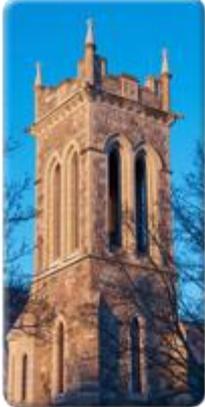




A Century of Service  
and Benefits for  
the Episcopal Church



## 2020 Member Education



**Courtney McAlister**  
Associate Account Specialist

October 8<sup>th</sup>, 2019, 11:00am  
Diocese of Texas





# The Road to Wellness

# Setting Course

Where we will go on today's journey



**Understanding Coverage**



**Plan Offerings**



**Additional Benefits**



**Member Resources**



**Annual Enrollment**



**Financial Wellness**

**Roadmap**



# Understanding Coverage

# Before you travel

## Knowing the territory



Here are some basic healthcare terms to help you understand **how your plan works when you need services.**

# Terms

 **Deductible**

 **Copayment**

 **Coinsurance**

 **Preauthorization**

 **Out-of-pocket limit**

# The claims process: a quick tour

How your services are paid for when you visit your provider

## What you will pay

1



### Your deductible

- The amount that you may pay out-of-pocket before your health plan pays for services

2



### Your copayment and coinsurance

- The amount that you may pay when you visit your provider

# The claims process: a quick tour

How the plan pays when you visit your provider

## What your health plan will pay



### Your provider

- Health providers are not usually reimbursed in full for their services
- Instead, network providers are paid a contracted rate



### Accepted amount

- The actual amount that your health plan pays your network provider

# Summary of Benefits & Coverage

## Your plan benefits at a glance

Page 1

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 Individual/\$0 Family network \$500 Individual/\$1,000 Family out-of-network	Generally, you must pay all of the costs from providers up to the deductible. The 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?	No.	
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?	For network providers, \$2,000 individual / \$4,000 family; for out-of-network providers \$4,000 individual / \$8,000 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, 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 <a href="http://www.anthem.com">www.anthem.com</a> 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.

Questions: Call 1-844-812-9207 or visit [www.anthem.com](http://www.anthem.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.cpg.org/uniform-glossary](http://www.cpg.org/uniform-glossary) or call 1-800-480-9967 to request a copy.

1 of 6

- 1 Plan name
- 2 Coverage period, tiers, and plan type
- 3 Cost-sharing between member and plan sponsor (Medical Trust)
- 4 Reference to online glossary of common health terms
- 5 Important questions
  - Deductibles
  - Out-of-pocket limits
  - Network/non-network access
  - Referrals

Available online at [cpg.org/mtdocs](http://cpg.org/mtdocs)

# Summary of Benefits & Coverage

## Your plan benefits at a glance

### Pages 2 thru 4

1

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	50% coinsurance	None.
	Specialist visit	\$45 copay/visit	50% coinsurance	
	Preventive care/screening/immunization	No charge.	50% coinsurance	Preventive care is based on guidelines from the U.S. Preventive Services Task Force, American Cancer Society, The Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics. Coverage for child immunizations is based on the published guidelines of the American Academy of Pediatrics.
If you have a test	Diagnostic test (x-ray, blood work)	No charge.	50% coinsurance	None.
	Imaging (CT/PET scans, MRIs)	No charge.	50% coinsurance	None.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$200 copay	50% coinsurance	None.
	Physician/surgeon fees	No charge.	50% coinsurance	None.
If you need immediate medical attention	Emergency room care	\$250 copay/visit	\$250 copay/visit	The \$250 copay will be waived if you are admitted to the hospital as an inpatient within 24 hours.
	Emergency medical transportation	No charge.	No charge.	None.
	Urgent care	\$50 copay	\$50 copay	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay	50% coinsurance	
	Physician/surgeon fees	No charge.	50% coinsurance	Prior authorization is required.

\* For more information about limitations and exceptions, see the plan or policy document at [www.cpg.org](http://www.cpg.org).

2 of 6

### 1 Common medical events

- Office visits
- Emergency and urgent care

# Summary of Benefits & Coverage

## Your plan benefits at a glance

### Page 4

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Standard Prescription Plan		Premium Prescription Plan		
		Retail	Home Delivery	Retail	Home Delivery	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a>	Generic drugs	Up to \$10	Up to \$25	Up to \$5	Up to \$12	You may get up to a 30-day supply when using a retail pharmacy, and up to a 90-day supply when using home delivery.
	Preferred brand drugs	Up to \$40	Up to \$100	Up to \$30	Up to \$75	
	Non-preferred brand drugs	Up to \$80	Up to \$200	Up to \$60	Up to \$150	
	<a href="#">Specialty drugs</a>	Your cost is based on whether the specialty drug is a preferred brand or non-preferred brand drug.				

1

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |                        |                            |                     |
|------------------------|----------------------------|---------------------|
| • Cosmetic surgery     | • Dental care (Adult)      | • Hearing aids      |
| • Long-term care       | • Routine eye care (Adult) | • Routine foot care |
| • Weight loss programs |                            |                     |

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- |                         |   |                        |
|-------------------------|---|------------------------|
| • Acupuncture           | • Bariatric surgery   | • Chiropractic care    |
| • Infertility treatment | • Non-emergency care when traveling outside the U.S. <sup>1</sup> | • Private-duty nursing |

<sup>1</sup> Coverage for non-emergency care when traveling outside the U.S. applies only to services available through Anthem Blue Cross and Blue Shield. Non-emergency care outside the U.S. is not available through Express Scripts or Cigna Behavioral Health.

\* For more information about limitations and exceptions, see the plan or policy document at [www.cpg.org](http://www.cpg.org).

## 1 Excluded services and other covered services

- Items not covered by the plan
- Other covered services

# Summary of Benefits & Coverage

## Your plan benefits at a glance

### Page 6

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$0
■ Specialist [cost sharing]	\$45
■ Hospital (facility) [cost sharing]	\$250
■ Other [cost sharing]	0%
This EXAMPLE event includes services like: Specialist office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests ( <i>ultrasounds and blood work</i> ) Specialist visit ( <i>anesthesia</i> )	
<b>Total Example Cost</b>	<b>\$12,991</b>
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$560</b>

### Coverage examples

- Detail cost sharing, included services, and exclusions
- Use to compare costs under different health plans
- Not a cost estimator

# Questions & Answers





# Plan Offerings and Coverage

# Episcopal Church Medical Trust

A smarter healthcare program



## The Medical Trust...



**Provides resources to help you make informed healthcare decisions**



**Promotes high-quality, effective outcomes**



**Offers additional benefits**

# Your 2020 group plan offering

For your selection during Annual Enrollment

**Your diocese's plan offering includes these plan types**



**Preferred Provider  
Organization (PPO)**



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

# Point of interest

## Health Savings Accounts



Whether you are enrolled in a Consumer-Directed Health Plan (CDHP) or considering this type of plan, you should understand how a CDHP works with a [Health Savings Account](#).

# What a Health Savings Account offers you

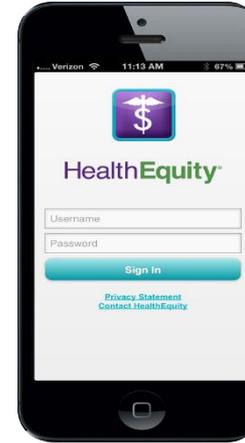
## Key account advantages



**Tax treatment and growth**



**Convenience**



**HealthEquity mobile app**  
**(877) 713-7712**

# Who is eligible?

Understand how your Health Savings Account works for you

Eligibility based on



Plan enrollment



Other medical coverage



Other savings accounts

# Health Savings Account contribution limits

How much you can direct to your account for 2020

## Individual



**\$3,550**

- The total contribution allowed from both the employee and the employer

## Family



**\$7,100**

- The total contribution allowed from both the employee and the employer

## Catch-up (age 55+)



**\$1,000**

- The additional amount allowed if the account holder is age 55+

# Setting Course

Where we will go on today's journey



**Medical**



**Behavioral  
Health**



**Prescription  
Drugs**

**Roadmap**

# Medical benefits

Cigna PPO 90/Anthem PPO 90



Medical Event	Network	Out-of-Network
Deductible	\$500 individual / \$1,000 family	\$1,000 individual / \$2,000 family
Out-of-Pocket Limit	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	10% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	10% coinsurance	50% coinsurance
Hospital Stay	10% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

# Medical benefits

Cigna PPO 80/Anthem PPO 80



Medical Event	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

## Cigna PPO 70/Anthem PPO 70



Medical Event	Network	Out-of-Network
Deductible	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Out-of-Pocket Limit	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	30% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	30% coinsurance	50% coinsurance
Hospital Stay	30% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

# Medical benefits

Cigna CDHP-20/Anthem CDHP-20



Medical Event	Network	Out-of-Network
Deductible	\$2,800 individual / \$5,450 family	\$3,000 individual / \$6,000 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care / specialist) \$0 (preventive care)	45% coinsurance
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

# Medical benefits

Cigna CDHP-40/Anthem CDHP-40



Medical Event	Network	Out-of-Network
Deductible	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Out-of-Pocket Limit	\$6,000 individual / \$12,000 family	\$10,000 individual / \$20,000 family
Office Visit	40% coinsurance (primary care / specialist) \$0 (preventive care)	60% coinsurance
Diagnostic Tests	40% coinsurance	60% coinsurance
Urgent Care	40% coinsurance	40% coinsurance
Emergency Care	40% coinsurance	40% coinsurance
Outpatient Surgery	40% coinsurance	60% coinsurance
Hospital Stay	40% coinsurance	60% coinsurance
Behavioral Health (outpatient)	40% coinsurance	60% coinsurance

# Behavioral health benefits

A place to turn for help with mental health or substance use disorder

## About this program



### Benefit Highlights

- Outpatient therapies
- Inpatient services
- Medication management



### Things to Remember

- Preauthorization may be required



### Finding Help - Cigna

- Plan Document Handbook
- Summary of Benefits & Coverage
- [mycigna.com](https://mycigna.com)
- Cigna One Guide



### Finding Help - Anthem

- Plan Document Handbook
- Summary of Benefits & Coverage
- [anthem.com](https://anthem.com)
- Anthem Health Guide

# Points of interest

## Additional Benefits



Is life throwing you a curve ball?

Check out our [Employee Assistance Program...](#)

# Cigna Employee Assistance Program (EAP)



## About this program



**What it includes**



**Additional points**



**For further details**



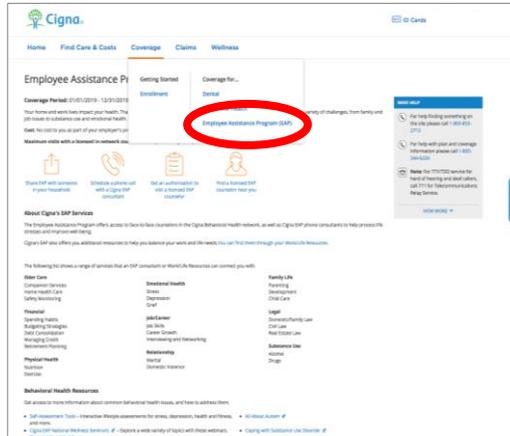
**Getting in touch**

- Call (866) 395-7794

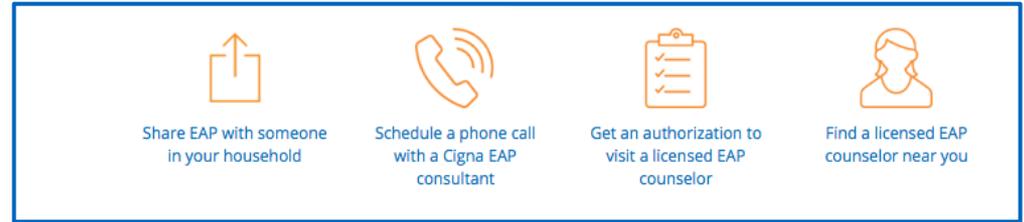
# Accessing EAP resources online



mycigna.com



## Webpage detail:



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

- First-time visitors must register using employer ID: episcopal

# Things to know about prescription drug plans

For Your Information (FYI)



Here are some **important terms** to understand about your prescription drug coverage:

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

# Prescription drug benefits

Managed by Express Scripts



## About this program



### Benefit Highlights

- Generic and brand name medication options
- Accredita Specialty pharmacy
- 67,000 pharmacies nationwide
- Retail and home delivery

### Things to Remember

- Preauthorization may be required
- Retail refill limit
- Mail order required for maintenance medications

### Finding Help

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

# Prescription drug benefits

## Express Scripts—Standard Plan



EXPRESS SCRIPTS®

Item	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$10 copay	Up to \$25 copay
Preferred Brand-Name	Up to \$40 copay	Up to \$100 copay
Non-Preferred Brand-Name	Up to \$80 copay	Up to \$200 copay
Dispensing Limits	Up to 30-day supply	Up to 90-day supply

# Prescription drug benefits

Express Scripts\*—CDHP-20



EXPRESS SCRIPTS®

## Item

## Retail and Home Delivery

Deductible (combined with medical deductible)

\$2,800 individual / \$5,450 family

Generic

15% coinsurance after deductible

Preferred Brand-Name

25% coinsurance after deductible

Non-Preferred Brand-Name

50% coinsurance after deductible

Dispensing Limits

Up to 30-day supply (retail) or 90-day supply (home delivery)

# Prescription drug benefits

Express Scripts\*—CDHP-40



EXPRESS SCRIPTS®

Item	Retail and Home Delivery
Deductible (combined with medical deductible)	\$3,500 individual / \$7,000 family
Generic	15% coinsurance after deductible
Preferred Brand-Name	25% coinsurance after deductible
Non-Preferred Brand-Name	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply (retail) or 90-day supply (home delivery)

# Care management programs

## Anthem/Cigna

With just one phone call, members can access multiple resources and help ensure that they are getting the right care at the right time.



Anthem Health Guide



Cigna One Guide

### These programs can help you:

- Coordinate care across multiple doctors
- Manage chronic conditions
- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Answer other questions that arise in serious health situations

# Health Advocate

Always at Your Side

**HealthAdvocate**  
Always at your side

## About this program



### What it includes



### Getting in touch

- Call (866) 695-8622
- Email [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

# Accessing resources online

*healthadvocate.com/ecmt*

The screenshot shows the HealthAdvocate website for The Episcopal Church Medical Trust. At the top, there is a navigation bar with the HealthAdvocate logo, the Episcopal Church Medical Trust logo, and tabs for 'HEALTH' and 'FINANCE'. Below the navigation bar is a 'Quick Links' section with a right-pointing arrow. The main banner features a photograph of hands holding a red heart, with the text 'Welcome Members of the Episcopal Church Medical Trust'. Below the banner is a yellow 'NEWS' section with the text 'Enter to win a Fitbit Charge 3! Deadline to enter: June 30, 2019. [Click here to enter.](#)'. The page is divided into two main columns. The left column is titled 'Health' and includes the text 'Use our Health resources to find a doctor, clarify your treatment options, and manage your health and well-being.' with a 'BROWSE HEALTH' button. The right column contains two topic cards: 'Confused by your medical bill?' with a 'READ NOW' button, and 'Do you have an elderly loved one?' with a 'READ NOW' button. Below these is another section titled 'Finance' with the text 'Let us help you manage your healthcare costs and improve your financial well-being.' and a 'BROWSE FINANCE' button. The right column contains two more topic cards: 'Stressed out by finances?' with a 'READ NOW' button, and 'Crushed by student loan debt?' with a 'READ NOW' button.



From homepage,  
click on topic of interest

# Dental benefits

Administered by Cigna Dental



## About this program



### Benefit Highlights

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

### Things to Remember

- Balance billing
- Cigna DPPO Advantage network

### Finding Help

- Cigna Dental Handbook
- Summary of Benefits and Coverage
- [mycigna.com](https://www.mycigna.com)
- Phone: (800) 244-6224

# Dental benefits

## Preventive Plan



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

# Dental benefits

## Basic Plan



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

# Dental benefits

## Dental & Orthodontia Plan



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

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

# Questions & Answers





## Additional Benefits

# Point of interest

## Additional Benefits



Along with the core benefits included with your medical coverage, you also receive **additional benefits** as a Medical Trust member...

# Setting Course

Where we will go on today's journey



**EyeMed**



**Amplifon**



**UnitedHealthcare  
Global Assistance**

**Additional benefits**

# Points of interest

## Additional Benefits



How is your vision?

Check out  
[EyeMed Vision Care](#)...

# EyeMed Vision Care

## Insight Network



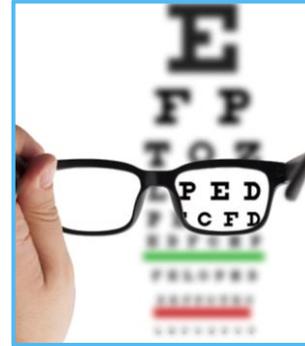
### About this program



**What it includes**



**Additional points**



**For further details**



**Getting in touch**

- Call (866) 723-0513
- Mobile App

- Visit [eyemedvisioncare.com/ecmt](https://eyemedvisioncare.com/ecmt)

# Accessing EyeMed resources online



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

The screenshot shows the EyeMed website interface. At the top left is the Episcopal Church Medical Trust logo. At the top right, it says 'Welcome RICHARD SCALA' with links for 'My Account Profile' and 'Log Out'. Below this is a navigation bar with 'Home', 'View Your Benefits' (circled in red), 'Special Offers', 'Locate a Provider', 'Vision Wellness', and 'Help and Resources'. The main content area is titled 'Benefit Details' and includes sections for 'View Your Benefits' (with a sub-menu), 'Member Information' (showing details for RICHARD SCALA), and 'Service Eligibility' (with a table).

Service	Additional Purchase	Is Member Eligible?	Member Eligible As Of	Frequency
Exam		No	01/01/2020	Once every calendar year
Lenses		No	01/01/2020	Once every calendar year
Frames		No	01/01/2020	Once every calendar year
Contact Lenses		No	01/01/2020	Once every calendar year
Contact Lens Fit & Follow-up		Yes	01/01/2018	Unlimited

From homepage, click on “View Your Benefits”

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

# Points of interest

## Additional Benefits



How is your hearing?

Check out  
[Amplifon Hearing Health Care...](#)

# Amplifon Hearing Health Care

amplifon

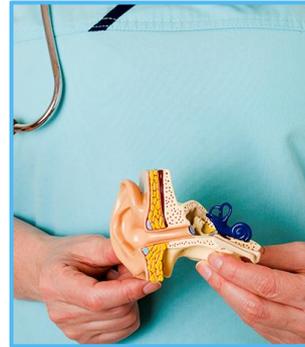
## About this program



**What it includes**



**Additional points**



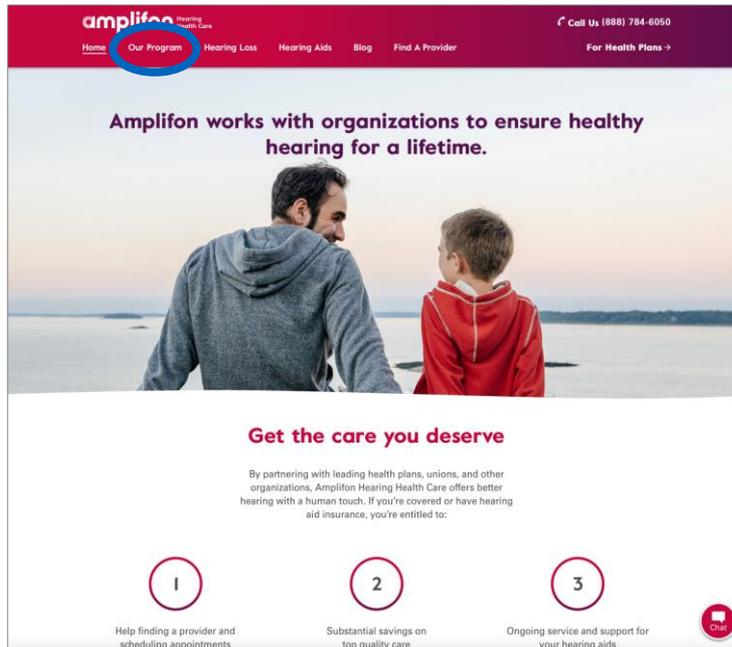
**Getting in touch**

- Call (866) 349-9055
- Visit [amplifonusa.com](https://www.amplifonusa.com)

# Accessing Amplifon resources online



*amplifonusa.com*



From homepage,  
click on “Our Program”

# Points of interest

## Additional Benefits



Need medical assistance  
when traveling?

Turn to **UnitedHealthcare**  
**Global Assistance...**

## About this program



### What it includes

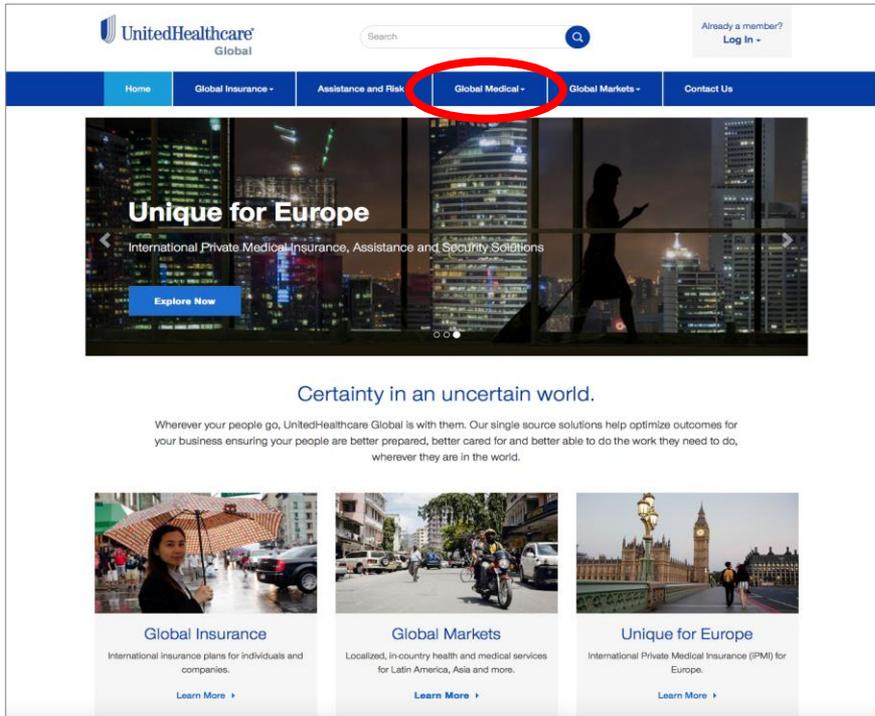


### Getting in touch

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

# Accessing resources online

*uhcglobal.com*



UnitedHealthcare®  
Global

Search

Already a member?  
Log In -

Home Global Insurance - Assistance and Risk **Global Medical -** Global Markets - Contact Us

**Unique for Europe**  
International Private Medical Insurance, Assistance and Specialty Solutions

Explore Now

**Certainty in an uncertain world.**

Wherever your people go, UnitedHealthcare Global is with them. Our single source solutions help optimize outcomes for your business ensuring your people are better prepared, better cared for and better able to do the work they need to do, wherever they are in the world.

**Global Insurance**  
International insurance plans for individuals and companies.  
Learn More ▶

**Global Markets**  
Localized, in-country health and medical services for Latin America, Asia and more.  
Learn More ▶

**Unique for Europe**  
International Private Medical Insurance (IPMI) for Europe.  
Learn More ▶



From homepage,  
click on “Global Medical”

# Questions & Answers

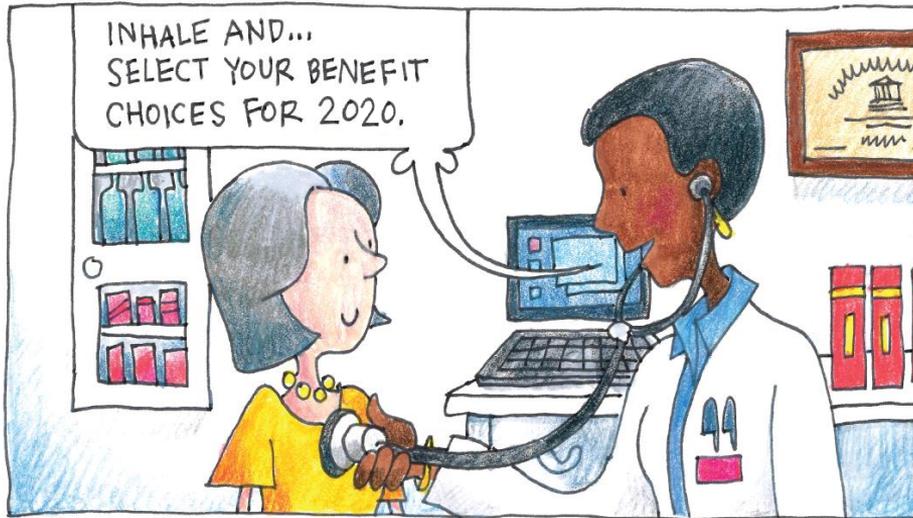




# Annual Enrollment

# Annual Enrollment

## Preparing for Your “Benefits Checkup”

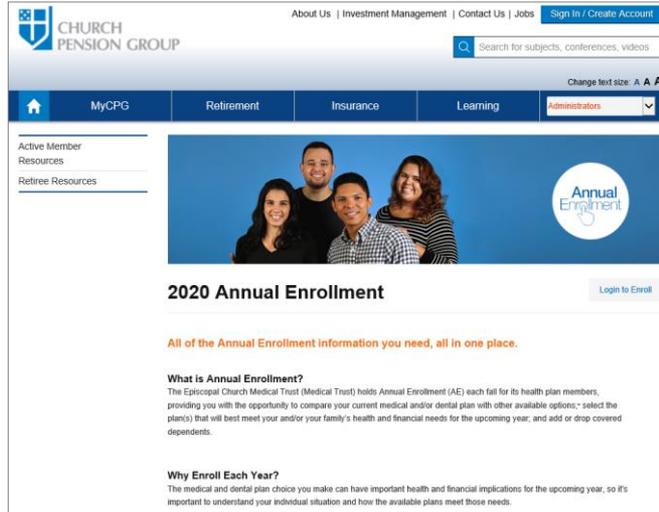


**Annual Enrollment is like the health screenings you get each year from your doctor:**

- An opportunity to give your personal and dependent information a check-up
- A chance to review, and if needed, change your coverage for the upcoming year

# Connecting with your benefits

Annual Enrollment web pages: [cpg.org/annualenrollment](https://cpg.org/annualenrollment)



CHURCH PENSION GROUP

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

Search for subjects, conferences, videos

Change text size: A A A

MyCPG Retirement Insurance Learning Administrators

Active Member Resources  
Retiree Resources

Annual Enrollment

2020 Annual Enrollment [Login to Enroll](#)

All of the Annual Enrollment information you need, all in one place.

**What is Annual Enrollment?**  
The Episcopal Church Medical Trust (Medical Trust) holds Annual Enrollment (AE) each fall for its health plan members, providing you with the opportunity to compare your current medical and/or dental plan with other available options; select the plan(s) that will best meet your and/or your family's health and financial needs for the upcoming year, and add or drop covered dependents.

**Why Enroll Each Year?**  
The medical and dental plan choice you make can have important health and financial implications for the upcoming year, so it's important to understand your individual situation and how the available plans meet those needs.

## Content expanded for 2020

- Everything you need in one place: learn about plan options, evaluate your needs, and choose the best coverage
- Dedicated page content for active members, early retirees, and retired members
- Links to additional sources of information

# Step #2

## Evaluate

**Determine what will work best for your needs as they change**



Points to consider



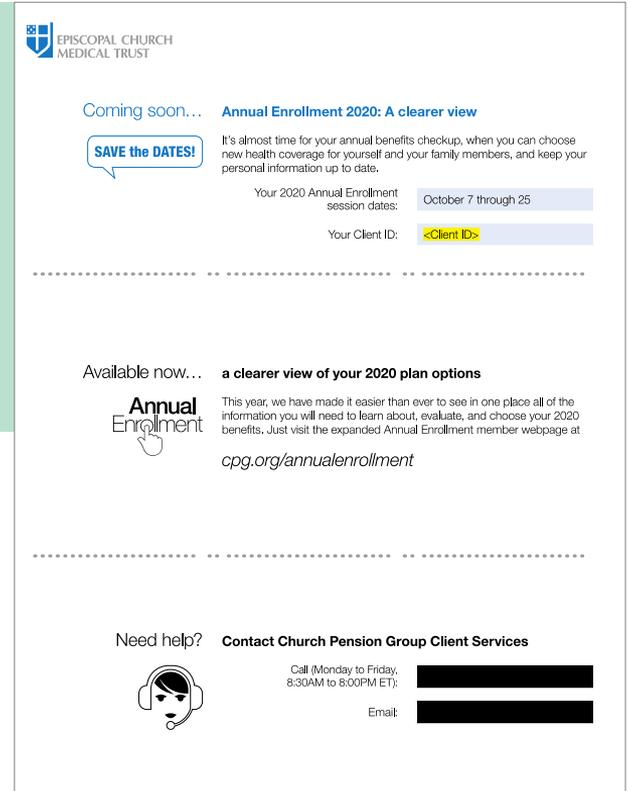
Out-of-pocket costs

# Step #3

## Decide

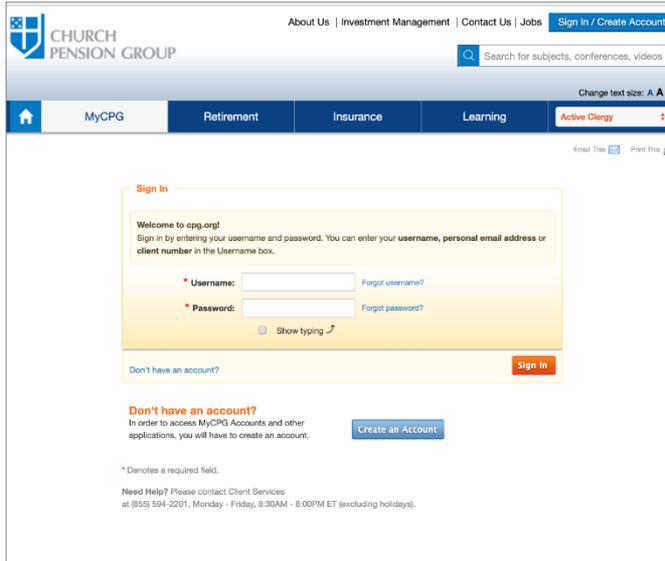


Your **member mailing** contains the enrollment timeframe for your group and your **Client ID**. Currently employed members will make benefit selections for 2020 between **early October and mid-November 2019**.



# Step #3

## Decide



## On the Annual Enrollment website:

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



Log in to MyCPG Account. If you do not already have a MyCPG Account, click on the “Create an Account” link.

For complete instructions, visit [cpg.org/annualenrollment](https://cpg.org/annualenrollment)

# Step #3

## Decide

Plan Reference Documents  
[Enrollment Guide](#)

New Request

**Make any desired changes and click Verify to begin.**

**Clear any changes on this unsaved request form.**

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

**Mailing Address**  
Line 1: [ ] Line 2: [ ] City: [ ] State: CA Zip: [ ] - 2012  
Home Phone: [ ] Ext.: [ ] Personal E-Mail: Ichloebanks@gmail.com Business E-Mail: [ ]

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

**Coverage Options + Monthly Costs**

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

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

**Dependents**  
Marital Status: [ ] Marital Date: [ ] Marital Status: [ ] Marital Date: [ ] Marital Status: [ ] Marital Date: [ ]

### Make your health plan selections

- Medical
- Dental (if offered by group)



Be sure to confirm or update eligible dependent information!

When finished, submit your elections and save or print your confirmation.

# Timeline



Sep 18, 2019

**Your Mailing Sent**



Oct 7, 2019

**Annual Enrollment Begins**



Oct 25, 2019

**Annual Enrollment Ends**



Jan 1, 2020

**New Plan Takes Effect**



## Member Resources

# Connecting with your benefits

## Learning Center and eLearning Library

**Learning in one place that is easy to understand**

### **Courses include:**

- Understanding Your Benefits
- Seeing Your Way to Wellness
- Nutrition
- Resilience
- and more!

The screenshot displays the Church Pension Group website. At the top, the logo and navigation links (About Us, Investment Management, Contact Us, Jobs, Sign In / Create Account) are visible. A search bar is present, and a text size adjustment tool is on the right. The main navigation menu includes Home, MyCPG, Retirement, Insurance, Learning, and Active Lay Employees. A large banner image shows a smiling couple in a library, with the text 'LEARNING CENTER' overlaid. Below the banner, a secondary navigation menu highlights 'MyCPG', 'Retirement', and 'Learning'. The 'eLearning Library' section is active, showing a list of categories: Finance, Health, eLearning Library (selected), and Conferences. Under 'eLearning Library', 'Understanding Your Benefits' is listed. A featured course card for 'Understanding Your Benefits' includes a play button icon and the word 'BENEFITS'.

# At your service

Resources to guide you to your destination

[mtcustserv@cpg.org](mailto:mtcustserv@cpg.org)



## CPG Client Services Member Services

- Call (800) 480-9967  
Monday through Friday  
8:30AM to 8:00PM ET

# At your service

Resources to guide you to your destination

[admin-assist@cpg.org](mailto:admin-assist@cpg.org)



## CPG Client Services Administrator Services

- Call (855) 215-5990  
Monday through Friday  
8:30AM to 8:00PM ET

## Administrators' Resource Center

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



# Travel Guides

Find your way with these primary information sources



**Annual  
Enrollment  
Guide**



**Plan  
Document  
Handbooks**



**Fact  
Sheets**

- Consumer-Directed Health Plan
- Health Savings Account
- Medicare Secondary Payer - Small Employer Exception



**Glossary of Health  
Coverage and  
Medical Terms**

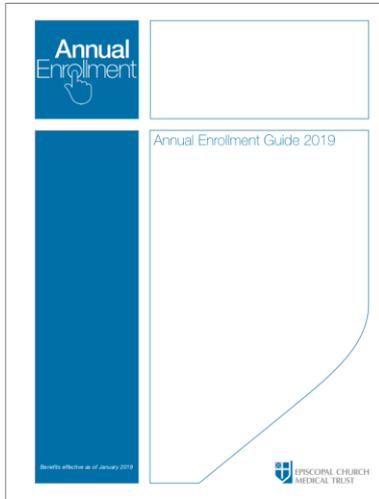


**Summary of  
Benefits and  
Coverage**

**Documents you can view and download**

# Visit CPG's benefits "library"

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



### Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Out-of-pocket](#) cost indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [copayment](#), and [out-of-pocket limits](#) work together in a real life situation.

**Allowed Amount**  
This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

**Appeal**  
A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

**Balance Billing**  
When a provider bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the [allowed amount](#) is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for covered services.

**Claims**  
A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or [plan](#) for items or services you think are covered.

**Coinurance**  
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay [copayment](#) **plus** any [deductible](#) you owe. (For example, if the [health insurance](#), or [plan](#)'s [allowed amount](#) for an office visit is

**Complications of Pregnancy**  
Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Maternal sickness and a non-emergency cesarean section generally aren't complications of pregnancy.

**Copayment**  
A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Cost Sharing**  
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayment](#), [deductible](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductible](#) and [out-of-pocket](#) costs you and your spouse and (or child/ren) must pay out of your own pocket. Other costs, including your [premium](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

**Cost-sharing Reductions**  
Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the Marketplace. You may get a discount if your income is below certain level, and you choose a silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Low income      High income  
20%                      80%

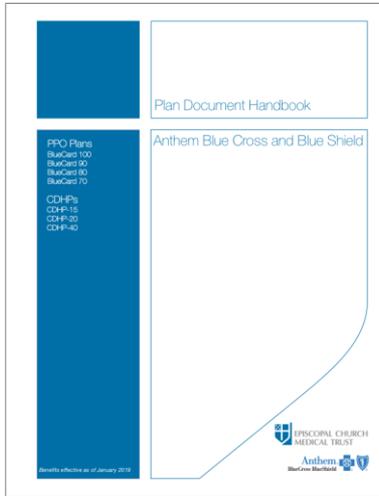
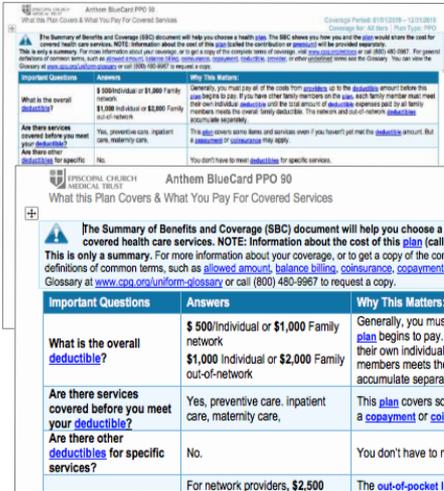
(See page 6 for a detailed example.)

## Information available for viewing and download:

- Annual Enrollment Guide
- Glossary of Health Coverage and Medical Terms

# Visit CPG's benefits "library"

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$ 500/Individual or \$1,000 Family network \$1,000 Individual or \$2,000 Family out-of-network	Generally, you must pay all of the costs from <b>deductible</b> . If the deductible amount before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible and the total amount of deductibles requires each of 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, preventive care, inpatient care, maternity care.	This plan covers some of these services even if you haven't yet met the deductible amount. But if a <b>deductible</b> for a specific service, you don't have to meet deductibles for specific services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
	For network providers, \$2,500	The out-of-pocket limit

## Plan-specific materials available for viewing and download:

- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Fact sheets:
  - Consumer-Directed Health Plan
  - Health Savings Account
  - Medicare Secondary Payer - Small Employer Exception

# Questions & Answers





# Financial Wellness

# Setting course

Where we will go on today's journey



**Retirement  
readiness**



**Disability**



**Life insurance**

**Financial wellness**

# Point of interest

## Financial Wellness



Wellness has many dimensions. Just as you look after your physical, behavioral, and spiritual health, taking steps to strengthen your **financial wellness** is also vital.

# Lay Employee Pension System



## ■ Mandated General Convention Resolution 2009-A138

Two types of pensions available

**#1** Defined contribution (90%)

**#2** Defined benefit (10%)\*



Assessment/  
contribution  
rate 9%



96% of U.S.  
employers offer  
some form of lay  
pension

\*2% of population have both defined contribution and defined benefit.

# Preparing for the Big Ifs

## Life Insurance: 'What if I die too soon?'

### Review...



Your life insurance needs are based on life situations

- Your needs could go either up or down

### Did you know...



Permanent life insurance can also be used to fund long-term care expenses

### Ask...



Would your family be able to live in the lifestyle they are accustomed to?

- Live in the family home
- Send children to college
- Save for retirement

# Preparing for the Big Ifs

## Disability review: 'What if I can't work?'

### Prevalence



One in four U.S. adults—61 million people—has a disability that impacts major life activities\*

### Income protection



Disability protects your most important asset!

### Verification



Ensure you are covered

# Get Prepared

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



Grace Longo



Larry Dresner



Anna Molin

## Calculators

- Plan Ahead Calculators on [cpg.org](https://www.cpg.org)
- Pension Calculator in MyCPG Accounts

## Plan, Plan, Plan

# Financial Disclaimer

The information presented here does not take into account the investment objectives, financial or retirement needs of particular individuals. It is important that you consider this information in the context of your personal risk tolerance, investment and retirement goals. You should not depend solely on this information in making any decision that will affect your personal financial, retirement or tax situation or before investing in any product. You should contact your own professional advisor prior to making any such decision and for details on how such decisions will affect your personal legal and tax situation.

# Legal Disclaimer

Please note that this presentation is provided for informational purposes only and should not be viewed as an offer of coverage, legal, medical, tax, or other advice. Please consult with your own professional advisor for further guidance. In the event of a conflict between this presentation and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate, or modify the terms of any benefit plans described in this presentation at any time, for any reason, and, unless required by law, without notice.

# Financial Disclaimer

The information presented here does not take into account the investment objectives, financial or retirement needs of particular individuals. It is important that you consider this information in the context of your personal risk tolerance, investment and retirement goals. You should not depend solely on this information in making any decision that will affect your personal financial, retirement or tax situation or before investing in any product. You should contact your own professional advisor prior to making any such decision and for details on how such decisions will affect your personal legal and tax situation.



# 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)