



201 North Baylen Street
Pensacola, Florida 32591-3330
Phone: 850-434-7337
www.diocgc.org

TO: Rectors, Parish Administrators, or Other Benefits Personnel

FROM: Dwight Babcock, Diocesan Administrator

RE: 2023 Health Benefits Overview

DATE: September 21, 2022

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2023 health benefits offerings and Annual Enrollment.

Annual Enrollment for 2023 will run from October 12 to November 2

You can visit CPG's Annual Enrollment homepage for in-depth information at www.cpg.org/annualenrollment. You can also visit our Diocesan Annual Enrollment webpage to assist you with plan selections and where most supporting documents can easily be found in one location. It includes our premium rates, plan / benefit summaries, and other helpful information. Please visit: www.diocgc.org/benefits or visit the Administrative Resource section on our website.

There are a number of benefit changes effective 1/1/2023; please look over the overview included in this letter. There will be a 2023 Member Education Webinar recording about your Healthcare Benefits provide by CPG and made available on the diocesan website in October: www.diocgc.org/benefits.

In 2023 there are still six plan options to choose from; 3 PPO-type plans and 3 Consumer Directed Health Plans (with Health Savings Account). This allows for incremental tiered premiums / deductibles that should meet the needs of most members' circumstances. For those currently on PPO plans, I encourage you to look over the **Consumer Directed Health Plan** offerings. For example, the CDHP 15 with HSA plan can provide savings (as compared to the PPO 90 Plan) for both member and employer by leveraging the Health Savings Account (HSA) component.

For those actively working age 65+ there are now 2 Medical Secondary Payer (MSP) plans available for those actively working age 65+ (**PPO 90 Plan or MSP PPO 80**). These plans provide a fair amount of savings over their PPO counterparts but provide the same benefits.

We realize that selecting a plan can be confusing at times; we are here to assist you in understanding your plan options. Remember that members can also contact a Health Advocate at 866-695-8622 for assistance in choosing a health plan. They can help you understand your options, check the networks for your doctors or specialists, and clarify your cost shares in the plans you are considering. Once you have reviewed your materials and have any questions about our Annual Enrollment process, please don't hesitate to reach out to Kim or Dwight in the Diocesan Office at 850-434-7337.

Medical Plans

We will offer the following medical plans to our employees through the Medical Trust:

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Consumer Directed Health Plans (CDHP) w/ Health Savings Account			
Anthem BCBS CDHP - 40 / HSA	\$623	\$1121	\$1744
Anthem BCBS CDHP - 20 / HSA	\$688	\$1238	\$1926
Anthem BCBS CDHP - 15 / HSA	\$771	\$1388	\$2159
Preferred Provider Plans (PPO)			
Anthem BCBS BlueCard PPO 70	\$820	\$1476	\$2296
Anthem BCBS BlueCard PPO 80	\$909	\$1636	\$2545
Anthem BCBS BlueCard PPO 90	\$1003	\$1805	\$2808
Employee Assistance Program (EAP)*			
EAP	\$4	\$4	\$4

* EAP is embedded in all medical plans. Stand-alone EAP is for eligible employees who opt out of all medical coverage and is paid by the employer.

In addition, we offer a "Medicare Secondary Payer" plan that provide premium savings for eligible participants age 65 or older:

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Anthem BCBS BlueCard MSP PPO 80	\$727	\$1309	\$2036
Anthem BCBS BlueCard MSP PPO 90	\$801	\$1442	\$2243

*To participate in this program, you must be age 65 or older, actively working for a church / agency, and enrolled in Medicare Part A. CPG will mail additional information to participants that select this option.

Dental Plans

We are offering the following Cigna dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Preventive Dental	\$35	\$63	\$98
Basic Dental	\$55	\$99	\$154
Dental & Orthodontia	\$75	\$135	\$210

What You Need to Know About Annual Enrollment

During the Medical Trust's Annual Enrollment period:

- Current plan members may change their plan selections for the following year.
- Eligible non-participating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

Currently Enrolled Employees

Currently enrolled employees (plan members) will receive an Annual Enrollment brochure in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This brochure will include their Client ID number, which they'll need to enroll. **Please instruct them to save this letter.** It also includes their Annual Enrollment dates, what's changing for 2023, benefit reminders, and how to enroll. In your communications, please encourage your employees to begin reviewing their options and to research plans early. Remember, if an employee takes no action, and their current plan is offered for 2023, their plan selections will automatically carry over to 2023, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins

New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created will not receive an Annual Enrollment letter however, they will be able to participate in the Medical Trust's Annual Enrollment through the enrollment website. Their plan selections will carry over into 2023 if they do not make a change during Annual Enrollment. If the employee wishes to make a change to their plan enrollment for 2023, they will need to log in to the Annual Enrollment website or contact their group benefits administrator for assistance. Members may contact our Client Services team to access their Client ID number.

IMPORTANT REMINDER: Members will access the Annual Enrollment website with the same credentials (username and password) they created to access their benefits information on [MyCPG Accounts](#). It is important for all members to create an account on MyCPG Accounts prior to Annual Enrollment, if they have not already done so. For assistance, employees may contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpq.org.

Non-participating Employees

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan may enroll during Annual Enrollment for the 2023 plan year. Their previous decision to decline coverage will carry over into 2023 if they do not enroll during Annual Enrollment. Please submit an enrollment form to the diocesan office as this enrollment process must be input by them.

NOTE: As materials are not mailed to potential members, we ask church employers to send a communication to inform eligible employees that they and their eligible dependents may enroll, share the plans and rates available to them, and direct them to applicable legal notices and *Summaries of Benefits and Coverage* available at www.cpq.org/mtdocs. Blank enrollment forms have been made available or can be found on the diocesan website (www.diocgc.org/benefits); please return them to the Diocesan office **before Annual Enrollment closes**.

Plan Documents and Details About Benefits

Details about your benefits, including 2023 *Summaries of Benefits and Coverage*, *Annual Enrollment Guide*, and Plan Document Handbooks will be made available on the Church Pension Group website at www.cpq.org/mtdocs. You can use the "Mail It To Me" option to receive a free paper copy of the *Summaries of Benefits and Coverage* if you so choose.

Current Plan Selections

You will have the same health plan options available to you in 2023 as you did in 2022 with one new addition. Please note that we are offering new Medicare Secondary Payer plan for those active

employees aged 65+: **Anthem BCBS BlueCard MSP PPO 80**. Details about the plans are available on www.cpg.org as well as on the Medical Trust Annual Enrollment [website](#). Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify your personal information, dependent coverage, and plan selections, and to make changes if necessary.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the health plans, we offer a stand-alone EAP with Cigna Behavioral Health that you and your related entities may offer to employees who opt out of medical coverage. (Employees who are enrolled in Medical Trust health coverage are automatically enrolled in Cigna EAP benefits.)

Note: If the Cigna EAP is offered on a stand-alone basis, **the employer** must pay for the EAP-only coverage. Requiring employees to contribute toward the cost of EAP-only coverage would violate the Affordable Care Act. Eligibility for the stand-alone EAP is limited to qualified non-members (e.g., an employee who is on a spousal plan and has opted out of Medical Trust coverage). Since these employees will not have the ability to select the EAP on a stand-alone basis during Annual Enrollment, enrollments must be completed by the group administrator (diocese).

Notes about Benefit Changes in 2023

<p><i>Prescription drug plan member cost sharing updates</i></p>	<p>Effective January 1, 2023, the Medical Trust’s prescription drug plan cost sharing will be updated for members. The updated prescription drug plan includes the following changes:</p> <ul style="list-style-type: none"> • The Standard Rx option will be coinsurance-based (vs. copays) with maximum amounts to protect members from excessive costs and minimums to drive plan savings. • All plan designs will add a new cost-sharing tier for Specialty drugs 																						
	<p>Express Scripts (for Anthem members) Members enrolled in an Anthem PPO plan will have the following cost sharing for prescription drug benefits:</p>																						
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	<p><i>Notes:</i></p> <ul style="list-style-type: none"> • Anthem CDHP members will continue to have coinsurance-based prescription drug plan cost sharing with a combined medical and pharmacy deductible, just as last year. However, Anthem CDHPs will also introduce a Specialty Rx tier with 50% coinsurance after deductible. • The Express Scripts prescription drug program will continue to maintain a retail refill limit policy. The retail refill limit requires that you use home delivery if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. See the Plan Document Handbook for more information. 																
<p><i>Medical channel management for Anthem and Cigna plans</i></p>	<p>Specialty medications are drugs that are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are not considered specialty medications. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.</p> <p>The Medical Trust's prescription drug program requires that certain specialty medications be accessed through Accredo Health Group, Inc., an Express Scripts specialty pharmacy, effective January 1, 2023. If a member is currently using such specialty medications through their medical benefit (i.e., through Anthem or Cigna), the member will be required to transfer those prescriptions to Accredo.</p> <p>The list of medications subject to the program is available by calling Express Scripts at (800) 841-3361.</p>																
<p><i>COVID-19 provisions</i></p>	<p>The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, 2023. In addition, the Medical Trust also will waive all copays, deductibles, and in-network coinsurance for its active members for</p>																

	healthcare services relating to the treatment of COVID-19 through at least December 31, 2023. ¹
<i>Telehealth</i>	<p>Telehealth platforms for Active Members² – You can access a medical professional through <i>telehealth platforms</i> offered by Anthem using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember your personal healthcare provider may not participate on the vendor’s telehealth platform. For Anthem, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2023. For CDHP members, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of vendor telehealth platform services, there is no guarantee that this relief will be extended beyond December 31, 2022. If Congress does not extend this relief, during 2023, you will be required to meet your deductible before carrier telehealth services will be covered with no copay or coinsurance.</p> <ul style="list-style-type: none"> • Anthem Blue Cross Blue Shield – Access LiveHealthOnline.com or download the LiveHealth Online mobile app in the App Store® or Google Play™.
<i>Virtual visits</i>	<p>A virtual visit is an appointment with your personal healthcare provider carried out through an electronic medium of your provider’s choice (e.g., Zoom, Skype, telephonic) but that is not offered through your health plan carrier’s telehealth platform (e.g., Anthem LiveHealth Online).</p> <p>The Medical Trust will continue to allow claims for virtual visits with network and out-of-network providers that do not use a telehealth platform offered by Anthem through December 31, 2023.</p> <p>Virtual visits are covered at standard levels of benefits and member cost shares.</p>
<i>Hinge Health for Anthem plans</i>	<p>Hinge Health is available at no cost to Anthem members effective October 1, 2022. Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.</p> <p>Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:</p> <ul style="list-style-type: none"> (a) Prevention - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app. (b) Chronic - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain

¹ This deductible waiver includes our HSA-qualified CDHPs as permitted by [IRS Notice 2020-15](#).

² Please note, telehealth can help with minor, non-life-threatening conditions. During a medical emergency, individuals should visit the nearest hospital or call 911 for assistance.

	<p>management device and service, as appropriate, for symptomatic relief.</p> <ul style="list-style-type: none"> (c) Acute - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education. (d) Surgery - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support. (e) Expert Medical Opinion - Service offering second opinions for elective MSK procedures. <p>For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care.</p> <p>State laws may limit access without a physician's referral.</p> <p>If you have any questions regarding Hinge Health, email help@hingehealth.com or call (855) 902-2777.</p>
<p><i>Increased EyeMed Frames/Contacts Allowance</i></p>	<p>Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.</p> <p>Effective January 1, 2023, the annual frames or contact lenses allowance will increase from \$150 to \$200.</p>
<p><i>Fertility Benefits</i></p>	<p>The Medical Trust's Episcopal Health Plan includes benefits for the diagnosis and treatment of infertility. Covered health services include diagnostic and exploratory procedures to determine whether a member suffers from infertility. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intra-fallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures.</p> <p>Currently, there is a lifetime benefit maximum of \$10,000 for services covered under the medical plan and \$10,000 for services covered under the pharmacy plan.</p> <p>Effective January 1, 2023, the lifetime benefit maximum will be a combined \$50,000 for medical and pharmacy services.</p> <p>In addition, the Medical Trust will provide standard fertility preservation services for individuals who must undergo medically necessary treatment that may cause iatrogenic infertility.</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the lifetime benefit maximum.</p>
<p><i>Hearing Aid Device Benefits</i></p>	<p>The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices.</p> <p>Effective January 1, 2023, the benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years. The benefit maximum for hearing aid devices will no longer have a per ear maximum (currently \$1,500 per ear).</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums.</p>

Travel Vaccinations	<p>Currently, the Medical Trust’s Episcopal Health Plan excludes travel vaccines from coverage.</p> <p>Effective January 1, 2023, the Medical Trust will cover travel vaccines for personal travel. Member cost sharing will follow the benefit plan design for immunizations.</p>
Deductible Increase for Anthem CDHP-15	<p>For 2023, the Internal Revenue Service (“IRS”) increased the minimum and maximum amounts that a high-deductible health plan (“HDHP”) may impose as a deductible.³</p> <p>For 2023, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,500. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,000. The amounts for 2022 were \$1,400 and \$2,800, respectively.</p> <p>Effective January 1, 2023, the Medical Trust’s Anthem and Cigna CDHP-15 network deductible for self-only coverage will be \$1,500 and the network deductible for family coverage will be \$3,000. The out-of-network deductible for self-only coverage will be \$3,000 and the out-of-network deductible for family coverage will be \$6,000.</p>

Get the Most from Your Healthcare Benefits

The Episcopal Church Medical Trust (Medical Trust) will provide an informational webinar recording **A Roadmap to Understanding Your Health Benefits**. It will help you to understand the value of your healthcare options for 2023 and your benefits. The link will be available on the diocesan website for you to watch prior to Annual Enrollment.

Remember: Online Annual Enrollment will run Oct. 12 – Nov. 2

Again, if you have any questions, please do not hesitate to contact Kim or Dwight in the Diocesan Office for assistance at 850-434-7337.

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund (“CPF”) and its affiliates (collectively, “CPG”) retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

Church Pension Group Services Corporation (“CPGSC”), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the “Plans”) for eligible employees (and their eligible dependents) of the Episcopal Church (the “Church”). The Medical Trust serves only eligible Episcopal employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees’ Benefit Trust, a voluntary employees’ beneficiary association within the meaning of section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

³ See IRS Notice 2022-24.