

# Reliant Mission Benefits Summary

FIELD DOMESTIC



**RELIANT**  
MISSION

# About Reliant

## Welcome to Reliant!

We are excited that you have joined us in your ministry role. Reliant partners with missional churches and Gospel-centered nonprofits to mobilize support-based field staff for the Great Commission.

## Mission and Values

- Reliant is a deacon ministry that provides a service-oriented and character-driven foundation for its mission.
- Reliant advances God's kingdom by empowering field staff.
- Reliant is locally oriented, coming under the mission of church and ministry leaders "on the ground."
- Reliant is committed to the highest standards in financial integrity and professional excellence.
- Reliant is invested in the biblical, field staff-support model for giving.
- Reliant is church-minded, honoring, and coming under the Body of Christ.
- Reliant is broadly evangelical, partnering with those committed to the Gospel of Jesus Christ and the mission to make disciples to the ends of the earth.

For more information on Reliant, see [About Reliant](#).

## Contact



**Abby Afflu**  
*Benefits Coordinator*

abby.afflu@reliant.org  
407-630-5904

- Enroll or change your insurance coverages or plans
- Understand the different benefits options and how they apply to you
- Make changes to your coverage when you experience major life events
- Make sure you and all your dependents are covered



# Reliant Health & Welfare Benefits Summary

| Reliant Health & Welfare Benefits Summary               |                                                          |                                                   |
|---------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| Included in Benefits                                    | All Employees are eligible<br>(no min # of hours worked) | Only 30+ hours per week<br>employees are eligible |
| 403(b) Retirement Savings Plan<br>(Changed from 401(k)) | <a href="#">See link for more info</a>                   | <a href="#">See link for more info</a>            |
| Worker's Compensation                                   | <a href="#">See link for more info</a>                   | <a href="#">See link for more info</a>            |
| Employee Assistance Program (EAP)                       | Page 5                                                   | Page 5                                            |
| Medical                                                 | Not Eligible                                             | Page 4                                            |
| Health Savings Account (HSA)                            | Not Eligible                                             | Page 5                                            |
| Group Life Insurance                                    | Not Eligible                                             | Page 8                                            |
| Short-Term Disability (STD)                             | Not Eligible                                             | Page 9                                            |
| Long-Term Disability (LTD)                              | Not Eligible                                             | Page 9                                            |
| Voluntary                                               | All Employees are eligible<br>(no min # of hours worked) | Only 30+ hours per week<br>employees are eligible |
| Vision                                                  | Page 6                                                   | Page 6                                            |
| Dental                                                  | Not Eligible                                             | Page 7                                            |
| Voluntary Life Insurance                                | Not Eligible                                             | Page 8                                            |



## Medical Insurance

| 2026 Monthly Medical Premiums                    |               |                                     |            |
|--------------------------------------------------|---------------|-------------------------------------|------------|
| Medical Network: Highmark Blue Cross Blue Shield |               |                                     |            |
| Plan Type                                        | Employee Only | Employee + Spouse or Child/Children | Family     |
| HC 500                                           | \$895.14      | \$1,969.31                          | \$2,685.43 |
| HS 2000                                          | \$781.78      | \$1,719.92                          | \$2,345.35 |
| HS 3000                                          | \$621.56      | \$1,367.44                          | \$1,864.69 |
| HS 5000                                          | \$503.31      | \$1,107.27                          | \$1,509.92 |

For a full description of this benefit, see [Medical Insurance Coverage and Rates](#).

| Summary of Medical Benefits |                                        |                                           |                                        |                                           |                                        |                                           |                                        |                                           |
|-----------------------------|----------------------------------------|-------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------|-------------------------------------------|
| Provider:<br>GuideStone     | HC 500 (PPO)                           |                                           | HS 2000 (PPO)                          |                                           | HS 3000 (PPO)                          |                                           | HS 5000 (PPO)                          |                                           |
| Plan Benefit                | In-Network<br>(You will pay the least) | Out-of-Network<br>(You will Pay the Most) | In-Network<br>(You will pay the least) | Out-of-Network<br>(You will Pay the Most) | In-Network<br>(You will pay the least) | Out-of-Network<br>(You will Pay the Most) | In-Network<br>(You will pay the least) | Out-of-Network<br>(You will Pay the Most) |
| Deductible                  | \$500 Single<br>/\$1,000 Family        | \$1,000 Single<br>/\$2,000 Family         | \$2,000 Single<br>/\$4,000 Family      | \$8,000 Single<br>/\$16,000 Family        | \$3,000 Single<br>/\$6,000 Family      | \$6,000 Single<br>/\$12,000 Family        | \$5,000 Single<br>/\$10,000 Family     | \$15,000 Single<br>/\$30,000 Family       |
| Out-of-Pocket Limit         | \$4,750 Single<br>/\$7,500 Family      | \$21,000 Single<br>/\$22,000 Family       | \$4,000 Single<br>/\$7,500 Family      | \$28,000 Single<br>/\$46,000 Family       | \$5,000 Single<br>/\$9,800 Family      | \$22,000 Single<br>/\$42,000 Family       | \$5,000 Single<br>/\$10,000 Family     | \$25,000 Single<br>/\$50,000 Family       |
| Coinsurance (Member Paid)   | 20%                                    | 40%                                       | 10%                                    | 50%                                       | 10%                                    | 40%                                       | 0%                                     | 30%                                       |
| Pharmacy (Tiers 1-4)        |                                        |                                           | 10% coinsurance                        | 100% of drug cost.                        | 10% coinsurance                        | 100% of drug cost                         | 0% coinsurance                         | 100% of drug cost                         |
| Emergency Room Care         | 80% coinsurance after \$250 copay      | 80% coinsurance after \$250 copay         | 10% coinsurance after \$250 copay      | 10% coinsurance after \$250 copay         | 10% coinsurance after \$250 copay      | 10% coinsurance after \$250 copay         | \$0 copay                              | \$0 copay                                 |
| Outpatient Services         | 20% coinsurance                        | 40% coinsurance                           | 10% coinsurance                        | 50% coinsurance                           | 10% coinsurance                        | 40% coinsurance                           | 0% coinsurance                         | 30% coinsurance                           |
| Inpatient Services          | 20% coinsurance                        | 40% coinsurance after \$500 copay         | 10% coinsurance                        | 50% coinsurance after \$500 copay         | 10% coinsurance                        | 40% coinsurance after \$500 copay         | 0% coinsurance                         | 30% coinsurance after \$500 copay         |

For a full description of this benefit, see [Medical Insurance](#).



## Health Savings Account (HSA)/Cafeteria Plan:

### Health Savings Account (HSA) - Employee Contribution

- HSA Contribution Limits:
  - Increased from \$4,300 to \$4,400 (single) / \$8,550 to \$8,750 (family)
  - Age-55 "catch-up" contribution remains \$1,000
- There are two portions of the contributions that Reliant helps direct to your HSA each month:
  - Employer Contribution - ER
    - This contribution comes from non- MTD Reliant funds.
  - Employee Contribution - EE
    - This contribution is deducted from your paycheck each month.

For a full description of this benefit, see [HSA - Health Savings Account](#).

For a full description of this benefit, see [Cafeteria Plan](#) & [Child-Care Benefit](#).

### Vision Plan Benefit (see page 7 for further detail)

- Vision premiums are paid for by you, the employee, out of your monthly paycheck.
  - If hired mid-month, vision coverage will start the 1st of the following month (the first full month of hire).

### Child-Care Benefit

- Employees submit child-care expenses for reimbursement from the tax-free employee contributions set aside from their monthly paychecks.
- If you desire to elect the Child-Care Benefit, you will need to also enroll in the cafeteria plan to sign up for your Child-Care Benefit Employee Contribution.
- Maximum reimbursement allowed is:
  - \$5,000 annually per household, if you are married and filing jointly or single, filing head of household.
  - \$2,500 annually per employee, if you are married and filing separately.
  - Maximum reimbursement cannot exceed either parent individual income.

| Monthly Employer HSA Contributions |                   |                  |        |
|------------------------------------|-------------------|------------------|--------|
| Single                             | Employee + Spouse | Employee + Child | Family |
| \$25                               | \$50              | \$50             | \$75   |

## Employee Assistance Program (EAP):

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Short-term counseling for mental/emotional health issues: | The Aetna EAP program offers <b>each family member</b> six free counseling sessions per issue per year. They will then be paired with a counselor whose credentials best align with the caller's problem and preferences. Those who call the EAP can request a counselor based on gender, area of expertise, and Christian beliefs.                                                                             |
| Daily life assistance and referrals:                      | The Aetna EAP also provides Reliant staff access to services to deal with daily difficulties. This service offers free 30-minute consultations with professionals specializing in financial and legal problems, including identity theft, among other things. The EAP also assists callers in finding referrals for dealing with typical family needs, such as childcare, eldercare, and educational resources. |
| Education and information:                                | The Aetna EAP provides the Resources for Living website, which contains articles, information, and tools to assist Reliant staff in learning more about mental/emotional health and work/life balance.                                                                                                                                                                                                          |

For a full description of this benefit, see [Employee Assistance Program \(EAP\) - Resources for Living](#).



## Vision Insurance:

| 2026 Monthly Vision Premium Rates |         |  |
|-----------------------------------|---------|--|
| Vision Network: EyeMed            |         |  |
| Coverage Level                    | Cost    |  |
| Employee                          | \$6.88  |  |
| Employee + One                    | \$13.04 |  |
| Family                            | \$19.16 |  |

  

| Summary of Vision Benefits                           |                                                             |                              |
|------------------------------------------------------|-------------------------------------------------------------|------------------------------|
| Vision Care Services                                 | In-Network Member Cost                                      | Out-of-Network Reimbursement |
| Exam with Dilation as Necessary                      | \$10 Co-pay                                                 | Up to \$30                   |
| Frames                                               | \$0 Co-pay plus,<br>80% of charge over \$130                | Up to \$65                   |
| <b>Standard Plastic Lenses</b>                       |                                                             |                              |
| Single Vision, Bifocal,<br>and Trifocal & Lenticular | \$25 Co-pay                                                 | Up to \$25, \$40, and \$60   |
| Standard & Premium Progressive Lens                  | \$90                                                        | Up to \$40                   |
| <b>Contact Lens Fit and Follow-Up</b>                |                                                             |                              |
| Standard Contact Lens Fit & Follow-Up                | Up to \$40                                                  | N/A                          |
| Premium Contact lens Fit & Follow-Up                 | 10% off retail                                              | N/A                          |
| <b>Contact Lenses</b>                                |                                                             |                              |
| Conventional & Disposable                            | \$0 Co-pay; plus, balance over \$120                        | Up to \$96                   |
| Medically Necessary                                  | \$0 Co-pay; Paid-in-Full                                    | Up to \$200                  |
| <b>Laser Vision Correction</b>                       |                                                             |                              |
| Lasik or PRK from U.S. Laser Network                 | 15% off the retail price or<br>5% off the promotional price | N/A                          |
| Allowance                                            | Discounted Fee                                              | 90th U&C                     |
| Waiting Period, Annual Eye Exam,<br>LASIK Advance    | None                                                        | None                         |
| <b>Frequency</b>                                     |                                                             |                              |
| Examination & Lenses or Contact Lenses               | Once every 12 months                                        | N/A                          |
| Frame                                                | Once every 24 months                                        | N/A                          |

For a full description of this benefit, see [Vision Insurance](#).

## Dental Insurance:

| 2026 Monthly Dental Premium               |               |                                |                               |
|-------------------------------------------|---------------|--------------------------------|-------------------------------|
| Dental Network: Ameritas (Domestic Staff) |               |                                |                               |
| Plan Options                              | Employee Only | Employee + 1 (Spouse or Child) | Employee + 2 or more (Family) |
| Tier One "Low" Plan (Dental 1250)         | \$43.92       | \$86.56                        | \$133.68                      |
| Tier Two "High" Plan (Dental 1500)        | \$54.56       | \$107.56                       | \$166.12                      |

| Summary of Dental Benefits |                               |                               |                               |                               |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Plan Benefit               | Low Plan                      |                               | High Plan                     |                               |
|                            | In Network                    | Out of Network                | In Network                    | Out of Network                |
| Type 1                     | 100%                          | 80%                           | 100%                          | 80%                           |
| Type 2                     | 80%                           | 60%                           | 80%                           | 60%                           |
| Type 3                     | 60%                           | 60%                           | 60%                           | 60%                           |
| Deductible                 | \$50/Calendar Year Type 2 & 3 | \$50/Calendar Year Type 2 & 3 | \$50/Calendar Year Type 2 & 3 | \$50/Calendar Year Type 2 & 3 |
|                            | Waived Type 1                 | Waived Type 1                 | Waived Type 1                 | Waived Type 1                 |
|                            | \$150/family                  | \$150/family                  | \$150/family                  | \$150/family                  |
| Maximum (per person)       | \$1,250 per calendar year     | \$1,250 per calendar year     | \$1,500 per calendar year     | \$1,500 per calendar year     |
| Ortho coverage             | Discounted Fee                | 90th U&C                      | Discounted Fee                | 90th U&C                      |
| Waiting period for dental  | 1 yr ortho                    | 1 yr ortho                    | 1 yr ortho                    | 1 yr ortho                    |

For a full description of this benefit, see [Dental Insurance](#).



## Group/Voluntary Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance & Disability Benefits

| Group Life Insurance   |                                                                                                                               |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Info:</b>           | Group Life (employer paid)                                                                                                    |
| <b>Eligibility:</b>    | Each Active/Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis. |
| <b>Benefit Amount:</b> | 1 times Earnings, rounded up to the next higher \$1,000, subject to a maximum of \$350,000.                                   |

| Voluntary Life Insurance |                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Info:</b>             | Voluntary Life (employee paid)                                                                                                                                                                                                                                                                                                            |
| <b>Eligibility:</b>      | Each Active/Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.                                                                                                                                                                                                             |
| <b>Benefit Amount:</b>   | <p><b>Employee and Spouse:</b> Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse.</p> <p><b>Eligible Dependent Child(ren):</b> 14 Days to 6 months: \$1,000, Age 6 months to 20 years (26, if full-time student): choice of \$2,500, \$5,000; \$7,500 or \$10,000.</p> |

For a full description and cost of this benefit, see [Group Life and Voluntary Life Insurance](#).

| Accidental Death and Dismemberment (AD&D) Insurance                                                                                                            |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| For Accidental Loss of:                                                                                                                                        | Amount Payable: |
| Life, Both hands or both feet, Sight of both eyes, One hand and one foot, One hand and sight of one eye, One foot and sight of one eye, and Speech and hearing | 100%            |
| One hand or one foot, Sight of one eye, and Speech or hearing                                                                                                  | 50%             |

For a full description of this benefit, see [Accidental Death and Dismemberment Insurance](#).

| Disability Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long-Term Disability Provider: RSLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Short-Term Disability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Long-term Disability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>Salary continuation will depend upon available funds in the Reliant account for which the employee is responsible.</li> <li>Employees who qualify for Short-Term Disability coverage are eligible to receive 66% (2/3) of their regular wages and to have their health insurance benefits continued and paid by Reliant.</li> <li>The maximum length of Short-Term Disability coverage is 90 days, at which time the employee may qualify for Long-Term Disability coverage.</li> <li>In the event the employee does not qualify for Short-Term Disability coverage, the employee may still be eligible for up to twelve weeks of unpaid leave.</li> </ul> | <ul style="list-style-type: none"> <li>You are eligible when actively at work, on a full-time basis as defined by your employer, except if you are working on a temporary or seasonal basis.</li> <li>Elimination period: 90 consecutive days of total disability.</li> <li>Benefit amount: The monthly benefit is an amount equal to 66.67% of covered earnings, up to a maximum benefit of \$6,000 per month.</li> <li>Benefits will not extend beyond the longer of Social Security Normal Retirement Age.</li> <li>Pre-Existing Condition Limitation</li> </ul> |

For a full description of this benefit, see [Short-Term Disability](#) & [Long-Term Disability Insurance](#).





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Gospel-centered ministries to mobilize support-based  
workers for the Great Commission.**

**MAIN LINE**  
(407) 671-9700

**ADDRESS**  
11002 Lake Hart Drive  
Suite 100, Orlando, FL 32832