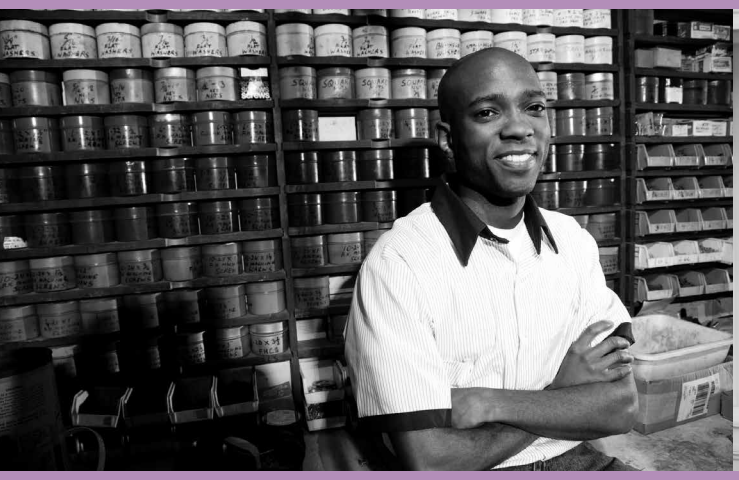
Church Health

MEMPHIS Plan



ENROLLMENT INFORMATION

Church Health seeks to reclaim the Church's
biblical commitment to care for our bodies and our spirits.

Welcome to the MEMPHIS Plan, a program of health services provided by Church Health. The MEMPHIS Plan is not health insurance - it is a health plan based on a network of volunteer physicians, laboratories and hospitals. You and any covered dependents will be provided primary healthcare and limited hospital benefits for each month that fees are paid.

PRIMARY CARE BENEFITS

When you are enrolled on the MEMPHIS Plan, you are assigned to a primary care physician. Your enrollment package will tell you who your physician is and the phone number of the office. Please call your assigned physician to determine how to become a new patient.

Covered Services:

- **Preventive Health Services:**

  Your primary care physician will determine the need for and frequency of routine exams, vision and hearing screenings and immunizations. Children may be referred for immunizations to the Memphis and Shelby County Health Department.

- **Sick Care:**

  Office visits to your primary care physician are covered including diagnostic testing, laboratory services and x-rays (There is a $5 co-pay due at the time of each office visit to your MEMPHIS Plan physician. Most diagnostic testing, laboratory services and x-rays are covered by this co-pay.)

- **Subspecialty Services:**

  You must first see your primary care physician for any condition or illness. Referrals to subspecialists are made through the Church Health referral office at the recommendation of your assigned physician. We have participating physicians in most subspecialty fields. When possible, subspecialty care will be provided for a $5 co-pay.

- **Dental Services:**

  Routine dental services at Church Health Dental Clinic are covered. Charges for these services vary and are based on a sliding scale according to your family size and income.

- **Pharmaceutical Discounts:**

  All MEMPHIS Plan participants will receive a prescription discount card. By presenting the card at designated pharmacies, you will receive discounts on a variety of drugs.

All benefits end at the end of the month you leave the MEMPHIS Plan for whatever reason.

Non-Covered Services:

- **Church Health:**

  While Church Health services are not covered by the fee you pay for the MEMPHIS Plan, participants can access on-site programs at Church Health. These services include Walk-in Clinic, optometry and pastoral counseling. To access any of the Church Health services, you must call 901.272.0003 and identify yourself as a MEMPHIS Plan patient. Charges for these services vary and are based upon a sliding scale according to your family size and income. You will be asked to verify your income when receiving these services.

Obstetrical Care:

Pregnancies are not covered under the MEMPHIS Plan. If you are pregnant, call the MEMPHIS Plan office to learn about your options.

- **Pre-Existing Conditions:**

  The MEMPHIS Plan defines a "pre-existing condition" as any medical condition for which you have received treatment in the two years prior to enrolling. In order for the MEMPHIS Plan to determine if you have a disqualifying pre-existing condition, you must complete the medical history section of the Employee Enrollment Application.

LIMITED HOSPITAL BENEFITS

Your MEMPHIS Plan patient ID card tells you which hospital you can go to for emergency room, in-patient and surgical services.

All hospitalizations, including emergency room visits, must be through your assigned hospital. Only participating MEMPHIS Plan physicians at your assigned hospital may approve admissions and inpatient surgeries. Only those services deemed medically necessary by the MEMPHIS Plan office and the admitting MEMPHIS Plan physician will be provided. Surgical, pharmaceutical, anesthesiological, diagnostic services and room and board are provided for approved cases. **Charges may be incurred by the patient if services are not completely donated by the MEMPHIS Plan physician or facility.**

Covered Services:

- Emergency room care due to an accident or sudden onset of a serious medical condition.
- Surgical care, including the general care and treatment of illness or injury, operative or cutting procedures, the reduction of fractures or dislocations, and endoscopic and other diagnostic procedures whenever such care is rendered.
- Semi-private room and board or room in a special unit if necessary.
- Hospital ancillaries including operating and treatment rooms, prescribed drugs, whole blood, blood-processing services given by a hospital employee, medical and surgical dressings and supplies, anesthesiology, radiology, physical therapy and diagnostic services.
- Physician visits during inpatient care as needed.
- Concurrent care for unrelated conditions.
- Consulting physician care when services are rendered by a MEMPHIS Plan volunteer physician.

There is no deductible for hospitalization services. If your MEMPHIS Plan physician has determined that hospitalization and/or surgery is necessary, contact the MEMPHIS Plan office at 901.272.7526.

All benefits end the month you leave the MEMPHIS Plan for whatever reason.

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Non-Covered Services:

- Any services or treatment provided by physicians not volunteering for the MEMPHIS Plan.
- Hospital or surgical services not approved by the MEMPHIS Plan office and the volunteer MEMPHIS Plan physicians at your assigned hospital, prior to your admission.
- Hospital or surgical services performed at any other hospital or by any other entity other than the assigned physician group and hospital on your MEMPHIS Plan ID card.
- Hospital or surgical services primarily for observation, evaluation, diagnostic services, physical therapy, rehabilitation, custodial care or cosmetic purposes.
- Ambulance services are not covered under The MEMPHIS Plan.
- Organ transplants.
- Plastic surgery, unless it is indicated due to traumatic injury or postsurgical deformity occurring after the patient's effective date.
- Rental or purchase of prosthetic appliances, medical equipment, pacemakers, electrodes, diabetic supplies, personal hygiene or convenience items.
- All hospital or surgical services that are considered experimental or that do not constitute accepted medical practice.
- Care for injuries sustained in an attempted suicide or injuries that are self-inflicted.
- Elective abortions, reversals of sterilizations, artificial insemination, infertility services, transsexual treatment, or sexual dysfunctions.
- Treatment of obesity or weight reduction, occupational therapy, milieu therapy, speech therapy, adjunctive therapy or any therapy not listed as covered.
- Nonmedical conditions related to autistic disease and mental retardation, conditions related to hyperkinetic syndromes, learning disabilities, behavioral problems, psychiatric visits, or hospitalization to control or change the patient's environment.
- Hospital or surgical services for alcohol or drug abuse (including toxic substances), detoxification and rehabilitation, or for any illness caused by, arising from or relating to alcohol use or drug abuse.
- Treatment of injuries or health-related conditions in which third-party insurance coverage is available.
- Treatment of injuries or sickness arising in the course of employment if whole or partial compensation is available under the laws of any governmental unit (Worker's Compensation).
- Treatment of injuries or sickness as a result of any act of war, declared or undeclared.
- Treatment of injuries resulting from involvement or participation in a felony or an illegal activity, including a riot or act of civil disobedience.
- Treatment provided by a member of your family or your covered dependent's immediate family.
- Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, bunions (except capsular or bone surgery), calluses, toenails and related conditions.
- Any other hospital or surgical services not meeting the criteria previously described under Covered Services.