

Medical continuation coverage

Medical continuation coverage gives you and your eligible family members the option to continue medical and prescription drug coverage when it would otherwise end — for example, as a result of termination of employment, or retirement before age 65.

HOW IT WORKS

Once your coverage under the Medical Plan ends, enrolling in medical continuation coverage enables you to continue essentially the same medical* and prescription drug coverage that you and your covered family members had, but on a self-paid basis and for a limited time.

To continue your current coverage in medical continuation, you must enroll in the same option — the PPO, EPO, or HDHP — for medical continuation that you had while working for a Presbyterian Church (U.S.A.) congregation or an affiliated employer.

If you retire before age 65, medical continuation coverage may be available to bridge the gap until you become eligible for Medicare.

If you are enrolled in Pastor's Participation and are temporarily unemployed and actively seeking church service, on an approved leave of absence, or under discipline, you may first participate in transitional participation coverage. If you do not return to church employment, you can then apply for medical continuation. If you enroll in medical continuation coverage first, you will not be eligible later for transitional participation coverage.

The duration of medical continuation coverage depends on why your current coverage is ending. (See Eligibility and Duration chart.) If you retire before age 65, you may be eligible to enroll in the Humana Group Medicare Advantage PPO plan once you are eligible for Medicare. For details visit pensions.org/humana.

* If enrolling in medical continuation coverage under the PPO, your deductible(s) and medical out-of-pocket maximum for 2024 will be based on the salary range of \$58,270 to \$63,024.

APPLYING FOR COVERAGE

To enroll, you must return the completed personal information, subscription, and authorization sections of the Medical Continuation Enrollment or Waiver form to the Board, along with the initial payment, within 60 days of the event that results in termination of your coverage under the Medical Plan. The Medical Continuation Enrollment or Waiver form is provided by the Board of Pensions when your employment terminates. Your coverage begins immediately following any applicable coverage period in which coverage is provided at no cost to you.

EARLY RETIREMENT

If you are under age 65 and retire on or after January 1, 2024, you may enroll in medical continuation coverage and maintain this coverage until age 65, if you wish. Once you are eligible for Medicare and are enrolled in Medicare Parts A and B, you will be eligible to enroll in the Humana Group Medicare Advantage PPO plan.

You may have other options, including any plan on the federal Health Insurance Marketplace or a state's health insurance exchange, for healthcare coverage before you become eligible for Medicare. Your state may offer assistance through the State Health Insurance Program (SHIP) to help you find Medigap plans or other Medicare Advantage plans. You may also visit my.viabenefits.com for assistance with finding other healthcare coverage.

CONTINUING COVERAGE FOR ELIGIBLE FAMILY MEMBERS

The Eligibility and Duration chart outlines the circumstances in which you, your spouse (or former/surviving spouse), and your eligible children may extend coverage under medical continuation and/or the Humana Group Medicare Advantage PPO plan when Medical Plan coverage ends.



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Monthly Costs

| Coverage level | PPO | EPO | HDHP |
|---------------------|---------|---------|---------|
| Member-only | \$1,130 | \$960 | \$887 |
| Member + Spouse | \$2,297 | \$1,952 | \$1,803 |
| Member + Child(ren) | \$1,753 | \$1,490 | \$1,376 |
| Member + Family | \$3,129 | \$2,659 | \$2,456 |

Eligibility and Duration

| Reason for loss of coverage | Eligible individual | Duration of coverage |
|--|---------------------|---|
| Member's employment terminates or hours are reduced resulting in loss of eligibility (before age 55) | Member | 18 months (29 months if member is disabled during first 60 days of medical continuation coverage) |
| | Spouse | 18 months (29 months if spouse is disabled during first 60 days of medical continuation coverage) |
| | Child | 18 months (29 months if child is disabled during first 60 days of medical continuation coverage) |
| Member's disability status ends and termination status starts | Member | 18 months |
| | Spouse | 18 months |
| | Child | 18 months |
| Member's death | Surviving Spouse | 36 months* |
| | Child | 36 months or, if earlier, until age 26* |
| Divorce/Dissolution | Former Spouse | 36 months |
| | Child | 36 months or, if earlier, until age 26 |
| Employment terminates or early retirement for vested member at age 55 or older | Member | Until eligible for Medicare and the Humana Group Medicare Advantage PPO plan |
| | Spouse | Until eligible for Medicare and the Humana Group Medicare Advantage PPO plan |
| | Child | Until age 26 |
| Child loses eligibility because of age | Child | 36 months |
| Employer withdraws employment classification from plan participation | No one | Not available |

*If an active member is enrolled in the pension, death and disability, and medical plans, the member's surviving eligible family may receive 12 months of coverage at no charge to them (or the employer), provided they notify the Board within 60 days of the date of the member's death. This 12-month no-cost period counts toward the 36 months. After the 12-month no-cost period, the eligible family members may enroll in medical continuation coverage on a self-pay basis for up to 24 additional months, for a total of up to 36 months of medical continuation coverage.



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CANCELING COVERAGE

You may cancel your medical continuation coverage by emailing a cancellation request in advance of the termination date to memberservices@pensions.org. The Board must receive your request at least one month in advance of the date you want the coverage to end. Coverage ends on the last day of the month. NOTE: If you cancel your coverage in medical continuation, you cannot reinstate it.

LEARN MORE

For more information about medical continuation, visit pensions.org/members. All the provisions of medical continuation coverage, including appeals and amendments to the plan, are described in the Benefits Plan of the Presbyterian Church (U.S.A.). For more information, see Guide to Your Healthcare Benefits, available on pensions.org. If you have questions or need assistance, call the Board at 800-773-7752 (800-PRESPLAN) (TTY: 711).



Continued coverage

Ongoing medical and prescription drug coverage, on a self-pay basis, when Medical Plan participation ends.



Limited opportunity

If you do not enroll in (or postpone) medical continuation coverage when first eligible, you cannot enroll later.



Sign up for (or waive) coverage

Complete and submit the Medical Continuation Enrollment or Waiver form.

This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) (TTY: 711) for a copy of the plan document.



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

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