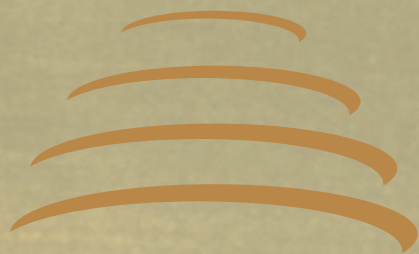


*Senior Service
Medical Plan
Handbook*



DESERET MUTUAL
BENEFIT ADMINISTRATORS

Senior Service Medical Plan

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Senior Service Medical Plan

Welcome to the Senior Service Medical Plan

We encourage you to become familiar with your Senior Service Medical Plan handbook so you can use the provided benefits wisely.

The Senior Service Medical Plan (SSMP) is sponsored by the Corporation of the President of The Church of Jesus Christ of Latter-day Saints (COP) and administered by Deseret Mutual Benefit Administrators (Deseret Mutual). It was created to provide affordable medical coverage to eligible full-time senior missionaries and humanitarian service volunteers of The Church of Jesus Christ of Latter-day Saints and its affiliated organizations.

Church policy states that all full-time senior missionaries and volunteers are “responsible for their own health-care expenses and must have adequate health coverage for their mission assignments.” The SSMP was created for those who do not have access to medical coverage because of their assignments away from home. Enrollment in the SSMP meets the Church’s requirement of having adequate health coverage. For more information about what adequate health coverage is, contact Deseret Mutual or the Church. If you have or are eligible for other adequate health coverage during your service period, you aren’t eligible to enroll in the SSMP.

Coverage is designed for generally healthy full-time senior missionaries/volunteers who suffer short-term illnesses or injuries while serving. To be eligible to serve as a senior missionary/volunteer, you must meet certain health criteria. The plan is not intended to provide long-term care for medical conditions and is only effective during your service period and shortly thereafter.

The plan allows full-time senior missionaries/volunteers to share the risk of large health-care expenses by each paying a minimum monthly premium. Your participation in this plan helps other full-time senior missionaries/volunteers be able to serve. The more missionaries/volunteers that participate in the plan, the lower the premium will be because of cost sharing.

Wise choices in consuming medical care help keep premiums low for you and all full-time senior missionaries/volunteers on the plan because the premiums are based on the actual medical expenses of all of the missionaries/volunteers participating in the plan.

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Major Plan Provisions

To help you understand the SSMP, here is a summary of the plan:

- You must meet a deductible before medical benefits begin. You pay the initial expenses up to the designated deductible amount. This deductible is based on your initial length of call. The deductible is included in the plan to help keep your premium rates low. For more information on your medical deductible, see page 14.
- After you meet the medical deductible, the plan covers 80% for most services. You are responsible for the remaining 20%.
- You must pay a \$20 copayment for medical services such as office visits, physical therapy, chiropractic therapy, and outpatient mental health therapy. You must pay a \$30 copayment for urgent care. For hospital emergency room services, you pay a \$75 copayment plus your coinsurance amount of 20%.
- To be eligible for benefits and to avoid having to pay more out of your own pocket, you must preauthorize some services with Deseret Mutual. For more information, see page 33 or review the *Summary of Benefits* on page 55.
- The plan includes a maximum out-of-pocket expense limit or catastrophe protection benefit. This protects you from having to pay excessively large amounts if you have a significant illness or injury. For more information on catastrophe protection limits, see page 15.
- The plan includes a prescription medication benefit. Medications can be bought through retail and mail-order pharmacies. The benefits cover generic medications at 65% for retail and 75% for mail-order pharmacy. You are responsible for the balance. For brand-name medications, the plan pays 50%. For information on available prescription benefits, see pages 25 to 30. For those who are serving outside of the United States and who are Medicare eligible, the SSMP meets federal standards for prescription coverage under Medicare Part D.
- The plan includes an individual maximum prescription benefit based on your initial length of call. When you reach the maximum prescription benefit, you may still buy prescription medications through network mail-order or retail pharmacies at a

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discount. But you will be responsible to pay 100% of the costs. For more information about the prescription benefit maximums, see pages 25 to 30.

- Some preventive benefits are available to those who are in the Extended Service coverage group (see page 37) and to eligible dependent children (see page 39). These benefits do not apply to others on the plan.
- The plan includes a \$1 million maximum benefit per person per lifetime.
- For a brief outline of services, see the *Summary of Benefits (Coverage During Mission)* on pages 55 to 56.
- If you buy post-mission transitional coverage, the plan covers 70% for most services from non-network providers. You are responsible for the remaining 30%. If you choose network providers, your benefit will increase to cover 80% of the services and you are responsible for the remaining 20%. You must preauthorize all post-mission services. For information on post-mission coverage eligibility, see page 14.
- For a brief outline of post-mission services, see the *Summary of Benefits (Post-mission Transitional Coverage)* on pages 57 to 58.
- **For Treatment Outside of the United States:** Deseret Mutual does not have a network of contracted doctors outside of the United States. But when you receive treatment, Deseret Mutual will pay benefits as though your provider were contracted.
- **For Treatment Inside of the United States:** If you return to the United States for treatment and are still covered by the SSMP, Deseret Mutual has contracted with a large team of medical professionals and facilities to help you. When you receive care from these network providers, you save money because they provide care at substantial discounts. Also, they do not bill for amounts that would exceed Deseret Mutual's maximum allowable limits.
- For treatment in the United States, we encourage you to use contracted provider organizations. During post-mission transitional coverage, you can improve your benefits by using these providers. For information about contracted network providers, visit www.dmba.com/ssmp or call Deseret Mutual at 1-800-777-1647.

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How to Contact Us

If you have questions or need more information, please contact us:

Salt Lake City area	801-578-5650
International calls	801-578-5650
Toll free	1-800-777-1647
Website	www.dmba.com/ssmp
Email	srmiss@dmba.com
Address	Senior Service Medical Plan P.O. Box 45730 Salt Lake City, Utah 84145-0730

If during an emergency you are unable to reach Deseret Mutual at the above telephone numbers, you may contact us through the Church operators at 801-240-1000, or inside the United States at 1-800-453-3860, extension 1000.

Using the Senior Service Medical Plan

To help you to have the best mission possible, we want to provide you with affordable health-care coverage for the medical needs that may arise while you serve. With Deseret Mutual as your partner, you can make a difference in your health-care costs while you serve by remembering the following five points:

1. Keep yourself healthy through exercise, diet, and wise lifestyle decisions.
2. Use available resources to assess your medical problems and needs.
3. When you need medical care, use appropriate providers.
4. Preauthorize services when required by the plan.
5. When possible, buy generic prescription medications from network pharmacies.

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Here is more information to help you understand the importance of these five points:

1. *Keep yourself healthy through exercise, diet, and wise lifestyle decisions*

Studies show that when you properly care for yourself with a healthy diet and regular exercise, you can prevent illnesses and injuries. You should also learn to recognize your personal health risks and pay attention to your body.

If you currently have a medical condition, we recommend that you follow your doctor's direction to treat that condition (such as exercising for weight problems, taking prescribed medication, or following other prevention guidelines).

If you are called to serve in an area where health standards are not the same as what you're used to, be sure to follow sanitary guidelines to reduce exposure to diseases. This may include washing food, abstaining from certain foods, drinking purified water, etc.

2. *Use available resources to assess your medical problems and needs*

If you get sick or injured while serving, use available resources to help you make an objective assessment of your medical needs. We have a reference guide for treating illnesses and injuries you may experience while serving. To access this information online, go to www.dmba.com/ssmp and click on the Healthwise icon.

Other medical resources include your area medical advisor (AMA) or mission doctor. We can also help you identify other resources to help you with your medical needs.

When you need professional medical help, we want to help you save money. To do this, you must be actively involved in your own health-care decisions. For example, make sure you write down your medical problems so you can provide complete information when you visit the doctor. Also, identify questions you need to ask your doctor so you can choose the best course of action for treatment.

3. *When you need medical care, use appropriate providers*

Outside of the United States

Deseret Mutual does not have a network of contracted providers outside of the United States. But when you receive services, Deseret Mutual will pay benefits as though the provider were contracted. That means you will receive the highest benefit percentage available.

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However, we encourage you to receive services from doctors and facilities that will provide competent and appropriate care. If you need help identifying competent medical professionals and facilities, contact your area medical advisor (AMA), mission doctor, or mission president, or seek a referral from other appropriate local contacts.

Inside of the United States

If you return to the United States for treatment and are still covered by the SSMP, we encourage you to use contracted network providers to reduce your costs. Network providers agree to never charge you more than Deseret Mutual's maximum allowable limit.

This means you will be financially protected when you receive care from network providers. That's because network providers will accept what you pay (your copayments and coinsurance) and what Deseret Mutual pays as payment in full. However, if you use a non-network provider, you will be expected to pay the additional amount between our maximum allowable amount and the amount that the provider bills.

If you are in an area within the United States where there are no network providers, contact Deseret Mutual before receiving major medical services. We may be able to negotiate discounts for high-cost expenses.

4. Preauthorize services when required by the plan

Deseret Mutual requires preauthorization for some services to help make sure that you receive appropriate medical care at the right place, at the right price, and at the right time. These services are typically medically significant and can generate significant expenses for you and the plan. If you do not preauthorize, you may be responsible for the first \$200 of costs or your benefits may be denied.

Outside of the United States

Although you are serving outside of the United States and may have difficulty in communicating with Deseret Mutual, we still require that you preauthorize some services. Please be aware of which services require preauthorization and make sure you follow the guidelines. If you do not preauthorize, you may be responsible for the first \$200 of costs or you may be responsible for all charges.

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Inside of the United States

Please be aware of which services require preauthorization and make sure you follow the guidelines. If you do not preauthorize, you may be responsible for the first \$200 of costs or your benefits may be denied. This includes preauthorization of services received during post-mission transitional coverage. For information about which services require preauthorization, see page 33.

5. *When possible, buy generic prescription medications from network pharmacies*

Prescription medications can be expensive. Using generic prescription medications will reduce your expenses. Generic prescriptions cost less, but have the same active ingredients and are manufactured according to the same strict federal regulations as brand-name prescriptions.

Prescription medications bought outside of the United States will be covered if the same drug is approved by the FDA and obtainable only with a physician's prescription when bought in the United States.

For further information about your prescription benefit, go to www.dmba.com/ssmp or see pages 25 through 30 of this handbook.

Eligibility

To be an eligible member of the SSMP, you must:

- be serving in a full-time missionary or other unpaid volunteer capacity for the Church
- be called for a predetermined length of time with a minimum call of six months
- be living away from your home
- not be eligible for other coverage that would meet our definition of adequate coverage, such as Medicare
- be sponsored by a Sponsoring Organization of the Church
- missionaries who are younger than 40 while serving for The Church of Jesus Christ of Latter-day Saints or its affiliated organizations are not eligible for this plan

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Maintaining Other Coverage

If you are or will become eligible for Medicare while serving outside of the United States, you may be able to disenroll from Medicare Part B and re-enroll when you return without incurring a penalty (see *Medicare During My Mission* on page 8).

If you would be penalized for disenrolling from government-sponsored, employer-sponsored, or other coverage, then you should keep your present coverage while covered by the SSMP. Ask these questions of your coverage provider to help determine if you should maintain your other coverage:

1. Will I have adequate coverage where I am called to serve?
2. Will disenrolling adversely affect my ability to continue that coverage later?
3. If I disenroll from my coverage before my mission, can I re-enroll when I return without any penalties, delays in coverage, pre-existing condition limitations, or underwriting restrictions?

After your coverage with Deseret Mutual ends, we will send you a *Certificate of Creditable Coverage*. When you return, provide this certificate to your new insurer. It should reduce or eliminate the time period that you are subject to pre-existing condition exclusions.

Please be aware that the *Certificate of Creditable Coverage* does not guarantee access to coverage or protect you from additional underwriting requirements. Also, your new plan will not honor the certificate if your coverage through the SSMP ended more than 63 days before the new plan's coverage begins.

If you are eligible for Medicare, we will send you a *Notice of Creditable Coverage* along with the *Certificate of Creditable Coverage*. Because the SSMP meets federal standards for prescription coverage under Medicare Part D, the *Notice of Creditable Coverage* will help you get Medicare prescription drug coverage without delayed enrollment or premium increase penalties.

Medicare During My Mission

Outside of the United States

- **Part A (hospital coverage)** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, some home health care, and hospice care. Generally, you are

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automatically enrolled in Part A when you begin to receive Social Security benefits. You should maintain Part A while serving. If you turn 65 while serving and already receive benefits from Social Security, your enrollment in Part A will be automatic. If you turn 65 while serving and don't already receive Social Security benefits, you must call Medicare at 1-800-772-1213 inside of the United States or 410-965-9398 outside of the United States. To avoid any gaps in coverage, you should enroll in Part A as soon as you're eligible.

- **Part B (medical coverage)** helps pay for doctors' services, outpatient hospital services, durable medical equipment, some home health care, and many other services that are not covered by Part A.

Part B does not provide benefits outside of the United States. Accordingly, a new law allows you to disenroll during your foreign service and re-enroll when you return. Similarly, if you become eligible for Part B during your mission, you may defer your enrollment until you return. In either case, you avoid the unnecessary premium expense. And, when you enroll in Medicare after your service ends, you aren't subject to any increased premium penalties or waiting periods that could result in a gap in your coverage.

The decision to disenroll or defer your enrollment in Part B is strictly up to you and will depend upon your individual circumstances. In some cases, even though you're covered by the SSMP or other coverage, you may still need to maintain Medicare Part B coverage.

To review if you are able to disenroll or defer enrollment in Part B, or to find out the process of disenrollment and re-enrollment, contact Deseret Mutual or go to www.dmba.com/ssmp.

If you turn 65 while serving and need to enroll in Medicare Part B, you can apply by contacting the nearest U.S. embassy or consulate. You should begin this process at least six months before your 65th birthday. If you are required to enroll in Medicare and do not do so at the proper time, you may find yourself without Medicare coverage for up to 15 months after you return to the United States. You may also be charged a Medicare premium penalty.

Because the SSMP is not designed to replace your Medicare coverage, it will end on the last day of the month that you are released.

- **Part D (prescription drug coverage)** helps pay for prescription medications through Medicare-approved prescription drug plans (PDPs).

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To qualify for Part D coverage, you must maintain a legal residence in the United States. Whether you can continue your Part D coverage while you serve depends on how your Part D provider interprets this legal residence requirement.

If you continue Part D coverage, you'll probably need someone to forward your prescriptions to you in the mission field, since they will be mailed to your U.S. address. Please note that Deseret Mutual does not pay secondary to your Part D coverage.

If you discontinue Part D, you may re-enroll when you return home if you provide evidence that you've been outside of the United States or have had non-Medicare creditable prescription drug coverage (such as SSMP coverage). In any case, you should carefully consider whether dropping your Part D coverage and re-enrolling later will result in any gaps in coverage or other problems.

Inside of the United States

Medicare plays an important part in medical coverage while you are serving inside of the United States. The SSMP is not designed to supplement your Medicare coverage. When you become eligible, you should enroll in Medicare. If not, you may be left without adequate coverage and be penalized with premium increases.

Keep in mind that Medicare typically becomes effective the first day of the month that you turn 65. Therefore, your coverage by the SSMP will end on the last day of the month before you turn 65.

- **Part A (hospital coverage)** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, some home health care, and hospice care. Generally, you are automatically enrolled in Part A when you begin to receive Social Security benefits. You should maintain Part A while serving.
- **Part B (medical coverage)** helps pay for doctors' services, outpatient hospital services, durable medical equipment, some home health care, and many other services that are not covered by Part A.

You should apply to enroll in Part B approximately three months before you turn 65. You can enroll in Part B by contacting the nearest Social Security Administration office.

- **Part D (prescription drug coverage)** helps pay for prescription medications through Medicare-approved prescription drug plans (PDPs).

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Because the Senior Service Medical Plan is not intended to be your Medicare-approved prescription drug coverage, you must enroll in a Medicare-approved drug plan when you turn 65. If you fail to enroll when you are eligible, you will only have an opportunity to enroll every year from November 15 to December 31. Also, you will pay more to enroll in a prescription drug plan later.

If you go for 63 days or longer without prescription drug coverage that is at least as comprehensive as Medicare's, your monthly premiums will increase at least 1% per month for every month that you did not have that coverage. For example, if you go for 19 months without coverage, your premium will be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage.

Please be aware that you cannot be enrolled in more than one Medicare-approved prescription drug plan. So if you have an employer-sponsored retiree plan with prescription drug coverage and you buy another plan, you will most likely lose your employer-sponsored coverage.

Medicare Advantage Plans (Medicare Part C)

When you enroll in Medicare, you may want to consider a Medicare Advantage plan. A Medicare Advantage plan combines Medicare Parts A, B, and D under one coverage umbrella. These advantage plans are typically region-based, so if you are covered in one area you may not be covered in another area. For example, Kaiser Permanente provides coverage in California, but will not provide coverage in Montana.

Whatever you choose, we encourage you to consider the options available for you that will provide appropriate benefits and cover you in your area of service as well as your permanent home.

Coordination of Benefits

When you qualify for SSMP coverage, it is usually the primary payor. Nevertheless, Deseret Mutual may coordinate benefits based on established primary and secondary payor rules when your medical coverage will provide benefits for services (such as when you visit the U.S. for medical treatment and then return to your mission). In this example, the SSMP will likely coordinate benefits with your other plan.

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Coordination of benefits combines the benefits of two or more medical plans. However, the total benefit will not exceed Deseret Mutual's maximum allowable limits. Therefore, you may still be responsible for some expenses.

Coverage Periods

Your coverage begins at 12:01 a.m. on the day you begin your service. This includes the day you travel to your assigned area of service, or the day you enter the Missionary Training Center, whichever comes first.

The SSMP is intended to provide benefits for short-term illnesses and accidents during your period of service and is not intended to replace government, retiree, or employer-sponsored coverage. Coverage ends at midnight upon:

- The last day of the month in which your service ends
- The last day of the month before the month you become eligible for other adequate coverage
- Completion of the 90-day post-mission transitional coverage (for more information, see page 14)

Also, if you fail to provide complete coverage or medical history information, intentionally or otherwise, your coverage may be terminated or retroactively cancelled from your effective date of coverage. Any related claims may be denied. All premiums that you paid from the date of termination or cancellation will be returned to you. Deseret Mutual reserves the right to choose appropriate action.

Extending My Mission

If you extend your mission or assignment (go beyond your initial length of call), you must notify Deseret Mutual. After you notify Deseret Mutual of your mission extension, we will change your original coverage group to the coverage group for which you are now eligible. In other words, the original deductibles, maximum out-of-pocket expenses, prescription maximum benefit, and other medical and prescription benefit limits will change based on your new coverage group. When the change occurs, you will be responsible to pay any additional amounts before you are eligible for benefits (such as the deductible or out-of-pocket expenses). For information about coverage groups, see page 42.

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Ending My Mission Early

If your release from service occurs early, it is your responsibility to notify Deseret Mutual, preferably within 72 hours of your release. When you notify us, we can begin your post-mission transitional coverage (if you chose it), or end your coverage to avoid further premium payments.

If you end your mission early, benefits you didn't use during your mission will not be applied to your post-mission transitional coverage maximums (for example, chiropractic or physical therapy visits).

Premiums

You must pay a fixed monthly premium. Premium rates will be reviewed annually. We will send notification of premium or benefit changes to the address that you designated for plan correspondence.

You will be responsible for paying your monthly premium by one of the following methods:

- Monthly electronic funds transfer (EFT) drawn on a U.S. banking institution (arranged by Deseret Mutual with your bank)
- Lump sum payment that is sufficient to cover the expected duration of your service (we will request additional amounts if there is a premium increase)
- Monthly charge to an eligible credit card (Visa or MasterCard) for those from outside of the United States

If you do not pay your premiums within 90 days of when they are due, Deseret Mutual will end your coverage and notify your Sponsoring Organization. The Missionary Department will also be notified. In these instances, the Missionary Department will review your situation and determine whether you will continue in your service or coordinate your payment of past premiums.

If your coverage period begins on the first day of the month, the premium collection process for electronic funds transfer or credit card charges will begin that month. Otherwise, the premium collection process will begin with your second month of coverage.

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If you serve any portion of a month at the end of your coverage period, your premium will be collected for the entire month. Deseret Mutual will not prorate your monthly premium.

Post-mission Transitional Coverage

Although the SSMP is a short-term plan, you may extend coverage for 90 days from completion of your service so you may transition to other coverage. This extension is called **post-mission transitional coverage**. For more information about when your coverage ends, see *Coverage Periods* on page 12.

To be eligible for post-mission transitional coverage, you must notify Deseret Mutual on the enrollment form when you enroll in SSMP coverage **before your mission**. If you are eligible for other adequate medical coverage upon completion of your service, you are not eligible for post-mission transitional coverage.

If you get other coverage while on post-mission transitional coverage, you must notify Deseret Mutual of the new coverage. Your SSMP coverage will then end the last day of the month before your new coverage is effective.

Post-mission benefits are designed to ensure that you receive appropriate care and to minimize unnecessary costs to you or the plan. Penalties apply if you do not preauthorize certain benefits. For more information which benefits require preauthorization, see the medical benefits beginning on page 17.

Deductibles

The SSMP includes an individual medical deductible. You must pay this deductible before the SSMP will begin to cover medical services. To make sure any medical services you receive apply to your deductible, you must first submit them to Deseret Mutual. Prescription expenses, denied charges, and charges that are more than Deseret Mutual's maximum allowable do not apply toward your deductible.

Your deductible is determined based on the initial length of your call as outlined in the chart below:

Initial Length of Call	6 Months	12 Months	18 Months	24 Months	Extended Services	Post-mission Coverage
Medical Deductible	\$125	\$250	\$375	\$500	\$250 per plan year	None

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When you have met your deductible, your claims will be paid based on plan benefits, up to Deseret Mutual's maximum allowable limits. You will continue to be responsible for copayments on the following services:

- Eye exams (if you are eligible)
- Hospital emergency room
- Mental health — outpatient (evaluation, therapy, and medication management)
- Office visits
- Routine physicals (if you are eligible)
- Therapy (such as physical therapy)
- Urgent care

Expenses for the following services do not apply toward your deductible:

- Injections — high cost
- Prescription drugs
- Amounts that exceed the maximum allowable limits
- Payments for not preauthorizing

Catastrophe Protection

If your share of eligible medical expenses reaches a certain limit (excluding prescription drugs and other expenses listed on page 16), your benefits for the remainder of your initial length of call are paid by the plan according to the catastrophe protection provision. The individual medical deductible applies to the catastrophe protection limit.

Eligibility for catastrophe protection is determined on an individual basis and based on the initial length of call as outlined in the chart below:

Initial Length of Call	6 Months	12 Months	18 Months	24 Months	Extended Services	Post-mission Coverage
Catastrophe Protection Amount	\$1,000	\$1,500	\$2,000	\$2,500	\$1,500 per plan year	\$1,000 additional protection

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When you reach your catastrophe protection amount, all benefits increase to 100% for eligible charges, up to Deseret Mutual's maximum allowable limits. You continue to be responsible for copayments on the following services:

- Eye exams (if you are eligible)
- Hospital emergency room
- Mental health — outpatient (evaluation, therapy, and medication management)
- Office visits
- Routine physicals (if you are eligible)
- Therapy (such as physical therapy)
- Urgent care

The following benefits do not apply to your maximum expense limit and are not covered by the catastrophe protection of the plan:

- Injections — high cost
- Prescription drugs
- Amounts that exceed the maximum allowable limits
- Preauthorization penalties (\$200 that you must pay when you don't preauthorize)

Maximum Prescription Drug Benefit

The SSMP provides a moderate prescription drug benefit. To keep premiums low, we limit how much the plan pays for prescription drugs. The limits are based on the initial length of your call per person as outlined in the chart below:

Initial Length of Call	6 Months	12 Months	18 Months	24 Months	Extended Services	Post-mission Coverage
Maximum Benefit	\$1,500	\$3,000	\$4,500	\$6,000	\$3,000 per plan year	\$750

When you reach your maximum prescription benefit, you may still buy prescription medications through VRx participating pharmacies at a discounted rate. But you will be responsible for 100% of the costs.

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Denied charges and those that are more than VRx's maximum allowable limits do not apply to the prescription benefit maximum. They are your responsibility.

For more information on the prescription drug benefit, see pages 25 to 30.

Medical Benefits

SSMP coverage is intended to provide care for short-term illnesses and accidents that may occur during your service. Proper use of medical benefits will help maintain premiums at an affordable level. For a list of benefits available to you, see pages 17 to 32.

All benefits are subject to maximum allowable limits, as determined by Deseret Mutual. Benefits are not available until you meet your individual medical deductible. Benefits not included in this list will be determined by Deseret Mutual.

Accident-related Dental

- Only available for services made necessary as the result of accidental injury during the coverage period. Benefits are available if the injury meets the definition of "Accidental Injury — Dental" (see page 41)
- The plan pays 80%; you pay 20%
- Routine dental care is not a benefit of this plan
- The plan pays a maximum of \$2,000 for accident-related services during your coverage period
- Services must begin within 30 days of the accident. Service is covered up to 12 months from date of accident
- **Post-mission Coverage Group:** The plan pays 80%; you pay 20%

Accident-related Eyewear (Glasses & Contact Lenses)

- Only available for services made necessary as the direct result of an accidental injury during the coverage period. Eligible charges include frames, lenses, and fitting. Additional charges for designer frames and additional elective options (tinted lenses and cases) are not covered. Benefits are available if the injury meets the definition of "Accidental Injury — Eyewear" (see page 41)
- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** The plan pays 80%; you pay 20%

Senior Service Medical Plan

Ambulance (Ground & Air)

- When medically necessary for life-threatening, emergency conditions, the plan covers emergency transportation services to the nearest medical facility equipped to furnish the appropriate care. This may or may not include air evacuation to your country of origin
- Where possible, you should preauthorize all air ambulance services. Payment may not be made if you do not appropriately preauthorize
- If someone travels with you (other than medical personnel), the plan does not pay for charges incurred by that individual. However, in some situations the benefit may pay for a parent or guardian to accompany an eligible dependent child
- This benefit does not reimburse for transportation by personal automobile
- For the transportation benefit, see page 32
- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** The plan pays 80%; you pay 20%

Anesthesia

- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** The plan pays 80%; you pay 20%

Chiropractic Therapy

- The plan may pay for the following number of visits based on your initial length of call:

Initial Length of Call	6 Months	12 Months	18 Months	24 Months	Extended Service	Post-mission Coverage
Maximum Visit Limit	6 visits	9 visits	12 visits	15 visits	12 visits per plan year	6 visits

- After your \$20 copayment per visit, the plan pays 100% of eligible expenses. No preauthorization is required
- Chiropractic therapy visits do not count toward your benefit limit for physical therapy (see *Physical Therapy* on page 24)

Senior Service Medical Plan

Chiropractic Therapy (continued)

- You must pay two copayments if you are billed for both an evaluation and a chiropractic therapy treatment on the same visit
- **Post-mission Coverage Group:** After your \$20 copayment per visit, the plan pays 100% of eligible expenses. Chiropractic therapy visits do count toward your benefit limit for physical therapy. You must preauthorize or you will receive no benefits

Diabetic Supplies

- When you use the mail-order pharmacy, the supplies are available at 80% of the contracted price for a 90-day supply (see page 26)
- When you buy supplies from your local retail pharmacy, supplies are available at 80% of the contracted price for a 30-day supply or 90 unit doses, whichever is greater (see page 25)
- Covered supplies include syringes, lancets, test strips, and glucometers
- Insulin is covered by the prescription drug benefit (see pages 25 to 30)
- Purchase of diabetic supplies applies to the maximum prescription drug benefit (see *Maximum Prescription Drug Benefit* on page 16)
- **Post-mission Coverage Group:** The plan pays 80%; you pay 20% for supplies from mail-order or from local retail network pharmacies

Education – Diabetes

- To be eligible for this benefit, you must be diagnosed with diabetes
- The plan pays 80%; you pay 20%
- The maximum benefit is \$200 during your coverage period
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Senior Service Medical Plan

Education – Nutritional

- This benefit is for diagnosed anorexia or bulimia patients
- The plan pays 80%; you pay 20%
- The maximum benefit is \$200 during your coverage period
- A certified/licensed dietician or nutrition professional must provide the service
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Flu Shots

- The plan pays 100%
- **Post-mission Coverage Group:** The plan pays 100%

Hospital – Emergency Room

- After your \$75 copayment per visit, the plan pays 80%; you pay 20%
- If you get follow-up care at the emergency room, you will likely be billed for another emergency room visit. You will be responsible for another \$75 copayment. When possible, we recommend you receive follow-up care at a doctor's office
- If the hospital emergency room visit results in an inpatient hospital service, you must preauthorize with Deseret Mutual within two business days or as soon as reasonably possible (see *Hospital — Inpatient Services* on page 21). If this occurs, your \$75 copayment will be waived
- Receiving care from an urgent care facility is often a less expensive alternative to emergency room services (see page 32). However, you should always seek immediate care from the emergency room for life threatening emergencies
- **Post-mission Coverage Group:** After your \$75 copayment per visit, the plan pays 80%; you pay 20%

Senior Service Medical Plan

Hospital – Inpatient Services

- The plan pays 80%; you pay 20%
- You must preauthorize. If you do not preauthorize, you must pay the first \$200 per admission
- The plan does not pay for private rooms when semi-private rooms are available
- Custodial care in an inpatient setting is not covered by the plan
- If someone stays with you in the hospital, the plan does not pay for charges incurred by that individual
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Injections – High Cost

- The high-cost injection benefit depends upon the injection, the dosage, and the frequency of the injection. Generally a high-cost injection is a specialty drug as defined by Deseret Mutual
- The plan pays 90%; you pay 10%
- The plan provides for a 30-day supply per prescription
- You must buy supplies and medications either through VRx, our specialty pharmacy provider, or through a network provider. To help you determine how to maximize this benefit, call the Deseret Mutual Prescription Team
- These expenses count toward the individual prescription maximum benefit (see pages 25 to 30). When you reach the maximum, you may continue to buy supplies and medications through VRx at a discounted rate. But you will be responsible for 100% of the costs
- **Post-mission Coverage Group:** The plan pays 90%; you pay 10%. There is a maximum prescription benefit of \$750. When you reach the maximum prescription benefit, you may continue to buy supplies and medications through VRx at a discounted rate. But you will be responsible for 100% of the costs

Senior Service Medical Plan

Laboratory Services

Inpatient Services

- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Outpatient Services

- The plan pays 100%
- **Post-mission Coverage Group:** The plan pays 100%

Mental Health – Inpatient

- The plan pays 80%; you pay 20%
- You must preauthorize. If you do not preauthorize, you must pay the first \$200 per admission
- Certain residential treatment centers and programs are not eligible for benefits
- Custodial care in an inpatient or extended care setting is not covered
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Mental Health – Outpatient

Initial Evaluation

- After your \$20 copayment per visit, the plan pays 100%
- A repeat evaluation within 6 months is not eligible for benefits
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%

Senior Service Medical Plan

Mental Health – Outpatient (continued)

Testing

- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Therapy

- To be eligible for benefits, a manifest psychiatric disorder must be diagnosed
- After your \$20 copayment, the plan pays 100%
- Eligible services include individual therapy
- Some therapy is not eligible for benefits including marriage counseling, group therapy, recreational therapy, educational groups, and therapy over the telephone
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%. You must preauthorize all visits

Medication Management

- After your \$20 copayment, the plan pays 100%
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%

Office Visits

- This benefit is not for well-care visits, routine physical exams, or physical check-ups. Rather it is for when there is a medically necessary condition that requires professional medical attention
- After your \$20 copayment, the plan pays 100%
- Always try to use contracted network providers
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%. Always try to use contracted network providers

Senior Service Medical Plan

Physical Therapy

Inpatient Services

- The plan pays 80%; you pay 20%
- There is not a limit on the number of inpatient physical therapy services covered by the plan
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Outpatient Services

- After your \$20 copayment per visit, the plan pays 100% of eligible expenses. No preauthorization is required
- The plan pays for the following number of visits based on your initial length of call:

Initial Length of Call	6 Months	12 Months	18 Months	24 Months	Extended Service	Post-mission Coverage
Maximum Number of Visits	6 visits	9 visits	12 visits	15 visits	12 visits per plan year	6 visits

- Physical therapy visits do not count toward your benefit limit for chiropractic therapy. For more information, see *Chiropractic Therapy* on page 18
- You must pay two copayments if you are billed for both an evaluation and a physical therapy treatment on the same visit
- **Post-mission Coverage Group:** After your \$20 copayment per visit, the plan pays 100% of eligible expenses. Physical therapy visits do count toward your benefit limit for chiropractic therapy. You must preauthorize or you receive no benefits

Senior Service Medical Plan

Prescription Drugs – Local Retail Pharmacy in the U.S.

If you use prescription drug coverage (such as a Medicare Part D plan) to purchase medications and then have them mailed to you, Deseret Mutual will not pay any secondary benefits.

- If you need a prescription immediately after returning to the U.S., use a local retail pharmacy that is contracted with VRx. To learn more about VRx and participating pharmacies, call 1-888-281-3221
- The plan pays 65% for generic drugs at VRx participating pharmacies; you pay 35%. You must pay the entire cost for prescriptions that are \$5 or less
- The plan pays 50% for name-brand drugs at VRx participating pharmacies; you pay 50%
- Expenses count toward the individual prescription maximum benefit. When you reach the maximum prescription benefit, you may still buy prescription medications at a discounted rate through VRx participating pharmacies. But you will be responsible for 100% of the costs
- The plan covers up to a 30-day supply
- If you need more than a 30-day supply, you might save money by purchasing the medication from the mail-order pharmacy (see page 26)
- If you buy prescription drugs from pharmacies that are not contracted with VRx, you must pay the pharmacy's retail price and then submit your claims for reimbursement directly to VRx. You are responsible for costs that exceed VRx's maximum allowable limits
- You must preauthorize some medications. These may include high-cost, long-term maintenance, or large quantity medications. If you do not preauthorize, you may be responsible for all charges. For more information, contact Deseret Mutual.
- Some items that may be prescribed but are not eligible for benefits include:
 - Contraceptive pills for birth control
 - Dietary or nutritional products, including special diets for medical problems
 - Propecia or other hair loss medications
 - Viagra or other sexual dysfunction medications
 - Vitamins
 - Weight reduction aids

You will receive a discount when you buy most of these medications at a participating VRx pharmacy. You will be required to pay the entire amount after the discount

Senior Service Medical Plan

Prescription Drugs – Local Retail Pharmacy in the U.S. (continued)

- **Post-mission Coverage Group:** The plan pays 65% for generic drugs at VRx participating pharmacies; you pay 35%. You must pay the entire cost for prescriptions that are \$5 or less. The plan pays 50% for name-brand drugs at VRx participating pharmacies; you pay 50%. The maximum prescription benefit is \$750. When you reach the maximum prescription benefit, you may continue to buy supplies and medications through VRx at a discounted rate. But you will be responsible for 100% of the costs

Prescription Drugs – Mail-order Pharmacy in the U.S.

If you use prescription drug coverage (such as a Medicare Part D plan) to purchase medications and then have them mailed to you, Deseret Mutual will not pay any secondary benefits.

- If you take prescription drugs on a regular basis or for an extended period of time, you will save costs by ordering these maintenance drugs through our mail-order pharmacy (these medications can only be delivered in the United States). Our mail-order pharmacy is VRx. To learn more about VRx, call 1-888-281-3221
- The plan pays 75% for generic medications; you pay 25%. You must pay the entire cost for prescriptions that are \$10 or less
- The plan pays 50% for name-brand medications; you pay 50%
- Expenses count toward the individual prescription maximum benefit. When you reach the maximum prescription benefit, you may still buy prescription medications at a discounted rate through VRx. But you will be responsible for 100% of the costs
- You may order up to a 90-day supply
- Because of state and/or federal regulations, certain medications may not be available in a 90-day supply
- You must preauthorize some medications. These may include high-cost, long-term maintenance, or large quantity medications. If you do not preauthorize, you may be responsible for all charges. For more information, contact Deseret Mutual
- Some items that may be prescribed but are not eligible for benefits include:

Senior Service Medical Plan

Prescription Drugs – Mail-order Pharmacy in the U.S. (continued)

- Contraceptive pills for birth control
- Dietary or nutritional products, including special diets for medical problems
- Propecia or other hair loss medications
- Viagra or other sexual dysfunction medications
- Vitamins
- Weight reduction aids

You will receive a discount when you buy most of these medications at a participating VRx pharmacy. You must pay the entire amount after the discount

- **Post-mission Coverage Group:** The plan pays 75% for generic drugs; you pay 25%. You must pay the entire cost for prescriptions that are \$10 or less. The plan pays 50% for name-brand drugs; you pay 50%. The maximum prescription benefit is \$750. When you reach the maximum prescription benefit, you may continue to buy supplies and medications through VRx at a discounted rate. But you will be responsible for 100% of the costs

Prescription Drugs – Outside of the U.S.

If you use prescription drug coverage (such as a Medicare Part D plan) to purchase medications and then have them mailed to you, Deseret Mutual will not pay any secondary benefits.

Prescription drugs can be important for maintaining a healthy lifestyle. While you are outside of the United States, you will face challenges in having access to necessary medications. To help with this challenge, we recommend that you call the Deseret Mutual Pharmacy Team at 1-800-777-1647. The Pharmacy Team can help you maximize your prescription benefits and address your concerns. As part of your effort to have the necessary medications, consider which of the following options can benefit you:

1. Use Current Coverage to Buy Medications

Consider using the coverage you have before your mission to buy more than a 90-day supply of medications. Your physician must write a prescription for the length of time you will serve. Remember, the strength of the medications may diminish over time. Talk with your physician or pharmacist about your needs.

Senior Service Medical Plan

Prescription Drugs – Outside of the U.S. (continued)

2. Buy Medications in Your Area of Service

If possible, we encourage you to buy your medications in your area of service. Your mission president, area medical advisor (AMA), or other Church contacts can help. If you can't determine which medications you can buy in your area of service, contact Deseret Mutual for help.

3. Legally Carry Medications with You

Another alternative is to determine what prescriptions may be legally carried with you. Deseret Mutual can preauthorize a 90-day supply of medications for you to carry with you.

If you need more than a three-month supply of prescription medications, please complete the following steps at least one month before entering the mission field:

- Call the Pharmacy Team at 1-800-777-1647 for instructions about completing the process to get medications
- Complete the *VRx Pharmacy Prescriptions Form*

Check with the foreign embassy of the country where you will serve to make sure your required medications are not considered to be illegal narcotics. Some state, federal, and local customs laws prohibit you from carrying in certain medications, or you may have to pay an import duty. For example, some countries don't allow sleep aid prescriptions to be carried into the country.

To pass through customs while carrying medications, bring a letter from your physician that identifies the chemical composition (generic name) of the medications rather than the brand name. The letter should also state that you need the medications to maintain a healthy lifestyle. Leave the medications in their original containers and clearly label them. Copies of the prescriptions written by your physician may also be helpful.

Please note that if you carry medications and they are seized by customs, Deseret Mutual will not be able to pay for refills until the appropriate refill length of time has lapsed.

Senior Service Medical Plan

Prescription Drugs – Outside of the U.S. (continued)

4. Have Medications Legally Mailed to You

If you can't buy some of the medications you need in your area of service and you can't carry them with you, you may be able to have them mailed to you. To do this, make arrangements with family members to buy the medications and mail them. Some state, federal and local custom laws may restrict which medications can be mailed to you. For example, some countries prohibit the mailing of pain killers.

For more information on how to buy medications, see *Prescription Drugs — Local Retail Pharmacy in the U.S.* or *Prescription Drugs — Mail-order Pharmacy in the U.S.* on pages 25 to 27. (Please note that Deseret Mutual's mail-order pharmacy can only deliver medications within the continental United States and it takes about 14 days for delivery.)

- The plan pays 65% for generic drugs bought at local retail pharmacies outside of the U.S.; you pay 35%. You must pay the entire cost for prescriptions that are \$5 or less
- The plan pays 50% for name-brand medications bought at local retail pharmacies outside of the United States; you pay 50%
- When you buy a medication outside of the United States, it will be covered if the same medication is approved by the FDA and is obtainable only with a physician's prescription when it is bought in the United States
- Expenses count toward the individual prescription maximum benefit. When you reach the maximum prescription benefit, you may still buy prescription medications. But you will be responsible for 100% of the costs
- The plan covers up to a 30-day supply
- Some items that may be prescribed but are not eligible for benefits include:
 - Contraceptive pills for birth control
 - Dietary or nutritional products, including special diets for medical problems
 - Propecia or other hair loss medications
 - Vitamins
 - Viagra or other sexual dysfunction medications
 - Weight reduction aids

Senior Service Medical Plan

Prescription Drugs – Outside of the U.S. (continued)

- **Post-mission Coverage Group:** The plan pays 65% for generic drugs; you pay 35%. You pay the entire cost for prescriptions that are \$5 or less. The plan pays 50% for name-brand drugs; you pay 50%. The maximum prescription benefit is \$750. When you reach the maximum prescription benefit, you may still buy prescription medications. But you will be responsible for 100% of the costs

Radiology

Basic Services (such as X-rays or CT scans)

- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Major Services (such as MRIs, PET scans, and SPEC scans)

- The plan pays 80%; you pay 20%
- If you do not preauthorize, you must pay the first \$200 of expenses per day
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Surgery – Inpatient

- The plan pays 80%; you pay 20%
- If you do not preauthorize, you must pay the first \$200 per surgery
- In the case of an emergency, contact Deseret Mutual within two business days after the surgery
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Senior Service Medical Plan

Surgery – Outpatient

- The plan pays 80%; you pay 20%
- If you do not preauthorize, you must pay the first \$200 per surgery
- In the case of an emergency, contact Deseret Mutual within two business days after the surgery
- If outpatient services result in an inpatient hospital service, you must contact Deseret Mutual to preauthorize benefits. For more information about *Hospital — Inpatient Services*, see page 21
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Transitional Rehabilitation Care

- To be eligible for benefits, transitional rehabilitation care must occur after an inpatient hospitalization. You must preauthorize benefits for transitional rehabilitation. If you do not preauthorize, you must pay the first \$200 per day
- The plan pays 80%; you pay 20%
- If the care is for a patient recuperating or convalescing from an acute injury or illness, the maximum benefit is 50 days per plan year
- Custodial care, such as maintaining someone beyond the acute phase of injury or illness, including room, meals, bathing, dressing, and home health aides, is not eligible for benefits
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Senior Service Medical Plan

Transportation

- When medically necessary, the plan covers the least expensive, reasonable form of transportation to the nearest medical facility equipped to furnish the appropriate care. This does not include transportation to your country of origin.
- You must preauthorize benefits for transportation services. If you do not preauthorize, you are responsible for the first \$200 per transport
- If someone travels with you, the plan does not pay for charges incurred by that individual. However, in some situations the benefit may pay for a parent or guardian to accompany an eligible dependent child
- The benefit does not pay for hotel expenses in conjunction with the transportation
- For information on the ambulance benefit, see page 18
- The plan pays 80%; you pay 20%
- **Post-mission Coverage Group:** The plan pays 80 percent; you pay 20 percent

Urgent Care

- After your \$30 copayment per visit, the plan pays 100%
- Physician services are covered at 100%. Other services, such as lab work and X-rays, are paid at the appropriate benefit levels for those services
- If the visit to the urgent care facility results in an inpatient hospital service, you must contact Deseret Mutual to preauthorize benefits. For more information on *Hospital — Inpatient Services*, see page 21
- **Post-mission Coverage Group:** After your \$30 copayment per visit, the plan pays 100%

Medical Emergencies

Emergency care is defined as services needed immediately because of injury or sudden illness. During an emergency, the time required to reach Deseret Mutual could risk permanent damage to your health. Because of this, you do not need to preauthorize treatment of emergency medical conditions.

Senior Service Medical Plan

If you have an emergency, go to the nearest emergency room or call 911 within the United States for help.

If you are admitted to the hospital because of the emergency, contact Deseret Mutual within 24 to 48 hours of admission. For information about how to contact Deseret Mutual, see page 4.

Preauthorization

To be eligible for benefits, all procedures must be medically necessary. Preauthorization is an important step in making sure your care is medically appropriate.

Preauthorization is required whether you receive services outside of the United States or return to the United States for medical treatment. Preauthorization helps you know what services are eligible for benefits and select an appropriate provider before you commit to the costs.

As part of preauthorization, Deseret Mutual reviews your proposed care for medical quality, necessity, and efficiency. Registered nurses and consulting physicians review the case when necessary.

To preauthorize, you or your physician must call, fax, or email Deseret Mutual a minimum of two business days before your anticipated services. In an emergency situation, you must call, fax, or email Deseret Mutual within two business days after the emergency or as soon as reasonably possible.

Provide the following information when you call, fax, or email for preauthorization (your physician can provide much of this information):

- Patient's name
- Participant's Deseret Mutual identification number (found on your card)
- Diagnosis (explanation of the medical problem)
- Pertinent medical history, including:
 - Previous treatment
 - Symptoms
 - Recent test results
 - Name of physician or surgeon
 - Treatment or surgery planned
- The medical provider or facility and date of planned treatment or surgery.

Senior Service Medical Plan

If you do not preauthorize with Deseret Mutual when necessary, your benefits may be reduced or declined. If the services are deemed to be medically necessary, you must pay the first \$200 expense along with your coinsurance. If Deseret Mutual denies benefits for the service, you are responsible for all charges.

Your physician provides much of the needed information and may call Deseret Mutual to preauthorize. But you are responsible to make sure your care is preauthorized.

Regular business hours are Monday through Friday, from 8 a.m. to 5 p.m., Mountain Standard Time, United States). To preauthorize services, contact Deseret Mutual:

Salt Lake City area	801-578-5650
Outside of the United States	801-578-5650
Toll free in the United States	1-800-777-1647
Fax	801-578-5907
Email	srmiss@dmba.com

If during an emergency you are unable to contact Deseret Mutual, you may contact us through the Church operators at 801-240-1000, or inside the United States at 1-800-453-3860, extension 1000.

The following services must be preauthorized with Deseret Mutual. If you do not preauthorize, you are responsible for the first \$200 of expenses. This \$200 is in addition to your coinsurance. You may also pay more if you use a non-network provider for services in the United States.

Plan Benefit:

If you don't preauthorize, you pay:

• Ambulance (Ground & Air)	All charges (no benefit)
• Hospital — Inpatient Services	\$200 per admission
• Mental Health — Inpatient	\$200 per admission
• Radiology (major services)	\$200 per day
• Surgery	\$200 per surgery
• Transitional Rehabilitation Care	\$200 per day
• Transportation	\$200 per transport

Senior Service Medical Plan

Filing Claims

Services Received Outside of the United States

You must first pay for services you receive and then get reimbursed by Deseret Mutual. If you cannot pay for an expensive medical service, contact your mission or area office or Deseret Mutual for information about options that may be available to you.

Reimbursement will be made as outlined on the *Senior Service Medical Plan Claim Form*.

To get reimbursed, follow these steps:

Step 1: Complete a *Senior Service Medical Plan Claim Form—Services Outside of the U.S.* There is a claim form in the back of this handbook. You can also get the claim form at www.dmba.com/ssmp, or by contacting Deseret Mutual. If you don't provide the requested information, it will delay processing of your claim.

Step 2: Get a copy of the itemized bill as proof of the service and payment. Make sure the bill includes the following:

- Patient's name
- Provider's name, address, and telephone number
- Diagnosis or condition
- Procedures provided
- Date(s) of service
- Amount(s) charged in local currency
- English translation

Step 3: Write your name and Deseret Mutual identification number (found on your identification card) on the bill. To protect your personal information, always use your Deseret Mutual identification number instead of your Social Security number.

Step 4: Mail the claim form and bill to:

Deseret Mutual
Attn: Senior Service Medical Plan
P.O. Box 45730
Salt Lake City, Utah 84145-0730

Senior Service Medical Plan

Deseret Mutual also processes your claims for prescription medications bought outside of the United States.

To be eligible for benefits, you or your family must submit your claim within 12 months from the service date. Deseret Mutual will send you an Explanation of Benefits (EOB) statement when your claim is processed. Please review your EOB for accuracy.

Services Received in the United States

For services from network providers, you should not have to file any claims. These providers send bills directly to Deseret Mutual for processing. However, you may receive a bill from a non-network provider or for care you received in an emergency situation. If you receive a bill for medical services, follow these steps to file a claim:

Step 1: Complete a *Senior Service Medical Plan Claim Form—Services Inside of the U.S.* There is a claim form in the back of this handbook. You can also get the claim form at www.dmba.com/ssmp, or by contacting Deseret Mutual. If you don't provide the requested information, it will delay processing of your claim.

Step 2: Get a standardized itemized claim billing (referred to as CMS 1500 for physicians or UB04 for hospital services) from the provider of the service.

Step 3: Write your name and Deseret Mutual identification number (found on your identification card) on the bill. To protect your personal information, always use your Deseret Mutual identification number instead of your Social Security number.

Step 4: Mail the claim form and bill to:

Deseret Mutual
Attn: Senior Service Medical Plan
P.O. Box 45730
Salt Lake City, Utah 84145-0730

Submit pharmacy claims to VRx, not Deseret Mutual. To get a prescription claim form, contact Deseret Mutual.

To be eligible for benefits, you or your family must submit your claim within 12 months from the service date. Deseret Mutual will send you an Explanation of Benefits (EOB) statement when your claim is processed. Please review your EOB for accuracy.

Senior Service Medical Plan

Extended Service Volunteers

Those in the Extended Service Coverage Group are eligible for the same benefits as outlined on pages 17 to 32. However, additional benefits are designed to address preventive medical needs because of the longer period of service. The following benefits are available after you have been continuously covered by the SSMP for a minimum of two contract years.

Colonoscopy

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- The plan pays 80%; you pay 20%
- You must preauthorize benefits for each colonoscopy. If you do not preauthorize, you must pay the first \$200 per service
- If you are 50 and older, the plan pays for one colonoscopy every 10 years. If the colonoscopy is positive, the plan pays for a colonoscopy once every three to five years. Exceptions must be reviewed by Deseret Mutual medical staff
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Eye Exams

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- After you pay your \$20 copayment, the plan pays 100%
- The plan pays for one routine eye exam every two contract years
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%

Senior Service Medical Plan

Immunizations – Adults

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- The plan pays 100%
- Common covered immunizations include:
 - Measles/Mumps/Rubella (MMR)
 - Chickenpox (VZV)
 - Diphtheria/Tetanus (DT)
 - Pneumococcal
 - Hepatitis
- **Post-mission Coverage Group:** The plan pays 100%

Mammograms (Screening)

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- The plan pays 80%; you pay 20%
- The plan pays for routine mammograms once a year from age 50 to 75. Exceptions must be reviewed by Deseret Mutual medical staff
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Pap Smear (Screening)

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- The plan pays 100%
- After two successive negative pap smears, the plan pays for one pap smear screening every three years
- **Post-mission Coverage Group:** The plan pays 100%

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PSA Test (Screening)

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- The plan pays 100%
- From age 40 to 49, the plan pays for one PSA test every two years. For age 50 or older, the plan pays for one PSA test every year
- **Post-mission Coverage Group:** The plan pays 100%

Routine Physical Exams

- You must be continuously covered by the Extended Service Coverage Group for a minimum of two contract years
- After your \$20 copayment, the plan pays 100%
- One exam is approved each contract year
- This benefit is for the office visit. Other services, such as lab work and X-rays, will be paid at the appropriate benefit levels for those services
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%

Missionaries or Volunteers with Dependent Children

Some missionaries or volunteers have dependent children accompany them on their missions. The eligible dependent child receives the same benefits as outlined on pages 17 to 32. Because these dependent children may require preventive services, the plan provides additional benefits based on the child's age.

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Education – Respiratory

- This benefit covers respiratory evaluation and education for patients with cystic fibrosis and asthma
- This benefit is only available for eligible dependent children younger than 26
- The plan pays 80%; you pay 20%
- The maximum benefit is \$200 during your coverage period
- A licensed respiratory therapist must provide the service
- **Post-mission Coverage Group:** For network providers, the plan pays 80%; you pay 20%. For non-network providers, the plan pays 70%; you pay 30%

Immunizations – Child

- The plan pays 100%
- This benefit is for children who are 26 or younger
- Common covered immunizations include:
 - Diphtheria/Pertussis/Tetanus (DPT)
 - Measles/Mumps/Rubella (MMR)
 - Diphtheria/Tetanus (DT)
 - Polio
 - Hepatitis
 - Pneumococcal
 - Hemophilus Influenza (HIB)
 - Tetanus
 - Chickenpox (VZV)
 - Tetramune
- **Post-mission Coverage Group:** The plan pays 100%

Well-child Care

- This benefit is for children who are 26 or younger
- After a \$20 copayment, the plan pays 100%
- This benefit is for the office visit. Other services, such as lab work and X-rays, will be paid at the appropriate benefit levels for those services
- **Post-mission Coverage Group:** After your \$20 copayment, the plan pays 100%

Senior Service Medical Plan

Definitions

6 Month Coverage Group: A missionary or volunteer whose coverage is based on initial length of call of 6 to 8 months

12 Month Coverage Group: A missionary or volunteer whose coverage is based on initial length of call of 9 to 14 months

18 Month Coverage Group: A missionary or volunteer whose coverage is based on initial length of call of 15 to 20 months

24 Month Coverage Group: A missionary or volunteer whose coverage is based on initial length of call of 21 to 26 months

Accidental Injury: An unpremeditated event of violent and external means that happens suddenly without intention or design; is unexpected, unusual, and unforeseen; is identifiable as to time and place; and is not the result of sickness or chronic condition

Accidental Injury – Dental: An unpremeditated event of violent and external means that happens suddenly, without intention or design; is unexpected, unusual, and unforeseen; is identifiable as to time and place; and is not the result of sickness or chronic condition. Biting on an object is not considered a dental accidental injury

Accidental Injury – Eyewear: An unpremeditated event of violent and external means that happens suddenly, without intention or design; is unexpected, unusual, and unforeseen; is identifiable as to time and place; and is not the result of sickness or chronic condition. Sitting on eyewear is not considered an eyewear accidental injury

Acute: Having rapid onset, severe symptoms, and a short course; opposite of chronic

Appeal: A formal complaint you make when you want us to reconsider a decision

Area of Service: The geographic location where you are called to serve

Brand-name Medication: A prescription drug that is originally researched and developed. Brand-name drugs have the same active-ingredient formula as the generic version of the drug. But generic drugs are manufactured and sold by other drug manufacturers and aren't available until after the patent on the brand-name drug has expired

Senior Service Medical Plan

Case Management: A collaborative process that promotes quality health care, cost-effective outcomes, and provides a comprehensive plan of care and rehabilitation that enhances physical and psycho-social health

Catastrophe Protection: Financial protection from devastating medical expenses

Certificate of Creditable Coverage: A document provided to show the beginning and ending dates of your medical coverage

Chronic: Showing little change or slow progression and long continuance of symptoms; opposite of acute

Claim: Notification to Deseret Mutual requesting payment of a benefit

Coinsurance: The percent of eligible medical and dental expenses you are responsible for paying after you meet the applicable deductibles, make the applicable copayments, and receive plan benefits

Contract Year: A one-year length of time beginning on the effective date of your coverage

Contracted Facilities: Hospitals, labs, and other health-care facilities that have contracted with Deseret Mutual to provide services to participants

Contracted Providers: Physicians, specialists, and other providers of health-care services who have contracted with Deseret Mutual to provide services to participants

Coordination of Benefits: The process of combining medical (or dental) benefits of two or more plans to assure maximum benefits without paying more in benefits than the actual charges incurred

Copayment: The initial dollar amount you pay toward charges for eligible medical and dental services that you are responsible for paying to the service provider. You pay the copayment to the service provider at the time of service

Coverage Group: Coverage groups are determined based on your initial length of call. The coverage groups for the SSMP are 6 Month, 12 Month, 18 Month, 24 Month, Extended Service, and Post-mission

Coverage Period (or Period of Coverage): The time between the date your coverage by the plan becomes effective and the date it ends

Creditable Coverage: Coverage that is at least as good as the standard Medicare prescription drug coverage

Senior Service Medical Plan

Custodial Care: Maintaining a patient beyond the acute phase of injury or illness. Custodial care includes room, meals, bed, or skilled medical care in a hospital or extended care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, and so on

Date of Service (or Service Date): Date the medical service was provided by the physician or hospital

Deductible: The initial dollar amount you pay for eligible medical and dental services that you receive. You must satisfy the deductible as determined by your Coverage Group before plan benefits begin

Deseret Mutual Identification Number (DMID): A number that Deseret Mutual assigns to you as a secure means for accessing your information

Disenroll, Disenrollment: The process of ending your membership with Medicare while serving outside the United States

Durable Medical Equipment: Equipment needed for medical reasons to be used by a person who is ill or injured. A person normally needs this kind of equipment only when ill or injured. It can be used in the home. Examples of durable medical equipment include wheelchairs, hospital beds, or equipment that supplies a person with oxygen

Eligible Dependent Child: An unmarried, financially dependent child who is younger than 26 including:

- Natural children (including infants from the date of birth), legally adopted children, and children appointed by a court of law to you or your spouse's custody
- A grandchild who is the child of your covered, unmarried, dependent child. The unmarried dependent child and the grandchild must reside in your home and depend primarily upon you for support. A direct lineal relationship must exist between you and the grandchild (or a direct line created through adoption) for the grandchild to be covered
- A child placed with you under the direction of a licensed child placement agency
- Your unmarried child who is older than 25 but younger than 40 and is incapable of self support because of mental or physical incapacity that existed before the child reached 26, and who is primarily dependent upon you for support
- Your stepchild (child of your spouse) younger than 26

If your dependent child is eligible for other adequate medical coverage during your service period, he/she is not eligible for coverage by the SSMP.

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Eligible Member: A full-time missionary or volunteer who meets the eligibility requirements of the plan

Emergency Care: The care required in connection with a sudden and unexpected onset of a condition requiring medical or surgical care that is necessary to safeguard the member's life

End of Service (or Service End Date or Release Date): The day you complete missionary service and are no longer required to follow the missionary schedule

Explanation of Benefits (EOB): A document that verifies how medical and/or dental benefit payments are applied to your claim

Extended Service Coverage Group: A missionary or volunteer whose initial length of call is generally three or more years

Generic Medication: A prescription drug that has the same active-ingredient formula as a brand-name medication. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs

Hospital: A facility that is licensed as a hospital and is operating within the scope of this license

Hospital Emergency Room: Hospital facility that provides treatment for urgent medical needs that may or may not be life-threatening at that particular time

Hospitalization: Admittance to and confinement as a patient in a hospital upon the recommendation of a physician

Illness: A bodily disorder, disease, pregnancy, mental or emotional infirmity, or all sickness that is a result of the same cause or a related cause

Implant (Penile): A device surgically inserted into the penis to treat men suffering from organic impotence

Incurred Charges: Charges incurred on the date service is performed or purchase is made

Initial Length of Call: The original length of time you are called to serve as a missionary or volunteer for The Church of Jesus Christ of Latter-day Saints or its affiliated organizations

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Injury: Harm or hurt. It may be caused by oneself (such as a hamstring injury) or by an external agent (such as frostbite)

Inpatient Care: Health care that you get when you are admitted to a hospital

Joint Replacement Surgery: Surgery to replace knees, hips, or other joints. These surgeries are excluded by the plan except when care is required as a result of accidental injury that occurs during the coverage period. The surgery must be reviewed by medical staff and must not be for chronic conditions. Because of the length of recovery for these surgeries, missionaries and volunteers are normally expected to wait until they return to their home country

Maintenance Drugs: Prescription medications for conditions that require ongoing, regular medication

Maximum Allowable Limit: The maximum dollar amount Deseret Mutual will pay for a defined medical or dental procedure as set forth under contract provisions and/or market practice. Network providers agree to accept Deseret Mutual's maximum allowable amount as payment in full. If charges are more than the maximum allowable limit, they cannot bill you for the charges in excess of that amount. When you receive care from non-network providers, you are responsible for any charges over the maximum allowable limit

Maximum Prescription Drug Benefit: The maximum prescription benefit allowed by the plan based on initial length of call. When you reach the maximum prescription benefit, you may still buy prescription medications through VRx participating pharmacies at a discounted rate. But you will be responsible for 100% of the costs

Medical Equipment: A prosthesis, appliance, or device that is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of injury or sickness

Medically Necessary: Services or supplies that are proper and needed for a legitimate diagnosis or a cost-efficient treatment of your medical condition; are used for the diagnosis, direct care, and treatment of your medical condition; meet the standards of good medical practice in the local community; and are not mainly for the convenience of you or your doctor

Medicare: The United States federal health coverage program for people 65 or older, some people younger than 65 with disabilities, and people with end-stage renal disease (generally those with permanent kidney failure who need dialysis or a kidney transplant)

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Medicare Advantage Plan (Medicare Part C): A benefit package offered by a Medicare Advantage Organization that offers a specific set of health benefits at a uniform premium and uniform level of cost-sharing to all people with Medicare

Medigap (Medicare Supplement Coverage): Many people who get their Medicare through Original Medicare buy “Medigap” or Medicare supplement coverage policies to fill “gaps” in Original Medicare coverage

Mission Extension: The continuation of missionary or volunteer service beyond the initial length of call. This must be approved by The Church of Jesus Christ of Latter-day Saints or its affiliated organizations. And, you must notify Deseret Mutual to extend your coverage

Non-contracted Facilities: Hospitals, labs, and other health-care facilities that have not contracted with Deseret Mutual to provide services to participants

Non-contracted Providers: Physicians, specialists, and other providers of health-care services who have not contracted with Deseret Mutual to provide services to participants

Outpatient: Medical services at a hospital that require less than 24 hours of care and do not include an overnight stay

Period of Service: The total length of time spent serving as a missionary or volunteer

Physician: A person who has been educated, trained, and licensed as a physician to practice the art and science of medicine pursuant to the laws and regulations in the locality where the services are rendered

Plan Provider: “Provider” is a general term for doctors, health-care professionals, hospitals, and health-care facilities that are licensed or certified by Medicare and by the state to provide health-care services. A plan provider is a provider that is contracted with Deseret Mutual to provide services to plan participants

Plan Year: The plan year goes from August 1 to July 31. Benefits for the Extended Service Coverage Group are determined by plan year

Post-mission Coverage Group: Coverage that extends for up to 90 days after the missionary or volunteer completes service and returns home. You must choose this coverage before your missionary service begins

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Preauthorization: A vital process in making sure your care is medically appropriate and that is required for some payments. Preauthorization gives you guidelines and tells you what services are eligible for payment before you commit to the costs

Premium: A regular, periodic payment for coverage by a plan

Prosthesis: An artificial replacement of a limb or other body part

Skilled Nursing Facility: An institution, or part of an institution, that is licensed pursuant to state or local law, and is operated primarily for the purpose of providing skilled nursing care and treatment for an individual convalescing from injury or illness as an inpatient

Sponsoring Organization: The internal organization in the Church that coordinates your assignment and provides ecclesiastical or other direction while you serve. Some examples are the Temple or Missionary Departments, Office of General Counsel, Church Education System, BYU China Teachers, etc.

Surgical Center: Any licensed public or private establishment:

- With an organized medical staff of physicians
- With permanent facilities equipped and operated primarily for the purpose of performing surgical procedures
- With continuous physician services whenever a patient is in the facility, and
- That does not provide services or other accommodations for patients to stay overnight

Transitional Rehabilitation Care: Transitional rehabilitation to a person's home after an inpatient hospitalization. This allows assistance in recuperation or convalescence from an acute injury or illness. Custodial care is not included in this benefit

Transplant: A surgical procedure that removes a tissue or organ from a patient's body and replaces it with a corresponding tissue or organ. A transplant can be from one part of the patient's body to another, such as a skin graft using the patient's own skin. Or it can be from one patient to another patient, as in the case of a donor kidney being transplanted into a recipient

Urgent Care Facility: A facility or clinic, not a hospital emergency room or physician's office, that provides treatment for urgent medical needs that are not life-threatening at that particular time

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Appeals

You may appeal a benefit determination within 12 months of when the benefit was originally processed/determined. You must submit the appeal in writing and address it to:

Deseret Mutual
Senior Service Medical Plan
Attn: Claims Management Review
P.O. Box 45730
Salt Lake City, Utah 84145-0730

Financial Disclosure

Network providers are under contract with Deseret Mutual to provide quality, cost-effective medical care. The financial arrangements in our contracts may include discounts from the normal fees charged by health-care providers and incentive arrangements that reward quality, cost-effective medical care through the prudent use of health-care resources.

Fraud Policy Statement

It is unlawful to knowingly provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. An application for coverage or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid. Non-compliance with a contract prepared by Deseret Mutual addressing abuse of health-care benefits or systems may also lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid.

Subrogation

If you have an injury or illness that is the liability of another party and you have the right to recover damages, Deseret Mutual requires reimbursement for the amount it has paid when damages are recovered from the third party.

In addition, if you do not attempt to recover damages from the third party as described above, Deseret Mutual has the right to initiate legal action against the liable third party to recover the amount it has paid for your injuries.

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Exclusions

Services that do not meet the definition of eligibility are not eligible for coverage. All procedures or treatments are excluded until specifically included in the SSMP. In addition, the following services and their associated costs are excluded from coverage:

Custodial Care

- 1.1 Inpatient hospitalization or residential treatment for the primary purpose of providing shelter and/or safe residence
- 1.2 Custodial care, education, training, or rest cures unless otherwise provided by the terms of the plan. Custodial or long-term care is defined as maintaining a patient beyond the acute phase of injury or sickness, and includes room, meals, bed, or skilled medical care in any hospital or care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, etc. The patient's impairment, regardless of the severity, requires such support to continue for more than two weeks after establishing a pattern of this type of care

Dental Care

- 2.1 Dental treatments, including care and treatment of the teeth, gums, or alveolar process, dentures, crowns, caps and permanent bridgework, appliances, or supplies used in such care and treatment, unless otherwise provided for by the terms of the plan

Diagnostic and Experimental Services

- 3.1 Care, treatment, diagnostic procedures, or operations that are for diagnostic purposes not related to an accidental injury or sickness unless otherwise provided for by the terms of the plan
- 3.2 Care, treatment, or diagnostic procedures that are:
 - considered medical research
 - investigative/experimental technology (unproven care, treatment, procedures, or operations)
 - not recognized by the U.S. medical profession as usual and/or common
 - determined by Deseret Mutual not to be usual and/or common medical practice
 - illegal

That a physician might prescribe, order, recommend, or approve services or medical equipment does not, of itself, make it an allowable expense, even though it is not specifically listed as an exclusion.

Investigative/experimental technology means treatment, procedure, facility, equipment, drug, device, or supply that does not, as determined by Deseret Mutual on a case-by-case basis, meet all of the following criteria:

- The technology must have final approval from all appropriate governmental regulatory bodies, if applicable

Senior Service Medical Plan

- The technology must be available in significant number outside of the clinical trial or research setting
- The available research about the technology must be substantial. For plan purposes, substantial means sufficient to allow Deseret Mutual to conclude:
 - The technology is both medically necessary and appropriate for the covered person's treatment
 - The technology is safe and efficacious
 - More likely than not, the technology will be beneficial to the covered person's health
 - The technology must be generally recognized as appropriate by the regional medical community as a whole

Procedures, care, treatment, or operations falling in the categories described herein continue to be excluded until actual experience clearly defines them as non-experimental and they are specifically included in the medical policy by Deseret Mutual.

3.3 Sleep studies

Fertility / Family Planning / Home Delivery

- 4.1 Family planning, including contraception, birth control devices, and/or sterilization procedures, unless the patient meets Deseret Mutual's current medical criteria
- 4.2 Abortions, except in the cases of rape or incest, or when the life of the mother and/or fetus would be seriously endangered if the fetus were carried to term
- 4.3 Care, treatment, diagnostic procedures, or operations in relation to in-vitro fertilization
- 4.4 Reversal of sterilization procedures
- 4.5 Planned home delivery for childbirth and all associated costs
- 4.6 All services and expenses related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child (including care, treatment, delivery, diagnostic procedures, or operations, as well as maternity care for the surrogate mother and prenatal/postnatal care for the newborn child) are excluded. All services and expenses for complications related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child are also excluded

Hearing / Speech

- 5.1 The purchase or fitting of hearing aids, except when necessary as the result of an accidental injury during the period of coverage
- 5.2 Speech therapy unless directly related to an incident occurring during the period of service, such as stroke, and unless otherwise provided by the terms of the plan

Legal Exclusions

- 6.1 Medical services the individual is not, in the absence of this coverage, legally obligated to pay
- 6.2 Care, treatment, operations, or prescription drugs incurred after the coverage period ends

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- 6.3 Injury arising from participation in or attempt at committing an assault or felony
- 6.4 Complications resulting from excluded services
- 6.5 Services not specified as covered
- 6.6 Services provided as a result of a court order or for other legal proceedings

Medical Equipment

- 7.1 Multipurpose equipment or facilities, including related appurtenances, controls, accessories, batteries, or modifications thereof. This includes, but is not limited to buildings, motor vehicles, air conditioning, air filtration units, whirlpool baths, exercise equipment or machines, vibrating chairs, beds. Also, certain medical equipment, including air filtration systems, dehumidifiers, exercise equipment, breast pumps, hearing aids for anyone 19 or older, hearing devices, heating lamps or pads, humidifiers, braces or orthotics, learning devices, chairs with a lifting mechanism or function, spa memberships, vision devices, whirlpools, or modifications associated with activities of daily living, homes, or vehicles unless they are required as the direct result of an accident or injury that occurred during the coverage period
- 7.2 Durable medical equipment, such as communication devices, hospital beds, canes, wheelchairs, c-pap machines or their supplies, insulin pumps, etc., unless they are required as the direct result of an accident or injury that occurred during the coverage period

Medical / Cosmetic

- 8.1 Care, treatment, or operations that are performed primarily for cosmetic purposes, except for expenses incurred as a direct result of accidental injury suffered during the period of coverage
- 8.2 Care, treatment, or operations that are not clearly a medical necessity
- 8.3 Care, treatment, or operations for convenience, contentment, or other non-therapeutic purposes
- 8.4 Cardiopulmonary fitness training or conditioning either as a preventive or therapeutic measure for chronic conditions
- 8.5 Care, treatment, diagnostic procedures, or any other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 8.6 Care, treatment, or operations in connection with disturbances of the temporomandibular joint (TMJ), except when related to an accidental injury occurring during the coverage period
- 8.7 Joint replacement surgeries except as otherwise provided by the terms of the plan
- 8.8 Care, treatment, or operations of male organic impotence, including implants, medications, and injections

Mental Health / Counseling

- 9.1 Mental or emotional conditions without a manifest psychiatric disorder or with non-specific symptoms

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- 9.2 Services and materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological
- 9.3 Education and/or treatment for learning disabilities and/or physical or mental developmental delay, including pervasive developmental disorders and/or cognitive dysfunctions
- 9.4 Mental health services provided in a day treatment program and/or residential care facility
- 9.5 Marriage and family counseling, recreational therapy, or therapy over the telephone
- 9.6 Care or treatment of the chronic phase of mental illness

Miscellaneous

- 10.1 Transportation services except as specified by the plan
- 10.2 Alternative health-care practices, including but not limited to acupuncture, massage therapy, herbal and homeopathic drugs and medicines, acupressure, etc.
- 10.3 Services of any practitioner of the healing arts who:
 - ordinarily resides in the same household with the member or his/her dependents
 - has legal responsibility for financial support and maintenance of the member or his/her dependents
- 10.4 Care or treatment in a pain clinic, (including spinal cord stimulators) unless otherwise provided by the terms of the plan
- 10.5 Care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred

Obesity

- 11.1 Care, treatment, or operations in connection with obesity

Other Coverage / Worker's Compensation / Government

- 12.1 Services or materials covered, or that could have been covered, required, or provided by any statute had you complied with the statutory requirements, including but not limited to no-fault coverage
- 12.2 Services covered, or that could have been covered, by applicable workers' compensation statutes
- 12.3 Services or materials that a third party, or the liability coverage of the third party, underinsured motorist, or uninsured motorist coverage pays or is obligated to pay
- 12.4 Physical examination for the purpose of obtaining coverage, employment, government licensing, or as needed for physical exams for volunteer work unless otherwise provided by the terms of the plan
- 12.5 Services covered, or that could have been covered, by any governmental plan had you complied with the requirements of the plan, including but not limited to Medicare

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Prescription Drugs

- 13.1 Specific medications, unless specifically authorized by Deseret Mutual
- 13.2 Excluded medications, including but not limited to contraceptive pills for birth control, dietary or nutritional products and/or supplements (including special diets for medical problems), herbal remedies, homeopathic treatments, products used to promote or stimulate hair growth, medications used for sexual dysfunction and medications whose use is for cosmetic purposes, vitamins, weight reduction aids, and over the counter (OTC) products

Preventive Services

- 14.1 Immunizations, unless otherwise specified by the plan
- 14.2 Routine medical exams or well-woman checkups (physicals) except as otherwise provided by the terms of the plan
- 14.3 Bone density testing, unless otherwise specified by the plan

Testing

- 15.1 Allergy tests

Transplants

- 16.1 Care, treatment, diagnostic procedures, or operations in relation to organ transplants (self, donor, or artificial) including bone marrow, blood, or any other similar transplant

Vision

- 17.1 Routine eye exams or refractions for the correction of vision except as otherwise provided by the terms of the plan
- 17.2 Eye/visual training, the purchase or fitting of glasses and/or contact lenses, care, treatment, or diagnostic procedures, or other expenses for elective surgeries to correct vision, including radial keratotomy or LASIK surgery, unless otherwise provided for by the terms of the plan

Notice of Discretionary Authority

Deseret Mutual has full discretionary authority to interpret the plan and to determine eligibility. Deseret Mutual has the sole right to construe plan terms. All Deseret Mutual decisions relating to plan terms or eligibility are binding and conclusive.

Notice of Non-compliance & Abuse of Benefits

If a person covered by the SSMP seeks to either bypass or ignore appropriate medical advice in an attempt to abuse the health-care system (which may include, but is not

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limited to, jumping from physician to physician, emergency room to emergency room, or seeking medications from multiple sources), Deseret Mutual has the right to place that person on what's called a "medical compliance plan."

The person will then be instructed to receive care from certain providers and/or facilities that are specifically named in the compliance plan, as determined by Deseret Mutual.

If the person then chooses to receive care from providers and/or facilities that are not included in the compliance plan, benefits will be denied and the person will be responsible for paying all costs associated with this care, including repaying Deseret Mutual for any amounts it may have paid.

Legal Notice

This handbook provides you with an explanation of benefits under the SSMP and constitutes a legal contract between you and COP.

Notification of Benefit Changes

COP reserves the right to amend or terminate the SSMP at any time. If benefit changes are made, we will notify you within 60 days before the effective date of change.

Summary of Benefits (Coverage During Mission)

Regular Services	Preauth- orization Required	Non- preauth- orization Payment	Subject to Deduct- ible	Applies to Out-of- Pocket	Applies to Rx Maximum	Coverage Level	Copay- ment Amount	Coinsur- ance Amount
Accident-related Dental*	No	None	Yes	Yes	No	80%	—	20%
Accident-related Eyewear (Glasses & Contacts)	No	None	Yes	Yes	No	80%	—	20%
Ambulance (Ground & Air)	Yes	No benefit	Yes	Yes	No	80%	—	20%
Anesthesia	No	None	Yes	Yes	No	80%	—	20%
Chiropractic Therapy**	Yes	None	Yes	Yes	No	100%	\$20	—
Diabetes Supplies	No	None	Yes	Yes	No	80%	—	20%
Education — Diabetes / Nutritional / Respiratory***	No	None	Yes	Yes	No	80%	—	20%
Flu Shots	No	None	Yes	Yes	No	100%	—	—
Hospital — Emergency Room	No	None	Yes	Yes	No	80%	\$75	20%
Hospital — Inpatient Services	Yes	\$200 per admit	Yes	Yes	No	80%	—	20%
Injections — High Cost	Yes	None	No	No	Yes	90%	—	10%
Laboratory Services — Inpatient	No	None	Yes	Yes	No	80%	—	20%
Laboratory Services — Outpatient	No	None	Yes	Yes	No	100%	—	—
Mental Health — Inpatient**	Yes	\$200 per day	Yes	Yes	No	80%	—	20%
Mental Health — Outpatient — Initial Evaluation	No	None	Yes	Yes	No	100%	\$20	—
Mental Health — Outpatient — Testing	No	None	Yes	Yes	No	80%	—	20%
Mental Health — Outpatient — Therapy	No	None	Yes	Yes	No	100%	\$20	—
Mental Health — Outpatient — Medication Management	No	None	Yes	Yes	No	100%	\$20	—
Office Visits	No	None	Yes	Yes	No	100%	\$20	—
Physical Therapy**	No	None	Yes	Yes	No	100%	\$20	—

(Continued on next page)

Regular Services	Preauth- orization Required	Non- preauth- orization Payment	Subject to Deduct- ible	Applies to Out-of- Pocket	Applies to Rx Maximum	Coverage Level	Copay- ment Amount	Coinsur- ance Amount
Prescription Drugs — Retail — Generic	No****	None	No	No	Yes	65%	—	35%
Prescription Drugs — Retail — Brand-name	No****	None	No	No	Yes	50%	—	50%
Prescription Drugs — Mail-order — Generic	No****	None	No	No	Yes	75%	—	25%
Prescription Drugs — Mail-order — Brand-name	No****	None	No	No	Yes	50%	—	50%
Prescription Drugs — Outside U.S. — Generic	No****	None	No	No	Yes	65%	—	35%
Prescription Drugs — Outside U.S. — Brand-name	No****	None	No	No	Yes	50%	—	50%
Radiology — Major Services	Yes	\$200 per day	Yes	Yes	No	80%	—	20%
Radiology — Minor Services	No	None	Yes	Yes	No	80%	—	20%
Surgery	Yes	\$200 per surgery	Yes	Yes	No	80%	—	20%
Transitional Rehabilitation Care	Yes	\$200 per day	Yes	Yes	No	80%	—	20%
Transportation	Yes	\$200 per transport	Yes	Yes	No	80%	—	20%
Urgent Care Facility	No	None	Yes	Yes	No	100%	\$30	—

Preventive Services*****	Preauth- orization Required	Non- preauth- orization Payment	Subject to Deduct- ible	Applies to Out-of- Pocket	Applies to Rx Maximum	Coverage Level	Copay- ment Amount	Coinsur- ance Amount
Colonoscopy	Yes	\$200 per service	Yes	Yes	No	80%	—	20%
Eye Exams	No	None	Yes	Yes	No	100%	\$20	—
Immunizations — Adults / Children	No	None	Yes	Yes	No	100%	—	—
Mammograms	No	None	Yes	Yes	No	80%	—	20%
Pap Smears	No	None	Yes	Yes	No	100%	—	—
PSA Tests	No	None	Yes	Yes	No	100%	—	—
Routine Physical Exams	No	None	Yes	Yes	No	100%	\$20	—
Well-child Care	No	None	Yes	Yes	No	100%	\$20	—

* Maximum is \$2,000 for coverage period. ** For benefit limits, please see pages 18, 22, and 24. ***Maximum is \$200 for each service for coverage period. **** Yes, if the prescription is more than a 30-day supply. ***** Must be continuously covered by the plan for a minimum of two contract years before benefits apply.

Summary of Benefits (Post-mission Transitional Coverage)

Regular Services	Preauth- orization Required	Non- preauth- orization Payment	Applies to Out-of- Pocket	Applies to Rx Maximum	Contracted Coverage Level	Contracted Coinsur- ance	Copay- ment Amount	Non- contracted Level	Non- contracted Coinsur- ance
Accident-related Dental*	No	None	Yes	No	80%	20%	—	80%	20%
Accident-related Eyewear (Glasses & Contacts)	No	None	Yes	No	80%	20%	—	80%	20%
Ambulance (Ground & Air)	Yes	No benefit**	Yes	No	80%	20%	—	80%	20%
Anesthesia	No	None	Yes	No	80%	20%	—	80%	20%
Chiropractic Therapy (limit 6 combined therapy visits)	Yes	No benefit**	Yes	No	100%	—	\$20	100%	—
Diabetes Supplies	No	None	Yes	No	80%	20%	—	70%	30%
Education — Diabetes / Nutritional / Respiratory***	No	None	Yes	No	80%	20%	—	70%	30%
Flu Shots	No	None	Yes	No	100%	—	—	100%	—
Hospital — Emergency Room	No	None	Yes	No	80%	20%	\$75	80%	20%
Hospital — Inpatient Services	Yes	\$200 per admit	Yes	No	80%	20%	—	70%	30%
Injections — High Cost	Yes	None	No	Yes	90%	10%	—	90%	10%
Laboratory Services — Inpatient	No	None	Yes	No	80%	20%	—	70%	30%
Laboratory Services — Outpatient	No	None	Yes	No	100%	—	—	100%	—
Mental Health — Inpatient (limit 10 days)	Yes	\$200 per day	Yes	No	80%	20%	—	70%	30%
Mental Health — Outpatient — Initial Evaluation	No	None	Yes	No	100%	—	\$20	100%	—
Mental Health — Outpatient — Testing	No	None	Yes	No	80%	20%	—	70%	30%
Mental Health — Outpatient — Therapy	No	None	Yes	No	100%	—	\$20	100%	—
Mental Health — Outpatient — Medication Management	No	None	Yes	No	100%	—	\$20	100%	—
Office Visits	No	None	Yes	No	100%	—	\$20	100%	—
Physical Therapy (limit 6 combined therapy visits)	Yes	No benefit**	Yes	No	100%	—	\$20	100%	—

(Continued on next page)

Regular Services	Preauth- orization Required	Non- preauth- orization Payment	Applies to Out-of- Pocket	Applies to Rx Maximum	Contracted Coverage Level	Contracted Coinsur- ance	Copay- ment Amount	Non- contracted Level	Non- contracted Coinsur- ance
Prescription Drugs — Retail — Generic	No	None	No	Yes	65%	35%	—	65%	35%
Prescription Drugs — Retail — Brand-name	No	None	No	Yes	50%	50%	—	50%	50%
Prescription Drugs — Mail-order — Generic	No	None	No	Yes	75%	25%	—	75%	25%
Prescription Drugs — Mail-order — Brand-name	No	None	No	Yes	50%	50%	—	50%	50%
Prescription Drugs — Outside U.S. — Generic	No	None	No	Yes	65%	35%	—	65%	35%
Prescription Drugs — Outside U.S. — Brand-name	No	None	No	Yes	50%	50%	—	50%	50%
Radiology — Major Services	Yes	\$200 per day	Yes	No	80%	20%	—	70%	30%
Radiology — Minor Services	No	None	Yes	No	80%	20%	—	70%	30%
Surgery	Yes	\$200 per surgery	Yes	No	80%	20%	—	70%	30%
Transitional Rehabilitation Care	Yes	\$200 per day	Yes	No	80%	20%	—	70%	30%
Transportation	Yes	\$200 per transport	Yes	No	80%	20%	—	80%	20%
Urgent Care Facility	No	None	Yes	No	100%	—	\$30	100%	—

Preventive Services****	Preauth- orization Required	Non- preauth- orization Payment	Applies to Out-of- Pocket	Applies to Rx Maximum	Contracted Coverage Level	Contracted Coinsur- ance	Copay- ment Amount	Non- contracted Level	Non- contracted Coinsur- ance
Colonoscopy	Yes	\$200 per service	Yes	No	80%	20%	—	70%	30%
Eye Exams	No	None	Yes	No	100%	—	\$20	100%	—
Immunizations — Adults / Children	No	None	Yes	No	100%	—	—	100%	—
Mammograms	No	None	Yes	No	80%	20%	—	70%	30%
Pap Smears	No	None	Yes	No	100%	—	—	100%	—
PSA Tests	No	None	Yes	No	100%	—	—	100%	—
Routine Physical Exams	No	None	Yes	No	100%	—	\$20	100%	—
Well-child Care	No	None	Yes	No	100%	—	\$20	100%	—

* Maximum is \$2,000 for coverage period. ** To be eligible for benefits, these services must be preauthorized.

Maximum is \$200 for each service for coverage period. * Must be continuously covered by the plan for a minimum of two contract years before benefits apply.



150 Social Hall Avenue, Suite 170 • P.O. Box 45730
 Salt Lake City, Utah 84145-0730
 Telephone 801-578-5650 • Toll Free 1-800-777-1647
 Fax Number 801-578-5907 • Email: srmiss@dmba.com
 Website: www.dmba.com/ssmp

For Deseret Mutual
Use Only

SENIOR SERVICE MEDICAL PLAN CLAIM FORM — SERVICES OUTSIDE THE U.S.

Avoid Delay – Answer All Questions (Instructions on Back)

Insured Information

Insured Name		Insured's Deseret Mutual ID	Insured's Birth Date
Patient Name		Patient's Birth Date	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Permanent Home Country Address <i>(Plan payments and correspondence will be sent to this address)</i>			PLEASE SIGN BELOW I certify that the information provided on this form is complete and true. I authorize Deseret Mutual, health care providers, and/or persons or entities retained by Deseret Mutual for the purpose of auditing claims to secure or release information relating to this claim. I understand, agree, and consent that this authorization shall remain in effect indefinitely. <div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> SIGNATURE DATE </div>
Street			
City	State/Province	Postal Code	
Country	Phone Number		
Email			
Who made payment for the services? <input type="checkbox"/> Insured <input type="checkbox"/> Patient <input type="checkbox"/> Mission <input type="checkbox"/> Area Office <input type="checkbox"/> Other: _____			<i>When all services were paid by a mission or area office, payment goes to Church Headquarters.</i>

Medical Information

Describe the sickness or injury	Date of accident or date sickness began Month Day Year
If injured, how did the accident happen?	If injured, where did the accident happen?
What treatment was given?	

Itemization of Expenses

Service Date (Month/Day/Year)	Type of Service Provided (Office visit, lab, X-ray, hospital, etc.)	Country Name	Amount in Local Currency	U.S. Dollar Equivalent

HELP US PROCESS YOUR CLAIM

1. You must make sure the service provider has been paid. If you cannot pay for an expensive medical service, contact your sponsoring organization (such as the mission or area office) for options, or contact Deseret Mutual.
2. Reimbursement is issued by check in United States dollars. If you pay for services, we will issue reimbursement to the insured. If a mission or area office pays, we will issue reimbursement to Church Headquarters. You are responsible to make sure any unpaid amount is reimbursed to the mission or area office. Please note that payment to providers is limited to providers in the United States.
3. Complete the requested information on the reverse side of this form, sign it, and send it to Deseret Mutual as soon as possible after you incur medical expenses. You must include a claim form each time you submit a bill.
4. Attach a copy of the bill(s) for the services provided. If the bill is not in English, please provide a translation of the bill. Failure to provide a translation may delay processing of your claim.
5. Deseret Mutual will: 1) use a reputable exchange rate system to calculate reimbursement to the insured based on the service date; or 2) use the Church's exchange rate to reimburse Church Headquarters for the month in which services were rendered.
6. Claims must be submitted within 12 months from the service date. Claims received after this date will not be eligible for benefits.
7. Send the claim form and related medical bills to:

Deseret Mutual Benefit Administrators
Attn: Senior Service Medical Plan
P.O. Box 45730
Salt Lake City, Utah 84145-0730
United States of America

When the claim has been processed, you will receive an Explanation of Benefits from Deseret Mutual verifying payment and explaining how your claim has been processed. If you have any questions, please contact Deseret Mutual at the address above, or call or email:

Salt Lake City, Utah area 801-578-5650
Outside of the United States 801-578-5650
Toll free (not available outside of U.S.) 1-800-777-1647
Email srmiss@dmdba.com

NOTE: Be sure to fill in **all** of the requested information. If you do not, the processing of your claim may be delayed.



SENIOR SERVICE MEDICAL PLAN CLAIM FORM — SERVICES INSIDE THE U.S.

For Deseret Mutual
Use Only

Avoid Delay – Answer All Questions (Instructions on Back)

Insured Information

Name of Insured		Insured's Deseret Mutual ID	Insured's Birth Date
Name of Patient		Patient's Birth Date	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Insured's Mailing Address			PLEASE SIGN BELOW
Street			I certify that the information provided on this form is complete and true. I authorize Deseret Mutual, health care providers, and/or persons or entities retained by Deseret Mutual for the purpose of auditing claims to secure or release information relating to this claim. I understand, agree, and consent that this authorization shall remain in effect indefinitely. Signature: _____ Date: _____
City	State	Postal Code	
Email	Phone Number		

Is the patient covered by any other group coverage, health maintenance organization, or government plan (including Medicare Parts A & B)? Yes No If yes, please fill in the information below:

Name of coverage or other benefits provider: _____

Insured individual's name: _____

Insured individual's Social Security number: _____

Name of group policyholder and contract number(s): _____

Address of coverage or other benefits provider: _____

Phone number of coverage or other benefits provider: _____

Medical Information

Describe the sickness or injury	Date of accident or date sickness began Month Day Year
If injured, how did the accident happen?	If injured, where did the accident happen?
What treatment was given?	

Itemization of Expenses

Date of Service (Month/Day/Year)	Type of Service Provided (Office Visit, Lab, X-ray, Hospital, etc.)	Charged Amount	Amount Paid

HELP US PROCESS YOUR CLAIM

1. A claim form, properly completed and signed, must be included each time you submit a bill.
2. Attach a complete itemized bill from the service provider. An itemized bill includes:
 - Diagnosis and diagnostic code(s)
 - Procedure(s) and procedure code(s)
 - Place of service
 - Amount charged for each service
 - Provider name, address, phone number, and tax identification number
3. For prescription charges for which you are seeking payment, please use a VRx claim form to submit these claims. To get these claim forms, contact Deseret Mutual.
4. Complete the requested information on the reverse side of this form, sign it, and send it to Deseret Mutual as soon as possible after you incur medical expenses.
5. Claims must be submitted within 12 months from the date the service was rendered. Claims received after this date will not be eligible for benefits.
6. Send the claim form and related medical bills to:

Deseret Mutual Benefit Administrators
Attn: Senior Service Medical Plan
P.O. Box 45730
Salt Lake City, Utah 84145-0730

When the claim has been processed, you will receive an Explanation of Benefits from Deseret Mutual verifying payment and explaining how your claim has been processed. If you have any questions, please contact Deseret Mutual at the address above, or call or email:

Salt Lake City, Utah area 1-801-578-5650

Toll free 1-800-777-1647

Email srmiss@dmba.com

NOTE: Be sure to fill in **all** of the requested information. If you do not, the processing of your claim may be delayed.

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DESERET MUTUAL
BENEFIT ADMINISTRATORS