



EPISCOPAL CHURCH
MEDICAL TRUST

2019 Retiree Annual Enrollment

Health plan information for Episcopal Church retirees

SAVE THIS LETTER



2019 Annual Enrollment is October 15 to December 7, 2018

The Episcopal Church Medical Trust (Medical Trust) is pleased to provide your 2019 Retiree Annual Enrollment (AE) materials. Included are key health plan details, resources, and contact information to help you understand, choose, and make the best use of your healthcare benefits. Please refer to the separate flier for instructions and other important reference information to guide you in the enrollment process.

We recommend that you go to the AE website (annualenrollment.cpg.org) to review your information to ensure that it is current. If you do not plan to change your medical or dental coverage for 2019, you do not need to do anything. Your coverage will remain the same as it was in 2018, subject to the new rates (see page 3).

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Subsidy¹ increase approved for 2019 for Medicare Supplement Health Plans

We are pleased to announce that The Church Pension Fund (CPF) has approved an increase of \$15 per member/per month in the subsidy for the Medicare Supplement Health Plans in 2019. Medicare-eligible clergy with 20 or more years of Credited Service and their eligible spouses or surviving spouses

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.

will receive \$370 per member/per month toward the purchase of healthcare coverage through the Medical Trust in 2019. For rate information for each plan option, please refer to page 3.

2019 Medicare Supplement Health Plan highlights

The Medical Trust's Medicare Supplement Health Plans help you pay many out-of-pocket expenses after Medicare pays its portion. These plans pay a portion of Medicare copayments, coinsurances, and deductibles, and include some services not covered by Medicare, such as hearing-aid reimbursement. Our Medicare Supplement Health Plans also provide 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 below.

The Comprehensive Plan with Prescription Drug Coverage

The Comprehensive Plan offers excellent coverage and is a great value for the rich benefits it provides. It offers solid 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 Comprehensive Plan's hearing-aid reimbursement benefit is \$1,000 per ear, every five years.

The full cost of this plan is \$370 per member/per month. Since CPF has increased the subsidy by \$15, the Comprehensive Plan remains fully subsidized for clergy (and eligible spouses and surviving spouses) with 20 or more years of Credited Service.

The Plus Plan with Prescription Drug Coverage

The Plus Plan provides protection similar to the Comprehensive Plan with enhancements such as 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 Plus Plan's hearing-aid reimbursement benefit is \$1,000 per ear, every five years.

The full cost of this plan is \$500 per member/per month. That means that the Plus Plan will cost \$130 per person/per month for clergy (and eligible spouses and surviving spouses) with 20 or more years of Credited Service.

The Premium Plan with Prescription Drug Coverage

The Premium Plan has the same features as the Plus Plan, but richer benefits for physical, occupational, and speech therapy. You pay 0% and the plan pays 100% for these therapies, and continues to pay even after Medicare's benefit maximum is reached. The Premium Plan reimburses up to \$2,000 per ear, every five years, for hearing aids, twice the benefit of the Comprehensive and Plus Plans.

The full cost of this plan is \$585 per member/per month. That means that the Premium Plan will cost \$215 per person/per month for clergy (and eligible spouses and surviving spouses) with 20 or more years of Credited Service.

Additional benefits

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

- EyeMed Vision benefits
- Tivity Health SilverSneakers® program
- Health Advocate (helps you navigate the complexity of the healthcare system)
- The Employee Assistance Program (for help with emotional, physical, and legal issues)

- Amplifon Hearing Health Care (hearing-aid benefit)
- UnitedHealthcare Global Assistance (emergency medical assistance while traveling)

2019 rate information for Medicare Supplement Health Plans²

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	\$370	\$185 - \$18.50	\$0
	Plus	\$500	\$315 - \$148.50	\$130
	Premium	\$585	\$400 - \$233.50	\$215
Without prescription drug (Rx) coverage ³	Comprehensive II	\$205	Up to \$20	\$0
	Plus II	\$240	Up to \$55	\$0
	Premium II	\$295	Up to \$110	\$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	10-19	20 or more
With prescription drug (Rx) coverage	Comprehensive	\$370	\$20 - \$2	\$0
	Plus	\$500	\$150 - \$132	\$130
	Premium	\$585	\$235 - \$217	\$215
Without prescription drug (Rx) coverage ⁴	Comprehensive II	\$205	\$0	\$0
	Plus II	\$240	\$0	\$0
	Premium II	\$295	\$0	\$0

For all participants, further details about plan costs per member/per month are available at www.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.

^{3,4} Available only if you have a Medicare Part D plan other than Express Scripts Medicare™ (PDP).

Dental plan information for 2019

The Medical Trust offers you 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.⁵

Cigna's Total Dental Preferred Provider Organization (DPPO) network includes two types of providers: DPPO Advantage and DPPO. To receive the highest level of benefits, be sure to choose DPPO Advantage dentists. While DPPO providers are considered part of the total network and have lower negotiated rates than non-participating providers, the rates they charge — and your resulting cost share — will be higher when using these providers than with DPPO Advantage providers. To locate dentists in the Total DPPO network, contact Cigna Dental (see page 5).

2019 dental plan comparison chart⁶

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	\$55
BASIC \$2,000	15%	50%	100%	Network: \$0 DPPO & out-of-network: \$50 individual \$150 family	\$73
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	\$89

Member information and resources

Medicare Supplement Health Plan Document Handbook

This handbook describes the Medical Trust's Medicare Supplement Health Plans and explains 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. The handbook also provides detailed descriptions of the additional benefits (see page 2) in our Medicare Supplement Health Plans.

To download a copy of the *Plan Document Handbook for the Medicare Supplement Health Plan*, the plan summary, and/or the Cigna dental plans, go to www.cpg.org/mtdocs. You may also request printed copies by contacting Client Services (see page 5).

⁵ If an out-of-network provider charges more than the amount allowed by your plan, the provider may balance-bill you for the difference.

⁶ 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.

Getting help

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

- For questions specific to plan coverage, consult our *Medicare Supplement Health Plan Document Handbook* at www.cpg.org/mtdocs, or call UnitedHealthcare (see below).
- For questions specific to navigating the healthcare system, call Health Advocate (see below). There is no fee to you for this service.
- For other questions about AE or your health benefits, contact our Client Services team at (800) 480-9967, Monday to Friday, 8:30AM – 8:00PM ET (5:30AM – 5:00PM PT), excluding holidays, 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

(Medicare Supplement Health Plans)
Retiree Hotline: (800) 708-3052
Medicare Decision Support: (800) 708-3052
Health Advisors: (800) 708-3052
Health Allies: www.unitedhealthallies.com
www.myuhc.com

Express Scripts Medicare

(866) 544-6963
www.express-scripts.com

Cigna Dental

(800) 244-6224
www.mycigna.com

EyeMed Vision Care

(866) 723-0513
www.eyemedvisioncare.com

Cigna Behavioral Health

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

Health Advocate

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

Amplifon Hearing Health Care

(hearing benefits)
(866) 349-9055
www.amplifonusa.com

UnitedHealthcare Global Assistance

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

Tivity Health Silver Sneakers®

(fitness program)
(866) 584-7389
www.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.

Medicare Treatment Decision Support – 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.

Health Allies – Through this discount program, you can save 5% to 50% on non-covered healthcare expenses including alternative care therapies, nutrition, weight loss, fitness clubs, beauty care, equipment, and more. Visit **myuhc.com** or **www.unitedhealthallies.com**.

This document contains only a partial description of the Medical Trust Plans and is intended for informational purposes only. It should not be viewed as a contract, an offer of coverage, or investment, tax, medical, or other advice. In the event of a conflict between this document and the official Plan documents (summary of benefits and coverage, Plan Handbooks), the official Plan documents will govern. The Church Pension Fund and its affiliates, including but not limited to the Medical Trust and the ECCEBT, retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, as well as any post-retirement health subsidy, for any reason, and unless required by law, without notice.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act and section 414(e) of the Internal Revenue Code. The Plans do not cover all healthcare expenses, and members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

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 Thomas DeCaneo, 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: Thomas DeCaneo, Civil Rights Coordinator, Church Pension Group, 19 East 34th Street, New York, NY 10016, Phone: 212-592-6345, Fax: 212-592-9487, Email: tdecaneo@cpq.org. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Thomas DeCaneo, 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 <https://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 <http://www.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.

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
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.

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