JESUIT HEALTH TRUST

HEALTH CARE PROGRAM
Schedule of Benefits as of October 16, 2007

Administered by

Christian Brothers Services
1205 Windham Parkway
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LETTER FROM THE TRUSTEES

August 13, 1992

Dear Fellow Jesuit,

We are happy to present this booklet which describes a new level of cooperation among Provinces in the United States. The Jesuit Health Trust strengthens the cooperation among the Provinces and provides a uniform payment program for the medical bills of the members of the participating Provinces.

Medical care costs are rising dramatically. We now devote a large percentage of our community and Province budgets to medical care. We do not want Jesuits to forgo necessary medical care, but we want to avoid unnecessary medical expense.

In order to hold down costs and provide better health care, the Jesuit Health Trust provides us with:

1) A telephone Health Information Line for use in connection with proposed hospitalizations and surgery.

2) Preferred Provider Networks (doctors and hospitals) in certain areas of the country which promise lower medical costs by giving discounts to Jesuits.

In order for the Trust to be more economical, it is important to use these tools to lower our health care costs.

This booklet provides the guidelines the Trust will use to pay medical bills. Most medical expenses will be reimbursed, but a few might be left to the Province to pay, when they go beyond the guidelines the Trustees have adopted.

The Jesuit Health Trust is our program. It pays our medical bills with our money. May it serve all of us in the participating Provinces for many years to come.

Sincerely,

The Trustees

The Trustees have appointed Christian Brothers Services of Romeoville Illinois to administer the Health Care Program of the Jesuit Health Trust.
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I. **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 Usual and Customary Charges, or Medically Necessary Care, will not be repeated under the specific diagnosis or service. Definitions applying only to specific diagnoses or services will be repeated in the appropriate section.

**Administrator** means the Plan Administrator who is Christian Brothers Services which has been appointed by the Trustees of the Jesuit Health 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 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.

**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** or **Covered Services** means Prevailing Charges for services that are Medically Necessary Care for the treatment of an Illness.

**Dental Services** or **Dental Treatment** 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).

**Dentist** shall mean:

1. a person licensed to practice dentistry; and
2. a licensed Physician who provides Dental Treatment or Services.
I. **GENERAL DEFINITIONS (CONT)**

*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.

*Home Health Care Agency* is a Provider that furnishes Home Health Care Services.

*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.
I. **GENERAL DEFINITIONS (CONT)**

**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
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 Nursing Home, rest home, home for the aged, nursing home, custodial care facility, rehabilitation center, or Special Facility.

**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 Jesuit Health Trust to be:

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

**Member** or **Covered Member** means a Jesuit who belongs to a Jesuit Province in the United States Assistancy which participates in the Jesuit Health Trust, or a Jesuit for whom such a Province is responsible.

**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.

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

**Prevailing Charges** or **Usual and Customary Charges** means the amount, as determined by the Administrator of the Jesuit Health Trust, that most Physicians or other health care Providers charge for the same or a similar treatment or service in the cost area (or comparable cost area) where the treatment or service is provided.
I. **General Definitions (Cont)**

*Provider, Provider of Care or Provider of Service* means the Physician, Hospital, or other care giver or facility which is the source of medical services.

*Schedule of Benefits* means the description of benefits under the Jesuit Health Trust.

*Special Facility* means a place where treatment is given specifically for the treatment of mental or nervous, chemical dependency, alcoholism or other dependent conditions.

*Trust* means The Jesuit Health Trust.

*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*

See *Physician Visit*.

*Weekend Admission* refers to 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 or the day after the date of admission; 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 Jesuit Health Trust or Administrator of the Health Care Program acting on behalf of the Trust.
II. **Eligibility for Participation**

**When Is a Province Eligible to Participate?**

All Jesuit Provinces in the United State Assistancy are eligible to participate in the Jesuit Health Trust. A Province may petition for admission to the Trustees, who establish the effective date of participation.

**How Is an Individual Jesuit Eligible for the Trust?**

You are an eligible Member if you belong to a Province which has been accepted by the Trustees as a participating Province.

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

Your Provincial Office will enroll you as a Member eligible for benefits under the Trust.

III. **Termination of Coverage**

You will no longer be included in the Jesuit Health Trust on the earliest of:

1. the date the Jesuit Health 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 Province; or
4. the date your Province ceases to participate in the Jesuit Health Trust.

IV. **Transfer Provisions**

You might still be eligible for some benefits from your previous insurance at the time you become eligible for the Jesuit Health 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.
V. **CLAIMS PROCEDURES**

**CLAIM FORMS**

Your Provincial Office will provide forms to assist you in filing claims. Claims forms can also be obtained from the Trust Administrator.

**SUBMITTING A CLAIM**

Original invoices for incurred Covered Services are to be sent by the Provider of Service directly to the Jesuit Health Trust or, as in the case of some PPO’s (see Page 8), to the claims office of the PPO to be repriced first.

Payment for Covered Charges will be paid directly to the Provider of Service from Trust assets. Duplicate notice of payment will be sent to the Province of the individual Jesuit who incurred the expense.

You as a Member, or your local community or Provincial Office, may also send claims with the information listed above directly to the Administrator for payment. It is important for you to indicate if the claim payment is to be made to the Provider of Service or to the Jesuits. The medical claim form may be used to this purpose.

The invoice must include:

1. Name and address of the Provider of Care.
2. Diagnosis.
3. Date and description of treatment or service.

**CLAIM ADJUDICATION**

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

**FILING CLAIMS WHEN MEDICARE IS APPLICABLE**

The Jesuit Health 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 of Medicare. The Trust hopes to expand this program to 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 Jesuit Health Trust for payment.

**DENTAL TREATMENT PRE-CERTIFICATION**

When charges for Dental Treatment (other than emergency treatment) are expected to exceed $200, the Jesuit Health Trust expects your Dentist to file a Dental Treatment Plan with Us before treatment begins. A form is available for this purpose. Upon receipt of the plan, We will indicate the amount payable for the proposed treatment and return the form to the attending Dentist.
V. CLAIMS PROCEDURES (CONT)

PROMPT FILING OF CLAIMS

You should file completed claim forms 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.

VI. CONDITIONS FOR PAYMENT OF CLAIMS

PREVAILING CHARGES

The Jesuit Health Trust covers the Prevailing Charges for medical care and services. The Trust will pay the Provider or reimburse the Jesuits the amount which most Providers in your geographic area usually charge for the services you received.

MEDICALLY NECESSARY SERVICES

The Jesuit Health Trust will pay the Provider or reimburse the Jesuits only for services which are Medically Necessary Care.

MAXIMUM LIMITS

There are certain maximum limits established for some services. The Jesuit Health Trust will reimburse subject to the maximums listed in the "SCHEDULE OF BENEFITS FOR MEDICAL SERVICES" on page 11.

GENERAL NON-COVERED CHARGES

There are certain confinements, treatments or services from medical care Providers for which the Jesuit Health Trust will not reimburse you:

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.
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."
VII. COST CONTAINMENT/MANAGED CARE FEATURES

To help you and your Province control your medical care costs, the Jesuit Health Trust has provided certain features.

MEDICAL ID CARDS

A personalized medical ID card is issued to each Member of the Jesuit Health Trust. This card identifies you as a Member of the Trust and when presented to your doctor’s office, laboratory, Hospital, etc. It should supply all the information they might need in order to bill the Jesuit Health Trust according to the contract they have with the medical PPO you might be in, a dental network or other arrangements identified with logos on your card. This card also contains the information you need when filling a prescription (see Page 26).

If you are on Medicare, you will also have to show them your Medicare card. You’re not eligible for medical discounts from PPO Providers, so you will not see this information on your medical ID card. However, it will contain information on the dental network and the prescription drug program.

You will automatically receive a replacement medical ID card if:
1. Information concerning the PPO changes.
2. You move your residence and are either in a different PPO area or outside any PPO area.
3. You become a member of the Medicare program.
4. Any information needed by the Provider has been added to the card or changed.
5. You report your card lost or stolen.
6. Your personal data needs to be changed or corrected.

PREFERRED PROVIDER ORGANIZATIONS (PPO’S)

The Jesuit Health Trust expects you to use Preferred Provider Organization networks which have been made available where there is a concentration of Jesuit Members. The medical care Providers in the networks agree to accept lesser payment if you use their services and make known that you are a member of the network. Information about the network you belong to (if there is one in your area) can be found on your medical ID card. As new networks are obtained in various areas, We will send information to those who reside within the designated area.
VII. Cost Containment/Managed Care Features (Cont)

HEALTH INFORMATION LINE

The Jesuit Health Trust expects all Jesuits not on the Medicare Program to use a special telephone number to contact medical professionals about pending hospitalization and/or surgery. The Health Information Line has been arranged for your use. If you are in a PPO network area, you may have a special number to call just for that PPO. These phone lines are staffed during business hours by trained medical professionals. The phone number for the Health Information Line or your special PPO managed care services number is found on your medical ID card.

1. Pre-authorization of Hospital Admissions help reduce Hospital costs without sacrificing quality health care.

2. Pre-Surgery Review provides information before non-emergency surgeries are performed to see if your condition warrants a second opinion. If your Physician recommends hospitalization, call the Health Information Line or the PPO managed care services at least one week prior to your planned Hospital stay. If your admission to the Hospital is an emergency, the call should be made within 48 hours by you, the Provider of Care or someone else in your behalf.

3. If a Second Surgical Opinion is recommended, the trained professionals will assist you as needed. The Jesuit Health Trust will cover the full cost of the second surgical opinion. You are not required to abide by the second opinion, even if it does not confirm your Physician's recommendation. The choice is up to you.

4. Concurrent Review allows your Physician to monitor your Hospital stay together with Our trained professionals.

CUSTOMER SERVICE LINE

If you have questions about your bills or what the Jesuit Health Trust will pay to the Provider, your first approach would be to contact your Provincial Office. You may then be directed to call Christian Brothers Health Management Services for Religious. Their customer service number (800-807-0500) is also found on your medical ID card.

WELLNESS PROGRAMS

These are things the patient can do to maintain health:

1. Avoid addictive practices: tobacco, alcohol.
2. Weight control.
3. Routine physicals and immunizations.
4. Teaming with primary care Physician toward healthy lifestyle.
5. Participate in disease management programs.
VII. Cost Containment/Managed Care Features (Cont)

Medical and Dental Bills

These are things the Trust or the patient provides to control costs:

1. Regional Preferred Provider Organizations.
3. Negotiated discounts.
4. Patient-obtained discounts.

Pharmacy

Prescription drug costs can be controlled by using generics and the Mail Service Pharmacy.

1. Generics vs. Name-Brand Drugs. In all cases, the active ingredients of generics are equivalent to name brand drugs; the inactive ingredients, e.g., binding materials, may differ. 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.
VIII. **SCHEDULE OF BENEFITS FOR MEDICAL SERVICES**

A. **GENERAL MEDICAL SERVICES**
   - No lifetime limit for general medical services ..........................................................13

B. **CHIROPRACTIC SERVICES**
   - 45 Visits per calendar year ........................................................................................16

C. **CONVALESCENT NURSING HOME SERVICES FOLLOWING HOSPITALIZATION**
   - 120 day maximum for same and related causes ........................................................16

D. **CUSTODIAL CARE**
   - Not covered ...............................................................................................................17

E. **DENTAL SERVICES**
   - $3,000 per calendar year, 2 routine Visits per year ...................................................18

F. **HEARING SERVICES**
   - Routine, including hearing aids, not covered ............................................................19

G. **HOME HEALTH CARE SERVICES**
   - Maximum 100 Home Health Care Visits per year ....................................................20

H. **HOSPICE CARE**
   - Maximums of $60 per day, $4,000 per episode, six months duration...........22

I. **HUMAN ORGAN OR TISSUE TRANSPLANT SERVICES**
   - 100% payment to a lifetime maximum of $100,000 ...............................................24
VIII. SCHEDULE OF BENEFITS FOR MEDICAL SERVICES

J. MENTAL/NERVOUS, CHEMICAL DEPENDENCY, ALCOHOLISM SERVICES
   - Lifetime maximum payment of $75,000; charges over $50,000 paid at 50% .......... 25

K. PODIATRY SERVICES
   - Special limits as described ............................................................................. 26

L. PRESCRIPTION DRUG PROGRAM SERVICES
   - Integrated retail/mail service program.
     Special limits as described ............................................................................. 27

M. ROUTINE PHYSICAL EXAMINATIONS AND IMMUNIZATIONS
   - Unlimited .......................................................................................................... 28

N. SPEECH THERAPY SERVICES
   - Special limits as described ............................................................................. 29

O. VISION SERVICES
   - One routine eye examination per calendar year .............................................. 29

A detailed description of each service follows
IX. 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.
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. The cost to rent a wheelchair, Hospital type bed, and artificial respirator, or other durable equipment. The Administrator may authorize payment for the purchase of such equipment, if cost effective.
8. Anesthesia, blood, blood plasma 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.
IX. DESCRIPTION OF SERVICES (CONT)

A. GENERAL MEDICAL SERVICES (CONT)

Medical Services Not Covered

1. Confinement, treatment, or service that is not for Medically Necessary Care.
2. Any part of a charge for confinement, treatment, or services that exceeds
   Prevailing Charges.
3. Confinement, treatment, or service that results from an injury or a sickness
   covered by a Workers' Compensation Act or similar law.
5. Drugs available without a prescription.
6. Vitamins, nutritional supplements, or special diets.
7. Comfort or convenience services and supplies.
8. 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).
9. Confinement, treatment, or services for educational or training problems, learning
   disorders, or social counseling.
10. Custodial care.
11. 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.
12. Weekend Admission charges.
13. Confinement, treatment, or services that are provided for the following, except as
    described in the section devoted to the specific treatment:
    a. Chiropractic Service.
    b. Custodial Care.
    c. Dental Services.
    d. Mental/Nervous, Chemical Dependency and Alcoholism.
    e. Human Organ and Tissue Transplants.
    f. Prescription Drug Program
    g. Vision Services
14. Weight loss and smoking cessation treatments or programs.
IX. 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 Facility (Trustee Approved) when you are no longer eligible under the Jesuit Health Trust, your benefits will continue until your confinement ends or the approved benefit period ends, 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** or **Dental Treatment** 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.

**Weekend Admission** refers to 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 or the day after the date of admission; or
3. medical treatment, requiring Hospital confinement, is scheduled for the day of admission or the next day.
IX. DESCRIPTION OF SERVICES (CONT)

B. CHIROPRACTIC SERVICES

The Jesuit Health Trust will reimburse you 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. CONVALESCENT NURSING HOME SERVICES FOLLOWING HOSPITALIZATION

The Jesuit Health Trust will reimburse 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 Jesuit Health 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 one day 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 for Medically Necessary Care.
2. Non-prescription and vision materials.
3. Vitamins, nutritional supplements, or special diets.
4. Comfort or convenience services and supplies.
5. Custodial care.
IX. DESCRIPTION OF SERVICES (CONT)

C. 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.

D. 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 provided solely to assist a person in daily living, e.g., meals, personal grooming and social activities.

The Jesuit Health Trust does not reimburse 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.
IX. DESCRIPTION OF SERVICES (CONT)

E. DENTAL SERVICES

The Jesuit Health Trust will reimburse you 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 for which the charges count as covered dental charges.
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 Covered Person, 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.
15. Dental implants.

Refer under General Medical Services for Dental Services in connection with an accident.

Dental Services Not Covered

1. Orthodontia, except in connection with TMJ Services.

Important: When charges for Dental Treatment (other than emergency treatment) are expected to exceed $200, the Jesuit Health Trust expects your Dentist to file a Dental Treatment Plan with Us before treatment begins. A form is available for this purpose. Upon receipt of the Dental Treatment Plan, We will indicate the amount payable for the proposed treatment and return the form to the attending Dentist.
IX. DESCRIPTION OF SERVICES (CONT)

E. DENTAL SERVICES (CONT)

Definitions under Dental Services

_Dental Services_ or _Dental Treatment_ 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 the 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.

F. HEARING SERVICES

The Jesuit Health Trust will reimburse you for Medically Necessary Care associated with your hearing.

Services Not Covered

1. The purchase of Hearing aids and associated services.
IX. DESCRIPTION OF SERVICES (CONT)

G. HOME HEALTH CARE SERVICES

The Jesuit Health 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 Care.

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.

*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.
IX. DESCRIPTION OF SERVICES (CONT)

Definitions under Home Health Care Services (Cont)

*Home Health Care Agency* is an Provider that furnishes Home Health Care 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 and Accreditation of Hospitals.

but not including any institution, or part thereof, that is used primarily as a clinic, Convalescent Nursing 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 a member of the Home Health Care team and the patient.
H. Hospice Care

The Jesuit Health Trust will pay for services provided by a Hospice, Hospice Care Team, Hospital, Home Health Care Agency, or skilled nursing facility when:

1. a Covered 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 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 $60 for any one day of Hospice Care; or
2. exceed $4,000 for any one Hospice Care Episode; or
3. exceed six months for all Hospice benefits due to the same or a related injury or sickness; or
4. are for Hospice Care services not approved by the attending Physician; or
5. are for transportation services; or
6. are for custodial care (services or supplies provided to assist a person in daily living, e.g., meals and personal grooming); or
7. 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 Covered 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 Covered Member.

Hospice Charges Not Covered

1. Confinement, treatment, or service that is not for Medically Necessary Care.
IX. DESCRIPTION OF SERVICES (CONT)

H. 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, 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.

_Hospice Care Team_ means a group that provides coordinated Hospice Care services and normally includes:

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

I. HUMAN ORGAN OR TISSUE TRANSPLANT SERVICES

The Jesuit Health Trust will pay for up to $100,000 of the cost for Human Organ or Tissue Transplant Services in a Member's lifetime.

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 Covered 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 a wheelchair, Hospital-type bed 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.

Important: Coverage is limited to the following Covered Human Organ Tissue Transplant Procedures:

2. Cornea 7. Bone Marrow
3. Heart 8. Liver
5. Lung

Coverage is limited to a $100,000 Lifetime Maximum Benefit for all transplants for a Member.

Human Organ and Tissue Transplant Charges Not Covered

2. Implantation within the human body of artificial or mechanical devices designed to replace human organs.
IX. DESCRIPTION OF SERVICES (CONT)

J. MENTAL/NERVOUS, CHEMICAL DEPENDENCY AND ALCOHOLISM SERVICES

The Jesuit Health Trust will reimburse for services due to Mental or Nervous, Chemical Dependency and Alcoholism conditions. Benefits are limited to $75,000 during a Member's lifetime—$50,000 paid at 100% and the next $50,000 at 50%.

Medical Services Covered

1. Hospital services.
2. Services of a Physician, certified social worker, licensed Psychologist or other practitioner of the healing arts approved by the Administrator.
3. The services of a graduate registered nurse.
4. The services of a licensed physiotherapist.
5. Drugs and medicines available only by a Physician's prescription and not covered under the Prescription Drug Program. (Drugs and Medicines available over the counter are not covered).
6. X-ray and laboratory examinations.
7. Transportation by ambulance provided by a Hospital or a licensed service to and from the local Hospital (or to and from the nearest Hospital equipment to furnish needed treatment not available in a local Hospital).
8. The Charges in a Special Facility for the treatment of mental or nervous, chemical dependency and alcoholism conditions. If the Special Facility is not licensed by the State, the province must contact the Administrator to obtain approval.

Services Not Covered

1. Confinement, treatment or services that is 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 terminates, payment of your bills will continue until your confinement ends, the approved benefit period expires, or the maximum benefit is reached, whichever is first to occur.
J. MENTAL/NERVOUS, CHEMICAL DEPENDENCY AND ALCOHOLISM SERVICES

Definitions under Mental/Nervous, etc.

*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 Nursing 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.

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

*Special Facility* means a place where treatment is given specifically for the treatment of mental or nervous, chemical dependency, alcoholism or other dependent conditions.

K. PODIATRY SERVICES

The Jesuit Health Trust will reimburse for the following services:

1. Open cutting operations on the feet.
3. Necessary services in the treatment of metabolic or peripheral-vascular disease, or diabetes.

*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.
L. Prescription Drug Program Services

The Prescription Drug Program is part of the total medical program provided by the Jesuit Health Trust. 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 and the absence of dispensing and administrative fees. A separate brochure describes the program in 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 can get an initial fill and two refills at a retail pharmacy. After that, you must use the mail service.
2. Your Religious Institute's experience will be charged for the discounted cost of the drug.
3. You can get non-covered drugs and medicine purchased beyond the 2-refill limit by paying the full price with the appropriate discount. The Jesuit Health 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. There is no restriction to the number of refills (except for federal limitations on controlled substances).
2. The discounted cost of the drug will be significantly less than at retail due to deeper discounts and no fees.
3. You can get non-covered drugs by paying their full discounted price. The Jesuit Health Trust will not reimburse for this expense.
IX. DESCRIPTION OF SERVICES (CONT)

L. PRESCRIPTION DRUG PROGRAM 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. Nutritional supplements
3. Anti-obesity drugs
4. Growth hormones
5. Hair growth stimulants
6. Drugs to treat impotency
7. Smoking deterrents
8. Anti-wrinkle drugs
9. Other lifestyle-only drugs

Special Situations

Missionaries and others traveling abroad can obtain up to a year’s supply of drugs through the mail service. Call the Trust’s Customer Service Number (800-807-0500) several weeks ahead of departure for instructions. Pharmacies cannot ship drugs outside the United States.

M. ROUTINE PHYSICAL EXAMINATIONS AND IMMUNIZATIONS

The Jesuit Health Trust will reimburse for routine examinations, immunizations and inoculations given as preventative measures against disease.
IX. DESCRIPTION OF SERVICES (CONT)

N. SPEECH THERAPY SERVICES

The Jesuit Health Trust will reimburse you for restoratory or rehabilitory 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.

O. VISION SERVICES

The Jesuit Health Trust will reimburse you 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.
4. One routine eye examination per calendar year.

Services Not Covered

1. Glasses and/or lenses for disorders of refraction and accommodation.
2. Other procedures to correct disorders of refraction and accommodation, such as radial keratotomy.
X. **INTEGRATION WITH OTHER VALID COVERAGE**

**COORDINATION WITH OTHER BENEFIT PROGRAMS**

If you have any other insurance, blanket prepayment, franchise-group, governmental program (including Medicare), no-fault auto, or any other benefit that may be applicable, the Jesuit Health Trust will consider whether that coverage precedes reimbursement from the Trust. Reimbursements 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 before the Jesuit Health Trust.

**SUBROGATION**

If you receive benefits from the Jesuit Health 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 TRUST**

**Exchange of Information:** If you claim benefits under this Program, 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 under this Program. In such instances, the Trust will be required to pay only according to its own limits.

**Right of Recovery:** If benefits under this Program 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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