



Medical Continuation

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

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. In addition, if you retire before age 65 and meet certain requirements, you may be able to close the gap between your Board-sponsored coverage and Medicare through medical continuation coverage. 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 later.

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. The cost for medical continuation coverage starts on the day the coverage becomes effective.

In certain circumstances, you and/or your eligible family members may be entitled to a period of coverage at no cost to you immediately after your coverage under the Medical Plan ends and before you begin or waive medical continuation coverage. For information about your eligibility for and the length of any coverage available at no cost to you, see Guide to Your Healthcare Benefits, available on pensions.org or by calling the Board at 800-773-7752 (800-PRESPLAN) and requesting a copy.

Eligibility

The following individuals may be eligible to enroll in medical continuation coverage:

- members, seminary students, and those on transitional participation status* who are terminating from the Benefits Plan
- members for whom disability status ends and termination status begins
- retired members under age 65
- children who reach age 26
- surviving spouses and former spouses

Spouses and eligible children of terminated members may enroll even if the member does not.

The duration of medical continuation coverage depends on why your current coverage is ending and whether you meet the Rule of 70. (See the Eligibility and Duration chart.)

* *Ministers of the Word and Sacrament who are temporarily unemployed and actively seeking church service, on an approved leave of absence, or under discipline may first participate in transitional participation coverage and subsequently, if they do not return to church employment, be eligible for medical continuation. If they enroll in medical continuation coverage first, they will not be eligible later for transitional participation coverage.*

Members retiring before age 65

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 Medicare Supplement once you are eligible for Medicare.

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 upon termination of active Medical Plan coverage.

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.

Continuous coverage requirement

If you meet the following conditions, you may postpone enrollment — that is, you may waive medical continuation coverage — provided you have continuous coverage from the time any coverage that was sponsored by the Board of Pensions ends. To be eligible to waive coverage you must

- be age 55 or older;
- meet the Rule of 70; and
- have other employer-sponsored or qualified health plan coverage from the time your Board-sponsored coverage ends until the time you enroll in coverage.

If you do not file a waiver of continuous coverage when your coverage under the Medical Plan ends, you cannot enroll in Medicare Supplement at a later date, if you are otherwise eligible.

To waive coverage, you must return the completed waiver section of the Medical Continuation Subscription or Waiver form.

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 ministers' median. For those in the EPO and HDHP options, 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 2019*

Coverage Level	PPO	EPO	HDHP
Member-only	\$919	\$781	\$721
Member + Spouse	\$1,868	\$1,588	\$1,466
Member + Child(ren)	\$1,425	\$1,211	\$1,119
Member + Family	\$2,544	\$2,162	\$1,997

* Rates shown are for medical continuation coverage through Highmark. For continuation coverage through Aetna, contact the Board for costs.

Enrolling for coverage

To enroll, you must return to the Board the completed personal information, subscription, and authorization sections of the Medical Continuation Subscription or Waiver form, with the initial payment, within 60 days of 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 you are divorced or your marriage is dissolved, your former spouse may continue medical continuation coverage by making the monthly payments. If the divorce or dissolution occurs when you are a retired member, your former covered spouse may continue coverage through Medicare Supplement if he or she is age 65 and otherwise eligible.

If your former spouse wants to continue medical coverage through the Board of Pensions after the divorce or dissolution, he or she must elect coverage within 60 days. The cost for continued coverage starts on the day the coverage becomes effective.

Member's death

If an active member enrolled in the Medical, Pension, and Death and Disability Plans dies, the surviving eligible family may receive 12 months of coverage at no charge provided they notify the Board within 60 days of the date of death. To continue coverage after this 12-month period, eligible family members must enroll during the period of no-cost coverage. The spouse may enroll for medical continuation coverage on a self-paid basis until he or she is eligible for Medicare and Medicare Supplement. The member's eligible children also may enroll in medical continuation until age 26.

If a retired member dies while covered under medical continuation, the surviving covered spouse and/or children 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.

70 The 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.

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. Coverage ends at the end of the month. *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.)*. See also *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.

Note: 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, and 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). 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 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 (includes 12 months of no-cost coverage)
	Child	36 months or until loss of eligibility (includes 12 months of no-cost coverage)
Divorce/Dissolution	Former Spouse	36 months
	Child	36 months or until loss of eligibility
Employment terminates for vested member at age 55 or older who meets the Rule of 70 and retirement is deferred; eligible to waive the continuous coverage requirement with other qualified health plan coverage.	Member	Until eligible for Medicare and Medicare Supplement
	Spouse	Until eligible for Medicare and Medicare Supplement
	Child	Until loss of eligibility
Early retirement for vested member at age 55 or older who meets the Rule of 70; eligible to waive the continuous coverage requirement with other qualified health plan coverage.	Member	Until eligible for Medicare and Medicare Supplement
	Spouse	Until eligible for Medicare and Medicare Supplement
	Child	Until loss of eligibility
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