

The Orthodox Health Plan provides benefits for the clergy and lay employees of:

- The Serbian Orthodox Church of the United States
- The Greek Orthodox Archdiocese of America
- The Antiochian Orthodox Christian Archdiocese
- The Orthodox Church in America
- The Diocese of The Armenian Church

By joining this large group we are able to secure equal or greater benefits than our previous plan, with lower, more stable premiums.

Medical and Dental Benefits are provided by Aetna, Inc. Both the Medical and Dental Plan coverages are PPOs (Preferred Provider Plan), allowing members to use any provider of their choice, with higher reimbursement for using providers who are members of the appropriate networks.

Both the Medical Network and Dental networks are Aetna Networks. The Retiree Medical Plan benefits are provided by Monumental General for Medical coverage and Express Scripts for prescription drugs. Retiree medical coverage is only available to those age 65 and older with Medicare as their primary coverage.

ENROLLMENT is open to all clergy and (at least half-time) employees of any parish or institution of the Orthodox Church in America. Under the Guidelines for Clergy Compensation parishes are required to provide healthcare to their priests and their dependants with recognized plans with equal or better coverages. A major advantage of this plan is that they accept pre-existing conditions, with no waiting periods, in most cases.

Enrollment and other general administration questions should be directed to Fr. Eric G. Tosi, Secretary of the Orthodox Church in America.

PREMIUMS with the new plan are now the same for all participants and no longer based on zip code. The monthly premium for a single person is \$785 and \$1656 for a family.

If you are interested in joining any of the Clergy Health Care Plans, please contact Orthodox Health Plans to provide you with and the appropriate application form(s). The more members we have in the group, the more affordable the coverage stays for all members.

In order to keep monthly premiums as low as possible, we have selected a plan that includes a deductible and coinsurance. If you are not familiar with these terms, here is a brief explanation.

- A **deductible** is a pre-determined dollar amount that is the responsibility of the member. The insurance company's responsibility begins after the member pays their deductible.
- **Coinsurance** refers to a sharing of costs between the member and the insurance company.

The annual member deductible is now only \$300 for single coverage and only \$600 for family coverage (in-network). It is important to note that most services are covered without being subject to this deductible. The deductible applies to services such as:

- A hospital admission
- Outpatient surgery
- An inpatient stay at a Skilled Nursing Facility
- Home Health Care
- Inpatient Hospice Care

Some services are also subject to Coinsurance, meaning that the member is responsible for 10% of charges. However, ***the maximum out-of-pocket exposure for our members, including the deductible is \$3,000 for a member with single coverage and \$6,000 for someone with family coverage.***

It's important to remember that in a typical year, many people will not utilize any of the services that are subject to the deductible and coinsurance. It is also important to remember that once the full deductible has been paid, there is no further obligation to pay a deductible for that benefit year. Likewise if a member incurs the out-of-pocket maximum, then the plan pays at 100% for any other services that would have been subject to the deductible or coinsurance.

PLEASE NOTE: STATE REGULATIONS IN NEW YORK AND CALIFORNIA DO NOT PERMIT DEDUCTIBLES FOR IN-NETWORK SERVICES. ALSO, NEW YORK MEMBERS ARE NOT SUBJECT TO INPATIENT COINSURANCE.

SPECIFIC HEALTH CARE COVERAGE/BENEFIT INFORMATION QUESTIONS SHOULD BE DIRECTED TO THE CUSTOMER SERVICE CENTER OF THE PERTINENT PLAN LISTED BELOW.

GENERAL MEDICAL



The current group health care provider is **Aetna** and be accessed online at www.aetna.com. Our Plan is the **PPO plan**. The Summary of Plan Benefits can also be accessed on their website once you register there or by downloading this [Member Benefits pdf file](#).

IN-NETWORK: DOCTOR VISIT COPAYS: \$25.00

In addition to web access of your coverage and medical reference materials, included in our plan are the following programs and added benefits:

24-Hour Nurse Line
Informed Health® Line
Discount Programs
Alternative Health Care Discounts
Fitness Discounts
Hearing Discounts
Oral Health Care Discounts
Vision Discounts
Pregnancy/Maternity Management Program*
Pregnancy Risk Survey
Women's Health
Breast Health Survey
Women's Health Asthma
Caring for Asthma
Diabetes
Caring for Diabetes
Heart/Vascular
Caring for Congestive Heart Failure
Caring for Coronary Artery Disease

**(Editor's note: Although this plan offers great pregnancy coverage, pregnant members are encouraged to check with their local state maternity medicaid coverage to help defray hospital stay co-pays and reduce/eliminate out-of-pocket expenses. Most states offer coverage to pay whatever the insurance does not. Family income guidelines apply.)*

DENTAL



Our current group dental provider is [Aetna](#). Our Plan is a PPO plan with a deductible of \$50 for single insureds and \$150 for families. The new plan has increased coverage, now providing \$1,500 worth of services.

The Summary of Plan Benefits can also be accessed [here](#).

VISION



The **Vision One Discount Program** is available to Aetna U.S. Healthcare® members through Cole Vision® at no additional cost. This program may help you and your family save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories. Now, Vision One also offers a discount on the laser vision correction procedure called Lasik (Laser In-SituKeratomileusis).

Through Vision One, You Have Access to:

- Savings on prescription and nonprescription eye care items
- A wide selection of designer frames and brand-name contact lenses
- A discount program for the whole family
- Thousands of locations nationwide
- Unlimited use of the program with no maximums
- Evening and weekend hours
- PLUS ...
 - No referrals
 - No claims forms
 - Immediate discounts
 - No waiting for reimbursement
 - Major credit cards accepted
- New — A 15 percent discount off the provider's usual charge for Lasik corrective surgery

The Vision One program (except Lasik surgery) is available at many optical centers nationwide — including Sears, JCPenney, Target, participating Pearle Vision centers and others — as well as through selected independent optometrist and ophthalmologist offices.

To find the Location Nearest You Call 1-800-793-8616 to access the automated locator 24 hours a day, 7 days a week. Representatives are also available weekdays

from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET. Or go to the [Aetna U.S. Healthcare website](#) and click on DocFind®, then select Vision One.