

# Medicare Supplement Plan

The Medicare Supplement Plan offers retired members secondary medical coverage that complements Medicare Parts A and B. It also provides an annual preventive care allowance along with comprehensive prescription drug benefits.

## HOW IT WORKS

Medicare Supplement coverage generally provides benefits for the same services and supplies covered by Medicare Parts A and B, including

- prolonged hospitalization, skilled nursing facility care, and inpatient and outpatient psychiatric treatment;
- medical supplies and services; and
- ambulance services.

Medicare Supplement also covers your Medicare Part A and Part B deductibles.

After Medicare pays its portion of covered charges, Medicare Supplement coverage typically pays 80 percent of Medicare's allowance for the remaining balance after your Medicare Supplement deductible is met.

Medicare Supplement coverage also provides benefits for the following expenses that are not covered by Medicare Parts A and B:

- a \$125 preventive allowance that you can use toward the cost of any annual wellness screenings not covered by Medicare and/or a routine vision exam
- outpatient prescription drugs (you pay a copayment for each covered drug)
- medically necessary medical care when traveling outside the United States

Medicare Supplement does not cover routine dental or hearing care; custodial care; services for you if you live outside the United States; care from providers that do not participate in Medicare; or charges in excess of what Medicare allows. Refer to Guide to the Medicare Supplement Plan for a detailed list of expenses that are not covered.

## WHO IS ELIGIBLE TO ENROLL

When you retire, you may enroll in Medicare Supplement if you:

- are Medicare-eligible (generally, age 65 or older);
- meet the rule of 70;\*;
- are enrolled in Medicare Parts A and B; and
- have been covered continuously by a qualified health plan until eligible for Medicare Supplement.

These family members also may enroll in Medicare Supplement, regardless of whether you choose to enroll when you are eligible:

- your spouse or eligible child who has maintained continuous coverage and is enrolled in Medicare Parts A and B
- your surviving or former spouse who has maintained continuous coverage and is enrolled in Medicare Parts A and B

\* To meet the rule of 70, you must be age 55 or older when you terminate eligible active service and have at least five years of Medical Plan participation. Additionally, the sum of your age and years of Medical Plan participation at termination must equal 70 or more.

\*\* To waive coverage, you must have other qualified health coverage.

If you are eligible for Medicare Supplement and do not enroll when you retire, you will not be able to enroll at a future date *unless you waive coverage — that is, formally postpone it until a later date.\*\**

## CONTINUOUS COVERAGE

To enroll for Medicare Supplement coverage, you must be covered continuously by a qualified health plan. The medical coverage you had through the Board while actively working typically will meet this requirement if you retire at age 65 (or later) and enroll in Medicare Supplement coverage right away.

If you retire before age 65, you will need to maintain continuous coverage through another qualified health plan, such as medical continuation coverage through the Board or coverage through the federal Health Insurance Marketplace, a state exchange, or a spouse's employer's health plan, until you turn 65 and enroll in Medicare.



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## COST

You pay a subscription rate, or premium, for each person enrolled. This rate, set annually, is lower than the actual cost to cover you because Medicare Supplement is partially subsidized by the federal government and the pharmaceutical industry (for the prescription drug portion of the plan).

| Monthly costs 2021                              |         |
|---|---------|
| Member  | \$275   |
| Member and Medicare-eligible Spouse             | \$550   |
| Annual deductibles and maximums 2021            |         |
| Annual deductible per individual (medical)      | \$306   |
| Annual deductible per individual (prescription) | \$0     |
| Medical coinsurance (includes deductible)       | \$2,450 |
| Prescription copayment per individual           | \$2,500 |

## ENROLL OR WAIVE COVERAGE

Three to six months before your retirement date, call the Board of Pensions at 800-773-7752 (800-PRESPLAN) to request a personalized retirement packet.

**If you are Medicare-eligible.** You may enroll in Medicare Supplement coverage when you retire or file a waiver\* to preserve your right to enroll at a later date. In either case, you must complete the Medicare Supplement Enrollment, Waiver,

or Withdrawal form (included in your retirement packet). Return the completed, signed form to the Board no less than 45 days before your retirement date, but no later than 30 days after your last day of medical coverage through the Board as an active employee. You may enroll in Medicare Supplement at a later date only if the Board has your completed, signed waiver\* on file.

**If you are not Medicare-eligible.** If you retire before age 65 and enroll in medical continuation coverage or another qualified health plan, you may preserve the right to enroll in Medicare Supplement by submitting the Medical Continuation Enrollment or Waiver form. If waiving medical continuation coverage because you are continuously enrolled in another qualified health plan, this waiver will remain in force once you turn 65, so you won't need to submit another waiver specifically for Medicare Supplement coverage.

\* To waive Medicare Supplement coverage, you must have other qualified health coverage.

## LEARN MORE

For more information about Medicare Supplement coverage, visit [pensions.org/members](http://pensions.org/members). If you have questions, call the Board at 800-773-7752 (800-PRESPLAN). To learn more about Medicare, see the Medicare & You handbook at [Medicare.gov](http://Medicare.gov).



### Complements Medicare Parts A and B

Offers secondary coverage to retirees for a variety of medical supplies, services, and care.



### Enroll now or later

Enroll now, or preserve the right to enroll at a later date by waiving coverage if covered by another qualified health plan.



### Prescription drug benefit

Medicare Supplement includes Medicare Part D.

*This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit [pensions.org](http://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.*



THE BOARD OF PENSIONS  
OF THE PRESBYTERIAN CHURCH (U.S.A.)

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