

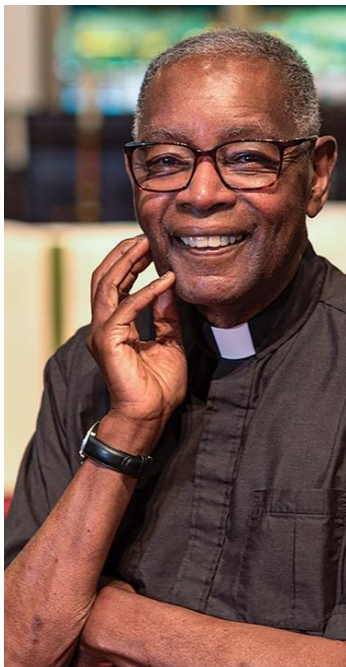
# Diocese of West Missouri



**Rev. Chris Hamby**  
Benefits Relationship  
Management

Date:  
**2025 Annual Enrollment**

# ≡ About the Church Pension Group



# CPG's Lines of Business Support Clergy and Lay Employees










**Benefits • Publishing • Property & Casualty Insurance**



# Journey to Well-being



-  Preparing for Your Journey
-  Core Medical Plan Benefits
-  Dental Benefits
-  Annual Enrollment
-  Additional Resources
-  Financial Wellness
-  Medicare Secondary Payer (MSP)  
Small Employer Exception (SEE)



# Journey to Well-Being

## Preparing for Your Journey

# ≡ Your Checklist



- ☑ Learn how your healthcare benefits work
- ☑ Enroll in the benefits that suit you best:
  - ☑ Consider your healthcare needs and those of your family for 2025
  - ☑ Compare options and costs
  - ☑ Enroll by the deadline
- ☑ Review and update your information and that of your dependent(s)



## First Stop



### Core Medical Plan Benefits



# Types of Medical Plans





# ≡ Your 2025 Medical Plan Options ≡

Your employer offers these types of medical plans



**Preferred Provider  
Organization (PPO)**



**Consumer-Directed  
Health Plan (CDHP)**

## Preferred Provider Organization (PPO) ≡

Anthem BCBS | Cigna

- Includes network and out-of-network benefits
- Does not require referrals
- Generally has a lower out-of-pocket cost when you use a network provider or facility



## Types of Medical Plans

# Consumer-Directed Health Plan (CDHP)≡

Anthem BCBS | Cigna

- 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

# ≡ A closer Look at the Health Savings Account (HSA) ≡

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

Must be  
enrolled in a  
Consumer-  
Directed  
Health Plan



Not covered by Medicare, TRICARE,  
or other medical insurance

Cannot be claimed as a dependent  
on anyone's tax return

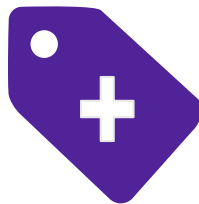
Cannot contribute to Healthcare  
Flexible Spending Account (FSA)

# 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



- Can save for future qualified medical expenses
- Is portable – you can take it with you

# Health Savings Account Contributions

How much can you contribute in 2025?



## Individual

**\$4,300**

The total contribution allowed from both you and your employer



## Family

**\$8,550**

The total contribution allowed from both you and your employer



## Catch-up ( $\geq$ age 55)

**\$1,000**

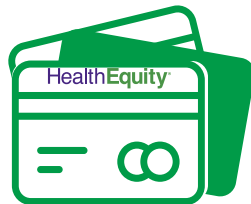
The additional amount allowed if you are 55 or older

# Health Savings Account Setup

Setup with HealthEquity is automatic with CDHP enrollment



- Activate by calling HealthEquity at **877-713-7712**
- Setup and monthly maintenance fees are paid by the Medical Trust\*
- HealthEquity HSA Guidebook is 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 are not assured



## Medical Plan Details



# Medical Benefits

Term	Definition
 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 after meeting your deductible

# Medical Benefits

## Anthem PPO 100 | Cigna 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)	\$0 copay	30% coinsurance

# Medical Benefits

## Anthem PPO 90 | Cigna 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	\$0 copay	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 (PCP)/ \$45 Specialist	30% coinsurance

# Medical Benefits

## Anthem PPO 80 | Cigna 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 (PCP)/ \$45 Specialist	30% coinsurance

# Medical Benefits

## Anthem CDHP-15\* | Cigna CDHP-15\*

	Network	Out-of-Network
Deductible	\$1,650 individual / \$3,300 family	\$3,300 individual / \$6,600 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist) \$0 (preventive care)	40% coinsurance 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 | Cigna CDHP-20

	Network	Out-of-Network
Deductible	\$3,300 individual / \$6,600 family	\$3,300 individual / \$6,600 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care / specialist) \$0 (preventive care)	45% coinsurance 45% coinsurance
Diagnostic Tests	20% coinsurance	20% coinsurance
Urgent Care	20% coinsurance	20% coinsurance
Emergency Care	20% coinsurance	45% coinsurance
Outpatient Surgery	20% coinsurance	45% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance
Behavioral Health (outpatient)	20% coinsurance	

# Details about Your Medical Coverage

## Summaries of Benefits and Coverage



Anthem BlueCard PPO 100

Summary of Benefits and Coverage: What this Plan Covers &amp; 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](http://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](http://www.cpg.org/uniform-glossary) or call (800) 480-9967 to request a copy.

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



# Quantum Health



# ≡ New Vendor – Quantum Health (Quantum) ≡

For members whose plans use Anthem and Cigna networks

**Starting January 1, 2025, Quantum care coordinators will be available to:**

- Answer claims, billing, and benefits questions
- Replace ID cards
- Find in-network providers and contact them to coordinate treatment
- Verify coverage and, if needed, obtain prior approval
- Provide information about health issues and review care options
- Help members save on out-of-pocket costs and more!

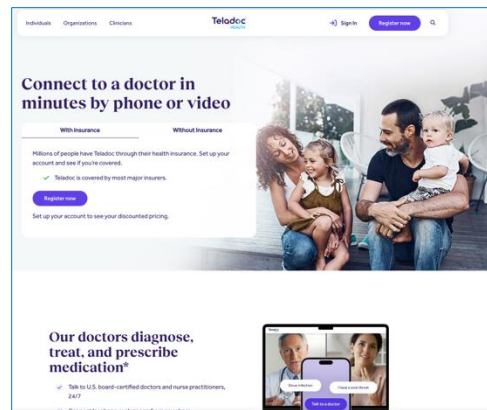
**Members will still be able to contact their medical providers directly for services.**

# Point Solutions

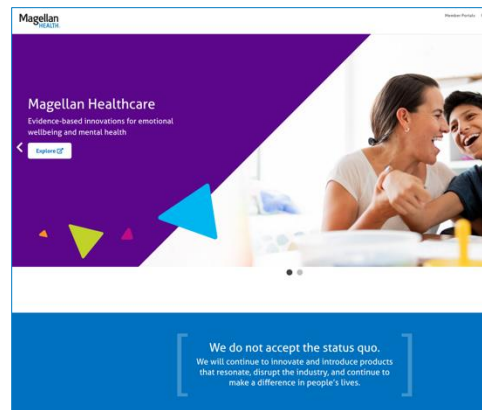
For members whose plans use Anthem and Cigna networks

**The following enhancements will take effect January 1, 2025:**

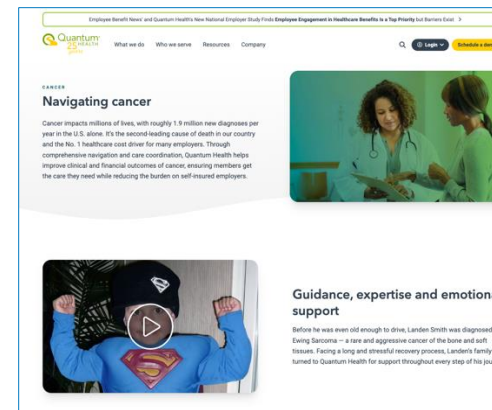
## Teladoc Health Services



## Magellan Healthcare



## Personal Precision Oncology Management



# Annual Enrollment Support 2024

For members whose plans use Anthem and Cigna networks



During the 2025 Annual Enrollment period, **Quantum care coordinators** will be available to help members understand plan options and choose the right plans for themselves and their families.



## New Cards and New Policy Numbers for 2025

- In December 2024, members will receive NEW ID cards with a NEW plan NUMBER.
- Beginning January 1, 2025, members MUST use the new cards for medical, prescription (Express Scripts), and behavioral health services, including EAP.
- Old ID cards will not work after December 31, 2024.

# One Place to Go, One Team to Help

**Members who have questions about claims, benefits, medications, or care coordination should contact Quantum.**



Call 866-871-0629, Monday to Friday, 8:30 AM to 10:00 PM EST



Visit [MyQuantumCare.org](https://MyQuantumCare.org)



Use the Quantum app, Quantum Health, available at the Apple Store® and Google Play™



# Behavioral Health

# ≡ For Help with Mental Health or Substance Use Disorder ≡

Anthem and Cigna members, contact Quantum.



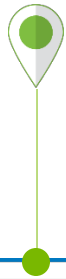
## **Benefit highlights**

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



## **Please note**

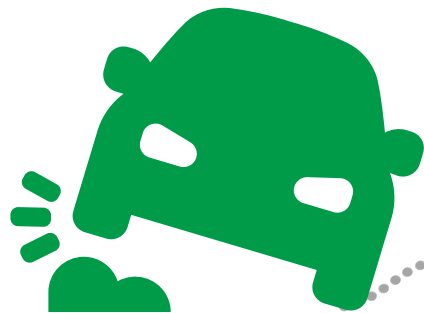
- Prior authorization may be required for certain services.



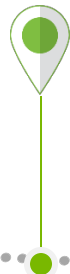
## Cigna Employee Assistance Program (EAP)

# For the Bumps in the Road

The Employee Assistance Program is here for you



Help and  
support



Information  
and guidance





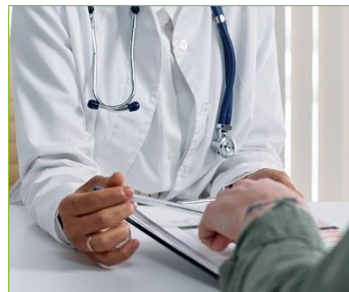
# EAP Overview

The Employee Assistance Program is here for you



## 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

- Call Quantum at [866-871-0629](tel:866-871-0629)
- EAP-only members, call 866-395-7794 or visit [myCigna.com](https://mycigna.com)

## Additional features

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

# Accessing Cigna EAP Resources Online

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

*myCigna.com*

**Customer Login**

Username [Forgot Username?](#)

Password [Forgot Password?](#)

[Show](#)

[Log in](#)

[Haven't created an account yet?](#)

[Register](#)

[Registrarse en Español](#)

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,\* just as other EAP network counseling sessions do.
- There is no additional cost.



Pharmacy



## Pharmacy

# 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

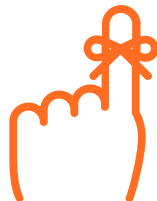
# Prescription Drug Benefits

Managed by Express Scripts



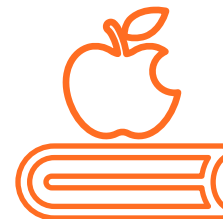
## Benefit highlights

- Generic and brand-name medication options
- Accredo Specialty Pharmacy
  - SaveOnSP
- Broad national retail pharmacy network
- 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
- [Call Quantum at 866-871-0629](tel:866-871-0629)

# Prescription Drug Benefits

## 2025 Express Scripts–Premium Plan

	Retail	Home Delivery
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$5 copay	Up to \$12 copay
<b>Preferred Brand-name</b>	Up to \$35 copay	Up to \$87 copay
<b>Non-preferred Brand-name</b>	Up to \$70 copay	Up to \$175 copay
<b>Specialty Rx</b>	Up to \$90 copay	Up to \$225 copay
<b>Dispensing Limits</b>	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

## 2025 Express Scripts—CDHP-15

	Retail and Home Delivery
<b>Deductible (combined with medical deductible)</b>	\$1,650 individual / \$3,300 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	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

## 2025 Express Scripts—CDHP-20

	Retail and Home Delivery
<b>Deductible (combined with medical deductible)</b>	\$3,300 individual / \$6,600 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

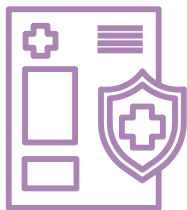
\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.



Vision

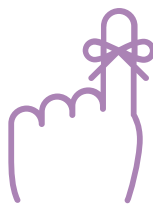
# Benefits Overview

## EyeMed Insight Network



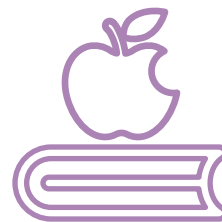
### Benefit highlights

- \$0 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

- Anthem/Cigna: call Quantum at [866-871-0629](tel:866-871-0629)
- Kaiser: call EyeMed at [866-723-0513](tel:866-723-0513) OR
- visit [eyemedvisioncare.com/ecmt](https://eyemedvisioncare.com/ecmt) OR
- use EyeMed app

# Plan Benefits

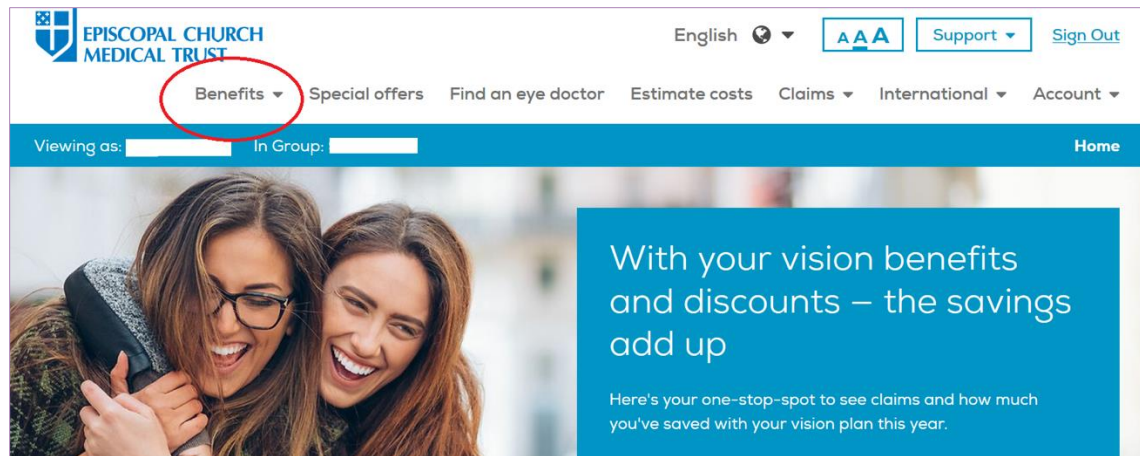
See Summary of Benefits at [cpg.org/mtdocs](http://cpg.org/mtdocs)

	In-Network Member cost	Out-of-Network Member Reimbursement
<b>Exam (once every 12 months)</b>	\$0 copay	Up to \$30
<b>Frames (once every 12 months)</b>	\$0 copay; \$200 allowance; 20% off balances over \$200	Up to \$63
<b>Standard plastic lenses</b>	\$10 to \$120 copay	Up to \$32 to \$57
<b>Contact lenses</b>		
<b>Conventional and disposable</b>	\$0 copay; \$200 allowance plus discounts on balances over \$200 (conventional), \$200 allowance (disposable)	Up to \$133
<b>Medically necessary</b>	\$0 copay; paid in full	Up to \$210
<b>Laser vision correction</b>	15% off retail price or 5% off promotional price	N/A

# Accessing EyeMed Resources Online

From the homepage, select the “Benefits” menu

[eyemedvisioncare.com/ecmt](http://eyemedvisioncare.com/ecmt)



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



Hearing

## Hearing Aid Benefits



Active benefit allowance and hearing aid device discounts

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



Hinge Health

# Hinge Health and Expert Medical Second Opinion



- Virtual musculoskeletal wellness program
- Hinge Health's musculoskeletal expert medical second opinion service available to Anthem and Cigna members
- Learn more at [hingehealth.com/ecmt](https://hingehealth.com/ecmt)

# Quantum Health Care Management Program





# Quantum Health

Access help with one call, click, or tap



**Call Quantum at** [866-871-0629](tel:866-871-0629)

**Visit** [myQuantumCare.org](https://myQuantumCare.org)

**Use** the [Quantum Health](#) mobile app  
(available from the Apple Store® and Google Play™)

## The right care at the right time and the right cost

- Coordinate care among doctors
- Confirm coverage of services
- Understand preauthorizations required for certain treatments
- Get answers to other questions

# Prior Authorization

Approval required before certain services are rendered in order for payments to be made under the plan



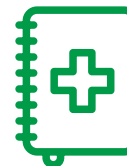
Coverage review will help determine whether certain services meet clinical policies as Medically Necessary or if they are Experimental/ Investigational/ Unproven.



When you use a network provider, Quantum will complete any required prior authorization on your behalf.



When you use an out-of-network provider, it is your responsibility to ensure that the required prior authorization is completed.



Review the Plan Document Handbook or call Quantum Health if you have questions about prior authorization.\*

# Care from the Safety and Convenience of Your Home

24/7/365 access to board-certified physicians



**Anthem and Cigna**  
Access Teladoc  
through Quantum at  
[myQuantumCare.org](https://myQuantumCare.org)

**Kaiser**  
[kp.org](https://kp.org)

- Access medical and behavioral health professionals.
- Connect via computer or mobile device with the type of doctor you select.
- Chat securely and privately by phone or video in minutes.
- Obtain prescriptions for certain medications.

# ≡ Care from the Safety and Convenience of Your Home ≡

Talk to your healthcare provider



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



# Telehealth and Virtual Visits



## COVID-19 Healthcare Services

- Members' cost shares will be waived for services received through our health plan carriers' telehealth platforms through December 31, 2025.
- Plan exclusions permanently removed to allow virtual visits with members' personal healthcare providers to be covered at the usual in-person office visit cost share.



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 the US
- Referrals and scheduling of treatment
- Help replacing prescriptions and stolen or lost travel documents
- Emergency travel resources



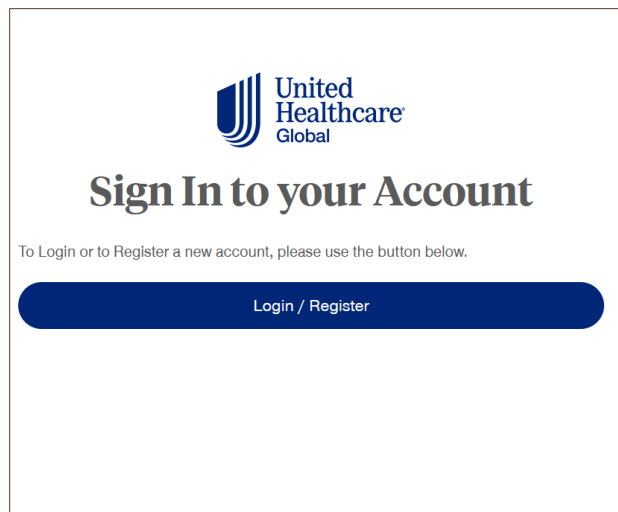
### Getting in touch

- United States:  
[800-527-0218](tel:800-527-0218)
- Outside US,  
call collect:  
[410-453-6330](tel:410-453-6330)
- [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)
- [Uhcglobal.com](https://Uhcglobal.com)

# Accessing Resources Online

Follow the on-screen instructions to complete your account setup

[worldwatch.uhcglobal.com](http://worldwatch.uhcglobal.com)

A screenshot of the UnitedHealthcare Global website's sign-in page. At the top center is the UnitedHealthcare Global logo, which consists of a blue stylized 'U' icon followed by the text 'United Healthcare' and 'Global' below it. Below the logo, the heading 'Sign In to your Account' is displayed in a bold, dark grey font. Underneath the heading, a smaller line of text reads 'To Login or to Register a new account, please use the button below.' At the bottom of this section is a dark blue, rounded rectangular button with the white text 'Login / Register' centered on it.

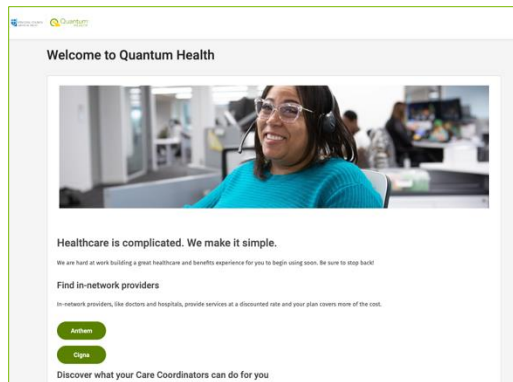
Log in to your account and find out all the ways that UnitedHealthcare Global Assistance can help you.



# Connecting with Your Benefits

## Quantum Health

[MyQuantumCare.org](https://MyQuantumCare.org)



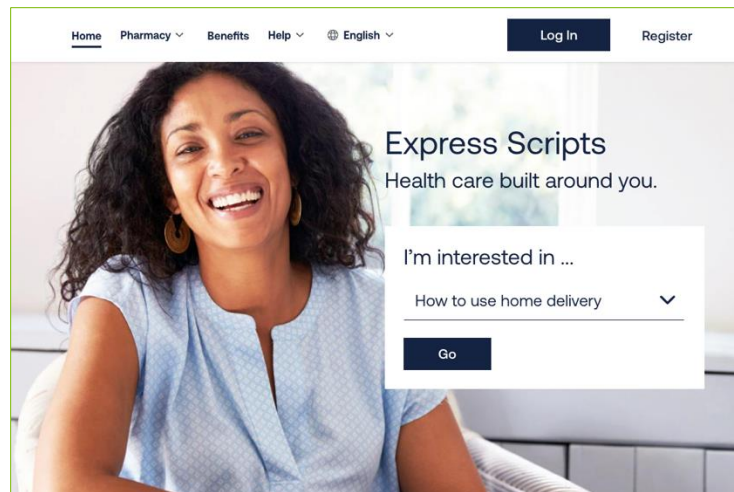
**Call Quantum at 866-871-0629**

**Use the** Quantum mobile app,  
**MyQCare** (download from the  
Apple Store® or Google Play™)

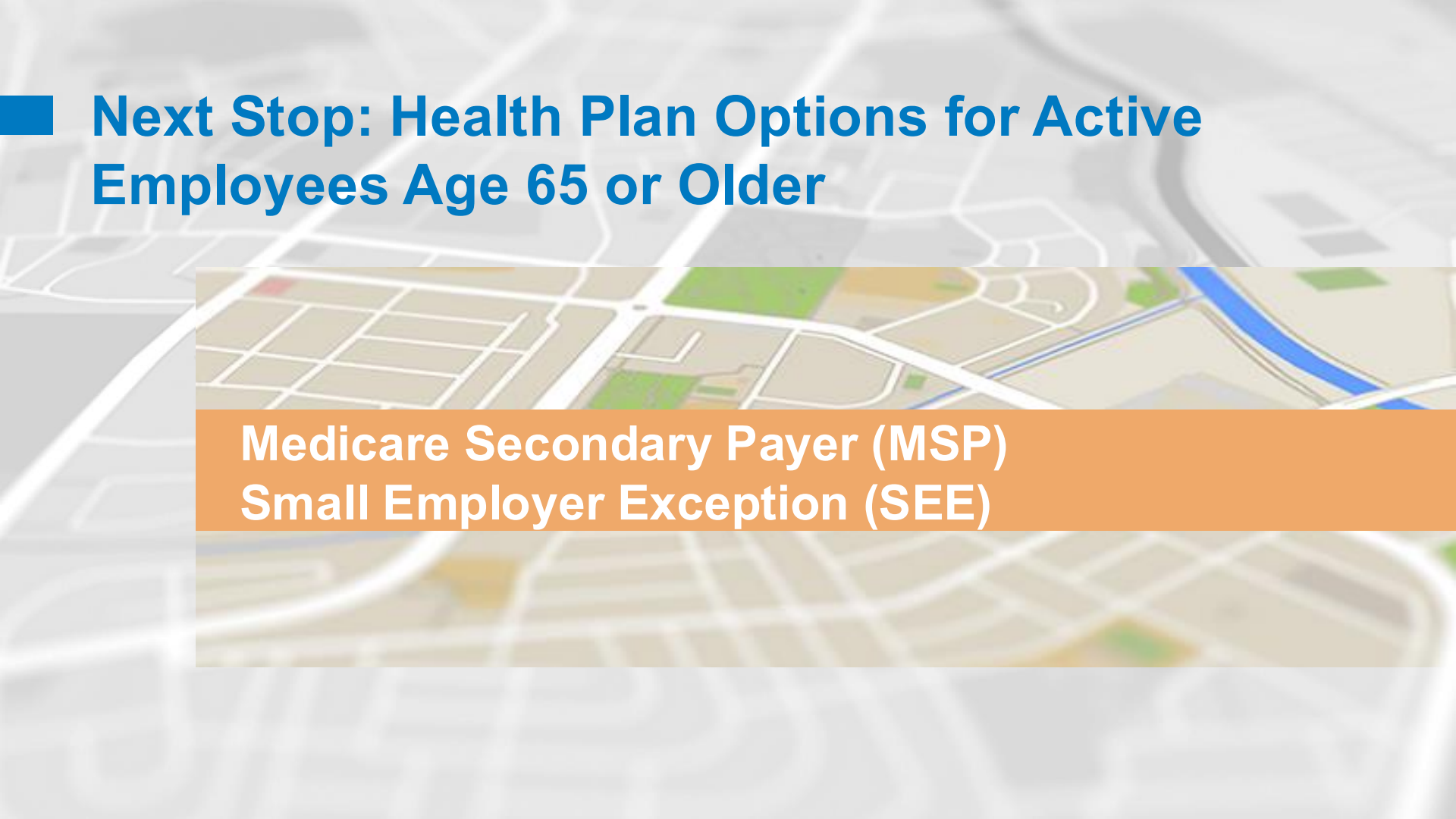
- Find network providers.
- Review care options.
- Get answer to claims, billing, and benefits questions.
- Verify coverage and, if needed, obtain prior approval.
- Replace an ID card.
- And more!

# Connecting with Your Benefits

## Express Scripts



- Call Quantum at [866-871-0629](tel:866-871-0629).
- Locate participating retail pharmacies.
- Find benefits, coverage, and formulary information.
- Order prescriptions through Express Scripts Home Delivery.
- And more!

The background of the slide is a faded aerial map showing a city grid, streets, and a river. A blue square icon is located at the top left of the slide.

## **Next Stop: Health Plan Options for Active Employees Age 65 or Older**

**Medicare Secondary Payer (MSP)  
Small Employer Exception (SEE)**



# Medicare Secondary Payer (MSP) Small Employer Exception (SEE)



## What is it?

Eligible individuals who are 65 or older (and/or certain eligible dependents who are 65 or older) and work for small employers may be granted an exception to be enrolled in a medical plan under which Medicare becomes the primary claims payer and The Episcopal Church Medical Trust (Medical Trust) medical plan becomes the secondary payer.

# Active Employees Age 65 or Older

Under the Age Discrimination in Employment Act...



An employer who offers Medical Trust health plans to active employees under age 65 (and their spouses) must offer the same health plans to its employees who are 65 and older (and their spouses). This requirement applies irrespective of Medicare eligibility, and the employee must meet the eligibility rules for the Episcopal Health Plan.

# Active Employees Age 65 or Older

Medicare beneficiaries can decline employer coverage and



- Retain Medicare as primary coverage.
- Also purchase secondary coverage BUT not from employer group plan (i.e., cannot continue to be enrolled in the Medical Trust Group Medicare Advantage Plan).
- Employer cannot provide financial incentive to take Medicare as primary.
- Employee cannot continue to receive the post-retirement health subsidy.

# Medicare Secondary Payer (MSP) Small Employer Exception Plans (SEE Plans)

- Employer group health plans are usually the primary payer for Medicare-eligible members.\*
- MSP rules provide an exception for small employers (Small Employer Exception or SEE).
- SEE plans are less expensive than corresponding standard plans because they coordinate claims with Medicare.

**Under the SEE, Medicare becomes the primary payer and the Medical Trust the secondary payer.**



**Medicare:**  
Primary Payer



**Medical Trust:**  
Secondary Payer

\*Comparable to private insurance “coordination of benefits.”



# Electing a SEE Plan

The Medical Trust offers SEE plans through Anthem and Cigna.

**Participating groups must elect to offer the plans during annual renewal.**



Individual employers (parishes, institutions, etc.) must meet SEE criteria to enroll eligible employees and their eligible dependents.

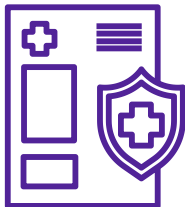




**Next Stop**

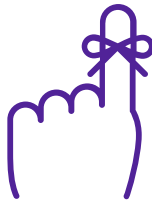
**Dental Benefits**

# Delta Dental Benefits



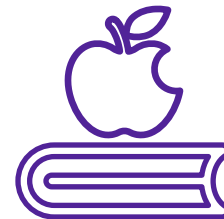
## Benefit Highlights

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



## Things to Remember

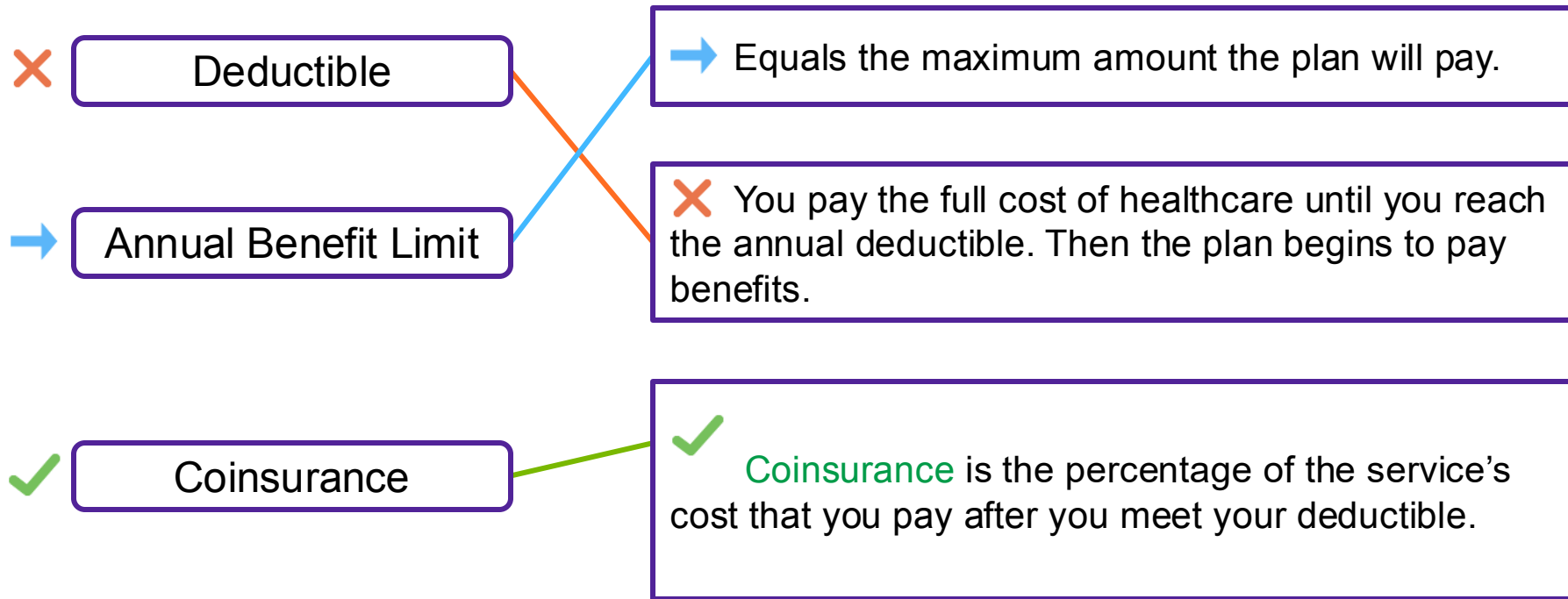
- Balance billing: difference between dentist charge and Delta Dental amount or any dentist charge over Delta Dental allowance
- Delta Dental PPO and Premier dentist networks



## To Learn More

- Benefits Highlights Sheets
- Maximize Your Savings brochure
- [cpg.org/deltadental](https://cpg.org/deltadental)

# Dental Plan Definitions



# Dental Plan Comparison–Premium Plan

## Delta Dental Premium Plan (2025)

	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$0/\$0	\$0/\$0	\$50/\$150
<b>Annual Benefit Limit*</b>	\$3,000	\$2,500	\$2,000
<b>Preventive and Diagnostic</b>	No charge	No charge	No charge
<b>Basic Restorative</b>	85% coinsurance**	85% coinsurance	75% coinsurance
<b>Major Restorative</b>	85% coinsurance	85% coinsurance	75% coinsurance
<b>Orthodontia Services</b>	50% Coinsurance	50% coinsurance	40% coinsurance
<b>Orthodontia Lifetime Maximum**</b>	\$2,000	\$2,000	\$1,500

\*Plan payments apply toward maximums across all networks.

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

# Dental Plan Comparison—Comprehensive

## Delta Dental Comprehensive (2025)

	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$0/\$0	\$0/\$0	\$100/\$300
<b>Annual Benefit Limit*</b>	\$2,500	\$2,000	\$1,500
<b>Preventive and Diagnostic</b>	No charge	No charge	No charge
<b>Basic Restorative</b>	85% coinsurance**	85% coinsurance	75% coinsurance
<b>Major Restorative</b>	50% coinsurance	50% coinsurance	40% coinsurance
<b>Orthodontia Services</b>	50% coinsurance	50% coinsurance	40% coinsurance
<b>Orthodontia Lifetime Maximum**</b>	\$1,500	\$1,500	\$1,000

\*Plan payments apply toward maximums across all networks.

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

# Dental Plan Comparison–Basic

## Delta Dental Basic (2025)

	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$0/\$0	\$0/\$0	\$0/\$0
<b>Annual Benefit Limit*</b>	\$2,000	\$1,500	\$1,000
<b>Preventive and Diagnostic</b>	No charge	No charge	No charge
<b>Basic Restorative</b>	80% coinsurance**	80% coinsurance	70% coinsurance
<b>Major Restorative</b>	40% coinsurance	40% coinsurance	1% coinsurance
<b>Orthodontia Services</b>	Not covered	Not covered	Not covered
<b>Orthodontia Lifetime Maximum**</b>	N/A	N/A	N/A

\*Plan payments apply toward maximums across all networks.

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

# Example

You can save the most with PPO

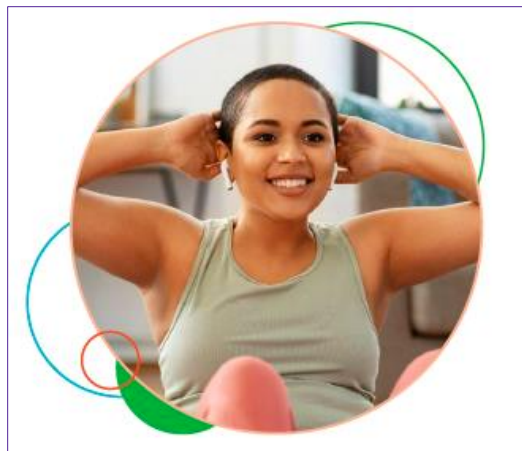
★ Claims example	Most claims savings Delta Dental PPO	Some claims savings Delta Dental Premier	No claims savings Non-Delta Dental Dentists ★
Dentist's charge for a crown	\$2,100	\$2,100	\$2,100
Plan allowance	\$1,050	\$1,500	\$2,100
Percentage paid by plan	85%**	85%**	75%**
Plan Payment	\$893	\$1,275	\$1,575
Patient payment	<b>\$157</b> (\$1,050 - \$893 =)	<b>\$225</b> (\$1,500 - \$1,275 =)	<b>\$525</b> (\$2,100 - \$1,575 = )
Balance-billing	<b>NO</b>	<b>NO</b>	<b>YES*</b>

★ Non-contracted dentists can charge the difference between their submitted charge for a service and Plan Allowance. In this example, it's \$2,100 – \$1,575 = \$525. \*\*This example assumes no deductible or maximum applied towards the service and is based on the Premium Plan design.



# Delta Dental SmileWay® Wellness Benefits<sup>1</sup>

Expanded dental coverage



**Available to 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

<sup>1</sup>Known as SmileWay Enhanced Benefits in Texas.



# Delta Dental SmileWay® Wellness Benefits<sup>1</sup>

Expanded coverage

## SmileWay® Wellness Benefits<sup>1</sup>

100% coverage	One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year <sup>2</sup>
Four of the following (any combination) per calendar or contract year: <sup>2</sup>	
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 [deltadentalins.com/smileway](https://deltadentalins.com/smileway) or by calling Delta Dental Customer Service at 888-894-7059, Monday to Friday.

<sup>1</sup>Known as SmileWay Enhanced Benefits in Texas.

<sup>2</sup>This 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





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 choices regarding medical and dental benefits
- A reminder to review your information and that of your dependent(s)

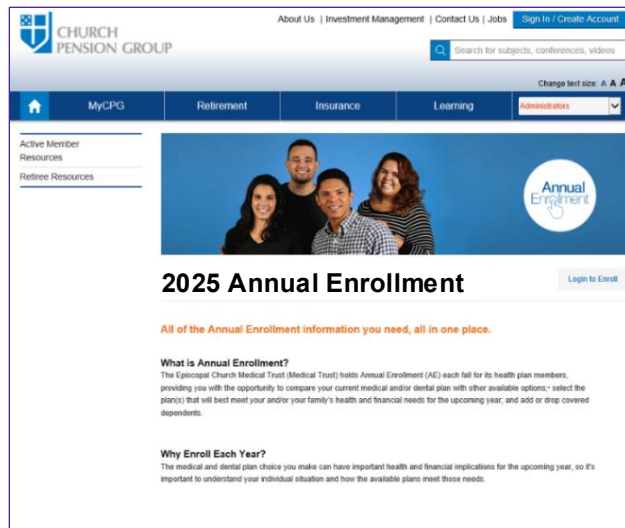


During Annual Enrollment this year, Quantum Health can help you review existing benefits, understand plan options, and choose the right plan for yourself and your family.

# Step 1: Learn

Learn about your 2025 options

[cpg.org/annualenrollment](https://cpg.org/annualenrollment)



## Customized content

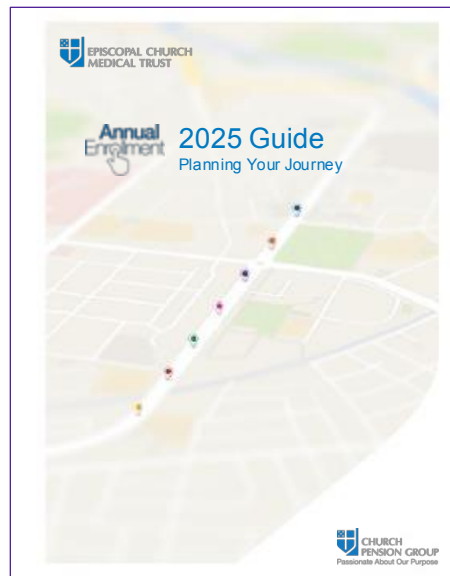
- Active members
- Pre-65 former employees
- Post-65 former employees



# Step 1: Learn

View and download plan-specific materials from the CPG Benefits Library

[cpg.org/mtdocs](https://cpg.org/mtdocs)



- Annual Enrollment Guide\*
- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Claim Forms
- Glossary of Medical Terms
- Regulatory Notices

## Step 2: Evaluate

Are your benefits still aligned with your needs?



### Factors 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

2025 Annual Enrollment will take place between mid-October and mid-November, 2024

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

The image shows the back of a light green envelope. In the top left corner is the Episcopal Church Medical Trust logo. In the top right corner is the 'Annual Enrollment' logo with a hand icon. The main body of the envelope contains the following text:

Coming soon... Annual Enrollment 2024: We're almost there!  
You'll soon be able to choose 2024 health coverage for yourself and your dependents.

<<FirstName>> <<LastName>> <<Suffix>>  
<<Street1>>  
<<Street2>>  
<<City>> <<State>> <<Postal Code>>

Your 2024 Annual Enrollment session dates:  
<<AE Session Start Date>>  
to <<AE Session End Date>>

Your Associated Email Address: <email>  
Your Client Number: <number>

Dear Friend:

Every fall, during Annual Enrollment, you have the opportunity to review the medical and dental plans available to you from The Episcopal Church Medical Trust (Medical Trust), compare all your options, select the best plan(s) for you and your family, and add or remove spouse or dependents.

Annual Enrollment PLUS! New Vendor: Delta Dental. Action Required!

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024! If you are currently enrolled in a Cigna Dental plan through the Medical Trust through the Medical Trust, that coverage is going away. You must enroll in a Delta Dental PPO + Premier™ plan during Annual Enrollment or you will not have dental coverage through the Medical Trust in 2024. Learn more about Delta Dental in the enclosed Welcome Announcement.

Please take a moment to review the information below. It will help you make your <<New Plan Year>> plan choices and successfully complete your enrollment.

Considerations for Your <<New Plan Year>> Health Plan Choices

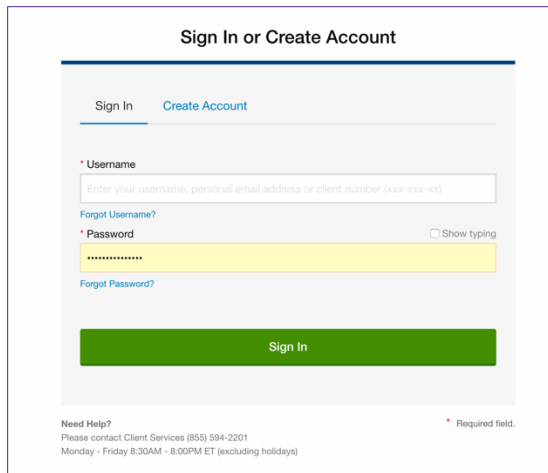
- Has there been a change in your household? For example, did you get married or divorced?
- Has there been a change in health status? Do you or a covered family member have any upcoming surgeries or medical procedures planned?
- Is your current health plan being offered in <<New Plan Year>>?
  - If your current health plan is being offered in <<New Plan Year>> and you take no action, your current elections will continue for <<New Plan Year>>. Any rate changes will apply.



## Step 3: Decide

Use the Decision Guides on the Annual Enrollment website, [cpg.org/annualenrollment](https://cpg.org/annualenrollment), to learn about health plan benefits

[cpg.org/mycpg](https://cpg.org/mycpg)



The screenshot shows a web form titled "Sign In or Create Account". It has two tabs: "Sign In" (selected) and "Create Account". The "Sign In" section contains a "Username" field with a placeholder "Enter your username, personal email address or client number (xxx-xxx-xx)", a "Forgot Username?" link, a "Password" field with a placeholder "\*\*\*\*\*", a "Show typing" checkbox, and a "Forgot Password?" link. A green "Sign In" button is at the bottom. At the very bottom, there is a "Need Help?" section with contact information: "Please contact Client Services (855) 594-2201 Monday - Friday 8:30AM - 8:00PM ET (excluding holidays)". A red asterisk indicates "Required field."



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

- Then you can review
  - Your personal details and dependents
  - Your plan options
  - Your Group's Plan comparison table
  - Your 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)

The image displays two screenshots of the Church Pension Group MyCPG portal. The left screenshot shows the 'Coverage' section, which includes a 'Current Plan' summary and 'Annual Enrollment Options'. The right screenshot shows the 'Confirmation' section, which includes a 'Plan Details' summary and 'Medical Coverage' options. Both screenshots show the user's name, client number, and a 'Support and Guidance' link.



# Key Annual Enrollment Dates

**September 2024**

Your Mailing  
Sent



**October 16, 2024**

Annual Enrollment  
Begins



**November 15, 2024**

Annual Enrollment  
Ends



**January 1, 2025**

New Plan Year  
Begins



# Three Steps to Annual Enrollment

Learn, Evaluate, Decide

## Take action!

1. Consider your healthcare needs and those of your family for 2025.
2. Compare your plan options: Summaries of Benefits and Coverage at [cpg.org/mtdocs](https://cpg.org/mtdocs) and Delta Dental plans at [cpg.org/deltadental](https://cpg.org/deltadental).
3. Refer to your group timeline for enrollment deadline.
4. Enroll using the Annual Enrollment website: [cpg.org/annualenrollment](https://cpg.org/annualenrollment).
5. If your current medical options are being offered for 2025 and you don't want to make changes, you don't need to re-enroll.
6. If your current plan is no longer being offered for 2025, you must choose a new plan or you will not have coverage in 2025.



**During Annual Enrollment, Quantum Health can help you review existing benefits, understand plan options, and choose the right plan for yourself and your family. Quantum's full suite of care coordination services will be available on January 1, 2025.**



# Three Steps to Annual Enrollment

Learn, Evaluate, Decide

## Remember!

1. Review your information and that of your dependent(s) and note any changes.
2. Look for the Beneficiaries tab on [MyCPG Accounts](#) and review their information online.
3. Contact your HR administrator if you need assistance or didn't receive an Annual Enrollment letter.
4. If you have coverage under a spouse's plan, consider your options carefully.
5. Plan changes take effect January 1, 2025.
6. You can decline coverage for 2025, subject to Denominational Health Plan requirements.









**Next Stop**

**Additional Resources**



# Additional Resources



-  Member Resource Center
-  Administrators' Resource Center
-  Social Media Channels
-  Client Services





## Member Resource Center



# 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



The screenshot shows the Church Pension Group (CPG) website's eLearning Library. The header includes the CPG logo, navigation links (About Us, Investment Management, Contact Us, Jobs), and a sign-in/create account button. A search bar is located below the header. The main navigation bar features links for MyCPG, Retirement, Insurance, and Learning (which is highlighted). A dropdown menu for the Learning section is open, showing options for Finance, Health, eLearning Library (selected), Understanding Your Benefits, Resilience, and Conferences & Webinars. The eLearning Library section displays 'Featured Courses' with two main cards: 'Understanding Your Benefits' and 'Resilience: Stacking the Odds for Wellness'. Each card includes a brief description and a 'Learn More' button.

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](#)

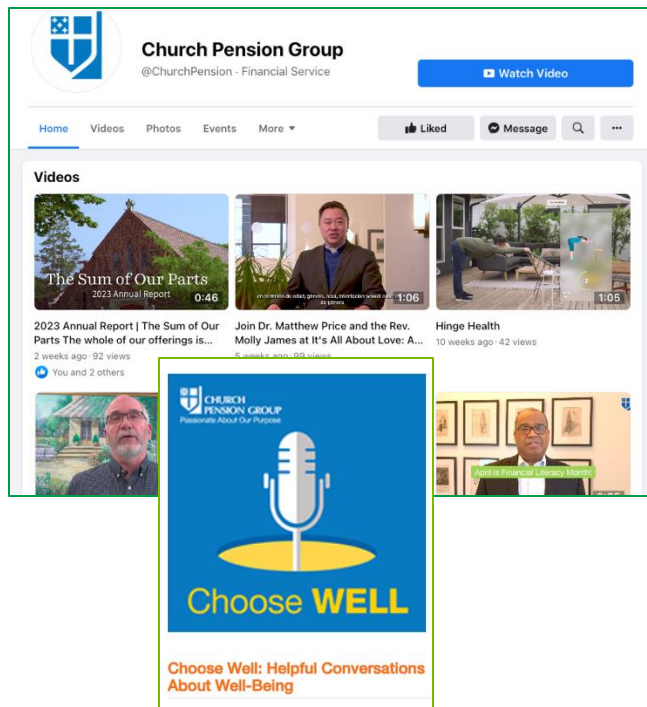
#### Resilience: Stacking the Odds for Wellness

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



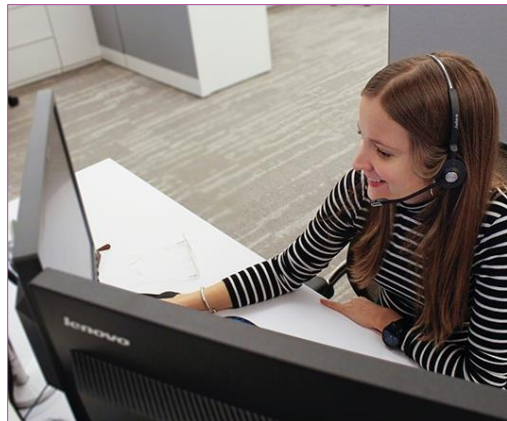
- Timely posts about your benefits, Annual Enrollment reminders, and more
- Additional social media content on health and well-being from CPG and plan providers' websites

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](mailto:mtcustserv@cpg.org)

The background of the slide is a stylized, light-colored map of a city street grid. A river, depicted in blue, flows along the right side of the map. A prominent purple rectangular box is positioned in the lower-middle section of the slide, containing the text 'Financial Wellness'.

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

**Financial Wellness**



# An Important Part of Your Well-being Journey



## **Wellness has many dimensions**

Just as you look after your physical, behavioral, and spiritual health, taking steps to strengthen your financial wellness may enhance your overall well-being.



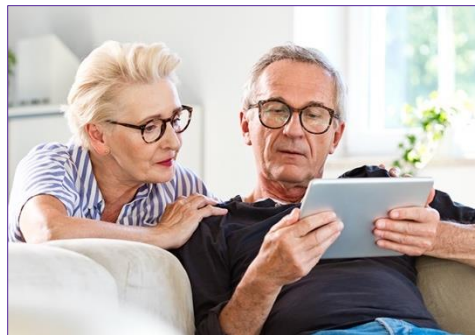
# Retirement Readiness

# Simple Ways That May Help Increase Your Retirement Savings



## Enroll

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



## Save

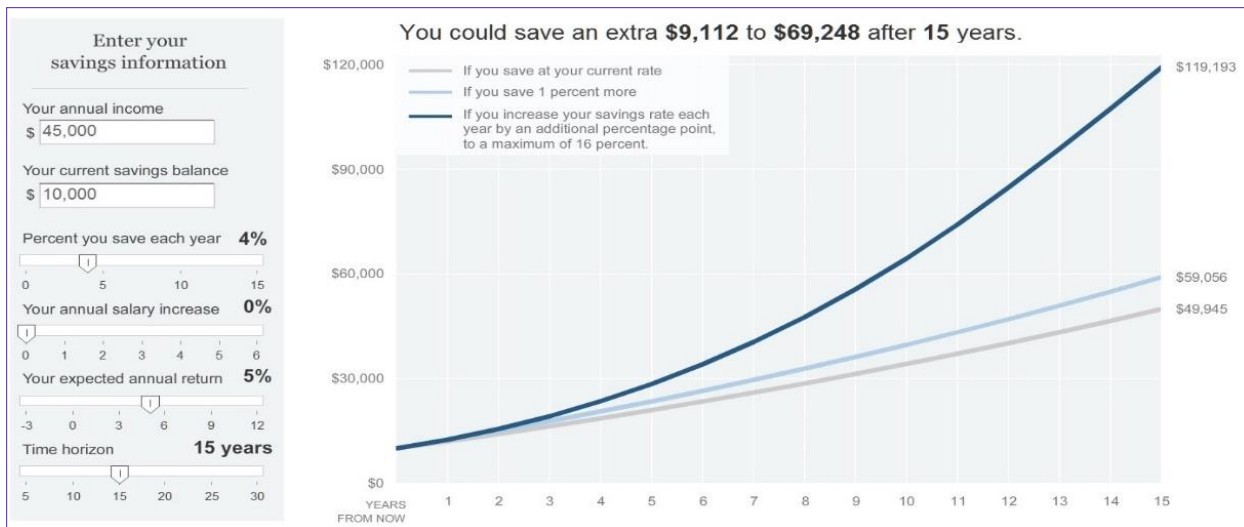
Make sure you're contributing at least enough to get the full employer match, if applicable.\*

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



# The Power of Compound Interest

Small amounts of savings add up—and the sooner you start, the better!



Assuming \$45,000 annual income and \$10,000 beginning balance, boosting your savings rate from 4% to 5% could increase your expected savings balance at the end of 15 years by \$9,112.\*

If you increase your savings rate from 4% in year 1 by an additional 1% each year to a maximum of 16% (which you'll reach in year 13), then you could increase your expected savings balance at the end of 15 years by \$69,248.\*

\*Assumes an expected annual rate of return of 5%.

Source: *Dinkytown Calculator*

Note: The graph shown is for illustration purposes only and the results vary based on market results.

# ≡ Potential Advantages of a Retirement Savings Plan ≡

Working toward financial wellness in retirement



## Save

- Start contributions\* as soon as you're enrolled.
- Change or stop your contributions at your convenience.



## Invest

- Choose from a variety of investment options.



## Advantages

- Pre-tax, Roth, and after-tax contributions
- Tax-deferred earnings\*\*
- Taxes paid at withdrawal\*\*
- Potential early access to your funds through loan provision and hardship withdrawals.

\*Subject to IRS limitations.

\*\*You will not pay any taxes on the earnings in your account until you receive a distribution from the Plan. With Roth contributions, earnings may be exempt from federal income tax if certain conditions are met when a withdrawal is taken.

# The Episcopal Church Lay Employees' Defined Contribution Retirement Plan (Lay DC Plan)

[netbenefits.fidelity.com](https://netbenefits.fidelity.com)

The screenshot shows the Fidelity NetBenefits login interface. At the top is the Fidelity NetBenefits logo. Below it is a 'Welcome' message. There are two tabs: 'U.S. Employees' (selected) and 'Outside U.S. Employees'. The login form includes fields for 'Username' and 'Password', a 'Remember Me' checkbox, and a 'Forgot login?' link. A large blue 'Log In' button is at the bottom.

## Already Enrolled

- Sign into [Fidelity NetBenefits](https://netbenefits.fidelity.com)
- Start or change contributions
- Review investment options
- Use Planning and Guidance Center
- Call a Fidelity Representative at [\(877\) 208-0092](tel:8772080092), Monday to Friday, 8:30 AM to midnight ET

## Not Yet Enrolled\*

- Employer enrolls you in the Plan through MAP, or
- You and your employer submit a paper application form.
- Generally, employer contributes 5% with up to a 4% match.\*\*

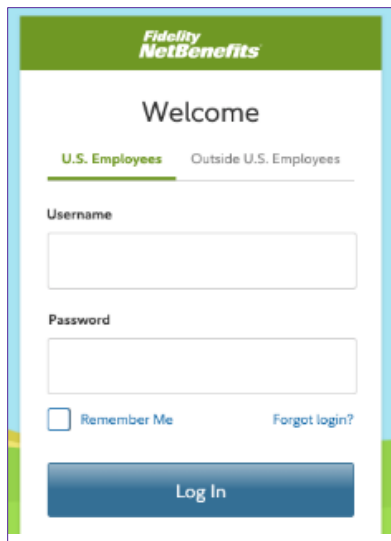
The screenshot shows the 'Retirement Savings' section of the Fidelity NetBenefits portal. It lists various forms available for download, including 'Employment Change Form', 'Personal Information Change Form', and 'Employee Enrollment Form'. The 'Employee Enrollment Form' is highlighted with a yellow background. The page also includes a search bar and navigation links for 'Benefits', 'Insurance', 'Planning', and 'Learning'.

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

\*\*These contribution rates reflect the requirements of the Lay Employee Pension System. Check with your employer, as it may have elected different rates.

# The Episcopal Church Retirement Savings Plan (RSVP)\*

[netbenefits.fidelity.com](https://netbenefits.fidelity.com)



## Already Enrolled

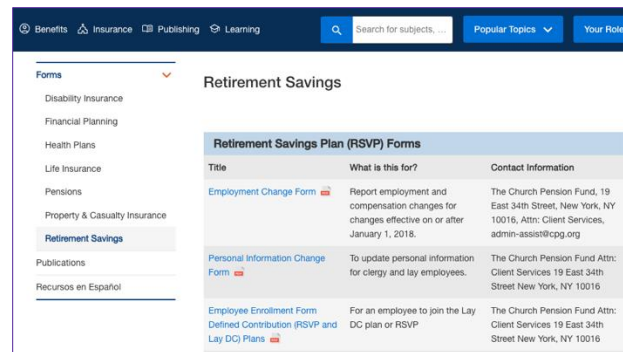
- Sign in to [Fidelity NetBenefits](#)
- Start or change contributions
- Change investment options
- Use Planning and Guidance Center
- Call a Fidelity Representative at [\(877\) 208-0092](tel:877-208-0092), Monday to Friday, 8:30 AM to midnight ET

## Not Yet Enrolled\*\*

- Employer enrolls you in the Plan through MAP, or
- You and your employer submit a paper application form.

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

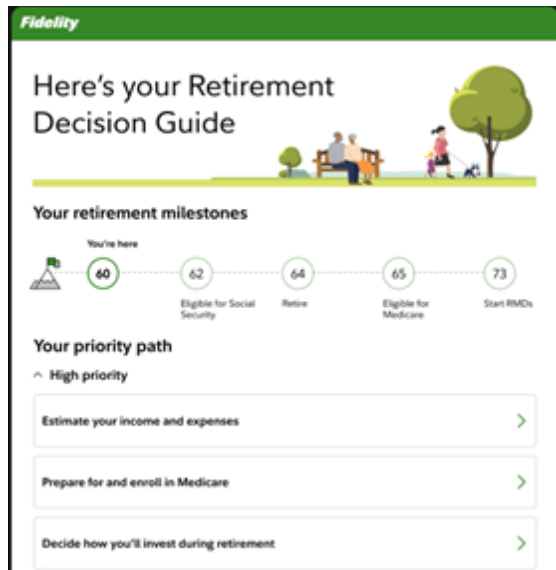
\*\* Your employer must adopt the plan before you can enroll.



Retirement Savings Plan (RSVP) Forms		
Title	What is this for?	Contact Information
<a href="#">Employment Change Form</a>	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@cpf.org
<a href="#">Personal Information Change Form</a>	To update personal information for clergy and lay employees.	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016
<a href="#">Employee Enrollment Form: Defined Contribution (RSVP and Lay DC) Plans</a>	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

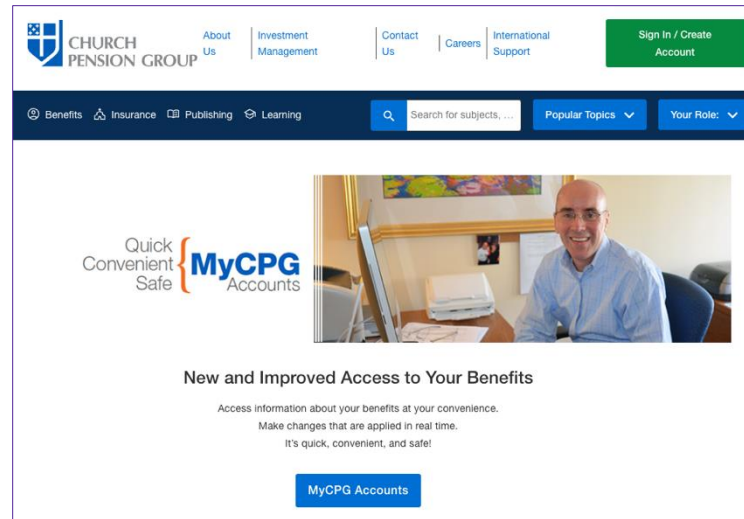
# Retirement Readiness Resources

**What should I consider when planning for my retirement?**



[Netbenefits.com/RDG](https://netbenefits.com/RDG)

**What is my retirement pension benefits estimate?\***



[cpg.org/mycpg](https://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](https://cpg.org/letschat)



**Larry Dresner**



# Life Insurance

# Preparing for the Big Ifs

“What if I die too soon?”



## Security for your family

Would your family be able to maintain their lifestyle?



## Additional benefits

Some permanent life\* insurance may also be used to fund long-term care expenses.





Disability

# Preparing for the Big Ifs

“What if I can’t work?”



## Prevalence

One in four US adults has a disability that affects major life activities.\*



## Income Protection

Disability coverage protects your most important asset – your earning potential.

# Disclaimers

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.

CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.

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Neither CPF's defined contribution plans, nor any company or account maintained to manage or hold plan assets and interests in such plans or accounts, are subject to registration, regulation, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, the Employee Retirement Income Security Act of 1974, as amended (ERISA), or state securities laws. Plan participants and beneficiaries therefore will not be afforded the protections of the provisions of those laws. In addition, as church plans, CPF's defined contribution plans are not subject to ERISA.

Short-term disability and long-term disability insurance products and services are offered by American Family Life Assurance Company of New York, NAIC No. 60526. The information provided here is a summary of the group disability income insurance coverage and is for illustrative purposes only. A certificate with more complete policy information is available upon request. Please refer to the certificate or the group policy for a complete description of coverage, terms, conditions, exclusions, and limitations. If any conflict exists between the certificate and/or policy and the information described here, the terms of the certificate and policy will govern. Other self-funded disability benefits may be provided by The Church Pension Fund.

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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 not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

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Thank you for your  
participation.