



**FREQUENTLY ASKED QUESTIONS  
ABOUT THE  
UCC MEDICAL AND DENTAL BENEFITS PLAN**

**Operating at the intersection of faith and finance, we are caring professionals partnering with those engaged in the life of the Church to provide valued services leading to greater financial security and wellness.**

*– Pension Boards Mission Statement*

**The Pension Boards delivers benefits and services from the intersection of faith and finance, providing clergy, lay employees, and all persons served with the peace of mind that comes through greater financial security and better health.**

*– Pension Boards Vision Statement*

**1. Why does the Pension Boards administer the UCC’s denominational health plan?**

The Pension Boards-United Church of Christ, Inc. (PBUCC) is constitutionally mandated, by action of General Synod, to serve as the administrator of the denominational health plan.

In addition to the Synod mandate, we are also guided by our covenantal mandate as an Affiliated Ministry of the United Church of Christ.

Our Health, Dental, and Vision Plans are designed to provide comprehensive coverage to active and retired UCC clergy and lay employees and their eligible dependents, in keeping with our mission to “provide valued services leading to greater financial security and wellness.”

**2. The UCC Medical and Dental Benefits Plan is self-funded, maintained, and administered by the Pension Boards. What does this mean?**

As a self-funded health plan, the Pension Boards is solely responsible for receiving contributions to the Plan (premiums) from employers and/or participants and paying claims on behalf of participants and their dependents.

PBUCC maintains direct contractual and account management relationships with health plan-related vendor partners. These vendor partners provide access to a network of doctors, hospitals, and other health care providers. They also administer claims processing and customer care services to Plan participants. *No fees are paid to brokers or other intermediaries.*

### **3. Are clergy and lay employees required to enroll in the UCC Health Plan?**

Because of our Church's congregational polity, there is no requirement for clergy or lay employees to enroll in the UCC Health Plan, or any benefit plan offered by the Pension Boards. Clergy and lay employees may purchase the health coverage of their choosing from any insurance provider.

### **4. Who participates in the UCC Plan?**

The Non-Medicare Health Plan currently has 4,946 participants, including eligible dependents.<sup>1</sup> These include clergy and lay employees serving in UCC churches or related ministries; missionaries; employees of the National setting of the Church; employees of Affiliated and Associated Ministries, such as the Pension Boards and United Church Funds, respectively; and others serving in ministries related to the United Church of Christ.

The Medicare Supplement Plan currently has 3,414 participants, including eligible dependents.<sup>2</sup> The Medicare Plan is a supplement to Medicare Parts A and B, providing secondary coverage to assist with costs not covered by Medicare.

### **5. Why does the Pension Boards require underwriting for enrollment into the health plan?**

All eligible individuals may enroll in the Non-Medicare Plan within the first 90 days of their initial eligibility, with no restrictions.

After the 90-day enrollment period, individuals are considered "late applicants," and if they wish to enroll in the Plan, they must receive approval from medical underwriters. Because of the uniqueness of church plans such as the UCC Health Plan – which may only be offered to eligible individuals having a relationship with the United Church of Christ – and to discourage the practice of individuals moving in and out of the Plan, special provisions were granted to the Plan by the Internal Revenue Service regarding enrollment of late applicants. Several studies conducted over time have demonstrated the importance of underwriting to the long-term financial stability of the UCC Plan.

Individuals who participate in the Non-Medicare Plan may enroll in the Medicare Supplement Plan when they reach age 65 and are enrolled in Medicare Parts A and B. Underwriting is also required for persons who do not transition directly from the Non-Medicare Plan to the Medicare Supplement at the time of eligibility.

### **6. What does it mean to be a "grandfathered health plan"?**

The UCC Plan is a "grandfathered health plan" under the Affordable Care Act (ACA) because:

- individuals were enrolled it on the date of the ACA's enactment (March 23, 2010); and,
- it has maintained that status since the ACA's enactment.

### **7. What is the Pension Boards doing to control the costs of health care?**

The Pension Boards continues to explore ways to keep costs low for Plan participants.

PBUCC has long participated in medical and pharmacy benefits coalitions through the Church Benefits Association (CBA). The Pension Boards is one of 15 CBA denominations (representing 160,000 covered lives) participating in the medical coalition through Highmark Blue Cross Blue Shield, and one of 22 denominations participating in the pharmacy coalition through Express Scripts. This has enabled the Pension Boards to offer Plan participants comprehensive nationwide coverage at competitive premiums and copays.

In addition, PBUCC:

- encourages younger and healthier individuals to enroll in the Plan, and remain enrolled throughout their employment with the UCC;
- expanded and extended eligibility and enrollment rules to include opposite-gender domestic partners;
- encourages adherence to treatment protocols for individuals with chronic conditions to prevent potential high-cost claims;
- encourages participation in the Healthy Stewards Wellness Program to remain aware of changes in health status and take corrective action as needed;
- encourages use of in-network providers for all services, to benefit from the discounts contracted with vendor/partners;
- has maintained competitive premiums, with low levels of deductibles, copays, and co-insurance for all health plans;
- diligently monitors internal costs and expenses in managing the Plan; and,
- offers alternative plan designs to provide employers with lower-premium, higher-deductible options for their employees.

For additional information, please email Mr. Frank Loiacono, Director of Health Plan Operations, at [floiacono@pbucc.org](mailto:floiacono@pbucc.org) or call **212.729.2806**.

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<sup>1</sup> Non-Medicare Health Plan enrollment as of June 1, 2017

<sup>2</sup> Medicare Supplement Plan enrollment as of June 1, 2017

