

# GENERAL INFORMATION

To help you become familiar with your benefits, your summary plan descriptions (benefit handbooks) include a complete description of each of the plans in your benefit program as of January 1, 2019. This summary plan description, or SPD, outlines general information.

## MEMBER SERVICES

As your benefit administrator, DMBA wants to help you maximize your benefits. In addition to useful tools and information on our website, we have a helpful staff of qualified representatives and experts in various fields, such as financial planners.

Our office hours are 8 a.m. to 5 p.m. (Mountain Time) on weekdays, except for Wednesdays when office hours begin at 9 a.m. You can visit our website 24 hours a day, seven days a week for access to personalized benefit information.

Our telephone numbers and website address are:

Salt Lake City area..... 801-578-5600

Toll free..... 800-777-3622

Website ..... [www.dmba.com](http://www.dmba.com)

If you're hearing-impaired, please contact us using a relay service.

For your information, we record incoming telephone calls to ensure the quality of the information you receive.



If you want to visit us in person, our offices are located at 150 Social Hall Avenue, Suite 170, in downtown Salt Lake City. You can make an appointment or drop by during office hours.

Our mailing address is:

DMBA  
P.O. Box 45530  
Salt Lake City, UT 84145-0530

## DMBA'S PARTICIPATING EMPLOYERS

- AgReserves, Inc.
- Beneficial Life Insurance Company
- Bonneville International Corporation
- Brigham Young University
- Brigham Young University-Hawaii
- Brigham Young University-Idaho
- Brigham Young University-Pathway
- City Creek Reserve, Inc.
- Corporation of the President
- Corporation of the Presiding Bishop
- Deseret Book Company
- Deseret Digital Media
- Deseret Management Corporation
- Deseret Mutual Benefit Administrators
- Deseret News
- Deseret Trust Company
- East Central Florida Services
- Ensign Peak
- Hawaii Reserves, Inc.
- LDS Business College
- LDS Family Services
- Polynesian Cultural Center
- Property Reserve, Inc.
- Suburban Land Reserve, Inc.
- Taylor Creek Management
- Temple Square Hospitality Corporation
- Utah Property Management Associates

## BENEFIT PLANS

DMBA's benefit program includes the following plans:

### Basic benefits

- Group Term Life (GTL)
- Occupational Accidental Death & Dismemberment (OAD&D)

### Supplemental benefits

- Supplemental Group Term Life (SGTL)
- 24-Hour Accidental Death & Dismemberment (24-Hour AD&D)

### Retirement benefits

- Deseret 401(k) Plan

### Flexible benefits

- Premium Only Plan (POP)

ENROLLMENT GUIDELINES				
	PLAN	WHO CAN ENROLL?	WHAT ARE THE REQUIREMENTS?	WHEN CAN YOU ENROLL?
BASIC BENEFITS	GTL OAD&D	GTL: Employee and eligible dependents OAD&D and Disability: Employee only	Enroll within 30 days after your eligibility date. If you don't enroll within 30 days, you must meet our health standards. (Eligibility for these two plans is tied together.)	Enroll within 30 days after your eligibility date or you may enroll later if you meet our health standards. Enroll newly acquired dependents within 60 days of their eligibility date or enroll within 60 days of a HIPAA qualifying event.
SUPPLEMENTAL BENEFITS	SGTL	Employee and eligible dependents	Complete the appropriate application and meet DMBA's health standards.	Anytime
	24-HOUR AD&D	Employee and eligible dependents	Complete the appropriate application.	Anytime
RETIREMENT BENEFITS	DESERET 401(K) PLAN	Employee only	You must be 21 or older, in an eligible class of employment as defined by your employer, and scheduled to work at least 1,000 hours a year.	We encourage you to enroll within 30 days of your eligibility date. If you don't, we'll automatically enroll you at 6% before tax and in the Long-term Preset Mix Asset Allocation Model.
FLEXIBLE BENEFITS	PREMIUM ONLY PLAN (POP)	Employee only	Enrollment in GTL and OAD&D.	Enrollment is automatic unless you waive participation within 30 days of your eligibility date or during open enrollment.

BENEFITS GUIDELINES				
	PLAN	WHO PAYS FOR THIS BENEFIT?	WHEN DOES COVERAGE BEGIN OR WHEN ARE BENEFITS AVAILABLE?	WHEN DOES COVERAGE END?
BASIC BENEFITS	GTL OAD&D	Your employer pays a large portion of the premium on your behalf; you pay the remainder of the premium.	As a new employee, coverage begins on your eligibility date. At any time thereafter, coverage begins the first day of the month after we approve your application.	For information, see <a href="#">Termination of Coverage</a> .
SUPPLEMENTAL BENEFITS	SGTL	You pay the entire premium.	Coverage begins the first day of the month after we approve your application.	
	24-HOUR AD&D	You pay the entire premium.	Coverage begins the first day of the month after we approve your application.	
RETIREMENT BENEFITS	DESERET 401(K) PLAN	You determine your contribution amount and your employer makes a matching contribution to your account.	Vesting is immediate. See the <i>Deseret 401(k) Plan SPD</i> for information about when benefits are available.	
FLEXIBLE BENEFITS	PREMIUM ONLY PLAN (POP)	Not applicable.	Benefits begin the first day of the following month after you are approved.	

## ELIGIBILITY AND ENROLLMENT PROCESSES

You can participate in the benefit program when you meet the eligibility requirements of your participating employer and you have actively started work.

You can enroll in nearly all the benefit programs on our website, [www.dmba.com](http://www.dmba.com). For help, work with your employer directly or call DMBA Member Services at 801-578-5600 or 800-777-3622.

### Benefits

**Enrolling in the basic benefit program within 30 days after your eligibility date is very important.**

If you do not enroll within 30 days of your eligibility date, you must meet DMBA's health standards for GTL and OAD&D.

You may enroll up to 90 days before your eligibility date, but you are not covered until your eligibility date.

You may choose:

- Life benefit package
- To waive all benefits

GTL is available to you and your eligible dependents. (See [Eligible dependents](#).)

OAD&D is only available to you, the employee. For more information, see the [Enrollment Guidelines](#) table and look under the column heading *Who can enroll?*

Please note that in most cases, you cannot disenroll midyear. You can disenroll during the next open enrollment.

### Supplemental benefits

You may apply anytime for SGTL or enroll in 24-Hour AD&D online at [www.dmba.com](http://www.dmba.com). Also, you and/or your dependents must complete the health questionnaire if you're applying for SGTL.

Coverage begins the first day of the month after DMBA approves your application.

### Retirement benefits

The Deseret 401(k) Plan is a defined contribution plan to which you can elect to make contributions and your employer will make matching contributions. (See the *Deseret 401(k) Plan SPD*.)

Each eligible employee is automatically enrolled in the Deseret 401(k) Plan if you don't enroll within 30 days of becoming eligible.

### Premium Only Plan (POP)

See the *Premium Only Plan (POP) SPD* to learn about this tax-advantage plan.

### Eligible dependents

Your eligible dependents include your spouse and dependent children. The following dependents may be included in benefits:

- Natural children, stepchildren, and legally adopted children 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 who are added because of a full and complete guardianship. These dependents may be included up to age 18.
- A child placed with you under the direction of a licensed child placement agency while awaiting adoption. The child may be included 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 included in your DMBA plan before age 26.

To apply for inclusion, submit proof of these circumstances within 60 days from the end of the month when the child reaches 26. Any requests made more than 60 days after the end of the month when coverage ended will not be considered. Please contact DMBA for a copy of the *Application for Dependent Coverage After Age 26*.

If the child is adopted, coverage is effective the date of placement.

You have 60 days to enroll a new dependent who is younger than 26 or you must wait until the next open enrollment.

## Guidelines for dependents who are 19 and older

Your dependent children who are 19 and older are eligible to be included in most life benefit plans until they turn 26.

## Guidelines for stepchildren

You may enroll your stepchild as an eligible dependent at your eligibility date or within 60 days after your marriage to the child's parent. If you do not enroll the stepchild within 60 days, the child must meet DMBA's health standards for GTL.

Coverage may continue until the stepchild turns 26 as long as you continue to be married to the stepchild's parent. However, if your stepchild is covered under his/her employer-sponsored health plan, you must notify DMBA of the coverage and that coverage will be the primary coverage for the dependent.

In cases of divorce, we may request a copy of the divorce decree for the purposes of coordinating benefits.

## Guidelines for employees at high risk

If you apply for GTL and SGTL after 30 days from your eligibility date and you do not meet our health standards, you may be classified as high risk. This applies to your spouse, too. In this situation, benefits may be reduced or unavailable:

- GTL: \$25,000 (or 50 percent of benefits)
- SGTL: Not available

## Open enrollment

Generally, open enrollment is held annually during the fall. Changes in OAD&D and GTL benefits are effective January 1 of the following year.

During open enrollment, you may change enrollment in the Premium Only Plan (POP).

You may apply for GTL plans at any time, but you must meet our health standards to qualify. If you're interested, go to the *Forms Library* on our website or contact us for a *Declaration of Insurability* form.

## Qualifying events

Major family events may qualify you to enroll at times other than during open enrollment or as a new employee. These include:

- Marriage
- Birth
- Adoption
- Change in employment status (such as going from part-time to full-time employment)

## PREMIUMS

### Basic benefits

Your employer pays a portion of your monthly premiums; you are responsible for the remaining balance. For supplemental and value-added benefits, you pay the entire cost for the benefits you choose.

For the basic benefits, monthly premiums are divided into two categories. These include benefits for:

- You (the employee) only
- You and one or more dependents

### Supplemental benefits

Premiums vary depending on your age and the options you choose. Please refer to the appropriate life benefit SPD for more information.

## Retirement benefits

This benefit does not have any associated premiums. For the Deseret 401(k) Plan, you determine your contribution amount and your employer makes a matching contribution.

## Premium adjustments

Please be aware that premium adjustments because of enrollment changes or errors are limited to 12 months immediately preceding the date DMBA receives evidence that such adjustments should be made. These adjustments can be either returned premium dollars or additional premium charges.

In the case of a dependent's death, if you do not notify DMBA within 12 months, we still refund any extra premium you paid back to the date of the dependent's death.

## NOTIFICATION OF CHANGES IN FAMILY STATUS

Please make sure your records at DMBA are current and accurate. If changes to any of the following occur, contact your employer and DMBA immediately:

- Address
- Adoption
- Birth
- Death
- Dependent status
- Divorce
- Marriage (for you and/or your dependent children)
- Name change
- Permanent guardianship
- Any other situation that may affect your participation in the benefit program

## BENEFITS DURING LEAVES OF ABSENCE

Depending on the type of leave, benefits may continue to an employee on a leave of absence.

Please contact DMBA for more information. To qualify, your employer must officially approve the leave and the clear intent must be for you to return to work for the participating employer.

## Basic and supplemental benefits

You may continue your benefits during certain types of leaves of absence. But limitations apply as to how long your benefits may continue and how long your employer continues to contribute to the premium. For information about a specific leave of absence, please contact your employer or DMBA.

You may continue SGTL if you keep basic GTL. You may also continue your 24-Hour AD&D.

If you discontinue your benefits while you're on leave, you can reinstate benefits in effect before an employer-approved leave of absence (such as full-time military service, professional development leave, or family leave) if you:

- Were enrolled for at least six months immediately before the leave
- Return to active employment within three months after release or the end of the designated leave
- Request your benefits to be reinstated within 60 days after your return to work

You may have to meet DMBA's health standards to continue life benefits.

## Other benefits

If you are on paid leave, you may continue to contribute to the Deseret 401(k) Plan.

If you are on unpaid leave, you cannot contribute to the Deseret 401(k) Plan. For more information about your options, contact DMBA Member Services.

## Military leaves of absence

Special provisions apply to military leaves. Please contact your employer and DMBA for more information.

## TERMINATION OF COVERAGE

### Basic and supplemental benefits

Your coverage automatically ends on the earliest of the following dates:

- Last day of the month for which the premium is paid.
- Last day of the month in which you end employment and you do not qualify to continue benefits.
- Last day of the month in which you are no longer eligible for benefits.
- Date of termination of the plan.

In addition, your dependent's coverage automatically ends on the earliest of the following dates:

- Last day of the month in which your dependent no longer qualifies as an eligible dependent.
- Last day of the month you are divorced. (Your spouse's and stepchildren's coverage ends but your dependent children's—natural or adopted—coverage may not end.)

### Retirement benefits

**Deseret 401(k) Plan:** If you end employment for any reason, including retirement, you cannot make further contributions to your Deseret 401(k) Plan account. But you may be able to roll over money to another qualified plan. See the *Deseret 401(k) Plan SPD*.

### Premium Only Plan (POP)

**POP:** This benefit ends when you end eligible employment or disenroll. See the *Premium Only Plan (POP) SPD* for more information.

## CONTINUING LIFE BENEFITS

If your Group Term Life (GTL) or Supplemental Group Term Life (SGTL) benefits terminate because you end employment (other than retirement) or you lose membership in an eligible

class of employment, you may be able to purchase a continuing individual policy from The Hartford without having to meet health standards.

You must apply for this plan and pay the initial premium within 31 days from the time your group coverage ends. Please contact DMBA Member Services for an application.

## PROTECTION FOR YOU AND YOUR BENEFITS

### Protecting your privacy

- **Protected health information:** DMBA does not disclose your personal, protected health information without your express permission. If you would like other individuals (including your spouse or other family members) to have access to your protected health information, you must submit an *Authorization to Use and/or Disclose Protected Health Information* form to DMBA. Your dependents 18 and older must also submit an authorization form before you can access their protected health information.
- **DMBA ID number:** We are committed to protecting the confidentiality of the personal information we receive—either from or about you. So although we use your Social Security number when communicating financial information to the federal government, generally we do not use your Social Security number to identify you. We use your personal DMBA ID number.

For added security when accessing your information on our website, we ask you to provide a web password and security phrase to accompany your DMBA ID number.

### Protecting your benefits: ERISA

As a participant in the benefit program, you are entitled to certain rights and protections from the Employee Retirement Income Security Act (ERISA). ERISA provides that all participants be entitled to:

- Examine, without charge—at the program administrator's and/or employer's offices—all

program documents, including plan contracts, collective bargaining agreements, and copies of all documents filed by the program with the U.S. Department of Labor, such as annual reports and plan descriptions. (DMBA is the program administrator.)

- Obtain copies of all program documents and other program information upon written request to DMBA, which may charge a reasonable fee for the copies.
- Receive a summary of the program's annual financial report. DMBA is required by law to furnish each participant with a copy of this summary financial report.

Your employer may not fire you or discriminate against you to prevent you from obtaining a benefit or for exercising your rights under ERISA.

If your claim for benefits is denied, in whole or in part, DMBA sends you a written explanation of the reason for the denial. You have the right to have DMBA review and reconsider your claim. Based on ERISA, you can take steps to enforce the previously mentioned rights.

For instance, if you request materials from DMBA and you do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require DMBA to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond DMBA's control.

If you have a claim for benefits denied or ignored, in whole or in part, you may file suit in federal court after you've exhausted all administrative remedies. If program fiduciaries misuse the program's money, or if you are discriminated against for asserting your rights, you may seek help from the U.S. Department of Labor or you may file suit in federal court.

The court decides who pays court costs and legal fees. If you are successful, the court may order the party you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim to be frivolous.

If you have questions about the program, contact DMBA. If you have questions about this statement or about your rights under ERISA, contact the nearest area office of the U.S. Department of Labor.

## Protecting DMBA: Fraud policy

It is unlawful to knowingly and intentionally provide false, incomplete, or misleading facts or information with the intent of defrauding DMBA. An application for benefits or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage from the plan and recovery of any amounts DMBA may have paid.

## CLAIMS REVIEW AND APPEAL PROCEDURES

If your claim is denied and you feel that your claim was denied in error, you have the right to file an appeal. **You must submit your appeal in writing within 12 months from the date we send your adverse benefit decision.**

- **What if I need help understanding a denial?** Call us at 801-578-5600 or 800-777-3622.
- **How do I file an appeal?** When you log in at [www.dmba.com](http://www.dmba.com), go to the *My Health* tab at the top of the page and click on *Claims* under *Medical* or *Dental* and click on a claim number to view an *Explanation of Benefits* (EOB). Below the benefit details, you'll see the statement, "You have the right to appeal this claim within 12 months from the date paid shown above. Click here for more details..." Click to get the appeal form. Complete your appeal form and send it to DMBA's appeals coordinator at the [address listed below](#).
- **What if my situation is urgent?** If your situation meets the definition of urgent by law, your review will typically be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain

that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and also checking the boxes requesting an urgent appeal. Urgent appeals aren't available for disputes involving services you've already received.

- **Who may file an appeal?** You, or someone you name to act for you as your authorized representative, may file an appeal. Contact DMBA's appeals coordinator at 801-578-5600 or 800-777-3622 for information about how to authorize another person to represent you.
- **Can I provide additional information about my claim?** Yes. Include copies of all documents that support your position, such as doctors' letters, operative reports, bills, medical records, EOB statements, written comments, and any other information relating to the claim for benefits.
- **Can I request copies of information relevant to my claim?** Yes, you can request copies free of charge. This includes billing and diagnosis codes. Send a request in writing to DMBA's appeals coordinator at the address listed hereafter.
- **What happens next?** If you appeal, we will review our decision and provide you with a written determination. If your appeal is denied and you still disagree with the decision, you can resubmit it to DMBA's appeals coordinator at the [address listed below](#), requesting a second level of appeal. You are also entitled to bring a civil action under ERISA Section 502(a) to appeal an adverse benefit determination based on the review of an earlier determination.
- **What timelines apply?** You have 12 months after an adverse benefit determination to appeal. Because this plan provides two levels of appeal to DMBA, you will receive notification about any one of the two appeals for (i) preservice claims no later than 15 days after DMBA receives your appeal; and (ii) post-

service claims no later than 30 days after we receive your appeal.

- **Submit all claims review or appeal communications to:**

DMBA  
Attention: Appeals Coordinator  
P.O. Box 45530  
Salt Lake City, UT 84145

## DEFINITIONS AND EXCLUSIONS

Each benefit plan has unique limitations and exclusions. Please pay particular attention to the exclusions in each summary plan description, as well as the *Definitions* SPD.

## NOTIFICATION OF DISCRETIONARY AUTHORITY

DMBA has full discretionary authority and the sole right to interpret the plans and to determine benefit eligibility. All DMBA decisions relating to plan terms or eligibility for benefits are binding and conclusive.

## NOTIFICATION OF BENEFIT CHANGES

DMBA is subject to the Employee Retirement Income Security Act (ERISA) and reserves the right to amend or terminate this plan at any time. If benefits change, we will notify you at least 30 days before the effective date of change.

### Legal Notice

*We have made every effort to accurately describe the benefits and ensure that information given to you is consistent with other benefit-related communications. However, if there is any discrepancy or conflict between information in this document and other plan materials, the terms outlined in the Legal Plan Document will govern.*

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