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TO: Rectors, Parish Administrators, or Other Benefits Personnel

FROM: Dwight Babcock, Diocesan Administrator

RE: 2024 Health Benefits Overview

DATE: October 1, 2023

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2024 health benefits offerings and Annual Enrollment.

Annual Enrollment for 2024 will run from October 11 to November 1

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 1/1/2024; please look over the overview included in this letter. Effective January 1, 2024, Cigna Dental will be discontinued and replaced with **Delta Dental Insurance**. This means that you MUST login to the annual enrollment website and select a new plan. If you do not select a new dental plan, you will lose your dental coverage.

In 2024 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+ (**MSP 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	\$667	\$1201	\$1868
Anthem BCBS CDHP - 20 / HSA	\$736	\$1325	\$2061
Anthem BCBS CDHP - 15 / HSA	\$825	\$1485	\$2310
Preferred Provider Plans (PPO)			
Anthem BCBS BlueCard PPO 70	\$861	\$1550	\$2411
Anthem BCBS BlueCard PPO 80	\$959	\$1726	\$2685
Anthem BCBS BlueCard PPO 90	\$1058	\$1904	\$2962
Employee Assistance Program (EAP)*			
EAP	\$4	\$4	\$4

* EAP is embedded in all medical plans. Stand-alone Cigna 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	\$767	\$1381	\$2148
Anthem BCBS BlueCard MSP PPO 90	\$845	\$1521	\$2366

*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 DELTA dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Delta Basic	\$35	\$63	\$98
Delta Comprehensive	\$55	\$99	\$154
Delta Premium	\$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 2024, 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 2024, their plan selections will automatically carry over to 2024, 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 2024 if they do not make a change during Annual Enrollment. If the employee wishes to make a change to their plan enrollment for 2024, 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 2024 plan year. Their previous decision to decline coverage will carry over into 2024 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 2024 *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 2024 as you did in 2023 with one new addition. 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.

Dental Plans Are Changing!

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024. Members will be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Their coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service. That puts your members in charge of making their money go further.

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 Delta 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 2024

<p><i>Delta Dental</i></p>	<p>Delta Dental is our new dental vendor for 2024! You must enroll in a Delta Dental plan during Annual Enrollment if you want dental coverage through the Medical Trust in 2024. Cigna dental plans will no longer be offered.</p> <p>Delta Dental has the largest network of dentists nationwide. You'll be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.</p> <ul style="list-style-type: none"> • Providers in the Delta Dental PPO network and Delta Dental Premier® network have agreed to contracted rates, and you won't be charged more than your expected share of the bill. Using the Delta Dental PPO network offers the highest annual maximum benefit, allowing you the most savings. • All Delta Dental plans cover no-cost-share diagnostic and preventive care and three dental cleanings a year (four cleanings based on certain conditions). • Basic and major restorative services are covered in all plans, subject to applicable coinsurance, deductibles, limitations, and exclusions. • Orthodontia services have an enhanced in-network lifetime benefit in the Premium Plan and are also offered in our Comprehensive Plan.
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	<p>Learn more about what Delta Dental offers you at cpg.org/deltadenta (available in September).</p> <p>You can find a dental provider, check your benefits, and access other helpful resources all in one place at deltadentalins.com.</p> <p>Members can find more information about CPG's medical and dental benefits at www.cpg.org/annualenrollment</p> <p>If a member would like help with Annual Enrollment, they should call our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.</p> <p>Note: The Medical Trust will no longer offer Cigna dental plans beginning in 2024.</p>
<p>COVID-19 provisions</p>	<p>Effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services related to the evaluation and testing for COVID-19.</p> <p>In addition, effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services relating to the treatment of COVID-19.</p> <p><i>COVID-19 over-the-counter home test kits</i></p> <ul style="list-style-type: none"> • Effective January 1, 2024, eligible individuals and their dependents who are enrolled in Anthem and Cigna PPO medical plans and Kaiser EPO medical plans through the Medical Trust may receive up to four COVID-19 over the counter (OTC) home test kits per month without cost-share (i.e., copay, deductible, or coinsurance). • Eligible individuals and their dependents who are enrolled in Anthem, Cigna, and Kaiser Consumer-Directed Health Plans (CDHPs) may receive up to four COVID-19 over the counter (OTC) home test kits per month with no coinsurance after they meet their annual network deductible. <p>Although the Medical Trust is no longer required by law to provide any OTC home test kits at no cost, we will still allow members to receive up to four test kits per member per month as described above until further notice.</p>
<p>Telehealth</p>	<p>Telehealth platforms for Active Members¹ – You can access a medical professional through <i>telehealth platforms</i> offered by Anthem, Cigna, or Kaiser 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.</p> <p>For Anthem, Cigna, and Kaiser members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2024.</p>

¹ 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.

	<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™. • Cigna – Access MDLiveforCigna.com on your computer or download the MDLIVE mobile app by searching in the App Store® or Google Play™.
<i>Deductible Increase for Anthem CDHP-15</i>	<p>For 2024, the Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible.²</p> <p>For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,200. The amounts for 2023 were \$1,500 and \$3,000, respectively.</p> <p>Effective January 1, 2024, the Medical Trust’s Anthem and Cigna CDHP-15 network deductible for self-only coverage will be \$1,600 and the network deductible for family coverage will be \$3,200. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will be \$6,400.</p>
<i>Deductible increase for Anthem CDHP-20</i>	<p>The Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible.²</p> <p>For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,200. The amounts for 2023 were \$1,500 and \$3,000, respectively.</p> <p>Effective January 1, 2024, the Medical Trust’s Anthem, Cigna, and Kaiser CDHP-20 network deductible for self-only coverage will be \$3,200 and the network deductible for family coverage will remain \$5,450. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will remain \$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 2024 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. 11 – Nov. 1

Again, members must actively enroll in a Delta Dental plan if they wish to have dental coverage through the Medical Trust. Members currently enrolled in a Cigna dental plan offered by the Medical Trust will **not** have dental coverage if they do not actively participate in Annual Enrollment and select a Delta Dental plan option.

² See [IRS Notice 2023-23](#).

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

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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.