

**Connecticut Teachers' Retirement Board**  
**2019 Medicare Supplement Plan Benefits -- Administered By Stirling Benefits**

**General information**

<b>Provider access</b>	All providers who accept Medicare
<b>Covered Benefits</b>	If Medicare covers a charge, then the TRB plan covers that charge
<b>Medicare Deductible</b>	The 2019 deductible is \$185. The member pays the Medicare Part B deductible
<b>TRB Deductible</b>	The 2019 TRB deductible is \$500. Medicare usually pays 80% of allowed charges for non-hospital claims. The remaining 20% will apply to the TRB deductible until \$500 is met.
<b>TRB Cost Share</b>	After the TRB deductible is met, amounts not covered by Medicare are shared equally by the TRB plan and the member, until another \$500 is paid by both the plan and the member.
<b>Post TRB deductible and cost share</b>	The TRB plan generally pays 100% of a members out of pocket costs after the TRB deductible and cost share is met
<b>Unassigned Benefits</b>	Most Medicare providers accept assignment. Providers that do not accept assignment may bill an extra 15% above what Medicare allows. The TRB plan pays 100% of the extra 15% for unassigned claims.

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#### Inpatient and Skilled Nursing Services

	Medicare Covers	TRB Medicare Supplement Plan Covers	Member Pays
Hospital inpatient stays	Medicare payment varies by length of stay and use of Medicare reserve days	All expenses approved by Medicare, less a \$250 copayment per admission for the first 4 admissions per year. 100% thereafter	\$250 per hospital admission for the first four admissions. Member pays \$0 for any hospital admission after the first four per year.
Extended Hospital Stays	Medicare covers the first 90 days of a hospital admission, and also has 60 lifetime reserve days	If Medicare hospital benefits are exhausted, the plan covers 100% of the cost for an additional 60 days per admission	No cost for an additional 60 days per admission after Medicare benefits are exhausted.
Skilled Nursing Benefit	100% of the first 20 days paid	\$0	\$0
	A daily copayment for the next 80 days	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
	\$0.00 for the next 20 days	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Home Health Care	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Home Health Care-Aide	Limited benefits	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Hospice Care	Medicare pays in full	\$0	\$0

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#### Outpatient Services

The following services are subject to the annual Medicare Part B deductible.

	Medicare Covers	TRB Medicare Supplement Plan Covers	Member Pays
Primary Care visit	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Specialists	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Surgery	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Emergency Care	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Ambulance	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Urgent Care	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Physical, Speech, Occupational and Cardiac Therapy	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Annual Routine Vision Exam	\$0.00	Up to \$75 once per year. No network, any provider.	any costs in excess of \$75
Diagnostic Vision & Hearing Exams	80% of the allowed amount if covered by Medicare	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share

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	Medicare Covers	TRB Medicare Supplement Plan Covers	Member Pays
Hearing Aids-	Medicare does not cover	\$750 allowance every three years	Costs in excess of \$750
Podiatrist- four routine visit	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Chiropractor	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
DME/Prosthetics	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Diabetes Monitoring Supplies	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Medicare Part B drugs	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Outpatient Mental Health and substance abuse	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Lab and X-ray, MRI, CT and other diagnostic testing	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Radiation therapy	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share
Kidney Dialysis	80% of the allowed amount	100% of the cost after satisfaction of the TRB deductible and cost share	\$0.00 after satisfaction of the TRB deductible and cost share

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#### Routine & Preventive Services

	Medicare Covers	TRB Medicare Supplement Plan Covers	Member Pays
Cardiovascular Disease Screening	100% once every 5 years	N/A	\$0
Cervical and Vaginal Cancer Screening (Pap test and pelvic exam)	100% every 24 months; once every 12 months if high risk	N/A	\$0
Colorectal Screening - every 10 years if not high risk	100% once every 120 months; once every 24 months if high risk	N/A	\$0
Diabetes Screening	100 % up to 2 screenings each year	N/A	\$0
Flu Vaccination and Administration-Some Vaccines are covered under your Part B benefit	100% one flu shot per flu season	N/A	\$0
Hepatitis B Virus (HBV) infection screening	100% if you are high risk	N/A	\$0
Hepatitis C screening test	100% yearly if you are high risk	N/A	\$0
HIV screening	100% if you are high risk	N/A	\$0
Lung cancer screening	100%; must meet specified conditions	N/A	\$0
Mammogram	100% once every 12 months	N/A	\$0
Medical Nutritional Therapy- up to 3 one hour visits	100%; must meet specified conditions	N/A	\$0

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	Medicare Covers	TRB Medicare Supplement Plan Covers	Member Pays
Obesity screenings & counseling	100% if BMI of 30 or more	N/A	\$0
Prostate Cancer Screening Exam -once every 12 months	100% once every 12 months	N/A	\$0
Yearly "Wellness" visit	100% each 12 months	N/A	\$0
Emergency and Urgent Care Outside of the US - Foreign Travel	Medicare does not cover care outside the US and Puerto Rico	100% inpatient hospital up to 30 days; 80% life threatening outpatient; 20% non life threatening outpatient	Remaining balance after plan allowed amounts.