



Your Healthcare Benefits

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**Diocese of New York
2027 Annual Enrollment**

≡ 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 2027
 - ☑ Compare options and costs
 - ☑ Enroll by the deadline
- ☑ Review and update your information and that of your dependent(s)

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



Cannot be covered by Medicare,
TRICARE, or other medical insurance

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

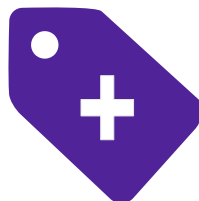
Cannot contribute to a Healthcare
Flexible Spending Account (FSA)

How the Health Savings Account (HSA) 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 withdrawals 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 (HSA) Contributions

How much can you contribute in 2027?



Individual

\$4,500

Total combined
(employee/employer)
contribution allowed



Family

\$9,000

Total combined
(employee/employer)
contribution allowed



Catch-up ($\geq$ age 55)

\$1,000

Additional amount
allowed for those
55 and older

Health Savings Account (HSA) 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



Can use your own bank or a qualified financial institution

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

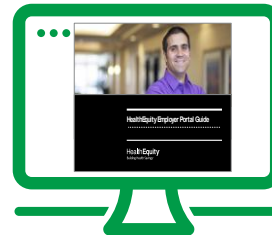
For Administrators

HealthEquity employer portal setup and training



Employer portal

- Created when an employee enrolls in a CDHP
- Call [866-382-3510](tel:866-382-3510) to authenticate and activate



Visit MyHealthEquity.com

- HealthEquity offers comprehensive training

≡ Medical Plan Design Changes for 2027



**Deductibles and
out-of-pocket
maximums will increase**



Copays will increase for

- visits to PCPs and specialists
- visits to urgent care clinics
- prescription medication

Medical Benefits

Terms to understand when comparing your plan choices

Deductible

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

Out-of-Pocket Limit

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

Copay

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

Coinsurance

The percentage you pay for the allowed amount of a covered service after meeting your deductible

Medical Benefits

Anthem PPO 100 | Cigna PPO 100

	Network	Out-of-Network
Deductible	\$500 individual / \$1,000 family	\$1,000 individual / \$2,000 family
Out-of-Pocket Limit	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Office Visit	\$35 copay (primary care) \$50 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	0% coinsurance	50% coinsurance
Urgent Care	\$60 copay	\$60 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	\$200 copay	50% coinsurance
Hospital Stay	\$250 copay	50% coinsurance
Behavioral Health (outpatient)	\$35 copay	30% coinsurance

Medical Benefits

Anthem PPO 80 | Cigna PPO 80

	Network	Out-of-Network
Deductible	\$1,500 individual / \$3,000 family	\$3,000 individual / \$6,000 family
Out-of-Pocket Limit	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Office Visit	\$35 copay (primary care) \$50 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	20% coinsurance	50% coinsurance
Urgent Care	\$60 copay	\$60 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	20% coinsurance	50% coinsurance
Hospital Stay	20% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$35 copay	30% coinsurance

Medical Benefits

Anthem CDHP-20 | Cigna CDHP-20

	Network	Out-of-Network
Deductible	\$3,600 individual / \$7,200 family	\$7,200 individual / \$14,400 family
Out-of-Pocket Limit	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Office Visit	20% coinsurance (primary care / specialist) \$0 (preventive care)	45% coinsurance 45% coinsurance
Diagnostic Tests	20% coinsurance	20% coinsurance (Anthem) 45% coinsurance (Cigna)
Urgent Care	20% coinsurance	20% coinsurance (Cigna) 45% coinsurance (Anthem)
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 80

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

Coverage Period: 01/01/20XX – 12/31/20XX

Coverage for: All tiers | Plan Type: PPO



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

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

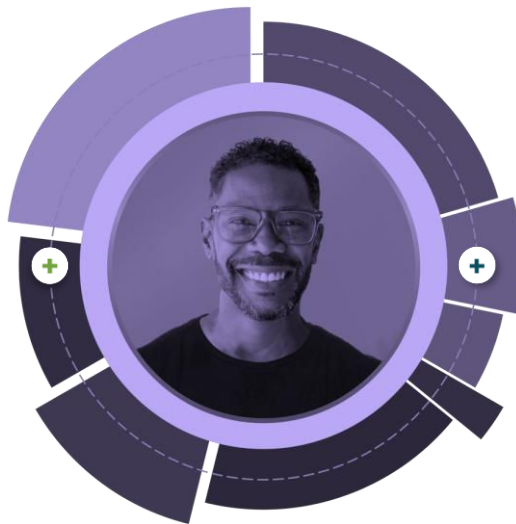


Quantum Health

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
- Finding in-network providers
- Comparing provider cost and quality ratings



- Confirming coverage and obtaining precertifications
- Contacting doctors to coordinate treatment
- Resolving claims, billing, and benefits questions—and lots more!

Members can still contact their medical providers directly for services.



Quantum Health



Quantum Care coordinators may call members if:

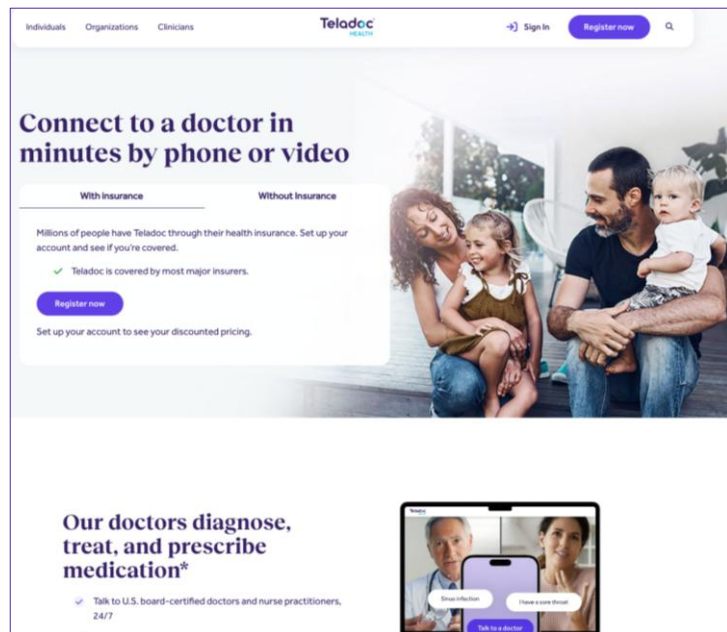
- They can save on out-of-pocket costs
- They qualify for a coaching program
- There is a concern about their prescriptions
- A procedure or discharge follow-up is required

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 Teladoc Health



Teladoc Health offers

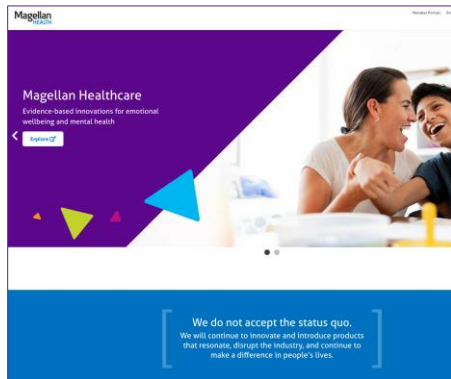
- 24/7/365 services via phone, website, or app
- Access to board-certified doctors and nurse practitioners
- Treatment for a wide range of medical and behavioral health conditions

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

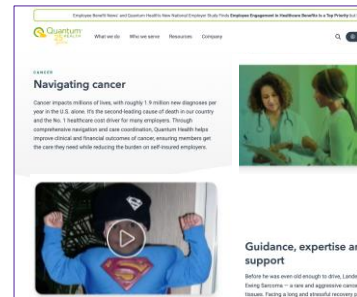
Additional Services (continued)

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



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 ≡



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)



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

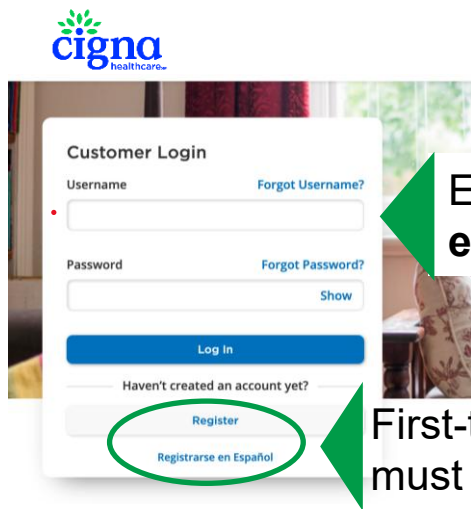
- \$0 cost
- Available 24/7/365 to everyone in your household

Accessing Cigna EAP Resources Online

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

myCigna.com

Webpage detail



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

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

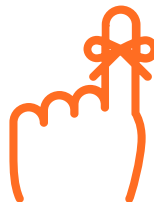
Prescription Drug Benefits

Managed by Express Scripts



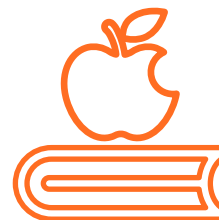
Benefit highlights

- Generic and brand-name drugs
- Accredo Specialty Pharmacy
 - SaveOnSP
- Broad national retail pharmacy network
- EncircleRx weight-management
- Home delivery



Things to remember

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



More information

- Plan Document Handbook
- Summary of Benefits and Coverage
- [Call Quantum at 866-871-0629](tel:866-871-0629)



Prescription Drug Benefits

2027 Express Scripts—Standard Plan

	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$10 copay	Up to \$25 copay
Preferred Brand-name	25% coinsurance, up to \$40 min / \$120 max	25% coinsurance, up to \$100 min / \$300 max
Non-preferred Brand-name	40% coinsurance, up to \$80 min / \$160 max	40% coinsurance, up to \$200 min / \$400 max
Specialty Rx	50% coinsurance, up to \$250 min / \$500 max	50% coinsurance, up to \$250 min / \$500 max for 30-day supply
Dispensing Limits	Up to 30-day supply*	Up to 90-day supply

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

Prescription Drug Benefits

2027 Express Scripts—CDHP-20

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$3,600 individual / \$7,200 family
Generic	15% coinsurance after deductible
Preferred Brand-name	25% coinsurance after deductible
Non-preferred Brand-name	50% coinsurance after deductible
Specialty Rx	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply* (retail) or up to 90-day supply (home delivery)

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

≡ Digbi Health: Digital Therapeutics Platform ≡

- **New virtual care at no member cost:** In 2027, The Episcopal Church Medical Trust will provide eligible employees and dependents whose plans use the Anthem and Cigna networks access to Digbi's tailored virtual care program
- **Personalized, science-based guidance:** Digbi uses precision biology—including at-home gut microbiome and genetic testing—plus glucose tracking and expert coaching to help individuals
- **Support for multiple needs:** Digbi can help manage weight (with or without GLP-1s), blood sugar, digestive issues, and more

≡ Digbi: New Weight-Management Vendor for 2027 ≡

ENDING

GLP-1 coverage

GLP-1s for weight loss, with or without co-morbidities, will not be covered by our medical plans. GLP-1s will continue to be covered for diabetes treatment*



STARTING

Digbi

Personalized support for glucose health, digestive wellness, and weight reduction**

More information to come.

*Subject to applicable utilization management requirements, prior authorization requirements, and other plan terms.

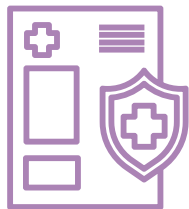
**GLP-1s may be obtained outside Medical Trust plans from manufacturers at direct-to-consumer prices.



Vision

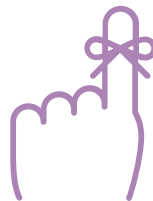
Benefits Overview

EyeMed Insight Network



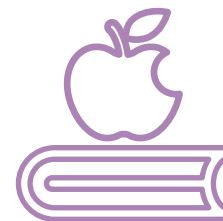
Benefit highlights

- \$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

- Call Quantum at [866-871-0629](tel:866-871-0629)
- Visit eyemedvisioncare.com/ecmt
- Use EyeMed app

Plan Benefits

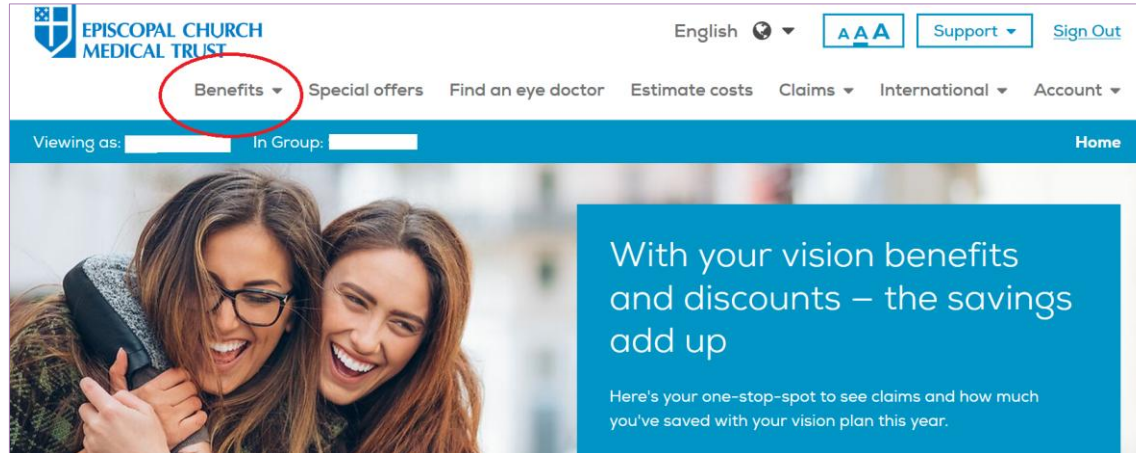
See Summary of Benefits at cpg.org/mtdocs

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

Accessing EyeMed Resources Online

From the homepage, select the “Benefits” menu

eyemedvisioncare.com/ecmt



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



Hearing



Hearing

Hearing Aid Benefits



Benefit allowance and hearing aid device discounts

- Applicable to all active Anthem and Cigna plans
- 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 health experts
- Learn more at 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
(click on Plans/Health and Wellness)



Telehealth and Virtual Visits

Care from the Safety and Convenience of Home

24/7/365 access to board-certified physicians



Anthem and Cigna members

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 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.



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



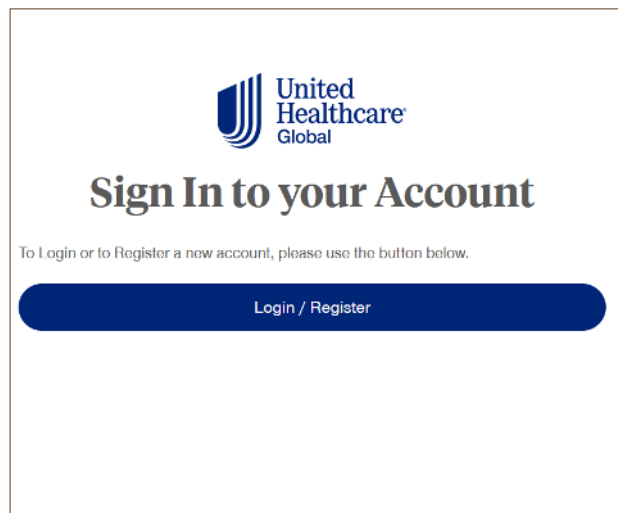
Getting in touch

- 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
- Visit uhcglobal.com

Accessing Resources Online

Follow the on-screen instructions to complete your account setup

worldwatch.uhcglobal.com



The screenshot shows the UnitedHealthcare Global login page. At the top is the UnitedHealthcare Global logo. Below it is the heading "Sign In to your Account". Underneath the heading is a line of text: "To Login or to Register a new account, please use the button below." At the bottom of the page is a dark blue button with the text "Login / Register" in white.



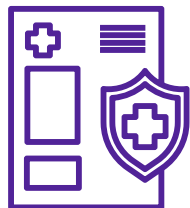
Log in to your account and discover all the ways UnitedHealthcare Global Assistance can help you.



Next Stop

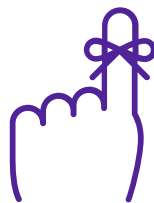
Dental Benefits

Delta Dental Benefits



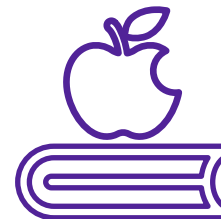
Benefit Highlights

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



Things to Remember

- Networks: Delta Dental PPO and Delta Dental Premier
- Balance billing: difference between dentist charge and Delta Dental allowance. Any dentist charge over Delta Dental allowance may be charged with out-of-network providers



Additional Information

- Delta Dental Plan Document Handbook and benefit highlights sheets
- “Maximize Your Savings” brochure and more
- cpg.org/deltadental

Dental Plan Comparison–Premium Plan

Delta Dental Premium Plan (2027)

	PPO Network	Premier Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0	\$50/\$150
Annual Benefit Limit*	\$3,000	\$2,500	\$2,000
Preventive and Diagnostic	No charge	No charge	No charge
Basic Restorative	85% coinsurance**	85% coinsurance	75% coinsurance
Major Restorative	85% coinsurance	85% coinsurance	75% coinsurance
Orthodontic Services	50% Coinsurance	50% coinsurance	40% coinsurance
Orthodontia Lifetime Maximum**	\$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 (2027)

	PPO Network	Premier Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0	\$100/\$300
Annual Benefit Limit*	\$2,500	\$2,000	\$1,500
Preventive and Diagnostic	No charge	No charge	No charge
Basic Restorative	85% coinsurance**	85% coinsurance	75% coinsurance
Major Restorative	50% coinsurance	50% coinsurance	40% coinsurance
Orthodontic Services	50% coinsurance	50% coinsurance	40% coinsurance
Orthodontia Lifetime Maximum**	\$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 (2027)

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

*Plan payments apply toward maximums across all networks.

**What the plan pays



Next Stop



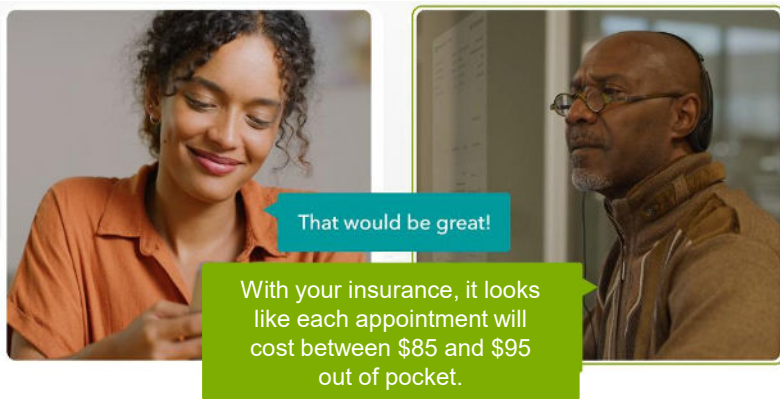
Annual Enrollment

Annual Enrollment



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

Annual Enrollment Support



During the 2027 Annual Enrollment period, **Quantum Care Coordinators** will be available to help members understand plan options and choose the right one for themselves and their dependents.

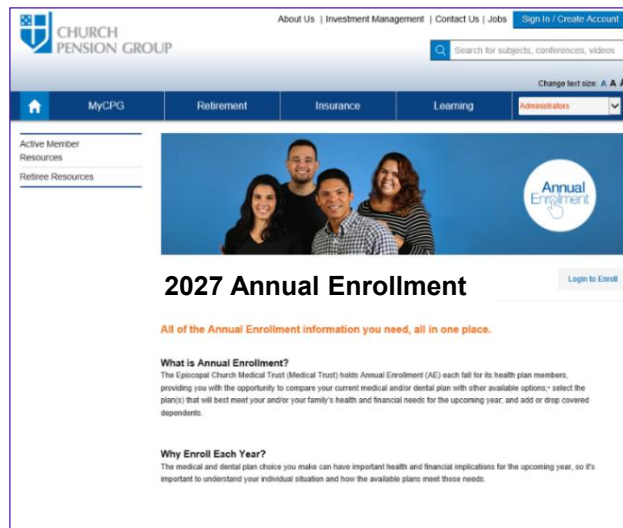
- Compare plan options
- Understand coverages
- Understand out-of-pocket costs

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

Step 1: Learn

Learn about your 2027 options

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



- 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

Step 3: Decide

2027 Annual Enrollment will take place October 14 to November 6

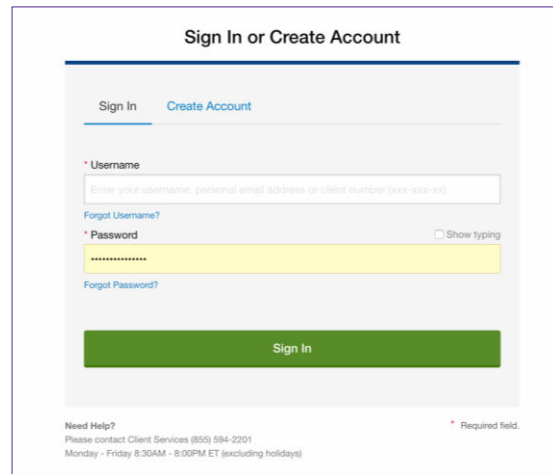


Look for an email with more information.

Step 3: Decide

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

cpg.org/mycpg



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

Then you can review

- Your and your dependents' personal details
- Your plan options
- Your group's plan comparison table
- Your beneficiaries' information





Step 3: Decide

Make your health plan selections



The left screenshot shows the 'Coverage' section of the MyCPG portal. It includes a 'Current Plan' section with 'Medical Plan' and 'Dental Plan' options. Below this is the 'Annual Enrollment Options' section, which includes links for 'Plan Selections', 'Annual Enrollment Guide', and 'Plan Comparison'. The right screenshot shows the 'Confirmation' section, which includes a 'Confirmation' message, 'Plan Details', and 'Medical Coverage' options. It also includes a 'Dental Plan' section with 'Dental Plan' and 'Dental Plan' options.



Be sure to confirm or update information about eligible dependent(s). Then submit your selections and save or print your confirmation.



Key Annual Enrollment Dates

Early October 2026

Your Email
Sent



October 14, 2026

Annual Enrollment
Begins



November 6, 2026

Annual Enrollment
Ends



January 1, 2027

New Plan Year
Begins





Next Stop



Additional Resources



Additional Resources



-  Member Resource Center
-  Social Media Channels
-  Client Services



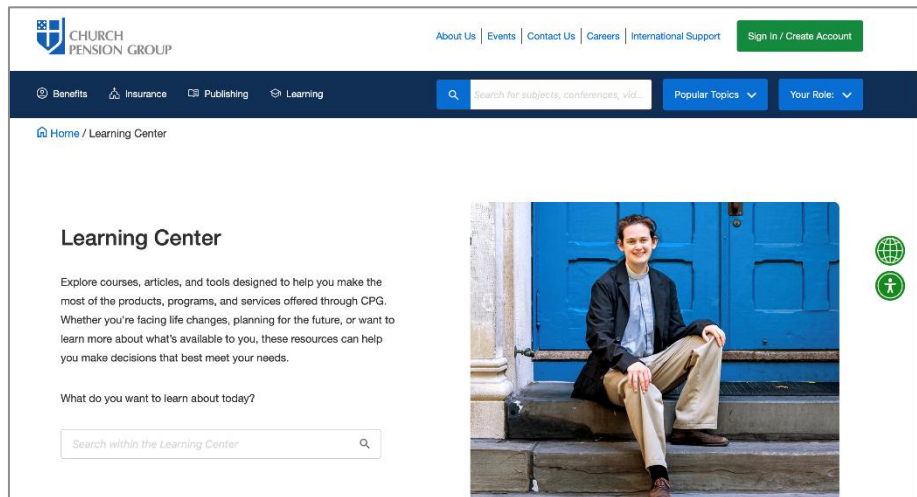
Member Resource Center

Connecting with Your Benefits

Learning Center

Easy-to-access courses all in one place:

- Your Healthcare Benefits
- Cigna EAP
- Create a Budget Today!
- Could This Be Burnout?
- The Small Employer Exception (SEE) Plan

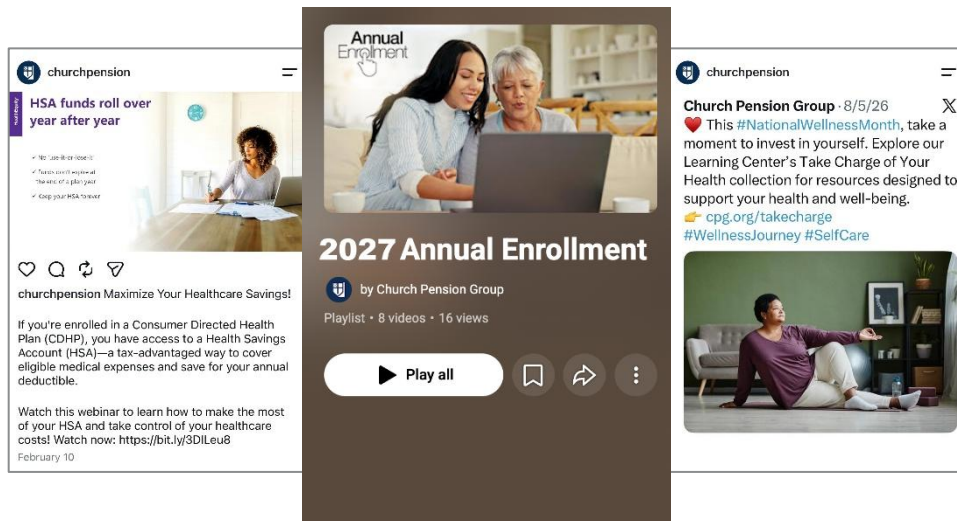




Social Media Channels

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 plan provider websites

Follow Us! @ChurchPension

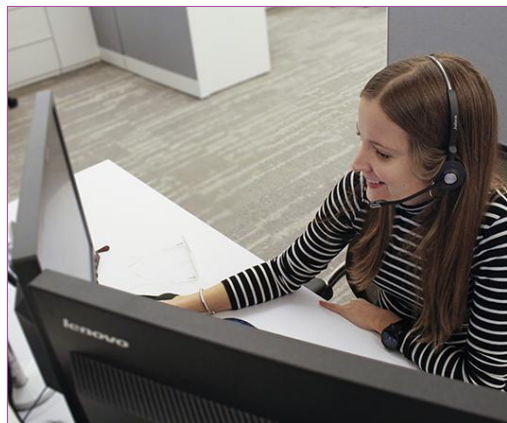




Client Services

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

Disclaimers

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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.

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Thank you for your
participation.