RETIREE GENERAL INFORMATION

To help you become familiar with your benefits, your benefits handbook includes a complete description of each of the plans in your benefit program as of January 1, 2016. This section of your handbook outlines general information.

CUSTOMER SERVICE

As your benefit administrator, Deseret Mutual 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 registered nurses and 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 chat live online during office hours or 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

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:
Deseret Mutual
P.O. Box 45530
Salt Lake City, UT 84145-0530

DESERET MUTUAL’S PARTICIPATING EMPLOYERS

- AgReserves, Inc.
- Beneficial Financial Group
- Bonneville International Corporation
- Brigham Young University
- Brigham Young University—Hawaii
- Brigham Young University—Idaho
- City Creek Reserves, 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

RETIREE BENEFIT PLANS

Deseret Mutual’s retiree benefit program includes the following plans:

Basic benefits
- Medical coverage
- Group Term Life (GTL)

Supplemental benefits
- Dental coverage
- Supplemental Group Term Life (SGTL)

Retirement benefits
- Deseret 401(k) Plan
- Master Retirement Plan
- Retirement PLUS Plan

Value-added benefits
- TruHearing
- VSP (Vision Service Plan)
- Group auto and home insurance

ELIGIBILITY & ENROLLMENT PROCESSES

Your eligibility is based on the eligible credit you earned while you were actively employed. If you were at least 55 when you retired and you were employed by a participating employer on that date, you must have had at least 10 years of eligible credit to participate in these post-retirement benefit plans.

Medical & dental coverage

- **Medical plan eligibility**: Eligibility for post-retirement medical and dental coverage varies based on your hire date, years of eligible credit, and your participating employer. Please contact Deseret Mutual’s Member Services to confirm your eligibility.

  If you don't meet all of Deseret Mutual’s eligibility requirements and you aren't eligible for Medicare or another group medical plan, you may be eligible for COBRA coverage.

- **Available medical plans**: If you’re at least age 55 but not yet 65, you may enroll in certain Deseret Mutual active employee plans. At age 65, you must enroll in Medicare Parts A and B and enroll in Deseret Mutual’s Medicare Supplement plan, Deseret Alliance.

  In some areas, HMOs are also available to those with or without Medicare. Before you...
enroll, contact Deseret Mutual to find out what plans are available.

- If you have retired and been rehired by a participating employer, you can enroll in an active medical plan made available to you by your employer.

- **Dental coverage eligibility:** You may enroll in the Senior Dental Plan if you meet the eligibility requirements for continued medical coverage. After you retire, dental benefits are optional.

  If you don't enroll in dental coverage at the time you retire, you won't be able to enroll later.

### Medical & dental enrollment

- **Initial enrollment:** If you're eligible, you must enroll for retiree medical and/or dental benefits within 30 days after you retire, end employment, or waive enrollment (see below). To enroll, you, your spouse, and any dependents you want to enroll must have been covered by an active Deseret Mutual medical and/or dental plan or another employer-based group medical plan for the 12 months immediately before the end of your employment. All members on a policy must be enrolled in the same plans. In other words, all members must be enrolled in medical only, dental only, or both.

  If you don't enroll within this 30-day window, you are not eligible to enroll later.

- **Waiving enrollment because of other coverage:** At the time you end employment, you may waive initial enrollment if you and your eligible dependents are covered by another employer-based group medical plan. After waiving enrollment, you may later enroll in Deseret Mutual’s retiree medical benefits if you do so within 60 days of involuntarily losing the other coverage. You may not voluntarily drop your other coverage and later enroll in Deseret Mutual’s coverage.

  Please contact Deseret Mutual’s Member Services for more information.

### Life benefits

Depending on your hire date, you may be eligible to keep some GTL coverage if you’ve been enrolled in this program for at least 12 months immediately before you retire.

Your spouse and other dependents are not covered by GTL benefits after you retire. But you, your spouse, and your other dependents may be eligible for some SGTL coverage.

If you don't enroll in coverage at the time you retire, you won't be able to enroll later. For more information, see the appropriate life benefits section of your benefits handbook.

### Value-added benefits

Deseret Mutual offers several value-added benefits. When applicable, you pay the entire cost for these benefits.

Value-added benefits may change at any time without notice. These benefits are available to participants who choose to use these services on a voluntary basis, separate and apart from the benefits program administered by Deseret Mutual.

Visit [www.dmba.com](http://www.dmba.com) to see the value-added benefits currently available to you.

### Eligible dependents

Your eligible dependents include your spouse and dependent children. The following dependents may be covered:

- Natural children and stepchildren who are younger than 26.
- Legally adopted children and stepchildren 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 covered, a direct lineal relationship must exist between you and the grandchild (or a direct line created through adoption). The grandchild may be covered up to age 18.
• Dependents who are added because of a full and complete guardianship. These dependents may be covered 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 covered 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 must reside in your home. The child must be an eligible dependent according to IRS guidelines and must have been covered on your Deseret Mutual policy before age 26.

To apply for coverage, 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 Deseret Mutual for a copy of the Application for Dependent Coverage After Age 26.

If one of your dependents is hospitalized before benefits are effective and the dependent is in the hospital on the date benefits become effective, medical benefits do not begin for the dependent until the day after he or she is discharged from the hospital. 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. (See Protecting You: HIPAA.)

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, you may not enroll the child until the next open enrollment.

Coverage may continue until the stepchild turns 26.

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

Open enrollment
Generally, open enrollment is held annually during the fall. Changes in coverage are effective January 1 of the following year.

During open enrollment, you may change from your current medical plan to another plan available in your area if you meet plan guidelines. You can also enroll in any value-added benefits.

To see which medical plans are available to you, visit www.dmba.com, contact your employer, or call Deseret Mutual Member Services.

Please be aware, the medical plans have limitations on when you can enroll if you’ve previously waived coverage or have not enrolled your dependents (other than newly acquired dependents). For more information, please contact Member Services.

Surviving spouses and dependents: If other medical coverage is available, survivor coverage with Deseret Mutual ends. But if that other medical coverage is later lost, eligible surviving spouses or dependent children may re-enroll in Deseret Mutual coverage within 60 days of the end of the other coverage. (See Family Survivor Benefit.)

Guidelines for dependents who are 19 and older
Your dependent children who are 19 and older are eligible to be covered by your medical and dental coverage and most life benefit plans until they turn 26.

Re-enrollment: If a dependent who is younger than 26 loses eligibility for his or her own medical coverage, you can re-enroll the dependent within 60 days of the end of that coverage.

COORDINATION OF BENEFITS
The Coordination of Benefits provision applies when you or your dependents have medical or dental coverage from more than one health plan.
The purpose of coordinating benefits is to avoid duplication of benefit payments. It involves determining which insurer is required to pay benefits as the primary payer, which insurer must pay as the secondary payer, and so on.

You must inform Deseret Mutual of other medical or dental coverage in force at the time of enrollment or when any other coverage becomes effective after your initial enrollment. If applicable, you may be required to submit court orders or decrees. You must also keep Deseret Mutual informed of any changes in the status of the other coverage.

Coordination of benefits rules

When Deseret Mutual is the primary plan, eligible benefits are paid before those of the other health benefit plan and without considering the other health plan’s benefits.

When Deseret Mutual is the secondary plan, it calculates the amount of eligible benefits it would normally pay in the absence of other coverage and applies the payable amount to unpaid covered charges after eligible benefits have been paid by the primary plan. This amount includes deductibles and copayments you may owe.

Deseret Mutual will use its own deductible and copayments to calculate the amount it would have paid in the absence of other coverage. In no event will Deseret Mutual pay more than the participant is responsible to pay after the primary carrier has paid.

If you’re enrolled in Deseret Alliance, please see the Deseret Alliance section of your benefits handbook for more complete information about coordination of benefits.

**PREMIUMS**

**Medical coverage**

If you qualify to participate in Deseret Mutual’s retiree medical coverage, your employer contributes a fixed dollar amount toward your monthly premiums. Your employer’s maximum contribution does not pay the entire monthly premium. You’re responsible for paying the balance.

Depending on your hire date, your years of eligible credit, and your participating employer, you may be eligible to receive either part or all of your employer’s maximum contribution for retiree medical coverage.

Eligibility for your employer’s maximum contribution to premiums is defined as shown in the following table. Again, your employer pays a fixed dollar amount. So the percentages in the table show the percentage of the fixed dollar amount your employer pays. In other words, 50% in the table means 50% of the fixed dollar amount, not 50% of the premium.

<table>
<thead>
<tr>
<th>Your Years of Eligible Credit</th>
<th>Percentage of Maximum Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 10 years</td>
<td>Not eligible</td>
</tr>
<tr>
<td>10 to 11 years</td>
<td>50%</td>
</tr>
<tr>
<td>12 to 13 years</td>
<td>60%</td>
</tr>
<tr>
<td>14 to 15 years</td>
<td>70%</td>
</tr>
<tr>
<td>16 to 17 years</td>
<td>80%</td>
</tr>
<tr>
<td>18 to 19 years</td>
<td>90%</td>
</tr>
<tr>
<td>20 or more years</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Dental coverage**

If you are eligible for and choose to enroll in the Senior Dental Plan, you pay the entire monthly premium.

**SGTL coverage**

Premiums vary depending on your age and the options you choose. For more information, see the appropriate life benefit section of your benefits handbook. You’re responsible for the entire monthly premium.

**Premium adjustments**

Please be aware that premium adjustments because of enrollment changes or errors are limited to 15 months immediately preceding the date Deseret Mutual 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 Deseret Mutual within 15 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 Deseret Mutual are current and accurate. If changes to any of the following occur, contact your employer and Deseret Mutual immediately:

- Address
- Adoption
- Birth
- Death
- Dependent status
- Divorce
- Marriage (for your and/or your dependent children)
- Name change
- Permanent guardianship
- You or any of your dependents qualify for Medicare
- You or any of your dependents acquire other medical or dental benefit coverage
- Any other situation that may affect your participation in the benefit program

TERMINATION OF COVERAGE

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 request your coverage to end.
- 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.)
- Date your dependent enters active duty in the armed forces of any country, except for life benefits. (Please contact Deseret Mutual for more information about military leave.)

If you’re enrolled in Deseret Alliance, our Medicare supplement plan, please see your Deseret Alliance handbook section for more information about termination of coverage.

FAMILY SURVIVOR BENEFIT

The Family Survivor Benefit provides a one-year continuation of medical and dental coverage at no cost to your survivors. When you die, your surviving dependents who are covered on the date of your death will be automatically enrolled in medical and dental coverage with Deseret Mutual.

After one year, your dependents may continue to receive medical and dental coverage, as long as they notify Deseret Mutual within 60 days of your death and continue to pay applicable monthly premiums.

Surviving dependents may also continue some SGTL coverage if they choose to do so. (See the applicable life benefits section of your benefits handbook.)

Please note the following guidelines:

- **Other Available Medical Coverage:** If a survivor has other employment-based medical coverage available, coverage with Deseret Mutual ends. Likewise, if your surviving spouse is eligible for other coverage and that plan covers any of your dependents, the dependents are no longer eligible for coverage from Deseret Mutual.

This applies to survivors who enrolled in health coverage offered by their employers, as well as those who previously chose not to...
enroll in their employers’ plans. Surviving dependents who have not enrolled in their employers’ plans have at least 30 days to do so after their Deseret Mutual coverage ends (one year from the time of your death).

Employers are required by law to offer eligible employees this window to enroll when they lose eligibility for the other coverage they had when they originally declined enrolling in the employer’s group plan.

Other eligible survivors (unemployed survivors or survivors working for employers who do not offer them health coverage) may continue to be covered by Deseret Mutual until they obtain employment that offers health coverage or they otherwise no longer qualify as dependents.

Also, if employment-based medical coverage is later lost, eligible surviving spouses or dependent children may re-enroll in Deseret Mutual coverage within 60 days of the end of the other coverage.

Note: Newly acquired dependents of your survivors may not be added to the survivor coverage.

• Dental Coverage: Surviving spouses who were enrolled in a Deseret Mutual dental plan or the Senior Dental Plan may enroll in or remain enrolled in the Senior Dental Plan (at their own expense). Call Deseret Mutual for more information.

**PROTECTION FOR YOU & YOUR BENEFITS**

**Protecting your privacy**

• Protected health information: Deseret Mutual 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 a *Privacy Authorization Form* to Deseret Mutual. Your dependents 18 and older must also submit a

• Deseret Mutual identification 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 Deseret Mutual identification number, also known as your DMID.

All physicians, dentists, and any other business partners must use your DMID. Otherwise, your claims may be delayed or denied.

For added security when accessing your information on our website, we ask you to provide a Web password and security phrase to accompany your DMID.

**Protecting you: HIPAA special enrollment notice**

If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). But you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or for more information, contact Deseret Mutual’s Member Services.

**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 insurance 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. (Deseret Mutual is the program administrator.)

- Obtain copies of all program documents and other program information upon written request to Deseret Mutual, which may charge a reasonable fee for the copies.

- Receive a summary of the program's annual financial report. Deseret Mutual is required by law to furnish each participant with a copy of this summary financial report.

Your former employer may not 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, Deseret Mutual sends you a written explanation of the reason for the denial. You have the right to have Deseret Mutual review and reconsider your claim. Based on ERISA, you can take steps to enforce the above rights.

For instance, if you request materials from Deseret Mutual and you do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require Deseret Mutual 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 Deseret Mutual'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 Deseret Mutual. 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 Deseret Mutual: Fraud policy

It is unlawful to knowingly and intentionally provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. 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 policy and recovery of any amounts Deseret Mutual may have paid.

In extremely rare situations, a participant may seek to either bypass or ignore appropriate medical advice in an attempt to abuse the healthcare system. This may include, but is not limited to, changing from physician to physician, going from emergency room to emergency room, or seeking medications from multiple sources.

In these situations, Deseret Mutual has the right to place the participant on what's called a medical compliance plan. That person will then be instructed to receive care from certain providers and facilities that are specifically named in the compliance plan (except in an emergency), as determined by Deseret Mutual. In other words, the participant must comply with medically appropriate advice and care.

If the participant then chooses to receive care from providers and facilities that are not included in the compliance plan, benefits will be denied and the participant will be responsible for all costs associated with this care.
BENEFIT ADMINISTRATION

Subrogation
If you have an injury or illness that is the liability of another party and you have the right to recover damages, Deseret Mutual requires reimbursement for any amount it has paid when damages are recovered from the third party. Deseret Mutual is reimbursed:

- First.
- From any claim against the third party, the third party’s liability insurer (including workers’ compensation), or your uninsured or underinsured motorist insurer.
- Whether the recovery is obtained by settlement, judgment, or any other source.
- Regardless of how the settlement is allocated by the third party or insurer.
- Regardless of whether the settlement is considered to have recovered full compensation or damages.

If you do not attempt to recover damages from the third party as described above, Deseret Mutual has the right to act in your place and initiate legal action against the liable third party to recover the amount it has paid for your injuries.

Your acceptance of Deseret Mutual benefits for the injury gives Deseret Mutual the right to subrogate. You must provide all information Deseret Mutual requests for subrogation purposes. If you don’t, we’ll withhold the payment of your benefits and you will be responsible for reimbursing all costs and expenses paid by Deseret Mutual for the injury.

CLAIMS REVIEW & 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, go to the Medical/Dental/Rx tab 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 Deseret Mutual’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 Deseret Mutual’s appeals coordinator at 801-578-5648 or 800-777-3622, ext. 5648, 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 Deseret Mutual'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 Deseret Mutual’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 Deseret Mutual, you will receive notification about any one of the two appeals for (i) preservice claims no later than 15 days after Deseret Mutual receives your appeal; and (ii) post-service claims no later than 30 days after we receive your appeal. For more information about timelines, see the [Claims Review Procedures](#) table.

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

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

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**Claims Review Procedures**

<table>
<thead>
<tr>
<th>Deseret Mutual must provide a notice of the initial claim denial within ...</th>
<th>Urgent Care Health Claims</th>
<th>Pre-service Health Claims</th>
<th>Post-service Health Claims</th>
<th>Health Claims for Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 hours after receiving your claim, if it was properly completed.</td>
<td>15 days after receiving your initial claim.</td>
<td>30 days after receiving your initial claim.</td>
<td>45 days after receiving your initial claim.</td>
<td>75 days after receiving the claim if we need more information and we provide an extension notice during the initial 45-day period.</td>
</tr>
<tr>
<td>48 hours (1) after receiving completed claim or (2) after the 48-hour claimant deadline, whichever is earlier.</td>
<td>30 days after receiving the claim if we need more information and we provide an extension notice during the initial 15-day period.</td>
<td>45 days after receiving the claim if we need more information and we provide an extension notice during the initial 30-day period.</td>
<td>45 days after receiving the claim if we need more information and we provide an extension notice during the initial 45-day period.</td>
<td></td>
</tr>
</tbody>
</table>

**Deseret Mutual must provide an incomplete claim notice and ask for additional information within ...**

| 24 hours after receiving your claim. | 5 days after receiving your claim. | 30 days after receiving your claim, extended 15 days from the date we receive the required information. | 45 days after receiving your claim, extended 30 days from the date we receive the required information. |
| Not applicable. | 45 days after receiving the notice to provide information. | 45 days after receiving the notice to provide information. | 45 days after receiving the notice to provide information. |

**You must complete the claim within ...**

| 12 months after receiving the claim denial. | 12 months after receiving the claim denial. | 12 months after receiving the claim denial. | 12 months after receiving the claim denial. |

**You must appeal the decision within ...**

| 72 hours after your request for review (either verbal or written). | 30 days. Two levels of review are available: The Claims Management Review Committee (CMRC) responds within 15 days of written request and the Claims Review Committee (CRC) responds within 15 days of request (either verbal or written). | 60 days. Two levels of review are available: The CMRC responds within 30 days of written request and the CRC responds within 30 days of request (either verbal or written). | 45 days after your request for review. 90 days after receiving your appeal if we need an extension. |

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DEFINITIONS & EXCLUSIONS

Each benefit plan has unique limitations and exclusions. Please pay particular attention to the exclusions in each section, as well as the Definitions section of your benefits handbook.

NOTIFICATION OF DISCRETIONARY AUTHORITY

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

NOTIFICATION OF BENEFIT CHANGES

Deseret Mutual 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.