



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

Understanding Your Post-Retirement Medical Benefits for 2027

October 1, 2026

Presenters: Emily Boothroyd, Sharon Castillo, Sheri Harmon-Butts

Host: Jacqueline Boersema, CFP®





Disclaimer

- The information provided in this webinar is for educational purposes only. It is not to be construed as advice.
- Consult your own qualified tax or financial adviser and legal counsel regarding your particular situation.
- **Your privacy and security are important to us.** Please do not post your health information in the chat or Q&A feature.

Words of Welcome

Krysten Carter Holloway

President and CEO

The Board of Pensions of the
Presbyterian Church (U.S.A.)



Meet Our Presenter

Sharon Castillo

Director, Plan Administration, Interpretation,
and Regulatory Matters

The Board of Pensions of the
Presbyterian Church (U.S.A.)



Why We're Here

Background

- The Board offered the self-insured Medicare Supplement Plan for decades
- Moved to fully-insured group Medicare Advantage PPO plan with Humana in 2024, with four-year contract (through 2027)
- Centers for Medicare and Medicaid Services (CMS) made significant changes to how they reimburse Medicare Advantage plans
- Led to a renegotiated contract with Humana and a mutual agreement to terminate at end of 2026

**Humana Group
Medicare Advantage
PPO plan and
Prescription Drug plan
(PDP) will no longer be
offered in 2027**

2027 Post-Retirement Medical Plan Decisions

UnitedHealthcare Group Medicare Advantage (PPO) + Express Scripts Medicare Part D prescription drug



Equivalent medical coverage and slightly improved prescription drug coverage



Strong provider network with minimal disruption for members



One point of contact for benefits information, enrollment, questions



\$0 monthly premium (actual unsubsidized cost of \$284)

Two New Carriers, One Point of Contact

Benistar:
Your single point of contact to answer all your questions about your new coverage.



UnitedHealthcare:
medical coverage



Express Scripts:
prescription drug coverage

**You'll receive two new ID cards for 2027:
One for medical and one for prescription drugs.**

UnitedHealthcare Group Medicare Advantage (PPO) Plan

Sheri Harmon-Butts, Sr. Strategic Account Executive



UnitedHealthcare Group Medicare Advantage (PPO) Plan



Sheri Harmon-Butts
Sr. Strategic Account Executive

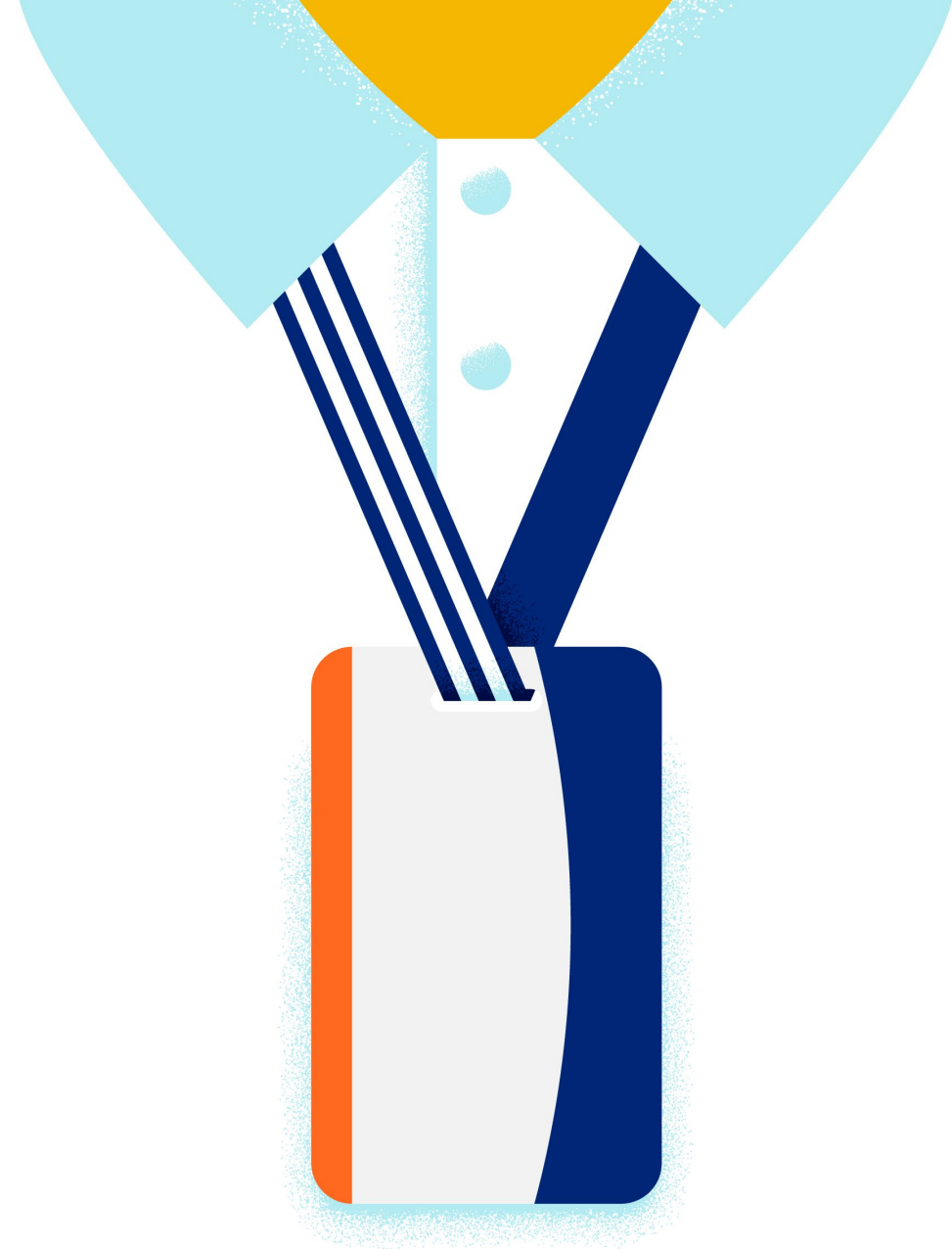


Support at every step

The Board of Pensions of the Presbyterian Church (U.S.A.)

We're here to help explain:

- ✓ Plan benefits, programs and features
- ✓ Extra benefit, programs and services
- ✓ What to expect next



More of what matters with a UnitedHealthcare® Group Medicare Advantage (PPO) plan



Care

Whether you need a virtual visit with a provider or a wellness visit from the comfort of home, we can help make it easier to connect you with care so you can stay on top of your health — when, where and how you need it.



Wellness

Our exclusive health and wellness experience, Let's Move, helps you take charge of your well-being every day with a wide variety of resources and activities including healthy recipes, fitness activities, education resources and more. All at no additional cost.



Extras

You and your health needs deserve personal attention and service. Our extra benefits, programs and services support your health so you can live a healthier life — it's all about you.



Support

At UnitedHealthcare, we provide much more than just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. And we help you get the most from your plan so you can be at your best health.





Medical benefits, programs and features



Plan highlights



Part A

- Hospital stays
- Skilled nursing
- Home health



Part B

- Provider visits
- Outpatient care
- Screenings and shots
- Lab tests



Part C

Medicare Advantage plans are provided through private insurers like UnitedHealthcare and include:

- Part A
- Part B
- Added benefits, programs and services



Freedom to see any provider who accepts Medicare

Even though you are not required to see a network provider, they may already be part of our network.



Search our online Provider Directory

Visit retiree.uhc.com/pcusa, or call UnitedHealthcare Customer Service at **844-205-2150**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

Pay the same share of cost in- and out-of-network if the provider is eligible to participate in the Medicare Program

If your provider is in our network, they must accept this plan if you are an existing patient. If your provider is out-of-network, they may choose not to treat you unless it is an emergency. If you have questions, call Customer Service at the number listed above.



Plan benefits

Benefit coverage	In-network or Out of Network
Primary care provider (PCP) office visit	\$0 copay
Specialist office visit	\$10 copay
Urgent care	\$35 copay
Emergency room	\$100 copay
Inpatient hospitalization	\$320 per admit
Outpatient surgery	\$100 copay
Medical virtual visits*	\$0 copay

*Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.



Preventive services

Benefit coverage	In-network or Out of Network
Annual physical	\$0 copay
Annual Wellness Visit*	\$0 copay
Optum® HouseCalls visit	\$0 copay
Immunizations	\$0 copay
Breast cancer screenings	\$0 copay
Colon cancer screenings	\$0 copay

*A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.



Additional benefits

Benefit coverage	In-network or Out of Network
Medicare-covered podiatry	\$10 copay
Medicare-covered chiropractic care	\$10 copay
Medicare-covered vision services	\$10 copay
Medicare-covered hearing services	\$10 copay
Medicare-covered dental care	\$10 copay
Diabetic Eye Exam	\$0 copay
Eyewear (Frames and Lenses after cataract surgery)	\$0 copay



Testing and monitoring supplies to help manage diabetes

When you use one of the approved meters and corresponding strips, your cost share for diabetes testing and monitoring supplies is a \$0 copay.

These supplies also include any brand of:

- ✓ Lancet
- ✓ Lancing device
- ✓ Glucose control solution (tests meter accuracy)
- ✓ Replacement batteries for your meter



To switch to one of the preferred brands, you may be required to get a new prescription from your provider. You can request a temporary supply of your current brand.

Plus, your plan provides coverage for many of the Contour and ACCU-CHEK blood glucose testing strips and meters*.

All trademarks are property of their respective owners.

*Other suppliers/vendors/partners are available in our network.



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Dental coverage

100%

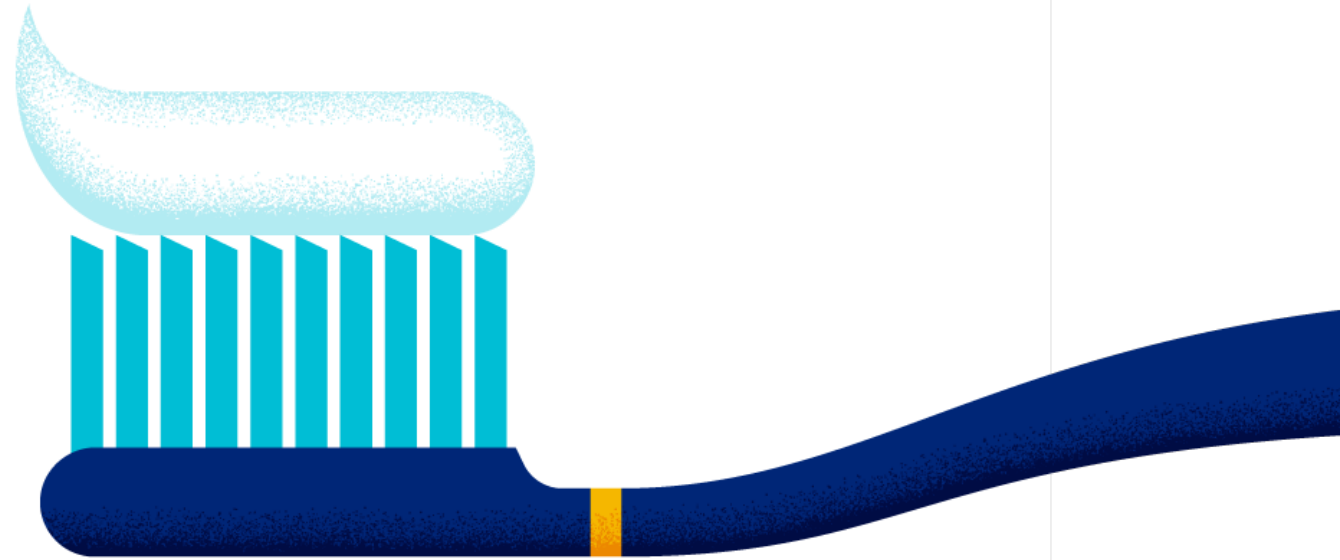
coverage for exams, X-rays, cleanings and periodontal maintenance when you see a network dental provider

80%

coverage for minor services**

50%

coverage for major services**



With UnitedHealthcare® Dental, you will have access to a large national Medicare network with more than 111,000 providers*

- ✓ You can see any dentist who accepts the plan
- ✓ You may get greater savings from a network dentist

Dental contact information can be found on your UnitedHealthcare member ID card. Call: **1-877-265-9200**, TTY **711**, 7 a.m.–10 p.m. CT, Monday–Friday.

*Provider network may vary in local market.

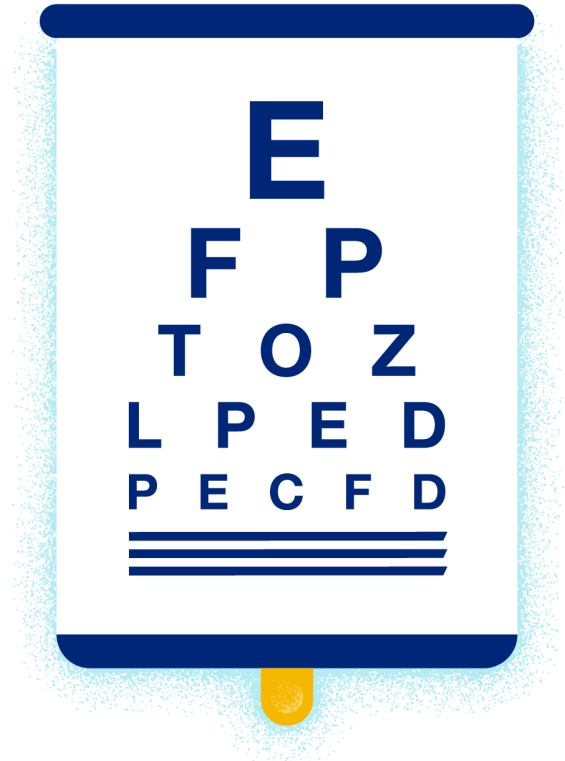
**Please refer to your Summary of Benefits for details on your benefit coverage.



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Vision exam and eyewear*

- ✓ **Routine eye exam**
Once every calendar year with a \$0 copay
- ✓ **\$150 eyeglass allowance (frames and lenses)**
Every calendar year
- ✓ **\$150 contact lenses allowance (instead of eyeglasses)**
Every calendar year
- ✓ **Access to a national network of providers**
With the freedom to see any participating vision provider



The network is UnitedHealthcare Medical Network

Before you schedule routine vision services (routine eye exam and eyeglasses or contact lenses), make sure your vision and eyewear provider(s) will bill the UnitedHealthcare medical plan

Out-of-network providers may require you to pay up front and submit a reimbursement claim to UnitedHealthcare

*Please refer to your Summary of Benefits for details on your benefit coverage.



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Vaccines that are vital to your health

Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease.

They do this by copying an infection without causing the disease and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.



Check with your provider to see if these common vaccines are right for you.

Covered by Part B

- Influenza (flu)
- Pneumococcal
- Hepatitis B for those at medium or high risk
- COVID-19

Covered by Part D

- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Hepatitis A
- Hepatitis B for those at low risk





**Extra benefits,
programs and
services**



\$0 Annual Wellness Visit* to keep your health on track

- ✓ **Combine visits**
Save time by combining your wellness visit and physical into a single appointment.
- ✓ **Schedule early**
Schedule your appointment early in the year to learn about any other preventive care you may need.
- ✓ **Follow recommendations**
Make sure you follow through with your provider's recommendations for screenings, exams and other care.

**We can help you find and schedule your appointment —
you don't have to wait 12 months between visits**



What's the difference between your annual physical and wellness visit?

A **physical exam** includes a head-to-toe exam, blood sugar test and cholesterol test. This visit is a good time to review your medications and health concerns. Your plan covers this visit once per calendar year.

A **wellness visit** includes a blood pressure check, height and weight measurement, and body mass index (BMI) test. Your plan covers this visit once per calendar year.

*A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



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Optum HouseCalls for a yearly health check-up in your home*

The no-cost visit includes:

- ✓ Up to an hour of 1-on-1 time with the health care practitioner
- ✓ Comprehensive exam
- ✓ Tailored health screenings
- ✓ Medication review
- ✓ An opportunity to get advice and ask questions to help you manage your health
- ✓ Education, prevention tips and referrals to health services



Prefer a video visit?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

*HouseCalls may not be available in all areas.



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Gym and fitness membership

Renew Active is a Medicare fitness program offered at no additional cost to you. It includes a gym membership at a fitness center you select from our large national network.



The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.



Let's Move by UnitedHealthcare, your plan's exclusive wellness program

At no additional cost to you, Let's Move by UnitedHealthcare helps you discover ways to feel great every day. Whether your goal is to be active, eat healthier, beat the blues or stress less, Let's Move has something for you. Explore fun events, exciting challenges, helpful resources and ways to connect with others.



Let's eat well

Treat yourself to tasty recipes, fun cooking events and nutrition education.



Let's keep moving

Get free access to at-home workouts, participating gyms and local fitness events.



Let's beat the blues

Care for your mental health with support services, online tools and resources.



Let's make friends

Find ways to connect through online events, classes, volunteering and more.



Let's live well

From helping to manage your financial well-being to supporting caregivers to helping stop tobacco use, we're here for your wellness.



Care anywhere with Virtual Visits

With Virtual Visits, you can live video chat* with a medical provider or behavioral health specialist from your computer, tablet or smartphone.**

Ask questions, get a diagnosis, and get medication prescribed*** and sent to your pharmacy. All you need is a strong internet connection.



Virtual Provider Visits may be best for:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches



Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Behavioral health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



Find participating Virtual Visit providers by logging in to your member site

*The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

**Benefits and availability may vary by plan and location.

***Providers cannot prescribe medications in all states.



Behavioral health resources to care for your mental health

You have access to many resources to help improve your emotional and mental health, including:

- ✓ Ongoing mental health support with Optum® Behavioral Health
- ✓ Resources through our Health and Wellness experience
- ✓ Calm Health app, a self-paced digital tool



Support your mental and physical well-being with Calm Health

As a UnitedHealthcare Group Medicare Advantage plan member, Calm Health is included in your health plan and is available at no additional cost.

The Calm Health app provides programs and tools to help you:

- **Learn techniques to improve well-being:** Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals:** Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body:** Access mental health information and support to help you strengthen the mind-body connection

Look for more information in your plan materials.



Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product, and is not intended to make any mental health recommendations or give clinical advice. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.



Answers to your health questions with 24/7 provider support

With 24/7 provider support:

- ✓ Providers can diagnose, treat a wide range of conditions and prescribe medication*
- ✓ Connect by phone, web or app from anywhere
- ✓ Results of the visit can be shared with your primary care provider**

Get help making health decisions — at no cost to you



*When medically necessary.

**With member consent.



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Extra help recovering with UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days after all inpatient hospital and skilled nursing facility discharges*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



24 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist



6 hours of nonmedical personal care provided by a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more; a referral is not required



*A new referral is required after every discharge to access your meal and transportation benefit.



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Help hearing the moments that matter most

With UnitedHealthcare Hearing, you can get a hearing exam and access to one of the widest selections of prescription hearing aids at significant savings.

Plus, you'll get personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- ✓ Get friendly expert advice through our national network of hearing providers*
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands



50% off

When you purchase through UHC Hearing, you could save thousands of dollars, up to 50% off standard industry prices^ with exclusive pricing

*Please refer to your Summary of Benefits for details on your benefit coverage.

^Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



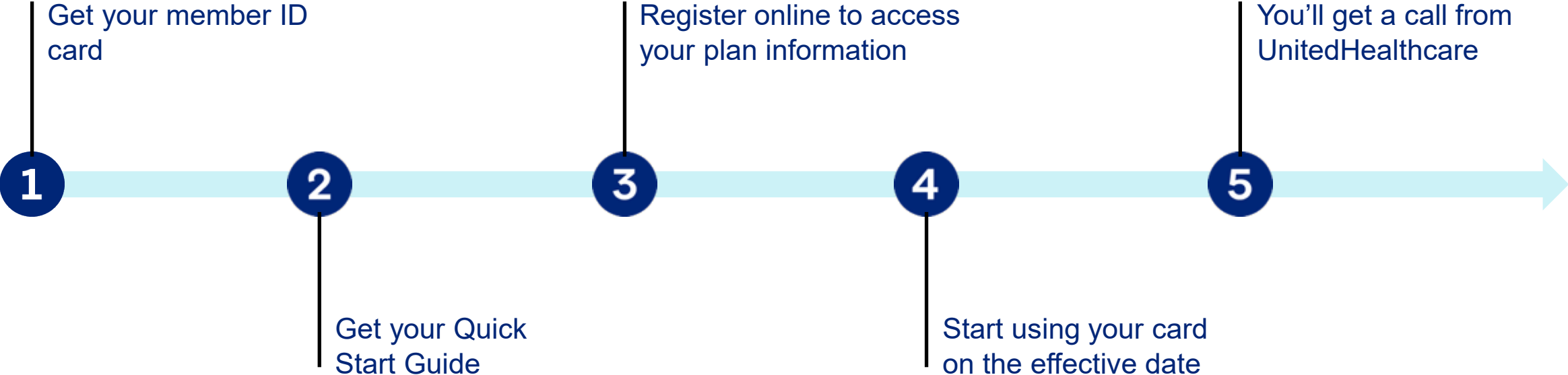
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What to expect next



What to expect next



Call Customer Service to make sure your most current contact information is on file.



Virtual Education Center to explore and learn more

- ✓ Learn more about the custom programs offered to plan members
- ✓ Watch videos about the plan benefits
- ✓ Print additional plan program information
- ✓ Access with any tablet, computer or smartphone



uhcvirtualretiree.com



How to use your new UnitedHealthcare member ID card

In the month of December 2026, you and any Medicare-eligible dependents covered by the plan will each get a Quick Start Guide and UnitedHealthcare member ID card, which is your confirmation of enrollment.*

- ✓ Beginning 01/01/2027, simply use your UnitedHealthcare member ID card each time you go to a provider or hospital
- ✓ The back of your member ID card lists important phone numbers you may need throughout the year
- ✓ Store this card in a safe place
- ✓ Don't discard your red, white and blue Medicare card



*Retirees in the same household may receive these on different days, which is a normal part of the mail stream.



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Secure personal online account

Follow these easy steps to register for your secure and personal online account:

- 1 Download the UnitedHealthcare® app or visit **retiree.uhc.com/pcusa** and click on **Sign in or register**.
- 2 Click **Register Now**.
- 3 Enter your information (first and last name, date of birth, email) and click **Continue**.
- 4 Check the email you entered (in step 2) for a 6-digit code from HealthSafe ID. Enter the code and click **Continue**.
- 5 For your security, you will be asked to enter your phone number. Choose text or call to receive your code over the phone.
- 6 Enter the 6-digit code and click **Continue**.
- 7 Enter your identification number (Member ID or Medicare Number) and click **Continue**.
- 8 Create a password and click **Continue**.
- 9 Account created will show email and phone number for successful registration.

After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Search** for network providers
- **Sign up** to get your Explanation of Benefits online



24/7 access to your benefits with the UnitedHealthcare app

Find care

- ✓ Find network care options for providers, clinics and hospitals in your area
- ✓ Talk to a provider 24/7 (Virtual Visits)

Stay on top of costs

- ✓ View your copay, annual deductible and out-of-pocket expenses

Manage your health plan details

- ✓ Generate and share digital health plan ID cards
- ✓ View claims and rewards

Stay fit

- ✓ Find a gym location

To download the app, scan the QR code with the camera on your mobile device



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What is the TCPA?

The Telephone Consumer Protection Act (TCPA) is a federal law enacted in 1991 to protect consumers from unsolicited telemarketing calls, SMS/text messages and automated voice messages. The law emphasizes the importance of obtaining consumer consent before sending marketing communications.

Why is the TCPA important to you as a member?

Opting in allows members to get reminders about health care screenings, plan information and available services. These calls – which may use an auto-dialer, artificial voice or pre-recorded call technologies – support member's health and help them get the most from their plan.

Allowing personalized automated calls can help you:

- ✓ Stay up-to-date with reminders about important preventive care screenings
- ✓ Learn about plan information that might benefit you
- ✓ Discover available services you may not know about
- ✓ Receive support after events like hospital stays

You can earn a reward* once you become a member by signing up and updating your **Communication Preferences** through **Account Settings** on your member site or the UnitedHealthcare® app. Or call Customer Service at **844-205-2150 TTY 711**, 8 a.m.–8 p.m. local time, Monday–Friday.

*Reward offerings may vary by plan and are not available in all plans. Reward Program Terms of Services apply. This reward is not available to members who have already received a reward for Automated Call Consent.





Thank you

We look forward to welcoming you to our Medicare family



Express Scripts Medicare (PDP) Benistar Admin. Services

Emily Boothroyd, Client Services Manager



Express Scripts PDP & Benistar Support Services



Emily Boothroyd
Client Services Manager

Benistar Retiree Administration Services

- Specialized expertise in retiree medical and prescription drug plan administration.
- Toll-free Customer Care Center staffed by live representatives.
- No rushed conversations. Representatives take the time needed to address retiree concerns.
- Experienced team trained in Medicare, retiree advocacy, and evolving healthcare regulations.
- Personalized support for benefits, enrollment, billing, prescriptions, pharmacy networks, provider access, and other plan-related questions.
- Fast and convenient assistance with eligibility verification and replacement of member materials such as ID cards and plan documents.



BENISTAR 
GROUP RETIREE HEALTH SOLUTIONS



Your Prescription Drug Benefits

2027 Prescription Drug Benefit Highlights

- As a creditable coverage plan, you do not need to enroll into another Part D plan. Doing so will disenroll you from your coverage provided by the Board of Pensions.
- The Medicare Premier Access formulary associated with your plan covers 100% of Part D drugs. You have access to over 60,000 major retail chain pharmacies.
- \$1,500 maximum out-of-pocket on Part D Drug costs, as well as non-Part D drug costs each plan year
- \$0 copay for ACA preventative drugs
- Additional non-Part D drugs such as OTC, vitamins, lifestyle (excluding weight loss)
- \$0 for Part D vaccines covered by the plan
- \$35 maximum copay for insulin for a 30-day supply



Express Scripts Medicare Benefit Summary

This pharmacy plan was designed to closely match or exceed your current benefits.

Drug Tiers	31-Day Retail/Mail Copayments	90-Day Retail Copayments	90-Day Home Delivery Copayments
Tier 1 (Generic)	\$5	\$15	\$12.50
Tier 2 (Preferred Brand)	25%, (\$20 min, \$100 max)	50%, (\$60 min, \$300 max)	25%, (\$50 min, \$250 max)
Tier 3 (Non-Preferred)	50%, (\$50 min, \$150 max)	50%, (\$150 min, \$450 max)	50%, (\$50 min, \$250 max)
Tier 4 (Specialty)	25% Coinsurance (\$150 max)	N/A	N/A
Plan Deductible	\$0		
Plan Max out of Pocket	\$1,500 includes Part D and non-Part D drug spend		
Catastrophic Phase TrOOP	Members pay \$0 on Part D drugs after \$2,400		

Medicare Part B - Vaccines

The following vaccines are covered under **Medicare Part B**.

- Hepatitis B vaccine for patients at high or intermediate risk (liver infection treatment shot)
- Influenza virus vaccine (flu shot)
- SARS-CoV-2 vaccine (COVID-19 vaccine)
- Pneumococcal pneumonia vaccine (pneumonia shot)



Medicare Part D - Vaccines

The following vaccines are covered under **Medicare Part D**.

- Shingles vaccine
- RSV
- Human papillomavirus (HPV)
- Diphtheria and Tetanus
- Measles, mumps, rubella (MMR)
- Pertussis (whooping cough)



The background features a gradient from orange to brown. Several envelopes are visible: a white one in the top left, a green one in the top center, a light pink one in the middle right, and a teal one in the bottom right. A solid red horizontal bar is at the bottom.

What to Expect Next

Everything You Need to Get Started

Benistar Open Enrollment Packet (Expected Mid-October)

- Plan Highlights
- Benefit Summaries
- Informational Flyers

Prescription Welcome Kit (Expected Mid-December)

- Online Access Instructions
 - Pharmacy Locations
 - Drug Tier Look-ups
 - Formulary access
- Evidence of Coverage
- Rx ID Card

EVERNORTH
HEALTH SERVICES



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

Express Scripts Medicare® (PDP)
Prescription ID Card

RxBIN XXXXX
RxPCN MEDDPRIMEXX
RxGrp XXXX
Issuer XXXXXXXX

ID No. EE000XXXXXX
Name FIRST LAST
Issued XX/XX/202X

MedicareRx
Prescription Drug Coverage X
CMS-S5660-801

BENISTAR Retiree Customer Service: 1.800.236.4782

Patient Customer Service:	1.888.345.2560
TDD:	1.800.716.3231

Pharmacist Use Only:	1.800.922.1557
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SUBMIT PHARMACY CLAIMS TO:

Express Scripts
Attn: Medicare Part D
P.O. Box 52023
Phoenix, AZ 85072

BENISTAR
GROUP RETIREE HEALTH SOLUTIONS

Prescription Drug Coverage Transition FAQs

Q: Do I need a new prescription from my doctor?

A: If you have refills at the retail or mail order pharmacy, you will not need a new prescription from your doctor. We'll be able to assist you with any additional steps that may be required.

Q: Can I still go to the same pharmacy I've been getting my current medication from?

A: Express Scripts pharmacy network includes over 60,000 pharmacies nationwide, all major pharmacies including Amazon, Walgreens, CVS, Target, Costco, etc., as well as most local pharmacies.

Q: I am on a specialty drug. Is it covered? Where can I get my specialty drug from?

A: Specialty Prescription Drugs are covered under the plan. Express Scripts uses a Specialty Pharmacy called Accredo, which you can access via their home delivery or mail order program. Many of your major pharmacies will allow you to fill specialty drugs; however, if you're in doubt or need assistance finding a pharmacy that will be able to fill your specialty drug, give Benistar a call (800-236-4782) and we will help you find a pharmacy that works for your situation.

We're Here to Help

Benistar is your single point of contact for questions and support related to your retiree benefits:

- Medical and prescription drug plan support
- Retiree resources and advocacy

Customer Care Center

Monday–Friday | 8:30 a.m. to 8 p.m. ET

800-236-4782



BENISTAR 
GROUP RETIREE HEALTH SOLUTIONS

What to Expect



No Action Is Required

The Board will automatically transition retired members enrolled in the Humana plans to the new UnitedHealthcare and Express Scripts plans as of January 1 — unless they opt out.



Enrollment is for both the UnitedHealthcare and Express Scripts plans; enrollment in one without the other is not permitted



Spouses and eligible children enrolled in the existing Humana plans also will be automatically enrolled in the new plans for 2027 (may opt out)



The automatic transition is intended to help ensure there is no loss of coverage during the change

You May Opt Out of This Coverage

If you opt out, you will ...

- Need to obtain other healthcare coverage for 2027 and pay the full cost
- Need to contact Benistar to disenroll from this plan
 - They can connect you with expert advisers who can help you find the coverage that is best for you.
- Not be able to enroll in post-retirement medical coverage through the Board in the future unless the Board holds an open enrollment

Unique opportunity to enroll in a Medicare supplement (Medigap) plan without medical underwriting

What to Expect for 2027 Post-Retirement Medical Coverage

Key Dates	
Mid-September	UnitedHealthcare plan guide and Express Scripts benefits overview available online
Mid-October	Enrollment kits arrive in homes
Oct. 15	Medicare Open Enrollment period begins
November	Notice of disenrollment from Humana plans sent to homes
Dec. 7	Medicare Open Enrollment period ends
December	New medical ID cards and prescription drug ID cards arrive in homes
Dec. 31	Humana coverage ends
Jan. 1, 2027	UnitedHealthcare and Express Scripts coverage begins

For More Information

**Call Benistar
Admin. Services**

800-236-4782

**Monday–Friday
8:30 a.m. to 8 p.m. ET**

Online resources:

- **pensions.org/retireemedical**
- **pensions.org/retfaq**
- **pensions.org/retenroll**

Questions?



The Assistance Program of the Board of Pensions



- ✓ Expresses our care and commitment to all Benefits Plan members
- ✓ 3 grants for all members
 - Adoption Assistance
 - Emergency Assistance
 - Transition-to-College Assistance
- ✓ 3 grants for retirees and surviving spouses
 - Housing Supplements
 - Income Supplements
 - Retiree Medical Grants



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