

# Your Healthcare Benefits









**Jeff Hamilton**  
Senior Relationship Manager

Date: October 8, 2025  
**2026 Annual Enrollment**



# Journey to Well-being



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











# ≡ Your Checklist



- ☑ Learn how your healthcare benefits work
- ☑ Enroll in the benefits that suit you best:
  - ☑ Consider your healthcare needs and those of your family for 2026
  - ☑ Compare options and costs
  - ☑ Enroll by the deadline
- ☑ Review and update your information and that of your dependent(s)

# The Travel Guide to Well-being

Your health plans and the many benefits offered

-  Types of Medical Plans
-  Medical Plan Details
-  Quantum Health
-  Behavioral Health
-  Cigna Employee Assistance Program (EAP)
-  Pharmacy
-  Vision
-  Hearing
-  Hinge Health
-  Active & Fit
-  Telehealth and Virtual Visits
-  Care Management Programs
-  UnitedHealthcare Global Assistance

## Preferred Provider Organization (PPO) ≡

Anthem BCBS | Cigna

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





## Types of Medical Plans

# Consumer-Directed Health Plan (CDHP) ≡

Anthem BCBS | Cigna

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

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

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

Must be  
enrolled in a  
Consumer-  
Directed  
Health Plan



Not covered by Medicare, TRICARE,  
or other medical insurance

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

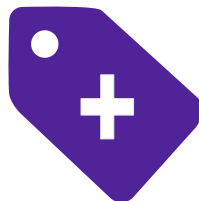
Cannot contribute to a Healthcare  
Flexible Spending Account (FSA)

# How the Health Savings Account Works

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



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



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

\*With respect to federal income tax. Certain states may tax HSA contributions or withdrawals; please consult your personal tax advisor.



# Health Savings Account Contributions

How much can you contribute in 2026?



## Individual

**\$4,400**

Total combined  
(employee/employer)  
contribution allowed



## Family

**\$8,750**

Total combined  
(employee/employer)  
contribution allowed



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

**\$1,000**

Additional amount  
allowed for those  
55 and older

# Health Savings Account Setup

Setup with HealthEquity is automatic with CDHP enrollment



- Activate by calling HealthEquity at [877-713-7712](tel:877-713-7712)
- Setup and monthly maintenance fees are paid by the Medical Trust\*
- HealthEquity HSA Guidebook is available online



- You, your spouse and your eligible dependents can use Visa HSA debit cards
- Designate a beneficiary for your account



## **Use your own bank or a qualified financial institution**

- You pay setup and maintenance fees
- Pre-tax salary contributions may not be possible



## Medical Plan Details

# Medical Benefits

## Anthem PPO 100 | Cigna PPO 100

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

# Medical Benefits

## Anthem PPO 80 | Cigna PPO 80

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

# Medical Benefits

## Anthem CDHP-20 | Cigna CDHP-20

	Network	Out-of-Network
Deductible	\$3,400 individual / \$6,800 family	\$3,400 individual / \$6,800 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care / specialist) \$0 (preventive care)	45% coinsurance 45% coinsurance
Diagnostic Tests	20% coinsurance	20% coinsurance
Urgent Care	20% coinsurance	20% coinsurance (Cigna) 45% coinsurance (Anthem)
Emergency Care	20% coinsurance	45% coinsurance
Outpatient Surgery	20% coinsurance	45% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance
Behavioral Health (outpatient)	20% coinsurance	45% coinsurance

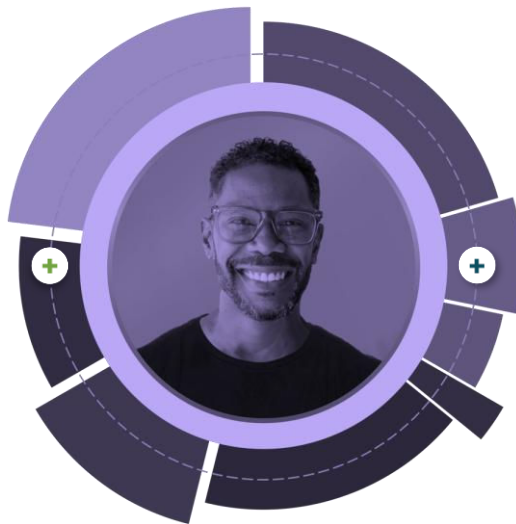


# Quantum Health

# Quantum Health

Members whose plans use the Anthem and Cigna networks can contact Quantum's nurses, benefit experts, and claim specialists whenever they need help.

- Preparing for a hospital stay
- Reviewing care options
- Learning about a health condition
- Resolving claims, billing, and benefits questions—and lots more!



- Finding in-network providers
- Comparing provider cost and quality ratings
- Confirming coverage and obtaining precertifications
- Contacting doctors to coordinate treatment

**Members can still contact their medical providers directly for services.**





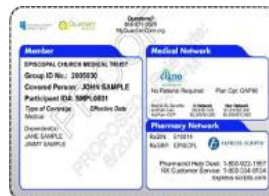
# Quantum Health



## Quantum Care coordinators may call members if:

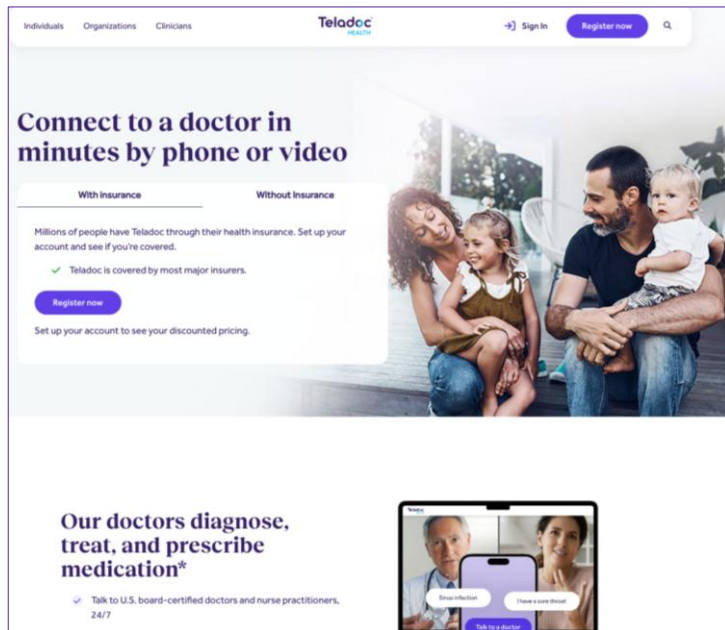
- They can save on out-of-pocket costs
- They qualify for a coaching program
- There is a concern about their prescriptions
- A procedure or discharge follow-up is required

Remember to share  
your ID card with your  
pharmacy, physicians,  
and medical facilities.



# Additional Services

Members whose plans use the Anthem and Cigna networks have access to Quantum Health's telehealth platform



## Teladoc Health offers

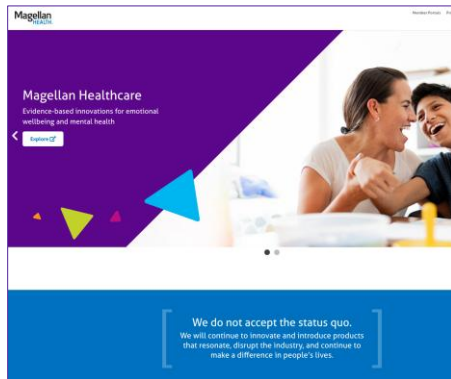
- 24/7/365 services via phone, website, or app
- Access to board-certified doctors and nurse practitioners
- Treatment for a wide range of medical and behavioral health conditions

## To access Teladoc

- Call Quantum at 866-871-0629, 8:30 AM to 10:00 PM ET, Monday through Friday
- Outside those hours, call Teladoc directly at 1-800-835-2362

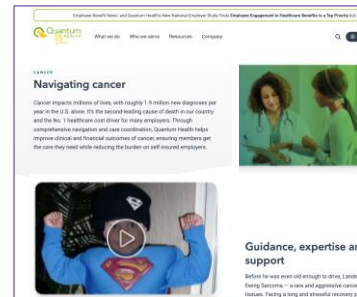
# Additional Services (continued)

## Magellan Healthcare



- Outreach to members undergoing inpatient/intensive outpatient treatment
- Continuing care plans
- Health education, including coping strategies and relapse prevention
- Emotional support and community resources

## Expert Cancer Review



## Reviews by oncology experts at NCI-designated cancer centers include:

- Evaluation of proposed care plans
- Clinical recommendations
- Access to cutting-edge research and clinical trials

# One Place to Go, One Team to Help

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



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



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



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



# Behavioral Health

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

Anthem and Cigna members, contact Quantum.



## **Benefit highlights**

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



## **Please note**

- Prior authorization may be required for certain services.



# Cigna Employee Assistance Program (EAP)



# For the Bumps in the Road

The Employee Assistance Program is here for you



Help and  
support



Information  
and guidance





# EAP Overview



## The EAP offers

- Up to 10 face-to-face, strictly confidential sessions with a Cigna EAP provider
- Unlimited 60-minute, in-the-moment telephonic consultations
- Referrals to community services
- Referrals to financial and legal professionals



## Getting in touch

866-871-0629

8:30 AM to 10 PM  
Monday to Friday  
(via Quantum)

All other times & EAP-  
only: 866-395-7794  
or [myCigna.com](https://mycigna.com)



## Additional features

- \$0 cost
- Available 24/7/365 to everyone in your household

# Accessing Cigna EAP Resources Online

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

*myCigna.com*

**Customer Login**

Username [Forgot Username?](#)

Password [Forgot Password?](#) [Show](#)

[Log in](#)

Haven't created an account yet?

[Register](#)

[Registrarse en Español](#)

Employer Name or ID:  
**episcopal**

First-time visitors  
must register

## Webpage detail

### What best describes you?

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

[Next](#)



## Talkspace Online Therapy Service

- Behavioral health services now more accessible to employees and their household members.
- EAP members can use EAP benefits to connect with Talkspace therapists via live video or private messaging.
- Requires an EAP code\* and is subject to the same session limits as other EAP counseling.
- There is no additional cost.



Pharmacy



## Pharmacy

# Things to Know About Your Pharmacy Benefits



### **Types of Prescription Drugs**

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

### **How to Obtain**

- Retail pharmacy
- Home delivery

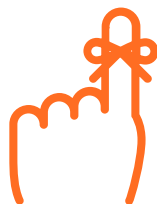
# Prescription Drug Benefits

Managed by Express Scripts



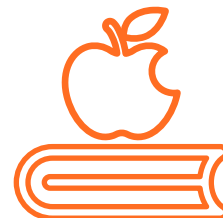
## Benefit highlights

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

# Prescription Drug Benefits

## 2026 Express Scripts—Standard Plan

	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

## 2026 Express Scripts—CDHP-20

	Retail and Home Delivery
<b>Deductible (combined with medical deductible)</b>	\$3,400 individual / \$6,800 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

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

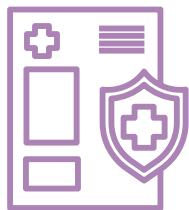




Vision

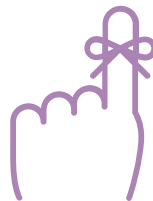
# Benefits Overview

## EyeMed Insight Network



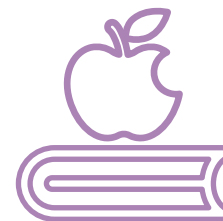
### Benefit highlights

- \$0 copay for annual visit
- \$200 allowance for frames or contact lenses
- Discounts on products/services



### Things to remember

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



### To learn more

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

# Plan Benefits

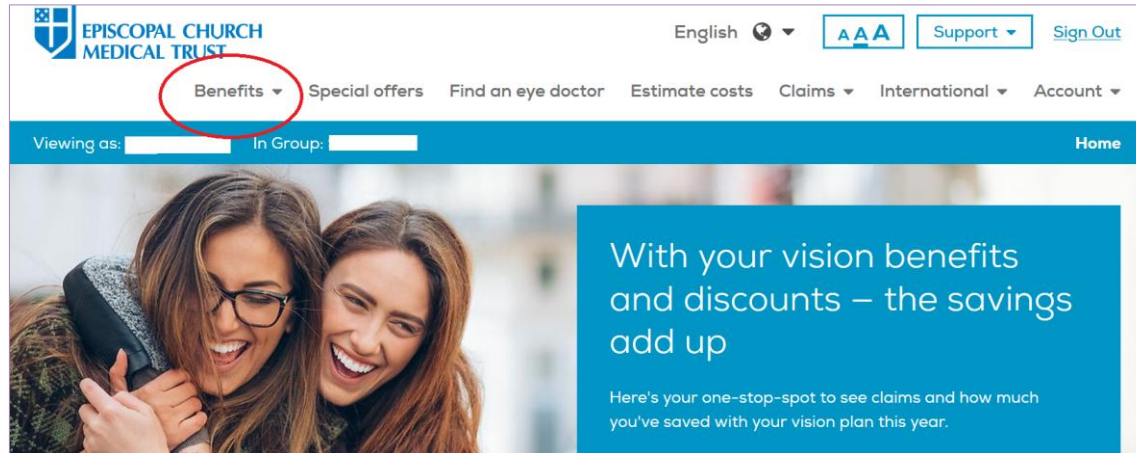
See Summary of Benefits at [cpg.org/mtdocs](http://cpg.org/mtdocs)

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

# Accessing EyeMed Resources Online

From the homepage, select the “Benefits” menu

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



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



Hearing



Hearing

## Hearing Aid Benefits



Benefit allowance and hearing aid device discounts

- Available for all active Anthem and Cigna plan participants
- Maximum benefit of \$3,000 every three years



Hinge Health



Hinge Health

# Hinge Health and Expert Medical Second Opinion



- Virtual musculoskeletal wellness program
- Second opinion from musculoskeletal expert for Anthem and Cigna members
- Learn more at [hingehealth.com/ecmt](https://hingehealth.com/ecmt)





Active & Fit



Active & Fit

## Health and Wellness



- Discounted memberships to gyms and fitness centers
- Flexible contracts
- Exercise video library
- To access Active & Fit
  - Call 866-871-0629
  - Visit [MyQuantumCare.org](https://MyQuantumCare.org)  
(click on Plans/Health and Wellness)



# Telehealth and Virtual Visits

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

24/7/365 access to board-certified physicians



Access Teladoc  
through Quantum at  
[MyQuantumCare.org](https://www.MyQuantumCare.org)

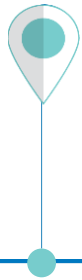
- Access medical and behavioral health professionals.
- Connect via computer or mobile device with the type of doctor you select.
- Chat securely and privately by phone or video in minutes.
- Obtain prescriptions for certain medications.

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

Talk to your healthcare provider



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



# Care Management Program



# Quantum Health

Access help with one call, click, or tap



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

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

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

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

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

# Coverage Review and Prior Authorization

For plan payments to be made, approval is required before certain services are rendered



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

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**Prior authorization** – when you use a network provider, Quantum will complete any required prior authorization on your behalf.

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**Out-of-Network Providers** – when you use an out-of-network provider, it is your responsibility to ensure that the required prior authorization is completed.

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





# UnitedHealthcare Global Assistance

# Benefit Overview

## 24-hour assistance while traveling



### What it includes

- 24/7 assistance when more than 100 miles from home or outside the US
- Referrals and scheduling of treatment
- Help replacing Rx and stolen or lost travel documents
- Emergency travel resources



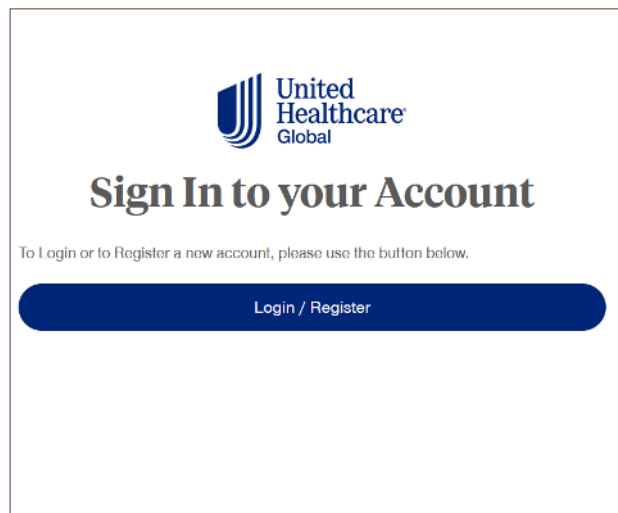
### Getting in touch

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

# Accessing Resources Online

Follow the on-screen instructions to complete your account setup

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

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

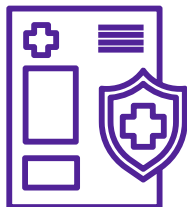
Log in to your account and discover all the ways UnitedHealthcare Global Assistance can help you.



**Next Stop**

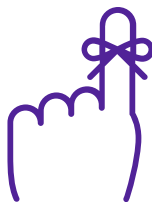
**Dental Benefits**

# Delta Dental Benefits



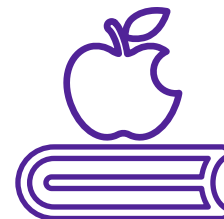
## Benefit Highlights

- Three routine cleanings a year (four under certain circumstances)
- Diagnostic/preventive care at no cost
- Nationwide network



## Things to Remember

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



## Additional Information

- Delta Dental Plan Document Handbook and benefit highlights sheets
- “Maximize Your Savings” brochure and more
- [cpg.org/deltadental](https://cpg.org/deltadental)

# Dental Plan Comparison–Premium Plan

## Delta Dental Premium Plan (2026)

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

\*Plan payments apply toward maximums across all networks.

\*\*What the plan pays

# Dental Plan Comparison—Comprehensive

## Delta Dental Comprehensive (2026)

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

\*Plan payments apply toward maximums across all networks.

\*\*What the plan pays

# Dental Plan Comparison–Basic

## Delta Dental Basic (2026)

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

\*Plan payments apply toward maximums across all networks.

\*\*What the plan pays





## Next Stop

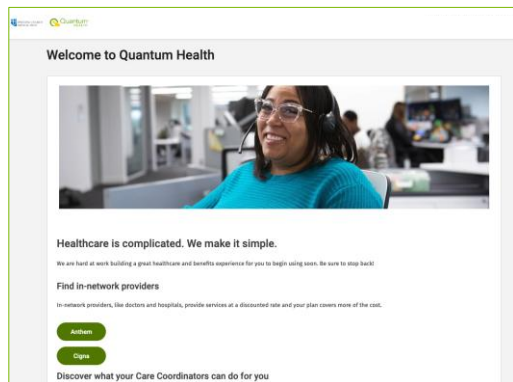


**Core Medical Plan Benefits—  
Vendor Resources and Contact Information**

# Connecting with Your Benefits

## Quantum Health

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



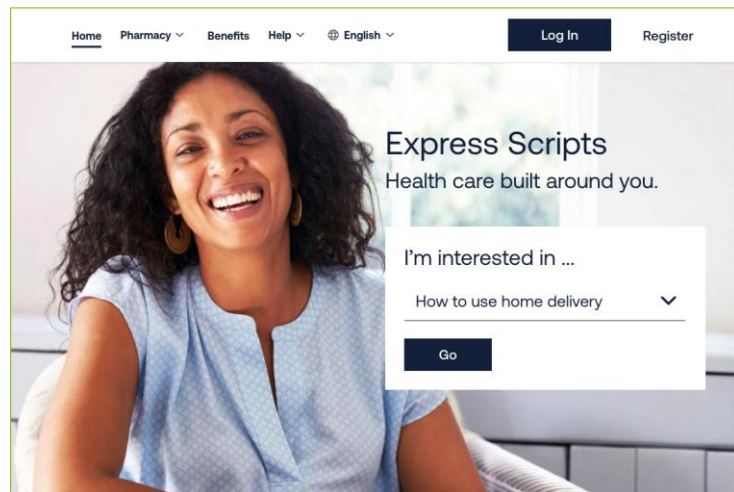
**Call Quantum at 866-871-0629**

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

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

# Connecting with Your Benefits

## Express Scripts



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



**Next Stop**

**Annual Enrollment**



Three Steps to Annual Enrollment: Learn, Evaluate, Decide

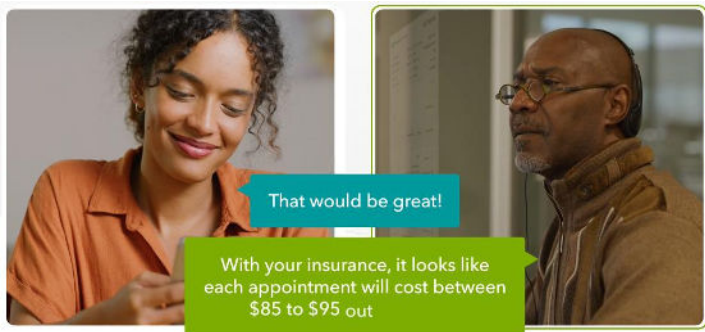
## Annual Enrollment



- A chance to consider your healthcare needs for the coming year
- An opportunity to review your choices regarding medical and dental benefits
- A reminder to review your information and that of your dependent(s)

# Annual Enrollment Support

For members whose plans use Anthem and Cigna networks



During the 2026 Annual Enrollment period, **Quantum Care Coordinators** will be available to help members understand plan options and choose the right plans for themselves and their families.

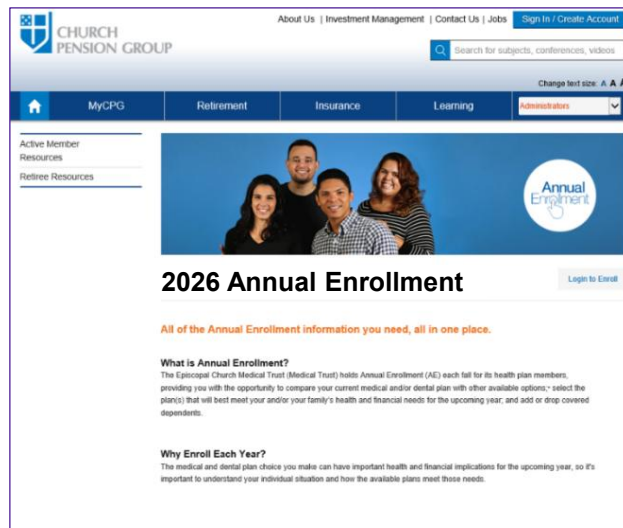
- Compare plan options
- Understand out-of-pocket costs for services
- Understand coverages

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

# Step 1: Learn

Learn about your 2026 options

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



## Customized content

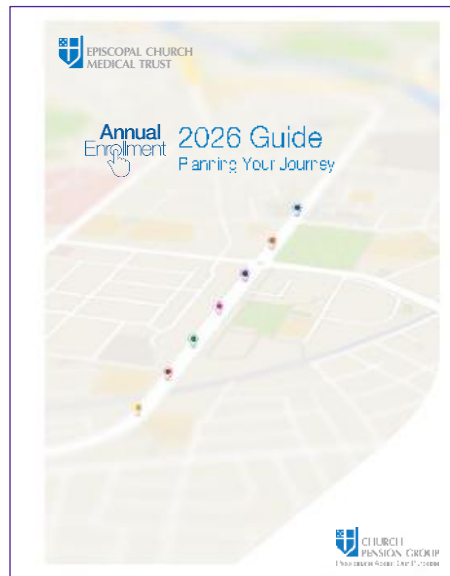
- Active members
- Pre-65 former employees
- Post-65 former employees



# Step 1: Learn

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

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



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



## Step 2: Evaluate

Do your benefits still align with your needs?



### **Factors to consider**

- Use of healthcare
- Provider choice



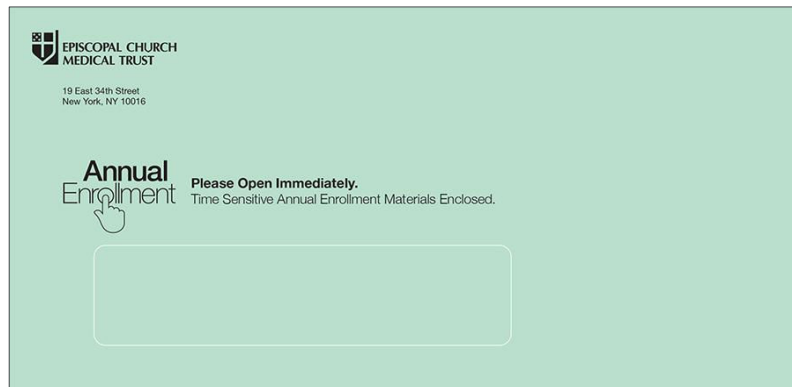
### **Out-of-pocket costs**

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

## Step 3: Decide

2026 Annual Enrollment will take place between mid-October and late November 2025

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

The image shows the back of a light green envelope. In the top left corner is the Episcopal Church Medical Trust logo. In the top right corner is the 'Annual Enrollment' logo with a hand icon. Below the logo, the text reads 'Coming soon... Annual Enrollment <<New Plan Year>>'. In the center, there is a large rectangular white area with placeholder text: '<<FirstName>> <<LastName>> <<Suffix>>', '<<Street1>>', '<<Street2>>', '<<City>> <<State>> <<Postal Code>>'. To the right of this area, the text reads 'Your <<New Plan Year>> Annual Enrollment session dates: <<AE Session Start Date to AE Session End Date>>'. Below this, the text reads 'Your Associated Email Address: <email>' and 'Your Client Number: <number>'. At the bottom, the text reads 'Dear Friend: Every fall during Annual Enrollment, you have the opportunity to review the medical and dental plans available through The Episcopal Church Medical Trust (Medical Trust), compare options, select the ones that best suit you and your family, and add or remove a spouse or dependent(s). Factors to consider' followed by a bulleted list: 'Has your household changed? For example, did you get married or divorced?', 'Has there been a change in anyone's health status? Are you or a covered family member planning to undergo surgery or another medical procedure?', and 'Is your existing health plan being offered in <<New Plan Year>>?'. The last two items in the list have sub-points: 'If it is and you take no action, your current elections will continue for <<New Plan Year>>, and any rate changes will apply.' and 'If it isn't, you must enroll in a new plan, or you will not have Medical Trust coverage in <<New Plan Year>>.'.

# Key Annual Enrollment Dates

**Late September 2025**

Your Mailing  
Sent



**October 15, 2025**

Annual Enrollment  
Begins



**November 7, 2025**

Annual Enrollment  
Ends



**January 1, 2026**

New Plan Year  
Begins









**Next Stop**

**Additional Resources**



# Additional Resources



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



## Member Resource Center

# Connecting with Your Benefits

## Learning Center and eLearning Library

### Learning in one place with easy-to-access courses:

- Understanding Your Benefits
- Visioning: See Your Way to Wellness
- Bite-Sized Nutrition
- Resilience: Stacking the Odds for Wellness
- Facing Dementia



The screenshot shows the Church Pension Group (CPG) website's eLearning Library. The header includes the CPG logo, navigation links (About Us, Investment Management, Contact Us, Jobs), and a sign-in/create account button. A search bar is located on the right. Below the header is a main navigation bar with links for MyCPG, Retirement, Insurance, and Learning (which is highlighted). A dropdown menu for 'Active Lay Employees' is also visible. The left sidebar contains a list of categories: Finance, Health, eLearning Library (selected), Understanding Your Benefits, Resilience, and Conferences & Webinars. The main content area is titled 'eLearning Library' and features 'Featured Courses'. Two courses are highlighted: 'Understanding Your Benefits' and 'Resilience: Stacking the Odds for Wellness'. Each course has a thumbnail image, a title, a brief description, and a 'Learn More' button.

CHURCH PENSION GROUP

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

Search for subjects, conferences, videos

MyCPG Retirement Insurance Learning Active Lay Employees

Finance  
Health  
eLearning Library  
Understanding Your Benefits  
Resilience  
Conferences & Webinars

### eLearning Library

#### Featured Courses

**Understanding Your Benefits**

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

[Learn More](#)

**Resilience: Stacking the Odds for Wellness**

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

[Learn More](#)



## Administrators' Resource Center



# Administrators' Resource Center

## Administrators' Resource Center

About MAP

Guides & Resources

New Administrator Training

Webinars & Events

Who to Contact

Documents & Mailings

Recursos en Español



## Administrators' Resource Center

### Latest Updates

#### New! Online Benefits Bill Pay

Online billing and payments is coming to MAP later this year! The Benefits Bill Pay feature will make it easier to view and pay your group health, life and disability invoices. [Learn more about Online Benefits Bill Pay.](#)

# Introducing Benefits Bill Pay



## Use My Admin Portal to:

- View/pay institution invoices electronically for pension and/or group health, life, and disability benefits (bank transfer or debit card)
- Track your payment history

**CPG will not mail invoices or accept checks after Benefits Bill Pay goes live in October.**

▶ To learn more, visit [cpg.org/BenefitsBillPay](https://cpg.org/BenefitsBillPay)

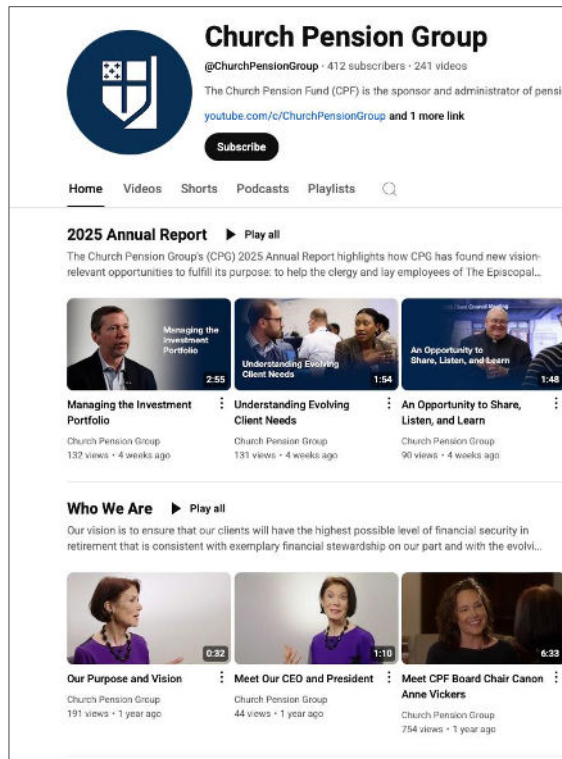




# Social Media Channels

# Connecting with CPG

Information at your fingertips



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

Follow Us! @ChurchPension

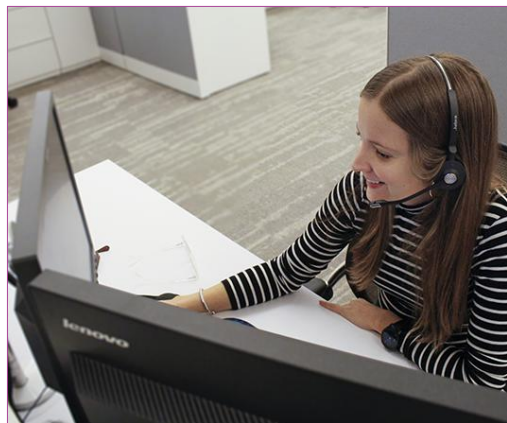




## Client Services

# At Your Service

Resources to guide you to your destination

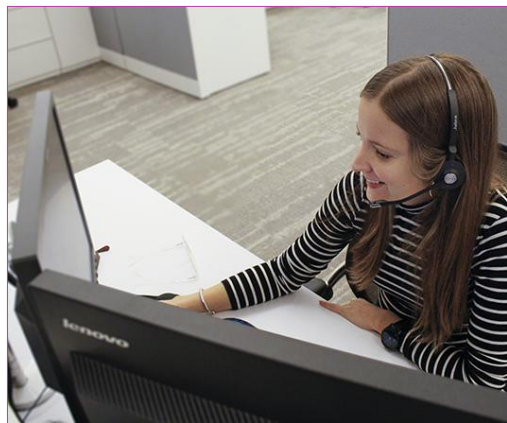


## CPG Client Services Member Services

- 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

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

The background of the slide is a faded aerial map showing a city grid with streets, parks, and a river. A blue square icon is located to the left of the main title.

## **Next Stop: Health Plan Options for Active Employees Age 65 and Over**

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





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

## What is it?

An exception granted by the Centers for Medicare & Medicaid Services to small employers and their eligible employees age 65 and older (and/or certain eligible dependents age 65 and older) so that they may enroll in a medical plan under which Medicare is the primary payer of claims, and The Episcopal Church Medical Trust (Medical Trust) plan is the secondary payer.

# Active Employees Age 65 and Over

Under the Age Discrimination in Employment Act...



An employer that offers Medical Trust health plans to active employees under age 65 (and their spouses)

- Must offer the same health plans to its active employees who are 65 and older (and their spouses)
- This requirement applies irrespective of employees' Medicare eligibility, and
- Employees must meet the eligibility requirements of the Episcopal Health Plan

# Active Employees Age 65 and Over

Medicare beneficiaries can choose to decline employer coverage.



- Retain Medicare as primary coverage
- Can also choose to purchase secondary coverage BUT not from the employer group plan (i.e., cannot continue to be enrolled in the Medical Trust Group Medicare Advantage Plan or receive a post-retirement health subsidy)
- Receiving financial incentives from employer to choose Medicare as primary coverage is not allowed

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

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

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



**Medicare:**  
Primary Payer



**Medical Trust:**  
Secondary Payer

# Electing an MSP-SEE Plan

The Medical Trust offers MSP-SEE plans through Anthem and Cigna.

**Participating groups must elect to offer these plans during Annual Enrollment.**



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



# Eligibility Requirements

Employees and their eligible dependents are eligible for the MSP-SEE Plan if they and their employer meet **all** these conditions:

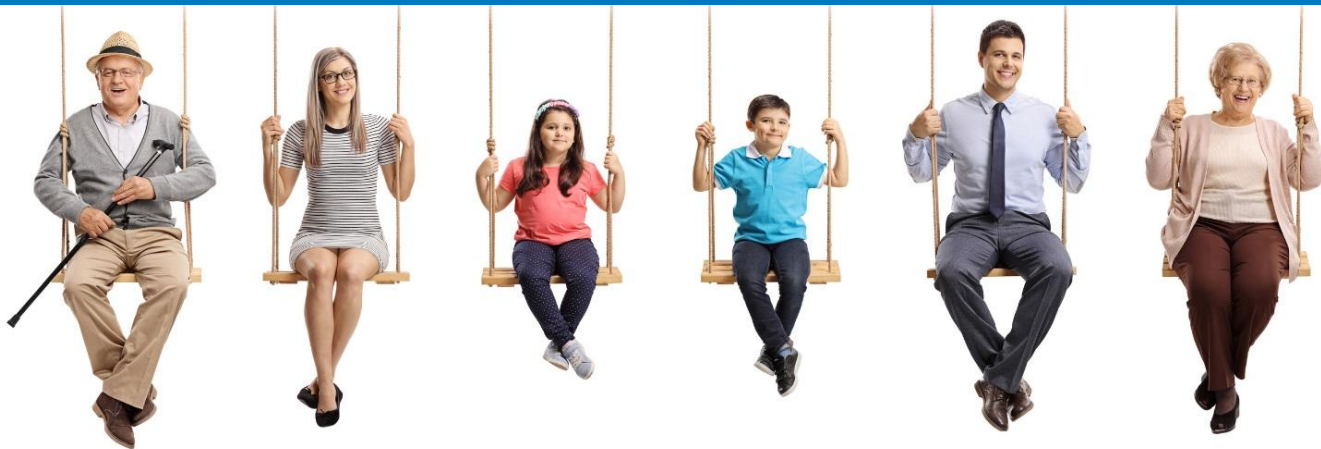


- Employer has 19 or fewer employees in the current and preceding year.
- Employer offers MSP-SEE plan to employees.
- Employee meets standard Medical Trust eligibility criteria.
- Employee (and/or eligible dependent) is 65 or older.
- Employee (and/or eligible dependent) is enrolled in Medicare Part A (or both Parts A and B) based on age only.

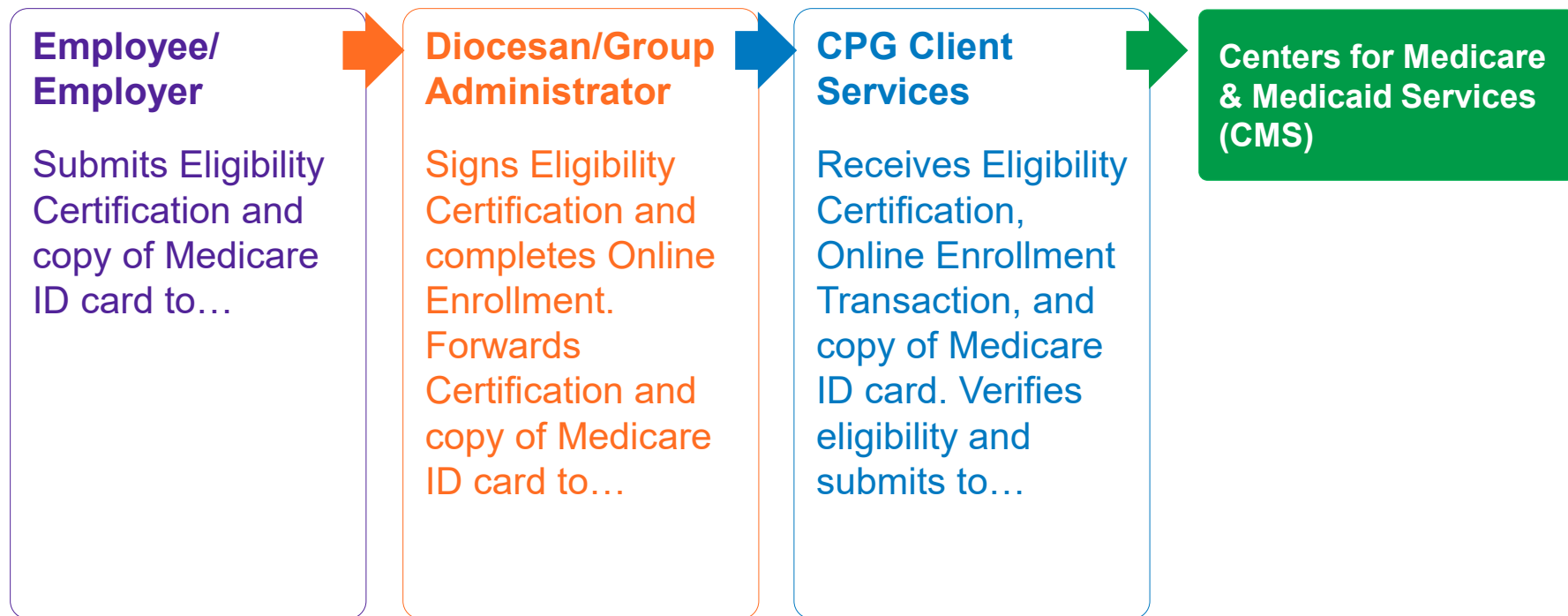
# Eligibility Requirements

How does the family plan work if not everyone is 65 and older?

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

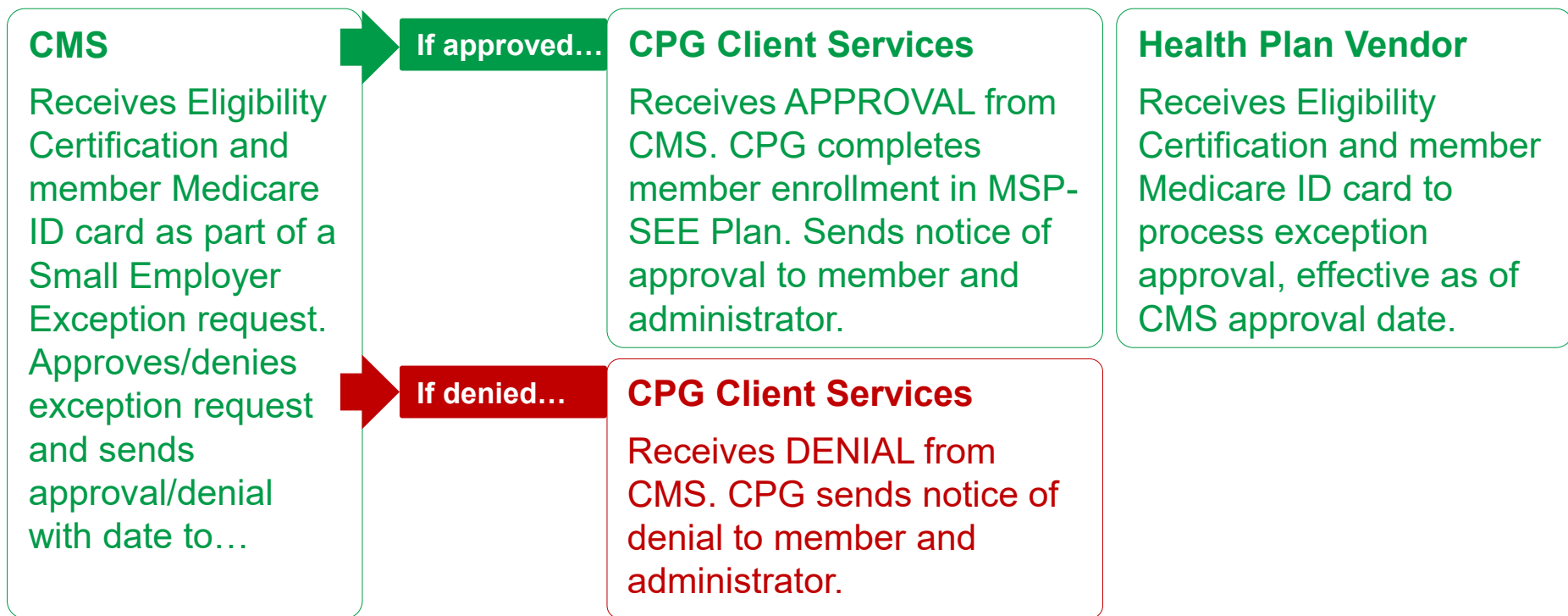


# MSP-SEE Enrollment and Disenrollment Process





# MSP-SEE Enrollment and Disenrollment Process



# Resources

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

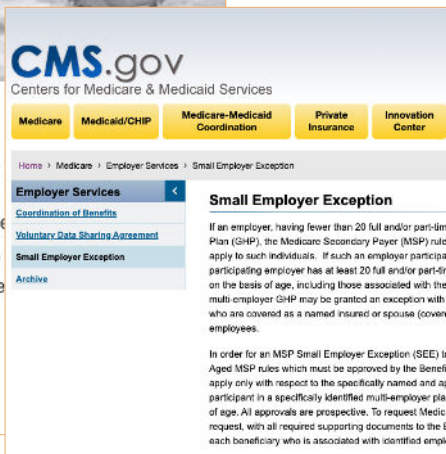


MOBILE-FRIENDLY!

Medicare Secondary Payer  
- Small Employer Exception

Here's information to help with understanding how Medicare and your employer's plan work together to assist with what to do, when, and why.

Launch Course



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

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

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

- Small Employer Exception

# Disclaimers

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

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

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.

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

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

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 of the Episcopal Church (the "Church") and their eligible dependents. 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.

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.

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# Questions & Answers



Thank you for your  
participation.