CHURCH PLAN COMPLIANCE OBLIGATIONS

and the responsibilities of an employer participating in the Benefits Plan

When an employer elects to offer its employees benefits through the Benefits Plan of the Presbyterian Church (U.S.A.), administered by the Board of Pensions, some (but not all) of its legal compliance obligations shift to the Board of Pensions or one of its designated business partners. As the Benefits Plan is a church plan that has not elected to be subject to Title I of ERISA you will no longer be required to comply with ERISA's disclosure and reporting obligations. Notwithstanding, church plans have certain notice and disclosure requirements under the Internal Revenue Code or other laws, including the Affordable Care Act and HIPAA. The purpose of this document is to inform participating employers of their continued responsibilities and those of the Board's with respect to sponsoring and offering benefits through the Benefits Plan of the PC(USA).

In general, an employer participating in the Benefits Plan will remain responsible for

- adoption of the Benefits Plan by executing the Board's Employer Agreement annually;
- annually setting employee eligibility and contribution policies for its selected plans that comply with the Board's plan terms and applicable laws (including nondiscrimination rules, when applicable);
- supporting its employees in the completion of their annual online enrollment for benefits and beneficiary designations, and reporting other life events that may impact benefits coverage elections;
- providing certain annual notices required for the Medical Plan and the Retirement Savings Plan to eligible employees;
- remitting dues and employee contributions (from pretax payroll deductions under a cafeteria plan maintained by the employer or salary reduction agreement) and,
- reporting employment terminations or other employment changes that might impact a member's benefits eligibility or coverage levels.

The Board of Pensions (or a vendor under contract with the Board) will assume responsibility for the design of the benefits offered, compliance with the laws applicable to church plans, the payment of claims, the claims review and appeals process, and regulatory compliance (including HIPAA, the Affordable Care Act, and applicable Internal Revenue Code provisions).

The Board also assumes the fiduciary responsibility for investment of the defined benefit pension fund and selecting and monitoring the investment options offered in the Retirement Savings Plan [the defined contribution retirement income accounts offered under 403(b)(9)].

Church plans are exempt from various legal compliance obligations applicable to other employer plans, including Pension Benefit Guaranty Corporation premiums for the Defined Benefit Pension Plan, the obligation to provide access to continued medical coverage to terminated employees and beneficiaries under COBRA and ERISA disclosure requirements (e.g., summary plan descriptions, Form 5500).

Notwithstanding its exemption as a church plan from required ERISA disclosures, the Board of Pensions voluntarily discloses comparable information to participating employers and its enrolled employees and their beneficiaries. Unless otherwise required or noted below, compliance notices are available digitally; paper copies are available on request. The Board also offers medical continuation coverage with rights similar to those required by COBRA.

In the first section of the compliance chart that follows, the applicable notice and reporting obligations for all employer group plans (health, welfare, and retirement plans) are listed. The second section lists the requirements for health plans and the third section addresses the requirements for retirement plans, both the Defined Benefit Pension Plan (DBPP) and the Retirement Savings Plan (RSP).

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

Employer plan document/Legal requirements	What it is	Who it is for	What is the timing	How it applies to Church plans	Board of Pensions responsibility	Employer responsibility
SECTION 1: **Reporting and documentation requirements for employer group plans**						
The Employee Retirement Income Security Act of 1974 (ERISA) disclosure and reporting requirements	ERISA sets forth reporting and disclosure requirements, minimum pension funding and vesting obligations, standards of fiduciary conduct, and a pension termination insurance program, the Pension Benefit Guaranty Corporation (PBGC).	Members/Participants and beneficiaries	As determined by various provisions of ERISA.	Church plans are exempt from ERISA, unless they elect ERISA coverage as provided in section 410(d) of the Code. The Benefits Plan and the Retirement Savings Plan have not made an election under section 410(d) of the Code.	Notwithstanding its exemption, the Board provides comparable disclosures to members and other beneficiaries. The Board does not file ERISA reports with the Department of Labor.	No action required.
Internal Revenue Code (IRC) disclosure and reporting requirements	The IRC regulates qualified retirement plans, non-electing group health plans and other employer group benefits. Church plans are excepted from some, but not all of the IRC requirements.	Member/Participants and beneficiaries	As specified in the IRC and regulations.	Church plans are defined in IRC section 414(e).	The Board is responsible for legal compliance with the IRC and other federal laws applicable to church plans. The Board is not required to file reports with the IRS or the Pension Benefit Guaranty Corporation.	Employers who disassociate from the Presbyterian Church (U.S.A.) must report this action to the Board, because they would be ineligible to continue participation in the Plan.
Benefits Plan document	The plan document sets forth the legal terms and conditions of the benefits plans available.	Members, Employers	Copies must be provided no later than 30 days after a written request. The plan administrator must make copies available at its principal office and certain other locations. Plan members are entitled to a copy of the plan upon request.	The IRC requires church retirement and medical plans to have written plan documents. The Benefits Plan is available for churches, agencies, and other nonprofit employers associated with the Presbyterian Church (U.S.A.) to offer their employees. The plan document describes the eligibility rules, costs, and limitations and exclusions for each plan administered by The Board of Pensions of the Presbyterian Church (U.S.A.) (the Board).	The Board of Directors of the Board of Pensions has the authority to amend the Benefits Plan of the Presbyterian Church (U.S.A.), except any reduction in benefits or increase of dues for the Defined Benefit Pension Plan requires advance approval of the General Assembly of the PC(USA). Notice of plan amendments are provided to members, participating employers, local churches, and presbyteries and the next General Assembly of the PC(USA) in a manner that the Board deems reasonable and appropriate based on the nature of the amendment. The Board of Pensions makes the plan document available digitally, and by paper copy on request.	No action required.

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Cafeteria plan (Section 125) document (used for employee pretax contributions for dues, flexible spending accounts, and dependent care accounts)	A cafeteria plan is a separate written plan maintained by an employer for employees that meets the specific requirements and regulations of IRC Section 125. It provides participants an opportunity to receive certain benefits on a pretax basis. Participants in a cafeteria plan must be permitted to choose among at least one taxable benefit (such as cash) and one qualified benefit. A section 125 plan is the only means by which an employer can offer employees a choice between taxable and nontaxable benefits without the choice causing the benefits to become taxable.	Members, Employers	The plan document must be in place before the first day of the plan year when the benefits are available to employees. The plan administrator must make copies available to every employee eligible to participate in the plan before the start of each plan year. Employees are entitled to a copy of the plan upon request.	Organizations participating in the Benefits Plan of the PC(USA) are required to maintain their own valid cafeteria plan (Section 125) plan document. The Board offers the services of Further to participating employers to provide the plan documents and administration of cafeteria plans. At pensions.org, the Board provides a sample Session resolution and other links to Further.	The Board is not responsible for an organization's cafeteria plan (Section 125) plan document.	It is the employer's responsibility to adopt and maintain a valid cafeteria plan (Section 125) document.
Summary Plan Description (SPD) applies to all plans (medical, retirement, death, disability, pension)	The primary document for informing participants and beneficiaries about their benefits plan and how it operates. Must be written for the average participant and be sufficiently comprehensive to inform covered persons of their benefits, rights, and obligations under the plan.	Members, Employers	Automatically distributed to: • participants within 90 days of becoming covered by the plan, and • Pension Plan beneficiaries within 90 days after first receiving benefits. However, a plan has 120 days after becoming subject to ERISA to distribute the SPD. An updated SPD must be provided: • every five years if changes are made to SPD information, or if the plan is amended. • every 10 years, otherwise.	Since the Benefits Plan is exempt from ERISA, an SPD is not required.	The Board provides comparable documents, called "Your Guide to [benefit name]" benefits booklets, which summarize the benefits provided under the plan involved for employers and members. See pensions.org for these documents.	No action required.
Summary of Material Modification (SMM)	Describes the material (substantive) plan changes in the information required to be in the Summary Plan Description (SPD).	Members, Employers	60 days advance written notice is required upon a material (substantive) modification of any plan or coverage term that is not reflected in the most recently provided Summary of Benefits and Coverage (SBC).	Since the Benefits Plan is exempt from ERISA, an SMM is not required.	The Board communicates all plan changes to participating employers and members through the Board Bulletin (following board meetings where plan changes are adopted), in benefits booklets, in plan amendment notices, and using other channels designed to reach all constituencies.	No action required.

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Summary of Material Reduction in Covered Services or Benefits	Summary of group health plan amendments and changes in information required to be in a Summary Plan Description (SPD) that constitute a "material reduction in covered services or benefits." A "material reduction in covered services or benefits" is any change in the plan or required SPD information that an average plan participant would consider important.	Members, Employers	Generally within 60 days of adoption of material reduction in group health plan services or benefits.	Since the Benefits Plan is exempt from ERISA, an SPD is not required; however, the Board provides benefits booklets that fulfill the same purpose.	While not required by law, the Benefits Plan requires notice to all members of any plan amendment. The Board provides electronic notice of all Benefits Plan amendments to employers and members.	No action required.
Form 5500 Series	A disclosure reporting to be filed with the Department of Labor to satisfy certain requirements of ERISA.	Members, Employers	Automatically distributed to participants and Pension Plan beneficiaries receiving benefits within nine months after the end of the plan year, or two months after the due date for filing Form 5500 (with an approved extension).	IRS Announcement 82-146 exempts church plans from the Form 5500 filing requirements.	The Board is not required to file the Form 5500 Series for the plans.	No action required.
Summary Annual Report (SAR)	A summary of the Form 5500.	Members, Employers	Automatically distributed to participants and Pension Plan beneficiaries receiving benefits within nine months after the end of the plan year, or two months after the due date for filing Form 5500 (with approved extension).	Since the Benefits Plan is exempt from ERISA and the requirement to file a Form 5500, SARs are not required.	The Board provides comparable information annually about the status and financial condition of the pension, retirement savings, disability, death, medical and other benefits plans under the Benefits Plan.	No action required.
Notification of Benefit Determination (Claims Notices or "Explanation of Benefits")	If a claim for benefits is denied for any reason, information regarding that benefit claim decision must be provided to the plan member. Denied benefit decisions must include required disclosures, including the specific reason(s) for the denial of a claim, reference to the specific plan provisions on which the benefit determination is based, and a description of the plan's appeal procedures.	Members	Requirements vary depending on the type of plan and type of benefit claim involved.	The Benefits Plan claims and appeals processes comply with the legal requirements applicable to a church plan.	The Benefits Plan (Sec. 18.10) provides for an internal process to review and make determinations regarding benefit claims and benefit claims appeals submitted by members or their duly authorized representatives.	No action required.
Fiduciary Bond	ERISA plans are required to maintain fiduciary bonds — guarantees that ensure responsible parties will uphold certain legal expectations.	Not applicable.	Not applicable.	Church plans are not subject to the ERISA requirement.	The Board maintains fiduciary coverage including Errors & Omissions coverage (under its Directors and Officers insurance coverage), employee crime coverage, and benefits plan purchaser coverage.	Each employer is responsible for carrying its own insurance coverage.

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SECTION 2: Medical plan notices and reporting						
Medical Plan Summary of Benefits and Coverage (SBC) and Uniform Glossary	SBC summarizes Medical Plan benefits and coverage to members and potential members.	Members, potential members, special enrollees	Plan must provide SBC to members and potential members with enrollment materials and upon renewal or reissuance of coverage. SBC must also be provided to special enrollees no later than the date by which an SPD is required to be provided (90 days from enrollment). The SBC and a copy of the Uniform Glossary must also be provided within seven days following the request.	There is no church plan exemption from the SBC and Uniform Glossary requirements.	Board prepares and posts compliant SBCs digitally on pensions.org designed to help plan members understand plan provisions.	No action required for current members. Employers are responsible for alerting potential members to where the SBCs are posted.
Employer Requirement to Inform Members of Coverage Options in State Health Insurance Exchange	Employers are required to notify newly hired Members within 14 days of their date of hire about the availability of state health insurance exchanges, as well as the availability of federal tax credits to purchase health insurance coverage. Effective beginning on October 1, 2013.	Must be provided by the employer to all members regardless of plan eligibility or part-time or full-time status.	Notice must be provided to all new members.	Church plans are not expressly exempted from this requirement.	The Board sends a communication to all employers advising them of this obligation, including model notices.	Employer Obligation: Model notice available at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice
Mandated Claims and Appeals Process with Binding External Review Notice	Group health plans must have an internal claims appeal process that complies with section 503 of ERISA and a federal external review process. Must provide notices of adverse determinations, final internal adverse determinations, and final external review decisions.	Internal claims and appeals: Notices are provided to claimants. Federal external review: Notices are provided by an Independent Review Organization (IRO) to claimants and the plan.	For internal claims and appeals, timing of the notices varies based on the type of claim. For external review, the timing of the notice may vary based on the type of claims and whether the state or the federal process applies.	Church plans are required to have ERISA-compliant claims and appeals process with external review requirements.	As a non-grandfathered plan, the Medical Plan is subject to the mandated claims and appeals process with external review requirements. This is reflected in all communication materials.	No action required.

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Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)	Under the NMHPA, a group health plan that includes childbirth coverage may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours after a normal vaginal delivery or 96 hours following a delivery by cesarean section. Group health plans that provide maternity and/or newborn infant coverage must provide notice to participants of the NMHPA's requirements.	Members	Notice must be included in the Summary Plan Description (SPD).	There is no church plan exemption in the NMHPA.	The Board annually mails a notice to active plan members that this and other legally required notices, as well as Summary of Benefits and Coverage (SBCs), can be found in the Benefits Notices section of pensions.org.	No action required.
Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) Criteria for Medically Necessary Determination Notice	Notice must provide beneficiaries the criteria for medically necessary determinations with respect to mental health/substance use disorder benefits.	Notice must be provided upon request to any current or potential participant, beneficiary, or contracting provider.	Notice must be provided upon request.	There is no church plan exemption in the MHPAEA.	The Medical Plan complies with this notice requirement through Highmark, the medical plan claims processor.	No action required.
Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) Increased Cost Exemption	A group health plan claiming MHPAEA's increased cost exemption must provide a notice of the plan's exemption from the parity requirements.	Notice must be provided to members, beneficiaries, Employee Benefits Security Administration (EBSA), and state regulators.	Notice must be provided if using the cost exemption.	There is no church plan exemption in the MHPAEA.	The Medical Plan has not applied for an exemption from MHPAEA requirements.	No action required.
Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice	Must be provided annually and upon medical plan enrollment	Members	Upon medical plan enrollment	There is no church plan exemption for HIPAA privacy notices.	The Board makes available the HIPAA privacy notice digitally upon Medical Plan enrollment. The Board annually mails a notice to active plan members that this and other legally required notices, as well as Summary of Benefits and Coverage (SBCs), can be found in the Benefits Notices section of pensions.org.	No action required.
Women's Health and Cancer Rights Act of 1998 (WHCRA)	WHCRA requires that group health plans which provide coverage for medical and surgical benefits with respect to mastectomies must also cover certain post-mastectomy benefits, including reconstructive surgery and the treatment of complications. WHCRA requires group health plans that offer coverage for medical and surgical benefits with respect to mastectomies to provide plan members with notice of their rights under WHCRA upon enrollment in the plan and annually thereafter.	Members	Notice must be provided upon enrollment and annually.	Section 7806 of the Public Health Service Act imposes identical requirements of WHCRA on insured church plans.	The Board annually mails a notice to active plan members that this and other legally required notices, as well as Summary of Benefits Coverages (SBCs), can be found in the Benefits Notices section of pensions.org.	No action required.

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Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice	CHIPRA provides members participating in a group health plan with two additional special enrollment periods for members and dependents – (1) termination of Medicaid or Children's Health Insurance Program (CHIP) coverage and (2) eligibility for employment assistance (i.e., financial aid) under Medicaid or CHIP. An employee must request special enrollment under these provisions within 60 days of the occurrence of either event. CHIPRA also requires group health plan sponsors to provide disclosures to their members and to state agencies.	All employees regardless of enrollment or eligibility status.	Notice must be provided annually.	There is no church plan exemption to CHIPRA's special enrollment and disclosure provisions.	The Board reminds employers that it has the obligation to inform members of possible premium assistance opportunities available in the state they reside. The Board provides sample notices for employers.	CHIPRA notices are an employer responsibility; however, the Board provides a sample notice annually on pensions.org, accessible to employers and members.
Wellness Program Disclosure	Notice given by any group health plan offering a health-contingent wellness program (a specific health-related standard is required) to obtain a reward. The notice must disclose the availability of a reasonable alternative standard (or possibility of waiver of the otherwise applicable standard). Disclosure must include contact information for obtaining the alternative and a statement that recommendations of an individual's personal physician will be accommodated.	Members and beneficiaries eligible to participate in a health-contingent wellness program to obtain a reward.	Notice must be provided annually. In all plan materials that describe the terms of a health-contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure that an individual did not satisfy an initial outcome-based standard. If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.	There is no church plan exemption to the Wellness Program Disclosure.	The Board's well-being initiative, Call to Health, is not a health-contingent wellness program.	No action required.

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Notice Regarding Designation of a Primary Care Provider (PCP)	Group health plans that use a network of providers must allow (i) covered individuals to choose their own primary care physicians (PCPs); (ii) a child to select a pediatrician as his or her PCP; and (iii) women to visit a healthcare provider specializing in obstetrics or gynecology without prior authorization or a referral. If a plan requires (or permits) participants to designate PCPs, then it is recommended that plan documents be amended prior to the effective date to reflect the PCP requirements. Summary Plan Descriptions (SPDs) and benefits materials should also be updated to reflect the PCP requirements and include the notice.	Members	Notice must be provided with the Summary Plan Description or any other similar description of benefits.	No church plan exemption.	None of the options of the Medical Plan requires the selection of a PCP.	No action required.
Medicare Secondary Payor Rules (coordination of benefits with Medicare)	Medicare is a federal health insurance program for the elderly and the disabled. The Medicare Secondary Payor (MSP) rules provide that if an employer has 20 or more members for each working day in each of 20 or more calendar weeks in the current or preceding calendar year, the employer acts as a primary payor. For individuals aged 65 or older who are enrolled in a group health plan by virtue of their employment, Medicare acts as a secondary payor to the group health coverage. When a Medicare-eligible individual retires, Medicare coverage becomes primary and any employer-provided retiree health coverage may be designed as secondary coverage.	Under the Medicare, Medicaid, and SCHIP Extension Act of 2007, effective January 1, 2009, insurers, and third-party administrators of fully insured plans, and plan administrators of self-insured plans, will be required to gather information to identify situations in which the group health plans are, or have been *primary* to Medicare. This information is to be submitted electronically to the Secretary of Health and Human Services on a quarterly basis. A civil monetary fine of $1,000 per day of noncompliance for each individual for whom information should have been submitted may be assessed.	As determined by the Centers for Medicare & Medicaid Services (CMS).	There is no church plan exemption from the Medicare secondary payor rules.	The Board works with the Medical Plan and prescription drug administrators to ensure proper administration of the MSP provisions. The Board has established a process to identify eligible small employers and assure that those organizations complete and submit the required Small Employer Exception Submittal Certification form. Member communications support the importance of establishing primary plan responsibility for each active plan member eligible for Medicare and working for an eligible small employer.	The Board has established a process to identify eligible small employers and assure that those organizations complete and submit the required Small Employer Exception Submittal Certification form. No action is required of employers who are not part of this process.

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Medicare Part D (Employer Group Waiver Plan)	Medicare includes a voluntary prescription drug plan for Medicare recipients known as Medicare Part D. Employer Group Health Plans (EGHP), including church plans, offering prescription drug coverage for Medicare-eligible participants may apply for and receive a subsidy from the Medicare program for the coverage provided to those members. EGHPs must provide Medicare eligible members with notice that the plan provided by the employer is "creditable" and eligible for the subsidy if the participant enrolls in the EGHP. EGHP's actuary must certify an EGHP's eligibility for the subsidy.	Members and eligible family members.	By adopting an Employer Group Waiver Program, effective 1/1/2012, the Medicare Supplement Plan offered by the Board now constitutes a qualified Medicare Part D Plan.	There are no exemptions or special rules for church plans under the Medicare Part D regulations. Medicare Part D includes record-keeping and claims processing requirements.	The Board's medical actuary certifies the qualification for the Retiree Drug Subsidy (RDS) for disabled plan members eligible for Medicare. Certificates of creditable coverage are issued to those members only. Because the Board adopted an Employer Group Waiver Program, which gives the Prescription Drug Program for Medicare-eligible retirees the official status of a qualified Part D program, the Board's prescription drug vendor partner issues the certificates of creditable coverage.	No action required.
COBRA (Consolidated Omnibus Budget Reconciliation Act) Notices (Right to Purchase, Election Notice, Notice of Unavailability, Notice of Early Termination of COBRA Coverage)	COBRA requires group health plans to offer members and their dependents the opportunity for a temporary extension of health coverage (called continuation coverage) if the following qualifying events occur where coverage under the plan would otherwise end: • loss of job • reduction in hours • death • divorce • entitlement of employee to Medicare • loss of dependent status Group health plans must notify individuals of their rights to healthcare continuation coverage under COBRA when they first become eligible for coverage, they are hired, they add a new spouse, and qualifying events occur.	Members, spouses, and eligible dependents.	• General notice — When group health plan coverage commences. • Election notice and notice of unavailability — The administrator must generally provide qualified beneficiaries with this notice, generally within 14 days after being notified by the employer or qualified beneficiary of the qualifying event. • Notice of early termination of COBRA coverage — As soon as practicable following the administrator's determination that coverage will terminate.	Church plans are exempt from ERISA's COBRA requirements and the Code provisions imposing an excise tax upon failure to provide COBRA continuation coverage under a group health plan.	The Medical Plan includes medical continuation coverage through which members, spouses, and eligible dependents whose coverage terminates due to a qualifying event may enroll for medical continuation coverage for a duration that is comparable to, and in some cases, longer than the COBRA required duration. This coverage is on a self-pay basis; the costs are not related to the employer's cost of medical coverage.	Each employer has the obligation to provide the Board with timely notice upon the termination of Medical Plan enrollment for an employee, spouse, or dependent.

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Affordable Care Act (ACA) and HIPAA (Health Insurance Portability and Accountability Act of 1996) Special Enrollment Period Notices	The ACA and HIPAA requires group health plans to provide special enrollment periods during which individuals that previously declined coverage for themselves and/or their dependents are allowed to enroll, without having to wait until the plan's next open enrollment period. A special enrollment period occurs if (i) an employee or a dependent of an employee with other health coverage loses that coverage, or (ii) an individual becomes a dependent of a plan participant through marriage, birth, adoption, or placement for adoption.	Members eligible to enroll in a group health plan.	At or before the time an employee is initially offered the opportunity to enroll in the group health plan.	Church health plans are subject to the ACA and HIPAA requirements regarding special enrollment periods.	The Board's enrollment rules comply with the ACA and HIPAA special enrollment period notice requirements for the Medical Plan.	It is the Employer's responsibility to notify the Board of events that trigger an employee's right to a special enrollment period.
ACA Health Plan Reporting Obligations	The ACA imposes annual tax reporting forms (1095-B and 1095-C). The reporting forms allow the federal government to monitor compliance with the employer coverage mandate applicable to employers with 50 or more members.	Members and employers.	As described by the ACA.	Large church employers are subject to the ACA reporting obligations. The Board works with large employers to provide the necessary data.	The Board reports each individual's coverage under the Medical Plan to the IRS on Forms 1094-B (transmittal) and 1095-B annually. The Board is responsible for reporting detailed data on enrolled individuals on Form 1095-B.	Large employers (with 50 or more full-time members) are required to report to whom they offer health plan or health insurance coverage to the IRS on Forms 1094-C and 1095-C and provide a copy of the statement to the individual. The Board does not file the forms for large employers and each large employer must file its own. Employers filing Form 1095-C may skip Part III "Covered Individuals" for any members who were enrolled in medical coverage for the entire reporting year.

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ACA Fees on Health Plans	The ACA imposes certain annual fees on health plans, including the Patient-Centered Outcome Research Institute (PCORI) Fee. Initially scheduled to expire in 2019, in December 2019, Congress extended the obligation to pay the fee through 2029. The fee is based on the average number of lives covered by the plan times an applicable amount for the year. The applicable amount is adjusted annually for inflation.	Employers	As described by the ACA.	Church plans are not expressly exempted from this requirement.	The Medical Plan pays the PCORI fee.	No additional charge is assessed to employers.
Employee Benefits Security Administration (EBSA) Form 700	EBSA Form 700 is a form used by organizations to claim an accommodation with respect to the Affordable Care Act (ACA) requirement to cover certain contraceptive services without cost sharing (Contraceptive Mandate). Organizations that object to any required contraception coverage were to file an EBSA Form 700 with their insurance company notifying them of the nonprofit's objection. The insurance company would then provide the contraceptive coverage directly to members without any involvement of the employer, including any distribution of literature or extra payments by the employer. As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the organization has a religious objection to providing coverage for all or a subset of contraceptive services.	EBSA Form 700 is provided by the organization or its plan to the plan's health insurance issuer or third-party administrator. Notice to the Secretary of HHS should be sent by email or U.S. mail to HHS.	Not applicable.	HHS expressly exempted churches (including houses of worship, such as synagogues and mosques) and their integrated auxiliaries, associations of churches, and any religious order that engages exclusively in religious activity from the Contraceptive Mandate.	The Medical Plan covers all forms of contraceptive services required by the Affordable Care Act (ACA).	No action required.
Qualified Medical Child Support Order (QMCSO) Notice	Notice regarding receipt and qualification determination on a MCSO directing the plan to provide health coverage to a participant's noncustodial children.	Members, children of members named in an QMCSO, and their representative.	Administrator, upon receipt of QMCSO, must promptly issue notice (including plan's procedures for determining its qualified status). Administrator must also issue separate notice as to whether the QMCSO is qualified within a reasonable time after its receipt.	The Child Support Performance and Incentives Act of 1998 (CSPIA) provides that group health plans maintained by churches are subject to QMCSOs.	The Board complies with QMSCO requirements. The Medical Plan covers noncustodial children, provided that the member satisfies any support requirement.	Employer should provide copy of any QMCSO served upon it to the Board. The Board, upon receipt of QMCSO, promptly reviews any notice and responds to the member.

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National Medical Support (NMS) Notice	Notice used by state agency responsible for enforcing healthcare coverage provisions in a QMCSO. ERISA outlines the employer and an ERISA plan administrator's responsibilities.	State agencies, employers, plan administrators, members, custodial parents, children, representatives.	Employer must either send Part A to the state agency, or Part B to plan administrator, within 20 days after the date of the notice or sooner, if reasonable. Administrator must promptly notify affected persons of receipt of the notice and the procedures for determining its qualified status. Administrator must within 40 business days after its date or sooner, if reasonable, complete and return Part B to the state agency and must also provide required information to affected persons. Under certain circumstances, the employer may be required to send Part A to the state agency after the plan administrator has processed Part B.	While the ERISA section and related regulations do not apply, there is no church plan exemption to the state NMS notice requirements.	The Board works with employers to assure that requirements are satisfied.	Employer must complete and return Part A of the NMS Notice to the state agency, or transfer Part B of the notice to the Board, within 20 days after the date of the Notice or sooner, if reasonable. The Board must, within 40 business days after the date of the Notice or sooner, if reasonable, complete and return Part B to the state agency and must also provide required information to affected persons.

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Families First Coronavirus Response Act of 2020 (FFCRA), and the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES)	The laws require health plans to provide benefits coverage for COVID-19 detection and diagnostic testing without imposing cost sharing (deductibles, copayments, and coinsurance), prior authorization, or any other medical management requirement until the national emergency period ends. The laws also require that health plans provide benefits for telehealth visits and other remote care services, including mental health and substance use disorder services, and to cover these types of services without cost-sharing and other medical management requirements during the national emergency period. Additionally, high-deductible health plans (HDHPs) can provide telehealth and other remote care services for any healthcare expenses (not just COVID-19 testing) with no deductible. This provision will not prevent an HDHP participant from being able to contribute to a health savings account (HSA). Further, plans may be amended midyear to provide coverage related to COVID-19 without providing the otherwise applicable 60-day advance notice. Instead, health plans must provide notice of these changes as soon as reasonably practicable by issuing a new SBC or a notice of material modification describing the changes.	Members and enrolled family members.	Per FFCRA and CARES requirements.	Guidance released by the Departments of Labor, Health and Human Services, and the Treasury (FAQs) clarify that the laws' health plan provisions apply to church plans.	The Board has adopted the coronavirus legal requirements for the Medical Plan and included notice of these changes on its website, pensions.org, as well as in newsletters and other emails sent to plan members.	No action required.

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SECTION 3: **Notices required for retirement plans – Defined Benefit Pension Plan (DBPP) and/or Retirement Savings Plan (RSP)**						
Internal Revenue Code of 1986 **Qualified Plan Requirements for 401(a) defined benefit plans** **(Applies to DBPP)**	IRC Section 401(a) sets forth the requirements for qualified defined benefit pension plans.	Members, employers, and beneficiaries.	Per IRC regulations.	Church plans, as described in IRC 414(e), govern the IRC requirements for church plans. Some but not all of the qualified pension plan requirements apply to church plans. For the Defined Benefits Pension Plan, see https://www.irs.gov/retirement-plans/issue-snapshot-qualification-requirements-for-non-electing-church-plans-under-irc-section-401a	The Board assumes responsibility for the plan document design and administration compliance.	The employer retains responsibility for compliance with the Plan's eligibility, enrollment, and dues payment compliance.
Pension Benefit Guaranty Corporation (PBGC) **(Applies to DBPP)**	ERISA-defined benefit plans are required to pay Pension Benefit Guaranty Corporation (PBGC) premiums and make Pension Benefit Guaranty Corporation (PBGC) disclosure filings.	Members and beneficiaries.	As determined by PBGC rules.	Church defined benefit plans are not subject to the Pension Benefit Guaranty Corporation (PBGC) requirements.	The Defined Benefit Pension Plan does not participate in the Pension Benefit Guaranty Corporation (PBGC) program. The Board does not pay Pension Benefit Guaranty Corporation (PBGC) premiums or file Pension Benefit Guaranty Corporation (PBGC) reports.	No action required.

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Periodic Pension Benefit Statement (Applies to DBPP)	Generally, statements must indicate total benefits and total nonforfeitable pension benefits, if any, which have accrued, or earliest date on which benefits become nonforfeitable. Benefit statements for an individual account plan must also provide the value of each investment to which assets in the individual account have been allocated. Benefit statements for individual account plans that permit participant investment direction must also include an explanation of any limitation or restriction on any right of the participant or beneficiary under the plan to direct an investment; an explanation of the importance of a well-balanced and diversified portfolio, including a statement of the risk that holding more than 20 percent of a portfolio in the security of an entity (such as employer securities) may not be adequately diversified; and a notice directing the participant or beneficiary to the internet website of the Department of Labor for sources of information on individual investing and diversification.	Members and beneficiaries	In general, at least once each quarter for individual account plans that permit participants to direct their investments; at least once each year, in the case of individual account plans that do not permit participants to direct their investments; and at least once every three years in case of defined benefit plans, or, in the alternative, defined benefit plans can satisfy this requirement if at least once each year the plan administrator provides notice of the availability of the pension benefit statement and the ways to obtain such statement.	The Defined Benefit Pension Plan is exempt from ERISA, thus Pension Benefit Statements are not required.	The Board provides comparable information regarding pension benefits to members. Members can access vested pension credits and other information on benefits portal. Notice of experience apportionment benefit increases are provided when granted.	No action required.
Statement of Accrued and Nonforfeitable Benefits (Applies to DBPP)	Statements of total accrued benefits and total nonforfeitable pension benefits, if any, which have accrued, or the earliest date on which benefits become nonforfeitable.	Members	The plan administrator provides a statement to participants upon request, upon termination of service with the employer, or after the participant has a one-year break in service. Not more than one statement shall be required in any 12-month period for statements provided upon request. Not more than one statement shall be required with respect to consecutive one-year breaks in service.	The Defined Benefit Pension Plan is exempt from ERISA, thus statements of accrued and nonforfeitable benefits are not required.	The Board provides comparable information regarding pension benefits to members. Members can access vested pension credits and other information on benefits portal. Notice of experience apportionment benefit increases are provided when granted.	No action required.

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Suspension of Benefits Notice (Applies to DBPP)	Notice that benefit payments are being suspended during certain periods of employment or reemployment.	Members whose benefits are suspended	Notice must be sent during first month or payroll period in which the withholding of benefit payments occurs.	Plans subject to ERISA are required to provide these notices. The Defined Benefit Pension Plan is exempt from ERISA, thus suspension of benefits notices are not required.	The Board provides comparable information.	No action required.
Annual Funding Notice (Applies to DBPP)	Basic information about the status and financial condition of the Defined Benefit Pension Plan, including • the plan's funding percentage; assets and liabilities; demographic information regarding active, retired, and separated from service participants; • the funding policy; • endangered, critical, or critical and declining status; explanation of events having a material effect on liabilities or assets; • rules on termination or insolvency; • a description of the benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC); • annual report information; information disclosed to the PBGC, if applicable; and any additional information the plan administrator elects to include.	Members, beneficiaries receiving benefits, alternate payees receiving benefits, labor organizations representing participants under the plan, each employer of a multiemployer plan that is a party to a collective bargaining agreement pursuant to which a plan is maintained or who would be subject to withdrawal liability, and the Pension Benefit Guaranty Corporation (PBGC).	Not later than 120 days after the plan year for large plans. Small plans (100 or fewer participants on each day during the plan year preceding the notice year) must provide the notice no later than the earlier of the date on which the annual report is filed or the latest date the annual report must be filed (including extensions).	Church plans are exempt from the Pension Benefit Guaranty Corporation (PBGC) requirements.	The information reported to members and beneficiaries from the Defined Benefit Pension Plan's annual valuation report includes the information required in the annual funding notice.	No action required.
Notice of Funding-based Limitation (Applies to DBPP)	The plan administrator of a single-employer or multiple-employer defined benefit plan must provide a notice of specified funding-based limits on benefit accruals and benefit distributions.	Members and beneficiaries	Generally within 30 days after a plan becomes subject to a specified funding-based limitation, as well as at any other time determined by the Secretary of the Treasury.	Church plans are exempt from providing this notice.	Not applicable to the Defined Benefit Pension Plan. Board publishes funding level of the DBPP annually.	No action required.
Notice of Failure to Meet Minimum Funding Standards (Applies to DBPP)	Notification of failure to make a required installment or other plan contribution to satisfy minimum funding standard within 60 days of contribution due date. (Not applicable to multiemployer plans.)	Members, beneficiaries, and alternative payees under Qualified Domestic Relations Orders (QDROs).	Must be provided within a "reasonable" period of time after the failure. Notice is not required if a funding waiver is requested in a timely manner; if waiver is denied, notice must be provided within 60 days after the denial.	The Defined Benefit Pension Plan is exempt from ERISA's minimum funding standards and is not required to provide such a notice.	The Board publishes applicable information from its Defined Benefit Pension Plan annual actuarial valuation report for all members and employers to review. No minimum funding standard applies but the Defined Benefit Pension Plan's funding level exceeds ERISA minimum.	No action required.

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Domestic Relations Order (DRO) and Qualified Domestic Relations Order (QDRO) Notices (Applies to DBPP & RSP)	Notifications from plan administrator regarding its receipt of a DRO, and upon a determination as to whether the DRO is qualified.	Members, and alternate payees (i.e., spouse, former spouse, child, or other dependent of a participant named in a DRO as having a right to receive all or a portion of the participant's plan benefits).	Administrator, upon receipt of the DRO, must promptly issue the notice (including the plan's procedures for determining its qualified status). The second notice, regarding whether the DRO is qualified, must be issued within a reasonable period of time after receipt of the DRO.	Church plans are only subject to some of the QDRO requirements in Section 414(p).	The Board complies with applicable DRO and QDRO notice requirements.	No action required.
Notice of Significant Reduction in Future Benefit Accruals (Applies to DBPP & RSP)	Notice of plan amendments to defined benefit plans and certain defined contribution plans that provide for a significant reduction in the rate of future benefit accruals or the elimination or significant reduction in an early retirement benefit or retirement-type subsidy.	Members, alternate payees under a Qualified Domestic Relations Order (QDRO), contributing employers, and certain employee organizations.	Except as provided in regulations prescribed by the Secretary of the Treasury, notice must be provided within a reasonable time, generally 45 days, before the effective date of a plan amendment (if subject to ERISA).	Church plans are not exempt from these notice requirements.	A reduction in future benefit accruals in the Defined Benefits Pension Plan requires advance approval of the General Assembly of the PC(USA) as well as the Board. To date, no reductions have occurred. If employer reduces employer contributions to RSP, employer responsible for notice to participants.	No action required.
Internal Revenue Code of 1986 Qualified Plan Requirements for 403(b)(9) Plans (Applies to RSP only)	IRC Section 403(b)(9) provides for church retirement income account plans.	Members, employers, and beneficiaries.	Per IRC requirements.	Section 403(b)(9) applies to church plans. Some types of church employers (churches and related employers) are considered qualified church-controlled organizations (QCCO) and have more exemptions than non-QCCOs (NQCCO). For example, QCCOs are exempt from the nondiscrimination testing requirements of section 403(b). NQCCOs are not. Effective January 1, 2013, the RSP was closed to further contributions from members residing in Puerto Rico in response to changes in the PR Code, which does not recognize 403(b) plans.	The Retirement Savings Plan document comports with the current legal requirements applicable to church plans. Fidelity Investments administers the plan and is responsible for most of the operational issues. There is a separate checklist for the RSP's operational compliance requirements of the employers, the Board, and Fidelity, updated for January 1, 2019. There are no filing requirements for the plan. Special tax notices have been updated to reflect IRS Notice 2018-74.	Employing organizations must complete Adoption Agreements to allow their members to participate in the plan. NQCCO employers are responsible for nondiscrimination testing, compliance, and universal availability of benefits notice requirement.

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Section 404(c) Plan Disclosures (Applies to RSP only)	Investment-related and certain other disclosures for participant-directed individual account plans, including blackout notice for participant-directed individual account plans described in ERISA section 404(c)(1)(A)(ii), as described below. Special rules apply for qualified investment options under ERISA section 404(c)(4)(C).	Members and beneficiaries, as applicable.	Certain information should be provided to participants or beneficiaries before the time when investment instructions are to be made; certain information must be provided upon request.	Church plans are exempt from these disclosure requirements.	The Board provides Retirement Savings Plan investment options information that meets or exceeds the 404(c) standards.	No action required.
Notice of Blackout Period for Individual Account Plans (Applies to RSP only)	Notification of any period of more than three consecutive business days when there is a temporary suspension, limitation, or restriction under an individual account plan on directing or diversifying plan assets, obtaining loans, or obtaining distributions.	Members and beneficiaries of individual account plans affected by such blackout periods and issuers of affected employer securities held by the plan.	Generally at least 30 days but not more than 60 days advance notice.	Church plans are not required to provide these notices.	In collaboration with Fidelity Investments, the record keeper of the Retirement Savings Plan, the Board provides comparable notices as needed.	No action required.
Qualified Default Investment Alternative (QDIA) Notice (Applies to RSP only)	Advance notice to participants and beneficiaries describing the circumstances under which contributions or other assets will be invested on their behalf in a qualified default investment alternative, the investment objectives of the qualified default investment alternative, and the right of participants and beneficiaries to direct investments out of the qualified default investment alternative.	Members and beneficiaries on whose behalf an investment in a QDIA may be made.	An initial notice must be provided at least 30 days in advance of the date of plan eligibility, or at least 30 days in advance of the date of any first investment in a qualified default investment alternative on behalf of a participant or beneficiary; or on or before the date of plan eligibility if the participant has the opportunity to make a permissible withdrawal within the first 90 days. Further, there is an annual notice requirement within a reasonable period of time of at least 30 days in advance of each subsequent plan year.	Church plans are exempt from these notice requirements.	In collaboration with Fidelity Investments, the record keeper of the Retirement Savings Plan, the Board provides comparable information.	No action required.
Automatic Contribution Arrangement Notice (Applies to RSP only)	Notice informs participants of their rights and obligations under an automatic contribution arrangement.	Each participant to whom the arrangement applies.	The plan administrator of an automatic contribution arrangement shall, within a reasonable period before such plan year, provide the notice.	Church plans are exempt from these notice requirements.	If an employer elects the RSP automatic contribution option, the RSP, in collaboration with Fidelity Investments, provides participants with a notice of their right to terminate the option.	No action required.

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Disclosures required for the Fiduciary Safe Harbor for Automatic Rollovers to Individual Retirement Plans for Certain Mandatory Distributions Exceeding $1,000 (applies to DBPP & RSP)	To qualify for the safe harbor (a legal provision for avoiding or eliminating certain liabilities), a plan fiduciary (a person whose duty it is to provide trust and care and act primarily for the benefit of another) must provide to participants a summary plan description (SPD) or a summary of material modifications (SMM) that describes the plan's automatic rollover provisions, including an explanation that if a participant is subject to mandatory distribution and fails to make an election regarding a form of benefit distribution, the participant's account balance will be rolled over into an individual retirement plan.	Separating participants subject to mandatory distributions under the Internal Revenue Code.	The disclosure by SPD or SMM must be provided before mandatory distributions are made and will be sufficient if provided in conjunction with the notice required under Code section 402(f) which must be provided to a plan participant no less than 30 days and no more than 180 days before the date of a distribution.	Church plans are exempt from ERISA notice requirements but complies with Code section 402(f).	Neither the defined benefit pension plan nor the RSP provide for mandatory distributions exceeding $1000. The Board provides 402(f) notices to plan members taking distributions from the RSP.	No action required.
Heroes Earnings Assistance and Relief Tax (HEART) Act of 2008	Effective for deaths and disabilities occurring on or after January 1, 2007, the HEART Act requires plans subject to 401(a) and 403(b) of the Code to provide that if a participant dies while performing qualified military service, the survivors of the participant will receive any additional benefits (other than benefit accruals relating to the period of qualified military service) that would be provided under the plans had the participant resumed employment and then terminated employment on account of death. Such participants also must receive service credit for vesting purposes for the period of active-duty service. An individual who performs military service while on active duty for a period of more than 30 days is treated as severed from employment for purposes of eligibility to receive a distribution from a retirement plan. A plan must treat, for benefit accrual purposes, an individual who dies or becomes disabled while performing qualified military service as if the individual has resumed employment on the day preceding the death or disability, and then terminated employment.	Members and beneficiaries.	As determined by HEART Act rules.	There is no church plan exemption in the HEART Act.	The Defined Benefit Pension Plan and the Retirement Savings Plan were amended to comply with the HEART Act. Administrative Rule 402 and the Board's communication piece USERRA Questions and Answers were amended in 2009 and reviewed in 2010 to ensure compliance with the HEART Act.	No action required.

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Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)	USERRA preserves certain rights of members with respect to benefits during voluntary or involuntary leaves to serve in the U.S. armed forces and provides protections when members return to work from service.	Members and beneficiaries.	As determined by USERRA.	There is no church plan exemption in USERRA. USERRA applies to pension plan benefits.	The Plan has been amended and the Board has adopted an administrative rule and published employers' obligations under USERRA. See *Heroes Earnings Assistance and Relief Tax (HEART) Act of 2008* in this document for more information.	No action required.

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.