

January 2022

Dear UCC Colleague,

We are pleased to provide you with this copy of **Highlights of Your UCC Medical and Dental Benefits Plan: Medicare Advantage Plan with Rx** (for individuals who are enrolled in Medicare Parts A and B).

The UCC Plans offer a schedule of comprehensive benefits to assist participants in maintaining healthy lifestyles with an emphasis on preventive care, including immunizations, wellness programs, and disease management.

Your UCC Medicare Advantage Plan with Rx offers flexibility and choice, including:

- annual wellness visit and listing of preventive care schedule benefits covered at 100% with no additional cost;
- reimbursement of up to 96% of the amount not covered by Medicare for Medicare-eligible services;
- Optional stand-alone dental and vision plans that do not require participation in the UCC Medical Plan;
- Go365 Wellness Rewards Program;
- Access to fitness centers and virtual exercise classes through Silver Sneakers;
- Flexibility of provider choice with in- and out-of-network plan level benefits; and,
- Medicare Part D pharmacy coverage with retail and mail order options.

We hope that you continue to be pleased with the benefits available to Plan participants, and we covenant to work with you to provide the best possible benefits at the most effective cost.

May you enjoy good health and abundant blessings.

Best regards,



Brian R. Bodager
President and Chief Executive Officer



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ABOUT THIS BOOKLET

The Pension Boards-United Church of Christ, Inc., is pleased to provide you and your family with a comprehensive health benefits program, offering flexibility and choice in plan selection. This booklet contains information for the **UCC Medicare Advantage Plan w/Rx**, as well as the optional Dental and Vision Benefit Plans.

The plans described in this booklet are designed to support active and retired clergy and lay employees, and their families of the UCC and UCC-affiliated entities in performing their ministries. The plans are administered by The Pension Boards-United Church of Christ, Inc., on behalf of all participants. Questions regarding the administration of the plans should be addressed to:

The Pension Boards-United Church of Christ, Inc.
475 Riverside Drive
Room 1020
New York, NY 10115
1.800.642.6543
www.pbucc.org



ACCESS TO HEALTH CARE SERVICES THROUGH PREFERRED PROVIDER ORGANIZATIONS

Humana.

MEDICAL & PHARMACY SERVICES

Medical services and pharmacy services are provided by Humana

UNITED CONCORDIA®

DENTAL SERVICES

Access through Advantage Plus 2.0, a nationwide network of dental providers managed by United Concordia Companies, Inc.



VISION SERVICES

Access through VSP, a nationwide network of vision care providers managed by VSP

SILVER SNEAKERS

FITNESS PROGRAM

Access to exercise equipment, virtual and in-person fitness classes, social events, and more

GO365

WELLNESS PROGRAM

Earn rewards for completing eligible healthy activities

HUMANA NEIGHBORHOOD CENTER

MY HUMANA NEIGHBORHOOD

Offers free special events, programs, and activities designed to improve your overall health and wellness



CONTACTS

	PHONE NUMBER	WEBSITE	MOBILE APP	CLAIMS PROCESSING ADDRESS*
MEDICAL SERVICES				
Humana	1.866.733.1872	www.humana.com	MyHumana	Louisville Waterside Service Center Humana Claims Office PO BOX 14601 Lexington, KY 40512-4601
PHARMACY SERVICES				
			Humana Pharmacy	Humana Pharmacy Solutions PO Box 1410 Lexington, KY 40512-4140
Silver Sneakers	1.888.423.4632	www.silversneakers.com/ startHere	SilverSneakers GO	
Go365 By Humana	1.866.733.1872	sign in at Humana.com and click on Go365	Go365	
DENTAL SERVICES				
United Concordia Companies, Inc.	1.866.851.7576	www.ucci.com	UCD Mobile	United Concordia Companies, Inc. PO Box 69421 Harrisburg, PA 17106-9421
VISION SERVICES				
VSP	1.800.877.7195	www.vsp.com	My VSP	VSP PO Box 997105 Sacramento, CA 95899-7105

*PPO network providers will submit claims on your behalf. If you visit an out-of-network provider, you may need to submit your own claims.



AVAILABLE PLANS

You are eligible to participate in the UCC Medicare Advantage Plan with Rx if you meet the eligibility requirements listed on p. 8. Information contained in this booklet is also available on our website at www.pbucc.org.

HEALTH PLANS

Medicare Advantage Plan with Rx: The UCC's comprehensive health plan for Medicare-eligible participants.

Participation in the health plan also includes prescription drug coverage through Humana. You may not enroll in another Medicare Part D plan while enrolled in the UCC Medicare Advantage Plan with Rx.

DENTAL PLANS

A comprehensive dental plan available to all eligible participants and their eligible dependents. The annual benefit maximum is \$2,400 per person.

VISION PLAN

A stand-alone plan available to eligible participants and their eligible dependents to provide coverage for vision care services.



ELIGIBILITY FOR BENEFITS

You are eligible to participate in the UCC Medicare Advantage Plan with Rx if you reside in the United States and you are one of the following:

ELIGIBLE EMPLOYEE

- A retired minister or lay employee enrolled in Medicare Parts A and B who has participated in the UCC Medical Benefits Plan while an employee of a UCC church or other UCC-related entity and elects coverage under the UCC Medicare Advantage Plan with Rx immediately upon retiring; or
- A retired minister or lay employee enrolled in Medicare Parts A and B who did not previously participate in the UCC Medical Benefits Plan; or
- A minister or lay employee age 65 or over working for a UCC church or UCC-related entity with fewer than 20 employees.

ELIGIBLE DEPENDENTS*

Your Medicare-eligible dependent(s) may also participate in the Plan if they are enrolled in Medicare Parts A and B. They include you:

- Spouse;
- Same-gender domestic partner;
- Opposite-gender domestic partner;
- Surviving spouse or surviving domestic partner;
- Permanently disabled unmarried and unemancipated adult child(ren) if the disability began prior to their reaching age 26 and for whom you provide at least half their support.

*Health benefits for dependents who are not Medicare-eligible are described in the booklet, *Highlights of Your UCC Non-Medicare Medical and Dental Benefits Plan*.

APPLYING FOR COVERAGE

If you are covered under the UCC (Non-Medicare) Health Plan, you will receive information about the UCC Medicare Advantage Plan with Rx

approximately three months before you turn age 65. If you wish to participate, you will be asked to submit proof of enrollment in Medicare Parts A and B for yourself and your spouse or domestic partner, if applicable. Health coverage for your spouse or domestic partner and other dependent(s) who are not eligible for Medicare will continue under the UCC (Non-Medicare) Health Plan if they are already enrolled for coverage. You must participate in the UCC Medicare Advantage Plan with Rx in order to continue dependent coverage.

WHEN COVERAGE STARTS

PARTICIPANT RETIRED

UCC Medicare Advantage Plan with Rx coverage starts on the first day of the month following receipt of evidence of your enrollment in Medicare Parts A and B.

WORKING

The coverage start date for working participants begins the first of the month following receipt of the Medicare Coordination of Benefits approval.

DEPENDENTS

Coverage starts on:

- The date you are covered if you also apply for dependent coverage at the time of your enrollment; or
- The first day of the month following receipt of application for dependent coverage.

WHEN COVERAGE ENDS

PARTICIPANT AND ELIGIBLE DEPENDENTS

Coverage for you and your dependents ends:

- the last day of the month that request for cancellation is made to the Pension Boards;
- when contributions are no longer made; or
- when you or your dependents are no longer eligible for coverage.



CONTINUATION OF COVERAGE

In the event of your death, your spouse or domestic partner may continue Plan coverage by making contributions directly to the Plan.

If you divorce or dissolve your domestic partnership, your spouse or domestic partner may continue their coverage by making contributions directly to the Plan. The duration of this coverage is limited to 24 months or, if earlier, until 90 days after employment begins.

Coverage for dependent children will continue for up to a period of 24 months, or sooner if the child no longer qualifies as a dependent under the Plan.



HOW THE MEDICAL PLAN WORKS

To provide participants with quality, cost-effective health benefits, the Pension Boards has partnered with Humana.

Plan participants have access to Humana's PPO, or Preferred Provider Organization. A PPO allows participants to receive care in-network OR out-of-network. Under the UCC Medicare Advantage Plan with Rx, participants pay the same whether a provider is in-network or out-of-network. As long as a provider, specialist, or facility takes Medicare and agrees to bill Humana, participants can see their provider of choice. Services may require prior authorization and Humana will pay for services as long as the services are Medicare-covered benefits. Participants have no costs or copay for preventive care, plus financial protection with a yearly out-of-pocket maximum and worldwide emergency coverage.

Upon enrollment in the UCC Medicare Advantage Plan with Rx, participants will receive a Humana Benefit Kit that includes an identification to use for medical and pharmacy services. To request a replacement identification card, please call Humana Group Medicare Customer Care at 1.866.733.1872.



SILVERSNEAKERS

Humana provides access to SilverSneakers, a total health and physical activity program that helps you get fit, and stay fit the way you want, by providing access to over 16,000 fitness locations nationwide. SilverSneakers also provides access to outdoor activities and virtual classes that can be done independently at home. Visit silversneakers.com/starthere, or download the **SilverSneakers GO App**.

GO365

Go365 is Humana's rewards program that helps you track and monitor your progress towards your health and well-being goals. With Go365, you can earn rewards for preventive care that you likely already receive on a regular basis like an annual wellness exam, mammogram, colorectal screening, and flu and pneumonia shots. Sign in at Humana.com and click on **Go365**, or download the **Go365 App**.

PREVENTIVE SERVICES

The Plan provides coverage for annual wellness exams. This benefit encourages early detection and treatment of medical conditions and is not subject to the annual deductible.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 mandates that all group health plans providing coverage for mastectomies also cover:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications for all stages of a mastectomy, including lymphedema.

The Plan covers mastectomies and, therefore, covers the services in the paragraphs above as well. A consultation with your attending physician is necessary to determine the level of covered services.



SUMMARY OF BENEFITS: MEDICAL PLAN THROUGH HUMANA



Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
PLAN COSTS		
Monthly premium You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer group benefits plan administrator.	
Medical deductible	\$242 per year for some combined in- and out-of-network services	\$242 per year for some combined in- and out-of-network services
Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	<p>In-Network Maximum Out-of-Pocket \$2,000 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Acupuncture (Routine); COVID-19 Testing; COVID-19 Treatment; Chiropractic Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Private Duty Nursing; Smoking Cessation (Additional); Vision Services (Routine); Wigs (medically necessary) and the Plan Premium.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p>Combined In and Out-of-Network Maximum Out-of-Pocket \$2,000 out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Acupuncture (Routine); COVID-19 Testing; COVID-19 Treatment; Chiropractic Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Private Duty Nursing; Smoking Cessation (Additional); Vision Services (Routine); Wigs (medically necessary) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy; Acupuncture (Routine); COVID-19 Testing; COVID-19 Treatment; Chiropractic Services (Routine); Hearing Services (Routine); Private Duty Nursing; Vision Services (Routine); Wigs (medically necessary); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p>





Monthly Premium, Deductible and Limits

IN-NETWORK

OUT-OF-NETWORK

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

ACUTE INPATIENT HOSPITAL CARE

Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

\$272 per admit

\$272 per admit

OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital visits

4% of the cost

4% of the cost

Ambulatory surgical center

4% of the cost

4% of the cost

DOCTOR OFFICE VISITS

Primary care provider (PCP)

4% of the cost

4% of the cost

Specialists

4% of the cost

4% of the cost

PREVENTIVE CARE

Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.

Covered at no cost

\$0 copay or **0%** of the cost for Medicare-covered preventive services

0% of the cost for a supplemental annual physical exam





Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	4% of the cost for Medicare-covered emergency room visit(s) \$120 Maximum Out-of-Pocket per visit for emergency room services	4% of the cost for Medicare-covered emergency room visit(s) \$120 Maximum Out-of-Pocket per visit for emergency room services
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	4% of the cost	4% of the cost
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	4% of the cost	4% of the cost
Lab services	4% of the cost	4% of the cost
Diagnostic tests and procedures	0% to 4% of the cost	0% to 4% of the cost
Outpatient X-rays	4% of the cost	4% of the cost
Radiation therapy	4% of the cost	4% of the cost
HEARING SERVICES		
Medicare-covered hearing	4% of the cost	4% of the cost
Routine hearing	\$0 copay for fitting/evaluation, routine hearing exams up to unlimited per year. \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.	\$0 copay for fitting/evaluation, routine hearing exams up to unlimited per year. \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DENTAL SERVICES		
Medicare-covered dental	4% of the cost	4% of the cost





Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
VISION SERVICES		
Medicare-covered vision services	4% of the cost	4% of the cost
Medicare-covered diabetic eye exam	0% of the cost	0% of the cost
Medicare-covered glaucoma screening	0% of the cost	0% of the cost
Medicare-covered eyewear (post-cataract)	4% of the cost	4% of the cost
Routine vision EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	\$40 copay for routine exam (includes refraction) up to 1 per year.	\$40 copay for routine exam (includes refraction) up to 1 per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	\$272 per admit	\$272 per admit
Outpatient group and individual therapy visits	4% of the cost	4% of the cost
SKILLED NURSING FACILITY		
Our plan covers up to 365 days in a SNF.	\$0 copay per day for days 1-20 \$34 copay per day for days 21-100	\$0 copay per day for days 1-20 \$34 copay per day for days 21-100
No 3-day hospital stay is required.	20% of the cost per stay for days 101-365	20% of the cost per stay for days 101-365
PHYSICAL THERAPY		
	4% of the cost	4% of the cost





Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	4% of the cost	4% of the cost
PART B PRESCRIPTION DRUGS		
	4% of the cost	4% of the cost
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture 20 combined In & Out-of-Network visit limit per plan year	4% of the cost	4% of the cost
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
Routine acupuncture	20% of the cost \$3000 Maximum Benefit per year	20% of the cost \$3000 Maximum Benefit per year
ALLERGY		
Allergy shots & serum	4% of the cost	4% of the cost
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	4% of the cost	4% of the cost
Routine chiropractic visit(s)	20% of the cost \$2,000 Maximum Benefit per year for routine chiropractic	20% of the cost \$2,000 Maximum Benefit per year for routine chiropractic
COVID-19		
Testing and Treatment	\$0 copay for testing and treatment services for COVID-19	
DIABETES MANAGEMENT TRAINING		
	0% of the cost	0% of the cost
FOOT CARE (PODIATRY)		
Medicare-covered foot care	4% of the cost	4% of the cost
HOME HEALTH CARE		
	4% of the cost	4% of the cost





Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	4% of the cost	4% of the cost
Medical supplies	4% of the cost	4% of the cost
Prosthetics (artificial limbs or braces)	4% of the cost	4% of the cost
Wigs (medically necessary)	20% of the cost 1 item(s) every 2 years for wigs	20% of the cost 1 item(s) every 2 years for wigs
Diabetes monitoring supplies	4% of the cost	4% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	4% of the cost	4% of the cost
PRIVATE DUTY NURSING		
	20% of the cost \$5,000 Maximum Benefit per year for private duty nursing	20% of the cost \$5,000 Maximum Benefit per year for private duty nursing
REHABILITATION SERVICES		
Occupational and speech therapy	4% of the cost	4% of the cost
Cardiac rehabilitation	4% of the cost	4% of the cost
Pulmonary rehabilitation	4% of the cost	4% of the cost
RENAL DIALYSIS		
Renal dialysis	4% of the cost	4% of the cost
Kidney disease education services	0% of the cost	0% of the cost
TELEHEALTH SERVICES (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	4% of the cost	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered





Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

FITNESS AND WELLNESS

SilverSneakers® Fitness Program - Basic fitness center membership including fitness classes.

HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.



HOW THE PRESCRIPTION DRUG PLAN WORKS

To provide participants with quality, cost-effective health benefits, the Pension Boards has contracted with Humana for the following services:

Included with your **UCC Medicare Advantage Plan w/Rx** is an extensive 4 Tier Part D prescription drug coverage to serve your medication needs. Our Part D plan provides many features that may make filling your prescriptions easier.

For certain medications, Humana may require prior authorization or step therapy. If you are prescribed a medication that requires **prior authorization**, your doctor must provide information that indicates the medication is being used appropriately, and request that it be covered under your prescription drug plan.

Step therapy requires patients to use clinically effective, lower-cost medications before “**stepping up**” to a higher-cost medication.

Under the UCC Medicare Plan with Rx Part D benefit, every drug that is covered by Medicare is also covered by the plan. Participants can get a 30-day or 90 day supply at a retail pharmacy, or a 90-day mail order supply. There is no deductible with the prescription plan, and there is no coverage gap, also known as the doughnut hole; you have copay protection all the way through to the Catastrophic Phase.

You can check your plan’s formulary online or get the same assistance by calling Humana Customer Care, to see all the medications in your **Humana** plan, and into what tier they fall.

With your plan, you have access to **Humana Pharmacy**, Humana’s own best-in-class customer satisfaction and overall customer care mail order pharmacy. With **Humana Pharmacy**, you have the convenience of free shipping, in a plain package that’s typically small enough to fit into your mailbox. We also have two pharmacists that check every order for safety and accuracy, and there is a team of pharmacists and technicians just a phone call away.

In addition, Humana Pharmacy reminds you when your prescriptions need to be refilled. You may set up an account either online at **HumanaPharmacy.com** or at **1.888.538.3518**.

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers.”

It covers every drug that is covered through Medicare.



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$17 copay	\$17 copay
2 (Preferred Brand)	\$35 copay	\$35 copay
3 (Non-Preferred Drug)	\$50 copay	\$50 copay
4 (Specialty Tier)	\$50 copay	\$50 copay
90-day supply		
1 (Generic or Preferred Generic)	\$55 copay	\$34 copay
2 (Preferred Brand)	\$105 copay	\$90 copay
3 (Non-Preferred Drug)	\$150 copay	\$125 copay
4 (Specialty Tier)	N/A	N/A

Some Vaccines are covered at **100% for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Fertility, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**.

You will continue to pay the same amount as when you were in the initial coverage stage.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance (**\$17** maximum out-of-pocket per prescription for tier 1 drugs, **\$35** maximum out-of-pocket per prescription for tier 2 drugs, **\$50** maximum out-of-pocket per prescription for tier 3 drugs and **\$50** maximum out-of-pocket per prescription for tier 4 drugs for a one-month supply).



HOW THE DENTAL PLAN WORKS

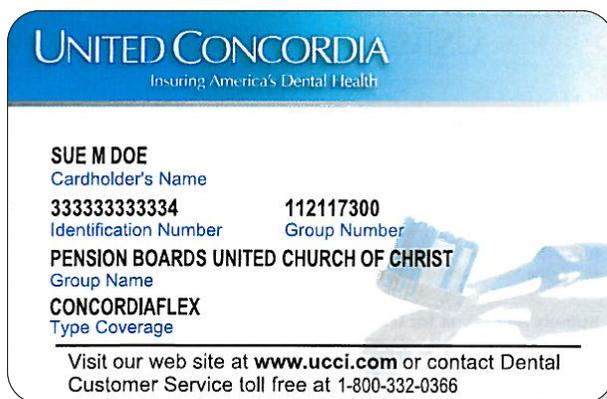
Your UCC Medicare Advantage Plan provides minimal coverage for dental and vision services. Separate enrollment in the stand-alone UCC Dental and Vision Plans ensures coverage for most dental and vision services.

The UCC Dental Plan is a stand-alone plan that provides preventive, therapeutic, restorative, and prosthetic services, as well as orthodontic services for you and your covered dependent(s). The Dental Plan is administered by United Concordia Companies, Inc. (UCCI). You will receive an ID card from United Concordia for each member of your family who is enrolled in the Dental Plan. You may also access an electronic ID card for your smartphone by visiting www.ucci.com. Log in to your United Concordia account for more information.

PREFERRED PROVIDER ORGANIZATION (PPO)–ADVANTAGE PLUS 2.0

Advantage Plus 2.0 network dentists provide services at discounted rates and submit claims directly to United Concordia Companies, Inc., our dental claims processor. You are later billed for your share of dental services in accordance with the Plan's provisions. You are not required to submit payment at the time you receive services, although the provider may request that you pay your deductible. Network providers may not bill you for charges in excess of network allowable fees.

This Plan provides open access, allowing you to see any dentist you choose. However, use of Advantage Plus 2.0 PPO network providers is highly encouraged in order to maximize your dental benefits. You will not receive a discount if you obtain services from providers who do not participate in the Advantage Plus 2.0 PPO network, and you are likely to be required to file a claim for services. If you wish to encourage your dentist to become an Advantage Plus 2.0 PPO network provider, you can ask them to contact United Concordia to join.



To find an
Advantage Plus 2.0 PPO
network provider:
call 1.866.851.7576 or
visit www.ucci.com

Submit dental claims to:
United Concordia Companies, Inc.
Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421



UNITED CONCORDIA

**DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS**

DENTAL CUSTOMER SERVICE
P.O. BOX 69420
HARRISBURG, PA 17106-9420

Subscriber: John Doe

ID Number: 999 99 9999

Page: 1 of 2

Patient: John Doe

Claim Number: 01260354768

Date: 09/27/01

Provider: PACO FRALICK DDS INC
(000848516)

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES)	SERVICE DATE(S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PERIODIC EVALUATION DO120	(001) 09/10/01	25.00	23.00	23.00	2.00	Q1030
PROPHYLAXIS ADULT D1110	(001) 09/10/01	51.00	47.00	47.00	4.00	Q1030
BITEWINGS FOUR FILMS D0274	(001) 09/10/01	34.00	30.00	30.00	4.00	Q1030
	TOTALS	110.00	100.00	100.00	10.00	

Q1030 These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

The Provider has been paid the amount shown in the AMOUNT PAID column.

UNITED CONCORDIA
America's Premier Dental Insurer

HAVE A QUESTION?
PLEASE CALL 1-800-299-1910
Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment
is available at 1-800-345-3837

THIS IS NOT A BILL

The above is a sample copy of an **Explanation of Benefits (EOB)** from United Concordia Companies, Inc. (UCCI). You will receive an EOB from UCCI each time you or a covered family member receives dental treatment.



SUMMARY OF BENEFITS: DENTAL BENEFITS THROUGH UNITED CONCORDIA COMPANIES, INC.

A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a dentist who is in the PPO network, you'll receive the higher level of benefits. If you receive services from a dentist who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. Below are specific benefit levels.

Benefit	Coverage Levels	
Dental Services		
Annual Deductible	\$100/person or \$200/family	
Annual Benefit Maximum/per person	\$2,400	
Type of Service	In-Network ¹	Out-of-Network ²
Preventive Services and Supplies³: <ul style="list-style-type: none"> • Cleaning and routine oral examination—two times per calendar year • Fluoride application to child's teeth, age 16 and under—two times per calendar year • Dental sealants, under age 16 • Space maintainers, under age 16 	100%	100%
Diagnostic and Therapeutic Services and Supplies: <ul style="list-style-type: none"> • Periodontal cleanings—two times per calendar year • Full mouth X-rays—once in a three-year period • Bite-wing X-rays—two times in a calendar year • Oral examination • Emergency care⁴ • Extractions • Treatment of gums • Root canals • General anesthetics for oral surgery • Injectable antibiotics 	80%	80%
Restorative Services and Supplies: <ul style="list-style-type: none"> • Fillings⁵ • Crowns⁵ 	80% 50%	80% 50%
Prosthetic Services and Supplies⁶: <ul style="list-style-type: none"> • Full or partial dentures or fixed bridges • Repair or rebasing of dentures or bridges 	50%	50%
Orthodontics up to a \$1,500 per person lifetime maximum	50% after separate deductible per person	50% after separate deductible per person

DENTAL PLAN FOOTNOTES:

1. Advantage Plus 2.0 PPO network provides access to dental care at a lower cost than out-of-network providers.
2. Reimbursements are based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to accept UCCI's allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between UCCI allowance and their fee.
3. Preventive Services do not apply towards the plan's annual maximum.
4. Treatment received for the unexpected onset of severe pain or other symptoms, which, if not treated immediately, could reasonably be expected to result in serious health threat or impair the health of the individual.
5. Crowns will only be covered on the same tooth once every five (5) years unless the need for replacement is due to poor quality of the existing restoration.



WHAT THE DENTAL PLAN DOES NOT COVER

Any claim submitted after one year (12 months) from the date of service will not be considered for payment. If you are unsure of any aspects of your dental coverage, contact United Concordia at 1.866.851.7576. The UCC Dental Plan does not cover the following services and/or supplies, unless otherwise specified:

1. Charges for reline/rebase of dentures or bridges are not covered more than once every 36 months. Repair of dentures is not covered more than once per arch per 36-month period.
2. Implants, except in limited circumstances for members 18 and over. Please contact United Concordia Dental for review.
3. Motor vehicle accident injuries—services for treatment for injuries resulting from the maintenance or use of a motor vehicle if the services/treatment have been paid or are payable under a plan/policy of motor vehicle insurance. This includes a certified or qualified plan of self-insurance, or any fund or program for the payment of extraordinary medical benefit established by state law. Payment for such injuries may be coordinated with your other insurance after those benefits have first been exhausted. The Dental Plan will then pay on a secondary basis.
4. Oral surgery for bony impactions of third molars (wisdom teeth). Contact Highmark BCBS for benefits that might be available under the Medical Plan.
5. Orthodontic services that occurred before enrollment in this Plan or after enrollment is terminated.
6. Procedures, restorations, and appliances to increase vertical dimension or to restore occlusion.
7. Replacement of an existing crown or gold filling will not be covered unless for tooth decay.
8. Services and supplies partially or wholly cosmetic in nature.
9. Training in or supplies used for dietary counseling, oral hygiene, or plaque control.
10. Treatment by someone other than a dentist or physician, except where performed by a duly-qualified technician under the direction of a dentist or physician.
11. Workers' compensation-related illness or bodily injury, if benefits or compensation are available, in whole or in part, under the provisions of any federal, state or local government workers' compensation, occupational disease or similar type legislation. This exclusion applies whether or not the enrollee files a claim for said benefits or compensation.



HOW THE VISION PLAN WORKS

Your UCC Medicare Advantage Plan provides minimal coverage for dental and vision services. Separate enrollment in the stand-alone UCC Dental and Vision Plans ensures additional coverage for many dental and routine vision services.

This is a summary of the Vision Plan that is administered by VSP. The Vision Plan is a stand-alone benefit with a separate application and premium, and a Plan Year that runs from April 1 through March 31. You will not receive identification cards from VSP; your vision care provider will verify your eligibility and benefits when you schedule your appointment. If you have questions regarding your vision benefits or to locate a provider, contact VSP at **1.800.877.7195**.

PREFERRED PROVIDER ORGANIZATION (PPO)–VSP

VSP's network consists of over 36,000 providers to provide professional vision care for persons covered under this Plan. When you want to obtain services, call a VSP provider to make an appointment. While you may obtain services from any eye care provider of your choice, you will receive your maximum eye care benefits from a VSP provider.

Vision services are covered on a "Service Year" basis. This means you will be eligible for your next covered benefit 12/24 months from the date of your last service: 12 months for exams, 24 months for frames. For example: If you had an eye exam on May 1, 2021, you will not be eligible for another eye exam until May 1, 2022. If you received eyeglass frames on July 1, 2021, you will not be eligible for new frames until July 1, 2023.

Your in-network provider will submit your claim directly to VSP.

If you obtain services from a non-VSP provider, contact VSP Customer Service at **1.800.877.7195** for an Out-of-Network Claim Form.

VSP will not provide ID cards at the time of enrollment. A confirmation letter from the Pension Boards will be sent to the participant once their initial application has been processed.

Participants interested in printing an ID card for their VSP Plan may do so by creating a personal account at www.vsp.com. ID cards are not required to obtain services.

Vision plan enrollment is intended to be continuous in order to provide low out-of-pocket costs to the participant. Should a participant have a break in coverage, a one-year lapsed premium will be due at the time of re-enrollment.



SUMMARY OF BENEFITS: VISION BENEFITS THROUGH VSP

A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the higher level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. Below are specific benefit levels.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames 20% savings on the amount over your allowance \$80 Costco, Walmart and Sam's Club frame allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$170 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Progressive Lenses	up to \$75
Single Vision Lenses	up to \$50	Lined Trifocal Lenses	up to \$100
		Contacts	up to \$105
<small>Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</small>			



COORDINATION OF BENEFITS

MEDICARE

UCC Medicare Advantage Plan with Rx benefits are coordinated with your Medicare Part A and Part B benefits.

SUBROGATION

If a covered participant or dependent is injured or becomes ill through the act of a third party, the Plan shall provide for the care of the injury or illness. Acceptance of such services and benefits will constitute consent to assist the Plan with recovery of injury- or illness-related Plan expenses. If the participant receives or is entitled to receive payment from a third-party suit or settlement, or otherwise, of an amount up to and including the value of any such health services or supplies covered by the Plan, the participant is obligated to reimburse the Plan for the value of such benefits paid by the Plan.

PARTICIPANT'S COOPERATION

In some circumstances, the participant's help will be requested to assist with the administration of the Plan. Enrollment in the Plan constitutes an agreement by the participant and by their covered dependents to cooperate with the Plan's administration requirements and efforts to enforce the Plan's rights to subrogation and reimbursement.

PLAN ADMINISTRATION

UCC Medicare Advantage Plan with Rx

The UCC Medicare Advantage Plan with Rx is a fully-insured Humana Medicare Advantage Plan. Final interpretation of any and all Plan provisions is the responsibility of Medicare and Humana.

UCC Dental and Vision Plans

The UCC Dental and Vision Benefits Plans are self-funded plans administered by The Pension Boards - United Church of Christ, Inc, an affiliated ministry of the United Church of Christ. The Pension Boards has engaged United Concordia Companies, Inc, and VSP to provide claims administration services. Claims Administration services do not insure benefits under the Plan. Final interpretation of any and all Plan provisions is the responsibility of the Pension Boards.



YOUR RIGHTS TO APPEAL

If you have additional information for the reconsideration of a claim, please send it with your request. You are entitled to obtain copies of documents related to the claim. In some cases, approval may be needed to release confidential information such as medical records. A decision will be made within 30 to 60 days depending on the appeal, whether it's a Fast Appeal or Standard Appeal. Appeals must be initiated within 60 days of the date of denial.

Medical & Pharmacy Claims

Standard Appeal

Humana Grievances and Appeals Dept.
PO Box 14165
Lexington, KY 40512-4165

You may request a Fast Appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision.

Fast Appeal

Phone **1.800.867.6601**
Fax **1.800.949.2961**

Dental Claim

If you wish to appeal the denial of a dental claim by United Concordia Companies, Inc., you should submit a written request for a review to: Claim Appeal Department, United Concordia Companies, Inc., P.O. Box 69421, Harrisburg, PA 17106-9421.

Vision Claim

If you wish to appeal the denial of a vision claim by VSP, you should submit a written request to: VSP, P.O. Box 997105, Sacramento, CA 95899-7105.



DEFINITIONS AND RELATED INFORMATION

COINSURANCE

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for services after you pay any plan deductible.

COPAYMENT

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

DEDUCTIBLE

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

EXCLUSIONS AND LIMITATIONS

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

MAXIMUM OUT-OF-POCKET

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

NETWORK

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

PLAN DISCOUNT

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

PREMIUM

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

CATASTROPHIC COVERAGE

What you pay for covered drugs after reaching \$7,050

Once your out-of-pocket costs reach the \$7,050 maximum, you pay a small coinsurance or a small copayment for covered drug costs until the end of the plan year.

COINSURANCE

Your share of your prescription's cost

This is a percentage of the total cost of a drug you pay each time you fill a prescription.

COPAYMENT

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

DEDUCTIBLE

Your cost for Part D prescription drugs before the plan pays

The amount you pay for Part D prescription drugs before the plan begins to pay its share.

EXCLUSIONS AND LIMITATIONS

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

FORMULARY

Drugs covered under your plan

A list of drugs approved for coverage under the plan. Also called a Drug List.

OUT-OF-POCKET

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.



PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires, among other things, that health plans protect the confidentiality and privacy of individually identifiable health information. The Pension Boards–United Church of Christ, Inc. is the plan sponsor of the UCC Medical and Dental Benefits Plan and is committed to maintaining the privacy of your personal health information under the Plan in accordance with HIPAA privacy standards, which became effective April 14, 2003. The Plan and those administering it will use and disclose health information only as allowed by Federal law. The Plan has provided you with a **Notice of Privacy Practices**, describing how health information about you may be used or disclosed by the Plan.

PROTECTED HEALTH INFORMATION (PHI)

Protected health information (*PHI*) is the identifiable health information about you that is created, received, or maintained by the Plan. The privacy of your health information that is used or disclosed by the Plan is protected by HIPAA.

The Plan is required by law to:

- Maintain the privacy of your PHI
- Provide you with a notice of the Plan’s legal duties and privacy practices with respect to your PHI

The Plan may use, share, or disclose protected health information to pay your health care benefits, operate the Plan or for treatment by a health care practitioner. In addition, the Plan may use or disclose your information in other special circumstances described in the privacy notice. For any other purpose, the Plan will require your written authorization for the use or disclosure of your protected health information. An authorization form is available online at www.pbucc.org or by calling Member Services at 1.800.642.6543.







