



OK TO WELLNESS

OKLAHOMA ♦ UNITED ♦ METHODIST ♦ HEALTHCARE ♦ NEWSLETTER

Life just got easier.



If you were an active enrollee in the Oklahoma Conference The United Methodist Church Healthcare Benefits Plan on December 1, 2006, **and you are still an active enrollee** in the Healthcare Benefits Plan, life just got easier. January 1, 2007 you will begin participation in a Health Reimbursement Arrangement (HRA) Plan.

January 1, 2007, \$1,000 was put into an HRA account to cover your Medical Expenses. If you have one dependent you will receive \$2,000 or if you have a family you will receive \$3,000. No more than \$3,000 per family plan.

How does an HRA Plan work? An HRA is an IRS approved tax-favored benefit that reimburses employees for qualified medical care expenses not reimbursed by an employer's health plan. Only the employer can contribute to an HRA.

Benefits include, but not limited to:

- Co-payments
- Co-insurance
- Prescription drugs
- OTC medicines
- Out of pocket medical expenses
- Dental/Vision expenses

Is a Health Reimbursement Arrangement (HRA) the same as a Flexible Spending Account (FSA)? No. One of the main differences between the HRA and the FSA is the funding. HRAs are funded solely through employer contributions. FSAs are funded by the employee, through pre-tax, payroll deductions.

I elected flexible spending funds this year. How will that work? Once your FSA funds have been depleted then your HRA funds will be dispersed.

What happens to unused fund balances at the end of the year? A unique feature of any HRA is the ability to rollover the unused amount at year-end. The rollover dollars may be used for covered medical services in subsequent years while enrolled in the plan. This rollover feature permits you to accumulate money for future health care needs.

What if I terminate can I take the balance of my HRA? No. Because these are employer funds and your employer retains any balance in the HRA if your employment terminates.

What if I retire? As long as you remain with the Oklahoma Conference, the rollover dollars will stay in your account for future healthcare needs. Additional contributions, if dispersed in the future, will not be received by retirees.

When can I start requesting reimbursements from this account? Anytime after January 1, 2007.

How can I check on the status of my account? See steps in the column to the left.

How can I have my reimbursements direct deposited? It is suggested that direct deposit be used for reimbursement. For most services you will be reimbursed without the need for a claim reimbursement form. Arrangements with Kempton Group has been made to reimburse funds automatically. A \$30.00 charge will be placed on lost or stolen checks.

How do I get reimbursed? See page 2 of this Newsletter.

Here are easy steps to accessing your medical, HRA & flex claims history:

- 1) Go to kemptongroup.com on the Internet
 - 2) Click on Member Services (on the left side of your screen)
 - 3) Click on New Member (on the right side of the page)
 - 4) Enter your group number which is KUMC50
 - 5) Enter your Social Security number
 - 6) Click on the Register button
- The system will list your name, address and name of your employer
- 7) If this is you, click 'yes' (you will be able to change the address later)
 - 8) The next screen will ask for a 'User ID' (*it is very important to use an identifying word you will remember*)
 - 9) List an e-mail address & telephone number if you would like (if you don't give an e-mail address, click the small box under the e-mail address line)
 - 10) Click the Submit button

Your password will be sent to you via U.S. Mail. (a HIPPA requirement)

Once your password is received, you may go into Kempton's web site, enter the 'User ID' you chose earlier and the system-generated 'Password' you received from us. Press the Submit button and the system will take you to your own personal file of information. You may then change your 'Password' to something you will be more likely to remember.



BRIAN BAKEMAN
 Conference Treasurer
 Conference Benefits Officer
 (405) 530-2067
JANET A. TOFANI
 Healthcare Benefits Director
 (405) 530-2069
TIARA DALTON
 Pensions Director
 (405) 530-2063
DEBBIE WARE
 Conference Benefits Assistant
 (405) 530-2069



Kempton Group is not only the Third Party Administrator for the self-funded employee benefit plan but also the administrator for the Flexible Spending Account and HRA.

Most participants have chosen to have their co-pays, deductibles and prescription drug expenses direct deposited into their checking or savings account. If automatic rollover has not been elected, the 125 **Reimbursement Claim Forms** should be used when filing a manual claim for

medical reimbursement or dependent care. A \$30.00 charge will be placed on lost or stolen checks. It is not necessary to fill out a form for each receipt. This form can be either faxed or mailed to **Kempton Group** along with a copy of your receipts for verification:

Fax: (405) 524-4808

Mail to: Kempton Group, Attention Section 125 Department, P O BOX 54889 Oklahoma City OK 73154

These forms are also available on our web page at www.okumc.org, forms, or under Finance, Healthcare Benefits.

IMPORTANT NUMBERS:



Medical Claim questions or Flexible Benefit Plan questions:
 1-405-521-1711 or
 1-800-324-9396
 Fax: 405-524-4808
www.kemptongroup.com

MaxCare Rx (PPOk)
 1-800-259-7765
www.ppok.com

First Health Network
www.myfirsthealth.com

Preferred Community Choice
www.ccok.com

CCN Managed Care, Inc.
www.ccnusa.com

LabOne 1-800-646-7788
www.labone.com

The Hartford
 1-800-368-3653

Healthcare Benefit Plan Document, Forms & Privacy Notices
www.okumc.org/Benefits_and_Insurance/Directory.htm

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

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 Janet A. Tofani
 Healthcare Benefits Director

- ◆ Account balances available through: Website 24 hours a day – www.kemptongroup.com
 - ◆ Toll free access to **Kempton Group** Customer Service for questions about the plan– please call 800-324-9396 (have your Group number ready–KUMC50and your participant ID or SSN)
- GRACE PERIOD**—If you have not spent all the amounts in your Health Flexible Spending Account or Dependent Care Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the “Grace Period.” The “Grace Period” extends 2 1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Flexible Spending Account. You must submit claims no later than 30 days after the end of the Grace Period. However, if you terminate employment during the Plan Year, you must submit your claims within 90 days after your termination of employment.

New Prescription Drug Plan 2007

MaxCare Rx Pharmacy Providers of Oklahoma
1-800-259-7765 or 1-405-528-3342

FREE!!!



If you have reoccurring problems with heartburn and other acid related stomach problems and take **Nexium, Pevacid, Protonix or Aciphex**, we have a money saving solution for you. **Prilosec**-available over-the-counter with prescription from your physician for a 42 day supply for **FREE!!!** (Prescription must say “**OTC Prilosec**”)

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**”)

| Non-Maintenance | Maintenance & >34 day supply NTE 102 |
|---|---|
| Generic - Not to exceed \$5 | Generic - Not to exceed \$10 |
| Multi-Source or Single Source Brand—Not to exceed \$30.00 | Multi-Source or Single Source Brand—Not to exceed \$80.00 |

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

Generic Drug - Drug with general name: a drug sold or dispensed under a name that is 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.