

Your **Healthy** Retirement

Health plan enrollment news for Episcopal Church retirees

2017 Open Enrollment is October 13 to December 7, 2016

The Episcopal Church Medical Trust (Medical Trust) is pleased to provide your 2017 Open Enrollment (OE) packet. It has important plan information, health plan resources, and contacts to help you understand, choose, and make the best use of your healthcare benefits.

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Making benefit changes for 2017

You will use our OE website to make any benefit changes for 2017. The online OE form is pre-populated with your personal, dependent (if applicable), and current 2017 health plan selection information. With a click of a mouse, you can make changes and submit them to us. The accompanying letter includes directions to help you enroll.

If you have no changes to your medical or dental coverage for 2017, you do not need to do anything. Your coverage will remain the same as it was in 2016 subject to the new rates (see pages 2 and 3). We encourage you to go online to review your information to ensure it is current.

Please note that this document is provided for informational purposes only and should not be viewed as an offer of coverage, legal, medical, tax or other advice. Please consult with your own professional advisor for further guidance. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, 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.

The Church Pension Fund (CPF) subsidy¹ and 2017 rates for Medicare Supplement Health Plans

We are pleased to announce that CPF has approved an increase of \$10 per member/per month in the subsidy for the Medicare Supplement Health Plans in 2017. Medicare-eligible clergy with 20 or more years of credited service, as such term is defined under The Church Pension Fund Clergy Pension Plan, (referred to herein as “Credited Service”) and their eligible spouses or surviving spouses will receive \$340 per member/per month toward the purchase of healthcare coverage through the Medical Trust in 2017.

2017 rate information for Medicare Supplement Health Plans

The following rates apply to participants who:

1. retired prior to July 1, 2013 and their eligible spouses or surviving spouses, or
2. were eligible to retire as of June 30, 2013 but chose to retire at a later date, and their eligible spouses or surviving spouses.

2017 Medicare Supplement Health Plan rates² (for retirement eligibility dates *prior to July 1, 2013*)

Plan		Monthly cost per member		
		Years of Credited Service		
		5-9 (full cost)	10-19	20 or more
With prescription drug (Rx) coverage	Comprehensive	\$340	\$20 - \$2	\$0
	Plus	\$465	\$145 - \$127	\$125
	Premium	\$540	\$ 220 - \$202	\$200
Without prescription drug (Rx) coverage ³	Comprehensive II	\$195	\$0	\$0
	Plus II	\$230	\$0	\$0
	Premium II	\$280	\$0	\$0

¹ The Church Pension Fund plans to continue to provide the Medicare Supplement 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 the Medicare Supplement subsidy in perpetuity.

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 Available only if you have a Medicare Part D plan other than Express Scripts Medicare™ (PDP).

The following rates apply to 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. For the cost per member/per month for plans without prescription drug coverage, please contact our Client Services team at (800) 480-9967, Monday – Friday, 8:30AM – 8:00PM ET (5:30AM – 5:00PM PT), excluding holidays, or email mtcustserv@cpq.org.

2017 Medicare Supplement Health Plan rates⁴
(for retirement eligibility dates later than June 30, 2013)

Years of Credited Service	Dollar amount of 2017 subsidy	Monthly cost per member		
		Plan (with Rx Coverage)		
		Comprehensive	Plus	Premium
5 – 9 (full cost)	\$0.00	\$340.00	\$465.00	\$540.00
10	\$170.00	\$170.00	\$295.00	\$370.00
11	\$187.00	\$153.00	\$278.00	\$353.00
12	\$204.00	\$136.00	\$261.00	\$336.00
13	\$221.00	\$119.00	\$244.00	\$319.00
14	\$238.00	\$102.00	\$227.00	\$302.00
15	\$255.00	\$85.00	\$210.00	\$285.00
16	\$272.00	\$68.00	\$193.00	\$268.00
17	\$289.00	\$51.00	\$176.00	\$251.00
18	\$306.00	\$34.00	\$159.00	\$234.00
19	\$323.00	\$17.00	\$142.00	\$217.00
20 or more	\$340.00	\$0.00	\$125.00	\$200.00

⁴ 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.

2017 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, an Employee Assistance Program, the Health Advocate program, Travel Medical Assistance, SilverSneakers[®], and disease and case management for chronic and/or serious conditions.

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 5 years.

The full cost of this plan is \$340 per member/per month. Since CPF has increased the subsidy by \$10, that means that 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 coinsurance amounts for the first 60 days of hospitalization. The Plus plan's hearing aid reimbursement benefit is \$1,000 per ear, every 5 years.

The full cost of this plan is \$465 per member/per month. That means that the Plus Plan will cost \$125 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 5 years, for hearing services, twice the benefit of the Comprehensive and Plus plans.

The full cost of this plan is \$540 per member/per month. That means that the Premium plan will cost \$200 per person/per month for clergy (and eligible spouses and surviving spouses) with 20 or more years of Credited Service.

Additional benefits

Annual eye exam with no cost share

Your Medicare Supplement Health Plan benefits include one (1) network eye exam per calendar year with a \$0 copay⁵ and benefits to help you pay for prescription eyeglasses or contact lenses. To find a participating EyeMed provider, refer to the contact information on page 8.

⁵ Additional charges may apply for contact lens fit and follow-up.

Healthways SilverSneakers® program

Enrollees in all Medicare Supplement Health Plans can access the popular Healthways SilverSneakers fitness program **at no extra cost**. Members enjoy workouts and fitness instruction at more than 12,000 leading fitness locations nationwide and can also attend classes at parks and recreational centers. SilverSneakers also includes Steps, a self-directed option which provides at-home and travel-based fitness, and its website contains features that promote overall well-being.

Health Advocate helps you navigate the complexity of the healthcare system

Health Advocate provides hands-on assistance with all types of medical and administrative matters. Eligible members, their spouses, dependents, parents, and parents-in-law are covered by this service. Health Advocate can help you resolve claims issues, find doctors or hospitals, handle elder care issues, understand treatment options, find community resources, and schedule appointments with hard-to-reach specialists, all at no cost to you. Health Advocate's contact information is listed on page 8.

The Employee Assistance Program can help with emotional, physical, and legal issues

Your Employee Assistance Program (EAP), managed by Cigna Behavioral Health (Cigna), can help you and your family with a variety of issues. Licensed clinicians provide resources and referrals for coping with stress, elder care, legal/financial issues, substance abuse, emotional and physical health, and more. Services are provided at no additional cost, and are confidential and available to all members of your household, even non-covered household members.

EAP services are available 24/7 through the Cigna website or by phone. The EAP covers unlimited telephone consultations and up to 10 in-person visits per issue with a \$0 copay. Contact information for the Cigna EAP is on page 8.

Amplifon Hearing Health Care, your hearing-aid benefit

The Medical Trust provides your hearing-aid benefit in cooperation with two of our health plans, UnitedHealthcare (UHC) and Amplifon Hearing Health Care. Amplifon provides access to a network of providers, hearing-aid services, and supplies at discounted rates. You can use any provider, but you may reduce your costs with an Amplifon network provider. If your provider requires payment at the time of service, complete the claim form with your provider, then submit it with your receipt(s) to UHC at the address on the form.

UHC acts as administrator, reimbursing you up to the benefit maximums of your Medicare Supplement Health Plan (see page 4). If you have questions about the hearing-aid reimbursement process, call UHC Member Services at (800) 708-3052. If you have questions about selecting a provider or obtaining discounts, call Amplifon Hearing Health Care at (888) 432-7464.

UnitedHealthcare Global Assistance provides emergency medical assistance while traveling

Retired members and their dependents who are working or traveling 100 or more miles away from their primary residence can obtain emergency medical, travel, and personal security assistance 24/7 through UnitedHealthcare Global Assistance. The Travel Protection Benefit, applicable for travel beyond a member's home country, includes a \$25,000 maximum per individual, per cause, and a \$200,000 lifetime maximum per individual. For complete details on this benefit, please refer to page 79 of the *2016 Plan Document Handbook for the Medicare Supplement Health Plan*, available at www.cpg.org/mtdocs. Contact information for UnitedHealthcare Global Assistance is on page 8.

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 in our Medicare Supplement Health Plans: EyeMed Vision Care, Health Advocate, Employee Assistance Program, Amplifon Hearing Health Care hearing benefits, UnitedHealthcare Global Assistance travel assistance, and SilverSneakers®.

To download a copy of the *Plan Document Handbook for the Medicare Supplement Health Plan* and/or the Cigna Dental Plans, go to www.cpg.org/mtdocs. You can request printed copies from Client Services (see page 8).

UnitedHealthcare, your Medicare Supplement Health Plan administrator, has many useful resources:

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 (866) 229-2919.

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.

Bookmark these online benefits resources

www.cpg.org

The Church Pension Group website can help you understand and make the best use of your benefits. Visit www.cpg.org, select your status (Retired Clergy or Lay), click on **Insurance** in the top menu, then click on the **Health** link at left. From the left navigation bar, you may choose resources such as:

- *Health Benefits 101* – helps you choose a health plan, and explains your role as a healthcare consumer, including questions to consider when choosing a plan
- *Medicare Supplement Summary* – includes details on your medical and/or dental benefits
- *Dental Benefits* – details each dental plan option, with a link to the program handbook

For additional health plan websites and other contact information, please refer to page 8.

Dental plan information for 2017

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.⁶

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, your cost share will be higher when using these providers than with DPPO Advantage providers. To locate dentists in the Total DPPO network, contact Cigna (see page 8).

2017 Dental plan comparison chart⁷

NAME OF PLAN/ annual benefit maximum	MEMBER COST				
	Basic Restorative Services	Major Restorative Services	Orthodontia Services	Annual Deductible	Rate per member/ per month
PREVENTIVE \$1,500	20%	99%	99%	\$0	\$45
BASIC \$2,000	15%	50%	100%	Network: \$0 DPPO & out-of-network: \$50 individual \$150 family	\$69
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	\$85

⁶ If an out-of-network provider charges more than the amount allowed by your plan, the provider may balance-bill you for the difference.

⁷ This information is provided as a general overview. Please check the dental handbook or call Cigna Dental for a list of covered services. Out-of-network services are subject to a deductible, and coverage is limited to reasonable and customary charges and balance billing.

Need 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) to clarify coverage.
- 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 Open Enrollment or your health benefits, contact our Client Services team at (800) 480-9967, Monday – 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: (866) 229-2919
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.cigna.com

EyeMed Vision Care

(866) 723-0513
www.eyemedvisioncare.com

Cigna Behavioral Health

(Employee Assistance Program)
(866) 395-7794
www.cignabehavioral.com
Employer ID: Episcopal

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.uhcglobal.com/global-assistance

SilverSneakers®

(fitness program)
(888) 423-4632
www.silversneakers.com

Medical Trust Client Services team

(800) 480-9967
Email: mtcustserv@cpq.org