

The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), offering retirement, healthcare, death, and disability benefits to qualifying members. The Board also provides financial and vocational grants through the Assistance Program.

## Summary

The Medical Plan provides healthcare coverage for enrolled employees of the Presbyterian Church (U.S.A.) and their eligible family members through one of two medical coverage options: a preferred provider organization (PPO) or an exclusive provider organization (EPO)s. The services covered under each option are largely the same, although the cost-sharing provisions differ.

This Benefits Overview covers the benefits and cost-sharing provisions for the PPO. For information on the EPO, see the Healthcare Coverage (EPO) Benefits Overview.

**Important!** Employees who are given the option of choosing coverage under either the PPO or the EPO should closely compare the provisions of both options. Although the contribution costs may be less for the EPO, the out-of-pocket costs may be higher.

## Eligibility

**Menu options:** The PPO coverage option is available, at the employer's discretion, to employees who are regularly scheduled to work at least 20 hours a week in eligible church or church-related service, and to ministers of the Word and Sacrament who are not in installed positions, regardless of the number of hours they are regularly scheduled to work.

Enrollment is by coverage level:

- Member-only
- Member + Spouse
- Member + Child(ren)
- Member + Family

Children younger than 26 may be enrolled for coverage, regardless of their financial dependency, student status, marital status, or residency. Dependent, totally disabled children who were covered under the plan before they reached age 26 also may be enrolled.

**Pastor's Participation:** Installed pastors *must* be enrolled in PPO coverage through Pastor's Participation, and other ministers *may* be so enrolled, at the employer's discretion. The eligible family members of installed pastors and other ministers enrolled in Pastor's Participation are automatically covered.

## Medical Coverage Waiver

Those members enrolled in menu options may waive medical coverage for themselves or their eligible family members. If they waive medical coverage for themselves, their family members are not eligible for coverage. (See Waiving Medical Coverage Offered through Menu Options in *Guide to Your Healthcare Benefits 2018*.)

Installed pastors and other ministers in Pastor's Participation may not waive medical coverage for themselves but may waive it for family members. Such a waiver will not affect the church's dues amount, however.

## Contributions

**Menu options:** For medical coverage under menu options, employers may offer the PPO, the EPO, or both. The employer must contribute at least 50 percent of the cost of Member-only coverage in the lowest-cost option offered — regardless of which option or coverage level the employee elects. The employee or other minister, if enrolled through menu options, may be required to pay the balance of the cost for Member-only coverage.

Those enrolled in menu options also may be required to pay up to 100 percent of the incremental cost of coverage for their eligible family members.

**Pastor's Participation:** Employers must provide full family coverage at no cost to installed pastors. If, at the employer's discretion, other ministers are enrolled in Pastor's Participation, they, too, must receive full family coverage at no cost to them or their eligible family members.

## Medical Plan Coverage

The PPO encourages use of network physicians and hospitals to access

- preventive care benefits;
- hospital and medical/surgical coverage;
- behavioral health benefits; and
- prescription drug coverage.

The plan also provides resources to improve health and well-being.

Employees and their covered family members may use out-of-network providers, but will pay a greater share of the cost if they do.

### Medical and Behavioral Health

BlueCard, administered by Highmark Blue Cross Blue Shield (BCBS), is the primary network of physicians, hospitals, and other healthcare providers available to eligible plan members. Highmark provides access to the BlueCard network nationally, and is responsible for processing claims for all eligible medical expenses. (OptumRx administers the Prescription Drug Program; for details, see the Prescription Drug Benefits Overview on pensions.org.)\*

## Deductibles, Office Copays, and Copayments

The medical deductible is the amount a member pays annually before the plan pays its portion for certain services. Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined (see 2018 PPO Deductibles and Copayment Maximums chart on the reverse side).

Except for preventive care, members are responsible for a fixed copay for each in-network office visit: \$25 for primary and behavioral health care visits, \$45 for visits to a specialist. Members also pay a copay when they use the telemedicine benefit with Teladoc or seek care at an urgent care center. Copays do not count toward the plan deductible or copayment maximum. For copay amounts, see the Key Provisions: PPO chart on pensions.org.

After reaching the deductible amount, members are still responsible for paying a defined percentage of the cost for certain services — a copayment — up to a maximum annual amount. For PPO network services, the copayment is 20 percent of the allowable charges; for out-of-network care, it is 40 percent (50 percent with no deductible for doctors office visits).

A member's copayment maximum is based on his or her effective salary. Unlike deductibles, only one copayment maximum applies per family. (See 2018 PPO Deductibles and Copayment

Maximums chart.) After a member reaches the plan copayment maximum, the plan pays 100 percent of all additional eligible expenses incurred by the member for the remainder of the year.

There are separate copay requirements for the vision benefit (see Vision Benefits Overview on pensions.org) and prescription drugs (see 2017 Prescription Drug Cost Comparison chart below).

Members can reduce their costs by using network providers, generic drugs, when available, and prescription mail-order services. For further information, see *Guide to Your Healthcare Benefits 2018* on pensions.org.

\* Triple-S and GeoBlue enrollees should consult their plans' provisions for information about covered services.

## Enrollment

Employees may enroll for benefits within 60 days of starting employment or on an initial benefits eligibility date set by the employer, if it is later. Retroactive enrollments are not permitted. Coverage is effective upon enrollment.

Employees may also enroll or change benefits elections during annual enrollment, in the fall. The only other time a member may enroll or make changes is if he or she experiences a qualifying life event, such as a marriage or birth of a child. Changes must be made within 60 days of the qualifying life event.

Enrollment is via Benefits Connect, accessible from the pensions.org home page. Employees elect benefits from those the employer has selected to offer their employment classification.

To elect coverage for a spouse, you must provide the Board of Pensions with a copy of your marriage certificate; for children, you must provide a copy of the birth certificate, legal documentation for wards, or a letter of intent or decree for adoption.

PRESCRIPTION DRUG COST COMPARISON		
Prescription Drugs	Retail (30/90 days)	Mail order (90 days)
Generic	\$10/\$30	\$25
Formulary brand	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	30% of cost; \$50 min to \$250 max
Non-formulary brand	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	50% of cost; \$125 min to \$375 max
Prescription copayment maximum	\$3,000	

## Copays, Deductibles, and Copayment Maximums

<b>2018 PPO DEDUCTIBLES AND COPAYMENT MAXIMUMS</b>				
<i>(for covered inpatient and outpatient medically necessary services; does not include prescription drug costs and office copays you are required to make)</i>				
<b>SALARY RANGE<sup>1</sup></b>	<b>DEDUCTIBLE<sup>2,3,4,5,6</sup></b>		<b>COPAYMENT MAXIMUM<sup>7</sup></b>	
	<b>Network &amp; Non-Network 1.5%</b>	<b>Out of Network 2.5%</b>	<b>Network &amp; Non-Network 5%</b>	<b>Out of Network 15%</b>
\$0 - \$48,759	\$660	\$1,100	\$2,200	\$6,600
\$48,760 - \$53,514	\$735	\$1,220	\$2,440	\$7,320
\$53,515 - \$58,269	\$805	\$1,340	\$2,680	\$8,040
\$58,270 - \$63,024	\$875	\$1,460	\$2,915	\$8,745
\$63,025 - \$67,779	\$950	\$1,580	\$3,155	\$9,465
\$67,780 - \$72,534	\$1,020	\$1,695	\$3,390	\$10,170
\$72,535 - \$77,289	\$1,090	\$1,815	\$3,630	\$10,890
\$77,290 - \$82,044	\$1,160	\$1,935	\$3,865	\$11,595
\$82,045 - \$86,799	\$1,235	\$2,055	\$4,105	\$12,315
\$86,800 or more	\$1,305	\$2,170	\$4,340	\$13,020

<sup>1</sup> Deductibles and copayment amounts are based on salary range, subject to a minimum medical participation basis of \$44,000, up to 70 percent of the maximum medical participation basis (\$124,000), or \$86,800.

<sup>2</sup> Members with eligible family members are responsible for two deductibles, one for the member and one for all other family members combined. Deductibles do not count toward the copayment maximum.

<sup>3</sup> Completion of Call to Health by November 16, 2018, reduces 2019 deductibles.

<sup>4</sup> The annual deductible for a disabled member and his/her eligible family is based on the lesser of the disabled member's last effective salary or the congregational teaching elders' median at the time the disability began.

<sup>5</sup> The annual deductible for individuals enrolled for medical continuation coverage shall be established on the basis of the congregational teaching elders' median.

<sup>6</sup> The annual deductible for seminary students is based on the effective salary minimum amount.

<sup>7</sup> After a member reaches the annual copayment maximum; the Medical Plan pays 100 percent of eligible expenses up to the plan allowance, except for office visit copays. The copayment maximum applies to the member and family combined. Note: The combined individual and family medical and prescription drug copays, deductibles and copayment maximums are capped at the Affordable Care Act annual limitations of \$7,350 and \$14,700.

*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](http://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.*

