



Name
Address 1
Address 2
City, State Zip

Dear Retiree,

We are pleased to announce that we will be offering a **UnitedHealthcare® Group Medicare Advantage (PPO) plan** as an additional option for those currently enrolled with Kaiser Permanente Medicare Advantage. The United Healthcare Group Medicare Advantage plan provides medical and prescription drug coverage to retirees and their dependents who are eligible for both Medicare and for The Episcopal Church Medical Trust (Medical Trust) retiree medical plans, effective January 1, 2022.

The UnitedHealthcare Group Medicare Advantage plan is a national plan that offers robust benefits. This plan was designed exclusively for the Medical Trust and should not be confused with individual UnitedHealthcare Medicare Advantage plans that may be available in your area.

We encourage you to look at both the UnitedHealthcare and Kaiser Permanente options to determine if the UnitedHealthcare Group Medicare Advantage plan may be a better option for you.

If you wish to retain your plan with Kaiser Permanente, you do not need to take any action—you will be automatically re-enrolled.

Introducing the UnitedHealthcare Group Medicare Advantage Plan

The UnitedHealthcare Group Medicare Advantage plan delivers all the benefits of Original Medicare (Parts A and B) in addition to prescription drug coverage (Part D) in a single plan.

As a plan member, you will have access to benefits and services beyond what you will find with Original Medicare, and a team committed to understanding your needs and helping you get the care you need to manage your health.

If you want to learn more about plan benefits, call UnitedHealthcare Customer Service at **(866) 519-5401**, TTY **711**, 7 days a week, 8:00 AM to 8:00 PM local time, or visit www.UHCRetiree.com/ECMT.

Highlights of the UnitedHealthcare Group Medicare Advantage Plan

- **In-person visits from UnitedHealthcare® HouseCalls** — Connect with healthcare professionals to review your health history and current medications, discuss health screenings, and identify health risks.
- **Telephonic Nurse Support** — Speak to a registered nurse any time about your medical questions and concerns.
- **Renew Rewards** — Earn rewards for taking an active role in your health and wellness by completing healthcare activities.
- **Renew Active®** — A fitness program for the mind and body that's designed especially for you and includes a free gym membership, personalized fitness plan, and an online brain health program.
- **Post-Discharge Transportation** — Get rides to and from medically-related appointments after discharge from a hospital or skilled nursing facility. Our transportation benefit provides unlimited rides for up to 30 days post-discharge when referred by a UnitedHealthcare advocate.
- **Post-Discharge Meals** — Receive freshly made meals at home at no additional cost. The post-discharge meal delivery program provides you with up to 84 meals immediately following discharge from a hospital or skilled nursing facility when referred by a UnitedHealthcare advocate.
- **Visit any provider (in- or out-of-network) at the same cost share**, as long as they accept Medicare and the plan.
- **Choose from thousands of pharmacies across the U.S.**, including national chain, regional and independent local retail pharmacies.
- **Prescriptions can be delivered to your home through OptumRx® Home Delivery**, a UnitedHealth Group company.
- **Get drug coverage beyond standard Medicare Part D** through the UnitedHealthcare RxSupplement® plan.
- With **UnitedHealthcare Hearing**, you'll have access to hundreds of name-brand and private-labeled hearing aids at any of the 7,000 UnitedHealthcare Hearing providers nationwide.
- **UnitedHealthcare Global** offers 24-hour travel and medical assistance services while you are traveling 100 miles or more away from home or outside of your home country.

Additional Benefits

As a retiree of the Medical Trust, if you enroll in the UnitedHealthcare Group Medicare Plan you will receive these additional benefits:

- **EyeMed:** Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.
- **Health Advocate:** This complimentary, confidential service can help you navigate the healthcare system, manage claims, and make the most of your benefits.
- **Employee Assistance Program:** This program offers immediate help, referrals, and resources to support the emotional, physical, family, and legal needs of plan participants, their covered dependents, and their household members.

UnitedHealthcare Group Medicare Advantage Plan Options

UnitedHealthcare Group Medicare Advantage offers a choice between two plan options:

Group Medicare Advantage Premium

Annual medical out-of-pocket maximum* of \$1,500 per member

Group Medicare Advantage Comprehensive

Annual medical out-of-pocket maximum* of \$2,000 per member

**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.*

In addition to the difference in the annual maximum out-of-pocket costs, some of the cost shares for certain services and/or products are different under the two plan options. Please refer to the summary of benefits prior to annual enrollment for a side-by-side comparison at www.UHCRetiree.com/ECMT.

Annual enrollment is **October 15 through November 12, 2021**.

If you are interested in enrolling in the UnitedHealthcare Group Medicare Advantage program, call the Medical Trust at **(800) 480-9967**, Monday to Friday, 8:30 AM to 8:00 PM ET.

If you wish to retain your plan with Kaiser Permanente, you do not need to take any action—you will be automatically re-enrolled.

Questions?

We have included a list of frequently asked questions and answers. If you still have questions, please use the contact information below.

Contact UnitedHealthcare

Learn about plan benefits, find a provider, look up prescription drugs

Visit www.UHCRetiree.com/ECMT or call UnitedHealthcare Customer Service toll-free at **(866) 519-5401**, TTY 711, 7 days a week, 8:00 AM to 8:00 PM local time.

Contact Kaiser

For information about your current plan

Call the number on the back of your ID card.

Contact the Medical Trust

Ask about eligibility, coverage changes, enrollment questions

Call the Medical Trust at **(800) 480-9967**, Monday to Friday, 8:30 AM to 8:00 PM ET.

Sincerely,



John Servais
Senior Vice President
Benefits Policy and Design
Church Pension Group

The Telephonic Nurse service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery to supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at (888) 279-1828, TTY 711.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Out-of-network/non-contracted providers are under no obligation to treat the Medical Trust members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UnitedHealthcare® RxSupplement™ is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare® Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

Church Pension Fund (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.

Church Pension Group Services Corporation ("CPGSC"), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the "Plans") for eligible employees (and their eligible dependents) of The Episcopal Church (the "Church"). The Medical Trust serves only eligible Episcopal employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees' Benefit Trust, a voluntary employees' beneficiary association within the meaning of section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act of 1974, as amended and section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

UnitedHealthcare[®] Group Medicare Advantage (PPO) Plan

Frequently asked questions and answers

1. Who is eligible to enroll in the UnitedHealthcare Group Medicare Advantage (PPO) plan offered by The Episcopal Church Medical Trust (Medical Trust)?

Those enrolled or eligible to enroll in the Medical Trust Medicare Supplement Health Plan will continue to be eligible to enroll in the UnitedHealthcare Group Medicare Advantage (PPO) plan. In general, a former employee (clergy and lay) or member of a Religious Order who is age 65 or older, who is entitled to Medicare Part A and enrolled in Medicare Part B, and who earned five years of credited service under a pension plan sponsored by The Church Pension Fund is eligible to enroll in the plan. In certain cases, pre-65 retired employees entitled to Medicare Part A and enrolled in Medicare Part B are also eligible. Special rules apply to former lay employees or members of a Religious Order who did not participate in a pension plan sponsored by The Church Pension Fund. For more information about eligibility, go to www.cpg.org/gmaeligibility.

2. Do I need Original Medicare (Part A and Part B)?

Yes, you must be enrolled in Medicare Part A and Medicare Part B. You must continue paying your Medicare Part B premium to Social Security to be eligible for coverage under the UnitedHealthcare Group Medicare Advantage plan.

3. Is this the Medicare Advantage plan that I've seen in ads?

No. This is a custom Group Medicare Advantage (PPO) plan designed exclusively for retirees of the Medical Trust. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in your area.

4. If I enroll in the UnitedHealthcare Group Medicare Advantage plan, can I also enroll in another Medicare Advantage Plan or Part D prescription drug plan?

No, Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan. You may only be enrolled in one Group Medicare Advantage plan that has medical and offers a Medicare Part D prescription drug plan.

If, after enrolling in UnitedHealthcare Group Medicare Advantage (PPO) offered through the Medical Trust, you enroll in any other Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan, you will be disenrolled from the UnitedHealthcare Group Medicare Advantage plan offered by the Medical Trust. You may not be able to re-enroll until an applicable Significant Life Event or Medicare Special Election Period or HIPAA Special Enrollment Event, or until the next Annual Enrollment period.

5. Is the plan nationwide?

Yes, this plan offers coverage throughout the U.S. and all U.S. territories.

6. What are the UnitedHealthcare Group Medicare Advantage plan options?

You will have a choice between 2 plan options, both of which are enhancements to the current Medicare Supplement plans. If you do not choose a plan option during annual enrollment (October 15 through November 12, 2021), your medical election will default to the GMA Premium (PPO) plan, and you will retain your current dental election.

Plan options

- GMA Premium (PPO) — annual medical out-of-pocket maximum* of \$1,500
- GMA Comprehensive (PPO) — annual medical out-of-pocket maximum* of \$2,000
- One of the differences between these plans is the annual maximum out-of-pocket costs, and other cost shares. Please refer to your summary of benefits for a side-by-side comparison of the two plan options.

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

7. Is there a plan option that does not include Medicare Part D prescription drug coverage?

No. Effective January 1, 2022, both UnitedHealthcare Group Medicare Advantage plan choices offered by the Medical Trust include Medicare Part D prescription drug coverage. The Medical Trust no longer offers medical-only health coverage.

8. How does an out-of-pocket maximum work?

An out-of-pocket maximum is the maximum amount of money you would pay for your medical expenses through your copays and coinsurance in a calendar year. Coinsurance is your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. A copay is a fixed amount you pay for a covered health care service, usually when you receive the service. Your out-of-pocket maximum does not include prescription drug costs or plan premiums.

9. What providers can I use?

Under the UnitedHealthcare Group Medicare Advantage (PPO) plan offered through the Medical Trust, you can use any provider who accepts Medicare and the plan.

10. What do I need to know about the UnitedHealthcare provider network?

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a Preferred Provider Organization (PPO) plan. This type of plan generally provides more flexibility to let you choose your providers and hospitals. The plan typically does not require you to have a referral to see a specialist, and you can see providers outside the UnitedHealthcare network without having to pay the entire cost yourself if they are a Medicare-approved provider.

11. When will I get my UnitedHealthcare member ID card?

Your UnitedHealthcare member ID card will arrive with your Quick Start Guide before your effective date of coverage, which is January 1, 2022.

12. What is the difference between in-network and out-of-network providers and how does it impact my cost?

The UnitedHealthcare Group Medicare Advantage (PPO) plan allows you to see any provider (in-network or out-of-network) at the same cost share for covered services if they accept the plan and have not opted out of or been excluded from Medicare.

However, there are benefits to using UnitedHealthcare in-network providers, including expedited claim payment processing and coordinated health care support. If your provider is out-of-network, UnitedHealthcare will be happy to reach out to them to discuss how the plan works and how they will be paid.

If the Medicare provider refuses to accept this plan, you can continue to see the provider, pay for the services up front, and submit the bill to UnitedHealthcare for reimbursement. You will only be responsible for the same copayment or coinsurance as if you had stayed in-network.

13. How do I find out if my provider is in-network?

You can find out if your provider is in the network by calling UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, 7 days a week. You can also look up providers online at www.UHCRetiree.com/ECMT.

14. What major hospitals are in-network?

Since this is a PPO plan the hospital does not have to be in-network for you to receive services under the plan. For a list of in-network hospitals in the UnitedHealthcare network, contact UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, 7 days a week. Please note that UnitedHealthcare Customer Service will only be able to provide a list of hospitals within the UnitedHealthcare network.

15. Can I use an out-of-network hospital?

Yes, provided the hospital accepts Medicare and the plan. However, if the hospital does not accept Medicare or the plan, please reach out to UnitedHealthcare prior to receiving services to confirm if the services will be reimbursed.

16. How are claims processed?

Whether your provider is in-network or out-of-network, they can submit claims to UnitedHealthcare online or send to the address provided on your UnitedHealthcare member ID card. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations. Please refer to question #12 for more information.

17. Is there an option to have prescriptions delivered to my home?

Yes, prescriptions can be delivered to your home through OptumRx[®] Home Delivery, a UnitedHealth Group company.

18. Do I need to get new prescriptions for OptumRx[®] Home Delivery?¹

You may need a new prescription. Beginning January 1, 2022, your home delivery pharmacy will be OptumRx, a UnitedHealth Group company. The Quick Start Guide that you will receive will include OptumRx contact information.

19. What pharmacies are in the plan's network?

The UnitedHealthcare Group Medicare Advantage (PPO) plan includes over 67,000 pharmacies in the UnitedHealthcare network. Once you are a member, you will be able to look up pharmacies online or request a printed pharmacy directory by calling UnitedHealthcare Customer Service at the number on the back of your UnitedHealthcare member ID card.

You can also call UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, 7 days a week, to check if a pharmacy is in-network or to get pharmacy contact information.

20. Will I be penalized for not having drug coverage prior to enrollment in the UnitedHealthcare Group Medicare Advantage plan?

It depends on whether or not you had "creditable" prescription drug coverage from the time you first became eligible for Medicare Part D. Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had a Medicare Part D plan, you had creditable coverage. If you had creditable prescription drug coverage through another source, such as a spouse's employer plan, you should have gotten a

certificate of creditable coverage. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for 63 days or more, Medicare will determine if you need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Part D coverage.

21. What is the Renew Active® program?²

Renew Active is our fitness program for body and mind that's designed for you and your goals at no additional cost. With Renew Active, you'll receive a free gym membership with access to an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. No Fitbit device needed. Renew Active can help you stay fit, focused, and ready for what's next.

22. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare HouseCalls is annual check-in care designed to complement your provider's care and offered to you at no extra cost. HouseCalls sends a licensed health care professional to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider. HouseCalls may not be available in all areas.

UnitedHealthcare HouseCalls Virtual Visits use video technology to connect plan members with a health care professional for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

23. What happens to my spouse's coverage if he/she is not eligible for Medicare?

Your spouse cannot enroll in the UnitedHealthcare Group Medicare Advantage plan until they become Medicare eligible and are enrolled in Medicare Part A and Part B. Contact the Medical Trust to learn about other options at (800) 480-9967, 8:30 AM to 8:00 PM ET, Monday to Friday.

24. Do I still need to use my red, white, and blue Medicare card?

No, you will only use your UnitedHealthcare Group Medicare Advantage member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare Group Medicare Advantage member ID card each time you receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare Group Medicare Advantage member ID card, you can help make sure that your claims are processed in a timely and accurate manner.

25. Who do I contact if I have additional questions about the UnitedHealthcare Group Medicare Advantage Plan?

Please contact UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, 7 days a week. You can learn about the plan online at www.UHCRetiree.com/ECMT.

In all cases, the official plan documents govern and are the final authority on plan terms. If there are any discrepancies between the information in this letter, plan documents will control.

¹ *OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx Home Delivery to supply your maintenance medication. If you have not used OptumRx Home Delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at (888) 279-1828, TTY 711.*

² *Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership.*

Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes, and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. [Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies.] UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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