



EPISCOPAL CHURCH
MEDICAL TRUST

2021 Retiree Annual Enrollment

Health plan information for Episcopal Church retirees

September 30, 2020

SAVE THIS BOOKLET



2021 Annual Enrollment is October 15 to December 7, 2020

To help you enroll in your Medicare Supplement benefits through the Episcopal Church Medical Trust (Medical Trust), please review this booklet, which includes health plan details, resources, and contact information. When you are ready to enroll, please see the enclosed Annual Enrollment instructions.

Reminder

Visit the Annual Enrollment website at annualeenrollment.cpg.org to make sure your personal information is accurate. To keep your current benefits in 2021, you do not need to do anything. Your coverage will continue at the new rates (see page 3).

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2021 Subsidy¹ Increase Approved for Medicare Supplement Health Plans

We are pleased to announce that The Church Pension Fund (CPF) has approved a subsidy increase of up to \$20 per member/per month. Medicare-eligible clergy with 20 or more years of Credited Service and their eligible spouses or surviving spouses will receive \$400 per member/per month toward the purchase of healthcare coverage through the Medical Trust in 2021. For rate information for each plan option, see page 3.

¹ The Church Pension Fund (CPF) plans to continue to provide the Medicare Supplement subsidy. However, CPF must 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 change or discontinue providing a Medicare Supplement subsidy.

What's New for 2021

To ensure that members enrolled in a Medical Trust Medicare Supplement Health Plan have a high-quality, comprehensive benefit plan and in response to feedback, we are enhancing hearing benefits:

Retiree Health Plan	Current Benefit	2021 Benefit
Comprehensive and Plus Medicare Supplement Plans	Maximum benefit of \$1,000 per ear every five years, plus hearing aid device discount	Maximum benefit of \$1,500 per ear every three years , plus hearing aid device discount
Premium Medicare Supplement Plan	Maximum benefit of \$2,000 per ear every five years, plus hearing aid device discount	Maximum benefit of \$2,000 per ear every three years , plus hearing aid device discount

Medicare Supplement Health Plan Highlights

The Medical Trust's Medicare Supplement Health Plans with prescription drug coverage help you pay many out-of-pocket expenses after Medicare pays its portion and provide additional benefits, including:

- Some services not covered by Medicare, such as hearing aid reimbursement
- Prescription drug benefits with no annual benefit maximum, an annual routine physical, vision benefits, disease and case management for chronic and/or serious conditions, plus the benefits listed in the Additional Benefits section on page 3

The Comprehensive Plan with Prescription Drug Coverage	This Plan offers coverage for a broad range of medical services including physician visits, hospital stays, lab work, outpatient services, prescription drugs, an annual physical, and vision benefits.
The Plus Plan with Prescription Drug Coverage	This Plan provides protection similar to the Comprehensive Plan with lower annual out-of-pocket maximums, slightly lower copays for physician office visits and prescription drugs, and lower cost-sharing amounts for the first 60 days of hospitalization.
The Premium Plan with Prescription Drug Coverage	This Plan has the same features as the Plus Plan, but higher benefits for physical, occupational, and speech therapy. The plan pays 100% for these therapies and continues to pay even after Medicare's benefit maximum is reached. This plan also includes a greater maximum benefit for hearing aid device reimbursements (see above).

Additional Benefits

All Medical Trust Medicare Supplement Health Plans include additional benefits at no extra cost to you. To learn more about the following benefits, please visit cpg.org/medsupp-clergy.

- EyeMed Vision benefits
- Tivity Health SilverSneakers® program (fitness program)
- Health Advocate (helps you navigate the complexity of the healthcare system)
- The Cigna Employee Assistance Program (helps with emotional, physical, and legal issues)
- Amplifon Hearing Health Care (hearing aid discount program)
- UnitedHealthcare Global Assistance (emergency medical assistance while traveling)

Medicare Supplement Health Plan² Rates

For Retirement Eligibility Dates on or after July 1, 2013

The following rates apply to clergy participants who retire(d) on or after July 1, 2013 (and who were not eligible to retire as of June 30, 2013) and their eligible spouses or surviving spouses:

Plan		Monthly cost per member		
		Years of Credited Service		
		5-9 (full cost)	10-19	20 or more
With prescription drug (Rx) coverage	Comprehensive	\$400	\$200 - \$20	\$0
	Plus	\$520	\$320 - \$140	\$120
	Premium	\$605	\$405 - \$225	\$205
Without prescription drug (Rx) coverage	Comprehensive II	\$215	\$15 - \$0	\$0
	Plus II	\$250	\$50 - \$0	\$0
	Premium II	\$300	\$100 - \$0	\$0

For Retirement Eligibility Dates prior to July 1, 2013

The following rates apply to clergy participants—and their eligible spouses or surviving spouses—who:

- retired prior to July 1, 2013, or
- were eligible to retire as of June 30, 2013, but chose to retire at a later date.

Plan		Monthly cost per member		
		Years of Credited Service		
		5-9 (full cost)	10-19	20 or more
With prescription drug (Rx) coverage	Comprehensive	\$400	\$20 - \$2	\$0
	Plus	\$520	\$140 - \$122	\$120
	Premium	\$605	\$225 - \$207	\$205
Without prescription drug (Rx) coverage	Comprehensive II	\$215	\$0	\$0
	Plus II	\$250	\$0	\$0
	Premium II	\$300	\$0	\$0

Note: You may choose a Medicare Supplement Plan without prescription drug coverage only if you have a Medicare Part D prescription drug plan not offered by the Medical Trust. You will need to provide proof of the other prescription drug coverage.

Additional plan cost details are available at cpg.org/medsupp-clergy.

² Some groups subsidize all or a portion of the costs for their retirees. These figures do not include any contributions that you may receive from your former employer. Check with your former employer to determine your costs for each plan.

Dental Plan Highlights and Rates

The Medical Trust offers three dental plan choices through Cigna Dental: Preventive, Basic, and Dental & Orthodontia. Each plan covers three network cleanings per year at no cost to you. Out-of-network cleanings are also covered, but you may have some cost share.³

All three choices are part of Cigna's Total Dental Preferred Provider Organization (DPPO) network, which includes two types of providers:

- **DPPO Advantage**—To receive the highest level of benefits, be sure to choose Cigna DPPO Advantage providers.
- **DPPO**—While Cigna DPPO providers are considered part of the network and have lower negotiated rates than non-participating providers, their rates—and your resulting cost share—will be higher than with Cigna DPPO Advantage providers.

To locate providers in the Cigna Total DPPO network, contact Cigna Dental (see page 5).

2021 Dental Plan Comparison Table⁴

NAME OF PLAN/ annual benefit maximum	MEMBER COST SHARE & RATES				
	Basic Restorative Services	Major Restorative Services	Orthodontia Services	Annual Deductible	Rate per member/ per month
PREVENTIVE \$1,500	20%	99%	99%	\$0	\$61
BASIC \$2,000	15%	50%	100%	Network: \$0 DPPO & out-of-network: \$50 individual \$150 family	\$74
DENTAL & ORTHODONTIA \$2,000	15%	15%	50% (up to the \$1,500 separate lifetime maximum)	Network: \$0 DPPO & out-of-network: \$25 individual \$75 family	\$90

Member Information and Resources

Medicare Supplement Health Plan Document Handbook

This handbook describes the Medical Trust's Medicare Supplement Health Plans and how these plans coordinate with your benefits through Original Medicare Parts A and B. It contains worksheets to help you select the plan that best meets your needs and provides detailed descriptions of additional benefits.

Go to cpg.org/mtdocs to download a copy of the *Medicare Supplement Health Plan Document Handbook*, the Medicare Supplement Health Plan comparison chart, and *Cigna Dental Plan Document Handbook*. You may also contact Client Services (see page 5) to request printed copies.

³ If an out-of-network provider charges more than the amount allowed by your plan, the provider may balance bill you for the difference.

⁴ This information is provided as a general overview. Please check the dental plan handbook or call Cigna Dental for a list of covered services. Services provided by DPPO and out-of-network providers are subject to a deductible, and coverage is limited to the maximum reimbursable amount.

If You Need Help

Follow these general guidelines on whom to call when you need help:

- For questions about plan coverage, see the *Medicare Supplement Health Plan Document Handbook* at cpg.org/mtdocs, or call UnitedHealthcare. (See below).
- For help navigating the healthcare system, call Health Advocate at the number below. There is no fee to you for this service.
- For other questions about Annual Enrollment or your health benefits, contact our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpq.org.
- For questions specific to your group, such as contributions you may receive from your former employer toward the purchase of a Medicare Supplement Health Plan, contact your former employer's benefit administrator.

Health Plan Contact Information

UnitedHealthcare (UHC)

(Medicare Supplement Health Plans)
Retiree Hotline: (800) 708-3052
UHC 24/7 Nurseline: (800) 708-3052
Health Advisors: (800) 708-3052
myUHC.com

Express Scripts Medicare

(866) 544-6963
express-scripts.com

Cigna Dental

(800) 244-6224
mycigna.com

EyeMed Vision Care

(866) 723-0513
eyemedvisioncare.com

Cigna Behavioral Health

(Cigna Employee Assistance Program)
(866) 395-7794
mycigna.com
Employer ID: The Episcopal Church Medical Trust

Health Advocate

(healthcare help and advocacy)
(866) 695-8622
healthadvocate.com
Log in: Episcopal

Amplifon Hearing Health Care

(hearing discount program)
(866) 349-9055
amplifonusa.com

UnitedHealthcare Global Assistance

(assistance while traveling)
(800) 527-0218
members.uhcglobal.com

Tivity Health SilverSneakers®

(fitness program)
(866) 584-7389
silversneakers.com

Here is additional information about the resources offered by UnitedHealthcare, your Medicare Supplement Health Plan administrator:

myUHC.com—Register and log in to review claims and get benefit information.

UHC 24/7 Nurseline—Registered nurses can answer medical questions and help you find community resources for medical and related assistance, 24 hours a day, seven days a week. Call (800) 708-3052.

Retiree Hotline—Call UHC’s hotline with Medicare Supplement Health Plan questions, 24 hours a day, seven days a week at (800) 708-3052.

Health Advisors—Akin to your Health Advocate benefit, this service provides knowledgeable advisors who take ownership of your concern until it is resolved. Call (800) 708-3052.

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.

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.

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.

Notice of Nondiscrimination

The Episcopal Church Medical Trust (the Medical Trust) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Medical Trust does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Medical Trust:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print materials
- Provides free language services to people whose primary language is not English, such as information written in other languages

If you need these services, contact Adriene Clarke, Civil Rights Coordinator.

If you believe that the Medical Trust has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can obtain a copy of the grievance procedures or file a grievance with Adriene Clarke, Civil Rights Coordinator, Church Pension Group, 19 East 34th Street, New York, NY 10016, or via phone at (212) 592-6299, via fax at (212) 592-9487, or aclarke@cpq.org. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Adriene Clarke, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1 (800) 368-1019, 1 (800) 537-7697(TDD).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 480-9967.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 480-9967.

برقم اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا: ملحوظة
1 (800) 480-9967.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (800) 480-9967.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (800) 480-9967.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 480-9967。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 480-9967.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1 (800) 480-9967.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 (800) 480-9967.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (800) 480-9967.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 480-9967.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (800) 480-9967.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (800) 480-9967.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 1 (800) 480-9967.

شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر: توجه
بگیرید تماس با. باشد می فراهم 1 (800) 480-9967