

**OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH
SELF-FUNDED MEDICAL PLAN**

ACTIVE OR UNDER 65 SCHEDULE OF BENEFITS 2012

CHECKS WILL GO TO PARTICIPANTS IF OUT OF NETWORK. PARTICIPANTS WILL THEN PAY THE PROVIDER.

* Full Plan Document web page listed below or contact Healthcare Benefits Office.

		PPO	NON-PPO
Doctor's Office Visits (Includes lab & x-ray)	(Not subject to Deductible for PPO or NON-PPO)	100% after \$30 co-pay	100% after \$50 co-pay of allowable rate for service
Physical Exam (One per person per calendar year.) May use toward colonoscopy	(Not subject to Deductible for PPO or NON-PPO)	100% after \$30 co-pay	100% after \$50 co-pay of allowable rate for service
Routine Mammogram (One per calendar year)	(Not subject to Deductible for PPO or NON-PPO)	100%	100%
Mental & Nervous Counseling Office services	(Not subject to Deductible for PPO or NON-PPO)	100% after \$30 co-pay	100% after \$50 co-pay of allowable rate for service
Physical Therapy (only when prescribed by an M.D. or D.O.)	(Not subject to Deductible for PPO or NON-PPO)	100% after \$30 co-pay	100% after \$50 co-pay of allowable rate for service
Chiropractic Care or Physical Therapy (Not prescribed)	(Subject to deductible) 25 visits	80%	60%
Deductible (per calendar year)		PPO	NON-PPO
Individual Deductible		\$1,250	\$2,500
Two Party		\$2,500	\$5,000
Maximum per Family		\$3,750	\$7,000
Out of Pocket Maximum (per calendar year, not including the deductible)			
Individual Maximum		\$2,400	\$4,800
Two Party		\$4,800	\$9,600
Maximum per Family		\$7,200	\$14,400
Services			
Hospital Expenses			
		Subject to Deductible	
Semi-Private Room		80%	60%
Emergency Room		80%	80%
(Reduced to 50% for non-emergency use of the emergency room)			
Physician's charges		80%	60%
(Reasonable and customary charges)			

Prescription Drug Plan

Prilosec-available over-the-counter with prescription from your physician for a 42 day supply for **FREE**. (Prescription must say "OTC Prilosec")

Do you take Lipitor, Crestor, Vytorin or another brand name medication to help lower your cholesterol? Ask your doctor if switching to a generic such as Simvastatin, Pravastatin or Lovastatin is right for you.

Claritin-available over-the-counter with prescription from your physician for a 30 day supply for **\$15.00**. (Generic-Claritin/Loratadine with prescription from your physician for a 30 day supply is **\$10.00**.) (Prescription must say "OTC Claritin or OTC loratadine")

Definitions: Generic Drug – Drug with a general name not protected by a trademark.

Multi-Source Brand - Brand name chosen even though a generic is available.

Single-Source Brand - Brand drug that is currently only available from one manufacturer.

Non-Maintenance	Maintenance & >34 day supply Not to exceed 102
Generic – Not to exceed \$10.00	Generic – Not to exceed \$25.00
Multi-Source or Single-Source Brand – NTE \$40.00	Multi-Source or Single-Source Brand – NTE \$100.00

"Member pays the copayment amount unless the full cost of the prescription is less than the copayment then the member pays only the cost of the prescription."

BlueCross BlueShield – claims 1-800-942-5837 www.bcsok.com

24/7 Nurseline: 1-800-581-0407

Kempton Group Administrators 405-521-1711 or 1-800-324-9396 www.kemptongroup.com

Kempton: Flexible Plan or HRA Group ID: KUMC50 1-800-324-9396 or fax 1-405-524-4808

MaxCare Rx 1-800-259-7765 www.ppok.com

Delta Dental 1-800-522-0188 www.deltadentalok.org

VSP 1-800-877-7195 www.vsp.com

Hartford 1-800-368-3653

General Board of Pension 1-800-851-2201 www.gbophb.org

* Healthcare Benefit Plan Document, Reports & Forms, Privacy Policy

www.okumc.org/healthcarebenefits