

**THE CHRISTIAN BROTHERS RELIGIOUS MEDICAL TRUST**  
**FOR RELIGIOUS INSTITUTES**



**CHRISTIAN  
BROTHERS**  
SERVICES

**HEALTH CARE PROGRAM**  
**Schedule of Benefits as of January 1, 2014**

**Administered by**

**Christian Brothers Services**  
**1205 Windham Parkway**  
**Romeoville IL 60446-1679**

**630.378.2900 \* 800.807.0100 \* 800.807.0500**

TO: Participating Religious Institutes

We are pleased to offer this booklet describing the benefits available under the Christian Brothers Religious Medical Trust for Religious Institutes.

The Religious Medical Trust is designed exclusively for Religious Institutes. Through the Trust, Religious Institutes are able to pool their resources to pay for the medical care of their members. The coverage's are extremely broad, and the limited use of co-payments and excluded charges aid the treasurer in budgeting the Institute's medical expenses.

To help reduce the cost of medical care, the Trust provides several tools familiar in the medical care industry:

Regional Preferred Provider Networks which offer discounts to those who use them.

National Discount Networks of medical and dental providers.

Negotiation for discounts on medical bills not otherwise discounted.

Information on usual and customary charges for medical treatments.

An integrated discount program for retail and mail purchase of pharmaceuticals.

Ultimately, however, the control of medical care costs rests with the individual.

We encourage each Religious Institute to provide its members with educational programs and literature on good health, as well as exercise programs and memberships, which will keep its members healthy and reduce their need for medical care.

Please call Health Benefit Services, a division of Christian Brothers Services 800.807.0100 for further information about the Religious Medical Trust for Religious Institutes.

Sincerely,

The Trustees



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## **I. ABOUT THE RELIGIOUS MEDICAL TRUST FOR RELIGIOUS**

### **WHAT IS THE RELIGIOUS MEDICAL TRUST?**

#### **What Is the Purpose of the Trust?**

The Trust is a legal mechanism by which Roman Catholic Religious Institutes cooperate in the payment of the medical bills of their Members. The coverages in the Trust, and the limitations on coverage, express the extent of the cooperation agreed to by the participating Religious Institutes.

#### **When Is a Religious Institute Eligible to Participate?**

All Religious Institutes listed in the Official Catholic Directory are eligible to participate in the Religious Medical Trust. A Religious Institute requesting admission may petition the Trustees, who establish the effective date of participation.

#### **How Is an Individual Member Eligible for the Trust?**

You are an eligible Member if you belong to a Religious Institute which has been accepted by the Trustees as a participating Institute. An eligible Member is a person for whom the Institute is financially responsible.

#### **How Are You Enrolled in the Trust?**

The Central Office of your Religious Institute will enroll you as a Member eligible for benefits under the Trust. All eligible Members of a participating Religious Institute must be enrolled in the Trust, except those who have employer-provided insurance, or those covered by the federal/state Medicaid program. Those eligible for Medicare may be enrolled in the Trust at the option of the Religious Institute. No one over 65 without Medicare A and B coverage may be enrolled in the Trust. Because of the Medicare D pharmacy benefit, the Trust does not offer a pharmacy benefit to Members over age 65.

### **TRUSTEES**

The Trustees must be Members or employees of participating Religious Institutes, and are elected by all the participating Religious Institutes. The Trustees decide the contribution rates and the medical expenses which will be covered.

Normally the Trustees are currently involved in the health care and/or financial decision-making process of their Religious Institutes.

### **THE TRUST**

The Christian Brothers Religious Medical Trust for Religious Institutes holds the assets of the Program. The sponsor of the Trust is the Christian Brothers Major Superiors, a New Mexico not-for-profit corporation.

## **I. ABOUT THE RELIGIOUS MEDICAL TRUST (CONT)**

### **ADMINISTRATOR**

The Trustees have appointed Christian Brothers Services of Romeoville IL as the Administrator of the Religious Medical Program.

### **CONTRIBUTION**

Each participating Religious Institute contributes quarterly in advance for all of their eligible Members. Contribution rates are based on the cost of medical care where the Member lives, and the age of the Member. Contribution Rates are adjusted for each participating Religious Institute according to its own medical experience. Discounts for good experience and penalties for bad medical experience are established annually.

Each new participating Religious Institute is required to deposit one month's contribution with the Trust. This deposit creates an administrative reserve fund that is returned to the Religious Institute after the second year of participation. (If the Institute departs from the Trust before two years, the deposit is forfeited.) An additional non-refundable charge of \$5.00 per Member is made to cover the start-up cost associated with enrollment. The Trust retains the right to bill each Religious Institute an extra 20% of contribution at the end of the year if claims have exceeded the regular contribution. This is an emergency provision which is rarely exercised.

### **REQUIRED ENROLLMENT**

All Members of a participating Religious Institute for whom the Institute has accepted financial responsibility must be enrolled in the Trust. Those eligible for Medicare may be enrolled in the Trust at the option of the Religious Institute.

No member of a Participating Religious Institute who is over 65 years-of-age who does not enjoy coverage under the Medicare Program, both parts A and B, may be enrolled

Members on foreign assignment, or foreign nationals on foreign assignment or on assignment in the United States, may be enrolled in the Religious Medical Trust.

A Religious Institute may exclude Members who are covered by the medical plan of an employer other than the Religious Institute itself.

In addition, a participating Religious Institute must exclude Members who are covered by the federal/state Medicaid program.

### **TRANSFER PROVISIONS**

You might still be eligible for some benefits from your previous insurance at the time you become eligible for the Religious Medical Trust. If so, the Trust will pay in part or in full, up to its own limits, only for benefits not paid by the former plan.

## **I. ABOUT THE RELIGIOUS MEDICAL TRUST (CONT)**

### **TERMINATION OF COVERAGE**

You will no longer be included in the Religious Medical Trust on the earliest of:

1. the date the Religious Medical Trust is terminated; or
2. the end of the period for which the last contribution is paid for your participation; or
3. the date you cease to be a Member of a participating Religious Institute; or
4. the date your Religious Institute ceases to participate in the Religious Medical Trust.

## **II. CLAIMS PROCEDURES**

### **PPO's**

Members have been assigned to Preferred Provider Organizations (PPO's) where they live. If they use medical care Providers who belong to the network, the Trust will be able to discount the Provider's bill for services.

***Look up a Provider*** in or around the area you live. You can find a PPO Provider in your area by visiting the website of your assigned PPO. Go to [www.mycbs.org/health](http://www.mycbs.org/health) which is an official Christian Brothers website, and click on "Find PPO Providers."

***To find a PPO website*** go to [www.mycbs.org/health](http://www.mycbs.org/health) and click on "Find PPO Providers" From there you will click on "Medical PPO's." This brings you to the Medical PPO Links page, now just click on the underlined PPO in which you are enrolled and you will be sent directly to your medical PPO website to choose or find a provider that best fits your needs.

Note: If your current medical care Provider doesn't accept the PPO you are in now, ask your Provider if they would consider joining.

### **SUBMITTING A CLAIM**

The Trust will accept all new Religious Institutes under the following claims procedures:

1. The Trust will accept original bills directly or electronically from Providers and will pay Providers directly in most instances. The Trust will subtract any PPO or patient obtained discounts from the remittance to the Provider.
2. If the Provider declines to deal with the Trust, or if the patient wishes to pay the Provider directly, the Trust will accept original bills from the patient and make reimbursements payable to the Religious Institute.
3. Any bill presented to the Trust must contain the following information:
  - a. Name, address and tax ID number of the Provider of care.
  - b. Diagnosis.
  - c. Date and description of treatment or service.
  - d. Cost of treatment or service.

## **II. CLAIMS PROCEDURES (CONT)**

### **CLAIM ADJUDICATION**

The Administrator acts on behalf of the Trustees in the process of claims adjudication. You or your Religious Institute may appeal to the Trustees for review of the Administrator's decision.

### **FILING A CLAIM WHEN MEDICARE IS APPLICABLE**

The Trust participates in a program called "Medicare Crossover," which allows Medicare to pay its portion, and then forward a balance due bill to the Trust electronically, for bills payable under Part B. In the future, the program may expand to include bills payable under Part A of Medicare.

The patient should allow at least a month from the date of service for Medicare and the Trust to pay before sending a copy of the Provider's bill and the Medicare Explanation of Benefits to the Trust for payment.

### **PROMPT FILING OF CLAIMS**

You or your Provider should file completed claims and other required information promptly. All claims incurred in a calendar year must be submitted within 12 months from the end of that calendar year to be eligible for payment or reimbursement.

## **III. CONDITIONS FOR PAYMENT OF MEDICAL BILLS**

### **PREVAILING CHARGES**

The Religious Medical Trust considers the Prevailing Charges when determining payment for medical care and services. The Trustees have given the Administrator permission to pay the full amount of the medical bill in most cases, even if it exceeds the Prevailing Charge for the procedure in that geographical area. The Trust, however, retains the right to limit payment to the Prevailing Charge.

### **COVERED SERVICES**

The Religious Medical Trust will pay only for services which are Medically Necessary and provided by a licensed practitioner. Services from a non-licensed practitioner must be approved by the Administrator.

### **NON-MEDICARE-PARTICIPATING PROVIDERS**

The Religious Medical Trust will pay for Medicare-covered services for members with Medicare A and B as though Medicare has paid first, even if the provider has chosen not to participate in the Medicare Program.



### **III. CONDITIONS FOR PAYMENT OF MEDICAL BILLS**

#### **MAXIMUM LIMITS**

There are certain maximum limits established for some services. The Religious Medical Trust will pay medical bills subject to the maximums listed in the "SCHEDULE OF BENEFITS FOR MEDICAL SERVICES" on pages 11 and 12.

#### **GENERAL SERVICES OR CHARGES NOT COVERED**

There are certain confinements, treatments or services from medical care Providers for which the Religious Medical Trust will not pay:

1. for Cosmetic Surgery, except when the surgery results from an accidental injury and is performed within 12 months of that injury.
2. for educational or training problems, learning disorders, or social counseling – except for Nutritional Counseling as described under General Medical Services (see page 14).
3. for services that would be provided at no charge in the absence of medical insurance, or that are paid for or furnished by the United States Government or one of its agencies.
4. for services that result from injury or sickness where coverage under Workers' Compensation or similar law will provide benefits.
5. for services that are considered experimental or investigatory.
6. for charges that result from a Weekend Admission, as described in the section on "Definitions."
7. Prescription Pharmacy benefits for Members over age 65 and residing in the United States.

## **IV. COST CONTAINMENT/MANAGED CARE FEATURES**

### **WELLNESS PROGRAMS**

These are things you can do to maintain health:

1. Avoid addictive practices: tobacco, alcohol.
2. Maintain weight control.
3. Have routine physicals.
4. Get routine immunizations.
5. Team with your primary care Physician to maintain a healthy lifestyle.
6. Participate in disease management programs.

### **MEDICAL AND DENTAL BILLS**

These are things the Trust has arranged for you to control costs:

1. Regional Preferred Provider Organizations (PPO's).
2. National Discount Networks.
3. Negotiated Discounts.
4. Links to educational websites.

### **PHARMACY**

Prescription drug costs can be controlled by using generics and mail-service:

1. Generics vs. Name-Brand Drugs. In most cases, Generics are equivalent to Name Brand Drugs. If your Physician agrees that you could use a generic, there is a great cost savings available to you.
2. Mail Service vs. Retail. Through the purchase of enormous quantities of medication at one time, a mail service pharmacy is able to pass on significant savings. You can get a 90-day supply through the mail, but only a 30-day supply at the retail pharmacy. Mail service offers the convenience of ordering on the web site, telephone and mail. The web is a great source of information about staying healthy as well as about your medical condition.

## V. GENERAL DEFINITIONS

Some words and phrases used to describe your Program are capitalized whenever they are used in this booklet. These words and phrases have special meanings as explained in this section. Definitions applying to all services, such as Prevailing Charges, or Medically Necessary Care, will not be repeated under the specific diagnosis or service. Definitions applying primarily to specific diagnoses or services will be repeated in the appropriate section.

***Administrator*** means the Program Administrator who is Christian Brothers Services which has been appointed by the Trustees of the Religious Medical Trust to administer the day-to-day operations of the Health Care Program.

***Convalescent Nursing Home*** means an institution that is licensed to provide skilled nursing care for persons recovering from sickness or injury and:

1. is supervised on a full-time basis by a Physician or a registered nurse; and
2. has transfer arrangements with one or more Hospitals, a utilization review plan, and operating policies developed and monitored by a professional group that includes at least one Physician; and
3. has a contract for the services of a Physician, maintains daily records on each patient, is equipped to dispense and administer drugs; and
4. provides 24-hour nursing care and other medical treatment.

Not included in the definition of Convalescent Nursing Home are rest homes, homes for the aged, houses for custodial care, or places for treatment of mental disease, chemical dependency, or alcoholism.

***Cosmetic Surgery*** means surgery to change:

1. the texture or appearance of the skin; or
2. the relative size or position of any part of the body;

when such surgery is not needed to correct or improve a bodily function.

***Covered Charges*** means Prevailing Charges for services that are Medically Necessary for the treatment of an Illness provided by a licensed practitioner. Services of a non-licensed practitioner must be approved by the Administrator.

***Dental Services*** means any confinement, treatment or service, including periodontal and osseous surgery, provided to diagnose, prevent or correct:

1. malocclusion; and
2. craniomandibular or temporomandibular joint disorders (TMJ); and
3. all other ailments or defects of the teeth and supporting tissue (excluding impacted teeth).

## V. GENERAL DEFINITIONS (CONT)

**Dentist** means:

1. a person licensed to practice dentistry; and
2. a licensed Physician who provides dental treatment or service.

**Diabetics, Special Shoes for:** Custom made footwear intended to protect the feet of a person with diabetes from any pressure that might reduce circulation or in any way cause the feet to be prone to damage, thereby augmenting further deterioration due to diabetes.

**Home Health Aide** means a person, other than a registered nurse, who provides medical or therapeutic care under the supervision of a Home Health Care Agency.

**Home Health Care** means a program of home care that:

1. is required as a result of a sickness or injury; and
2. follows a period of Hospital confinement; and
3. is a result of the sickness or injury that was a cause of the Hospital confinement; and
4. is established in writing by the attending Physician within 7 days after Hospital confinement ends; and
5. is certified by the attending Physician as a replacement for Hospital confinement that would otherwise be necessary.

**Hospice** means a facility, agency, or service that:

1. is licensed, accredited, or approved by the proper regulatory authority to establish and manage Hospice Care Programs; and
2. arranges, coordinates and/or provides Hospice Care Services for a dying Member; and
3. maintains records of Hospice Care Services provided and bills for such services on a consolidated basis.

**Hospice Care Episode** means the period of time:

1. beginning on the date a Hospice Care Program is established for a dying Member; and
2. ending on the earlier of the date six months after the date the Hospice Care Program is established, the date the attending Physician withdraws approval of the Hospice Care Program, the date the Member recovers, or the date the Member dies.

**Hospice Care Program** means a coordinated, interdisciplinary program that provides services that consist of:

1. inpatient and outpatient care, home care, nursing care, counseling, and other supportive services and supplies provided to meet the physical, psychological, spiritual, and social needs of the dying Member; and
2. drugs and medicines (requiring a Physician's prescription) and other supplies for the dying Member by any Physician who is part of the Hospice Care Team; and
3. instruction for care of the patient, counseling, and other supportive services for the dying Member.

## V. GENERAL DEFINITIONS (CONT)

**Hospice Care Team** means a group that provides coordinated Hospice Care Services and normally includes:

1. a Physician
2. a patient care coordinator (Physician or nurse who serves as an intermediary between the program and the attending Physician);
3. a nurse;
4. a mental health specialist;
5. a social worker;
6. a chaplain; and
7. lay volunteers.

**Hospital** means an institution that is:

1. licensed as a Hospital by the proper authority of the state in which it is located; and
2. recognized as a Hospital by the Joint Commission on Accreditation of Hospitals;

but not including any Institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, rehabilitation center, or facility for the treatment of chemical dependency or alcoholism.

**Illness** means bodily injury or bodily sickness or mental illness.

**Medically Necessary Care** means any confinement, treatment or service that is prescribed by a Physician and considered by the Administrator of the Religious Medical Trust to be:

1. non-experimental, necessary and appropriate; and
2. non-investigational and not in conflict with accepted medical standards.

**Member** means a person who belongs to a Religious Institute which participates in the Religious Medical Trust.

**Nutritional Counseling** is instruction or guidance given from a nutritionist to a Member about a food plan required to control or improve the conditions of a disease, e.g., diabetes, hyperlipidemia, etc.

**Physician** means:

1. a licensed Doctor of Medicine or Osteopathy; and
2. any other licensed health care practitioner that State Law requires be recognized as a Physician.

**Prevailing Charges** or means the amount, as determined by the Administrator of the Religious Medical Trust that most Physicians or other health care Providers charge for the same or a similar treatment or service in the geographic cost area (or comparable cost area) where the treatment or service is provided.

V. **GENERAL DEFINITIONS (CONT)**

***Provider*** means any person or institution which gives treatment or services to a Member of the Religious Medical Trust.

***Schedule of Benefits*** means the description of benefits under the Religious Medical Trust.

***Trust*** means The Christian Brothers Religious Medical Trust for Religious Institutes which has established a Religious Medical Payment Program for Religious Institutes.

***Trustees*** means the individuals who collectively control the assets of the Trust as well as the operation of the Trust and the Health Care Program. The Trustees appoint the Administrator.

***Visit*** means a face-to-face meeting between:

1. a Physician and a patient for purpose of medical treatment or service, or
2. a member of the Home Health Care team and the patient.

***Weekend Admission Charges*** means room and board charges by a Hospital for the first Friday and/or Saturday of confinement if the patient is admitted to the Hospital on one of these days, unless:

1. the confinement is for emergency treatment or services; or
2. a surgical operation is scheduled for the day of admission or the next day; or
3. medical treatment, requiring Hospital confinement, is scheduled for the day of admission or the next day.

***We, Us*** and ***Our*** means the Trustees of the Religious Medical Trust or the Administrator of The Health Care Program acting on behalf of the Trust.

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**VI. SCHEDULE OF BENEFITS FOR MEDICAL SERVICES**

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A detailed description of each section follows.



## **VII. DESCRIPTION OF SERVICES**

### **A. GENERAL MEDICAL SERVICES**

This section tells you what is available and what is not available in your health program in general, for diagnoses and treatments not mentioned in the specific sections. Certain specific diagnoses and treatments merit a section of their own later in this booklet. If so, the specific section supersedes and limits this section of your health program in general.

#### **Covered Medical Services**

1. Hospital room and board.
2. Hospital Services other than room and board.
3. Services of a Physician.
4. Services of a graduate registered nurse.
5. The services of a licensed physiotherapist.
6. Surgical dressings, casts, splints, braces, crutches, artificial limbs and artificial eyes.
7. 50% of the cost to rent a wheel chair, Hospital type bed, artificial respirator, or other durable equipment. The Administrator may authorize payment of 50% of the purchase of such equipment, if cost effective.
8. Anesthesia, blood, blood products and oxygen.
9. X-ray and laboratory examinations.
10. X-ray, radium, and radioactive isotope therapy.
11. Transportation by ambulance provided by a Hospital or a licensed service to and from a local Hospital (or to and from the nearest Hospital equipped to furnish needed treatment not available in a local Hospital).
12. Dental Services to repair damage to the jaw and natural teeth if the damage is the direct result of an accident (but did not result from chewing), and if the Dental Services are completed within 6 months after the accident. Routine Dental Services will be treated in another section of this booklet.
13. Nutritional Counseling claims will be covered for a limit of 2 sessions for no more than \$100 per session. The purpose of the counseling is to instruct the Member about specific dietary requirements needed to control or improve the conditions of a disease such as diabetes, hyperlipidemia, etc. Nutritional Counseling for purposes of weight loss is not covered.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **A. GENERAL MEDICAL SERVICES (CONT)**

#### **Medical Services Not Covered**

1. Confinement, treatment, or service that is not Medically Necessary.
2. Any part of a charge for confinement, treatment, or services that exceeds Prevailing Charges. See "Prevailing Charges" on page 6 and General Definitions on page 11.
3. Confinement, treatment, or service that results from an injury or a sickness covered by a Workers' Compensation Act or similar law.
4. The following services are not covered, even if medically necessary:
  - a. Pharmacy benefits for Members over age 65.
  - b. Drugs available without a prescription.
  - c. Vitamins, nutritional supplements, or special diets.
  - d. Comfort or convenience services and supplies.
  - e. Confinement, treatment, or service for Cosmetic Surgery (except when the surgery results from an accidental injury and is performed within 12 months of that injury).
  - f. Confinement, treatment, or services for educational or training problems, learning disorders, or social counseling.
  - g. Confinement, treatment including surgery, or services for weight loss or stop smoking programs, except as covered under the mental/nervous section.
  - h. Custodial care.
  - i. Confinement, treatment, or services that would be provided at no charge in the absence of medical coverage or that is paid for or furnished by the United States Government or one of its agencies.
  - j. Weekend Admission, except in emergency or if treatment is scheduled on the day of admission or the next day.
  - k. Confinement, treatment, or services that are provided for the following, except as described in the section devoted to the specific treatment:
    1. Chiropractic Service.
    2. Complementary and Alternative Medicine.
    3. Custodial Care.
    4. Dental Services.
    5. Mental/Nervous and Chemical Dependency.
    6. Human Organ and Tissue Transplants.
    7. Prescription Drug Program.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **A. GENERAL MEDICAL SERVICES (CONT)**

#### **Extension of Covered Charges (after termination of coverage)**

If you are confined in a Hospital or Special Institution (Trustee Approved) when your coverage under the Religious Medical Trust terminates, your payment of your bills will continue until your confinement ends or the approved benefit period ends or the maximum reimbursement is reached, whichever occurs first.

#### **Definitions under General Medical Benefits**

*Cosmetic Surgery* means surgery to change:

1. the texture or appearance of the skin; or
2. the relative size or position of any part of the body;

when such surgery is not needed to correct or improve a bodily function.

*Dental Services* means any confinement, treatment or service, including periodontal and osseous surgery, provided to diagnose, prevent or correct:

1. malocclusion; and
2. craniomandibular or temporomandibular joint disorders; and
3. all other ailments or defects of the teeth and supporting tissue (excluding impacted teeth).

*Illness* means Bodily Injury or Bodily Sickness.

*Nutritional Counseling* is instruction or guidance given from a nutritionist to a Member about a food plan required to control or improve the conditions of a disease, e.g., diabetes, hyperlipidemia, etc.

*Weekend Admission Charges* means room and board charges by a Hospital for the first Friday and/or Saturday of confinement if the patient is admitted to the Hospital on one of these days, unless:

1. the confinement is for emergency treatment or services; or
2. a surgical operation is scheduled for the day of admission or the next day;  
or
3. medical treatment, requiring Hospital confinement, is scheduled for the day of admission or the next day.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **B. CHIROPRACTIC SERVICES**

The Religious Medical Trust will pay for services from a licensed Chiropractor for Medically Necessary Care. The following limits apply:

1. 45 Visits in a calendar year, and
2. up to 2 modalities and 1 spinal manipulation per Visit.

### **C. COMPLEMENTARY AND ALTERNATIVE MEDICINE**

The Religious Medical Trust will pay for certain services identified as Complementary and Alternative Medicine (CAM).

#### **Covered CAM services**

1. Acupuncture
2. Acupressure
3. Biofeedback Therapy
4. Magnetic Therapy
5. Massage Therapy
6. Naprapath

#### **Guidelines**

1. The Provider must be licensed or recognized by the State.
2. The procedure must be ordered or prescribed by a medical doctor.

#### **The following limitations apply:**

1. The Religious Medical Trust will pay up to \$2,000 total benefit for all approved CAM treatments and equipment in a calendar year.
2. Payment will be at 50%.
3. Up to \$50 will be paid per therapy Visit, one Visit per day.
4. The rental or purchase of durable equipment, e.g., magnets, will be included.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **D. CONVALESCENT NURSING HOME SERVICES FOLLOWING HOSPITALIZATION**

The Religious Medical Trust will pay for certain services in a Convalescent Nursing Home. If the Hospital determines that your recovery merits discharge, but you are still unable to go home, the Religious Medical Trust will pay for up to 120 days in a Convalescent Nursing Home. Nursing Home care is less expensive than Hospital care, but still more expensive than Home Health Care which will be spoken of later. Custodial Care is not covered.

Convalescent Nursing Home confinement must occur after a Hospital stay of at least three days that qualified for Hospital benefits. The confinement must start within fifteen days after release from the Hospital or a related Convalescent Nursing Home confinement and be recommended by your Physician for the condition causing the Hospitalization.

The eligible expenses are the nursing home charges for room and board and other services and supplies (other than personal items and personal services) furnished by the nursing home while the Member is under continuous care of his Physician and requires 24-hour nursing care.

A 120-day limit applies to all nursing home charges due to the same or related causes.

Separate confinements due to the same or related causes will be considered one confinement subject to the 120 day maximum, unless separated by complete recovery.

#### **Medical Services Not Covered**

1. Confinement, treatment, or service that is not Medically Necessary.
2. Non-prescription and vision materials.
3. Vitamins, nutritional supplements, or special diets.
4. Comfort or convenience services and supplies.
5. Custodial care.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **D. CONVALESCENT NURSING HOME SERVICES FOLLOWING HOSPITALIZATION (CONT)**

#### **Definitions under Convalescent Nursing Home Services**

*Convalescent Nursing Home* means an institution that is licensed to provide skilled nursing care for persons recovering from sickness or injury and:

1. is supervised on a full-time basis by a Physician or a registered nurse; and
2. has transfer arrangements with one or more Hospitals, a utilization review plan, and operating policies developed and monitored by a professional group that includes at least one Physician; and
3. has a contract for the services of a Physician, maintains daily records on each patient and is equipped to dispense and administer drugs; and
4. provides 24-hour nursing care and other medical treatment.

Not included in the definition of Convalescent Nursing Home are rest homes, homes for the aged, houses for custodial care, or places for treatment of mental disease, chemical dependency, or alcoholism.

### **E. CUSTODIAL CARE**

Custodial care is confinement or services for members who are not suffering from or convalescing from an illness or injury which has an end in sight. Custodial care includes services or supplies provided solely to assist a person in daily living, e.g., meals, personal grooming and social activities.

The Religious Medical Trust does not pay for custodial care. However, any medical conditions for which a member receives treatment while in custodial care will be covered according to the stipulations set forth in this manual.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **F. DENTAL SERVICES**

The Religious Medical Trust will pay for certain Dental Services up to a maximum of \$3,000 per calendar year.

#### **Covered Services**

1. Routine oral examinations, including diagnosis, X-ray and prophylaxis, but not more than two such examinations for the Member in the calendar year.
2. Dental X-rays, other than those in connection with routine oral examinations.
3. Oral surgery; fillings.
4. Dental extractions.
5. Anesthesia administered in connection with dental care.
6. Treatment of periodontal and other diseases of the gums and tissues of the mouth, including more frequent cleaning.
7. Endodontic treatment, including root canal therapy.
8. Medicines and drugs administered or prescribed by a Dentist.
9. Inlays, crowns and gold fillings.
10. Initial installation of full or partial dentures or fixed bridgework to replace at least one natural tooth which is extracted while the patient is a Member.
11. Replacement of, or addition of teeth to, existing full or partial dentures or fixed bridgework, provided:
  - a. such replacement or addition is required to replace one or more natural teeth, at least one of which is extracted while the patient is a Member, or
  - b. the existing denture or fixed bridgework was installed at least five years prior to its replacement and is not required because of the loss or theft of the denture or fixed bridgework.
12. Repair or re-cementing of crowns, inlays, and fixed bridgework.
13. Repair and relining of dentures.
14. Temporomandibular joint disorders (TMJ).
15. Dental implants.

Refer to Page 14, under GENERAL MEDICAL SERVICES for Dental Services in connection with an accident.

#### **Dental Services Not Covered**

1. Orthodontia, except in connection with TMJ Services.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **Definitions under Dental Services**

*Dental Services* means any confinement, treatment or service, to diagnose, prevent, or correct:

1. ailments or defects of the teeth and supporting tissue and bone (excluding appliances used to close an acquired or congenital opening). However, the term Dental Services will include treatment performed to replace or restore any natural teeth in conjunction with the use of any such appliance; and/or
2. periodontal disease (disease of the surrounding and supplemental tissues of teeth, including deformities of the bone surrounding the teeth); and/or
3. malocclusion (abnormal positioning and/or relationship of the teeth); and
4. craniomandibular or temporomandibular joint disorders (TMJ).

*Dentist* shall mean:

1. a person licensed to practice dentistry; and
2. a licensed Physician who provides dental treatment or service.

### **G. HEARING SERVICES**

The Religious Medical Trust will pay for Medically Necessary Care associated with your hearing.

1. The purchase/replacement of hearing aids will be paid at 100%; limited to 1 pair every 3 years up to \$1,500 per device with a maximum of \$3,000.
2. Necessary repairs to hearing aids will be paid at 100%.

#### **Hearing Services Not Covered**

1. The cost of general service and maintenance to hearing aids, including batteries.
2. The cost of maintenance agreements and extended warranties for hearing aids.
3. Replacement due to theft or loss.



## **VII. DESCRIPTION OF SERVICES (CONT)**

### **H. HOME HEALTH CARE SERVICES**

The Religious Medical Trust will pay for up to 100 Home Health Care Visits. It is Less expensive for you to receive care at home than in a Hospital or Convalescent Nursing Home. Payment is subject to the following conditions:

1. You are under the care of a Physician who submits a "Home Health Care Program."
2. The services and supplies are furnished while inpatient confinement in a Hospital, Convalescent Nursing Home, or skilled nursing facility would be required if it were not for the Home Health Care.

The Trust will pay for the following services and supplies ordered by the Physician under the Home Health Care plan and furnished in the patient's home:

1. Part-time or intermittent nursing care provided or supervised by a graduate registered nurse (R.N.).
2. Part-time or intermittent Home Health Aide services, primarily for the patient's care.
3. Physical, occupational, speech, or respiratory therapy by a qualified therapist.
4. Nutrition counseling provided by or under the supervision of a registered dietician.
5. Medical supplies, laboratory services, drugs, and medications prescribed by a doctor.

Not more than 100 Home Health Care Visits will be included in the eligible expenses for any one person in a calendar year. Each Visit by a member of a Home Health Care team is counted as one Visit.

#### **Services Not Covered**

1. Services or treatments that are not Medically Necessary.

#### **Definitions under Home Health Care Services**

***Home Health Aide*** means a person, other than a registered nurse, who provides medical or therapeutic care under the supervision of a Home Health Care Agency.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **H. HOME HEALTH CARE SERVICES (CONT)**

*Home Health Care* means a program of home care that:

1. is required as a result of a sickness or injury; and
2. follows a period of Hospital confinement; and
3. is a result of the sickness or injury that was a cause of the Hospital confinement; and
4. is established in writing by the attending Physician within 7 days after Hospital confinement ends; and
5. is certified by the attending Physician as a replacement for Hospital confinement that would otherwise be necessary.

*Hospital* means an institution that is:

1. licensed as a Hospital by the proper authority of the state in which it is located; and
2. recognized as a Hospital by the Joint Commission and Accreditation of Hospitals;

but not including any Institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, training center, or facility for the treatment of chemical dependency or alcoholism.

*Visit* means a face-to-face meeting between:

1. a Physician and a patient for purpose of medical treatment or service, or
2. a member of the Home Health Care team and the patient.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **I. HOSPICE CARE**

The Religious Medical Trust will pay for services provided by a Hospice, Hospice Care Team, Hospital, Home Health Care Agency, or Skilled Nursing Facility when:

1. a Member, in the opinion of the attending Physician, has no reasonable prospect of cure and is expected to live no longer than six months;
2. but only to the extent that such Hospice Care Services are provided under the terms of the Hospice Care Program submitted by a Physician, and are billed through the Hospice that manages that program.

The limitations listed will apply to Hospice Care Benefits. In addition, Covered Charges will not include Hospice Care charges that:

1. exceed six months for all Hospice benefits due to the same or a related injury or sickness; or
2. are for Hospice Care Services not approved by the attending Physician; or
3. are for transportation services; or
4. are for custodial care (services or supplies provided to assist a person in daily living, e.g., meals and personal grooming); or
5. are for Hospice Care Services provided at a time other than during a Hospice Care Episode.

Two or more Hospice Care Episodes for the same Member will be considered one Hospice Care Episode, unless separated by a period of at least three months during which no Hospice Care Program is in effect for the Member.

#### **Hospice Charges Not Covered**

1. Confinement, treatment, or service that is not Medically Necessary.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **I. HOSPICE CARE (CONT)**

#### **Definitions under Hospice Care**

*Hospice* means a facility, agency, or service that:

1. is licensed, accredited, or approved by the proper regulatory authority to establish and manage Hospice Care Programs; and
2. arranges, coordinates and/or provides Hospice Care Services for a dying Member; and
3. maintains records of Hospice Care Services provided and bills for such services on a consolidated basis.

*Hospice Care Episode means* the period of time:

1. beginning on the date a Hospice Care Program is established for a dying Member; and
2. ending on the earlier of the date six months after the date the Hospice Care Program is established, the date the attending Physician withdraws approval of the Hospice Care Program, the date the Member recovers, or the date the Member dies.

*Hospice Care Program* means a coordinated, inter-disciplinary program that provides services that consist of:

1. inpatient and outpatient care, home care, nursing care, counseling, and other supportive services and supplies provided to meet the physical, psychological, spiritual, and social needs of the dying Member; and
2. drugs and medicines (requiring a Physician's prescription) and other supplies for the dying Member by any Physician who is part of the Hospice Care Team; and
3. instruction for care of the patient, counseling, and other supportive services for the dying Member.

*Hospice Care Team* means a group that provides coordinated Hospice Care Services and normally includes:

1. a Physician
2. a nurse;
3. a social worker;
4. a patient care coordinator  
(Physician or nurse who serves as an intermediary between the program and the attending Physician)
5. a mental health specialist;
6. a chaplain; and
7. lay volunteers.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **J. HUMAN ORGAN OR TISSUE TRANSPLANT SERVICES**

The Religious Medical Trust will pay up to 80% of the cost of Human Organ or Tissue Transplant Services during a Member's lifetime, to a maximum of \$100,000. This includes all transplants for a member.

All approved /non-experimental human organ and tissue transplants are covered.

#### **Covered Human Organ or Tissue Transplant Services**

1. Organ and tissue procurement which consists of removing, preserving and transporting the donated part.
2. Transportation of the Member to and from the site of the transplant.
3. Hospital room and board and medical supplies.
4. Diagnosis, treatment and surgery by a doctor.
5. Private nursing care by a registered nurse (R.N.).
6. Rental of wheel chairs, Hospital-type beds and mechanical equipment required to treat respiratory impairment.
7. Local ambulance service, medication, X-ray services, laboratory tests, oxygen.
8. Rehabilitative therapy such as occupational therapy and physiotherapy.
9. Surgical dressings and supplies.
10. Drugs to inhibit rejection.

#### **Human Organ and Tissue Transplant Charges Not Covered**

1. Animal-to-Human Organ and Tissue Transplant.
2. Implantation within the human body of artificial or mechanical devices designed to replace human organ.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **K. MENTAL/NERVOUS, CHEMICAL DEPENDENCY, ALCOHOLISM SERVICES**

The Religious Medical Trust will pay for services due to Mental or Nervous, Chemical Dependency and Alcoholism conditions. Benefits are limited to 80% of the cost of services. Inpatient services are limited to \$100,000 maximum during a Member's lifetime. Outpatient services are limited to \$6,000 annually.

#### **Medical Services Covered**

1. Hospital room and board.
2. Hospital services other than room and board.
3. Services of a Physician, certified social worker, licensed Psychologist or other practitioner of the healing arts approved by The Administrator.
4. The services of a graduate registered nurse.
5. The services of a licensed physiotherapist.
6. Drugs and medicines available only by a Physician's prescription. (Drugs and Medicines available over the counter are not covered).
7. X-ray and laboratory examinations.
8. The Charges in a special facility other than a Hospital for the treatment of mental or nervous, chemical dependency and alcoholism conditions. If the special facility is not licensed by the State, the Religious Institute must contact the Administrator to obtain approval.

#### **Services Not Covered**

1. Confinement, treatment or services that are not Medically Necessary.
2. Transportation before, during, or after the program.
3. Comfort or convenience services and supplies.

#### **Extension of Covered Charges (after termination of Coverage)**

If you are confined in a Hospital or Special Facility (Trustee Approved) when your coverage under the Religious Medical Trust terminates, payment of your bills will continue until your confinement ends or the approved benefit period ends or the maximum reimbursement is reached, whichever occurs first.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **K. MENTAL/NERVOUS, CHEMICAL DEPENDENCY, ALCOHOLISM SERVICES (CONT)**

#### **Definitions under Mental/nervous Services**

*Hospital* means an institution that is:

1. licensed as a Hospital by the proper authority of the state in which it is located; and
2. recognized as a Hospital by the Joint Commission on Accreditation of Hospitals;

but not including any Institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, training center, or facility for the treatment of chemical dependency or alcoholism.

*Physician* means:

1. a licensed Doctor of Medicine or Osteopathy; and
2. any other licensed health care practitioner that State Law requires be recognized as a Physician.

*Visit* means a face-to-face meeting between a Physician and a patient for purpose of medical treatment or service.

### **L. PODIATRY SERVICES**

The Religious Medical Trust will pay for the following services:

1. Open cutting operations on the feet.
2. Removal of nail roots.
3. Necessary services in the treatment of metabolic or peripheral-vascular disease, or diabetes.
4. Special shoes for diabetics, with additional or replacement pairs at no more than one per year.

#### **Services Not Covered**

1. Services for weak, strained, flat, unstable or unbalanced feet.
2. Services for corns, bunions, calluses or toenails.
3. Services for chronic foot strain or symptomatic complaints of the feet.
4. Orthopedic shoes or other supportive devices for the feet, except shoes for diabetics.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **Definitions under Podiatry Services**

*Diabetics, Special Shoes for:* Custom made footwear intended to protect the feet of a person with diabetes from any pressure that might reduce circulation or in any way cause the feet to be prone to damage, thereby augmenting further deterioration due to diabetes.

### **M. PRESCRIPTION DRUG PROGRAM**

Pharmacy benefits are available for Members under age 65.

The Prescription Drug Program provides both acute (short term) drugs and maintenance (long term) drug therapies by integrating service received from retail and mail service pharmacies. Savings through the mail service are significantly greater due to deeper discounts, the reduction of dispensing fees and the absence of administrative fees. A separate brochure describes the program in more detail.

#### **Short Term Therapy**

You may obtain up to 30 days of therapy for each fill through an extensive network of retail pharmacies by using your medical ID card. The following limitations and charges apply to retail purchases.

1. You will be charged a nominal co-payment amount, higher for a brand-name than for a generic drug.
2. You can get an initial fill and two refills at a retail pharmacy. After that, you must use the mail service or be charged 100% co-payment of the discounted price.
3. Your Religious Institute's experience will be charged for the discounted cost of the drug.
4. You can get non-covered drugs and medicine purchased beyond the 2-refill limit by paying the full price with the appropriate discount. The Religious Medical Trust will not reimburse for this expense.

#### **Long Term Therapy**

You may obtain up to 90 days of therapy for each fill through the mail service pharmacy, using information from your medical ID card. Prescriptions filled through the mail service pharmacy have the following advantages.

1. No co-payment will be charged.
2. There is no restriction to the number of refills (except for federal limitations on controlled substances).
3. Your Religious Institute's experience will be charged for the discounted cost of the drug, which will be significantly less than at retail due to deeper discounts and no fees.
4. You can get non-covered drugs by paying their full discounted price. The Religious Medical Trust will not reimburse for this expense.



## **VII. DESCRIPTION OF SERVICES (CONT)**

### **Covered Drugs**

You can get all legend drugs (those requiring a prescription under federal law) that are prescribed by a licensed Physician except for the drug categories listed below. Insulin, diabetic supplies, syringes and needles for injectable drugs and ostomy supplies are also covered.

**Non-Covered Drugs** Prescription drug categories not covered are:

1. Drugs purchased outside the Drug Program
2. Fertility Medications
3. Nutritional Supplements
4. Anti-Obesity Drugs
5. Growth Hormones
6. Other Lifestyle-Only Drugs
7. Contraceptives (except for medical necessity)
8. Drugs to Treat Impotency
9. Smoking Deterrents
10. Anti-Wrinkle Drugs
11. Hair Growth Stimulants

### **Special Situations**

Missionaries and others traveling abroad can obtain up to a year's supply of drugs through the mail service. Call the Trust at 800-807-0500 several weeks ahead of departure for instructions.

Pharmacies cannot ship drugs outside the United States.

### **Special State Prescription Drug Programs**

Members who are enrolled in special State prescription drug programs are not eligible to be enrolled in the Prescription Drug Program portion of the Religious Medical Trust.

## **N. ROUTINE PHYSICAL EXAMINATIONS AND IMMUNIZATIONS**

The Religious Medical Trust will pay for routine examinations, immunizations and inoculations given as preventative measures against disease.

## **VII. DESCRIPTION OF SERVICES (CONT)**

### **O. SPEECH THERAPY SERVICES**

The Religious Medical Trust will pay for restoratory or rehabilitary speech therapy rendered by a qualified speech therapist in connection with speech loss or impairment due to:

1. an illness, other than a functional nervous disorder, or due to surgery on account of such an illness; or
2. a congenital anomaly if surgery to correct that anomaly was performed before the speech therapy.

### **P. VISION SERVICES**

The Religious Medical Trust will pay for Medically Necessary Care associated with your vision.

#### **Medical Services Covered**

1. Any services resulting from a medical diagnosis.
2. Testing for any medical diagnosis.
3. First pair of glasses and/or lenses following cataract surgery.

#### **Services Not Covered**

1. Routine eye examinations for disorders of refraction and accommodation, and glasses and/or lenses for those disorders.
2. Other procedures to correct disorders of refraction and accommodation, such as radial keratotomy.

## VIII. INTEGRATION WITH OTHER VALID COVERAGE

### COORDINATION WITH OTHER BENEFIT PROGRAMS

If you have any insurance, blanket prepayment, franchise-group, governmental program (including Medicare), no-fault auto, or any other benefit that may be applicable, the Religious Medical Trust will consider whether that coverage precedes payment from the Trust. Payment from the Trust will be reduced by the amounts paid or payable under such other plans.

### WORKERS' COMPENSATION

If the State in which you live and/or work requires by statute that you be insured under Workers' Compensation or similar plans, those plans will pay first ahead of the Religious Medical Trust.

### SUBROGATION

If you receive benefits from the Religious Medical Trust as a result of an injury caused by another party, the Trust has the right to seek repayment of those benefits from the party that caused the injury. The Trust subrogates or substitutes for you and assumes your right to seek recovery from the negligent party.

### RIGHTS OF THE RELIGIOUS MEDICAL TRUST

**Exchange of Information.** If you claim benefits from the Trust, you must provide all the information that we request which is needed to coordinate benefits with any other program in effect.

In addition, all information that we believe is needed to coordinate benefits may be exchanged with other companies, organizations or persons.

**Facility of Payment.** We may reimburse any other plan if benefits were paid by that other plan, but should have been paid by the Trust. In such instances, the Religious Medical Trust will be required to pay only according to its own limits.

**Right of Recovery.** If benefits under this Trust should have been paid by any other plan, We will have the right to recover those payments from the person to or for whom the benefits were paid, or other companies or organizations liable for the benefit payments.

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**IMPORTANT NOTICE**

This booklet contains a partial description of the principal provisions and definitions of the Religious Medical Trust.



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