

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

If you plan to retire before age 65 — before you are eligible for Medicare — and you meet requirements discussed in this Overview, you may be able to cover the gap between your Board-sponsored coverage and Medicare through medical continuation coverage. Medical continuation enables all members and their eligible family members who are terminating coverage under the Medical Plan for active members to continue essentially the same coverage on a self-paid basis.

If you meet the requirements, you may enroll in medical continuation coverage until you are eligible for Medicare and Medicare Supplement coverage; otherwise, you may enroll for 18 months. You must enroll in the same program, the PPO or EPO, for medical continuation that you had while working for the Presbyterian Church (U.S.A.) or other affiliated employer. The cost for medical continuation coverage starts on the day the coverage becomes effective.

To continue your coverage, you must enroll within 60 days of the termination event. If you do not enroll when you are first eligible, you will not be able to enroll in medical continuation later.

Note: You have the option of changing your coverage from medical continuation coverage to another qualified plan, including any plan on the federal Health Insurance Marketplace or a state health insurance marketplace, and still satisfying the continuous coverage requirement for enrollment in the Medicare Supplement Plan at age 65 (keep in mind, maintaining such coverage satisfies just one of several eligibility criteria for the Medicare Supplement Plan). For information about how and why you might want to make such a change, call the Board of Pensions at 800-773-7752 (800-PRESPLAN).

Eligibility

When retirement is the reason for the loss of coverage under the active Medical Plan, medical continuation coverage may be available to bridge the gap until Medicare eligibility. Maintaining continuous coverage is important if you want to enroll in the Medicare Supplement Plan once you are eligible for Medicare.

Members age 55 or older participating in the Benefits Plan at the time they retire

If the member meets the Rule of 70, the member and his/ her covered spouse may elect coverage until they are Medicare-eligible and their children may enroll until age 26.

If the member does not meet the Rule of 70

- the member (and his/her eligible family members) may enroll for a maximum of 18 months of coverage;
- even if the member does not elect coverage, the covered spouse and children under age 26, if already enrolled in the active Medical Plan, may enroll for a maximum of 18 months of coverage; and
- a surviving covered spouse and/or former covered spouse and children under age 26 may enroll for a maximum of 36 months from the date of the event causing loss of medical coverage.

Members age 55 or older *not* participating in the Benefits Plan at the time they retire

These members may qualify for medical continuation if they meet all three of the following requirements:

- participated in the plan for at least 20 years
- were employed in approved, church-related service or specialized ministry service from plan separation to retirement initiation
- were required by the employing organization prior to retirement to participate in the employer medical program

To substantiate eligibility to enroll in medical coverage, please complete the Proof of Eligible Service for Retiree Medical Coverage form. You can obtain this form by visiting pensions.org or calling the Board of Pensions at 800-773-7752 (800-PRESPLAN) and speaking with a service representative.

Covered services

The coverage under medical continuation is the same as that provided by the Medical Plan to active members and their families, with one difference for those in the PPO option: The PPO deductible and copayment maximum amounts are based on the congregational teaching elders' median. For those in the EPO option, the deductible and maximum out-of-pocket amounts are the same as provided by the Medical Plan to active members and their families. (See *Guide to Your Healthcare Benefits* for coverage details.)

Monthly rates for 2018

Coverage Level	PPO	EPO
Member-only	\$906	\$770
Member + Child(ren)	\$1,406	\$1,195
Member + Spouse	\$1,842	\$1,566
Member + Family	\$2,485	\$2,112

Enrolling for coverage

To enroll, you must return to the Board the completed personal information, subscription, and authorization sections of the Medical Continuation Subscription form, with the initial payment, within 60 days following the event that results in termination of your coverage under the Medical Plan.

Your coverage begins immediately following any applicable coverage period in which coverage is provided at no cost to you.

Continuing coverage upon certain life events

Divorce/dissolution

If, as a retired member, you are divorced or your marriage is dissolved, your former covered spouse may continue coverage through medical continuation (if under age 65) or the Medicare Supplement Plan (if age 65 or older and otherwise eligible) for themselves and their children. To do so, your former covered spouse must elect coverage within 60 days of the date the divorce or dissolution is final. If the former covered spouse does not elect coverage within the 60-day timeframe, the right to continue medical coverage is permanently forfeited. The cost for continued coverage starts on the day the coverage becomes effective.

Member's death

If a retired member dies while covered under medical continuation, the surviving covered spouse and/or dependents must inform the Board within 60 days of the date of death. They may continue existing medical continuation coverage by making the monthly payments for 36 months. If the member met the Rule of 70 upon retirement, the surviving covered spouse may subscribe for Medicare Supplement coverage at age 65 if he or she has maintained continuous medical coverage and is participating in Medicare Part A and Part B.

Canceling coverage

You may cancel your medical continuation coverage by sending a written cancellation request in advance of the termination date to

The Board of Pensions of the Presbyterian Church (U.S.A.)
Attn: Plan Operations
2000 Market Street
Philadelphia, PA 19103-3298

The Board must receive your request at least one month in advance of the date you want the coverage to end. **If you cancel your coverage in medical continuation, you cannot reinstate it.**

Note: 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.)*. Also see *Guide to Your Healthcare Benefits* on pensions.org.

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) for a copy of the plan document.

