

## 2019 Medicare Supplements Comparison Chart

Maximums & Limitations	Medicare	Comprehensive Plan	Plus Plan	Premium Plan
<b>Annual Out-of-Pocket Maximums</b>	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
<b>Annual Medicare Supplement Part A Benefit Maximum</b>	No maximum	Individual: \$50,000	Individual: \$50,000	Individual: \$50,000
<b>Lifetime Medicare Supplement Part A Benefit Maximum</b>	No maximum	Individual: \$200,000	Individual: \$200,000	Individual: \$200,000
<b>Medicare Limitations</b>	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		
<b>Benefits</b>	<b>What Medicare Asks You to Pay in 2019</b>	<b>What You'll Pay in the Comprehensive Plan</b>	<b>What You'll Pay in the Plus Plan</b>	<b>What You'll Pay in the Premium Plan</b>
<b>Inpatient Days 1-60</b>	For each benefit period, you pay the first \$1,364	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.
<b>Inpatient Days 61-90</b>	\$341 per day	You pay nothing.		
<b>Inpatient Lifetime reserve days after day 90 (maximum of 60 per lifetime)</b>	\$682 per day	You pay nothing.		
<b>Skilled Nursing Facility Days 1-20</b>	You pay nothing.	You pay nothing.		
<b>Skilled Nursing Facility Days 21-100</b>	\$170.50 per day	You pay nothing.		
<b>Home Health Care</b>	You pay nothing.	You pay nothing for services approved by Medicare.		

Benefits	What Medicare Asks You to Pay in 2019	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 annual Part B 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.

*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. 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.*