

DEFINITIONS

This defines the major terms in your retiree benefits package as of January 1, 2019. For a complete description of all applicable definitions of terms, please refer to the various plan legal documents, available from DMBA. The definition in the applicable plan document will control if there is any contradiction between terms.

Accident: An 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; the opposite of chronic.

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 dollar amount a DMBA health benefit arrangement will pay for a covered medical or dental procedure. DMBA establishes allowable amounts after considering factors such as 1) complexity of the services, 2) degree of skill needed to provide the services,

3) the medical provider's specialty, and 4) prevailing charges for the services in the same geographical area.

Alternative Care: Intensive outpatient mental health or chemical dependency treatment as an appropriate alternative to inpatient care.

Alternate Payee: Your spouse, former spouse, child, or other dependent who is awarded benefits through a domestic relations order, including a divorce decree. The plan administrator must determine that the domestic relations order is "qualified" before payments can be made to an alternate payee.

Annual Maximum Benefit: The maximum benefit payable in a calendar year for you and each of your eligible dependents.

Annuity: A regular income paid at fixed intervals. The Master Retirement Plan has several annuity payment options.

Annuity Conversion Factor: A mathematical factor used to convert the Master Retirement Plan standard benefit to other annuity options. This factor is calculated using mortality tables.

Annuity Starting Date: The date annuity payments begin.

Appeal: A formal request you file when you want an adverse benefit decision reconsidered.

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.

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

Beneficiary: With life benefit plans and the DMBA retirement plans, a beneficiary is the person, persons, trust, or other entity you name to receive benefits if you die. A beneficiary may be a primary beneficiary or an alternate beneficiary.

With a Medicare plan, a beneficiary is the person who has health insurance through Medicare.

Benefit Calculation: The Master Retirement Plan benefit calculation based on your age when you start receiving benefits, your final average salary, and the benefit credit you have earned.

Benefit Start Date: The date you receive or should receive your first benefit payment from the Master Retirement Plan.

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

Brain Death: Brain death is 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 drug that is marketed with a specific brand name by the company that manufactures it, usually the company that originally researched and developed the drug. Brand-name drugs have the same active-ingredient formula as the generic version of the drug. But generic drugs are manufactured and sold by other drug manufacturers and are not available until after the patent on the brand-name drug has expired.

Case Management: A collaborative process that promotes quality healthcare and cost-effective outcomes and provides a comprehensive plan of care and rehabilitation that enhances physical and mental health.

Catch-up Contribution: For employees age 50 and older, additional money beyond the normal limits that can be contributed to the 401(k) before-tax and Roth 401(k) after-tax options in the Deseret 401(k) Plan.

Centers for Medicare & Medicaid Services

(CMS): The federal agency that runs the Medicare and the Medicaid programs.

Certain Benefit Payment: With Master Retirement Plan annuity payment options, a guaranteed, minimum payment period, such as Life with 10-year Certain. The certain period begins on your benefit start date.

Certificate of Creditable Coverage: A document provided from your previous medical insurance plan that shows the beginning and ending dates of your last medical insurance coverage.

Children: See [Dependents](#).

Chronic: Showing little change or slow progression and long continuance of symptoms; opposite of acute.

Claim: Notification to DMBA requesting a benefit payment.

Coinsurance: The percentage of eligible medical and dental expenses you are responsible for paying after you make the applicable copayments.

Collective Investment Trust (CIT): Similar to a mutual fund, a CIT is an investment vehicle made up of pooled assets with a specific investment objective, but CITs can only be offered to tax-exempt, qualified retirement plans.

Compensation: For the Deseret 401(k) Plan and the Retirement *PLUS* Plan, compensation is the income that is used to calculate your contribution to the plan. Compensation 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 your employment). Also, compensation isn't reduced by welfare (health plan) premiums or your participation in Flexible Spending or the Premium Only Plan. It excludes severance pay at termination and nonqualified plan payments.

Considered Earnings: For the Master Retirement Plan, the amount of eligible gross income

that is used to determine your final average salary. Considered earnings include all FICA reportable income, including earned non-severance compensation paid after the termination of your employment. It excludes severance pay at termination, nonqualified plan payments, disability payments, and lump sum payments for paid and sick leave. Considered earnings for your Master Retirement Plan benefits aren't reduced by your participation in Flexible Spending or the Premium Only Plan. Federal law imposes limitations on how much of your compensation can be used to calculate your benefit.

Contracted Providers and Facilities: A general term that includes physicians, specialists, hospitals, other facilities (like outpatient surgical centers), laboratories, pharmacies, and other healthcare professionals who are 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 initial dollar amount you pay of the charges for eligible medical and dental services you are responsible for paying.

Current Balance Transfer: The process of changing the investment mix of your current account balance to a new mix of available investment funds.

Custodial Care: Maintaining a patient beyond the acute phase of injury or illness. Custodial care includes room, meals, bed, or skilled medical care in a hospital, extended care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, and so on.

Death Benefit: If you die after you begin receiving benefit payments from the Master Retirement Plan, any death benefit will be paid according to the guidelines of the payment option you selected. If you die, any Deseret 401(k) Plan and

Retirement *PLUS* Plan balances will be paid to your valid, designated beneficiary or estate, or distributed according to law.

Default Investment Option: In the Deseret 401(k) Plan and the Retirement *PLUS* Plan, the Long-term Preset Mix Asset Allocation Model is the default option if you don't select your own investment allocation.

Defined Benefit Plan: A qualified retirement plan in which the benefit to be provided to each participant is defined by a formula. The benefits are funded by contributions from the participating employers. The Master Retirement Plan is a defined benefit plan.

Defined Contribution Plan: A qualified retirement plan that provides a separate account for each person in the plan. Employers, employees, or both make contributions to the account on a regular basis. The Deseret 401(k) Plan and the Retirement *PLUS* Plan are defined contribution plans.

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

Dependents: Your spouse and dependent children, as defined below:

- Natural children, stepchildren, legally adopted children, and children lawfully placed for adoption who are younger than 26.
- A grandchild who is the child of your covered, unmarried, dependent child. The unmarried dependent child and grandchild must live in your home and depend primarily on you for support. For the grandchild to be included in benefits, a direct lineal relationship must exist between you and the grandchild (or a direct line created through adoption). The grandchild may be covered as long as the unmarried dependent child is also covered on the plan.
- Dependents appointed by a court of law to be under permanent legal guardianship (sometimes referred to as "full and complete legal guardianship" of the participant or participant's spouse. These dependents may

be covered by the health benefit plans up to age 18.

- Your unmarried child who is 26 or older and incapable of self-support because of mental or physical incapacity that existed before the child reached 26, and who is primarily dependent on you for support and resides in your home. The child must be an eligible dependent according to IRS guidelines and must have been covered by your DMBA health plan before age 26.

DMBA ID Number: A participant number that DMBA assigns to you as a secure means for accessing your benefit information.

Direct Rollover: A payment from a qualified retirement plan, such as a 401(k) plan, that is 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.

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: Equipment needed for medical reasons to be used by a person who is ill or injured. It can be used in the home. Examples of durable medical equipment include wheelchairs, hospital beds, or equipment that supplies a person with oxygen.

Effective Date: The date coverage begins.

Election Period: For Medicare medical plans, Medicare prescription plans, and Medicare supplement plans, this is the time when an eligible person can enroll. See [Open Enrollment](#) and [Special Enrollment Period](#) for other opportunities to modify your health benefit plan options.

Elective Surgery: Operations or surgical procedures for a condition that is not immediately life threatening and the timing is

subject to the choice or decision of the patient and the physician.

Eligibility Date: The date you become eligible for benefits in an eligible class of employment. For a spouse, the eligibility date is the employee's eligibility date or the date of marriage, whichever is later. For a dependent child, the eligibility date is the employee's eligibility date or the date of birth, adoption, or placement in legal custody, whichever is later.

Eligibility—Medicare: Go to www.cms.gov and www.medicare.gov for the most current information on Medicare parts A, B, and D.

Eligible Charges/Expenses (Covered Expenses): Expenses incurred by you or a dependent for treatment of injury or illness that are:

- Medically necessary for the care and treatment of the injury or illness and are incurred on the recommendation and while under the continuous care of a physician
- Not in excess of the allowable charges 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
- Incurred during a period of active enrollment in the plan

Eligible charges incur on the date the service is performed or the purchase is made.

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. Emergency care may be provided for conditions including 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.

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 between heirs and/or creditors.

Explanation of Benefits (EOB): A document that verifies how medical and/or dental benefit payments are applied to your 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: Your average monthly salary, using considered earnings, for the highest five years of eligible employment with a participating employer. The final average salary is used to calculate the Master Retirement Plan benefit.

Formulary Medications: A list of covered medications that have been reviewed by an independent pharmacy and therapeutics committee for safety and efficacy and are covered by the plan.

Generic Drug: A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) 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.

Hospital: A facility that is licensed as a hospital and is operating within the scope of this license.

Hospital Emergency Room: Hospital facility that provides services for urgent medical needs

that may or may not be life-threatening at that particular time.

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

Income: Includes all sources of money (such as wages, salary, and bonuses) paid to you from your former employer. See [Compensation](#) and [Considered Earnings](#).

Increasing Payment Alternative: Provides a monthly Master Retirement Plan benefit payment that is designed to help you manage inflation by starting at a lower payment and then increasing at 4 percent 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 percent penalty. DMBA accepts employee rollovers from specific, qualified IRAs into the Deseret 401(k) Plan.

Initial Enrollment Period: The first chance you have to enroll in Medicare Part B. It is a seven-month period that begins three months before the month you are first eligible for Medicare Part B. Generally, this period begins three months before the month you turn 65 and ends three months after you turn 65.

Injury: Harm or hurt. It may be inflicted upon oneself (such as a hamstring injury) or by an external agent (such as frostbite). For benefit purposes, see the plan provisions and exclusions.

Inpatient Care: Healthcare that you receive when you are admitted to a hospital, skilled nursing facility, or rehabilitation facility.

Inpatient Hospital for Mental Illness: A general acute-care hospital that has designated beds and 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.

Investment Horizon: The time a sum of money is expected to be invested before it is needed for retirement. Your investment horizon usually extends beyond your initial retirement date.

Investment Mix: For your Savings Plan accounts, the percentage contribution for each investment fund you select. From the investment funds offered, you may use a preset mix asset allocation model, or you may use one fund, all the funds, or any combination of the individual underlying funds.

Joint Annuitant: Your legal spouse at the time you purchase an annuity, even if you later divorce, become widowed, or remarry.

Level Payment Alternative: Provides a monthly Master Retirement Plan benefit payment that remains the same, from month to month and year to year. Compare to [Increasing Payment Alternative](#).

Limiting Charge: The amount a non-participating provider can charge a Medicare patient in excess of the Medicare-approved amount. Go to www.cms.gov and www.medicare.gov/ for information about Medicare's limiting charge.

Long-term Care: Needed care over an extended period, usually for a chronic condition or disability. It maintains a patient beyond the acute phase of injury or illness.

Long-term care is assistance with room, meals, bed, or skilled medical care in a hospital or extended-care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, and so on.

Long-term Care Insurance: Provides benefits for the chronically ill or disabled over an extended time requiring periodic, intermittent, or continuous care. Long-term care insurance can help protect the family's assets.

Lump Sum Payment Option: The Master Retirement Plan and the Savings Plans payment option that pays your account balance or accrued benefit in one payment.

Maintenance Drugs: Prescription medications for conditions that require ongoing, regular medication.

Medically Necessary: Services or supplies that the plan administrator determines are proper and needed for a legitimate diagnosis or a cost-efficient treatment of your medical condition; are used for the diagnosis, direct care, and treatment of your medical condition; meet the standards of good medical practice in the local community; have received required governmental approval; and are not mainly for the convenience of you or your doctor.

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 (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 additional information about Medicare.

Medicare Approved Amount: In original Medicare, this is the amount a doctor or supplier can be paid for an item or service. Medicare pays part of this amount and the member is responsible for the difference.

See www.cms.gov and www.medicare.gov for additional information about Medicare approved amounts.

Medicare Low-income Subsidy Program: A Medicare program, also known as “Extra Help,” to help people with limited income and resources pay Medicare prescription drug costs. See www.cms.gov and www.medicare.gov for information about Medicare’s low-income subsidy program.

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

charge. See www.cms.gov and www.medicare.gov for additional information about Medicare.

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 additional information about Medicare participating providers.

Medicare Supplement Plan: A health plan offered by a private insurer that can supplement the benefits provided by your original Medicare plan. Medicare supplement plans are not designed to provide 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: The minimum monthly Master Retirement Plan 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 together 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 included in the list of formulary medications and therefore not covered by the plan. For determining formulary or non-formulary status, medications are reviewed by an independent pharmacy and therapeutics committee for safety and efficacy.

Non-preferred Brand-name Medications: Brand-

name medications that are generally higher cost than other (preferred) brand-name drugs to treat the same condition. These medications are not included in the list of formulary medications.

Normal Retirement Date: The first day of the month following either your 65th birthday or the date your employment ends, whichever is later. This date is used with the Master Retirement Plan.

Open Enrollment: DMBA's annual open enrollment period during which participants in the plan may elect to make changes to their enrolled benefits. This includes, but is not limited to, making changes to the medical or dental plan elections, dropping dependents, and electing applicable value-added benefits. Changes made during open enrollment become effective January 1 of the following year.

Orphan Benefit: A Master Retirement Plan benefit equal to the survivor amount of the Qualified Joint & Survivor Annuity (QJSA) payment option for your unmarried, dependent children who are younger than 18 and do not have a surviving parent.

Out-of-pocket Maximum: The most you have to pay for covered medical services in a plan year. A covered individual's expenses for prescription drugs are not taken into account for purposes of the out-of-pocket maximum unless such drug is administered as part of a medical service.

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

Payment Options: Choices for how you can receive your Deseret 401(k) Plan, Retirement PLUS Plan, or Master Retirement Plan benefits.

Pension: A qualified retirement benefit paid to you by a former employer after you retire.

Pension Protection Act of 2006 (PPA): An amendment to ERISA (Employee Retirement Income Security Act of 1974).

Personalized Rate of Return: An estimate of your individual investment performance that reflects your individual fund(s) selection and the impact 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 Provider: Provider is a general term for doctors, healthcare professionals, hospitals, and healthcare facilities that are licensed or certified by Medicare and by the state to provide healthcare services. A plan provider is a provider who is contracted with DMBA to provide services to plan participants.

Plan Representative: An authorized employee of DMBA, not your employer.

Plan Service Area: The geographic area where DMBA offers a specific benefit plan.

Preauthorization: A vital process in making sure your care is medically necessary. It is required for a number of benefit payments and gives you guidelines and tells you what services are eligible for benefit payments before you commit to the costs.

Preferred Brand-name Medications: These are cost-effective medications for which generic equivalents are not available. They are generally more expensive than generics but less costly than other (non-preferred) brand-name drugs used to treat the same condition.

Preferred Network Pharmacy: A network pharmacy that offers covered drugs to participants at lower cost-sharing levels than apply at another network pharmacy.

Premium: A regular, periodic payment that must be made to be eligible for coverage under certain benefit plans

Prescription Drug Plan (PDP): Plan offering prescription coverage through a private insurance company, also known as Medicare Part D.

Preset Mix Asset Allocation Models: Investment allocation models that DMBA has developed using the savings plans' individual investment funds, designed to match your general investment time horizon and your individual risk tolerance.

Preventive Service: Preventive care focuses on disease prevention and health maintenance. It includes immunizations, screening tests, routine exams, some types of counseling, and other services that attempt to diagnose disease early and help you avoid serious health problems.

Primary Plan: When you are covered by two or more medical or dental plans, the plan that first pays the allowable expenses, as if no other medical or dental plan were involved.

Prosthesis: An artificial replacement of a limb or other body part.

Qualified Change in Family Status/Qualifying Life Event: A change in your situation—such as getting married, having a baby, or losing health coverage—that can make you eligible for a [Special Enrollment Period](#).

Qualified Domestic Relations Order (QDRO): A domestic relations order that has been qualified by DMBA. It creates an alternate payee's right to receive all or a portion of the payable retirement benefit. A QDRO can't, however, provide a benefit that isn't available under the plan guidelines (Master Retirement Plan or savings plans).

Qualified Joint & Survivor Annuity (QJSA): A Master Retirement Plan payment option in the form of an annuity for your life that also provides a 50 percent (10-year certain) survivor annuity for your spouse after your death.

Qualified Medical Child Support Order (QMCSO): A court or administrative order that requires an individual to provide health plan benefits for a dependent child. The order must comply with state domestic relations law. DMBA must also certify that the order complies with the terms of its health plan.

Qualified Optional Survivor Annuity

(QOSA): A Master Retirement Plan payment option in the form of an annuity for your life that also provides a 75 percent (10-year certain) survivor annuity for your spouse after your death.

Qualified Preretirement Survivor Annuity

(QPSA): A benefit that is payable to your surviving spouse if you die before your Master Retirement Plan benefit payments begin. This benefit is equal to the survivor benefit under QOSA (75 percent with 10-year certain) payment option.

Qualified Retirement 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. A qualified retirement plan includes defined benefit plans (such as the Master Retirement Plan) and defined contribution plans such as the Deseret 401(k) Plan and the Retirement *PLUS* Plan.

Rebalancing: Bringing your savings plan(s) account balance back to the original future fund election percentages, or investment mix, you selected.

Relative Value: The total worth of one payment method or option compared to another. It is the amount we expect your payments to add up to over your life expectancy.

The relative value of the Master Retirement Plan benefit is based on your final average salary, benefit credit, and your age at your retirement benefit start date.

Required Beginning Date: The date you are required by law to receive your first retirement benefit payment for the savings plans or the Master Retirement Plan.

Required Minimum Distribution: A payment required by federal law from your qualified retirement plan that you must receive by your required beginning date.

Retiree: For the purposes of retiree medical benefits, a former employee who accrued

retiree medical benefits and is eligible to receive them.

Retiree Group Term Life: A \$12,000 life benefit is automatically available to retirees who apply for DMB's retiree medical plan and who have been enrolled in Group Term Life for 12 months immediately before retirement and who meet the qualifications for Retiree Group Term Life. It is not available for dependents.

Retiree Medical Benefits: Post-retirement medical plan coverage offered to certain employees who have accrued the benefit and meet eligibility requirements.

Retiree Supplemental Group Term Life: Supplemental benefits for you and your dependents. You must apply for this benefit before you retire. Specific coverage options are between \$5,000 and \$35,000, depending on your hire date. You may need to meet health standards and you are responsible for the entire premium.

Savings Plans: The Deseret 401(k) Plan and the Retirement *PLUS* Plan.

Senior Dental Plan: A supplemental dental plan offered to you if you have at least 10 years of eligible service and are at least 55 years old. You pay the entire premium.

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

Service Date: For purposes of the healthcare and dental plans, the date medical or dental treatment begins.

Services (Medical): Care, treatment or supplies provided under the direction of a physician or other authorized provider.

Skilled Nursing Facility: An institution, or part of an institution, that is licensed pursuant to state or local law, and is operated primarily for the purpose of providing skilled nursing care and medical services for an individual convalescing from injury or illness as an inpatient.

Special Enrollment Period: A time outside of the yearly open enrollment period when you can sign up for health coverage. You qualify for a special enrollment period if you have had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child.

Specialty Pharmacy Medication: Specialty pharmacy medications are high-cost oral or injectable medications used to treat rare or complex chronic conditions. The medications may be highly complex, have special storage and handling requirements, and require high-touch patient care to ensure the medication is administered appropriately.

Spousal Consent: Written, notarized consent from your spouse required to select a payment option or designate a beneficiary under the Deseret 401(k) Plan, Master Retirement Plan, and Retirement *PLUS* Plan.

Standard Benefit: The Life with 10-year Certain payment option in the Master Retirement Plan.

Summary Plan Description (SPD): A handbook outlining benefits in the various plans.

Supplemental Group Term Life: Supplemental Group Term Life benefits for which you pay the entire premium.

Tax-deferred Income: Income whose taxes can be postponed until a later date, such as with the Deseret 401(k) Plan's before-tax option including employee contributions and earnings and employer matches and earnings.

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

Termination Date: For healthcare benefits, it is the last day of the month when your healthcare coverage ends. For retirement benefits, it is the date you terminate 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 your benefit package. You pay the entire cost if you choose to participate.

Vest, Vested, or Vesting: Ownership of plan benefits. Vested benefits are not subject to forfeiture.