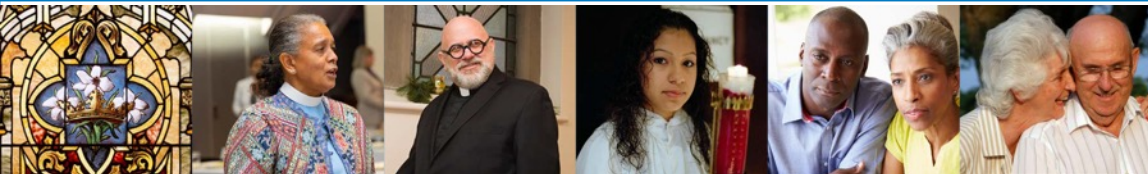


Diocese of West Missouri



Chris Hamby
Benefits Relationship
Management

Date: October 25, 2023
2024 Annual Enrollment
October 25 – November 15



Journey to Well-Being

Preparing for Your Journey

≡ Your Checklist ≡



- Learn how your healthcare benefits work
- Enroll in the benefits that best meet your needs:
 - Consider your and your family's healthcare needs for 2024
 - Compare your options and costs
 - Enroll by the deadline
- Review and update your personal and dependent information

≡ Your 2024 Medical Plan Options ≡

Your employer offers these medical plan types



Preferred Provider Organization (PPO)



Consumer-Directed Health Plan (CDHP)



Types of Medical Plans

Preferred Provider Organization (PPO) ≡

Anthem BCBS

- Includes network and out-of-network benefits
- No referrals required
- Generally lower out-of-pocket costs when you use a network provider or facility



Types of Medical Plans

Consumer-Directed Health Plan (CDHP)

Anthem BCBS

- PPO plan
- Higher deductibles—you pay most medical and prescription expenses until you meet the plan's deductibles
- Works with a Health Savings Account (HSA) to help you pay for eligible healthcare expenses today and in the future

≡ Closer Look at the Health Savings Account (HSA) ≡

An account you use to pay your share of qualified medical expenses

Must be
enrolled in
Consumer-
Directed
Health Plan



Not covered by Medicare, TRICARE,
or other medical insurance

Cannot be claimed as a dependent
on tax return

Cannot contribute to Healthcare
Flexible Spending Account (FSA)



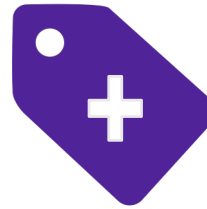
How the Health Savings Account Works



An account you use to pay your share of qualified medical expenses



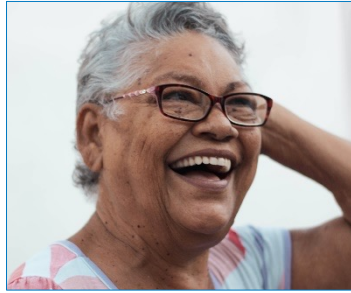
- Tax-free contributions
- Tax-free interest
- Opportunity for tax-free investment earnings (subject to a minimum balance requirement)
- No taxes on money used for qualified medical expenses



- Save for future qualified medical expenses
- Your HSA is portable—you can take it with you

Health Savings Account Contributions

How much can you contribute in 2024?



Individual

\$4,150

The total contribution allowed from both you and your employer



Family

\$8,300

The total contribution allowed from both you and your employer



Catch-up (age 55 and older)

\$1,000

The additional amount allowed if you are age 55 or older

Health Savings Account Setup

Setup with HealthEquity is automatic with CDHP enrollment



- Call HealthEquity at [\(877\) 713-7712](tel:877-713-7712) to activate
- Setup and monthly maintenance fees paid by the Medical Trust
- HealthEquity HSA Guidebook available online



- Use Visa HSA debit cards
- Can be used by spouse and eligible dependents
- Designate a beneficiary for your account



Or you can use your own bank or qualified financial institution

- You pay setup and maintenance fees
- Pre-tax salary contributions not assured



Medical Plan Details



Medical Benefits



Deductible



A fixed amount you pay for a covered healthcare service, usually when you receive the service.



Out-of-Pocket Limit



You pay the full cost of healthcare until you reach this amount. Then the plan begins to pay benefits.



Copay



The most you will pay for covered healthcare expenses for the calendar year.



Coinsurance



The percentage you pay for the allowed amount of a covered service.

Medical Benefits

Anthem PPO 100

	Network	Out-of-Network
Deductible	\$0 individual / \$0 family	\$500 individual / \$1,000 family
Out-of-Pocket Limit	\$2,000 individual / \$4,000 family	\$4,000 individual / \$8,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	\$0 copay	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	\$200 copay	50% coinsurance
Hospital Stay	\$250 copay	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Medical Benefits

Anthem PPO 90

	Network	Out-of-Network
Deductible	\$500 individual / \$1,000 family	\$1,000 individual / \$2,000 family
Out-of-Pocket Limit	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	10% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	10% coinsurance	50% coinsurance
Hospital Stay	10% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Medical Benefits

Anthem PPO 80

	Network	Out-of-Network
Deductible	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family
Out-of-Pocket Limit	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	20% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	20% coinsurance	50% coinsurance
Hospital Stay	20% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Medical Benefits

Anthem CDHP-15*

	Network	Out-of-Network
Deductible	\$1,600 individual / \$3,200 family	\$3,200 individual / \$6,400 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist)	40% coinsurance
	\$0 (preventive care)	40% coinsurance
Diagnostic Tests	15% coinsurance	40% coinsurance
Urgent Care	15% coinsurance	15% coinsurance
Emergency Care	15% coinsurance	15% coinsurance
Outpatient Surgery	15% coinsurance	40% coinsurance
Hospital Stay	15% coinsurance	40% coinsurance
Behavioral Health (outpatient)	15% coinsurance	40% coinsurance

*If you have family members enrolled in the plan, the family deductible must be met before the plan begins to pay for any covered member, and the family out-of-pocket limit must be met before the plan begins to pay 100% of eligible services.

Medical Benefits

Anthem CDHP-20

	Network	Out-of-Network
Deductible	\$3,200 individual / \$5,450 family	\$3,200 individual / \$6,000 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care / specialist)	45% coinsurance
	\$0 (preventive care)	45% coinsurance
Diagnostic Tests	20% coinsurance	45% coinsurance
Urgent Care	20% coinsurance	20% coinsurance
Emergency Care	20% coinsurance	20% coinsurance
Outpatient Surgery	20% coinsurance	45% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance
Behavioral Health (outpatient)	20% coinsurance	45% coinsurance

Details about Your Medical Coverage

Summaries of Benefits and Coverage




Anthem BlueCard PPO 100

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2024 – 12/31/2024

Coverage for: All tiers | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.cpg.org/mtdocs or call (800) 480-9967. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at www.cpg.org/uniform-glossary or call (800) 480-9967 to request a copy.

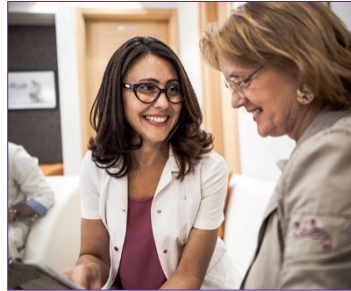
Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Network : \$0 Individual / \$0 Family Out-of-Network : \$500 Individual / \$1,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. The network and out-of-network deductibles accumulate separately.
Are there services covered before you meet your deductible ?	Yes, for example, emergency room care, urgent care, and certain COVID-19 expenses.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. See a list of preventive services at healthcare.gov/coverage/preventive-care-benefits .**
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Network : \$2,000 Individual / \$4,000 Family Out-of-Network : \$4,000 Individual / \$8,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. The network and out-of-network out-of-pocket limits accumulate separately.
What is not included in the out-of-pocket limit ?	Contributions, (premiums), balance-billing charges, penalties, copays for certain specialty pharmacy drugs considered non-essential health benefits and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.anthem.com or call (844) 812-9207 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



For Help with Mental Health or Substance Use Disorder



Anthem BCBS



Benefit highlights

- Office visits
- Medication management
- Outpatient services
- Inpatient services



Please note

- Prior authorization may be required for certain services



Cigna Employee Assistance Program (EAP)



For the Bumps in the Road

The Employee Assistance Program is here for you



Help and support



Information and guidance



Cigna®

EAP Overview

The Employee Assistance Program is here for you



What it includes

- Up to 10 face-to-face sessions per issue with a Cigna EAP provider
- Telephonic consultations with an EAP clinician
- Available to everyone in your household, whether or not they are enrolled in a Medical Trust plan



Getting in touch

- (866) 395-7794
- mycigna.com



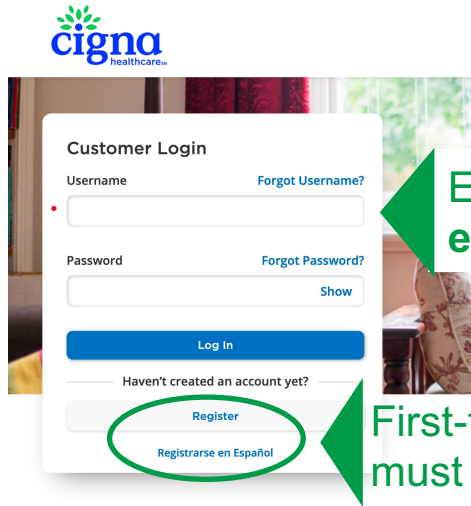
Additional points

- Confidential
- No cost to you
- 24/7 availability

Accessing Cigna EAP Resources Online

Under “Coverage” menu, select “Employee Assistance Program (EAP)”

mycigna.com



Employer Name or ID:
episcopal

First-time visitors
must register

Webpage detail

What best describes you?

- I'm the Subscriber on a non-Medicare/Medicaid plan
- The person who signed up for the plan either through your employer or on your own, through a health exchange.
- I'm a Dependent on a non-Medicare/Medicaid plan
- A child, spouse or domestic partner covered under the subscriber's plan.
- I'm a Cigna Medicare Customer
- I'm a Medicaid Customer
- I want to register for the Employee Assistance Program ONLY

Next



Talkspace Online Therapy Service

- Behavioral health services are now more accessible to employees and household members
- EAP members can now use their EAP benefits to connect with Talkspace therapists via messaging or live video sessions
- Engaging with a Talkspace therapist is subject to the same session limits and requires an EAP code* to begin, just as with any other EAP network counseling sessions
- There is no additional cost



Pharmacy Benefits



Pharmacy Benefits

Things to Know About Your Pharmacy Benefits



Types of Prescription Drugs

- Generic
- Preferred brand
- Non-preferred brand
- Specialty

How to Obtain

- Retail pharmacy
- Home delivery

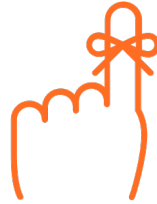
Prescription Drug Benefits

Managed by Express Scripts



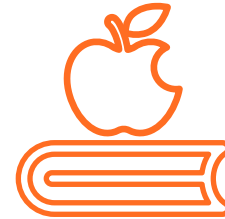
Benefit highlights

- Generic and brand name medication options
- Accredo Specialty Pharmacy
 - SaveonSP
- Broad national retail pharmacy network
- Retail and home delivery



Things to remember

- Prior authorization may be required
- Generic or pay the difference
- Retail refill limit
- Home delivery required for maintenance medications



To learn more

- Plan Document Handbook
- Summary of Benefits and Coverage
- Price Medication
- [express-scripts.com](https://www.express-scripts.com)

Prescription Drug Benefits

2024 Express Scripts—Premium Plan

	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$5 copay	Up to \$12 copay
Preferred Brand-name	Up to \$35 copay	Up to \$87 copay
Non-preferred Brand-name	Up to \$70 copay	Up to \$175 copay
Specialty Rx	Up to \$90 copay	Up to \$225 copay
Dispensing Limits	Up to 30-day supply*	Up to 90-day supply

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.

Prescription Drug Benefits

2024 Express Scripts—CDHP-15

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$1,600 individual / \$3,200 family
Generic	15% coinsurance after deductible
Preferred Brand-name	25% coinsurance after deductible
Non-preferred Brand-name	50% coinsurance after deductible
Specialty Rx	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply* (retail) or 90-day supply (home delivery)

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.

Prescription Drug Benefits

2024 Express Scripts—CDHP-20

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$3,200 individual / \$5,450 family
Generic	15% coinsurance after deductible
Preferred Brand-name	25% coinsurance after deductible
Non-preferred Brand-name	50% coinsurance after deductible
Specialty Rx	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply* (retail) or 90-day supply (home delivery)

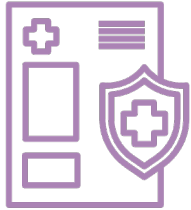
*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.



Vision

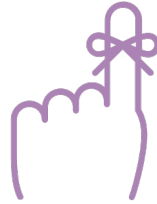
Benefits Overview

EyeMed Insight Network



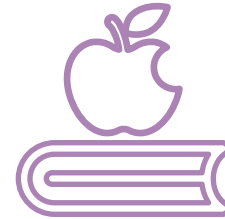
Benefit highlights

- Zero copay for annual visit
- \$200 allowance for frames or contact lenses
- Discounts on products/services



Things to remember

- Benefit through EyeMed Vision Care's Insight Network
- Broad provider network



To learn more

- (866) 723-0513
- eyemedvisioncare.com/ecmt
- EyeMed mobile app

Plan Benefits

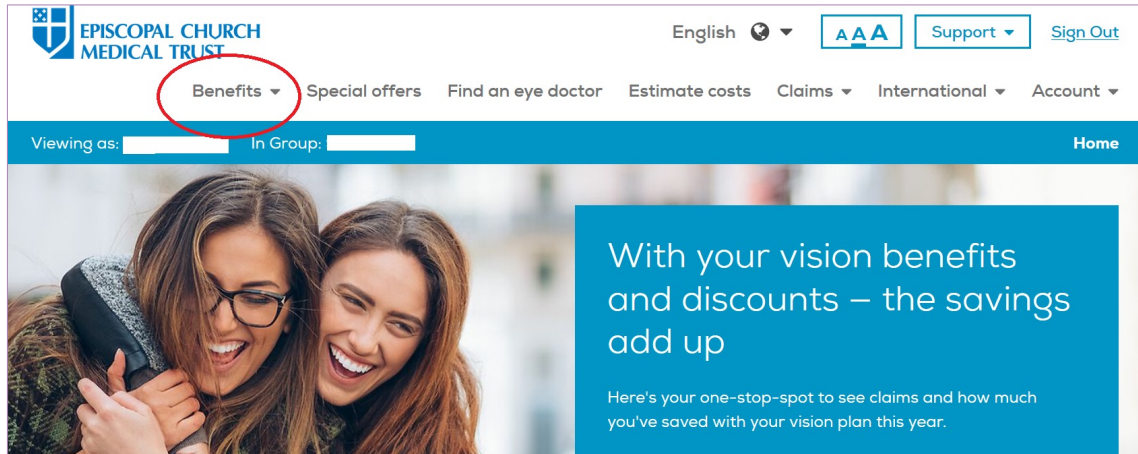
See Summary of Benefits at cpg.org/mtdocs

	Retail	Out-of-Network
Exam (once every 12 months)	\$0 copay	Up to \$30
Frames (once every 12 months)	\$0 copay; \$200 allowance; 20% off balances over \$200	Up to \$47
Standard plastic lenses	\$10 to \$120 copay	Up to \$32 to \$57
Contact lenses	\$0 copay; \$200 allowance plus discounts on balances over \$200	Up to \$100
Conventional and disposable		
Medically necessary	\$0 copay; paid in full	Up to \$210
Laser vision correction	15% off retail price or 5% off promotional price	N/A

Accessing EyeMed Resources Online

From homepage, select the “Benefits” menu

eyemedvisioncare.com/ecmt



Or, use EyeMed mobile app (download from Apple Store® or Google Play™)



Hearing





Hearing

Hearing Aid Benefits

Active benefit allowance and hearing aid device discounts

- All active plans: Anthem & Cigna
- Maximum benefit of \$3,000 every three years





Hinge Health





Hinge Health

Hinge Health and Expert Medical Second Opinion



- Virtual musculoskeletal wellness program
- Available through Express Scripts
- Hinge Health's musculoskeletal expert medical second opinion service available for Anthem and Cigna members
- Learn more at hingehealth.com/ecmt

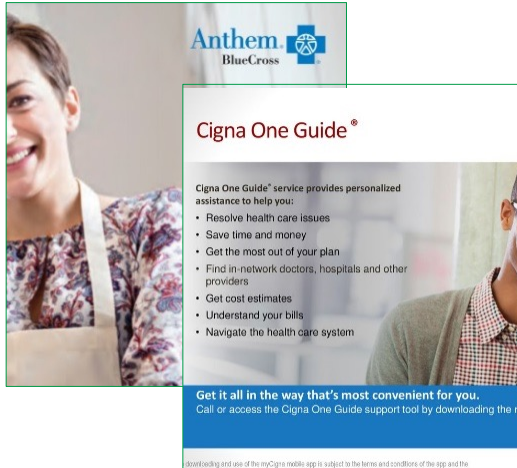


Care Management Programs

≡ Anthem Health Guide and Cigna One Guide ≡

With one phone call, access help for variety of health situations to ensure the right care at the right time and the right cost

Anthem Health Guide



Cigna One Guide

- Coordinate care across multiple doctors
- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Get answers to other questions that may arise

Contact Information

Anthem

- Call (866) 236-4365
- Secure email or Chat: Log in at [anthem.com](https://www.anthem.com)

Cigna

- Call (800) 244-6224 to speak with a Cigna One Guide representative today



Telehealth, Virtual Visits, and Covid-19 Update

≡ Care from the Safety and Convenience of Your Home ≡

24/7/365 access to board-certified physicians



Anthem

livehealthonline.com

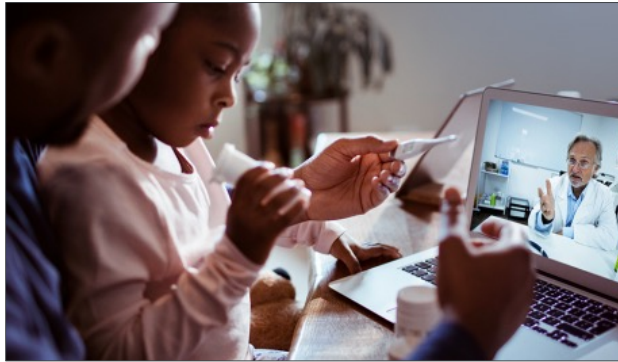
Cigna

my.cigna.com

- Access a medical professional through telehealth platforms offered by Anthem, Cigna, or Kaiser
- Connect through your computer or mobile device with the type of doctor you select
- Chat securely and privately by video or phone with an available provider in minutes
- Includes medical and behavioral health providers
- Obtain prescriptions for certain medications, if needed

≡ Care from the Safety and Convenience of Your Home ≡

Talk to your healthcare provider



Anthem

livehealthonline.com

Cigna

my.cigna.com

- Have an online appointment with your personal healthcare provider
- Chat securely and privately through an electronic medium of your provider's choice (e.g., Zoom, Skype, telephonic)
- Obtain prescriptions for certain medications, if needed

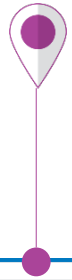


COVID-19 Update

Evaluation, Testing, and Treatment

COVID-19 Healthcare Services

- As of January 1, 2024, standard cost-sharing will apply for healthcare services related to COVID-19
 - Testing
 - Evaluation
 - Treatment
- The Medical Trust will continue to cover up to four COVID OTC home test kits per month until further notice



Health Advocate

Helping You Navigate the Complexities of Healthcare



What it includes

- Private, confidential assistance
- Understanding and troubleshooting claims
- Appeals support
- And so much more



Getting in touch

- (866) 695-8622
- [HealthAdvocate.com/members](https://www.healthadvocate.com/members)

At Your Service

Resources to guide you to your destination

HealthAdvocate.com



We make healthcare easier

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and additional services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Provide in-hospital support and arrange post-discharge services and care

Research and arrange second opinions and tests

- Identify and connect you with leading specialists and Centers of Excellence
- Arrange for the transfer of medical records, lab results and X-rays

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues

Navigating the healthcare system can be a challenge. Health Advocate offers a unique level of personalized support you won't find anywhere else. Our experts will do the work to ensure that you and your family get the right care and support – at the right time.

All at no cost to you.

Turn to us—we can help.

866.695.8622
www.healthadvocate.com
HealthAdvocate.com/members

Download the app today!

Available at no cost to employees, spouses, dependents, parents and grandparents. Completely confidential.

We're not an insurance company. Health Advocate is not a medical care provider and is not affiliated with any insurance company or third party provider.

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HealthAdvocate




Available 24/7 to:

- Verify current providers' network participation
- Locate new participating providers
- Determine out-of-pocket cost differences between plans
- Resolve claims and billing issues

Accessing Resources Online

From homepage, choose the topic of interest

HealthAdvocate.com/ecmt


HealthAdvocate™ |  EPISCOPAL CHURCH
MEDICAL TRUST

HEALTH ADVOCATES

Welcome to your Health Portal

What would you like to do today? We've gathered some options others have found helpful below:

I would like to... ▾

 Health Advocate is here for you & your family

Call 866.695.8622



UnitedHealthcare Global Assistance



Benefit Overview

24-hour assistance while traveling



What it includes

- 24/7 assistance when more than 100 miles from home or outside of US
- Referrals and scheduling of treatment
- Assistance with replacing prescriptions, stolen/lost travel documents
- Emergency travel resources



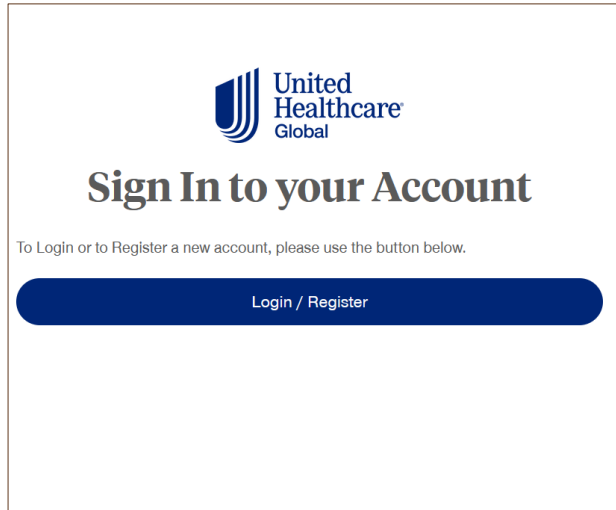
Getting in touch

- United States:
(800) 527-0218
- Outside the US
call collect:
(410) 453-6330
- assistance@uhcglobal.com

Accessing Resources Online

Follow the on-screen instructions to complete your account setup

worldwatch.uhcglobal.com



Log in to your account and find out all the ways that UnitedHealthcare Global Assistance can help you



Next Stop

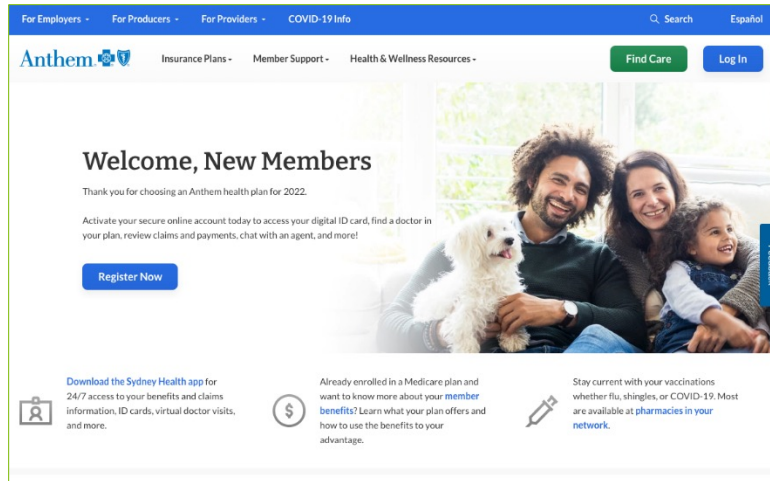


**Core Medical Plan Benefits—
Vendor Resources and Contact Information**

Connecting with Your Benefits

Anthem BCBS

[Anthem.com](https://www.anthem.com) | (844) 812-9207



- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Access telehealth
- Use member app and social media channels
- ...and more!


Connecting with Your Benefits

Anthem BCBS

Register on [Anthem.com](https://www.anthem.com) or download the Sydney app from Anthem site, Apple Store®, or Google Play™ (replaces the Anthem Anywhere app)



Find a doctor. See your benefits. Check your plan info. It's personalized and easy! [View email in a browser](#)

Anthem  [f](#) [t](#) [v](#)

Hi! I'm Sydney.

The app that brings the future of health care to your fingertips today

[Watch our short video](#)

Meet Sydney, the mobile app that runs on intelligence. Think of it as the brains behind your benefits. Sydney gives you a simple, personal experience that's all about you, your plan and your health care needs.

Sydney keeps all of your benefits in one place. You can:

- Use the chatbot feature to get answers quickly
- Find care and check costs
- See claims
- Check all benefits
- View and use digital ID cards

Available for download September 1

All your health benefits information in one place:

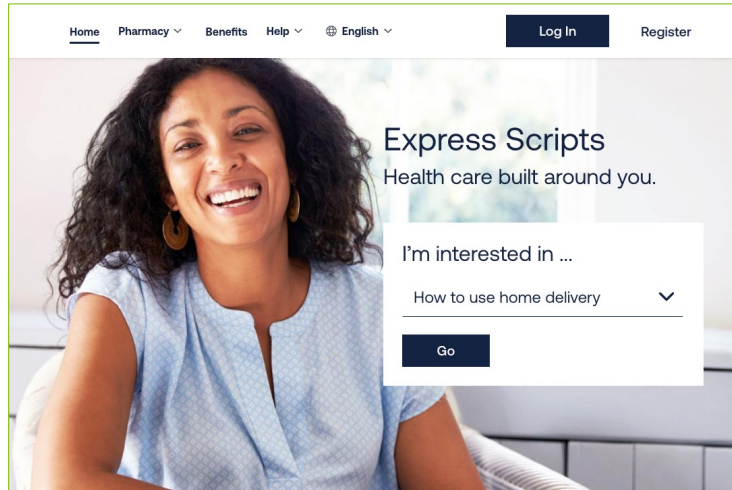
- Benefit details
- Claims information
- Cost and quality tools
- Care finder tools

Plus:

- Custom content
- 24/7 chatbot assistance
- Access to designated care team

Connecting with Your Benefits

Express Scripts



- Register at [express-scripts.com](https://www.express-scripts.com)
- Locate participating retail pharmacies
- Benefits, coverage, and formulary information
- Order prescriptions through Express Scripts Home Delivery
- ... and more!

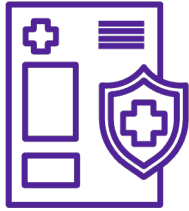


Next Stop

Dental Benefits

Annual Enrollment+

Administered by Delta Dental



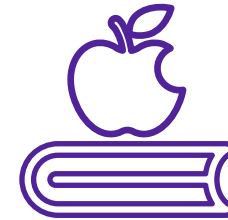
Benefit Highlights

- Three routine cleanings a year (four under certain conditions)
- \$0 diagnostic and preventive care
- Nationwide network



Things to Remember

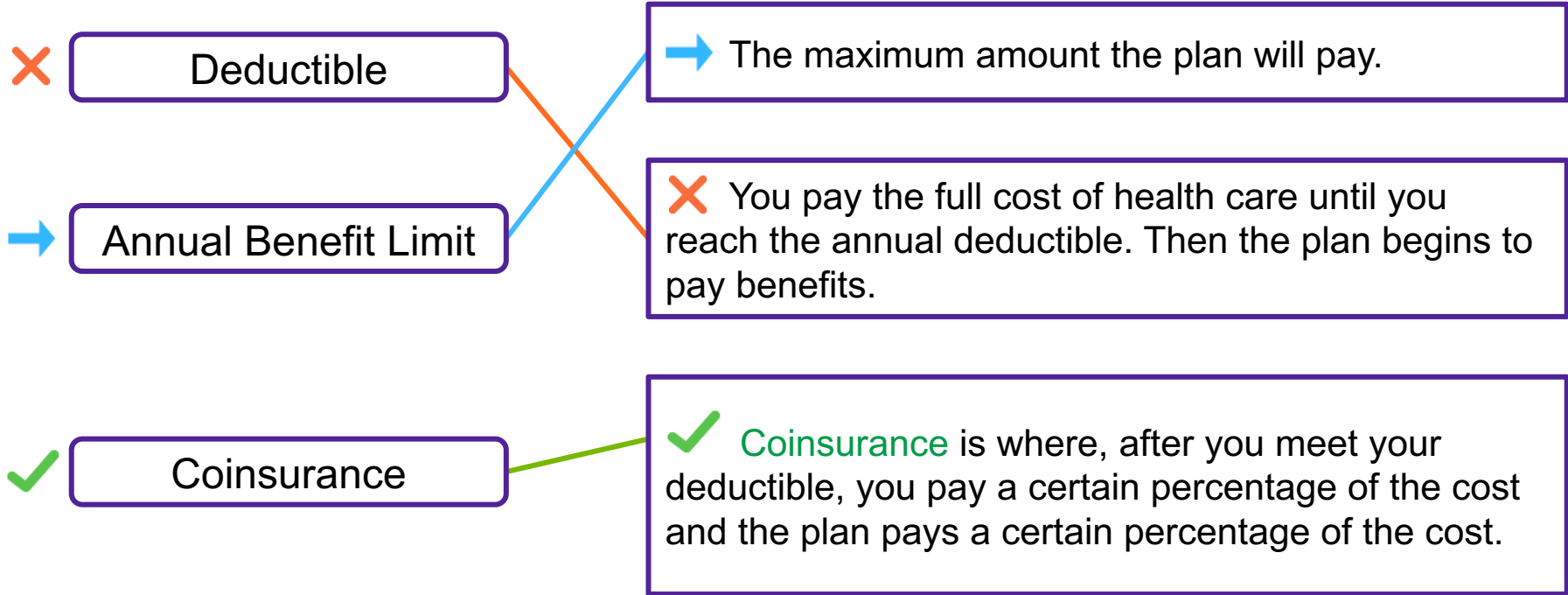
- Balance billing: difference between dentist charge and Delta Dental amount, or any dentist charge over Delta Dental allowance
- Delta Dental PPO and Premier dentist networks



To Learn More

- Delta Dental Welcome Announcement
- Benefits Highlights Sheets
- Maximize Your Savings brochure
- cpg.org/deltadental

Dental Plan Details



Dental Plan Comparison—Premium Plan

	Dental & Ortho (Current Cigna)	Delta Dental Premium Plan (2024)		
		PPO Network	Premier Network	Out-of- Network
Deductible	\$25 individual / \$75 family*	\$0/\$0	\$0/\$0	\$50/\$150
Annual Benefit Limit**	\$2,000	\$3,000	\$2,500	\$2,000
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	85% Coinsurance***	85% Coinsurance	85% Coinsurance	75% Coinsurance
Major Restorative	85% Coinsurance	85% Coinsurance	85% Coinsurance	75% Coinsurance
Orthodontia Services	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
Orthodontia Lifetime Maximum**	\$1,500	\$2,000	\$2,000	\$1,500

*Deductible is waived for services utilizing Cigna's DPPO Advantage Network.

**Plan payments apply toward maximums across all networks.

***All coinsurance percentages reflect what the plan pays.

Dental Plan Comparison—Comprehensive

	Delta Dental Comprehensive (2024)			
	Basic (Current Cigna)	PPO Network	Premier Network	Out-of- Network
Deductible	\$50 individual / \$150 family*	\$0/\$0	\$0/\$0	\$100/\$300
Annual Benefit Limit**	\$2,000	\$2,500	\$2,000	\$1,500
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	85% Coinsurance***	85% Coinsurance	85% Coinsurance	75% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
Orthodontia Services	Not Covered	50% Coinsurance	50% Coinsurance	40% Coinsurance
Orthodontia Lifetime Maximum**	N/A	\$1,500	\$1,500	\$1,000

*Deductible is waived for services utilizing Cigna’s DPPO Advantage Network.

**Plan payments apply toward maximums across all networks.

***All coinsurance percentages reflect what the plan pays.

Dental Plan Comparison—Basic

	Delta Dental Basic (2024)			
	Preventive (Current Cigna)	PPO Network	Premier Network	Out-of- Network
Deductible	\$0 individual / \$0 family*	\$0/\$0	\$0/\$0	\$0/\$0
Annual Benefit Limit**	\$1,500	\$2,000	\$1,500	\$1,000
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	80% Coinsurance***	80% Coinsurance	80% Coinsurance	70% Coinsurance
Major Restorative	1% Coinsurance	40% Coinsurance	40% Coinsurance	1% Coinsurance
Orthodontia Services	Not Covered	Not Covered	Not Covered	Not Covered
Orthodontia Lifetime Maximum**	N/A	N/A	N/A	N/A

*Deductible is waived for services utilizing Cigna's DPPO Advantage Network.

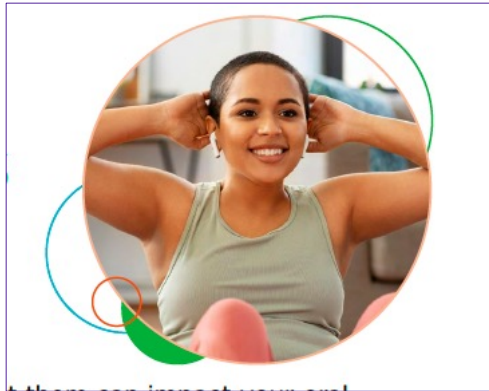
**Plan payments apply toward maximums across all networks.

***All coinsurance percentages reflect what the plan pays.

Delta Dental SmileWay® Wellness Benefits¹

Expanded dental coverage

Available for members with any of the following diagnosis:



- *Amyotrophic lateral sclerosis (ALS)*
- *Cancer*
- *Chronic kidney disease*
- *Diabetes*
- *Heart disease*
- *HIV/AIDS*
- *Huntington's disease*
- *Joint replacement*
- *Lupus*
- *Opioid misuse and addiction*
- *Parkinson's disease*
- *Rheumatoid arthritis*
- *Sjögren's syndrome*
- *Stroke*

¹Known as SmileWay Enhanced Benefits in Texas

Delta Dental SmileWay® Wellness Benefits¹

Expanded coverage

SmileWay® Wellness Benefits¹

100% coverage	One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year ²
Four of the following (any combination) per calendar or contract year: ²	
100% coverage	Prophylaxis (teeth cleaning) (D1110 or D1120)
	Periodontal maintenance procedure (D4910)
	Scaling in presence of moderate or severe gingival inflammation (D4346)

If eligible, opt in by visiting www1.deltadentalins.com/smileway
or calling by Customer Service (888) 894-7059 M-F

¹Known as SmileWay Enhanced Benefits in Texas

²This coverage is subject to applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.






Next Stop



Annual Enrollment

Annual Enrollment



-  Three Steps to Annual Enrollment:
Learn, Evaluate, Decide
-  Annual Enrollment Timeline
-  Top Considerations





Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Annual Enrollment



- A chance to consider your healthcare needs for the coming year
- An opportunity to review your medical benefit choices
- New! Fall 2023: ACTIVE enrollment for Dental Coverage — If you do not take action, you will NOT have Medical Trust dental coverage in 2024*
- A reminder to review your personal and dependent information

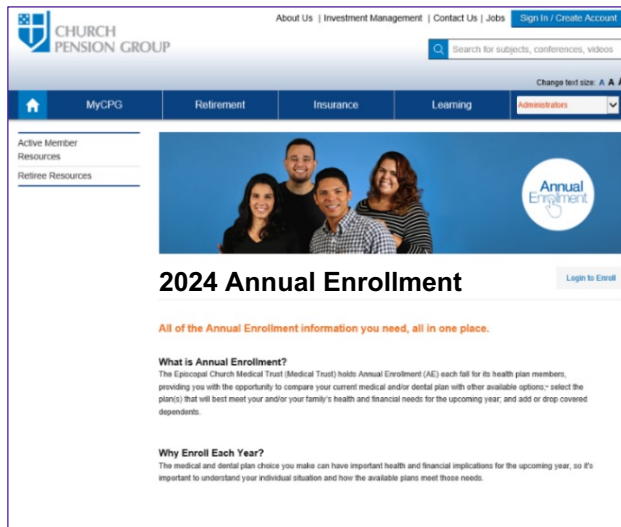


*Active Members and Pre-65 Former Employees

Step 1: Learn

Learn about your 2024 options

cpg.org/annualenrollment



Customized content

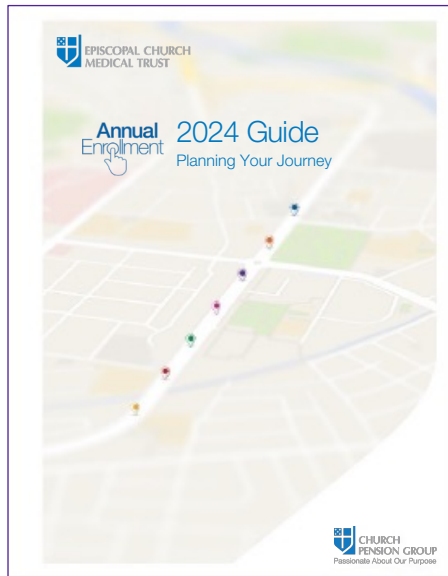
- Active members
- Pre-65 Former Employees
- Post-65 Former Employees



Visit CPG's Benefits Library

View and download plan-specific materials in one central location

cpg.org/mtdocs



- Annual Enrollment Guide*
- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Claim Forms
- Glossary of Medical Terms
- Regulatory Notices
- Fact Sheets
 - Consumer-Directed Health Plan / Health Savings Account
 - Medicare Secondary Payer Small Employer Exception

Step 2: Evaluate

Are your benefits aligned with your changing needs?



Points to consider

- Use of healthcare
- Provider choice



Out-of-pocket costs

- Individual and family deductibles
- Copays and coinsurance
- Out-of-pocket limits
- Expenses above annual or lifetime maximums for certain benefits

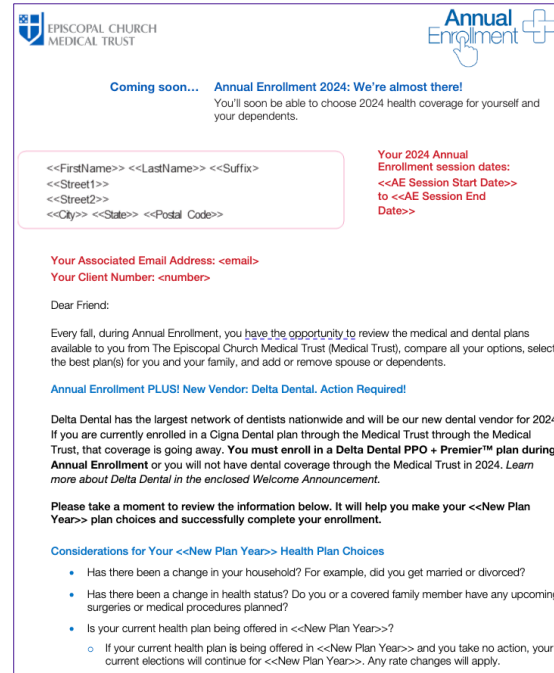
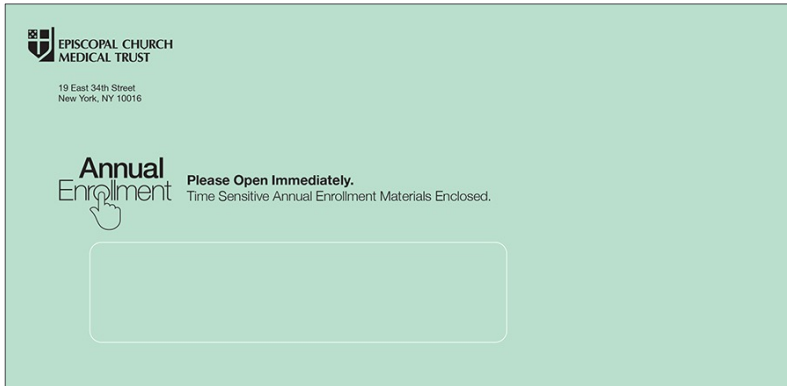


Step 3: Decide



2024 Annual Enrollment will happen between early October and mid-November 2023

Look for a letter in the mail with your group's enrollment dates and the email address associated with your MyCPG Account.



Step 3: Decide

Use the Decision Guides on the Annual Enrollment website, cpg.org/annualenrollment, to learn about health plan benefits

cpg.org/mycpg



Log in to MyCPG Accounts with the email address associated with your account. Don't have one? Select "Create Account"!

- Your personal details and dependents
- Your plan options
- Plan comparison table for your group
- New! Beneficiaries tab

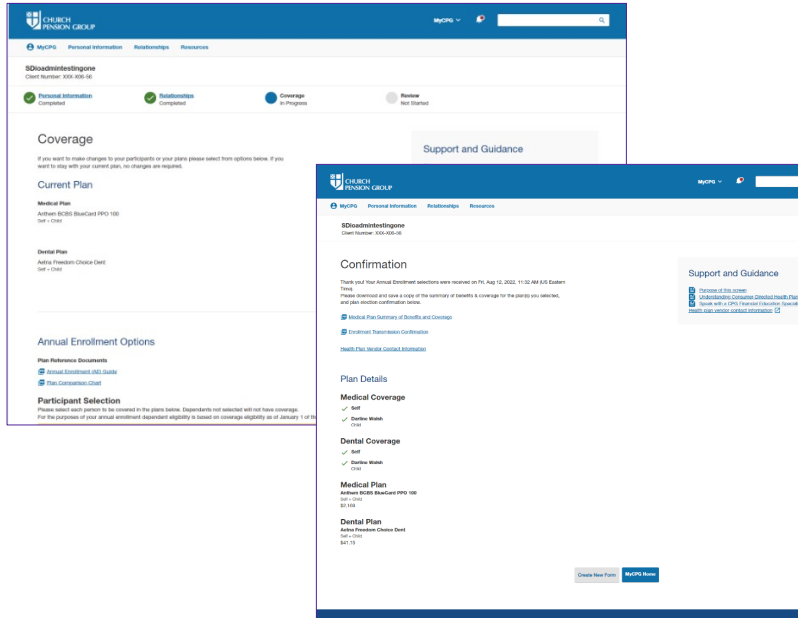




Step 3: Decide



Make your health plan selections



Be sure to confirm or update eligible dependent(s). When finished, submit your elections and save or print your confirmation.

- Medical
- Dental (if offered by your group)
- If you want Medical Trust dental coverage in 2024, you **must** select a Delta Dental PPO + Premier™ plan during Annual Enrollment.*



*Active Members and Pre-65 Former Employees



Annual Enrollment Timeline



Key Annual Enrollment Dates

Early October 2023

Your Mailing Sent



October 25, 2023

Annual Enrollment Begins



November 15, 2023

Annual Enrollment Ends



January 1, 2024

New Plan Year Begins





Top Considerations



Three Steps to Annual Enrollment

Learn, Evaluate, Decide

Take action!

1. Consider you and your family's healthcare needs for 2024.
2. Compare your plan options: Summaries of Benefits and Coverage at cpg.org/mtdocs and Delta Dental plans at cpg.org/deltadental.
3. Refer to your group timeline for enrollment deadline.
4. Enroll using the Annual Enrollment website: cpg.org/annualerollment.
5. If your current medical options are offered for 2024 and you don't want to make changes, you do not need to re-enroll.
6. If your current plan is no longer being offered in 2024, you must choose a new plan, or you will not have coverage during 2024.



To secure your Medical Trust dental coverage for 2024, you **must enroll in a Delta Dental PPO + Premier™ plan during Annual Enrollment if it is offered. ***



Three Steps to Annual Enrollment

Learn, Evaluate, Decide

Remember!

1. Be sure to review your personal and dependent information and note any changes.
2. New! Look for the Beneficiaries tab on [MyCPG Accounts](#) and review your beneficiaries online.
3. Contact your HR admin if you did not receive an Annual Enrollment letter or if you need assistance.
4. If you have coverage under a spouse's plan, carefully consider your options.
5. If you want Medical Trust dental coverage for 2024, you must enroll in a Delta Dental PPO + Premier™ plan during Annual Enrollment if it is offered.*
6. Plan changes take effect January 1, 2024.
7. You can decline coverage for 2024 (subject to Denominational Health Plan requirements).



*Active Members and Pre-65 Former Employees



Next Stop

Additional Resources

Connecting with Your Benefits

Learning Center and eLearning Library

**Learning in one place,
with easy-to-access courses:**

- Understanding Your Benefits
- Seeing Your Way to Wellness
- Nutrition
- Resilience
- Facing Dementia



CHURCH PENSION GROUP

About Us | Investment Management | Contact Us | Jobs | Sign In / Create Account

Search for subjects, conferences, videos

MyCPG Retirement Insurance Learning Active Lay Employees

Finance

Health

eLearning Library

Understanding Your Benefits

Resilience

Conferences & Webinars

eLearning Library

Featured Courses

Understanding Your Benefits

Essential information for new employees (or anyone looking for a quick refresher).

[Learn More](#)

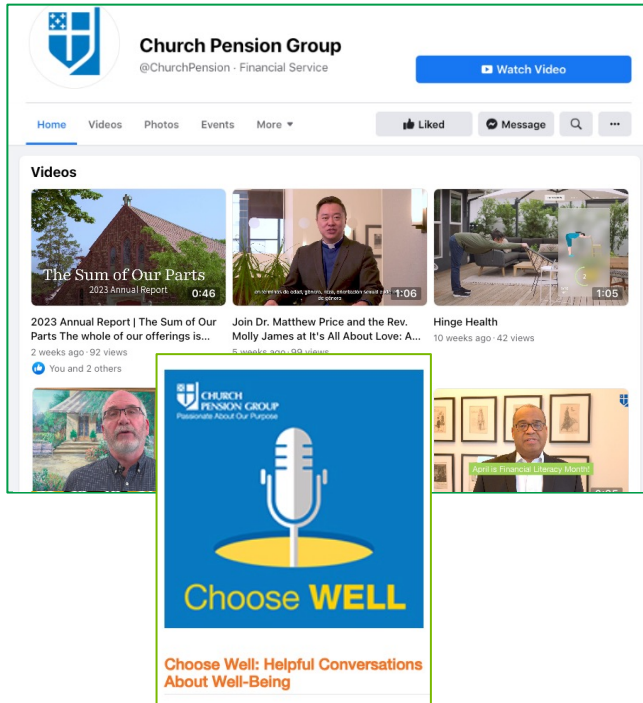
Resilience: Stacking the Odds for Wellness

Interested in tips, tools and practices for enhancing resilience? Our multi-part course offers a practical, interactive guide.

[Learn More](#)

Connecting with CPG

Information at your fingertips



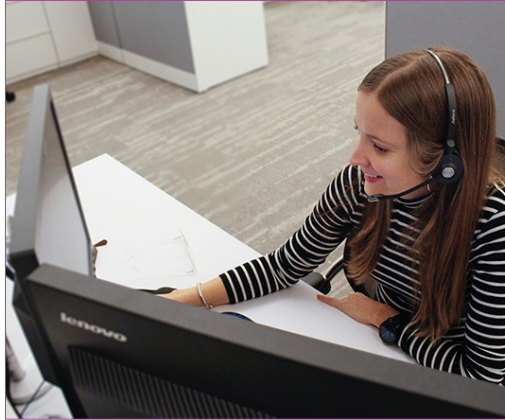
- Timely posts about your benefits, Annual Enrollment reminders, and more
- Additional social media content on health and well-being from CPG and plan providers' websites

Follow Us! @ChurchPension



At Your Service

Resources to guide you to your destination



CPG Client Services Member Services

- Call (800) 480-9967
Monday to Friday
8:30 AM to 8:00 PM ET
- Email mtcustserv@cpg.org



Setting Course—Where Will We Go on Today's Journey?

Financial Wellness

Simple Ways That May Help Increase Your Retirement Savings



Enroll

If you haven't done so already, enroll in any defined contribution retirement plan offered by your employer (e.g., the RSVP or Lay DC plan).



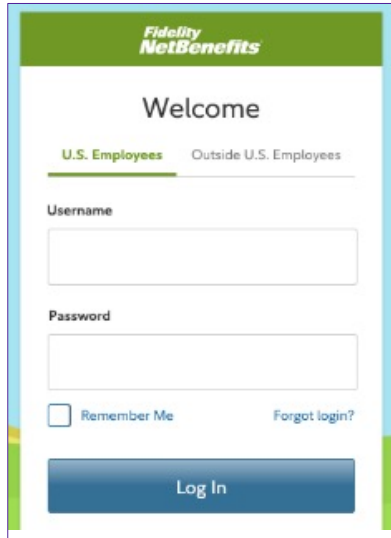
Save

Make sure you're contributing at least enough to get the full employer match, if applicable.*

*Not all employers provide a match. Check with your institution regarding employer contributions.

The Episcopal Church Retirement Savings Plan (RSVP)*

netbenefits.fidelity.com

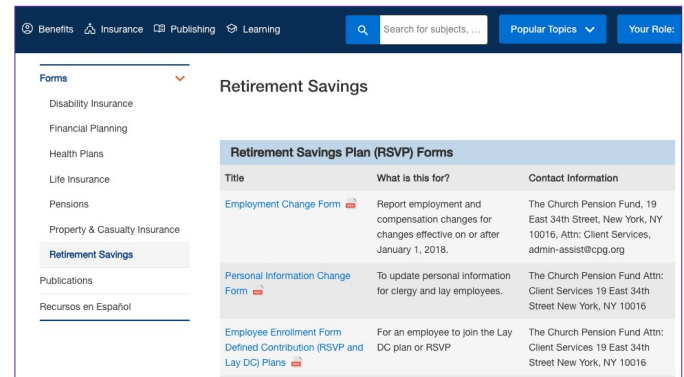


Already Enrolled

- Sign into [Fidelity NetBenefits](#)
- Start or Change contributions
- Change investment options
- Use Planning and Guidance Center
- Call a Fidelity Representative (877) 208-0092 Monday to Friday 8:00 AM to midnight ET

Not Yet Enrolled**

- Employer enrolls you in the Plan through MAP, or
- You and your employer submit an Employee Application for Membership Form



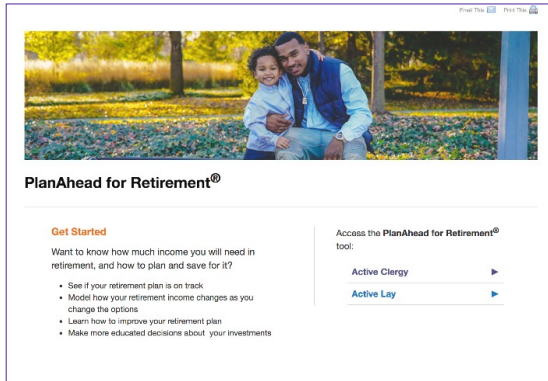
Retirement Savings Plan (RSVP) Forms		
Title	What is this for?	Contact Information
Employment Change Form	Report employment and compensation changes for changes effective on or after January 1, 2018.	The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services, admin-assist@cpfg.org
Personal Information Change Form	To update personal information for clergy and lay employees.	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016
Employee Enrollment Form Defined Contribution (RSVP and Lay DC) Plans	For an employee to join the Lay DC plan or RSVP	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016

* Available only to those enrolled in either the clergy or lay defined benefit plans.

** Your employer must adopt the plan before you can enroll.

Retirement Calculators

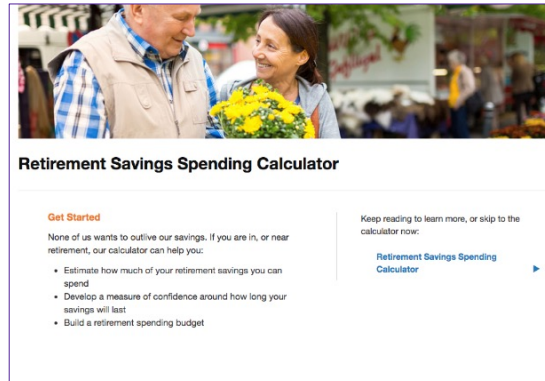
Am I on track for retirement?



The screenshot shows the 'PlanAhead for Retirement' tool interface. At the top is a photo of a family in a park. Below the photo is the title 'PlanAhead for Retirement' and a 'Get Started' section. The 'Get Started' section contains a paragraph: 'Want to know how much income you will need in retirement, and how to plan and save for it?' followed by a bulleted list: 'See if your retirement plan is on track', 'Model how your retirement income changes as you change the options', 'Learn how to improve your retirement plan', and 'Make more educated decisions about your investments'. To the right of the text is a box titled 'Access the PlanAhead for Retirement tool:' with two buttons: 'Active Clergy' and 'Active Lay', each with a right-pointing arrow.

cpg.org/planahead

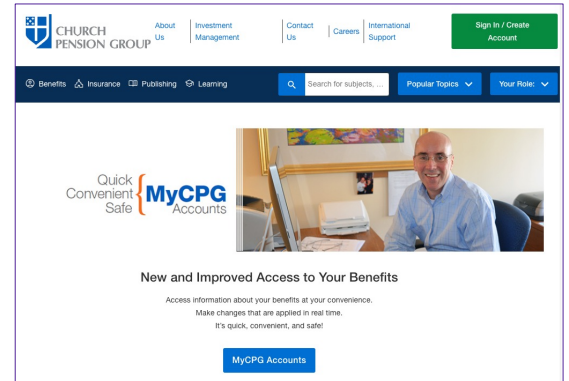
How much can I spend in retirement?



The screenshot shows the 'Retirement Savings Spending Calculator' interface. At the top is a photo of an older couple. Below the photo is the title 'Retirement Savings Spending Calculator' and a 'Get Started' section. The 'Get Started' section contains a paragraph: 'None of us wants to outlive our savings. If you are in, or near retirement, our calculator can help you:' followed by a bulleted list: 'Estimate how much of your retirement savings you can spend', 'Develop a measure of confidence around how long your savings will last', and 'Build a retirement spending budget'. To the right of the text is a box titled 'Keep reading to learn more, or skip to the calculator now:' with a button 'Retirement Savings Spending Calculator' and a right-pointing arrow.

cpg.org/rssc

What is my retirement pension benefits estimate?*



The screenshot shows the 'MyCPG Accounts' interface. At the top is the Church Pension Group logo and navigation links: 'About Us', 'Investment Management', 'Contact Us', 'Careers', and 'International Support'. There is a 'Sign In / Create Account' button. Below the navigation is a search bar and a 'Your Role:' dropdown. The main content area features the 'MyCPG Accounts' logo and a photo of a man at a computer. Below the photo is the text 'New and Improved Access to Your Benefits' and a paragraph: 'Access information about your benefits at your convenience. Make changes that are applied in real time. It's quick, convenient, and safe!'. At the bottom is a 'MyCPG Accounts' button.

cpg.org/mycpg

*For those in The Church Pension Fund Clergy Pension Plan or Lay Defined Benefit Plan.

Complimentary Financial Discussions

Contact the Church Pension Group
Financial Education Specialists for a
confidential discussion

Call (888) 735-7114

Monday to Friday,

8:30 AM to 8:00 PM ET



Online scheduling tool
cpg.org/letschat



Larry
Dresner



Anna
Molin
(English & Spanish)

Questions & Answers



**Thank you for your
participation.**

Disclaimers

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.

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.