

3. Exclusions:

The Hartford Medicare Supplement Plan does not cover: (1) any expense that is not a Medicare Eligible Expense, or beyond the limits imposed by Medicare for such expenses, or excluded by name or specific description by Medicare, except specifically provided in the policy; (2) any portion of a covered expense to the extent paid by Medicare; (3) benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; and (4) covered expenses incurred after coverage terminates, except as stated in the extension-of-benefits provision of the policy.

MaxCare RX – Pharmacy Providers of Oklahoma

Prescription drugs are not subject to the deductible or out-of-pocket coinsurance.

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

Claritin—This is available for **\$15** over-the-counter with a prescription from your physician for a 30-day supply. **Generic Claritin/Loratadine** is \$10 with a prescription from your physician for a 30-day supply. (**Prescription must say “OTC Claritin or OTC loratadine.”**)

DEFINITIONS:

Generic Drug—Drug with general name, a drug sold or dispensed under a name that is not protected by a trademark (**The use of generics offers the greatest savings to both the members and the Conference.**)

Multi-Source Brand—Brand-name drug chosen even though a generic form is available

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

NTE—Not to exceed

2011 PRESCRIPTION DRUG PLAN

Non-Maintenance	Maintenance/More than a 34-day supply (NTE 102 days)
Generic – Not to exceed \$10	Generic – Not to exceed \$25
Multi-Source or Single-Source Brand – Not to exceed \$40	Multi-Source or Single-Source Brand – Not to exceed \$100

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

Rates and Method of Payment:

1. The rates for clergy and surviving spouses of clergy are supplemented by an apportionment to the churches that covers approximately one-half the cost of their premiums.
2. The rates for lay employees represent the “full rate.” Since the Group Insurance apportionment does not supplement lay employee rates, it is recommended that the salary-paying unit pay at least half the lay rate for all lay employees enrolled in our Group Plan.
3. The monthly rates for participants are to be paid to the Conference Treasurer’s Office by the local church/agency treasurer by the first of each month in which the premiums are due. The grace period payment can be no longer than the end of the month for which the premium is due. Non-payment of premiums by this deadline will result in termination from the Health Benefits Plan.
4. There are two rate categories for active clergy. **The Special Rate** is for ministers whose base compensation (Shown on line 3 of compensation report) for appointment purposes is \$29,999 or less. **The Regular Rate** is for all ministers whose base compensation (Shown on line 3 of compensation report) for appointment purposes is \$30,000 or above. There is one exception: those on Disability Leave will be allowed on the Special Rate.