The Episcopal Church Medical Trust
2022 Retiree Plans

Sean Langenus
UnitedHealthCare

Jackie Quarnberg
Account Specialist, IBAMS

John Servais
SVP, Benefits Policy and Design

July 13, 2021

Hosted by:
Integrated Benefits Account Management (IBAMS)
Today’s Agenda

- What’s New in 2022?
- Episcopal Church Medical Trust Retiree Medical Plans
- UnitedHealthcare Plan Benefits, Programs, and Features
- Communication and Support
- Annual Enrollment
- Questions & Answers
What’s New in 2022?

The Episcopal Church Medical Trust (ECMT) Retiree Benefits are Now Offered as a UnitedHealthcare Group Medicare Advantage (PPO) Plan

Advantages

- Improving the healthcare delivery system and participant outcomes
- Savings for both retirees and CPF (on monthly premiums and cost-share)
- Remaining with UnitedHealthcare (UHC)
- Adding some additional benefits
- Joining the 50% of the market that has moved to Medicare Advantage Plans
<table>
<thead>
<tr>
<th>Category</th>
<th>Medicare Supplement</th>
<th>Group Medicare Advantage (GMA)</th>
<th>Individual Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Any Medicare Provider*</td>
<td>Any accepting Medicare Provider</td>
<td>Network Providers</td>
</tr>
<tr>
<td>Hospitals/Facilities</td>
<td>Any Medicare Provider*</td>
<td>Any accepting Medicare Provider</td>
<td>Network Providers</td>
</tr>
<tr>
<td>Geography</td>
<td>National</td>
<td>National</td>
<td>Local/State</td>
</tr>
<tr>
<td>Medical Guidelines</td>
<td>Medicare</td>
<td>Medicare</td>
<td>Medicare</td>
</tr>
<tr>
<td>Pre-Existing Conditions (Limitation)</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Plan Delivery Model</td>
<td>Fragmented</td>
<td>Integrated</td>
<td>Integrated</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CMS Quality Rankings</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Medicare Supplement Plan pays benefit net of what Medicare would have paid.*
Episcopal Church Medical Trust
Retiree Medical Plans
ECMT Retiree Medical Plans - Eligibility

Must be enrolled in Medicare Part A and B

- Plans are available for*
  - Clergy age 65+ who have 5+ years of Credited Service and their eligible dependents
  - Lay employee age 65+ who, at the time of separation, was an Exempt employee or a Non-Exempt employee scheduled to work 1,000+ hours for a minimum of 5 years, and either
    - participated in a Church Pension Fund sponsored retirement plan for at least 5 years, or
    - was a former Employee of a Participating Group of the Episcopal Health Plan and their eligible dependents

*Separate rules apply for those on The Church Pension Fund Long-Term Disability Plan or Members of Religious Orders
### ECMT Retiree Medical Plans

<table>
<thead>
<tr>
<th>Plan (UHC)</th>
<th>Monthly Premium*</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum**</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMA Comprehensive (PPO)</td>
<td>$196 per person</td>
<td>$0 (none)</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>GMA Premium (PPO)</td>
<td>$286 per person</td>
<td>$0 (none)</td>
<td>$1,500 per person</td>
</tr>
</tbody>
</table>

Kaiser Permanente Plans will continue to be offered in select markets.

*Includes cost for Medical, Rx, Vision, EAP, Health Advocate and plan administration. No longer offering plans without Rx.

**An out-of-pocket maximum places a limit on how much money you pay out of pocket for your medical expenses in a calendar year. This does not include prescription drug costs or plan premiums.
ECMT Retiree Plan Providers

UHC GMA Benefits
- Medical
- Prescription Drugs
- Hearing Aids
- Renew Active
- Global Assistance

Additional Benefits
- EyeMed: Vision
- Cigna Behavioral Health: EAP
- Health Advocate: Advocacy
- Cigna Dental: Dental*

*Cigna Dental is available for an additional premium
Clergy Pension Plan Retiree Medical Subsidy

Retiree Medical Subsidy
Clergy eligible to retire before July 1, 2013

20+ YCS*
• Equals full cost of the GMA Premium (PPO) Plan
• Subsidy can only be applied to Episcopal Church retiree medical and dental plans

10 to 19 YCS
• Subsidy reduced $2 per YCS under 20 years

No subsidy 5-9 YCS

Retiree Medical Subsidy
Clergy NOT eligible to retire before July 1, 2013

20+ YCS
• Equals full cost of the GMA Premium (PPO) Plan
• Subsidy can only be applied to Episcopal Church retiree medical and dental plans

10 to 19 YCS
• Subsidy reduced 5% per YCS under 20 years

No subsidy 5-9 YCS

Examples of Retiree Medical Subsidy Based on 2022 Rates (assuming not eligible to retire before July 1, 2013)

<table>
<thead>
<tr>
<th>YCS</th>
<th>CPF Subsidy</th>
<th>Subsidy Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+</td>
<td>100%</td>
<td>$286.00</td>
</tr>
<tr>
<td>19</td>
<td>95%</td>
<td>$271.70</td>
</tr>
<tr>
<td>18</td>
<td>90%</td>
<td>$257.40</td>
</tr>
<tr>
<td>17</td>
<td>85%</td>
<td>$243.10</td>
</tr>
<tr>
<td>16</td>
<td>80%</td>
<td>$228.80</td>
</tr>
<tr>
<td>15</td>
<td>75%</td>
<td>$214.50</td>
</tr>
<tr>
<td>14</td>
<td>70%</td>
<td>$200.20</td>
</tr>
<tr>
<td>13</td>
<td>65%</td>
<td>$185.90</td>
</tr>
<tr>
<td>12</td>
<td>60%</td>
<td>$171.60</td>
</tr>
<tr>
<td>11</td>
<td>55%</td>
<td>$157.30</td>
</tr>
<tr>
<td>10</td>
<td>50%</td>
<td>$143.00</td>
</tr>
</tbody>
</table>

Disclaimer: CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, in its discretion, to modify or discontinue the post-retirement health subsidy at any time. *YCS = Years of Credited Service
### 2022 Subsidy Illustration (20 Years of CS)

<table>
<thead>
<tr>
<th>Monthly Amounts</th>
<th>GMA Comprehensive (PPO)</th>
<th>GMA Premium (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium – Single</td>
<td>$196</td>
<td>$286</td>
</tr>
<tr>
<td>Subsidy – Single</td>
<td>($286)</td>
<td>($286)</td>
</tr>
<tr>
<td>Remaining cost/(subsidy)</td>
<td>($90)</td>
<td>$0</td>
</tr>
<tr>
<td>2022 Dental single rate*</td>
<td>$90/$74/$61</td>
<td>$90/$74/$61</td>
</tr>
<tr>
<td>Retiree’s premium cost</td>
<td>$0</td>
<td>$90/$74/$61</td>
</tr>
</tbody>
</table>

*2022 Dental rates are projected to remain at current 2021 levels.*
## 2022 Subsidy Illustration (10 Years of CS)*

<table>
<thead>
<tr>
<th>Monthly Amounts</th>
<th>GMA Comprehensive (PPO)</th>
<th>GMA Premium (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium – Single</strong></td>
<td>$196</td>
<td>$286</td>
</tr>
<tr>
<td><strong>Subsidy – Single</strong></td>
<td>($143)</td>
<td>($143)</td>
</tr>
<tr>
<td><strong>Remaining cost/(subsidy)</strong></td>
<td>$53</td>
<td>$143</td>
</tr>
<tr>
<td><strong>2022 Dental single rate</strong></td>
<td>$90/$74/$61</td>
<td>$90/$74/$61</td>
</tr>
<tr>
<td><strong>Retiree’s premium cost</strong></td>
<td>$143/$127/$114</td>
<td>$233/$217/$204</td>
</tr>
</tbody>
</table>

*Assumes retirement eligibility date is on or after July 1, 2013.

**2022 Dental rates are projected to remain at current 2021 levels.
Additional Benefits
For help and information:
(800) 244-6224

cigna.com
<table>
<thead>
<tr>
<th>Plan Provision (What You Pay)</th>
<th>Preventive</th>
<th>Basic</th>
<th>Dental &amp; Orthodontia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (out-of-network only)</strong></td>
<td>N/A</td>
<td>$50 per person</td>
<td>$25 per person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 per family</td>
<td>$75 per family</td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum (in addition to preventive care)</strong></td>
<td>$1,500</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Preventative Services</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>20%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>99%</td>
<td>50%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>($1,500 lifetime max)</td>
</tr>
<tr>
<td><strong>Monthly Premium (Single)</strong></td>
<td>$61</td>
<td>$74</td>
<td>$90</td>
</tr>
</tbody>
</table>
Other Benefits

For help and information: (866) 723-0513
eyemedvisioncare.com

For help and information: (866) 395-7794
mycigna.com

For help and information: (866) 695-8622
healthadvocate.com
UnitedHealthcare Plan Benefits, Programs, and Features
How Group Medicare Advantage Plans Work

Group Medicare Advantage plans provide the ability for employers to materially reduce costs while providing better benefits and improve clinical and wellness care with little to no disruption for their retirees.

- **Near universal provider access**
  Access to all willing medical providers nationally

- **Benefit design**
  National coverage with consistent member cost share both in- and out-of-network

- **Improved financials**
  ~50% initial savings

- **Streamlined experience**
  Simplified benefit design with one ID card, call center and website

- **Plan administration**
  Single payer plan that provides coverage for all benefits covered by traditional Medicare

- **Enhanced Benefits**
  Overall lower cost sharing and new services

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Your Plan Overview (National PPO)

• Coverage for visiting doctors, clinics and hospitals
• This plan lets you visit doctors, specialists and hospitals in or out of our network for the same cost share as long as the provider participates in Medicare and accepts the plan
• No referral needed to see a specialist
• Even though you are not required to see a network doctor, your doctor may already be part of our network. To find out, search our online Provider Directory at www.UHCRetiree.com/ECMT or call UnitedHealthcare® Customer Service
• If your doctor is in the network, he or she must accept this plan if you are a current patient. If your doctor is not in our network, he or she may choose not to treat you unless it is an emergency
• Prescription drug coverage
Your Part D (prescription drug) Plan

• UnitedHealthcare® has thousands of national, regional, local chains and independent neighborhood pharmacies in our network
• Thousands of covered brand name and generic prescription drugs
• Bonus drug coverage in addition to Medicare Part D drug coverage
• Home Delivery with OptumRx®

Check your plan’s drug list online at www.UHCRetiree.com/ECMT or call Customer Service to see if your prescription drugs are covered.

*Some limitations may apply
Benefits Include…

- Annual Physical and Wellness Visits
- Virtual Doctor and Behavioral Health Visits
- UnitedHealthcare® HouseCalls
- Post-discharge Services: Meals and Transportation
- Limited and Discounted In-home Personal Care
- Renew and Renew Active by UnitedHealthcare®
# Summary of Benefits and Coverage

<table>
<thead>
<tr>
<th>Benefit*</th>
<th>GMA Comprehensive (PPO)</th>
<th></th>
<th>GMA Premium (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network/Out-of-Network**</td>
<td></td>
<td>In-Network/Out-of-Network**</td>
</tr>
<tr>
<td><strong>Plan Accumulators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2000</td>
<td>$1500</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>$5</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td><strong>Telcom/Virtual Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual Behavioral Visits</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental Health/Substance Abuse</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

*Subject to Medicare guidelines

**Out of Network cost is the same as In-Network cost if the provider accepts the GMA plan
## Summary of Benefits and Coverage cont’d

<table>
<thead>
<tr>
<th>Benefit*</th>
<th>GMA Comprehensive (PPO) In-Network/Out-of-Network**</th>
<th>GMA Premium (PPO) In-Network/Out-of-Network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance, Emergency Room, Urgent Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100</td>
<td>$50</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Home Health and Hospice Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment, Medical and Diabetic Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td>Retail 30-day/Mail Order 90-day</td>
<td>Retail 30-day/Mail Order 90-day</td>
</tr>
<tr>
<td>Tier 1 – Preferred Generic – Most generic drugs</td>
<td>$10/$25</td>
<td>$5/$12</td>
</tr>
<tr>
<td>Tier 2 – Preferred Brand – Many common brand name drugs</td>
<td>$30/$70</td>
<td>$25/$60</td>
</tr>
<tr>
<td>Tier 3 – Non-preferred Drug – Brand name drugs that are not Preferred Brand</td>
<td>$50/$120</td>
<td>$40/$100</td>
</tr>
<tr>
<td>Tier 4 – Specialty Tier – Unique and/or very high-cost brand drugs</td>
<td>$50/$120</td>
<td>$40/$100</td>
</tr>
</tbody>
</table>

*Subject to Medicare guidelines

**Out of Network cost is the same as In-Network cost if the provider accepts the GMA plan.**

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## Summary of Benefits and Coverage cont’d

<table>
<thead>
<tr>
<th>Benefit*</th>
<th>GMA Comprehensive (PPO) In-Network/Out-of-Network**</th>
<th>GMA Premium (PPO) In-Network/Out-of-Network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual physical</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prostate Cancer Screenings</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare-covered podiatry</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Medicare-covered chiropractic care</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Medicare-covered vision services</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Medicare-covered hearing services</td>
<td>$10</td>
<td>$0</td>
</tr>
<tr>
<td>Acupuncture#</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Chiropractic^</td>
<td>$10</td>
<td>$10</td>
</tr>
</tbody>
</table>

*Subject to Medicare guidelines
**Out of Network cost is the same as In-Network cost if the provider accepts the GMA plan
#20 Medicare visits and 12 non-Medicare visits per plan year
^Medicare includes initial spinal manipulation; non-Medicare includes unlimited routine visits, including extra spinal manipulation
UnitedHealthcare Hearing

Enabling sustainable benefits at affordable pricing with optimal network access and member choice.

Network
Providing the largest accredited network and omni-channel coverage:
- 7,000+ nationwide locations; 99% network adequacy
- Added convenience of nationwide home delivery access

Selection
Hundreds of name brand and private-labeled hearing aids from the leading manufacturers, including Phonak, Starkey®, Oticon, Signia, Resound, Widex® and Unitron™
- Select from latest generation products like Phonak Audéo™ Marvel, a 2019 CES/Consumer Electronics Show Honoree

Affordability
Exclusive prices ranging from $699 to $2,499, depending on the model
- Saving members up to 80% compared to traditional industry pricing

Clinical
Expanding care delivery through innovative partnerships:
- Hearing professionals on call
- Hearing aid mobile apps
- Online how-to videos, tutorials, and video chat

<table>
<thead>
<tr>
<th>3-year allowance</th>
<th>GMA Comprehensive (PPO)</th>
<th>GMA Premium (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3000</td>
<td>$4000</td>
<td></td>
</tr>
</tbody>
</table>
# UnitedHealthcare Global Assistance

## Medical Evacuation and Repatriation Services
- Emergency medical evacuation

## Worldwide Destination Intelligence
- Travel and health information

## Travel Assistance Services
- Translation services
- Emergency travel arrangements
- Transfer of funds
- Replacement of lost or stolen travel documents
- Legal referrals
- Message transmittals

## Medical Assistance Services
- Worldwide medical and dental referrals
- Monitoring of treatment
- Relay of insurance and medical information
- Medication and vaccine transfers
- Updates to family, employer & home physician
- Hotel arrangements

**No cap on urgent & emergent coverage. Non-emergent coverage capped at $25,000 per claim. No lifetime maximum**

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04 Communication and Support
## Key Milestones

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>General GMA overview communications and training</td>
<td>Now through September</td>
</tr>
<tr>
<td>Announcement letter to Retirees</td>
<td>August 4, 2021</td>
</tr>
<tr>
<td>UHC website and call center available</td>
<td>August 4, 2021</td>
</tr>
<tr>
<td>Virtual meetings</td>
<td>August through October 2021</td>
</tr>
<tr>
<td>Annual enrollment materials mailed</td>
<td>Week of September 27, 2021</td>
</tr>
<tr>
<td>• Subsidy, rates, and instructions</td>
<td></td>
</tr>
<tr>
<td>• Detailed GMA plan information</td>
<td></td>
</tr>
<tr>
<td>Annual Enrollment</td>
<td>October 15 – November 12, 2021</td>
</tr>
<tr>
<td>ID card and Quick Start Package</td>
<td>Mid December</td>
</tr>
<tr>
<td>Go Live Date</td>
<td>January 1, 2022</td>
</tr>
<tr>
<td>UHC New Member check in calls</td>
<td>Start in January</td>
</tr>
</tbody>
</table>
UHC Advocate and On-line Support

Dedicated toll-free number with custom greeting
1-866-519-5401
8 a.m.–8 p.m. local time, Monday–Friday
(expanded to 7 days a week during transition)
Direct connection with UHC advisor

Website goes live August 4th
www.UHCRetiree.com/ECMT

Provider
• Provider Questions
• Network Access

Education
• Plan Benefit Questions and Comparison

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What To Expect After You Enroll

You will receive your new UnitedHealthcare® member ID card along with Quick Start Guide that gives you more information on how your benefits work and how to get the most out of your plan. You can start using your member ID card as soon as your plan is effective.

After you receive your member ID card, you can register online at www.UHCRetiree.com/ECMT to get access to your plan information.

Soon after your effective date, we will contact you to complete a short health survey so we can understand your unique health needs.
How To Use Your New Plan after 1/1/2022

It’s easy!

• Beginning January 1, 2022 simply use your UnitedHealthcare® member ID card(s) each time you go to the doctor or hospital or get a prescription filled at the pharmacy
• The back of your member ID card lists important phone numbers you may need throughout the year
• Don’t discard your red, white and blue Medicare card

Store this card in a safe place

Use this card
After you get your UnitedHealthcare® Member ID card, sign up for your secure online personal account at www.UHCRetiree.com/ECMT.

After you sign up, you can:

• Look up your latest claim information
• Review benefit information and plan materials
• Print a temporary UnitedHealthcare® Member ID card and request a new one
• Search for drugs and see how much they cost under your plan
• Search for network doctors
• Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
• Get your Explanation of Benefits online

Follow these easy steps to sign up for your online account:

1. Visit the website and click on the “New user? Register Now” button and then click “Register Now”.
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click “Continue”.
3. Create your username and password, enter your email address, and click “Create my ID”.
4. For security purposes, you will need to verify your account by email, call or text.
05 Annual Enrollment
Annual Enrollment

Annual Enrollment is from Oct.15 to Nov.12, 2021

Visit: annualenrollment.cpg.org to review options, select a plan, and consider selecting dental coverage

Need help enrolling? Contact the Medical Trust at (800) 480-9967, Monday to Friday, 8:30AM to 8:00PM ET

If you take no action by Nov.12, you will be automatically enrolled in the GMA Premium (PPO) plan and the same dental plan, if currently enrolled in one.
Questions & Answers
Thank you!
For your participation and feedback.
Important Disclosures

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund (“CPF”) and its affiliates (collectively, “CPG”) retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.

Neither The Church Pension Fund nor any of its affiliates (collectively, “CPG”) is responsible for the content, performance, or security of any website referenced herein that is outside the cpg.org domain or that is not otherwise associated with a CPG entity.
Appendix
Annual Physical and Wellness Visit

Schedule your annual physical and wellness visit — both are covered by your health plan for a $0 copay*

• Save time by combining your wellness visit and physical into a single office visit

• Schedule your appointment early in the year to get any other preventive care you may need

• Make sure you follow through with your provider’s recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit the previous year.

*A copay or coinsurance may apply if you receive additional services that are not part of the annual physical.
Virtual Visits

With Virtual Visits, you’re able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.

Virtual Doctor Visits
You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

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

Virtual Behavioral Health Visits
Virtual Behavioral Health Visits may be best for:

• Initial evaluation
• Medication management
• Addiction
• Depression
• Trauma and loss
• Stress or anxiety

You can find a list of participating Virtual Visit providers by logging into your member website.
UnitedHealthcare® HouseCalls

Yearly check-ups at home to help stay up-to-date on your health between regular doctor's visits at no extra cost.

What to expect from a HouseCalls visit:

• A knowledgeable health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education

• You can talk about health concerns and ask questions that you haven’t had time to ask before

• You’ll get a personalized checklist of topics to discuss at your next doctor’s visit

• HouseCalls will send a summary of your visit to you and your primary care provider

*HouseCalls may not be available in all areas.
Post-discharge Transportation

1 Who is eligible?
   • All members immediately following all inpatient or skilled nursing facility discharge when referred by a UnitedHealthcare advocate

2 What does the benefit include?
   • Unlimited rides up to 30 days following all hospital or skilled nursing facility discharges
   • Members are eligible for the benefit following all discharges throughout the plan year when referred by an advocate

3 Who is administering the program?
   • The post-discharge transportation benefit is through our national transportation provider ModivCare
Post-discharge Meal Delivery

1 Who is eligible?
   • All members following an inpatient or skilled nursing facility discharge when referred by a UnitedHealthcare advocate

2 What does the benefit include?
   • 3 meals per day for four-weeks, 84 meals in total per eligible retiree. Meals are ordered in succession and cannot be used throughout the year
   • Meals must be ordered in shipments of 14 meals or greater

3 Who is administering the program?
   • Moms Meals: providing fresh-made home-delivered meals nationally
In-home Personal Care

The In-home non-medical care benefit supports members who need help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs); providing members with routine, periodic visits to help with functional limitations and respite care for families and caregivers.

1 Who is eligible?
   • All plan members are eligible for the benefit at no additional cost
   • No medical requirements

2 What does the benefit include?
   • All members are eligible for eight of hours per month of non-skilled care provided by a CareLinx professional caregiver. Caregivers must be scheduled in at least 2-hour increments, unused hours do not roll over

3 Who is administering the program?
   • CareLinx is our national vendor providing a network of over 300,000 background-checked professional caregivers
Reinvent Active by UnitedHealthcare

Introducing Renew Active®. The gold standard in Medicare programs for body and mind.

• Stay active with a free gym membership
• Access to our extensive, nationwide network of gyms and fitness locations. It's one of the largest of all Medicare fitness programs*
• Personalized fitness plan to help you get started
• Online brain health program from AARP® Staying Sharp, including exclusive content for Renew Active members
• Connect with other health-minded members at local health and wellness events, and through the Fitbit® Community for Renew Active members. No Fitbit device is needed
• If you prefer to work out from home, you can access Fitbit Premium™ with thousands of workout videos

*Based on gym and fitness location network size.
Introducing Renew by UnitedHealthcare® is a health and wellness experience that helps empower you to take charge of your well-being every day. It provides a wide variety of useful resources and activities, including brain games, healthy recipes, learning courses, fitness activities and more. Plus, you may be eligible to earn rewards by completing certain health care activities such as your annual physical or wellness visit.

- **Renew Magazine Online**
- **Recipe library**
- **Health news, articles and videos**
- **Renew Active®**
- **Streaming music**
- **Health topic library**
- **Renew Rewards**
- **Learning courses**
- **Photo gallery**
- **Brain games**
- **Interactive quizzes and tools**

*Renew by UnitedHealthcare is not available in all plans. Resources may vary.*