

2021 Medicare Supplement Plan Comparison Chart

Maximums & Limitations	Medicare	Comprehensive Plan	Plus Plan	Premium Plan
Annual Out-of-Pocket Maximums	No maximum	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
Annual Medicare Supplement Part A Benefit Maximum	No maximum	Individual: \$50,000	Individual: \$50,000	Individual: \$50,000
Lifetime Medicare Supplement Part A Benefit Maximum	No maximum	Individual: \$200,000	Individual: \$200,000	Individual: \$200,000
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.		
Benefits	What Medicare Asks You to Pay in 2021	What You'll Pay in the Comprehensive Plan	What You'll Pay in the Plus Plan	What You'll Pay in the Premium Plan
Inpatient Days 1-60	For each benefit period, you pay the first \$1,484.	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 Days 61-90	\$371 per day.	You pay nothing.		
Inpatient Lifetime reserve days after day 90 (maximum of 60 per lifetime)	\$742 per day.	You pay nothing.		
Skilled Nursing Facility Days 1-20	You pay nothing.	You pay nothing.		
Skilled Nursing Facility Days 21-100	\$185.50 per day.	You pay nothing.		
Home Health Care	You pay nothing.	You pay nothing for services approved by Medicare.		

Benefits	What Medicare Asks You to Pay in 2021	What You'll Pay in the Comprehensive Plan	What You'll Pay in the Plus Plan	What You'll Pay in the Premium Plan
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 \$203 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/copay amount, which may vary according to the service.	You pay up to \$275 of any Medicare coinsurance/copayment.	You pay up to \$275 of any Medicare coinsurance/copayment.	You pay up to \$175 of any Medicare coinsurance/copayment.
Routine Physical Exam Office Visit	Some services associated with physical exams are not covered.	You pay nothing up to \$200.		
Routine Clinical Laboratory Services and 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.	You pay 20% of the remaining Medicare coinsurance.	You pay nothing.
Outpatient Therapy (occupational, speech, cardiac, pulmonary)	You pay 20% of the Medicare-approved amount.	You pay 30% of the remaining Medicare coinsurance.	You pay 20% of the remaining Medicare coinsurance.	You pay nothing.
Hearing Aid Devices	Not covered.	Benefit of \$1,500 per ear every 3 years plus hearing aid device discount.	Benefit of \$1,500 per ear every 3 years plus hearing aid device discount.	Benefit of \$2,000 per ear every 3 years plus hearing aid device discount.

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.