MEDICARE ADVANTAGE PPO PLAN & PRESCRIPTION DRUG PLAN

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

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

We're here for you

Humana Group Medicare Customer Care
855-273-0021 (TTY: 711)
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
your.Humana.com/boardofpensions

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **855-273-0021 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Humana®

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Humana®

Let’s get started understanding your benefits and coverage

Learn more about extra programs and services Humana offers

Scan the QR code with your mobile device.

Inside this packet you’ll find:

Humana.

Welcome to a more human way to healthcare

Take action to enroll

Dear Retiree,

We're excited to let you know that **The Board of Pensions of the Presbyterian Church (U.S.A.)** has partnered with Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) and a Prescription Drug Plan (PDP). These plans provide more benefits than Original Medicare.

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Review the enclosed materials
This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call the Board at **800-PRESPLAN (800-773-7752) (TTY: 711)*,** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.
- If you have questions about your benefits, call the Humana Customer Care team at **855-273-0021 (TTY: 711)*,** Monday – Friday, 8 a.m. – 9 p.m., Eastern time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.
- Please visit your custom Humana site at **your.Humana.com/boardofpensions** for plan information, documents and more.
- Humana has recorded a custom presentation for you. You can view the presentation at any time by typing **https://huma.na/BOP2026** into your internet browser.

Enrollment Information
For the Medicare Advantage Plan and the Prescription Drug Plan enrollment information, please refer to the document titled "Important Enrollment Information" located in this packet.

We look forward to serving you now and for many years to come.

Sincerely,
Group Medicare Operations

*Visit https://www.fcc.gov/consumers/guides/711-telecommunications-relay-service

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Your benefits include:

All the benefits of Original Medicare, plus extra benefits

Maximum out-of-pocket protections

Worldwide emergency coverage

Programs to help improve health and well-being

Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see a healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Know before you enroll

You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.

When does my coverage begin?
The Board of Pensions decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan and PDP plan enrollment is confirmed.

Is your provider and pharmacy in-network or out-of-network?
You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit **Humana.com/findcare**.

What does insurance cover?

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

What if I have other health insurance coverage?
You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

If you have other health insurance, show your Humana member medical ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plans may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

Do I need to show my red, white and blue Medicare card when I visit the doctor?
No. You'll get a Humana member medical ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What if my provider says they will not accept my plan?
If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID cards?
If you need to fill a prescription after your coverage begins but before you receive your Humana member ID cards, take a copy of your temporary proof of membership to any in-network pharmacy.

Important Enrollment Information

The Board of Pensions is offering you the option to enroll in the Humana Group Medicare Advantage preferred provider organization (PPO) plan and the prescription drug plan (PDP). If you want to enroll in these plans, please follow the instructions below. Enrollment in both the PPO and PDP plans is required. You must do this before the date set by your benefit administrator. **Enrollment in these plans will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

How do I enroll?
If you want to enroll in the Group Medicare Advantage PPO and PDP plans, complete the Enrollment Form included in the back of this packet. The Enrollment Form is also available by calling the Board of Pensions at **800-PRESPLAN (800-773-7752) (TTY:711),** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.

Email the completed Enrollment form to memberservices@pensions.org or return to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street
Philadelphia, PA 19103-3298

What do I need to know as a member of the Humana Group Medicare PPO and PDP plans?
This enrollment packet includes important information about these plans and what they cover, including Summary of Benefits documents. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO and PDP plans. Please read the documents to learn about these plans' coverage and services. As a member of the Humana Group Medicare PPO and PDP plans, you can appeal plan decisions about payment or services if you disagree. Enrollment in these plans is generally for the entire year.

When your Humana Group Medicare PPO and PDP plans begin, Humana will cover all medically necessary items and services that are covered by the plan, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out-of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you

think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO and PDP plans?
You aren't required to be enrolled in either of these plans. If you do not want to join these plans, you can join a different Medicare plan. If you decide not to join the Humana Group Medicare PPO and PDP plans, you will not be able to enroll at a later date.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO and PDP plans?
You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to Humana Group Medicare. To leave the Humana coverage, complete the **Waiver or Withdrawal form**, available by calling the Board of Pensions, at **800-PRESPLAN (800- 773-7752) (TTY:711),** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time, and return it to the Board at the address shown on the form. If you decide to leave the Humana Group Medicare PPO and PDP plans, you will not be able to reenroll at a later date. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?
The Humana Group Medicare PPO and PDP plans serve a specific service area. **If you move to another area or state, it may affect your plans.** To report a change of address, please call the Board of Pensions at **800-PRESPLAN (800-773-7752) (TTY:711),** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.

If you leave these plans and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information
By joining these Medicare Advantage plans, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

What to expect after you enroll

- **Enrollment confirmation**
  You'll receive two letters from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID cards**
  Your Humana medical and prescription drug member ID cards will arrive separately in the mail shortly after you enroll. Once you receive both your ID cards, create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit **Humana.com/Registration**.

- **Evidence of Coverage (EOC)**
  You will receive information on how to view or request a copy of the Evidence of Coverage documents (also known as a member contract or subscriber agreement). Please read the documents to learn about the plan's coverage and services. This will also include your privacy notice.

- **Your personalized benefits statement**
  Humana's SmartSummary® provides a comprehensive overview of your health and Part D benefits and healthcare and prescription drug spending. You'll receive these statements after each month you've had a claim processed. You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

- **Health and Well-being Assessment (HWA)**
  This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

  You may receive a call from one of our HWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

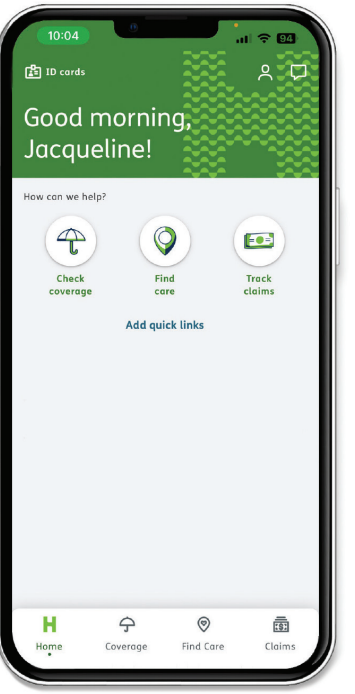
Manage your Humana plan online

MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.* Learn more at **Humana.com/member/manage-your-account**.

Download on the App Store

ANDROID APP ON Google play

Getting started is easy— just have your Humana member ID card and follow these three steps:

1. **Create your account.**
   Visit **Humana.com/registration** and select the "Start activation now" button.

2. **Choose your preferences.**
   The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3. **View your plan benefits.**
   After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

Scan this QR code

Scan this QR code with your mobile device to create your account.

*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

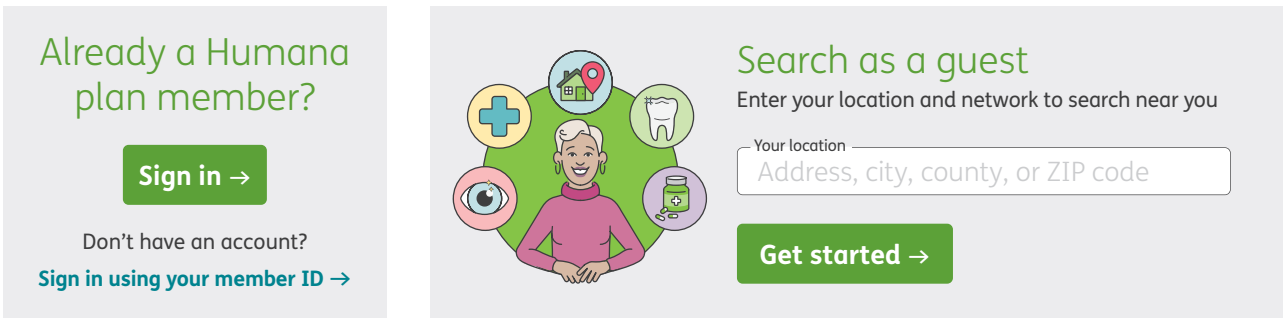
Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

Go to

Humana.com/FindCare

Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.



Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

Choose your medical network

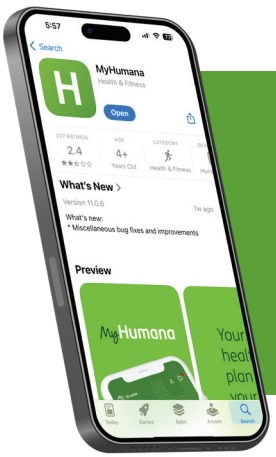
Select a lookup method from the drop-down menu.

Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

Select the "Search" button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find Care on the MyHumana mobile app

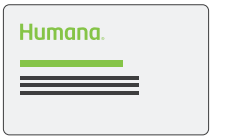
Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the "Find Care" section.

Call our Customer Care team at **855-273-0021 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

If your healthcare provider says they do not accept Humana insurance, give them this page

Member to provider information

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member medical ID card to your first appointment.

A message for your provider

Humana will provide coverage for this member under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time. This number is not for patient use.

Patients, please call the Group Medicare Customer Care number on the back of your Humana member medical ID card.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

MyHumana
Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

MyHumana mobile app
Humana.com/mobile-apps

Doctors in your network
Humana.com/findcare

Telehealth
Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the "Find Care" tool on **Humana.com** or call the number on the back of your member medical ID card to get connected with a provider that offers this service.

Humana Clinical Pharmacy Review Team
800-555-2546 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®
888-423-4632 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time
SilverSneakers.com

Go365 by Humana®
Go365.com

Humana Care Management
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care

Post-discharge Meal Program
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care/well-dine

Humana Health Coaching
877-567-6450 (TTY: 711),
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support
Humana.com/caregiver

CenterWell Pharmacy™
800-379-0092 (TTY: 711),
Monday - Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
CenterWellPharmacy.com

CenterWell Specialty Pharmacy™
800-486-2668 (TTY: 711),
Monday - Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
CenterWellSpecialtyPharmacy.com

State health insurance program offices
800-633-4227 (TTY: 711), daily
www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.