



OK TO WELLNESS

OKLAHOMA ♦ UNITED ♦ METHODIST ♦ HEALTHCARE ♦ NEWSLETTER

WHAT'S NEW AND WHAT STAYS THE SAME IN 2005?

- ♦ *The Healthcare Benefit Plan remains the same.*
- ♦ *The Prescription Drug Plan remains the same.*
- ♦ *The insurance rates increased 3% for actives and 0 for those on Medicare. The new rates are on the back page.*
- ♦ *The Medicare Supplement Plan stays the same but the provider is new. See Hartford below.*
- ♦ *FlexSystem* will become the new administrator for your Flexible Spending Accounts starting January 1, 2005. The reason for this change is to provide you with additional services as follows:

- **Daily reimbursement:** You can request reimbursement by completing the **FlexSystem** Request for Reimbursement form. This can be either faxed or mailed to **FlexSystem** along with a copy of your receipts for verification:

Fax – (608) 663-2672

Mail – address on Request for Reimbursement form

- Account balances available through:
Website 24 hours a day – www.accesstasc.com

- IVR (Voice Response System) – 800-422-4661 ext 2 (have your Group ID #C898 and your participant ID number ready)

Direct Deposit of reimbursements: You will need to complete a Direct Deposit form and attach a voided check. The reimbursement will be direct deposited into your personal checking account. A paper check can be issued, however, if it is lost there is a \$30 reissue service charge.

Toll free access to **FlexSystem** Customer Service for questions about the plan– please call 800-422-4661; press 2 (have your Group ID #C898 and your participant ID ready)

The only difference for you, as an employee, will be to request reimbursements from **FlexSystem** rather than CPI Qualified Plan Consultants, Inc. beginning January 1, 2005 for expenses incurred starting January 1, 2005.

THE HARTFORD
RETIREES
MEDICARE
SUPPLEMENT
PLAN 2005

Beginning January 1, 2005, The Hartford Medicare Supplement Plan will replace PacifiCare Secure Horizons. New cards will be sent in December.

MEDICARE SUPPLEMENT PLAN 2005			
Covered Service for 2005	Medicare Pays	Supplement Pays	You Pay
Medicare Part B – monthly premium - \$78.20			
Medical Services , including physician services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic tests & durable medical equipment.			
First \$110 of Medicare approved amounts	0	\$110.00 (Part B deductible)	0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	0
Excess Charges (above Medicare approved amounts)	0	0	All costs
Skilled Nursing Facility Care:			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	0	0
Days 21-100	All but \$114.00 per day	Up to \$114.00 per day	0
Days 101 and after	0	0	All costs
Exclusions: Hartford does not cover any expense that is not a Medicare Eligible Expense.			



Prescription Drug Plan 2005

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

SAVINGS OPPORTUNITY!!!



Prilosec-available over-the-counter with prescription from your physician for a 42 day supply for **\$5.00**.

(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 - \$10 or 20% Not to exceed \$75	Generic - \$10 or 20% Not to exceed \$75
Multi-Source Brand - \$25 or 30% NTE \$100	Multi-Source Brand - \$25 or 30% NTE \$100
Single Source Brand - \$35 or 40% NTE \$150	Single-Source Brand - \$35 or 40% NTE \$150

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

IMPORTANT NUMBERS:



Claim questions:
1-405-521-1711 or
1-800-324-9396

www.kemptongroup.com

Pharmacy Providers of Oklahoma
(PPOk)

1-800-259-7765

www.ppok.com

PPO Oklahoma

www.ppooklahoma.com

Preferred Community Choice

www.ccok.com

CCN Managed Care, Inc.

www.ccnusa.com

LabOne 1-800-646-7788

www.labone.com

FlexSystem

1-800-422-4661

CPI Certified Plan Consultants

(Flexible Benefit Plan)

1-620-793-8473 ext. 104

To access your account information:
1-800-279-3539 enter 04027401
then enter your SSN

The Hartford

1-800-368-3653

PacificCare Secure Horizons

1-800-851-3802

General Board of Pension

1-800-851-2201

Health Benefit Plan Document,
Forms & Privacy Notices

www.okumc.org/

[Benefits and Insurance/Directory.htm](#)

Newsletter published by:

Janet A. Tofani

Healthcare Benefits Director

(405) 530-2069

Monthly Premium Rate Schedule:

2005

Active Clergy:

Special Rate: (Total Compensation of \$29,999 or less)

Single	219.00
Two Party	426.00
Family	476.00

Regular Rate: (Total Compensation of \$30,000 or more)

Single	253.00
Two Party	493.00
Family	580.00

Retired Clergy (under 65):

Single	243.00
Two Party (both under 65)	483.00
Two Party (spouse over 65)	404.00

Retired Clergy (65 & over):

Single	189.00
Two Party (spouse under 65)	392.00
Two Party (both 65 or over)	373.00

Surviving Spouses of Clergy (under 65):

Single	196.00
With one dependent	383.00
With two or more dependents	421.00

Surviving Spouses of Clergy (65 & over):

Single	98.00
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Lay Employees & Diaconal Ministers (Active):

Single	444.00
Two Party	881.00
Family	1,026.00

Retired Lay Employees & Diaconal Ministers:

Single (65 & over)	266.00
Two Party (both under 65)	880.00
Two Party (Spouse under 65)	709.00
Two Party (both 65 or over)	530.00