

# Diocese of New York

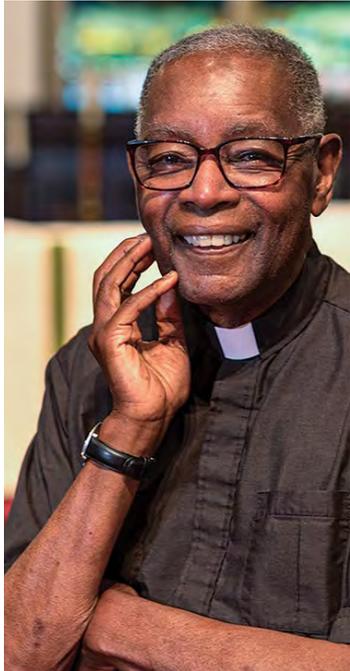


**Kirk Mason**  
Vice President  
Domestic Relationship  
Management

October 12, 2022  
**2023 Annual Enrollment  
Member Education**



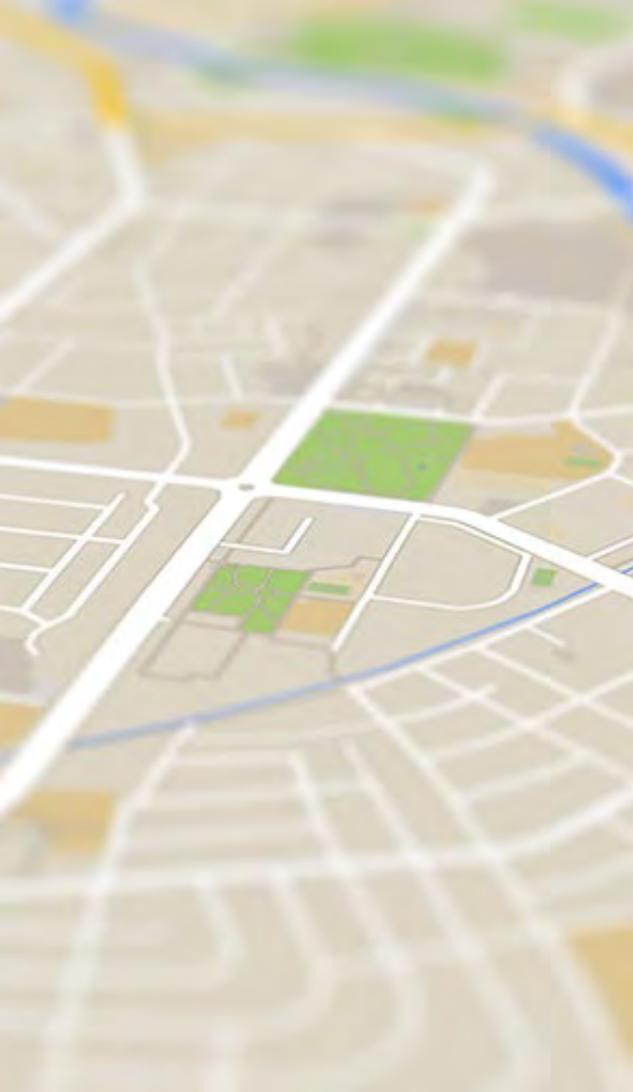
# ≡ About the Church Pension Group ≡



# 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



# Journey to Well-being

**Preparing for Your Journey**

# ≡ Your Checklist ≡



- ☑ Learn how your healthcare benefits work
- ☑ Enroll in the benefits that best meet your needs:
  - ☑ Consider your and your family's healthcare needs for 2023
  - ☑ Compare your options and costs
  - ☑ Enroll by the deadline
- ☑ Review and update your personal and dependent information



## First Stop



**Core Medical Plan Benefits**

# The Travel Guide to Well-being



Your health plan offering includes these benefits

-  Types of medical plans
-  Medical plan details
-  Behavioral health
-  Cigna Employee Assistance Program (EAP)
-  Pharmacy Benefits
-  Vision
-  Hearing
-  Hinge Health
-  Care Management Programs
-  Telehealth and virtual visits (COVID-19 update)
-  Health Advocate
-  UnitedHealthcare Global Assistance

# ≡ The Episcopal Church Medical Trust

A plan created with you in mind





# Types of Medical Plans



# 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 | Kaiser Permanente

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

# 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

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



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



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

# Health Savings Account Contributions

How much can you contribute in 2023?



## Individual

**\$3,850**

The total contribution allowed from both you and your employer



## Family

**\$7,750**

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 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



**Or you can use your own bank or qualified financial institution**

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



## Medical Plan Details



# Medical Benefits



Deductible

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



Out-of-Pocket Limit

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



Copay

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



Coinsurance

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

# Medical Benefits



Deductible

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



Out-of-Pocket Limit

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



Copay

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



Coinsurance

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

# Medical Benefits



Deductible

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



Out-of-Pocket Limit

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



Copay

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



Coinsurance

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

# Medical Benefits



Deductible



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



Out-of-Pocket Limit



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



Copay



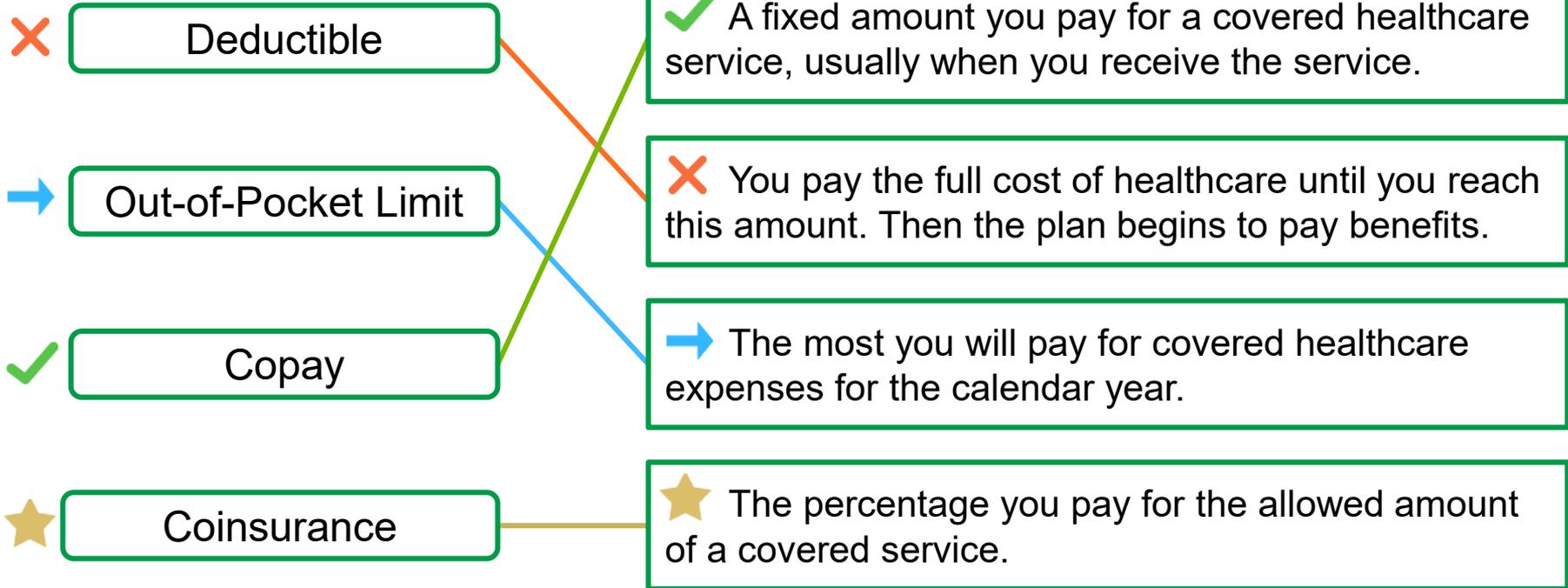
The most you will pay for covered healthcare expenses for the calendar year.



Coinsurance

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

# Medical Benefits



# 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



# Medical Benefits



## Anthem CDHP-20 | Cigna CDHP-20

	<b>Network</b>	<b>Out-of-Network</b>
Deductible	\$3,000 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

# Details about Your Medical Coverage

## Summaries of Benefits and Coverage



Anthem BlueCard PPO 100

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

Coverage Period: 01/01/2023 – 12/31/2023

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> ?	<a href="#">Network</a> : \$0 Individual / \$0 Family <a href="#">Out-of-Network</a> : \$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> ?	<a href="#">Network</a> : \$2,000 Individual / \$4,000 Family <a href="#">Out-of-Network</a> : \$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> .



# Behavioral Health

# For Help with Mental Health or Substance Abuse

Anthem BCBS | Cigna



## Benefit highlights

- Outpatient therapies
- Inpatient services
- Medication management



## Please note

- As with traditional medical services, prior authorization may be required for certain services



# Cigna Employee Assistance Program (EAP)



# For the Bumps in the Road

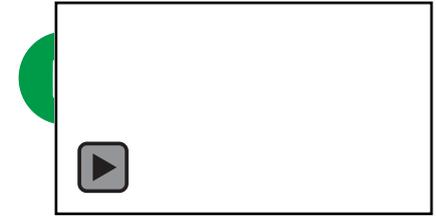
The Employee Assistance Program is here for you



Help and support



Information and guidance



# EAP Overview

The Employee Assistance Program is here for you



## 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

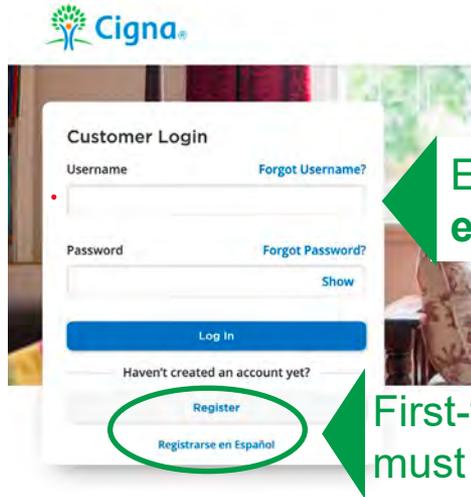
- Confidential
- No cost to you
- 24/7 availability

# Accessing Cigna EAP Resources Online

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

*mycigna.com*

Webpage detail



Employer Name or ID:  
**episcopal**

First-time visitors  
must register

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



# 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



# Pharmacy Benefits





## Pharmacy Benefits

# Things to Know About Your Pharmacy Benefits



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

# Prescription Drug Benefits

Managed by Express Scripts



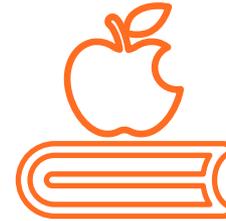
## Benefit highlights

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



## Things to remember

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



## To learn more

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

# Prescription Drug Benefits

## 2023 Express Scripts—Standard Rx option (coinsurance-based)

	Retail	Home Delivery
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$10 copay	Up to \$25 copay
<b>Preferred Brand-name</b>	25% coinsurance; up to \$40 min/\$80 max	25% coinsurance; up to \$100 min/\$200 max
<b>Non-preferred Brand-name</b>	40% coinsurance; up to \$80 min/\$160 max	40% coinsurance; up to \$200 min/\$400 max
<b>Specialty Rx</b>	40% coinsurance; up to \$100 min/\$200 max	40% coinsurance; up to \$250 min/\$500 max
<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

## 2023 Express Scripts—Standard Rx option – Retail (30 day supply)

	Plan Design	Negotiated Retail Price	Member Cost
<b>Generic</b>	Up to \$10 copay	Any	Up to \$10 copay
<b>Preferred Brand-name</b>	25% coinsurance; up to \$40 min/ \$80 max	\$ 0.01 - \$ 39.99 \$ 40.00 - \$ 159.99 \$ 160.00 - \$ 319.99 \$ 320.00+	Retail Price \$40 25% of Retail Price \$80
<b>Non-preferred Brand-name</b>	40% coinsurance; up to \$80 min/ \$160 max	\$ 0.01 - \$ 79.99 \$ 80.00 - \$199.99 \$ 200 - \$ 399.99 \$ 400.00 +	Retail Price \$80 40% of Retail Price \$160
<b>Specialty Rx</b>	40% coinsurance; up to \$100 min/ \$200 max	\$ 0.01 - \$ 99.99 \$ 100.00 - \$ 249.99 \$ 250.00 - \$ 499.99 \$ 500 +	Retail Price \$100 40% of Retail Price \$200

# Prescription Drug Benefits

2023 Express Scripts—Standard Rx option – Home Delivery (90 day supply)

	Plan Design	Negotiated Home Delivery Price	Member Cost
<b>Generic</b>	Up to \$25 copay	Any	Up to \$25 copay
<b>Preferred Brand-name</b>	25% coinsurance; up to \$100 min/ \$200 max	\$0.01 - \$99.99 \$100.00 - \$399.99 \$400.00 - \$799.99 \$800.00+	Home Delivery Price \$100 25% of Home Delivery Price \$200
<b>Non-preferred Brand-name</b>	40% coinsurance; up to \$200 min/ \$400 max	\$0.01 - \$199.99 \$200.00 - \$499.99 \$500 - \$999.99 \$1,000.00 +	Home Delivery Price \$200 40% of Home Delivery Price \$400
<b>Specialty Rx</b>	40% coinsurance; up to \$250 min/ \$500 max	\$0.01 - \$249.99 \$250.00 - \$624.99 \$625.00 - \$1249.99 \$1250.00+	Home Delivery Price \$250 40% of Home Delivery Price \$500

# Prescription Drug Benefits—Preferred Brand Name

2023 Express Scripts—Standard Rx option – Retail (30 day supply)

	Negotiated Retail Price	25%	Member Cost
<b>Medication A</b>	\$ 16	N/A	Since \$16 is less than the minimum cost share of \$40, you pay the actual cost of \$16
<b>Medication B</b>	\$ 40	\$ 10	Since \$10 is less than the minimum cost share of \$40, you pay the minimum cost share of \$40
<b>Medication C</b>	\$ 150	\$37.50	Since \$37.50 is less than the minimum cost share of \$40, you pay the minimum copayment of \$40
<b>Medication D</b>	\$ 225	\$ 56.25	25% coinsurance of \$225 is \$56.25, which is less than the maximum limit, so you pay \$56.25
<b>Medication E</b>	\$ 400	\$ 100	Since \$100 is greater than the maximum cost share of \$80, you pay only the maximum of \$80

# Prescription Drug Benefits

## 2023 Express Scripts—CDHP-20

	<b>Retail and Home Delivery</b>
<b>Deductible (combined with medical deductible)</b>	\$3,000 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>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

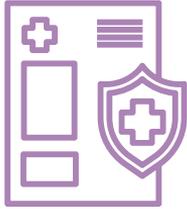
\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.



Vision

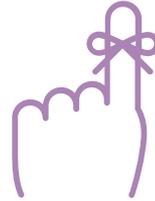
# Benefits Overview

## EyeMed Insight Network



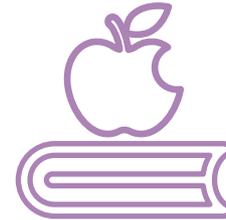
### Benefit highlights

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



### Things to remember

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



### To learn more

- (866) 723-0513
- [eyemedvisioncare.com/ecmt](https://eyemedvisioncare.com/ecmt)
- EyeMed mobile app

# Plan Benefits

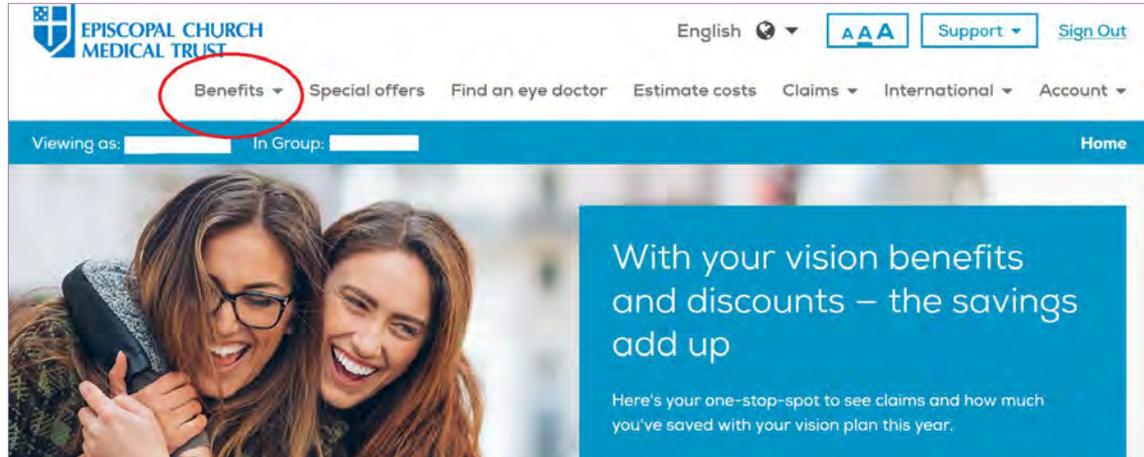
See Summary of Benefits at [cpg.org/mtdocs](http://cpg.org/mtdocs)

	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; \$200 allowance; 20% off balances over \$200	Up to \$47
<b>Standard plastic lenses</b>	\$10 to \$120 copay	Up to \$32 to \$57
<b>Contact lenses</b>	\$0 copay; \$200 allowance plus discounts on balances over \$200	Up to \$100
<b>Conventional and disposable</b>		
<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, 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

## 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





# Fertility Benefit Update





# Fertility Benefit



Effective January 1, 2023

- Lifetime Benefit Maximum will be a combined \$50,000 for medical and prescription drugs
- Medical Trust will cover standard fertility preservation services for medically necessary treatment that may cause infertility



# Hinge Health

---

---



Hinge Health

# Hinge Health and Expert Medical Second Opinion



- Virtual musculoskeletal (MSK) wellness company
- Available through Express Scripts
- Hinge Health's Musculoskeletal (MSK) Expert medical second opinion service available for Anthem and Cigna members
- Learn more at [hingehealth.com](https://hingehealth.com)



# Care Management Programs

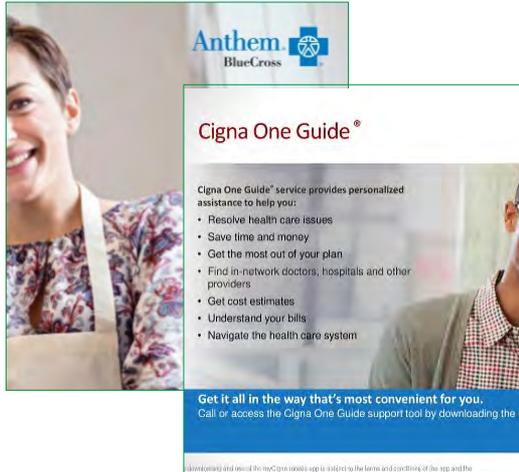
---

---

# Anthem Health Guide and Cigna One Guide

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

## Anthem Health Guide



## Cigna One Guide

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

## Contact Information

- **Anthem:**
  - Call (866) 236-4365, Mon - Fri, 8:00 AM to 8:00 PM ET
  - Secure email or Chat: Log in at [anthem.com](https://www.anthem.com)
- **Cigna:**
  - Call (800) 244-6224 to speak with a Cigna One Guide representative today

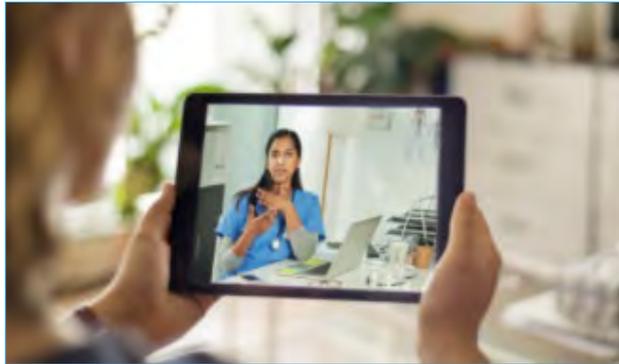


# Telehealth and Virtual Visits (COVID-19 update)



# 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.
- Chat securely and privately 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



**Anthem**

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

**Cigna**

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

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



# Evaluation, Testing, and Treatment

## COVID-19 Healthcare Services

- Copayments, deductibles, and coinsurance fees waived through December 31, 2023 for healthcare services related to COVID-19
  - Evaluation
  - Testing
  - Treatment



COVID-19 Update

# Telehealth and Virtual Visits

## COVID-19 Healthcare Services

- Members cost shares waived for services received through our health plan carriers' telehealth platforms through December 31, 2023.
- 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.



# 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. At the top, there is a navigation bar with links for "About Us", "Investment Management", "Contact Us", and "Jobs", along with a "Sign In / Create Account" button. A search bar is also present. Below the navigation bar, there is a menu with options: "MyCPG", "Retirement", "Insurance", "Learning", and "Active Clergy". The main content area is titled "COVID-19 Resource Center" and features a sidebar with links for "Announcements", "Resources", and "Webinars". The main content displays "Latest Announcements" with two featured items: "International Clergy Pension Plan" and "At-home COVID-19 Test Kit Update". Each item includes a brief description, language options (English and Español), and a "Read more" button. A "More announcements" link is located at the bottom of the page.



# Health Advocate

# Helping You Navigate the Complexities of Healthcare



## What it includes

- Private, confidential assistance
- Understanding and troubleshooting claims
- Appeals support
- Household benefit
- 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](https://www.healthadvocate.com)



The screenshot shows the Health Advocate website homepage. The main headline reads "We make healthcare easier". To the right of this headline is a blue box with the text "Support for every type of medical condition" and two bullet points: "• Explain health conditions, diagnoses and treatments; research treatment options" and "• Answer questions so you can make the right choices for your care". Below the headline, there is a section titled "Turn to us—we can help." with the phone number "866.695.6622" and the website URL "www.healthadvocate.com". There are also logos for "Download the app today!" and "Available at no cost to employees, spouses, dependents, parents and parents-in-law. Completely confidential." At the bottom of the page is a red banner with the Health Advocate logo.



## 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, chose the topic of interest

[HealthAdvocate.com/ecmt](https://HealthAdvocate.com/ecmt)

**HealthAdvocate™** |  EPISCOPAL CHURCH  
MEDICAL TRUST

 HEALTH  ADVOCATES

## Welcome to your Health Portal

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

I would like to... 

  Health Advocate is here for you & your family

**Call 866.695.8622**



# UnitedHealthcare Global Assistance

---

---



# Benefit Overview



## 24-hour assistance while traveling



### What it includes

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



### Getting in touch

- United States:  
(800) 527-0218
- Outside the 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

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



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



## Next Stop

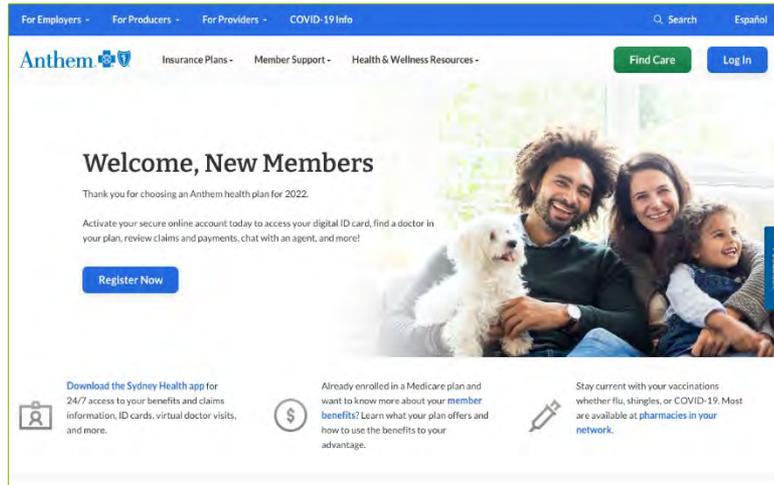


**Core Medical Plan Benefits—  
Vendor Resources and Contact Information**

# Connecting with Your Benefits

## Anthem BCBS

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

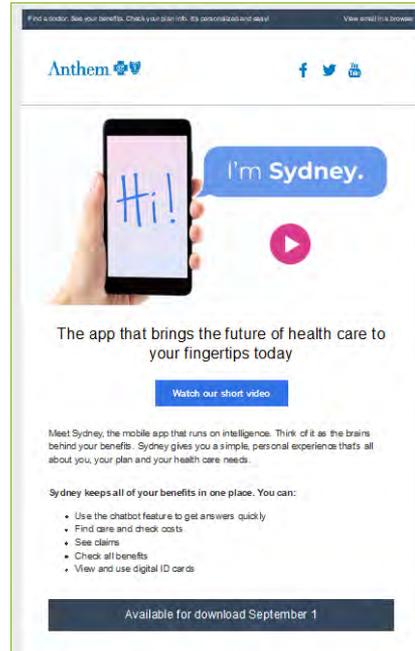


- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Access telehealth
- Use member app and social media channels
- ...and more!

# Connecting with Your Benefits

## Anthem BCBS

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



### All your health benefits information in one place:

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

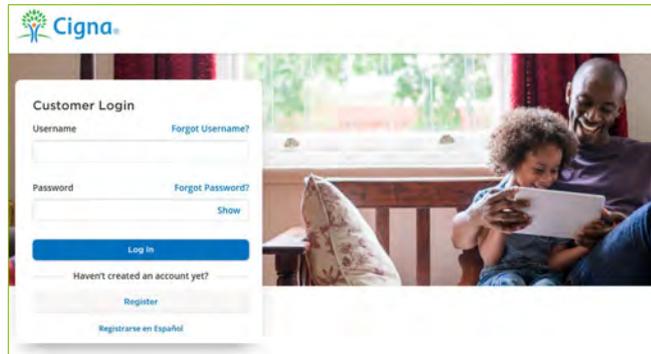
### Plus:

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

# Connecting with Your Benefits

MyCigna

[mycigna.com](https://mycigna.com) | (800) 244-6224



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



# Questions & Answers





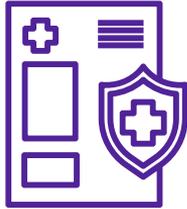
**Next Stop**



**Dental Benefits**

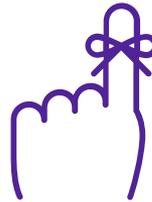
# Benefit Overview

Administered by Cigna



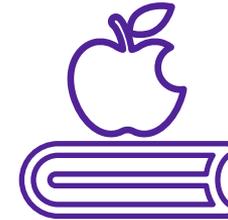
## Benefit highlights

- 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://mycigna.com)

# Dental Plan Details



Deductible

The maximum amount the plan will pay.



Annual Benefit Limit

You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.



Orthodontia Services

Orthodontic work-up including x-rays, diagnostic casts and treatment plan, and the first month of active treatment including all active treatment and retention appliances.

Continued active treatment after the first month.

# Dental Plan Details



Deductible

The maximum amount the plan will pay.



Annual Benefit Limit

 You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.



Orthodontia Services

Orthodontic work-up including x-rays, diagnostic casts and treatment plan, and the first month of active treatment including all active treatment and retention appliances.

Continued active treatment after the first month.

# Dental Plan Details



Deductible

The maximum amount the plan will pay.



Annual Benefit Limit

 You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.



Orthodontia Services

 Orthodontic work-up including x-rays, diagnostic casts and treatment plan, and the first month of active treatment including all active treatment and retention appliances.

Continued active treatment after the first month.

# Dental Plan Details



Deductible



The maximum amount the plan will pay.



Annual Benefit Limit



You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.



Orthodontia Services



Orthodontic work-up including x-rays, diagnostic casts and treatment plan, and the first month of active treatment including all active treatment and retention appliances.

Continued active treatment after the first month.

# 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>	Not covered	Not covered

# 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

# ≡ 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 reimbursed!

**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 doctor for any of the following conditions:

- Heart disease
- Diabetes
- Obesity
- Chronic kidney disease
- Organ transplants
- 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 refund 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 ask us for information on issues that affect your oral health and your overall wellness – such as hair 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.®**

 Cigna

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 review 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.



**Next Stop**



**Annual Enrollment**

# Annual Enrollment



-  Three Steps to Annual Enrollment:  
Learn, Evaluate, Decide
-  Annual Enrollment Time
-  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 and enroll or change your benefit choices
- An opportunity to review your personal and dependent information



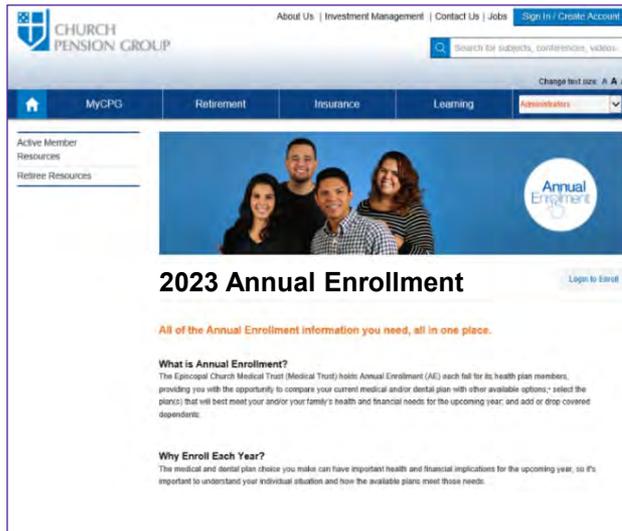


# Step 1: Learn



Learn about your 2023 options

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



## Customized content

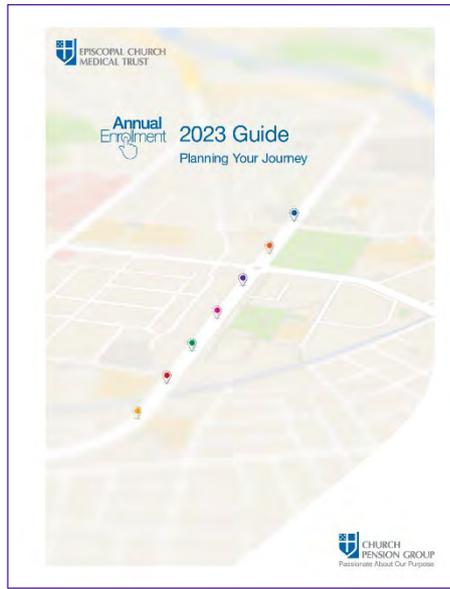
- Active members
- Pre-65 Former Employees
- Post-65 Former Employees



# Visit CPG's Benefits Library

View and download plan-specific materials in one central location

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

2023 Annual Enrollment will happen between early October and mid-November 2022

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



A screenshot of the Episcopal Church Medical Trust's Annual Enrollment 2023 website. The page is titled "Annual Enrollment" and features a hand cursor icon over the word "Enrollment". The main content area is divided into sections: "Coming soon..." with a message about choosing 2023 health coverage; "Available now..." with a QR code and a list of resources; and "Need help?" with contact information for Church Pension Group Client Services. The resources list includes a Plan Comparison Chart, a 2023 Annual Enrollment Guide, summaries of benefits and coverage, vendor contact information, a glossary of health coverage and medical terms, and online plan documents. The contact information includes a phone number (800) 480-9967 and an email address (mtcustserv@cp.org). A disclaimer at the bottom states that the documents may contain protected health information and that the recipient is prohibited from disclosing this information to any other party unless required to do so by law or regulation.



# Step 3: Decide



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

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

Sign In or Create Account

Sign In Create Account

\* Username

[Forgot Username?](#)

\* Password  Show typing

[Forgot Password?](#)

Sign In

Need Help?  
Please contact Client Services (855) 994-3201  
Monday - Friday 8:30AM - 9:00PM ET (excluding holidays)

Required field.



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.

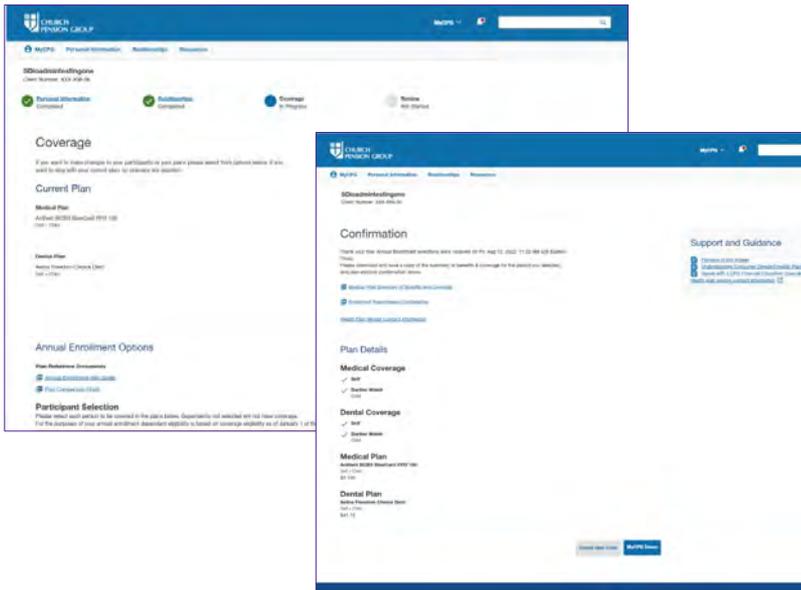
**You’ll find a link to Annual Enrollment. On the Annual Enrollment website:**

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



# Step 3: Decide

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



Be sure to confirm or update the 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)





# Annual Enrollment Timeline



# Key Annual Enrollment Dates

**Early October 2022**

Your Mailing Sent



**October 26, 2022**

Annual Enrollment Begins



**November 16, 2022**

Annual Enrollment Ends



**January 1, 2023**

New Plan Year Begins





# Top Considerations



# Three Steps to Annual Enrollment

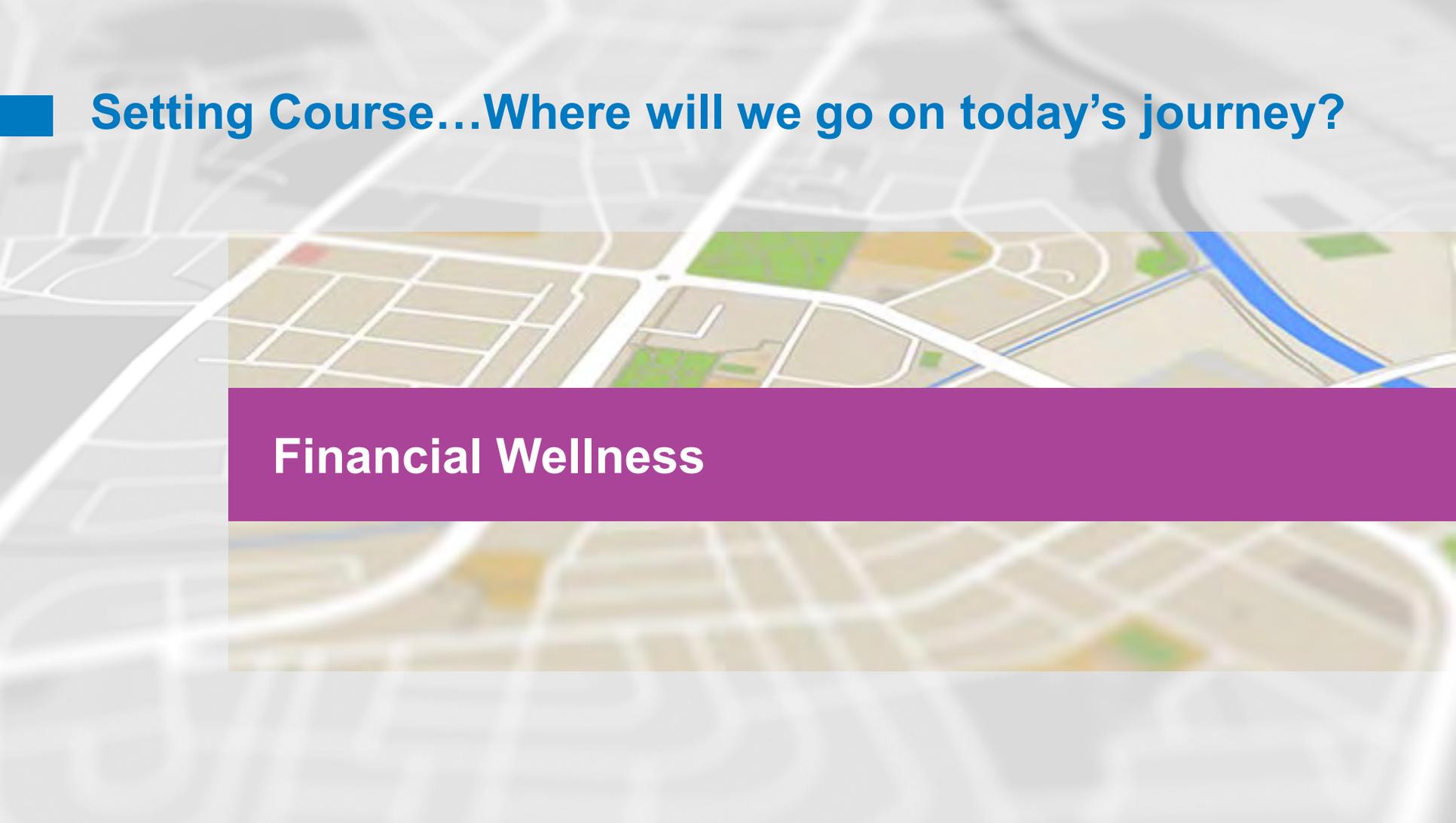
## Learn, Evaluate, Decide

1. Consider you and your family's healthcare needs for 2023.
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. If your current options are offered for 2023 and you don't want to make changes, you do not need to re-enroll.
6. If your current plan is no longer being offered in 2023, you must choose a new plan, or you will not have coverage during 2023.
7. Be sure to review your personal and dependent information and note any changes.
8. Contact your HR admin if you did not receive an Annual Enrollment letter or if you need assistance.
9. If you have coverage under a spouse's plan, carefully consider your options.
10. Plan changes take effect January 1, 2023.
11. You can decline coverage for 2023.



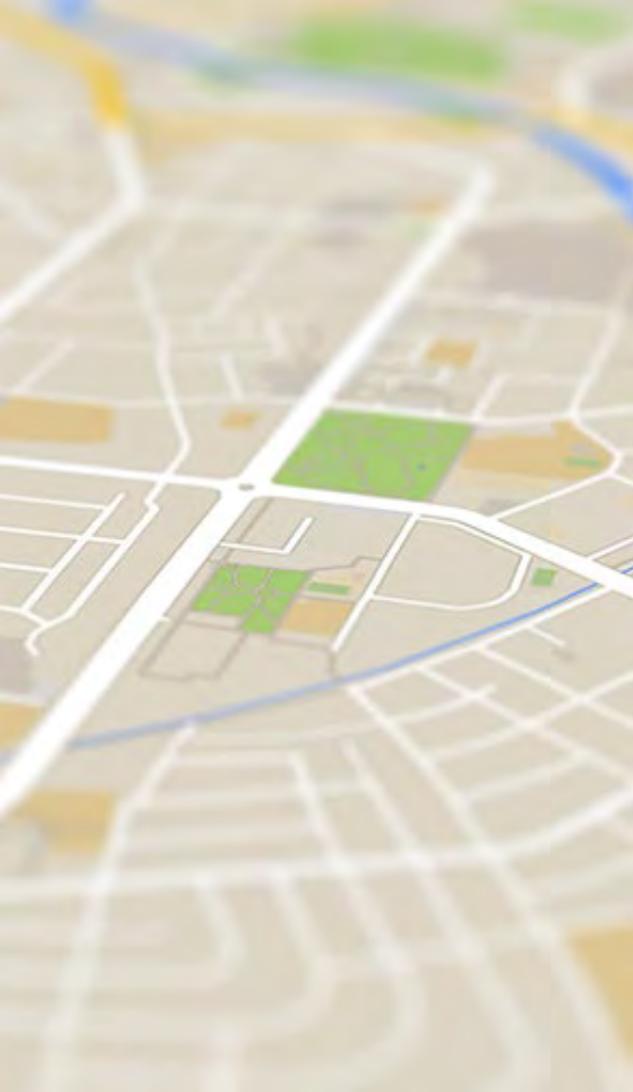
# Questions & Answers





**Setting Course...Where will we go on today's journey?**

**Financial Wellness**



# Financial Wellness



-  Retirement Readiness
-  Life Insurance
-  Disability



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 done so already, enroll in your retirement plan.



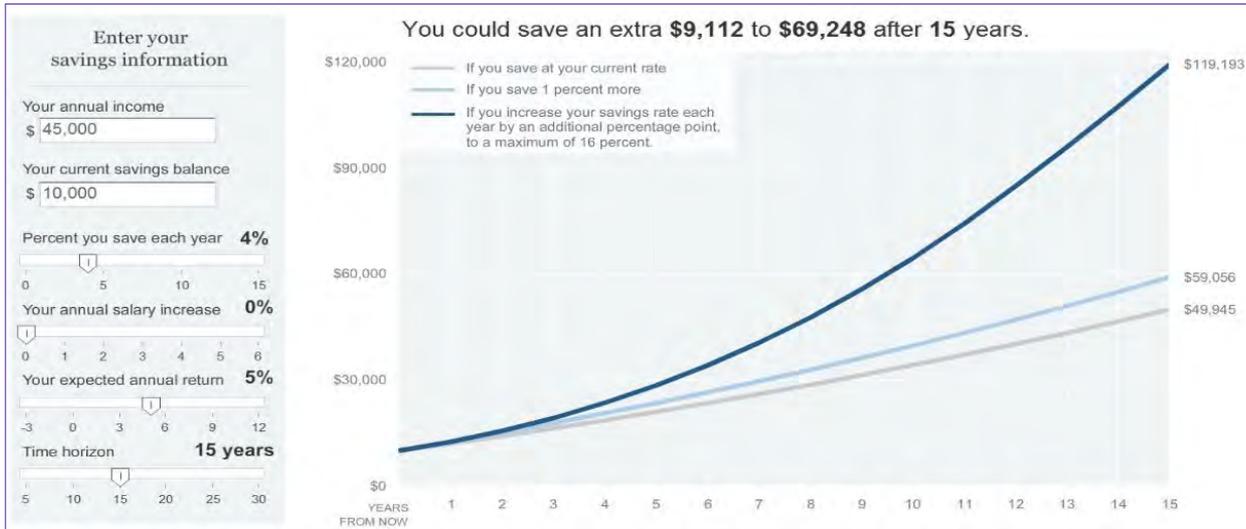
## Save

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 employer regarding employer contributions.

# The Power of Compound Interest

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



Rate of return: 5%  
(savings shown in today's dollars, assuming 3% inflation per year.)

# ≡ 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 contributions
- Tax deferred earnings
- Taxes paid at withdrawal
- Potential early access to your funds through loan provision and hardship withdrawals

\*Subject to IRS limitations.

# The Episcopal Church Lay Employees' Defined Contribution Retirement Plan

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

## Already Enrolled

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

## Not Yet Enrolled\*

- Employer enrolls you in the plan
- Generally, employer contributes 5% with up to a 4% match\*\*

Title	What is this for?	Contact Information
Employment Change Form - 2018	Report employment and compensation changes for changes effective on or after January 1, 2018.	The Church Pension Fund Attn: Client Services, 19 East 34th Street New York, NY 10016 or fax to (877) 439-9274
New Assignment		
Compensation Changes		
Personal Information Change Form	To update personal information for clergy and lay employees.	The Church Pension Fund Attn: Client Services, 19 East 34th Street New York, NY 10016
Defined Contribution Plan Employee Attribution Form	For an employee to join the DC pension plan or RSPV	The Church Pension Fund Attn: Client Services, 19 East 34th Street New York, NY 10016

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

\*\*These contribution rates reflect the requirements of the Lay Employees' Defined Contribution Retirement Plan. Check with your employer as it may have elected different rates.

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

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

## Already Enrolled

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

## Not Yet Enrolled\*\*

- Download an enrollment form at [cpg.org/forms-and-publications/forms/retirement-savings/](http://cpg.org/forms-and-publications/forms/retirement-savings/), or
- Call Client Services (866) 802-6333, Monday to Friday 8:30 AM to 8:00 PM ET

	Retirement Savings Plan (RSVP) Forms		
	Title	What is this for?	Contact Information
Financial Planning			
Health Plans			
Life Insurance			
Pensions	Employment Change Form - 2018	Report employment and compensation changes for changes effective on or after January 1, 2018.	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016 or fax to (877) 432-6274
Property & Casualty Insurance	New Assignment and Compensation Changes		
Retirement Savings			
Publications	Personal Information Change Form	To update personal information for clergy and lay employees.	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016
Recursos en Español	Defined Contribution Plan Employee Application for Membership	For an employee to join the DC pension plan or RSVP	The Church Pension Fund Attn: Client Services 19 East 34th Street New York, NY 10016
	Employer Adoption Agreement (RSVP)	Agreement form for employers to participate in RSVP plan.	The Church Pension Fund Attn: Client Services 19 East 34th

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

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



# 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.

\*Offered by a third party and not by CPG.



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.



# Help Is a Call Away



Call (888) 735-7114 for a discussion that's always complimentary



Larry Dresner



Anna Molin

## Here are some topics you may want to discuss:

- Retirement readiness (one to five years from retirement)
- Retirement savings 10+ years from retirement
- General life event questions
- Clergy tax-related questions



## Calculators

- PlanAhead Calculator [cpg.org/planahead](http://cpg.org/planahead)
- Retirement Savings Spending Calculator [cpg.org/rssc](http://cpg.org/rssc)
- Pension Calculator in MyCPG Account

# Disclaimer

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.

Investing involves risk, including risk of loss. Fees and other terms and restrictions may apply. The information presented here is not investment advice, and does not take into account the investment objectives, financial situation, or retirement needs of particular individuals. It is important that you consider this information in the context of your personal risk tolerance, investment objectives, and financial and retirement goals. You should not rely on this information in making any investment or other decision that will affect your personal financial, retirement, or tax situation. You should contact your own professional advisor prior to making any such decision.

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.

Church Life Insurance Corporation, NAIC No. 61875, a New York life insurance company, with its home office located at 19 East 34th Street, New York, New York 10016 (“Church Life”), offers group and, in certain circumstances, individual life insurance and annuities to clergy and lay employees, and their families, in the service of The Episcopal Church. Product availability and features may vary by state, and products may not be available in all states. Church Life is not licensed in all states. Any and all guarantees by Church Life are based on and expressly subject to the claims-paying ability of Church Life. The Church Pension Fund does not guarantee the payment of principal of or interest on any Church Life insurance policy or annuity contract. Information and descriptions of products and services are provided solely for general informational purposes and are not intended to be complete descriptions of, or to create a contract or an offer to provide, coverage. For complete details of coverage, including exclusions, limitations and restrictions, please see the actual life insurance policy or annuity contract. If any description of a Church Life product conflicts with the terms of the actual life insurance policy or annuity contract, then the terms of such life insurance policy or annuity contract will govern.

Individual life insurance is offered through Church Life Insurance Corporation (“Church Life”) and underwritten by Protective Life and Annuity Insurance Company (“Protective Life”), NAIC No. 88536, which is located in Birmingham, Alabama. Product availability and features may vary by state. Protective Life has sole responsibility for all financial obligations in connection with its products. Neither Church Life nor any of its affiliates has any responsibility or liability whatsoever for the obligations of Protective Life. Neither Church Life nor any of its affiliates is affiliated with Protective Life.

# Disclaimer

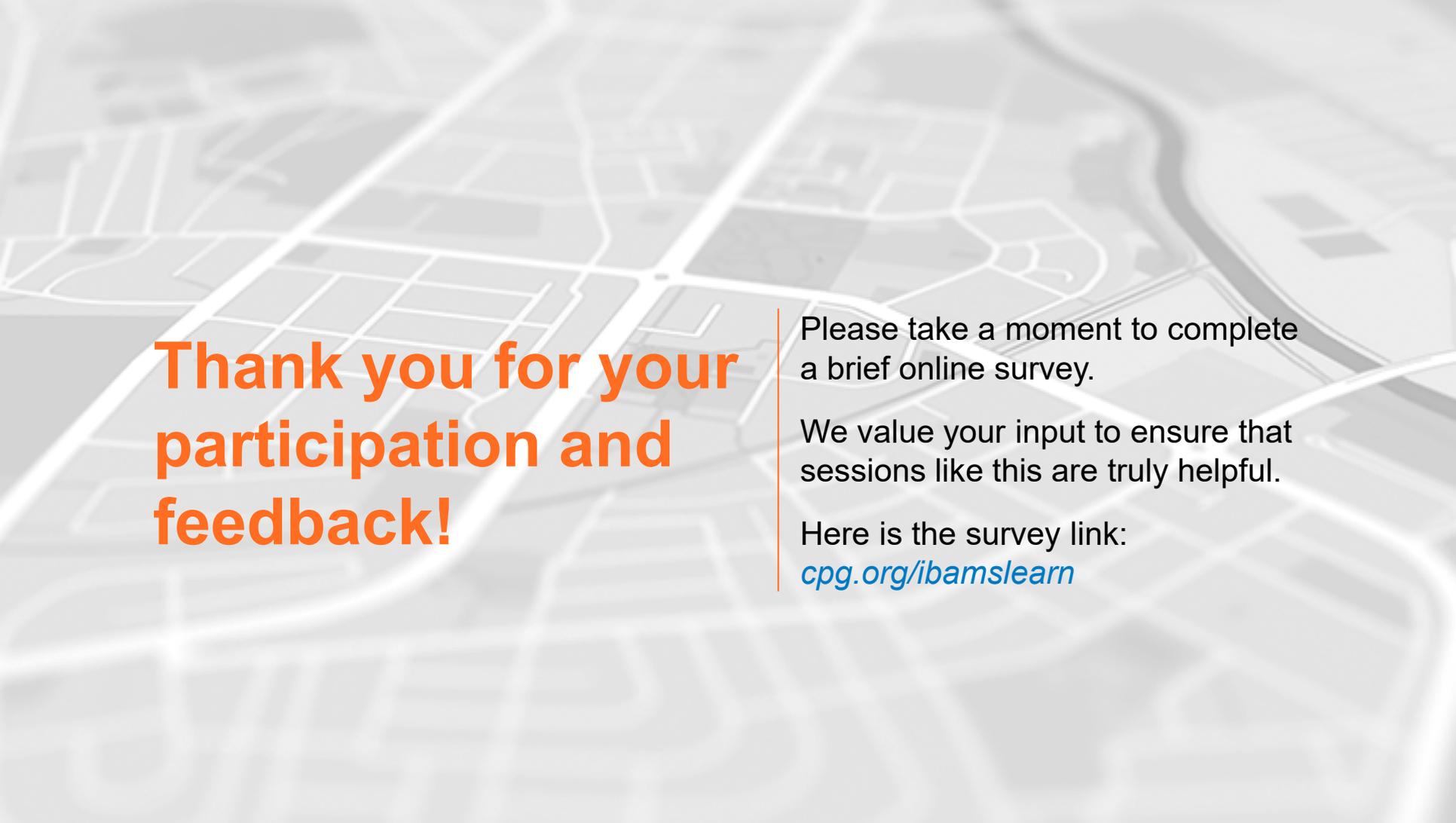
This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any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

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

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

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.

Neither The Church Pension Fund nor any of its affiliates (collectively, “CPG”) is responsible for the content, performance, or security of any website referenced herein that is outside the [www.cpg.org](http://www.cpg.org) domain or that is not otherwise associated with a CPG entity.



**Thank you for your  
participation and  
feedback!**

Please take a moment to complete a brief online survey.

We value your input to ensure that sessions like this are truly helpful.

Here is the survey link:

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