



Compare Plans

Following is information on the Comprehensive, Plus and Premium Medicare Supplement Health Plans offered by the Medical Trust for participants **who are retiring after July 1, 2013 and are not eligible to retire¹ prior to July 1, 2013.**

If you retired, or are eligible to retire¹, prior to July 1, 2013 see [If You Retired before July 2013](#) for a comparison between the plans.

With each plan, you are responsible for some out-of-pocket expenses, up to certain annual out-of-pocket maximums. Please note that your vision care, prescription drug retail deductible, and copayments do not count toward the annual out-of-pocket maximums.

[Compare your out-of-pocket costs](#) for all three plans.

Your Monthly Cost - 2017 & 2018

Click below to view your monthly costs if you decide to purchase one of the Medicare Supplement Health Plans*. These costs represent the cost to you after any Medicare Supplement Health Plan Subsidy from CPF² has been applied.

2017 Plan Costs

Years of Credited Service	Monthly Plan Cost Per Person		
	Comprehensive Plan	Plus Plan	Premium Plan
1-4	Not eligible to participate in a Medicare Supplement Health Plan	Not eligible to participate in a Medicare Supplement Health Plan	Not eligible to participate in a Medicare Supplement Health Plan
5-9	\$340.00	\$465.00	\$540.00
10	\$170.00	\$295.00	\$370.00
11	\$153.00	\$278.50	\$353.00
12	\$136.00	\$261.00	\$336.00
13	\$119.00	\$244.00	\$319.00
14	\$102.00	\$227.00	\$302.00
15	\$85.00	\$210.00	\$285.00

Years of Credited Service	Monthly Plan Cost Per Person		
	16	\$68.00	\$193.00
17	\$51.00	\$176.00	\$251.00
18	\$34.00	\$159.00	\$234.00
19	\$17.00	\$142.00	\$217.00
20 or more	\$0.00	\$125.00	\$200.00

2018 Plan Costs

Years of Credited Service	Monthly Plan Cost Per Person		
	Comprehensive Plan	Plus Plan	Premium Plan
1-4	Not eligible to participate in a Medicare Supplement Health Plan	Not eligible to participate in a Medicare Supplement Health Plan	Not eligible to participate in a Medicare Supplement Health Plan
5-9	\$355.00	\$485.00	\$570.00
10	\$177.50	\$307.50	\$392.50
11	\$159.75	\$289.75	\$374.75
12	\$142.00	\$272.00	\$357.00
13	\$124.25	\$254.25	\$339.25
14	\$106.50	\$236.50	\$321.50
15	\$88.75	\$218.75	\$303.75
16	\$71.00	\$201.00	\$286.00
17	\$53.25	\$183.25	\$268.25
18	\$35.50	\$165.50	\$250.50
19	\$17.75	\$147.75	\$232.75
20 or more	\$0.00	\$130.00	\$215.00

*If you enroll in a Medicare Supplement Health Plan, select the added pharmacy benefit unless you are already enrolled in Medicare Part D.

Eligible clergy beneficiaries of The Church Pension Fund Clergy Pension Plan receive a monthly subsidy to help cover the cost of purchasing a Medicare Supplement Health Plan. Retired clerics with at least 10 years of [credited service](#) - and their eligible spouses - are eligible for this Medicare Supplement Health Plan subsidy. The subsidy increases with each year of service.

If you are eligible for a subsidy and opt to enroll in a non-drug Medicare Supplement Health Plan alongside Medicare Part D coverage, you may use the subsidy toward the cost of a Medical Trust dental plan. **Note: The subsidy can only be applied to a Medical Trust plan; it is never paid directly to the retiree.**

Please note: Some dioceses subsidize all or a portion of the above costs. Check with your diocese to determine your actual costs for each plan before making your selection.

¹ To be eligible to retire prior to July 1, 2013, a cleric must have met the requirements of a 55/30, 60/5, 65/5 or disability retirement on or prior to June 30, 2013.

²The Church Pension Fund plans to continue to provide the Medicare Supplement Health Plan subsidy. However, given the rising cost of medical care, coupled with the uncertainty regarding the structure of Medicare in the future, this should not be viewed as a guarantee of a Medicare Supplement Health Plan subsidy in perpetuity.

Your Out-of-Pocket Costs

The out-of-pocket costs for 2018 are not yet available. We will post them when Medicare makes them available.

2017 Out-of-Pocket Costs

Benefits	What Medicare Asks You to Pay	What You'll Pay in the Comprehensive Plan	What You'll Pay in the Plus Plan	What You'll Pay in the Premium Plan
Annual Out-of-Pocket Maximums	No maximum limit	For Part A and Part B benefits: Individual: \$2,000	For Part A and Part B benefits: Individual: \$1,750	For Part A and Part B benefits: Individual: \$1,500
Medicare Limitations	Expenses are approved when Medicare deems the benefits to be medically necessary. Care not covered/approved by Medicare will not be covered.	All medical benefits are limited to expenses approved by Medicare.		
Inpatient Days 1-60	For each benefit period, you pay the first \$1,288.	You pay up to \$390 per benefit period. All other costs are covered at 100%.	You pay up to \$150 per benefit period. All other costs are covered at 100%.	You pay nothing.
Inpatient	\$322 per day	You pay nothing.		

Days 61-90		
Inpatient Days 91-150	\$644 per day	You pay nothing.
Skilled Nursing Facility Days 1-20	You pay nothing.	You pay nothing.
Skilled Nursing Facility Days 21-100	\$161 per day	You pay nothing.

Benefits	What Medicare Asks You to Pay	What You'll Pay in the Comprehensive Plan	What You'll Pay in the Plus Plan	What You'll Pay in the Premium Plan
Home Healthcare	You pay nothing.	You pay nothing for services approved by Medicare.		
Durable Medical Equipment	You pay 20% of the Medicare-approved amount	You pay nothing.		
Medicare Part B Physician Office Visits	You pay 20% after the \$166 deductible.	You pay up to \$20 per office visit.	You pay up to \$15 per office visit.	You pay up to \$15 per office visit.
Clinical Laboratory Services	You pay nothing for Medicare-approved services after the annual Part B deductible.	You pay nothing.		
Other Medicare Part B Services	You pay a coinsurance or copayment amount, which may vary according to the service.	You pay 30% of the remaining Medicare coinsurance.	You pay 20% of the remaining Medicare coinsurance.	You pay 20% of the remaining Medicare coinsurance.
Outpatient Hospital Services	You pay a coinsurance or copay amount, which may vary according to the service.	You pay up to \$275 of any Medicare coinsurance or copayment.	You pay up to \$275 of any Medicare coinsurance or copayment.	You pay up to \$175 of any Medicare coinsurance or copayment.

Routine Physical Exam Office Visit	Some services associated with physical exams are not covered.	You pay nothing up to \$200.
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Benefits	What Medicare Asks You to Pay	What You'll Pay in the Comprehensive Plan	What You'll Pay in the Plus Plan	What You'll Pay in the Premium Plan
Routine Clinical Laboratory Services & Diagnostic Tests (Performed With Your Routine Physical)	You pay a coinsurance or copayment amount, which may vary according to the service and may or may not be subject to the Part B deductible.	You pay nothing for clinical laboratory services associated with your routine physical, including, but not limited to, bone mass measurements, colorectal screening, mammograms, Pap smears, pelvic exams, and prostate cancer screening.		
Medicare-Approved Chiropractic Services	You pay 20% of the Medicare-approved amount.	You pay 30% of the remaining Medicare coinsurance (i.e., 6% of the total Medicare-approved amount).	You pay 20% of the remaining Medicare coinsurance (i.e., 4% of the total Medicare-approved amount).	You pay nothing.
Outpatient Therapy (occupational, speech, cardiac, pulmonary)	You pay 30% of the Medicare-approved amount.	You pay 30% of the remaining Medicare coinsurance (i.e., 6% of the total Medicare-approved amount).	You pay 20% of the remaining Medicare coinsurance (i.e., 4% of the total Medicare-approved amount).	You pay nothing.
Prescription Drugs: Express Scripts	See Medicare prescription drug plan information.	See the Prescription Drug Benefits Summary		
Vision: EyeMed	Not covered (You pay 100%).	12-month benefit for: <ul style="list-style-type: none"> • Eye exam—\$0 copayment • Lenses—\$10 copayment • Frames—\$130 allowance, plus 20% off balance 		

Notes:

1. The Prescription Drug Benefit information is only applicable to the Medicare Supplement Health Plans with the pharmacy benefit option.

2. This vision information describes the network benefit. See the plan's [2017 Summary of Benefits and Coverage](#) or the [2018 Summary of Benefits and Coverage](#) for details about out-of-network vision benefits.
3. Vision copayments and the prescription drug copayments do not apply to the annual out-of-pocket maximum.

¹ To be eligible to retire prior to July 1, 2013, a cleric must have met the requirements of a 55/30, 60/5, 65/5 or disability retirement under The Church Pension Fund Clergy Pension Plan on or prior to June 30, 2013.

² The Church Pension Fund plans to continue to provide the Medicare Supplement Health Plan subsidy. However, given the rising cost of medical care, coupled with the uncertainty regarding the structure of Medicare in the future, this should not be viewed as a guarantee of a Medicare Supplement Health Plan subsidy in perpetuity.

Health benefits are offered through plans maintained by Church Pension Group Services Corporation (doing business as The Episcopal Church Medical Trust), 19 East 34th Street, New York, NY 10016.

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