

# *Episcopal Diocese of New York* Healthcare Benefits Overview



**Episcopal Diocese of New York**  
Healthcare Benefits Overview

October 21, 2021



**First Stop**



**Core Medical Plan Benefits**

# The Episcopal Church Medical Trust

A plan created with you in mind



Benefits are important when I am sick



Regular checkups help me stay healthy



Staying in my health plan's network may help me save money



The Medical Trust administers my benefits

# ≡ Your 2022 Medical Plan Options ≡

Your employer offers these medical plan types



**Preferred Provider Organization (PPO)**



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

# Preferred Provider Organization (PPO) ≡

Anthem BCBS | Cigna

- Visits any provider
- No referrals required for specialists
- Lower out-of-pocket costs when you use a network provider or facility
- Includes care management program, which helps coordinate your care and manage health conditions





## Types of Medical Plans

# Consumer-Directed Health Plan (CDHP) ≡

Anthem BCBS | Cigna

- PPO plan
- Increased 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
- Includes care management program



## Medical Plan Details



# Medical Benefits

## Anthem PPO 100 | Cigna PPO 100

	<b>Network</b>	<b>Out-of-Network</b>
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

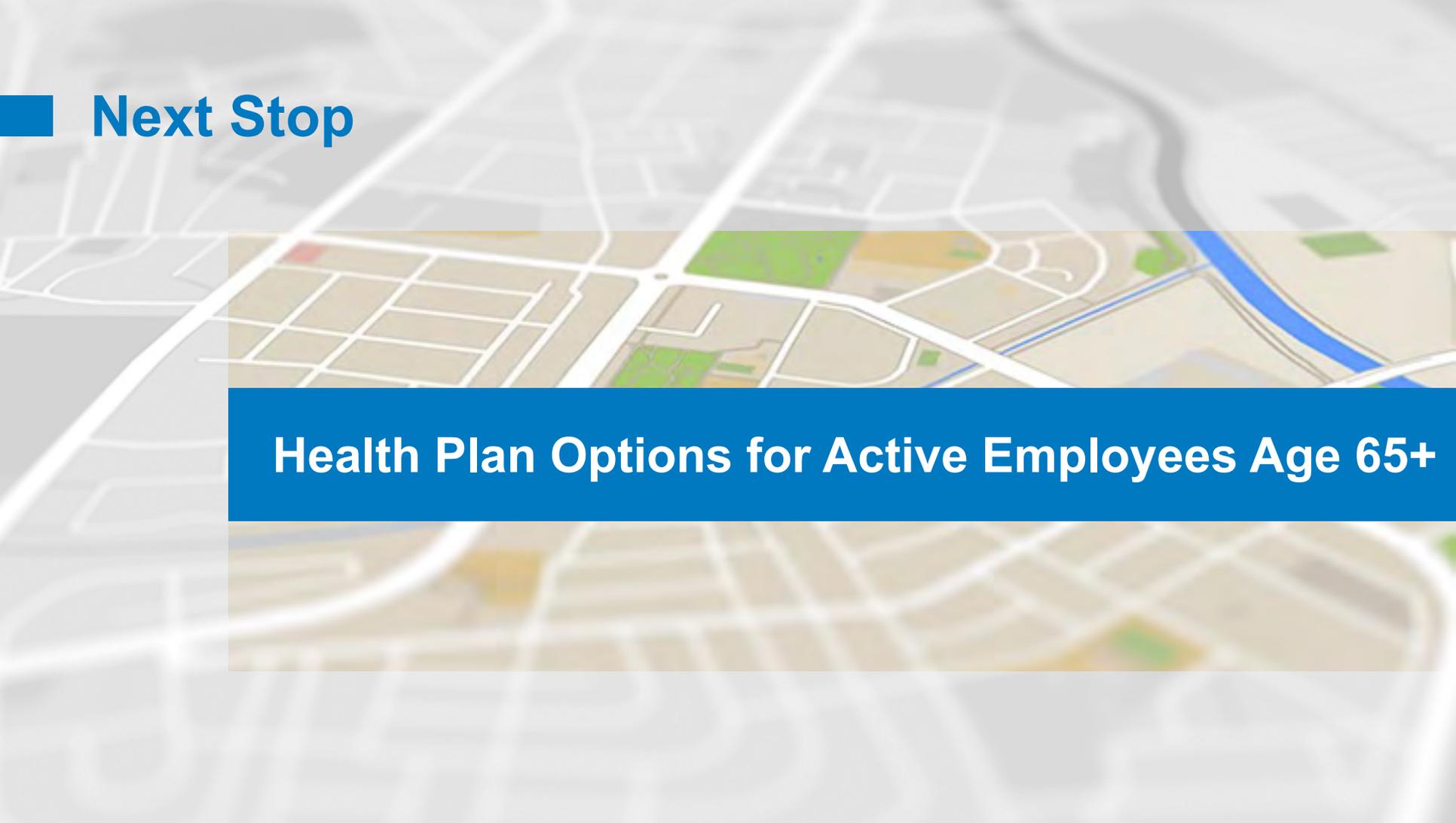


# Medical Benefits



## Anthem PPO 80 | Cigna PPO 80

	<b>Network</b>	<b>Out-of-Network</b>
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



## Next Stop

**Health Plan Options for Active Employees Age 65+**



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



## What is it?

- Eligible individuals (or the spouses of eligible individuals) working for small employers may be granted an exception in which Medicare pays primary and The Episcopal Church Medical Trust (Medical Trust) medical plans pays secondary

# Discover the Advantages and Eligibility Rules for:

- Active employees age 65 and older who are eligible for Medicare
- Employers offering SEE plans
- Medicare approval of beneficiaries working for small employers



# Active Employees Age 65+

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 age 65 and over (and their spouses). This is regardless of Medicare eligibility — provided they meet the eligibility rules for the Episcopal Health Plan.

# Active Employees Age 65+

Medicare beneficiaries can decline employer coverage



- Retain Medicare as primary coverage
- Can also purchase secondary coverage BUT not from employer group plan (i.e., cannot continue to be enrolled in the Medical Trust retiree medical plan)
- Employer cannot provide financial incentive to take Medicare as primary and cannot continue to receive the post-retirement medical subsidy

# Medicare Secondary Payer Small Employer Exception Plans

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

Under the SEE, Medicare becomes the primary payer and the Medical Trust will pay secondary



**Medicare:  
Primary Payer**



**Medical Trust:  
Secondary Payer**

# What Is the Small Employer Exception (SEE)?

Medical Trust offers MSP SEE Plans through Anthem and Cigna

Participating groups must elect to offer the plans during annual renewal

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



# ≡ MSP SEE Eligibility

An employee and their eligible dependents are eligible if they meet each of these conditions



- Employer has fewer than 20 employees in the current and preceding year
- Employer offers MSP SEE plan to employees
- Employee meets standard Medical Trust eligibility criteria
- Employee and/or eligible dependent is 65 or older
- Employee and/or eligible dependent is enrolled in Medicare Part A or Parts A and B (enrollment must be on the basis of age only)

## MSP SEE Eligibility (cont'd.)

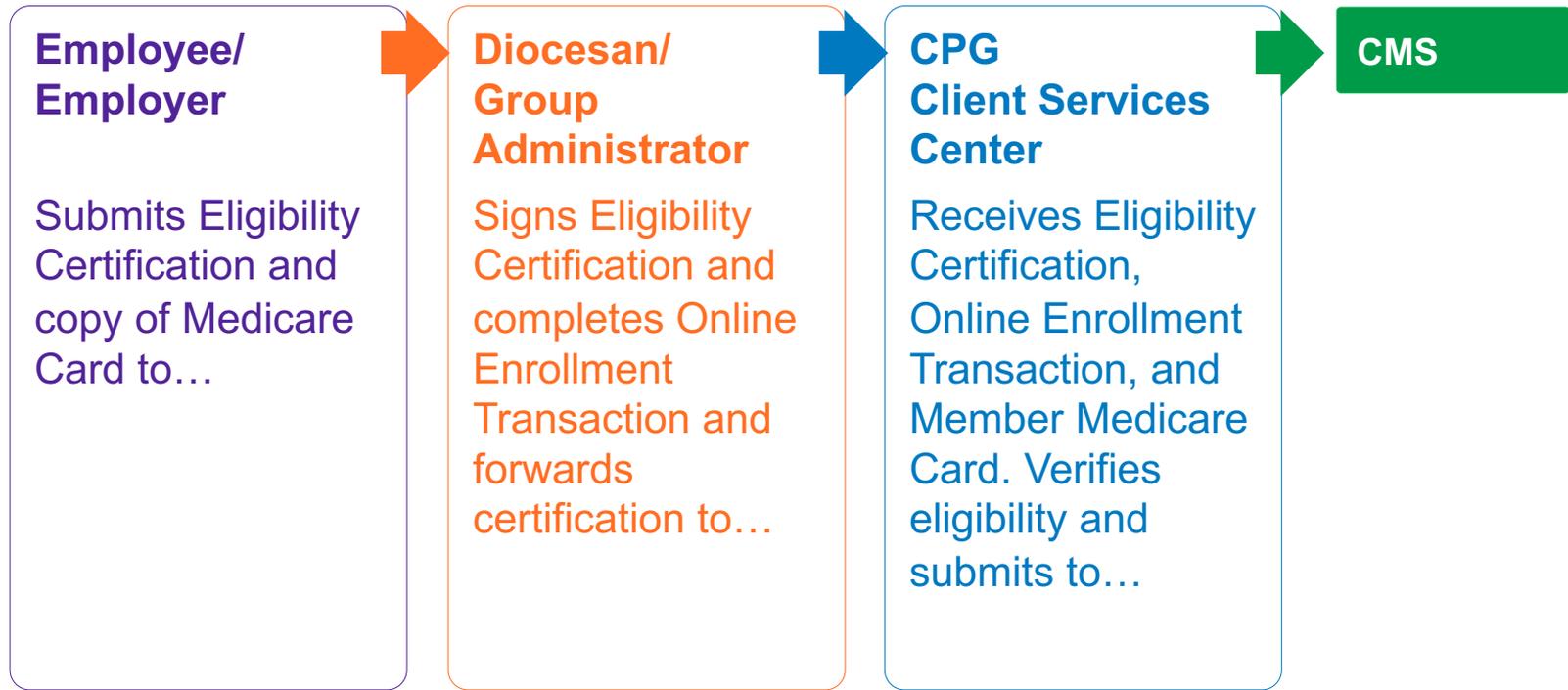
How does the family plan work if not everyone is age 65+?



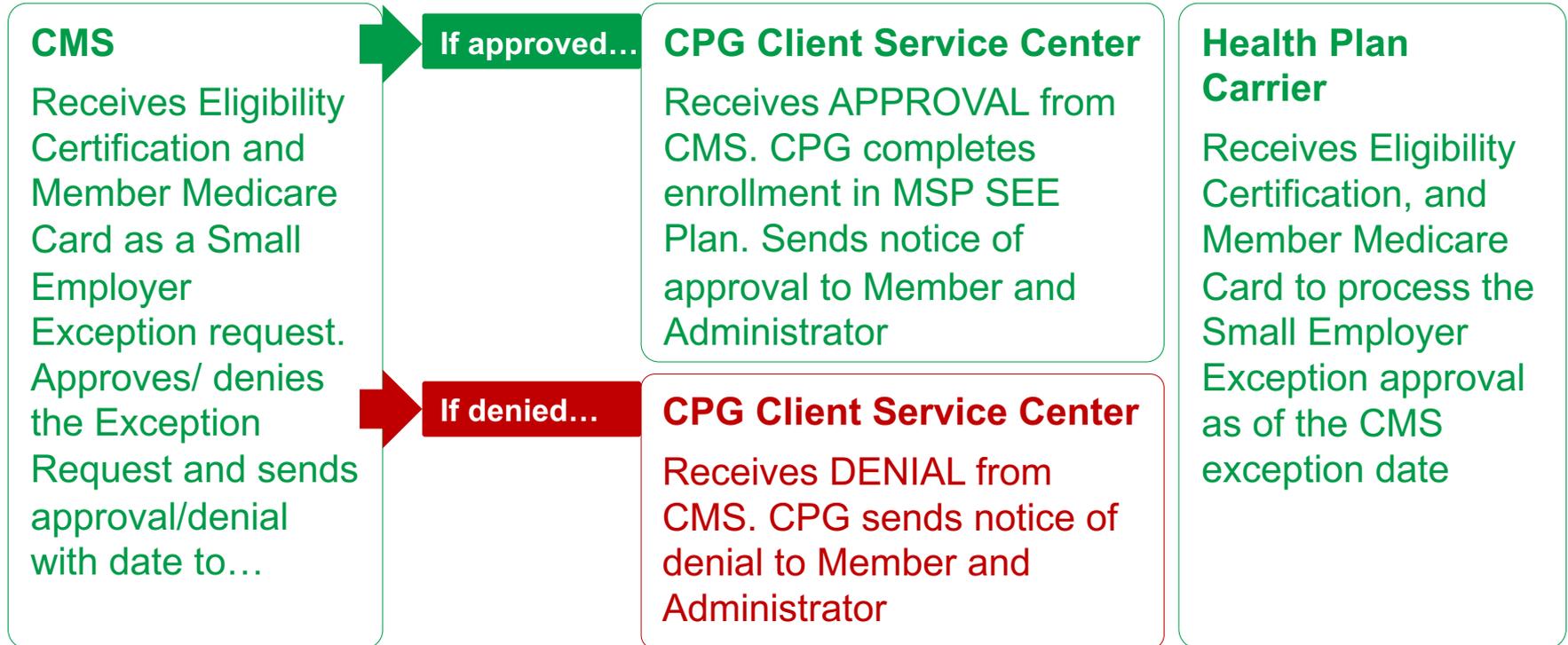
Any member of the family under age 65 who meets standard eligibility requirements for coverage under an active employment-based plan will be enrolled in the MSP SEE plan along with the 65+ member who qualified but their benefits will not be coordinated with Medicare.



# SEE Enrollment and Disenrollment Process Overview



# SEE Enrollment and Disenrollment Process Overview



# MSP SEE Resources

[cpg.org](http://cpg.org) | [cms.gov](http://cms.gov)

The image shows a screenshot of the CMS.gov website. On the left, there is a document titled "Medicare Secondary Payer - Small Employer Exception Fact Sheet" from the Episcopal Church Medical Trust. The document contains text about the exception, including: "In some cases, eligible small employers are granted an exception in which Medicare pays claims that for eligible employees and The Episcopal Church Medical Trust (Medical Trust) pays secondary. This is called a Medicare Secondary Payer Small Employer Exception." and "If approved for the exception, eligible employees Health Plans for Qualified Small Employer S will notify you if you are eligible. Participating in your employer." It also includes a section "What is the Small Employer Exception?" and "How does it work?". On the right, there is a screenshot of the CMS.gov website navigation menu with buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, and Innovation Center. Below the navigation is a breadcrumb trail: Home > Medicare > Employer Services > Small Employer Exception. The main content area is titled "Small Employer Exception" and contains text: "If an employer, having fewer than 20 full and/or part-time employees (GHP), the Medicare Secondary Payer (MSP) rules apply to such individuals. If such an employer participates in a specifically identified multi-employer plan on the basis of age, including those associated with the multi-employer GHP may be granted an exception with who are covered as a named insured or spouse (covered employees)." and "In order for an MSP Small Employer Exception (SEE) to be granted, the employer must be approved by the Benefits Review Board (BRB) and must apply only with respect to the specifically named and approved participant in a specifically identified multi-employer plan of age. All approvals are prospective. To request Medical Review, with all required supporting documents to the BRB, each beneficiary who is associated with identified employer."

[cpg.org](http://cpg.org)

- MSP SEE Fact Sheet
- MSP SEE Eligibility Certification Form
- Administrative Policy Manual
- Letter Template for Active Employees Turning Age 65

[cms.gov](http://cms.gov)

- Small Employer Exception

# Medical Benefits

## Anthem CDHP-20 | Cigna CDHP-20

	<b>Network</b>	<b>Out-of-Network</b>
Deductible	\$2,800 individual / \$5,450 family	\$3,000 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)	
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

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

An account you use to pay your share of eligible healthcare expenses

Must be  
enrolled in  
Consumer-  
Directed  
Health Plan



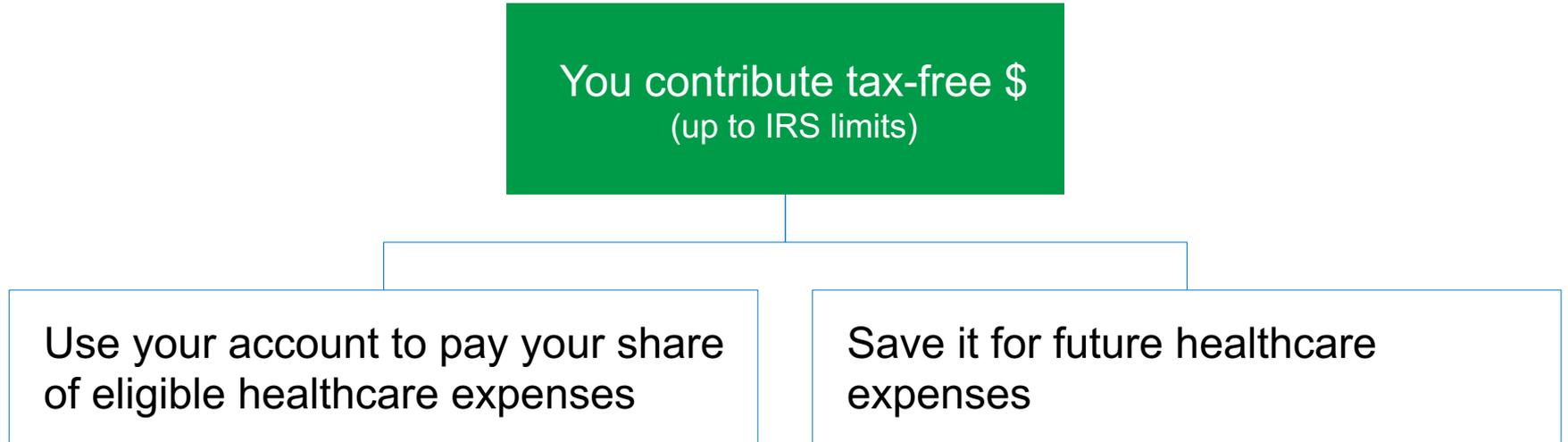
Not covered by Medicare, TRICARE,  
or other medical insurance

Cannot be claimed as a dependent  
on tax return

Cannot contribute to Healthcare  
Flexible Spending Account

# How the Health Savings Account Works

Your HSA is portable—you can take it with you



# Health Savings Account Contributions

How much can you contribute in 2022?



## Individual

**\$3,650**

The total contribution allowed from both you and your employer



## Family

**\$7,300**

The total contribution allowed from both you and your employer



## Catch-up (age 55+)

**\$1,000**

The additional amount allowed if you are age 55+

# Health Savings Account Several Tax Advantages



- No taxes on your contributions
- No taxes on money used for eligible healthcare expenses
- Tax-free interest and investment earnings (depending on account balance)

# Health Savings Account Setup

Setup is automatic with Consumer-Directed Health Plan



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



- Up to three Visa HSA debit cards
- Can be used by spouse and eligible dependents
- Be sure to designate a beneficiary for your account



**You can use your own bank or qualified financial institution:**

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

# For Administrators

## Portal setup and training



### Employer portal

- Created when an employee enrolls in a Consumer-Directed Health Plan
- Call [\(866\) 382-3510](tel:8663823510) to authenticate and activate



### Visit [myhealthequity.com](https://myhealthequity.com)

- HealthEquity offers comprehensive training

# Details about Your Medical Coverage

## Summaries of Benefits and Coverage

 **Episcopal Church Medical Trust**  
**Anthem BlueCard PPO 100**  
 What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2021 – 12/31/2021  
 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 contribution or [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/midocs](http://www.cpg.org/midocs) 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> ?	\$ 0/Individual/\$0 Family network \$500 Individual/\$1,000 Family out-of-network	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> ?	No.	**
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> ?	For network providers, \$2,000 individual / \$4,000 family; for out-of-network providers \$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> .



# Prescriptions



## Prescriptions

# Things to Know about Our Prescription Benefits



- Generic
- Preferred brand
- Non-preferred brand
- Specialty and SaveonSP
- Retail pharmacy
- Home delivery

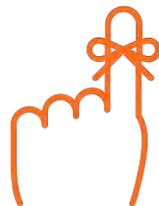
# Prescription Benefits

Managed by Express Scripts



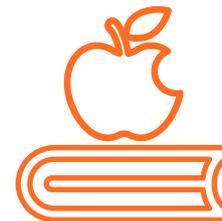
## Benefit highlights

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



## Things to remember

- Preauthorization 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
- [express-scripts.com](https://www.express-scripts.com)

# Prescription Drug Benefits

## Express Scripts—Standard Plan

	<b>Retail</b>	<b>Home Delivery</b>
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$10 copay	Up to \$25 copay
<b>Preferred Brand-name</b>	Up to \$40 copay	Up to \$100 copay
<b>Non-preferred Brand-name</b>	Up to \$80 copay	Up to \$200 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

## Express Scripts—CDHP-20

### Retail and Home Delivery

<b>Deductible (combined with medical deductible)</b>	\$2,800 individual / \$5,450 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>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.



# Behavioral Health

# For Help with Mental Health or Substance Abuse

Anthem BCBS



## Benefit highlights

- Outpatient therapies
- Inpatient services
- Medication management



## Please note

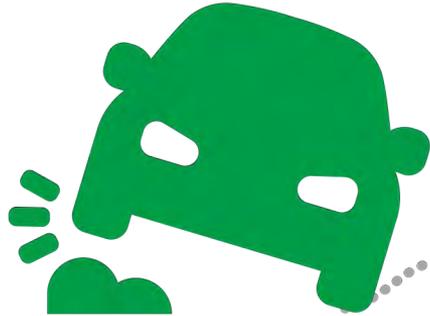
- Preauthorization may be required for certain services



# 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



## What it includes

- Up to 10 face-to-face sessions per issue with a Cigna EAP provider
- Unlimited telephonic consultations
- 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](https://mycigna.com)



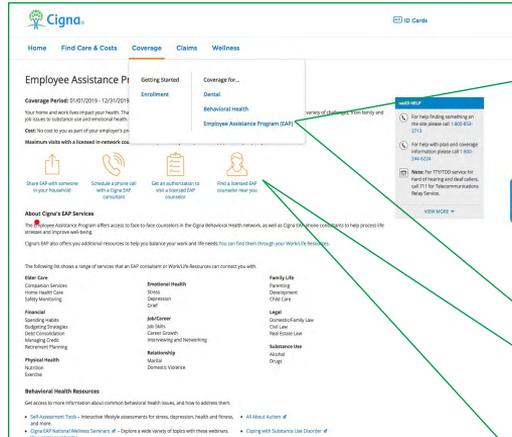
## Additional points

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

# Accessing Cigna EAP Resources Online

Under “Coverage” menu, click on “Employee Assistance Program”

mycigna.com



## Webpage detail



First-time visitors must register





Cigna Employee Assistance Program (EAP)

## Benefits Enhancement



Get Real Support for Real Life with Talkspace

- Emotional health services are now more accessible to employees and household members
- EAP customers 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 an EAP code\* is needed to begin, just as with any other EAP network counseling sessions
- There is no additional cost to the employee household



\*An EAP Code can be obtained by calling your EAP toll-free program number or through the Emotional Health tile, under 'Visit an EAP counselor' on the EAP Coverage Page on [myCigna.com](https://myCigna.com).

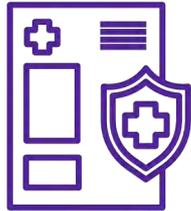


**Next Stop**

**Dental Benefits**

# Benefit Overview

Administered by Cigna



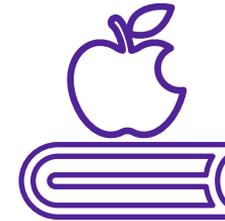
## Benefit highlights

- Three routine cleanings a year
- \$0 preventive care
- Nationwide network



## Things to remember

- Out-Of-Network Balance billing: difference between dentist charge and Cigna allowance
- Cigna DPPO Advantage dentist network



## To learn more

- Cigna Dental Handbook
- Summary of Benefits and Coverage
- [mycigna.com](https://www.mycigna.com)

# Preventive Plan

	<b>DPPO Advantage</b>	<b>DPPO and Out-of-Network</b>
<b>Deductible</b>	\$0 individual / \$0 family	\$0 individual / \$0 family
<b>Annual Benefit Limit</b>	\$1,500	\$1,500
<b>Preventive and Diagnostic Services</b>	No charge	No charge
<b>Basic Restorative Services</b>	20% coinsurance	20% coinsurance
<b>Major Restorative Services</b>	99% coinsurance	99% coinsurance
<b>Orthodontia Services</b>	99% coinsurance	99% coinsurance

# Basic Plan

	<b>DPPO Advantage</b>	<b>DPPO and Out-of-Network</b>
<b>Deductible</b>	\$0 individual / \$0 family	\$50 individual / \$150 family
<b>Annual Benefit Limit</b>	\$2,000	\$2,000
<b>Preventive and Diagnostic Services</b>	No charge	No charge
<b>Basic Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Major Restorative Services</b>	50% coinsurance	50% coinsurance
<b>Orthodontia Services</b>	Not covered	Not covered

# Dental and Orthodontia\* Plan

	<b>DPPO Advantage</b>	<b>DPPO and Out-of-Network</b>
<b>Deductible</b>	\$0 individual / \$0 family	\$25 individual / \$75 family
<b>Annual Benefit Limit</b>	\$2,000	\$2,000
<b>Preventive and Diagnostic Services</b>	No charge	No charge
<b>Basic Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Major Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Orthodontia Services</b>	50% coinsurance	50% coinsurance

\*Orthodontia services have a separate limit of \$1,500 per lifetime per person.

# ≡ Cigna Dental Oral Health Integration Program (OHIP) ≡

Enhanced dental coverage



**Cigna Dental Oral Health Integration Program®**  
A Cigna Dental Health Connect™ solution

**NEED MORE? GET MORE.**

**Cigna Dental Oral Health Integration Program®**

Get the dental services you need for your medical condition. Enroll in the Cigna Dental Oral Health Integration Program today.

**What is the Cigna Dental Oral Health Integration Program?**

It's a program that reimburses out-of-pocket costs for specific dental services used to treat gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. There's no additional cost for the program - if you qualify, you get reimbursement!

**Do I qualify?**

If you have a Cigna dental plan, you're eligible for the program. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must currently be under treatment by a dentist for any of the following conditions:

- Heart disease
- Diabetes
- Maternity
- Chronic kidney disease
- Cigna toothpaste
- Head and neck cancer radiation

**How does it work?**

In order to receive benefits through this program, you must first enroll to participate. Once you've registered, you visit your dentist and pay your usual copay or coinsurance amount. If you visit a Cigna network dentist, they will send us a claim. If you choose to see a dentist not in the Cigna network, you may need to submit the claim yourself. We review the claim and will reimburse your copay or coinsurance for eligible dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

**What else does the Oral Health Integration Program include?**

You can take us for information on issues that affect your oral health and your overall wellness - such as tips of going to the dentist, or the impact of stress or tobacco products. We'll also give you guidance on how to overcome these behaviors.

**Together, all the way.™**



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

## For members with the following medical conditions:

- Diabetes
- Heart disease
- Stroke
- Pregnancy
- Head and neck cancer radiation
- Organ transplants
- Chronic kidney disease

# ≡ Cigna Dental Oral Health Integration Program (OHIP) ≡

24/7 customer service, no additional charge

[Mycigna.com](https://mycigna.com) | (800) CIGNA24



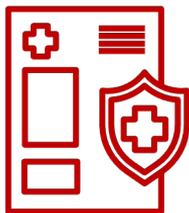
- Enroll or find complete program terms and eligible medical conditions
- Qualified members get reimbursed 100% of coinsurance for certain related dental procedures
- OHIP reimbursements not subject to the annual deductible
- Plan annual maximum will apply



Vision

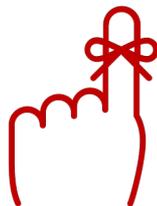
# Benefits Overview

## EyeMed Insight Network



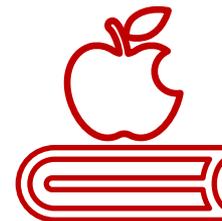
### Benefit highlights

- Zero copay for annual visit
- \$150 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](https://eyemedvisioncare.com/ecmt)
- EyeMed mobile app

# Plan Benefits

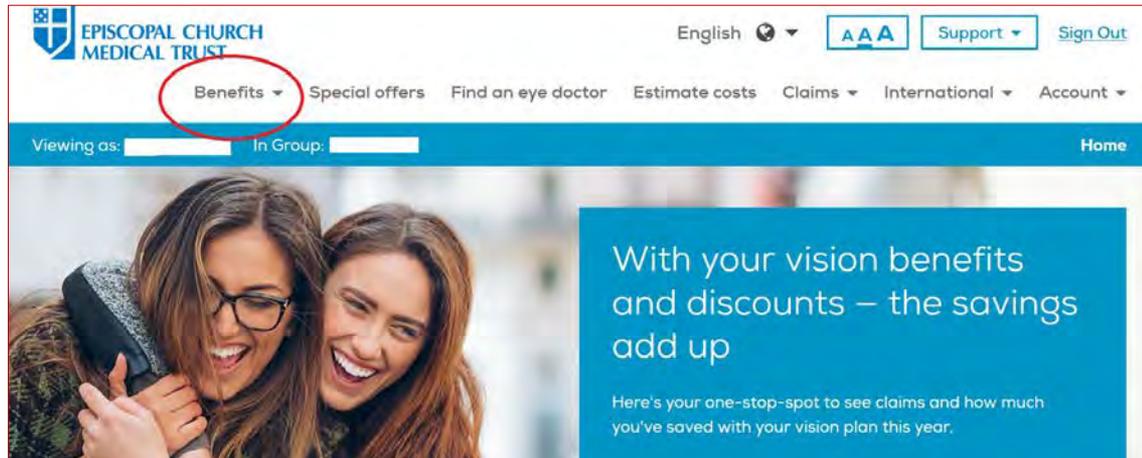
See Summary of Benefits at [cpg.org/mtdocs](http://cpg.org/mtdocs)

	Retail	Out-of-Network
<b>Exam (once every 12 months)</b>	\$0 copay	Up to \$30
<b>Frames (once every 12 months)</b>	\$0 copay; \$150 allowance; 20% off balances over \$150	Up to \$47
<b>Standards plastic lenses</b>	\$10 to \$120 copay	Up to \$32 to \$57
<b>Contact lenses</b> <b>Conventional and disposable</b>	\$0 copay; \$150 allowance plus discounts on balances over \$150	Up to \$100
<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 homepage, click on “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



Benefit allowance and hearing aid device discounts

## Active Benefit Allowance and Hearing Aid Device Discount

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**Health Plan**

All active plans:  
Anthem, Cigna

Maximum benefit of \$1,500 per  
year every three years

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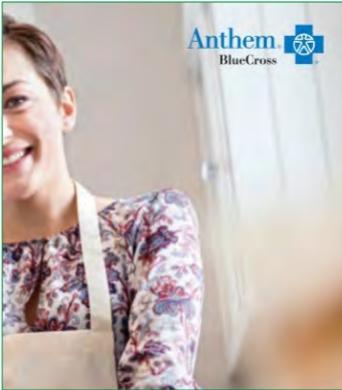


# Care Management Programs



# ≡ Anthem Health 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**

- 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

- Phone: (866) 236-4365  
Monday through Friday, 8:00 AM to 8:00 PM ET
- Secure email: Visit [anthem.com](https://www.anthem.com) > log in > Customer Support > Message Center
- Chat: Log in at [anthem.com](https://www.anthem.com) > Contact Us > Chat With Us

# 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



**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

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



# Telehealth and Virtual Visits –COVID-19 Update

# Care from the Safety and Convenience of Your Home

24/7/365 access to board-certified physicians



**Anthem**

[livehealthonline.com](https://livehealthonline.com)

**Cigna**

[my.cigna.com](https://my.cigna.com)

- Access a medical professional through telehealth platforms offered by Anthem or Cigna.
- Connect through your computer or mobile device with the type of doctor you select
- Secure, private chat by video or phone with an available provider in minutes
- Obtain prescriptions for certain medications, if needed

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

Talk to your healthcare provider



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

**Anthem**

[livehealthonline.com](https://livehealthonline.com)

**Cigna**

[my.cigna.com](https://my.cigna.com)



# Evaluation, Testing, and Treatment

## COVID-19 Healthcare Services

- Copayments, deductibles, and coinsurance fees waived through December 31, 2022 for COVID-19-related healthcare services
  - Evaluation
  - Testing
  - Treatment



# Telehealth and Virtual Visits

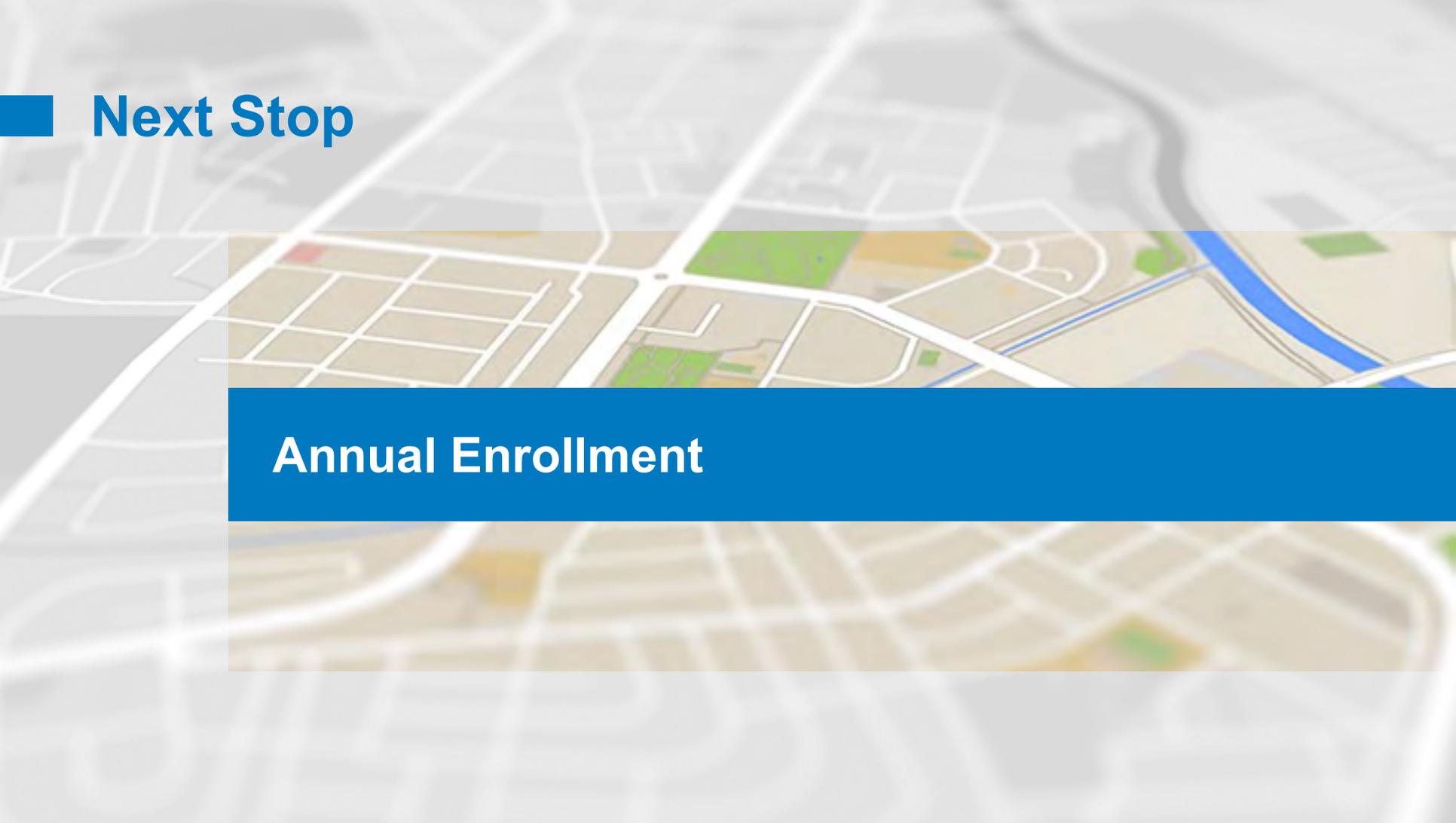
## COVID-19 Healthcare Services

- Member cost shares waived for services received through our health plan carriers' telehealth platforms through December 31, 2022
- 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





**Next Stop**



**Annual Enrollment**

# Annual Enrollment



-  Three Steps to Annual Enrollment:  
Learn, Evaluate, Decide
-  Enrollment Time
-  Top 10 Considerations





## Three Steps to Annual Enrollment: Learn, Evaluate, Decide





Three Steps to Annual Enrollment: Learn, Evaluate, Decide

# Annual Enrollment



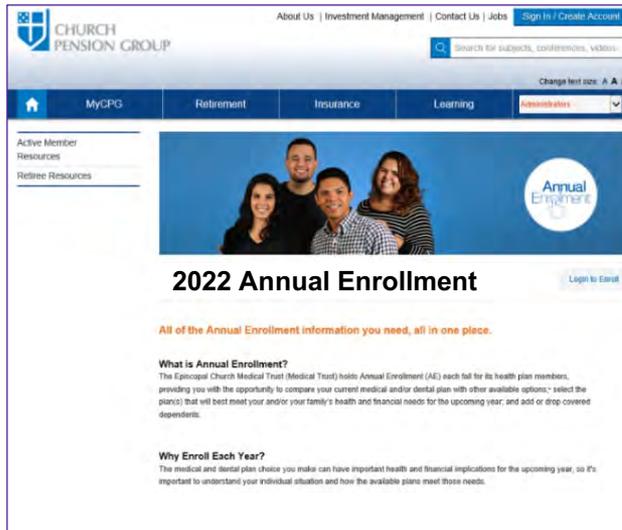
- A chance to consider your healthcare needs for the upcoming year and enroll or change your benefit choices
- An opportunity to review your personal and dependent information



# Step 1: Learn

Learn about your 2022 options

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



## Customized content

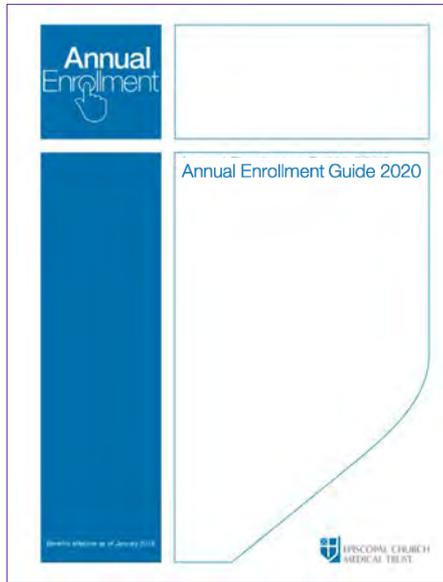
- Active members
- Early retirees
- Retirees



# Visit CPG's Benefits Library

View and download plan-specific materials in one central location

[cpg.org/mtdocs](http://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



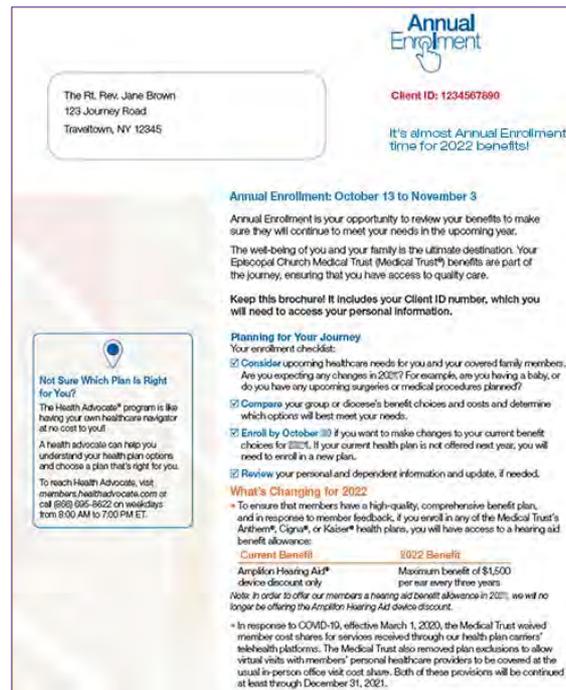
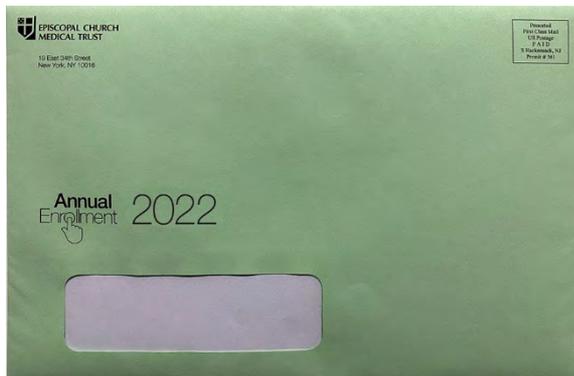
### Out-of-pocket costs

- Individual and family deductibles and out of pocket limits
- Hospital stays
- Annual and lifetime maximums
- Copays and coinsurance

# Step 3: Decide

2022 Annual Enrollment will happen between early October and mid-November 2021

Look for a brochure in the mail with your group's enrollment dates and your **Client ID**





# Step 3: Decide



## Three Steps to Annual Enrollment: Learn, Evaluate, Decide

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



Log in to your MyCPG Account. If you do not already have a MyCPG Account, click on the “Create Account” link. Go to AE site for complete instructions

**You’ll find a link to Annual Enrollment. On the Annual Enrollment website:**

- Your personal details
- Your plan options
- Plan comparison table for your group





# Step 3: Decide



## Three Steps to Annual Enrollment: Learn, Evaluate, Decide

**Plan Reference Documents**  
Enrollment Guide

**New Request**

**Verify** Make any desired changes and click Verify to begin.  
**Clear Changes** Clear any changes on this unsaved request form.

**Name**  
Designation/Salutation: [Dropdown] First: [Text: Chloe] Mid: [Text: ] Last: [Text: I] Suffix: [Text: ]

**Mailing Address**  
Line 1: [Text: ] Line 2: [Text: ] City: [Text: ] State: [Dropdown: CA] Zip: [Text: ] - 2012

Home Phone: [Text: ] Ext.: [Text: ] Personal E-Mail: [Text: 1chloebanks@gmail.com] Business E-Mail: [Text: ]

**Personal Information**  
Tax ID / SSN: [Text: ] Birth Date: [Text: ] Clergy/Lay Status: [Dropdown: Lay] Gender: [Dropdown: ]

**Coverage Options + Monthly Costs**

**Medical**  
 Kaiser Permanente EPO 80 Plan This plan is no longer offered.  
 I decline medical coverage.

**Dental**  
 Dent&Ortho-25/75 This plan is no longer offered.  
 I decline dental coverage.

**Dependents**



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

### Make your health plan selections

- Medical
- Dental (if offered by group)





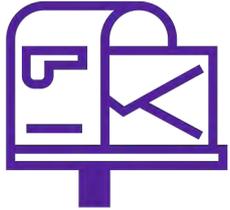
# Enrollment Timeline



# Key Annual Enrollment Dates

**Early October 2021**

Your Mailing Sent



**October 27, 2021**

Annual Enrollment Begins



**November 17, 2021**

Annual Enrollment Ends



**January 1, 2022**

New Plan Year Begins





## Top 10 Considerations



# Three Steps to Annual Enrollment

## Learn, Evaluate, Decide

1. Consider you and your family's healthcare needs for 2022
2. Compare your plan options: Summaries of Benefits and Coverage at [cpg.org/mtdocs](https://cpg.org/mtdocs)
3. Refer to your group timeline for enrollment deadline
4. Enroll using the Annual Enrollment website: [cpg.org/annualenrollment](https://cpg.org/annualenrollment)
5. Be sure to review your personal and dependent information and note any changes
6. Contact your HR admin if you did not receive an Annual Enrollment brochure or if you missed the enrollment deadline
7. No need to re-enroll if your current plan is not changing in 2022
8. If you have coverage under a spouse's plan, carefully consider your options
9. Plan changes take effect January 1, 2022
10. Option to decline coverage for 2022



# COVID-19 Resource Center

Find more information about COVID-19 benefits coverage

[cpg.org/covid19](https://cpg.org/covid19) | See announcements

The screenshot shows the Church Pension Group (CPG) website's COVID-19 Resource Center. The header includes the CPG logo, navigation links for 'About Us', 'Investment Management', 'Contact Us', and 'Jobs', and a 'Sign In / Create Account' button. A search bar is located below the navigation. The main navigation bar features 'MyCPG', 'Retirement', 'Insurance', 'Learning', and 'Active Clergy'. The page content is titled 'COVID-19 Resource Center' and includes a sidebar with 'Announcements', 'Resources', and 'Webinars'. The main content area features a 'Latest Announcements' section with two featured articles: 'COVID-19 Vaccine Coverage' and 'COVID-19 Funeral Assistance'. The 'Vaccine Coverage' article includes a photo of a healthcare worker and a patient. The 'Funeral Assistance' article includes a photo of lit candles. A 'Read more' button is visible at the bottom right of the featured articles.

CHURCH PENSION GROUP

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

Search for subjects, conferences, videos

MyCPG Retirement Insurance Learning Active Clergy

COVID-19 Resource Center

Announcements

Resources

Webinars

COVID-19 Resource Center

Latest Announcements

COVID-19 Vaccine Coverage

Find details about COVID-19 vaccine coverage.

COVID-19 Funeral Assistance

FEMA is providing financial assistance for COVID-19 related funeral expenses.

English | Español

Read more



# 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](http://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, click on topic of interest

*HealthAdvocate.com/ecmt*

HealthAdvocate<sup>®</sup> EPISCOPAL CHURCH MEDICAL TRUST HEALTH FINANCE

**I would like to...** The Episcopal Church Medical Trust | Welcome Members of the Episcopal Church Medical Trust

Resolve a Billing Issue Find a Doctor Message an Advocate

**NEWS** Concerned about coronavirus (COVID-19)? You're not alone, and we're here to help. Access our [coronavirus resource center](#).

**Health** Use our Health resources to find a doctor, clarify your treatment options, and manage your health and well-being. [BROWSE HEALTH](#)

**Concerned about coronavirus (COVID-19)?** You're not alone, and we're here to help. Access our coronavirus resource center. [READ NOW](#)

**Questions about the coronavirus?** Here's where to find answers. [READ NOW](#)



# UnitedHealthcare Global Assistance

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# 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
- Assist with replacing prescriptions, stolen/lost travel documents
- Emergency travel resources



### Getting in touch

- United States:  
(800) 527-0218
- Outside the U.S. call collect:  
(410) 453-6330
- [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)

# Accessing Resources Online

Follow the on-screen instructions to complete your account setup

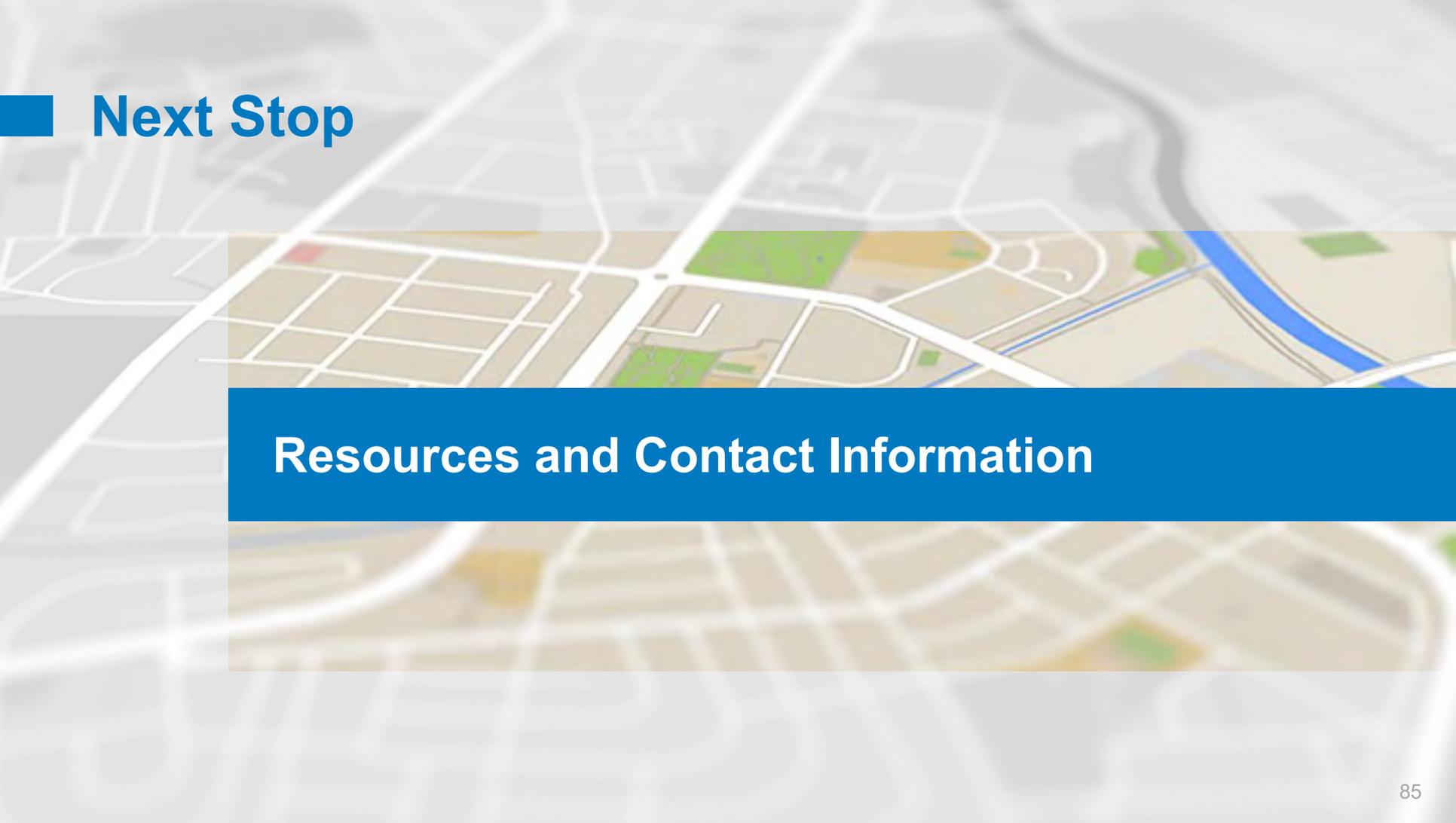
[members.uhcglobal.com](https://members.uhcglobal.com)



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



## Next Stop



## Resources and Contact Information

# Connecting with Your Benefits

## Anthem BCBS

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

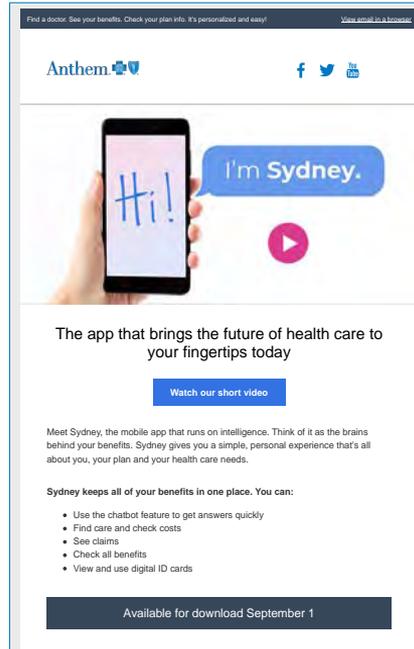


- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Price medications
- Access telehealth
- Use member app and social media channels
- ...and more!

# 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)



### 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

## 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



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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](#)

# Administrators' Resource Center



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Insurance

Learning

Administrators

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CPG Webinars

Conferences

Who to Call

What To Do When

Understanding Your Bills

Documents & Mailings

The Employee Roster

MLPS Changes

Recursos en Español

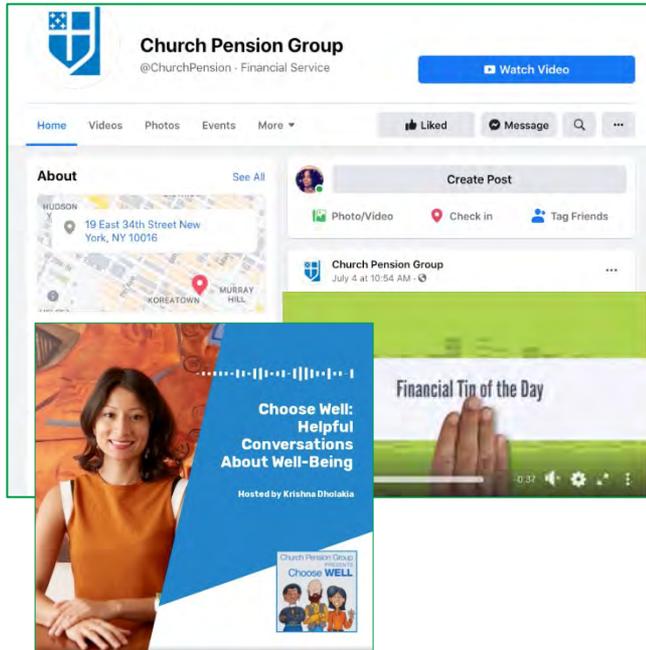


## Latest News & Updates

- Read the latest [COVID-19 Administrators Frequently Asked Questions](#)
- See [COVID-19 Resource Center](#) for important information for members and Episcopal administrators
- Download and print our updated [reference guide to some of the frequently used terms and acronyms](#)  used by CPG
- Download and print updated At-A-Glance Contact Lists. A great resource for you and your members:
  - [For Admins](#)  | [For Members](#) 

# Connecting with CPG and Carriers

Information at your fingertips



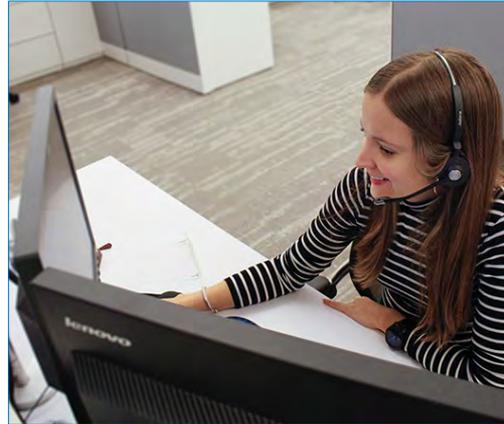
- Timely posts about your benefits, Annual Enrollment reminders, and more
- Additional social media content on health plan providers' websites

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)

# At Your Service

Resources to guide you to your destination



## CPG Client Services Administrator Services

- Call (855) 215-5990  
Monday to Friday  
8:30 AM to 8:00 PM ET
- Administrators' Resource  
Center: [cpg.org/ARC](http://cpg.org/ARC)
- [Admin-assist@cpg.org](mailto:Admin-assist@cpg.org)

# Questions & Answers



# 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.

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