

Welcome to a more human way to healthcare

You will be automatically enrolled

Dear Group Medicare Beneficiary,

The Pension Boards-United Church of Christ, Inc. has partnered with Humana to offer you a Group Medicare Advantage preferred provider organization (PPO) plan and a stand-alone prescription drug plan (PDP). These plans include more benefits than Original Medicare.

It is important to understand your Group Medicare plan and its features. At Humana, we are committed to ensuring that everyone has access to the resources and support necessary to achieve their best health. We remain dedicated to improving our support for your health and wellness needs.

Review the enclosed materials

This packet gives you information about your Group Medicare plan and the extra services that Humana offers.

- Members will receive one new Humana member ID card for both medical and pharmacy use.
- If you have questions about your premium, please call your benefits administrator at **800-642-6543 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 4:30 p.m., Eastern time.
- Review the Prescription Drug Guide flyer for information on how to view or request a copy of a Prescription Drug Guide (PDG).
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.

Enrollment Information

- For the Group Medicare Advantage plan and the stand-alone 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

Important enrollment information

The Pension Boards-United Church of Christ, Inc. is enrolling you in the UCC Medicare Advantage preferred provider organization (PPO) plan and a stand-alone prescription drug plan (PDP). You do not need to do anything to be automatically enrolled in these Medicare health plans. If you do not want to join these plans, you can follow the instructions included below. 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.**

What do I need to know as a member of the UCC 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 UCC Group Medicare PPO and PDP plans. Please read the documents to learn about these plans' coverage and services. As a member of the UCC 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 UCC Group Medicare PPO and PDP plans begin, UCC 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 UCC 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 UCC Group Medicare plan is a Medicare Advantage plan w/RX. **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 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. 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 UCC Group Medicare PPO and PDP plans?

You aren't required to be enrolled in either of these plans. If you don't want to enroll or have enrollment questions, please call Pension Boards Member Services at 800-642-6543(TTY: 711), Monday – Friday, 8:30 a.m. – 4:30 p.m., Eastern time.

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 UCC Group Medicare PPO and PDP plans?

You can change or cancel your UCC 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 UCC Group Medicare. Please call Pension Boards Member Services at 800-642-6543(TTY: 711), Monday – Friday, 8:30 a.m. – 4:30 p.m., Eastern time. You can also call 800-MEDICARE anytime, 24 hours a day, 7 days a week. TTY users can call 877-486-2048. 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 UCC Group Medicare PPO and PDP plans serve a specific service area. **If you move to another area or state, it may affect your plans.** Please call Pension Boards Member Services at 800 642-6543(TTY: 711), Monday – Friday, 8:30 a.m. – 4:30 p.m., Eastern Time. Please also call Humana Group Medicare Customer Care at **phone number (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to notify of the new address and phone number.

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 this Group Medicare Advantage plan and this stand-alone prescription drug plan, 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 confirmations of enrollment letters from Humana—one for medical, one for pharmacy—once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

Humana member ID card

Your Humana member ID card will arrive in the mail shortly after you enroll. Once you receive your Humana member ID card, you can 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](https://www.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 document 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 benefits and healthcare 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 or virtually, 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, **866-733-1872 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Manage your Humana plan online

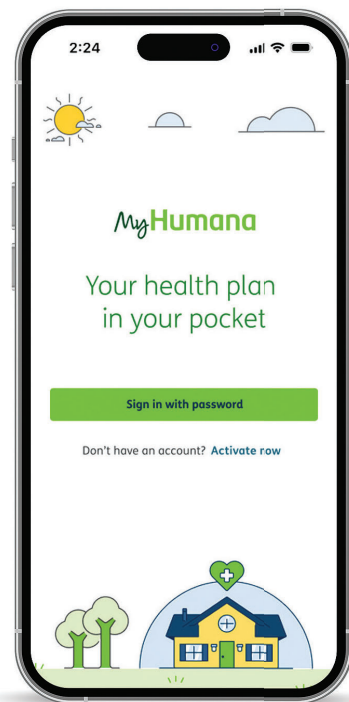
MyHumana is a secure online portal with tools to manage your plan. Sign in or activate your account to get safe, immediate access to your plan information. Then, take your Humana essentials with you wherever you go with the MyHumana mobile app.*

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

- **Explore coverage and benefit details** the moment you need them
- **Get your Humana member ID card** and add it 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**
- **Choose your preferences**
- **Check your wellness rewards** balance and find more ways to earn

Humana mobile apps—an easier way to manage your benefits

Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download the MyHumana mobile app and register. You can find the MyHumana app for iOS and Android in the App Store and Google Play app store.†



Discover Go365 by Humana® in the app

Our wellness and rewards program is personalized to suit your unique needs, with activities and learning opportunities that matter most to you.



Scan this QR Code

Scan this QR code with your mobile device to create your account. Learn more at **Humana.com/member/manage-your-account**.

*Standard data rates may apply.

†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.

Your benefits



Get the care you deserve

All the benefits of Original Medicare, plus extra benefits

- Your benefit levels are the same for in-network and out-of-network providers, as long as the provider is eligible to participate in Medicare
- 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 any 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

Maximum out-of-pocket protections

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

Worldwide emergency coverage

Many Humana Medicare Advantage plans offer worldwide emergency coverage for sudden illnesses or injuries while traveling outside the U.S. and its territories. This coverage is intended for true emergencies—situations where there is a risk of serious harm to life, limb, or health if immediate care is not received. Members may need to pay out-of-pocket and submit claims for reimbursement.



Benefits that put you first

Programs to help improve health and well-being

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.