as a Prescription Drug Plan or PDP).

See www.cms.gov and www.medicare.gov for more information.

Medicare approved amount

The amount a doctor or supplier can be paid for an item or service, paid partly by Medicare and partly by the member.

See www.cms.gov and www.medicare.gov for more information.

Medicare low-income subsidy program

Program to help people with limited income and resources pay for prescription drugs, also known as “Extra Help.”

See www.cms.gov and www.medicare.gov for more information.

Medicare non-participating provider

A provider who has not signed an agreement to accept the Medicare-approved amount as full payment for covered services, and who can charge patients more than the Medicare-approved amount up to the limiting charge.

See www.cms.gov and www.medicare.gov for more information.

Medicare participating provider

A provider who has signed an agreement to accept the Medicare-approved amount as full payment for covered services.

See www.cms.gov and www.medicare.gov for more information.

Medicare supplement plan

A health plan offered by a private insurer to supplement the benefits provided by the original Medicare plan by providing certain additional coverage after Medicare pays.

Mental illness

A diagnosed, manifest psychiatric disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Minimum normal retirement benefit

Master Retirement Plan. Minimum monthly benefit payable to a vested participant based on the standard benefit (Life with 10-year Certain) at 65 or older.

Mutual fund

A diversified fund operated by an investment company that allows a group of investors to pool their money with a predetermined investment objective.

Non-contracted facilities

Hospitals, labs, and other healthcare facilities that have not contracted with DMBA to provide services to participants.

Non-contracted providers

Physicians, specialists, and other providers of healthcare services who have not contracted with DMBA to provide services to participants.

Non-formulary medications

Medications not covered by the plan. See also *Formulary medication*.

Normal retirement date

Master Retirement Plan. The first day of the month following an employee's 65th birthday or the date his or her employment ends, whichever is later.

Open Enrollment

Annual period during which plan participants make changes to their benefits, including, but not limited to, changing the medical or dental plan elections, dropping dependents, and electing applicable value-added benefits. Changes become effective January 1 of the following year.

Orphan benefit

Master Retirement Plan. Benefit equal to the survivor amount of the qualified joint & survivor annuity (QJSA) payment option for unmarried, dependent children who are younger than 18 and do not have a surviving parent.

Out-of-pocket maximum

The most a participant has to pay for covered expenses in a plan year, after which benefits minus any copayments are increased to 100% for eligible charges of allowable amounts. Does not include expenses for prescription drugs not administered as part of a medical service.

Partial hospitalization program (PHP)

A nonresidential treatment program that is considered an outpatient service. It provides clinical diagnostic and treatment services with equal intensity as an inpatient program, but on a less than 24-hour basis. Services include nursing, psychiatric evaluation and medication management, group and individual therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance use evaluation, and counseling and behavioral plans for at least six hours per scheduled day. No reimbursement is made for room and board.

Participant

An eligible individual, as defined herein, who fulfills the conditions of and participates in any plan administered by DMBA.

Payment options

Deseret 401(k) Plan and Master Retirement Plan. Choices for receiving benefits.

Pension

A qualified retirement benefit paid by a former employer after retirement.

Pension Protection Act of 2006 (PPA)

An amendment to ERISA (Employee Retirement Income Security Act of 1974).

Personalized rate of return

Individual investment performance estimate reflecting an individual fund selection and the effect of certain transactions, such as investment changes, loans, and withdrawals.

Physician

A person who has been educated, trained, and licensed as a physician to practice the art and science of medicine pursuant to the laws and regulations in the locality where the services are rendered.

Plan representative

An authorized employee of DMBA, not a participant's employer.

Plan service area

The geographic area where DMBA offers a specific benefit plan.

Preauthorization

The process to obtain advance approval from the plan administrator before a specific procedure, service, device, supply, or medication is provided. Required for certain benefits, it provides guidelines for covered services before payment is made.

Premium

A regular, periodic payment for benefit plan coverage.

Prescription drug plan (PDP)

Medicare. A plan offering prescription coverage through a private insurance company, also known as Medicare Part D.

Preventive service

Care focused on disease prevention and health maintenance. Includes immunizations, screening tests, routine exams, some types of counseling, and other services that diagnose disease early to avoid serious health problems.

Primary plan

The plan that first pays the allowable expenses, as if no other medical or dental plan were involved, when a participant is covered by two or more medical or dental plans.

Prosthesis

A device that is surgically inserted or physically attached to the body to restore a bodily function or replace a physical portion of the body.

Provider

Doctor, healthcare professional, laboratory, pharmacy, or healthcare facility acting within the scope of their license or certification under applicable state law (or by Medicare) and who furnish, bill, or are paid for their healthcare services in the normal course of business.

Qualified change in family status

A change in situation—such as getting married, having a baby, or losing health coverage—that can open a Special enrollment period.

Qualified domestic relations order (QDRO)

Master Retirement Plan and Deseret 401(k) Plan. A domestic relations order that has been qualified by DMBA. Creates an alternate payee's right to receive all or a portion of the payable retirement benefit. Can't provide a benefit that isn't available under the plan guidelines.

Qualified joint & survivor annuity (QJSA)

Master Retirement Plan. Payment option in the form of an annuity for life that provides 50% survivor annuity for a joint annuitant for the remainder of his or her life. Also has a 10-year certain.

Qualified medical child support order (QMCSO)

A court or administrative order requiring an individual to provide health plan benefits for a dependent child. Must comply with state domestic relations law. DMBA must certify its compliance with the terms of its health plan.

Qualified optional survivor annuity (QOSA)

Master Retirement Plan. Payment option in the form of an annuity for life that provides 75% survivor annuity for a joint annuitant for the remainder of his or her life. Also has a 10-year certain.

Qualified preretirement survivor annuity (QPSA)

Master Retirement Plan. A benefit payable to the surviving spouse if the participant dies before benefit payments begin. Equal to the survivor benefit under QOSA (75% with 10-year certain) payment option.

Qualified retirement plan

Master Retirement Plan and Deseret 401(k) Plan. A plan that meets the requirements of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA) and is eligible for favorable tax treatment. Includes *Defined benefit plans* and *Defined contribution plans*.

Qualifying life event

See *Qualified change in family status*.

Rebalancing

Bringing a savings plan account balance back to the original future fund election percentages, or investment mix, selected.

Relative value

Master Retirement Plan. The total worth of one payment method or option compared to another, or the amount the payments are expected to add up to over a participant's life. Based on the final average salary, benefit credit, and age at the retirement benefit start date.

Required beginning date

Master Retirement Plan and Deseret 401(k) Plan. The date a participant is required by law to receive his or her first retirement benefit payment.

Required minimum distribution

A payment from a qualified retirement plan that federal law requires a participant receive by his or her required beginning date.

Residential treatment services (RTS)

A 24-hour-a-day/seven-day-a-week facility-based level of care provided to individuals who require such treatment and supervision in a safe, therapeutic environment. It provides therapeutic intervention and specialized programming to individuals with severe and persistent behavioral health disorders in a controlled environment with a high degree of supervision and structure.

Retired employee

A former employee who accrued retiree medical benefits and is eligible to receive them.

Retiree Group Term Life

A \$12,000 life benefit automatically available to retirees, depending on hire date, who apply for DMBA's retiree medical plan, have been enrolled in Group Term Life for 12 months immediately before retirement, and meet the qualifications for Retiree Group Term Life. Not available for dependents.

Retiree medical benefits

Post-retirement medical plan coverage offered to employees who have accrued the benefit and meet eligibility requirements.

Retiree Supplemental Group Term Life

Supplemental benefits for a retiree and his or her dependents with specific coverage options between \$5,000 and \$35,000, depending on hire date. Participants must apply before retirement, may need to meet health standards, and are responsible for the entire premium.

Savings plan

The Deseret 401(k) Plan.

Senior Dental Plan

Supplemental dental plan offered to retirees who are eligible for retiree medical benefits. Participants pay the entire premium.

Generally, the Senior Dental Plan covers routine checkups, fluoride treatments, and cleanings at 100% after copayment. Most other services, such as restorative and orthodontic procedures, are covered at 50%.

Service date

The date medical or dental treatment begins.

Services (medical)

Care, evaluations, procedures, supplies, tests, therapy, medications, or treatment provided under the direction of a physician or other authorized provider.

Skilled nursing facility

An institution, or part of an institution, licensed pursuant to state or local law, and operated primarily to provide skilled nursing care and medical services for an individual convalescing from injury or illness as an inpatient.

Special enrollment period

A time outside Open Enrollment when a participant can enroll in health coverage, qualified for by the occurrence of certain life events, such as losing health coverage, moving, getting married, having a baby, or adopting a child.

Specialty pharmacy medications

High-cost oral or injectable medications, that exceed a set cost by Medicare, used to treat rare or complex chronic conditions. May be highly complex, have special storage and handling requirements, or require high-touch patient care to ensure they are administered appropriately.

Spousal consent

Master Retirement Plan and Deseret 401(k) Plan. Written, notarized consent from the participant's spouse required to select a payment option or designate a beneficiary.

Spouse

The person who is legally married to a participant.

Standard benefit

Master Retirement Plan. The Life with 10-year Certain payment option.

Summary plan description (SPD)

A handbook outlining benefits in a plan.

Supplemental Group Term Life

Additional life benefit for which the participant pays the entire premium.

Target date funds

Deseret 401(k) Plan. A mix of stocks, bonds, and other investments targeted to a participant's retirement date, with a gradually more conservative investment strategy as retirement nears.

Tax-deferred income

Deseret 401(k) Plan. Income for which taxes can be postponed. Includes employee contributions and earnings and employer matches and earnings in a before-tax plan option.

Tax-free income

Deseret 401(k) Plan. Income never requiring taxes, such as a qualified payment from the Roth 401(k) after-tax investment earnings.

Telemedicine

Office visits and certain other health services furnished through an interactive communications system that provides for two-way, real-time audio and video communications between an individual and a provider.

Termination date

Life plans. The last day of the month in which life coverage ends.

Medical plans. The last day of the month in which healthcare coverage ends.

Retirement plan. The date a participant terminates employment with a participating employer.

Trust

A legal arrangement in which an individual gives fiduciary control of property to a person or institution for the benefit of beneficiaries.

Urgent care facility

A facility or clinic, not a hospital emergency room or physician's office, that provides medical services for urgent medical needs.

Value-added benefits

Programs and discounts that add value to the benefit package, and for which the participant pays the entire cost if he or she chooses to participate.

Vest, vested, or vesting

Ownership of plan benefits. Not subject to forfeiture.