The Pension Boards
United Church of Christ, Inc.



HIGHLIGHTS OF THE UCC **MEDICARE ADVANTAGE PLAN WITH RX**

HEALTH | OPTIONAL DENTAL AND VISION COVERAGE

2027

History

Since 1914, the Pension Boards-United Church of Christ, Inc. (PBUCC) has been a partner in ministry with those who serve the United Church of Christ (UCC). PBUCC offers comprehensive employee benefits programs for active and retired UCC clergy and lay employees and their eligible dependents, providing the highest standards of service, access, and options.

PBUCC assists those who serve the church in achieving health and economic security through:

- thought leadership regarding faith-based, socially responsible investing;
- professional investment expertise that enhances returns;
- a comprehensive mix of products and services that meet diverse needs;
- innovative application of technology; and
- outreach to all settings of the UCC and the greater church

Health Plan Mission

To provide the highest standard of service, access to care and options to active, inactive, and retired UCC clergy and lay employees.

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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 with 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.

VSP

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				
CenterWell Pharmacy- Humana's mail-delivery pharmacy	1. 800-379-0092 (TTY: 711)	CenterWellPharmacy.com	CenterWell Pharmacy	CenterWell Pharmacy PO Box 1410 Lexington, KY 40512-4140
WELLNESS SERVICES				
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 495933 Cincinnati, OH 45249

** 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. Rate information can be found by logging into your account at pbucc.org.

HEALTH PLAN

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 PLAN

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

The UCC stand-alone dental plan provides comprehensive coverage for dental services whereas the dental coverage included in the Medicare Advantage Plan with Rx only provides coverage in very limited instances.

VISION PLAN

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

The UCC stand-alone vision plan provides comprehensive coverage for vision services whereas the vision coverage included in the Medicare Advantage Plan with Rx only provides coverage in very limited instances.

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 your:

- 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 of 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

For plan participants who are retired and have reached the age of 65, 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. Open enrollment takes place each Fall for coverage that begins on January 1 of the following year.

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

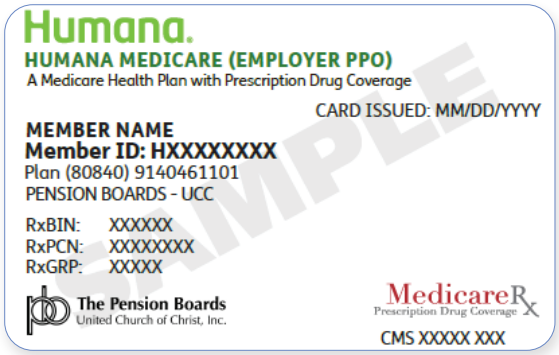
Continuation of coverage may be available in the following situations:

- If you are a minister, or lay employee whose employment has ended, you may continue coverage by making premium payments directly to the plan.
- In the event of your death, your spouse or domestic partner may continue Plan coverage by making premium payments directly to the Plan.
- If you divorce or dissolve your domestic partnership, your spouse or domestic partner may continue their coverage by making premium payments 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 level of coinsurance 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 card 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

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	**$300** per year for some combined in- and out-of-network services
Medical Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	**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; 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); Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine); Wigs (medically necessary) and the Plan Premium do not apply to the in-network maximum out-of-pocket. 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. **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; 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); Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine); Wigs (medically necessary) and the Plan Premium do not apply to the combined maximum out-of-pocket. Out-of-Network Exclusions: Part D Pharmacy, Acupuncture; Chiropractic Services (Routine); Fitness Program; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Private Duty Nursing; Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine); Wigs (medically necessary); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket. Your limit for services received from in-network providers will count toward this limit. 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 Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
This 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		
Diagnostic colonoscopy	**4%** of the cost	**4%** of the cost
Diagnostic mammography	**4%** of the cost	**4%** of the cost
Observation services	**4%** of the cost	**4%** of the cost
Surgery services	**4%** of the cost	**4%** of the cost
AMBULATORY SURGICAL CENTER		
Diagnostic colonoscopy	**4%** of the cost	**4%** of the cost
Surgery services	**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

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
This plan covers all Medicare preventative services including: • Abdominal aortic aneurysm screening • Alcohol misuse screening & counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening • Cardiovascular disease behavioral therapy • Cardiovascular disease screening • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes self-management training • Diabetes screening • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education services • Lung cancer screening • Medical nutrition therapy • Obesity screening and therapy • Physical exams (routine) • Prostate cancer screening exam • Smoking and tobacco use cessation • STI screening and counseling • "Welcome to Medicare" preventative visit	**Covered at no cost**	**Covered at no cost**
• Immunizations • Medicare diabetes prevention program (MDPP) Any additional preventative services approved by Medicare during the contract year will be covered.	**Covered at no cost**	**Covered at no cost**

Covered Medical 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. **$120 Maximum Out-of-Pocket per visit** for emergency room services	**4%** of the cost for Medicare-covered emergency room visit(s)	**4%** of the cost for Medicare-covered emergency room visit(s)
Urgently needed services		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care center	**4%** of the cost	**4%** of the cost
Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.		
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Advanced imaging services (MRI, MRA, PET and CT Scan)		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Diagnostic mammography		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Diagnostic procedures and tests		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care center	**4%** of the cost	**4%** of the cost
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
EKG screening		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**0%** of the cost	**0%** of the cost
• Freestanding radiological facility	**0%** of the cost	**0%** of the cost
• Outpatient Hospital	**0%** of the cost	**0%** of the cost
Lab services		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care center	**4%** of the cost	**4%** of the cost
• Freestanding laboratory	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Nuclear medicine services		
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Outpatient x-rays		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care center	**4%** of the cost	**4%** of the cost
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Radiation therapy		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Freestanding radiological facility	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
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
VISION SERVICES		
Medicare-covered vision services	**4%** of the cost	**4%** of the cost
Medicare-covered diabetic eye exam (1 per year)	**0%** of the cost	**0%** of the cost
Medicare-covered glaucoma screening (1 per year)	**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. **$135** combined maximum benefit coverage amount per year for routine exam (includes refraction). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. 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
Partial Hospitalization	**4%** of the cost	**4%** of the cost
Intensive Outpatient Services	**4%** of the cost	**4%** of the cost
Outpatient group and individual therapy visits		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
SKILLED NURSING FACILITY (SNF)		
This plan covers up to 365 days in a SNF. No 3-day hospital stay is required. Plan pays $0 after 365 days.	**$0** copay per day for days 1-20 **$34** copay per day for days 21-100 **20%** of the cost per stay for days 101-365	**$0** copay per day for days 1-20 **$34** copay per day for days 21-100 **20%** of the cost per stay for days 101-365
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
TRANSPORTATION		
Uniformity Flexibility Non-Emergency Medical Transportation	**$0** copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.	**95%** coinsurance for plan approved location by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MEDICARE PART B PRESCRIPTION DRUGS		
Chemotherapy drugs		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
Medicare Part B covered drugs		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Outpatient Hospital	**4%** of the cost	**4%** of the cost
• Pharmacy	**4%** of the cost	**4%** of the cost
Medicare Part B insulin drugs		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Outpatient Hospital • Pharmacy You will pay no more than $35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.	**4%** of the cost **4%** of the cost	**4%** of the cost **4%** of the cost
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	**4%** of the cost for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	**4%** of the cost for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Routine acupuncture	**20%** of the cost for acupuncture visits. **$3,000** combined in and out of network maximum benefit coverage amount per year for acupuncture visits.	**20%** of the cost for acupuncture visits. **$3,000** combined in and out of network maximum benefit coverage amount per year for acupuncture visits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
ALLERGY		
Allergy shots & serum		
• Primary care provider (PCP) • Specialist's office	**4%** of the cost **4%** of the cost	**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 for routine chiropractic visits. **$2,000** combined in and out of network maximum benefit coverage amount per year for routine chiropractic visits.	**20%** of the cost for routine chiropractic visits. **$2,000** combined in and out of network maximum benefit coverage amount per year for routine chiropractic visits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
DIABETES SERVICES AND SUPPLIES		
Continuous glucose monitor (CGM)		
• Durable medical equipment provider	**4%** of the cost	**4%** of the cost
• Pharmacy	**4%** of the cost	**4%** of the cost
• Preferred Pharmacy	**$0** copay	Not Covered
Diabetes management training		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**0%** of the cost	**0%** of the cost
• Outpatient hospital	**0%** of the cost	**0%** of the cost
Diabetes monitoring supplies		
• Durable medical equipment provider	**4%** of the cost	**4%** of the cost
• Pharmacy	**4%** of the cost	**4%** of the cost
• Preferred diabetic supplier	**$0** copay	Not Covered
Diabetes screening		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**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
HOSPICE You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.		
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment		
• Durable medical equipment provider	**4%** of the cost	**4%** of the cost
• Pharmacy	**4%** of the cost	**4%** of the cost
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	**4%** of the cost	**4%** of the cost
• Pharmacy	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Prosthetics (artificial limbs or braces)		
• Prosthetics provider	**4%** of the cost	**4%** of the cost
WIGS (medically necessary)		
Wigs	**20%** of the cost for medically necessary wigs up to 1 item(s) every 2 years.	**20%** of the cost for medically necessary wigs up to 1 item(s) every 2 years. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits		
• Primary care provider (PCP)	**4%** of the cost	**4%** of the cost
• Specialist's office	**4%** of the cost	**4%** of the cost
• Urgent care	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
PRIVATE DUTY NURSING		
Private Duty Nursing	**20%** of the cost for private duty nursing services. **$5,000** combined in and out of network maximum benefit coverage amount per year for private duty nursing services.	**20%** of the cost for private duty nursing services. **$5,000** combined in and out of network maximum benefit coverage amount per year for private duty nursing services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
REHABILITATION SERVICES		
Audiology Therapy		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Comprehensive outpatient rehab facility	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Cardiac rehabilitation		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Occupational therapy		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Comprehensive outpatient rehab facility	**4%** of the cost	**4%** of the cost

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Physical therapy		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Comprehensive outpatient rehab facility	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Pulmonary rehabilitation		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Comprehensive outpatient rehab facility	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Speech therapy		
• Specialist's office	**4%** of the cost	**4%** of the cost
• Comprehensive outpatient rehab facility	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	**4%** of the cost	**4%** of the cost
• Outpatient hospital	**4%** of the cost	**4%** of the cost
Kidney disease education services		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**0%** of the cost	**0%** of the cost
• Outpatient hospital	**0%** of the cost	**0%** of the cost
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (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

Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
FITNESS AND WELLNESS		
Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.	**$0** copay	**95%** coinsurance for out-of-network fitness centers. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
HEALTH EDUCATION SERVICES		
Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.	**$0** copay	Not Applicable

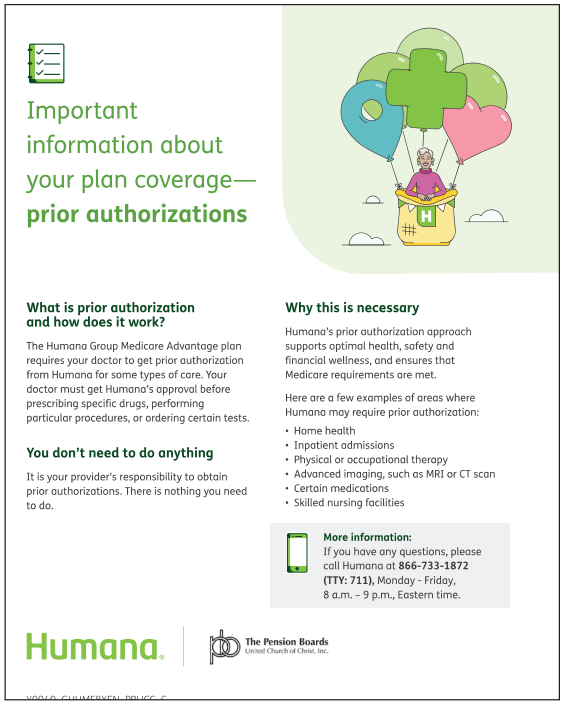
Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
POST-DISCHARGE SERVICES		
• Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals. • 2 meals per day for 14 days, up to 28 meals delivered to your door. • Transportation up to 12 one-way trips to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle. • In-network services must be scheduled by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.	**$0** copay per discharge event following each inpatient or skilled nursing facility stay.	**95%** coinsurance for out-of-network post-discharge services. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
SMOKING CESSATION (ADDITIONAL)		
A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.	**$0** copay	Not Applicable

Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
UNIFORMITY FLEXIBILITY VIRTUAL CARDIAC RECOVERY		
Delivered via telehealth, virtual cardiac recovery program provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission.	**$0** copay	**95%** coinsurance for cardiac recovery services provided via telehealth under virtual supervision by a physician or qualified practitioner. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Click here for a list of services that may required prior authorization



Important information about your plan coverage—**prior authorizations**

What is prior authorization and how does it work?

The Humana Group Medicare Advantage plan requires your doctor to get prior authorization from Humana for some types of care. Your doctor must get Humana's approval before prescribing specific drugs, performing particular procedures, or ordering certain tests.

You don't need to do anything

It is your provider's responsibility to obtain prior authorizations. There is nothing you need to do.

Why this is necessary

Humana's prior authorization approach supports optimal health, safety and financial wellness, and ensures that Medicare requirements are met.

Here are a few examples of areas where Humana may require prior authorization:

- Home health
- Inpatient admissions
- Physical or occupational therapy
- Advanced imaging, such as MRI or CT scan
- Certain medications
- Skilled nursing facilities

More information:
If you have any questions, please call Humana at **866-733-1872 (TTY: 711),** Monday - Friday, 8 a.m. – 9 p.m., Eastern time.

Humana. | The Pension Boards United Church of Christ, Inc.

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 with 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. Humana's Part D coverage is spread among four groupings based on the drug type—also called "tiers."

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 up to a 100-day supply at a retail pharmacy, or a via mail order supply. There is no deductible with the prescription plan.

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 Centerwell Pharmacy, Humana's own best-in-class customer satisfaction and overall customer care mail order pharmacy. With Centerwell 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, Centerwell Pharmacy reminds you when your prescriptions need to be refilled. You may set up an account either online at CenterwellPharmacy.com or at **1.888.538.3518.**

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 out-of-pocket drug costs reach **$2,400**. Once you reach this amount, you will enter the Catastrophic Stage.

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
100-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

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. To view the most complete and current Drug Guide information online, visit **www.humana.com/SearchResources**, locate Prescription Drug section, select **www.humana.com/MedicareDrugList** link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP**38**.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

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, Erectile Dysfunction, Fertility, Vitamins/Minerals 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.

Catastrophic Coverage

After your total out-of-pocket costs reach **$2,400**, you pay **$0** for plan-covered Part D and plan-covered excluded drugs.

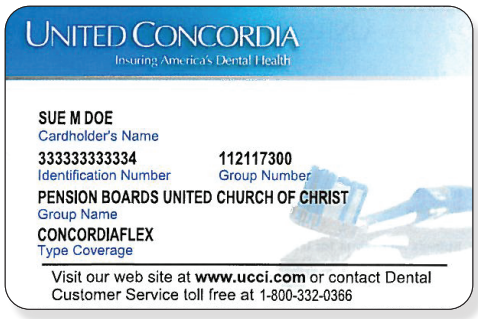
How The Dental Plan Works

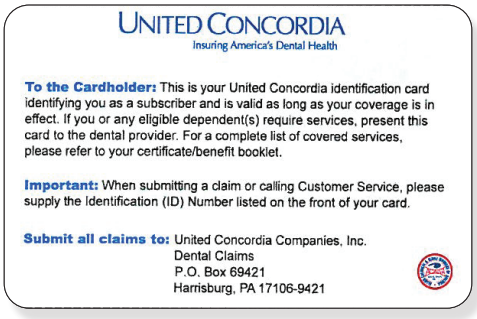
The UCC Dental Plan is a stand-alone benefit that provides preventive, therapeutic, restorative, prosthetic services, and orthodontic services for you and your covered dependent(s). The Dental Plan is administered by United Concordia Companies, Inc. (UCCI). You will receive an ID card from United Concordia. You may create a MyDentalBenefits account at UnitedConcordia.com. Once your account is created, you can access the United Cocordia Dental app.

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 Highmark Blue Cross Blue Shield to join.



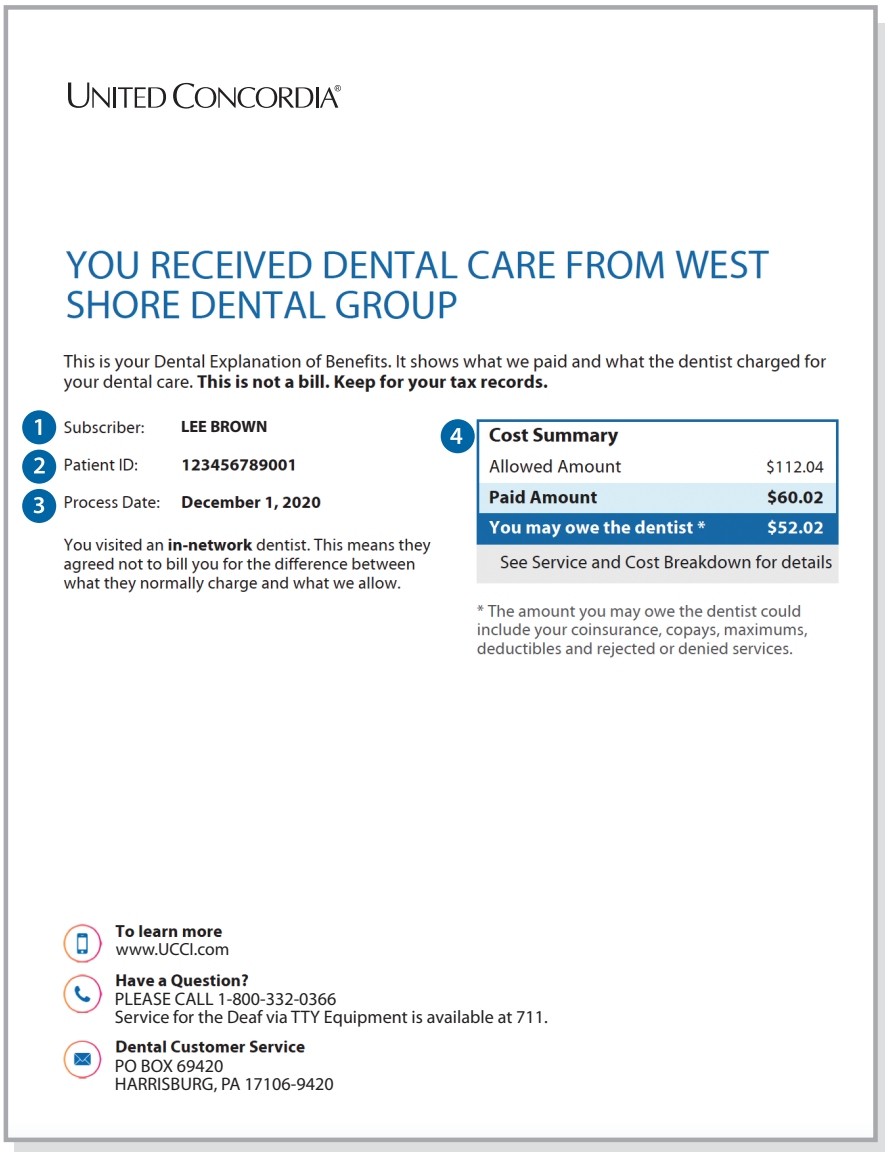


To find an **Advantage Plus 2.0 PPO** network provider:

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®

YOU RECEIVED DENTAL CARE FROM WEST SHORE DENTAL GROUP

This is your Dental Explanation of Benefits. It shows what we paid and what the dentist charged for your dental care. **This is not a bill. Keep for your tax records.**

1 Subscriber: **LEE BROWN**

2 Patient ID: **123456789001**

3 Process Date: **December 1, 2020**

You visited an **in-network** dentist. This means they agreed not to bill you for the difference between what they normally charge and what we allow.

4 **Cost Summary**

Allowed Amount	$112.04
Paid Amount	**$60.02**
You may owe the dentist *	**$52.02**

See Service and Cost Breakdown for details

* The amount you may owe the dentist could include your coinsurance, copays, maximums, deductibles and rejected or denied services.

To learn more
www.UCCI.com

Have a Question?
PLEASE CALL 1-800-332-0366
Service for the Deaf via TTY Equipment is available at 711.

Dental Customer Service
PO BOX 69420
HARRISBURG, PA 17106-9420

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		
DENTAL SERVICES	**COVERAGE LEVELS**	
Annual Deductible Annual Benefit Maximum/per person	$100/person or $200/family $2,400	
Type of Service	**In-Network[1]**	**Out-of-Network[2]**
PREVENTIVE SERVICES AND SUPPLIES[3]: • 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: • 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 care[4] • Extractions[5] • Treatment of gums • Root canals • General anesthetics for oral surgery • Injectable antibiotics	80%	80%
RESTORATIVE SERVICES AND SUPPLIES: • Fillings[6] • Crowns[6]	80% 50%	80% 50%
PROSTHETIC SERVICES AND SUPPLIES: • Full or partial dentures or fixed bridges • Repair or rebasing of dentures or bridges	50%	50%
ORTHODONTICS UP TO A $2,000 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. Benefit payments are based on Reasonable and Customary (R&C) limits. 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.
6. Implants: Have your dental provider contact United Concordia for information regarding predetermination of services.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 **1.800.851.7576**. 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 Humana for benefits 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. Training in or supplies used for dietary counseling, oral hygiene, or plaque control.
9. 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.
10. 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

This is a summary of the Vision Plan that is administered by VSP. The Vision Plan is a stand-alone benefit. You will not receive identification cards from VSP; The ID number is the employee/member/policyholder's SSN. Vision providers may use dependents' respective SSNs when they complete a pre-certification prior to services. If you have questions regarding your vision benefits or to locate a VSP Signature Network Provider, contact VSP at **1.800.877.7195**.

PREFERRED PROVIDER ORGANIZATION (PPO)–VSP SIGNATURE

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.

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. The ID number is the employee/member/policyholder's SSN. Vision providers may use dependents' respective SSNs when they complete a pre-certification prior to services. 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.

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. Below are specific benefit levels.

Your VSP Benefits Summary

With a VSP plan through THE PENSION BOARDS-UNITED CHURCH OF CHRIST, INC., you get affordable vision coverage for glasses, contacts, and more.

Provider Network:
VSP Signature

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 for exam and glasses Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME[+]	• $190 Featured Frame Brands allowance • $170 frame allowance • 20% savings on the amount over your allowance • $170 Walmart/Sam's Club frame allowance • $95 Costco frame allowance	Combined with exam	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Combined with exam	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $80 - $90 $120 - $160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $170 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. • Get 20% off eyewear on eyeconic.com just for being a VSP member.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

Your plan provides the following out-of-network reimbursements:

Exam ..... up to $50	Lined Bifocal Lenses ..... up to $75	Progressive Lenses ..... up to $75
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $100	Contacts ..... up to $105
Single Vision Lenses ..... up to $50		

Maximize your benefits at an in-network location. Log in to **vsp.com** to choose an in-network doctor near you, including our large network of private practice and retail locations.

Coordination Of 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 or at the pharmacy for medications

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.

INFLATION REDUCTION ACT PHARMACY BENEFIT

What you pay for covered drugs after reaching $2,400

Once your out-of-pocket and PBUCC spending combined reaches $2,400, no additional out-of-pocket spending will be required by the participant for the remainder of that plan year.

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, Dental and Vision Plan and is committed to maintaining the privacy of your personal health information under the Plan in accordance with HIPAA privacy standards. 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, for treatment by a health care Practitioner, and in other special circumstances permitted or required by law, as described in the Notice. Uses or disclosures requiring your authorization will be made only with your written authorization, which you may revoke in writing subject to the limitations described in the Notice. An **authorization form** is available online at **www.pbucc.org** or by calling Member Services at **1.800.642.6543**.

Subject to the limitations described in the Notice, you may request access to or amendment of certain PHI, an accounting of certain disclosures, restrictions on use or disclosure, and confidential communications. You may also file a privacy complaint without retaliation.

Important Disclaimers

GENERAL SUMMARY ONLY

This booklet provides a general summary of the UCC Medicare Advantage Plan with Rx and optional dental and vision benefits. It does not describe every benefit, limitation, exclusion, eligibility rule, enrollment requirement, claims procedure, or administrative requirement. Complete terms are contained in the applicable plan documents, insurance contracts, certificates or Evidence of Coverage, Summary of Benefits, formularies, provider materials, and other governing documents, as amended from time to time. If this booklet conflicts with any controlling document or applicable Medicare requirement, the controlling document or Medicare requirement governs.

ELIGIBILITY AND ENROLLMENT

PBUCC determines eligibility, enrollment, effective dates, and required contributions under its governing plan documents. Enrollment in and continued eligibility for the Medicare plan generally require enrollment in Medicare Parts A and B and satisfaction of all other applicable requirements. Failure to enroll in or maintain required Medicare coverage may affect eligibility, benefits, claims payment, or continued participation. Enrollment periods, deadlines, and documentation requirements apply.

MEDICARE ADVANTAGE AND PRESCRIPTION DRUG COVERAGE

The UCC Medicare Advantage Plan with Rx is administered in accordance with applicable Medicare requirements and Humana plan materials. Participants should not enroll in another Medicare Advantage or Medicare Part D plan without first confirming the effect on their UCC coverage, because other enrollment may result in disenrollment from or loss of the UCC Medicare Advantage Plan with Rx.

BENEFITS, NETWORKS, AND CLAIMS

Coverage, exclusions, cost sharing, provider requirements, prior authorization, medical necessity, claims, appeals, and other requirements are governed by the controlling plan and carrier materials. A provider recommendation, authorization, estimate, prior payment, or customer-service response does not guarantee coverage or payment. Out-of-network providers must accept Medicare and agree to bill Humana, and participants may be responsible for amounts not covered by the Plan.

PREMIUMS, SURCHARGES, AND OTHER COSTS

Participants are responsible for applicable plan contributions and Medicare premiums, deductibles, copayments, coinsurance, surcharges, and income-related monthly adjustment amounts, unless the controlling plan materials expressly provide otherwise. Rates, contributions, benefits, and cost-sharing requirements may change.

VENDORS AND PLAN ADMINISTRATION

PBUCC may use Humana, CenterWell Pharmacy, United Concordia, VSP, and other service providers for claims and administrative services. Vendor materials and communications do not amend the Plan or guarantee benefits and must be read together with the controlling plan materials and applicable Medicare requirements.

PARTICIPANT RESPONSIBILITY

Participants are responsible for complying with enrollment, contribution, authorization, claims, appeal, notice, and other requirements; maintaining Medicare Parts A and B; confirming provider participation and acceptance of the Plan; providing accurate information; reporting eligibility changes; and meeting applicable deadlines. Failure to comply may result in delayed or denied benefits or loss of coverage.

PRIVACY

The Plan, PBUCC, Humana, and other service providers may use and disclose health and personal information as permitted or required by HIPAA, Medicare requirements, applicable law, governing documents, and privacy notices. Participants should review the applicable PBUCC and carrier privacy notices.

NO PROFESSIONAL ADVICE OR GUARANTEE

This booklet is not Medicare, medical, legal, tax, financial, employment, or other professional advice. Examples are illustrative only and may not reflect a participant's actual costs, claims, providers, prescriptions, or coverage. Participation does not create or alter an employment or ministry relationship and does not guarantee continued employment, compensation, coverage, or benefits.

AMENDMENT AND TERMINATION

Subject to applicable law and governing documents, PBUCC may amend, modify, suspend, or terminate the Plan or any benefit option, vendor arrangement, eligibility rule, contribution requirement, or other plan feature. Only benefits in effect under the controlling materials at the relevant time are available.

The Pension Boards
United Church of Christ, Inc.

10/30/2026