

Medical continuation coverage

Medical continuation coverage gives you and your eligible family members the option to continue healthcare 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 healthcare coverage that you and your covered family members had, but on a self-paid basis and for a limited time.

To continue your healthcare coverage in medical continuation, you must enroll in the same program — 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. Maintaining continuous coverage is important if you want to enroll in Medicare Supplement once you are eligible for Medicare.

If you do not enroll in (or waive) medical continuation when you are first eligible, you will not be able to enroll later.

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 and whether or not you

meet the Rule of 70. (See Eligibility and Duration chart.) If you retire before age 65, you may be eligible to enroll in the Medicare Supplement Plan once you are eligible for Medicare if you meet the Rule of 70 and maintain continuous coverage under a qualified health plan. Medical continuation coverage may satisfy the continuous coverage requirement for future enrollment in the Medicare Supplement Plan. For details, see Medicare Supplement Plan under Health Programs at pensions.org/members.

Rule of 70

- You must be age 55 or older when you terminate eligible active service.
- You must have at least five years of Medical Plan participation.
- The sum of your age and years of Medical Plan participation at termination must equal 70 or more.

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.

WAIVING/POSTPONING COVERAGE

You may postpone enrollment — that is, you may waive medical continuation coverage — provided you meet the Rule of 70 and have continuous coverage from the time any medical coverage through the Board of Pensions ends. To waive coverage, you must return the completed waiver section of the Medical Continuation Enrollment or Waiver form (available from the Board). If you do not file a waiver of continuous



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coverage when your coverage under the Medical Plan ends, you cannot enroll in Medicare Supplement at a later date, if you are otherwise eligible.

OTHER COVERAGE OPTIONS

You have the option of changing from medical continuation coverage to another qualified plan, including any plan on the federal Health Insurance Marketplace or a state health insurance marketplace, while still satisfying the continuous coverage requirement for enrollment in Medicare Supplement at age 65 (keep in mind, maintaining such coverage satisfies just one of several eligibility criteria for Medicare Supplement).

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 Medicare Supplement when Medical Plan coverage ends.

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).



Continued coverage

Ongoing healthcare 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) for a copy of the plan document.



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

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pensions.org

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Monthly Costs

Coverage level	PPO	EPO	HDHP
Member-only	\$955	\$812	\$750
Member + Spouse	\$1,941	\$1,650	\$1,524
Member + Child(ren)	\$1,481	\$1,259	\$1,163
Member + Family	\$2,644	\$2,247	\$2,076

Eligibility and Duration

Reason for loss of coverage	Eligible	Duration of coverage
Member's employment terminates (before age 55 or at any age if not vested)	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 until loss of eligibility
Employment terminates or early retirement for vested member at age 55 or older who meets the Rule of 70 and retirement is deferred; may be eligible to waive medical continuation coverage and meet the continuous coverage requirement for Medicare Supplement by enrolling in other qualified health plan coverage.	Member	Until eligible for Medicare and Medicare Supplement
	Spouse	Until eligible for Medicare and Medicare Supplement
	Child	Until age 26
Early retirement for vested member at age 55 or older who does not meet the Rule of 70	Member	18 months
	Spouse	18 months
	Child	18 months
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. After this 12-month no-cost period, the eligible family members may enroll in medical continuation coverage on a self-pay basis for up to 36 additional months.

