

Presbyterian Senior Living Premium Conversion Plan  
for Exempt Employees

Summary Plan Description

Your rights, obligations, and benefits  
under your plan



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**Presbyterian Senior Living Premium Conversion Plan**

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**Table of Contents**

INTRODUCTION.....	1
OPERATION OF THE PROGRAM .....	2
Plan Year	
Eligibility	
Benefit Options	
Spousal Benefits	
Explanation of "Pre-Tax Dollars"	
Effect on Your Social Security Benefits	
Enrollment	
CHANGING YOUR ELECTION DURING THE PLAN YEAR .....	5
Family Status Changes	
Consistency Requirement	
Significant Cost or Coverage Change	
Special Enrollment Rights	
Court Order Requiring Child Support	
Medicare or Medicaid Coverage	
LEAVE OF ABSENCE AND TERMINATION.....	8
If You Take a Leave of Absence	
If You Leave	
COBRA CONTINUATION COVERAGE .....	8
Qualifying Beneficiaries and Qualifying Events	
Notice of the Qualifying Event and COBRA Election	
Cost and Period of Coverage	
More Information on COBRA	
GENERAL INFORMATION.....	11
Insurers Role in Financing the Plan	
Maternity and Newborn Length of Stay	
Genetic Information	
GENERAL CLAIM PROCEDURES .....	11
Appealing a Denied Claim	
The Future of the Plan	
Plan Document	
YOUR RIGHTS UNDER ERISA .....	12
Receive Information About Your Plan and Benefits	
Continue Group Health Plan Coverage	
Prudent Actions by Plan Fiduciaries	
Enforce Your Rights	
Assistance with Your Questions	
ADMINISTRATIVE INFORMATION FOR ALL PLANS.....	15
Plan Name	
Plan Type	
Employer Identification Number	
Plan Number	
Plan Dates	

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***Presbyterian Senior Living Premium Conversion Plan***

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Plan Sponsor  
Plan Administrator  
Plan Administrator & Day-to-Day Contact  
Named Fiduciary  
Agent for Service of Legal Process

***INTRODUCTION***

Through the Presbyterian Senior Living Premium Conversion Plan, we are able to offer you a tax-efficient method of paying for your share of health care benefit premiums. By participating in the Plan, you will be paying for your share of the expenses with pre-tax dollars rather than after-tax dollars.

The Presbyterian Senior Living Premium Conversion Plan allows you to choose between cash and qualified benefits under certain employee welfare benefit programs. If you waive coverage under a health or welfare benefit program, you are solely responsible for paying for any services that program would have provided. For this reason, you should verify coverage under another plan before waiving coverage under the Presbyterian Senior Living Premium Conversion Plan.

Participation in the **Premium Conversion Plan (PC)** allows you to pay your share of the health premiums on a pre-tax basis. Your payment is made before Federal, State and Social Security taxes are calculated and the cost is automatically deducted from each paycheck.

This Plan is intended to qualify as an Internal Revenue Code section 125 cafeteria benefit plan.

## **OPERATION OF THE PROGRAM**

### **Plan Year**

This Plan operates on a January 1 to December 31 plan year.

### **Eligibility**

Each Exempt employee who has completed at least 60 days of continuous employment with the Employer shall be eligible to participate in this Plan.

Benefits become effective on the first day of the month following fulfillment of these requirements if you properly complete enrollment.

Participation in the Plan is completely voluntary. You are not required to accept any of the Benefit Options listed below from your Employer's plan.

### **Benefit Options**

The plan provides you with a choice of receiving your full pay or of being covered by the following Employer-sponsored benefit programs and paying your share of the premium cost with pre-tax dollars:

- Medical & Prescription Drug Program

Coverage for the Medical and Prescription Drug Program is provided through The Board of Pensions of the Presbyterian Church and is a Church Sponsored Plan. Church Sponsored plans are not subject to ERISA. Any reference to ERISA in this Plan do not apply to the Medical and Prescription Drug Program

- Dental Program
- Vision Program

The actual carriers and products currently available under each program are listed in the most recent Employee Notice of Currently Included Benefit Programs. The Notice in effect when this Summary Plan Description was printed appears at the end of this booklet. You will be notified of any changes.

Under the health care program(s), you have the option of electing employee-only coverage or one of the family coverages. The types and amounts of benefits available, the requirements for coverage, and other terms and conditions are described in a separate booklet for each of the plans. Your children who have not yet attained age 26 may receive health coverage.

Each program provides whether or not your dependents can be covered and defines the term "dependent." If the definition of dependent permits you to elect coverage for someone who is not your "qualifying child" or "qualifying relative" and you elect to cover such a person, the tax law will affect you. At the end of the year, your Form W-2 will include in your taxable income an amount equal to the fair market value of the coverage.

You will be notified of your share of the cost for a particular benefit program prior to the beginning of each plan year.

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## **Presbyterian Senior Living Premium Conversion Plan**

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### **Spousal Benefits**

If you are married, you may elect to cover your spouse under the health care program(s) on a pre-tax basis. Under the Plan, spouse means the person to whom you are married as evidenced by a marriage license valid under the laws of the place of issuance.

### **Explanation of "Pre-Tax Dollars"**

Without this Plan, your share of the cost of your benefit options could be paid by you after you receive your pay. This would be payment with **after-tax** dollars, money on which you have paid income tax.

Section 125 of the Internal Revenue Code allows us to set up a plan under which you can contribute your share of the benefit costs with pre-tax dollars. This will save you Federal and State income tax. In addition, most people also save Social Security (FICA) taxes.

Here are examples of the tax savings from this Plan. The contribution rates are for the purpose of the example and may not apply in your specific case.

**Example #1:** Employee A works for us and her spouse works elsewhere. They have full family medical coverage costing A \$48.00 per weekly pay. The total family adjusted gross income places them in the 28% marginal Federal income tax bracket. All of A's pay is subject to FICA. A's tax savings would be as follows:

#### **Tax Savings**

	<b><u>Tax Rate</u></b>	<b><u>Weekly</u></b>	<b><u>Annually</u></b>
Federal Income Tax	28.00%	\$ 13.44	\$ 698.88
PA State Income Tax	3.07%	1.47	76.44
FICA Tax	7.65%	<u>3.67</u>	<u>190.84</u>
<b>Total</b>		<b>\$ 18.58</b>	<b>\$ 966.16</b>

Due to the tax savings, A's net cost for family medical coverage would be:

Total Cost	\$ 48.00 per week
Less: Tax Savings	<u>– 18.58</u>
Net Cost	<b>\$ 29.42 per week</b>

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## ***Presbyterian Senior Living Premium Conversion Plan***

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**Example #2:** Employee B works for us and has single medical coverage costing \$10.00 per pay. B is in the 15% federal tax bracket. B's tax savings would be as follows:

### **Tax Savings**

	<b><u>Tax Rate</u></b>	<b><u>Weekly</u></b>	<b><u>Annually</u></b>
Federal Income Tax	15.00%	\$ 1.50	\$ 78.00
PA State Income Tax	3.07%	0.31	16.12
FICA Tax	7.65%	<u>0.76</u>	<u>39.52</u>
<b>Total</b>		<b>\$ 2.57</b>	<b>\$133.64</b>

Due to the tax savings, B's net cost for single medical coverage would be:

Total Cost	\$ 10.00 per week
Less: Tax Savings	<u>– 2.57</u>
Net Cost	<b>\$ 7.43 per week</b>

### **Effect on Your Social Security Benefits**

Your Social Security benefits at retirement may be reduced slightly if you participate in the Plan and earn less than the Social Security wage base (\$176,100 for 2025). If you earn more than the Social Security wage base, your benefits are unaffected. For most people, the current value of the tax savings outweighs the potential impact on future Social Security benefits. You should consult your tax advisor regarding your particular situation if you have any questions.

### **Enrollment**

At least 30 days before becoming eligible to join the Plan, the Plan Administrator will provide you with a notice containing the information you need to make your election, including our website address and the user identification and password to be used. If you do not have access to the internet or are otherwise unable to take advantage of this special website created just for our employees, you may request a printed enrollment form from the Plan Administrator. You will be asked to choose your benefit coverage and to agree to the appropriate pay reduction.

The pay reduction will be adjusted automatically if your share of a benefit program cost changes or the insurance company changes its rates.

You must complete your online enrollment or return the printed form to the Plan Administrator on or before the date specified in your notice. The date specified will not be later than the beginning of the first pay period in which the pay reductions are to begin.

For the first plan year in which you are eligible to participate, if you do not complete your online enrollment or return the printed form by the specified date, you will not be covered under any health and welfare program. You will be able to elect benefit coverage at the beginning of the next plan year.

After you elect and receive coverage, you will continue to be covered and your pay will continue to be reduced by the appropriate amount.



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## ***Presbyterian Senior Living Premium Conversion Plan***

You will be asked to make a new election each year. If you do not make a new election, you will not be covered under any of the included benefit plans.

To request a change in your election during a plan year, submit the election change through the website with the reason for the change. Your change, if approved, will be effective as of the next pay period that is administratively practicable. Your change can only be approved if you satisfy the requirements described in Changing Your Election During the Plan Year.

If the Plan Administrator determines, before or during any plan year, that the Plan may fail to satisfy for the plan year any nondiscrimination requirement or any limitation on benefits provided to certain employees who own part of our business, who are officers, or who earn above a certain level of compensation imposed by the Code, the Plan Administrator will take any appropriate action, under rules uniformly applied to similarly situated participants, to assure compliance with these requirements. The action may include a change in the elections made by these employees with or without the consent of those employees. You will be notified by the Plan Administrator if it is determined that your elections must be changed.

### ***CHANGING YOUR ELECTION DURING THE PLAN YEAR***

Your Plan elections stay in effect for the entire plan year. However, if you have a change in family status during the year, you may elect to change your elections, including stopping or starting contributions, if your change is consistent with your change in family status. You have 30 days to notify the Plan Administrator of a family status change and the appropriate change in elections using the election form. This may mean that you will need to give notice while on maternity leave or other leave of absence. Your elections under this Plan will be effective as of the first payroll period beginning after the Plan Administrator receives your elections.

#### **Family Status Changes**

Family status changes include:

- your marriage, divorce, annulment, or legal separation;
- a change in your dependent child's custody;
- death of your spouse, dependent child, or other eligible dependent;
- birth or adoption (or placement for adoption) of your child;
- any other event that changes the number of your dependents;
- a change in employment status that affects eligibility for plan coverage of you, your spouse, or your dependent, including:
  - a termination or beginning of employment,
  - a strike or lockout,
  - a beginning of or return from an unpaid leave of absence, or
  - a change in worksite;

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## ***Presbyterian Senior Living Premium Conversion Plan***

- an event that causes your dependent to satisfy or to no longer satisfy the eligibility requirements for coverage on account of attainment of an age (e.g., age 19 for health benefits), student status, or any similar situation; and
- a change in the place of residence of you, your spouse, or your dependent. An election change is permissible where the change in residence affects your eligibility for coverage. For example, you may not revoke medical coverage under the Plan merely because you moved, unless as a result of the move you no longer are eligible for such medical coverage.

If you stop or start contributing during the middle of the plan year due to a change in family status, you may only submit eligible expenses that are incurred during the time that you were making contributions to the account.

If you terminate employment but then resume employment with us within 30 days or within the same plan year, your Plan elections will be automatically reinstated, if there has not been some other family status change.

### **Consistency Requirement**

These rules apply to all health insurance coverage program included under this Plan.

Your election is required to be consistent with the family status change. If the change in status is your divorce, annulment, or legal separation from your spouse or the death of your spouse, you cannot elect to cancel health insurance coverage for any individual other than your spouse. If the change in status is the death of your dependent or a dependent no longer satisfies the eligibility requirements for coverage, you cannot elect to cancel health insurance coverage for any individual other than that dependent. If the change in status is your marriage or a loss of other coverage for you, your spouse, or your dependent, you can elect to increase your health insurance coverage. If the change in status is a change in eligibility to be covered by a benefit plan due to a change in employment status or residence of you, your spouse, or your dependent, you can elect to change or cancel health insurance coverage.

In addition, if you, your spouse, or your dependent become eligible for coverage under a family member plan through marriage or a change in employment status, your election to cancel or decrease coverage for that individual under this Plan can only be approved if coverage for that individual actually occurs or is increased under the family member plan. A **family member plan** means a cafeteria plan or benefit plan sponsored by the employer of your spouse or your dependent.

If you, your spouse, or your dependent become eligible for COBRA continuation coverage while you are still a participant under this Plan, you may elect to increase payments under this Plan in order to pay for the continuation coverage.

### **Significant Cost or Coverage Change**

**Automatic Changes** – If the cost of a benefit plan increases (or decreases) during the plan year and you are required to make a corresponding change in your payments, the Plan Administrator will automatically make a prospective increase (or decrease) in your elective contributions.

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## ***Presbyterian Senior Living Premium Conversion Plan***

**Elected Changes** – If you have a significant cost or coverage change under a benefit program during the plan year, you may make a new election, including stopping or starting contributions or switching to a different plan or program. A **significant cost or coverage change** means:

- your share of the cost of the benefit program is significantly increased by the benefit provider; or
- coverage for all employees under the benefit program is significantly decreased or canceled due to the action of benefit provider.

You may also make a prospective election change if your spouse, former spouse, or dependent is employed by an employer that provides group benefits and there is a change in those benefits. Your election must correspond with the change made under the other plan. The other employer's plan must either permit election changes like this Plan does or operate on a different plan year.

**Effective Date for Your Election** – You have 30 days after you receive notice of the significant cost or coverage change to make your new election. Your new election will be effective as of the first payroll period beginning after the Plan Administrator receives your election.

### **Special Enrollment Rights**

**Special Mid-Year Group Health Plan Coverage Change** – If you or a dependent are not covered by our group health plan, coverage could be elected under the terms of that plan during the plan year. See the description of special enrollment in the group health plan materials. If this happens, you will be permitted to elect to pay your share of the medical premiums under this Plan. Generally, your election under this Plan will not be effective before the first payroll period beginning after the Plan Administrator receives your election. However, if the coverage change is due to the birth, adoption, or placement for adoption of a child, your election under this Plan will be retroactively effective to the date of birth, adoption, or placement for adoption if the Plan Administrator receives the election within 30 days of the event. If you or a dependent have been covered under a Medicaid or CHIP plan and lose your eligibility, you will have 60 days from your termination of coverage to enroll in the group health plan.

### **Court Order Requiring Child Support**

Your benefits can be subject to a court order for child support. The Plan Administrator must honor a court order that complies with the requirements of your health care plan for a "qualified medical child support order." You may obtain, without charge, from the plan administrator for your health care plan a copy of its procedures regarding a qualified medical child support order.

If you are subject to a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires health coverage for your child or for a foster child who is your dependent, the Plan Administrator may:

- change your election to provide coverage for the child under this Plan if the order requires coverage for the child; or

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## ***Presbyterian Senior Living Premium Conversion Plan***

- permit you to make an election change to cancel coverage for the child if the order requires your spouse, former spouse, or other individual to provide coverage for the child.

### **Medicare or Medicaid Coverage**

If you become (or your spouse or your dependent becomes) entitled to Medicare or Medicaid coverage, you may make a prospective election to cancel or reduce coverage for the affected person under your health plan. In addition, if you lose (or your spouse or your dependent loses) eligibility for such coverage, you may make a prospective election to begin or increase coverage for the affected person under your health plan. You will have 60 days from your termination of coverage to make your election.

## ***LEAVE OF ABSENCE AND TERMINATION***

### **If You Take a Leave of Absence**

If you take a paid leave of absence, pay reductions will continue to be contributed to this Plan and your coverage will continue.

If you are taking an unpaid leave of absence, you must elect how your share of the premiums will be contributed to your account for the period of leave. You may choose between pre-payment and paying while on leave. You may also elect to discontinue your coverages.

If your unpaid leave qualifies as leave under the Family and Medical Leave Act, you will have the additional choice of making your health care premium payments by having your contributions adjusted upon your return to work.

**Military Leave** – If you take an unpaid leave of absence due to military service that is protected by the Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA), special rules will apply. If you are employed in Pennsylvania, we will pay your premiums for the first 30 days. If you are absent for 31 days or more, you will need to arrange to pay for your full premium costs. We will not pay any portion of the premium. You may pay to continue your coverage for up to 24 months. If you are not employed in Pennsylvania, your cost will include a small (2%) additional charge for administration.

### **If You Leave**

If you terminate your employment with us, you will no longer be a participant in this Plan. However, coverage may continue under the health care benefit plans you have chosen. You will need to pay for any continuing coverage directly. The booklets for the benefit plan or plans will explain how coverage may be continued.

## ***COBRA CONTINUATION COVERAGE***

The Consolidated Omnibus Budget Reconciliation Act (COBRA) may provide you with rights to health care continuation coverage. If you are covered by our group health plan, COBRA may give you the right to stay covered even if something happens, like losing your job, that would otherwise cause you to lose coverage. This continuation coverage under a group health plan is called "COBRA continuation coverage." COBRA continuation coverage lasts only for a limited time, and you have to pay for it.

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## ***Presbyterian Senior Living Premium Conversion Plan***

Your medical and prescription drug plans offered through the Board of Pensions of the Presbyterian Church are exempt from the COBRA regulations. However, The Board of Pensions offers a continuation of benefits that follow COBRA regulations.

### **Qualifying Beneficiaries and Qualifying Events**

If you are covered by our group health plan, you, your spouse, and your dependent children may have rights under COBRA if:

- you lose or leave your job, other than by reason of your gross misconduct (if you take an FMLA leave of absence and do not return to active employment, the qualifying event of termination of employment occurs at the end of the leave); or
- you work less hours and our group health plan says this makes you ineligible for coverage.

Your dependent children may include any child who is born to or placed for adoption with you during a period of COBRA continuation coverage, if certain requirements are met.

Your spouse and your dependent children have the right to be qualified beneficiaries for COBRA continuation coverage following your death or divorce or legal separation if they are covered by our group health plan and would lose coverage because of the qualifying event.

COBRA gives your dependent child the right to COBRA continuation coverage for up to 36 months if he or she is covered by our group health plan and would lose coverage because he or she has reached an age or satisfied a condition that causes dependent coverage to end. If you become entitled to Medicare benefits (under Part A, Part B, or both), this would be a qualifying event for your spouse and dependent children. You are not "entitled" to Medicare until you have actually completed the Medicare enrollment and you have been notified your Medicare coverage is in effect.

### **Notice of the Qualifying Event and COBRA Election**

**Notice From Us** – The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. We are required to notify the Plan Administrator of the qualifying event when you lose or leave your job, your hours are reduced, you die, or you become entitled to Medicare benefits.

**Notice From You** – In order for the COBRA rights notice and election forms to be provided, the Plan Administrator must be notified if:

- there is a divorce or legal separation;
- a child, adopted child, stepchild, or foster child attains age 26; or
- an individual receiving COBRA continuation coverage qualifies for or loses Social Security disability benefits.

You or any qualifying beneficiary are required to give notice within 60 days of the later of:

- the date of the qualifying event; or
- the date the qualified beneficiary would lose coverage on account of the qualifying event.

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## ***Presbyterian Senior Living Premium Conversion Plan***

Notice is to be given in writing. The group health plan may require that a specific form be completed.

**COBRA Election** – Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. You may elect COBRA continuation coverage on behalf of your spouse, and either you or your spouse may elect COBRA continuation coverage on behalf of your children.

If COBRA continuation coverage is desired, it must be elected within 60 days after the later of:

- the date the qualified beneficiary would lose coverage on account of the qualifying event; or
- the date notice is provided to the qualified beneficiary of the right to elect COBRA continuation coverage.

If the Plan Administrator receives notice from you (or someone else who believes he/she is a qualified beneficiary) but determines that no COBRA continuation coverage is required, the Plan Administrator will provide you with a written explanation as to why you are not entitled to COBRA continuation coverage. This explanation will be provided within 14 days of the Plan's receipt of your notice.

### **Cost and Period of Coverage**

**Group Health Plan** – The group health plan is required to continue the same coverage. All costs of coverage are payable by you after the termination of your employment or by your spouse or child and are made on an after-tax basis. The charge would be equal to the entire cost of coverage, plus a small (2%) additional charge for administration. (If you are getting a longer period of coverage because of disability, you may have to pay more.) COBRA continuation coverage charges can be paid in monthly installments.

If COBRA continuation coverage is elected, coverage generally begins as of the date that coverage would otherwise have been lost. Coverage will then continue for a period of up to 36 months, depending upon the qualifying event.

**Timely Payment** – COBRA Coverage will cease if payment is not made timely. For the first payment, the plan must give you (or the qualified beneficiary) at least 45 days after the date of the election. Thereafter, timely payment usually means within 30 days after the first day of that coverage period. The group health plan may permit a later date; read its COBRA coverage notice. If you are receiving severance pay in connection with a termination of employment, you may choose to have your severance pay applied toward your COBRA coverage payments.

### **More Information on COBRA**

The information above covers only basic points. COBRA has a number of special rules. The Plan Administrator is required to give you information about your COBRA rights. You should read that information carefully. If you have any questions about your COBRA rights or would like additional information about COBRA and your group health plan, contact the appropriate plan administrator.

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## ***Presbyterian Senior Living Premium Conversion Plan***

If you want to know more, the Department of Labor has a booklet called "Health Benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA)." You can request this booklet on the Internet at: <http://www.dol.gov/ebsa>.

### **GENERAL INFORMATION**

#### **Insurers Role in Financing the Plan**

No health insurance issuer is responsible for either the financing or the administration of this Cafeteria Plan. We are solely responsible for providing the funds pursuant to your election. The responsibility for the financing or administration of your health care benefit plan is as described in the summary plan descriptions provided to you by that plan.

#### **Maternity and Newborn Length of Stay**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

#### **Genetic Information**

Group health plans and health insurance issuers generally may not, under Federal law, obtain or use genetic information when determining premium charges, coverage, benefits, or any other purpose. This rule is not violated if the plan or issuer receives the information inadvertently or for use in monitoring the effects of toxic substances in the workplace. Also, you are free to authorize the disclosure of genetic information when making a FMLA or health-related claim.

### **GENERAL CLAIM PROCEDURES**

If you have a claim against a particular welfare benefit program, you will need to submit it to the administrator for that particular plan under the claim procedure set out in that plan's booklet. If you have a claim against this Plan, you may file a written claim with the Plan Administrator describing the specifics of your claim. If you are requesting a change of election during the plan year, use the election form.

If you experience any difficulty determining your benefits under the group health plan or having a claim processed, you should contact the insurer's help desk. If you cannot obtain the help you need, you may contact Human Resources. The group health plan privacy policy will apply to any health information we are given by you or the insurer. We will not use this health information for employment decisions. The information will be held in a file separate from your regular personnel file and separate from any file maintained for administering sick leave, etc.

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## ***Presbyterian Senior Living Premium Conversion Plan***

### **Appealing a Denied Claim**

If you make a claim and the claim is denied, you will receive a written explanation within 30 days of the Plan Administrator's receipt of your claim. If more time is needed to respond to your claim, the Plan Administrator may use an additional 15 days. You will receive a notice of the extension within the original 30-day period. If the extension is needed because you did not submit necessary information, the notice of extension will describe the required information. You will have 45 days from receipt of the notice to provide the information. The Plan Administrator will respond in about 15 days after receiving this information.

If the Plan Administrator denies your claim, the written explanation of the denial will include the specific reasons for the denial, the Plan provisions on which the denial is based, a description of and reason for any additional material or information needed to process the claim, and the procedure for review.

Within 60 days after receiving the Plan Administrator's notice, you or your duly authorized representative may:

- make a written request to the Plan's Named Fiduciary for a review of your case;
- review upon request and free of charge, all documents, records, and other information relevant to your claim;
- submit written arguments, comments, documents, records, and other information relevant to your claim.

The Plan's Named Fiduciary will review your case and notify you in writing of the final decision with a full explanation of that decision. Generally, you will receive the decision within 60 days of the Named Fiduciary's receipt of your appeal. If more time is needed to respond to your appeal, the Named Fiduciary may use an additional 60 days. You will receive a notice of the extension within the original 60-day period. In no event will the decision take more than 120 days.

### **The Future of the Plan**

We expect to continue this Plan in the future, but reserve the right to suspend, withdraw, amend, or modify the Plan at any time. If the Plan is changed or terminated, any changes in your coverages, participation, or benefits will be in accordance with applicable law.

### **Plan Document**

This Summary Plan Description highlights the provisions of the Presbyterian Senior Living Premium Conversion Plan and is not intended to modify the Plan Document. In the event of any conflict between this summary and the Plan Document, the Plan Document will govern.

### ***YOUR RIGHTS UNDER ERISA***

***Coverage for the Medical and Prescription Drug Program is provided through The Board of Pensions of the Presbyterian Church and is a Church Sponsored Plan. Church Sponsored plans are not subject to ERISA. Any reference to ERISA in this Plan do not apply to the Medical and Prescription Drug Program.***



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## ***Presbyterian Senior Living Premium Conversion Plan***

As a participant in this Plan and in an included health care benefit plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). ERISA provides that all Plan participants shall be entitled to:

### **Receive Information About Your Plan and Benefits**

Examine without charge, at the Plan Administrator's office, all documents governing the plans, including insurance contracts and a copy of the latest annual report<sup>1</sup> (Form 5500 Series) filed by the plans with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plans, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the plans' annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Continue Group Health Plan Coverage**

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

There may be a reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including us or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

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<sup>1</sup> If the Plan covers fewer than 100 participants as of the beginning of the plan year, no annual report or summary of this report is required; therefore, no report or summary will be available for participants for such a plan year.

**Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse a plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

**Assistance with Your Questions**

If you have any questions about these plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Office of Outreach, Education, and Assistance, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at (866) 444-3272.

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**Presbyterian Senior Living Premium Conversion Plan**

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**ADMINISTRATIVE INFORMATION FOR ALL PLANS**

<b>Plan Name</b>	Presbyterian Senior Living Premium Conversion Plan
<b>Plan Type</b>	Welfare Plan
<b>Employer Identification Number</b>	23-1381404
<b>Plan Number</b>	503
<b>Plan Dates</b>	Plan Effective Date: January 1, 1999 Plan Amended and Restated: January 1, 2010 SPD Effective Date: January 1, 2025 Plan Year: January 1 to December 31
<b>Plan Sponsor</b>	PHI dba: Presbyterian Senior Living One Trinity Dr. E, Suite 201 Dillsburg, PA 17019 (717) 502-8840
<b>Plan Administrator</b>	<b><i>For Medical and Prescription Drug</i></b> Board of Pensions of the Presbyterian Church, (U.S.A.) 2000 Market Street Philadelphia, PA 19103-3298 1-800-773-7752
<b>Day-to-Day Contact</b>	<b><i>For Medical and Prescription Drug</i></b> Director of Employee Services One Trinity Drive E, Suite 201 Dillsburg, PA 17019 (717) 502-8840
<b>Plan Administrator &amp; Day-to-Day Contact</b>	<b><i>For Dental and Vision</i></b> Director of Employee Services One Trinity Drive E, Suite 201 Dillsburg, PA 17019 (717) 502-8840
<b>Named Fiduciary</b>	The Company, each participating Employer and the Plan Administrator
<b>Agent for Service of Legal Process</b>	If, for any reason, you want to seek legal action against the Plan, you can serve legal process on the Plan Administrator for the Plan.



Effective: January 1, 2025

## **Presbyterian Senior Living Premium Conversion Plan EMPLOYEE NOTICE OF CURRENTLY INCLUDED BENEFIT PROGRAMS**

The plans now being offered under each of the included benefit programs are:

### **Medical and Prescription Drug Program**

Board of Pensions of the Presbyterian Church - Highmark Blue Shield & Express Scripts

### **Dental Program**

Delta Dental Plan

### **Vision Program**

Davis Vision

Highmark Blue Shield

This schedule will remain in effect until revoked.

This Notice should be kept with your Summary Plan Description because it describes benefits available under the Plan.