



A Century of Service  
and Benefits for  
the Episcopal Church



## 2020 Member Education



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**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

**1** **2** **3** **4** **5**

**Anthem BlueCard PPO 100**  
What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2019 – 12/31/2019  
Coverage for: All tiers | Plan Type: PPO

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

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$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.
<b>Are there services covered before you meet your deductible?</b>	No.	
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	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.
<b>What is not included in the out-of-pocket limit?</b>	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.
<b>Will you pay less if you use a network provider?</b>	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.
<b>Do you need a referral to see a specialist?</b>	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).

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### 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="#">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.				
<b>Excluded Services &amp; Other Covered Services:</b>						
<b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a>.)</b>						
• Cosmetic surgery		• Dental care (Adult)		• Hearing aids		
• Long-term care		• Routine eye care (Adult)		• Routine foot care		
• Weight loss programs						
<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan document</a>.)</b>						
• 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](#).

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### 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

<b>Peg is Having a Baby</b> (9 months of in-network pre-natal care and a hospital delivery)	
■ The <b>plan's</b> overall deductible	\$0
■ <b>Specialist</b> [cost sharing]	\$45
■ Hospital (facility) [cost sharing]	\$250
■ Other [cost sharing]	0%
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
<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

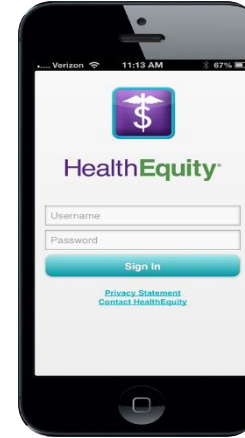
## Key account advantages



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**



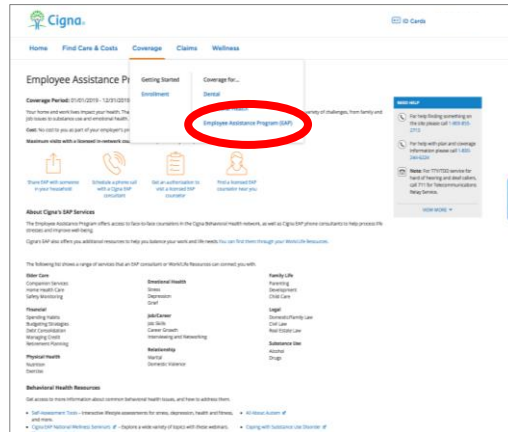
**Getting in touch**

- Call (866) 395-7794

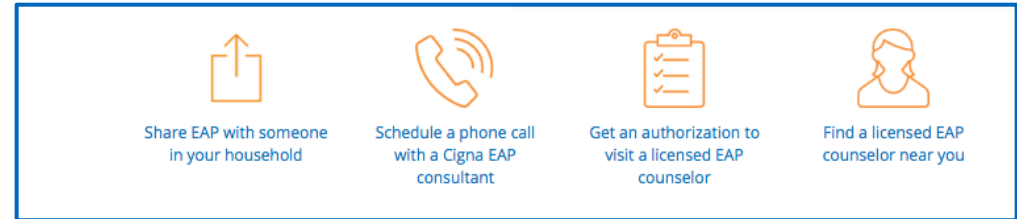
# Accessing EAP resources online



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
- Accredited 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)

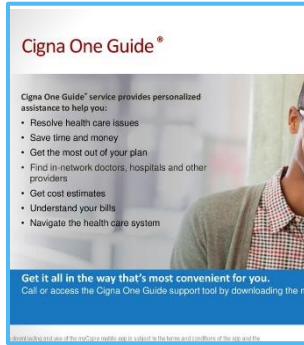
# Care management programs

## 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



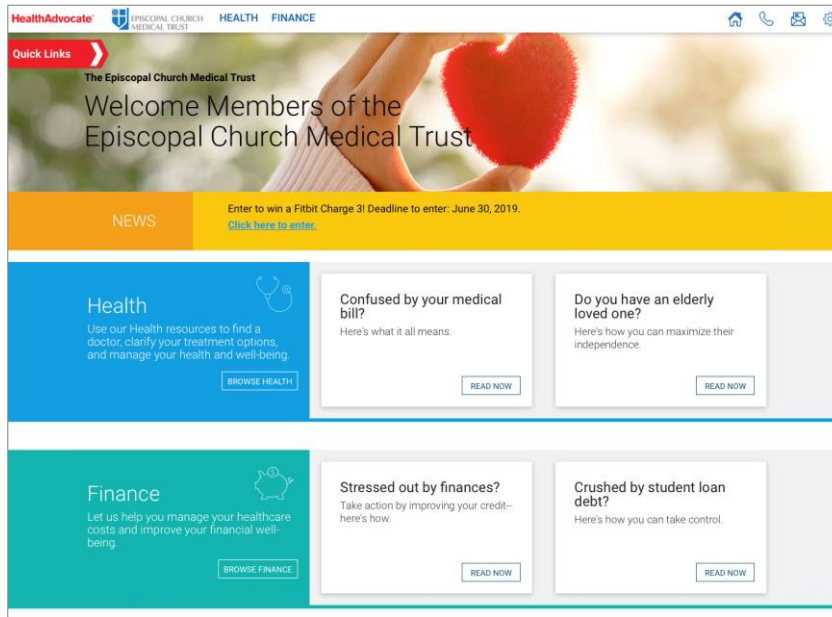
### Getting in touch

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

# Accessing resources online

**HealthAdvocate**  
Always at your side

*healthadvocate.com/ecmt*



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://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**



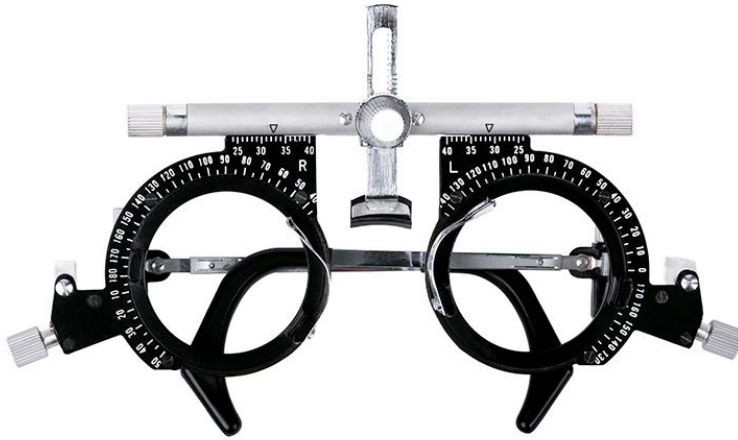
**UnitedHealthcare  
Global Assistance**

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

The screenshot shows the EyeMed website interface. At the top, there's a header with the Episcopal Church Medical Trust logo and the EyeMed logo. Below the header is a navigation bar with links: 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 sidebar menu), 'Member Information' (showing details for Richard Scala), and 'Service Eligibility' (with a table of services and eligibility).

**View Your Benefits**

**Benefit Details**

The eligibility and vision benefits for the selected member are displayed below. Select a tab to toggle between In-Network Benefits, Out-of-Network Benefits and Additional Discounts.

If the member information listed below is incorrect, please contact your Benefits Administrator to update your record.

Some documents on this page require Adobe® Acrobat® Reader. If you do not have Acrobat Reader, you can [download it](#) for free.

**Member Information**

Field	Value
First Name	RICHARD
Last Name	SCALA
Member ID	1055059530
Group	ECMT Actives (9682527)

**Service Eligibility**

The table below indicates you are eligible for the services shown. Eligibility is limited by plan period. Please contact us at the number on your member materials for future benefit information.

Service	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

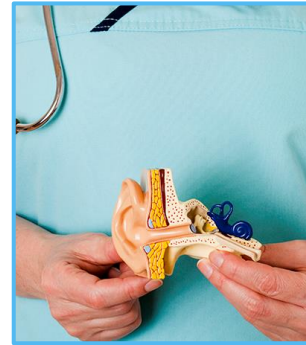
## About this program



What it includes



Additional points



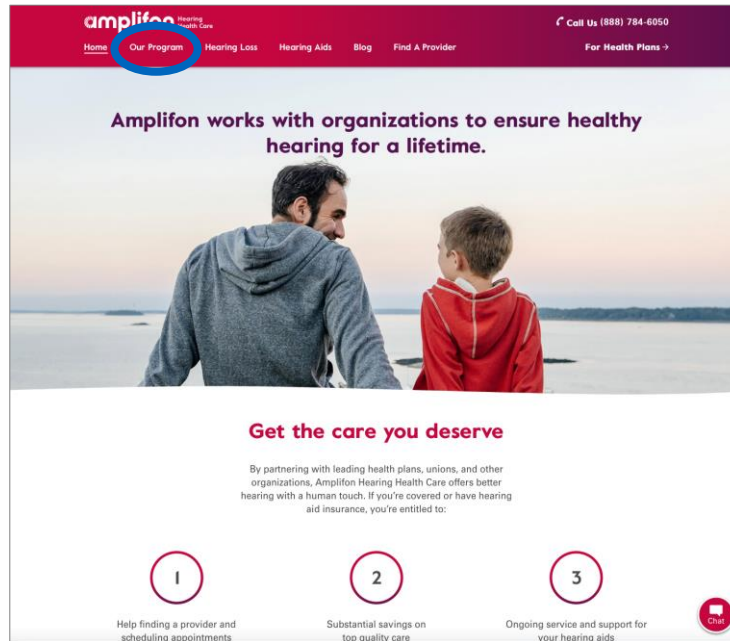
Getting in touch

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

# Accessing Amplifon resources online

The Amplifon logo, consisting of the word "amplifon" in a white, lowercase, sans-serif font, set against a solid red square background.

*amplifonusa.com*



From homepage,  
click on “Our Program”



# Points of interest

## Additional Benefits



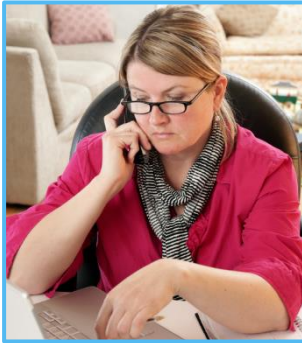
Need medical assistance  
when traveling?

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

# UnitedHealthcare Global Assistance



## About this program



### What it includes

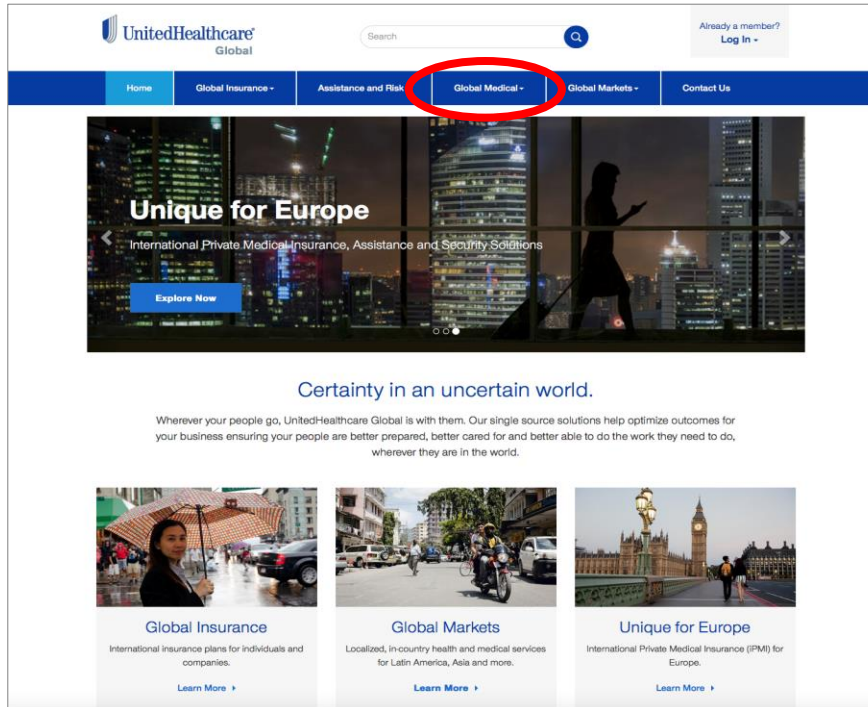


### Getting in touch

- 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*



The screenshot shows the UnitedHealthcare Global website homepage. At the top, there is a navigation bar with the following links: Home, Global Insurance, Assistance and Risk, **Global Medical** (circled in red), Global Markets, and Contact Us. Below the navigation bar is a large hero section with a city skyline at night and a person silhouetted against the window. The text reads: "Unique for Europe", "International Private Medical Insurance, Assistance and Security Solutions", and "Explore Now". Below the hero section is a paragraph: "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." At the bottom, there are three columns: "Global Insurance" (International insurance plans for individuals and companies), "Global Markets" (Localized, in-country health and medical services for Latin America, Asia and more), and "Unique for Europe" (International Private Medical Insurance (IPMI) for Europe). Each column has a "Learn More" link.



From homepage,  
click on “Global Medical”

# Questions & Answers

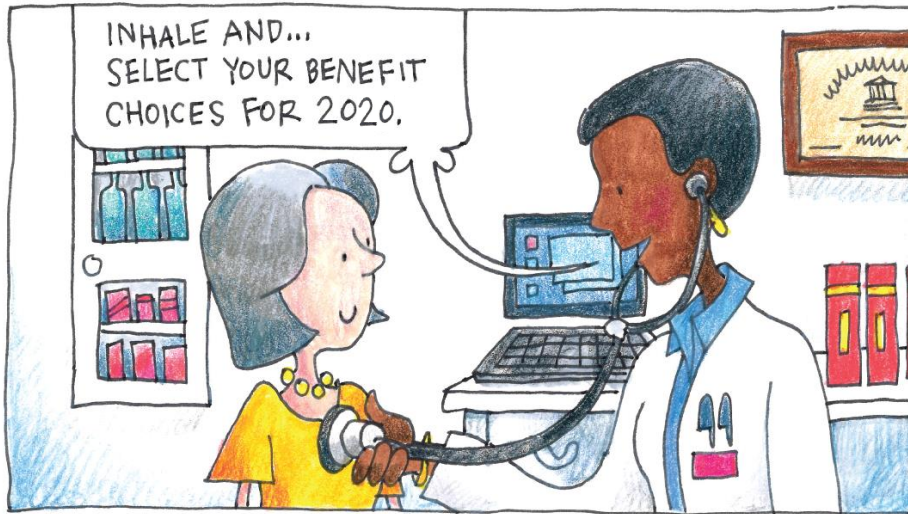




# Annual Enrollment

# Annual Enrollment

## Preparing for Your “Benefits Checkup”



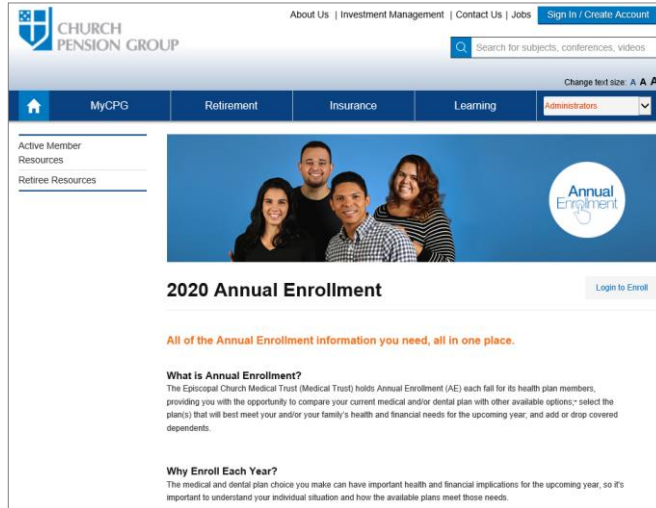
**Annual Enrollment is like the health screenings you get each year from your doctor:**

- 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)



## 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**



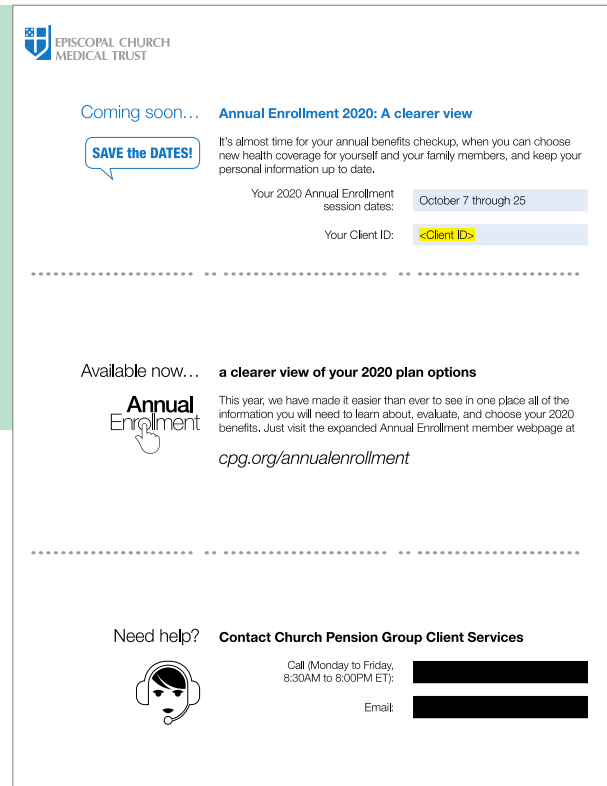
**Out-of-pocket costs**

# 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

The screenshot shows the Church Pension Group (CPG) website. At the top, there is a navigation bar with links for 'About Us', 'Investment Management', 'Contact Us', 'Jobs', and 'Sign in / Create Account'. Below this is a search bar and a 'Change text size' option. The main navigation menu includes 'MyCPG', 'Retirement', 'Insurance', 'Learning', and 'Active Clergy'. The 'Sign In' section is highlighted, showing a welcome message and a sign-in form with fields for 'Username' and 'Password'. There are links for 'Forgot username?' and 'Forgot password?'. Below the form is a 'Show typing' checkbox and a 'Sign in' button. At the bottom, there is a 'Don't have an account?' section with a 'Create an Account' button. A footer note states: '\* Denotes a required field. Need Help? Please contact Client Services at (855) 594-2201, Monday - Friday, 8:30AM - 6:00PM ET (excluding holidays).'

### 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

The screenshot shows a web form titled "Plan Reference Documents" with a link to "Enrollment Guide". Below this is a "New Request" section with two buttons: "Verify" (highlighted) and "Clear Changes". The "Verify" button is accompanied by the text "Make any desired changes and click Verify to begin." and the "Clear Changes" button is accompanied by "Clear any changes on this unsaved request form.".

The form is divided into several sections:

- Name:** Fields for Designation/Salutation, First (Chloe), Mid, Last, and Suffix.
- Mailing Address:** Fields for Line 1, Line 2, City, State (CA), and Zip.
- Home Phone:** Fields for Home Phone, Ext., Personal E-Mail (lchloebanks@gmail.com), and Business E-Mail.
- Personal Information:** Fields for Tax ID / SSN, Birth Date, Clergy/Lay Status (Lay), and Gender.
- Coverage Options + Monthly Costs:** Two sections. The "Medical" section has a radio button for "Kaiser Permanente EPO 80 Plan" (selected) and a note "This plan is no longer offered." Below it is a radio button for "I decline medical coverage." The "Dental" section has a radio button for "Dent&Ortho-25/75" (selected) and a note "This plan is no longer offered." Below it is a radio button for "I decline dental coverage."
- Dependents:** A table with columns: First Name, Last Name, Date of Birth, Sex, Relationship, and Designation. The table is currently empty.

## 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

Annual  
Enrollment



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

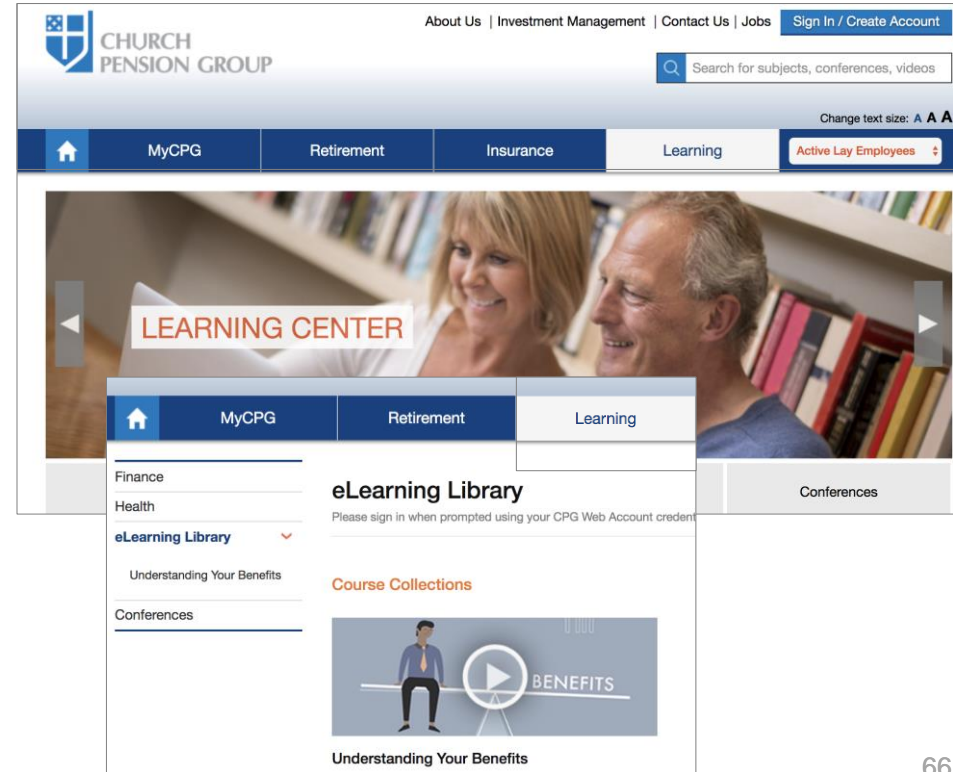
# Connecting with your benefits

## 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!



# 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**



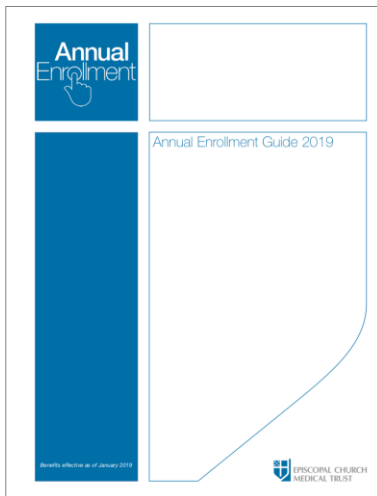
**Summary of  
Benefits and  
Coverage**

**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 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.)
- [Underlying](#) (or [underlies](#)) 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 \$150, the [provider](#) may bill you for the remaining \$50. This happens most often when you see an [out-of-network provider](#) (nonpreferred [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 [deductibles](#) you owe. (For example, if the [health insurance](#), or [plan's](#) [allowed amount](#) for an office visit is



For plan pay 20% For plan pay 80%

(See page 6 for a detailed example.)

#### 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 infection 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](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) 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](#), [provider](#) 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 a 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.

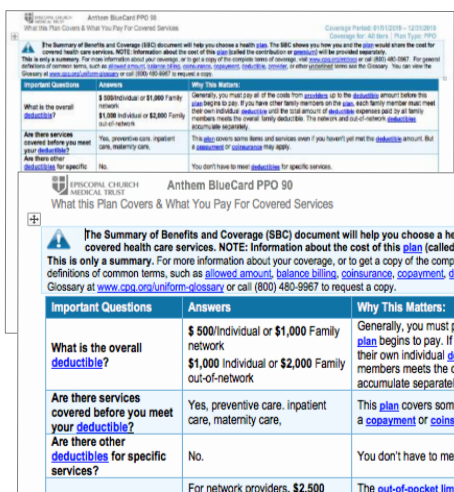
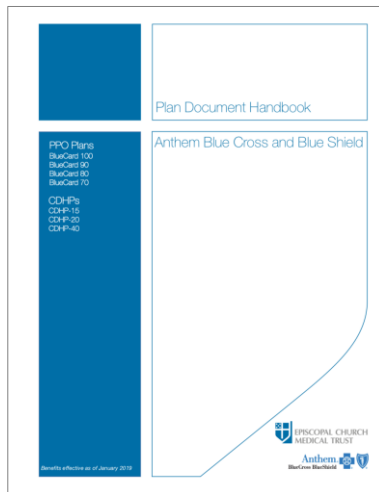
## Information available for viewing and download:

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



# Visit CPG's benefits "library"

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



## 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



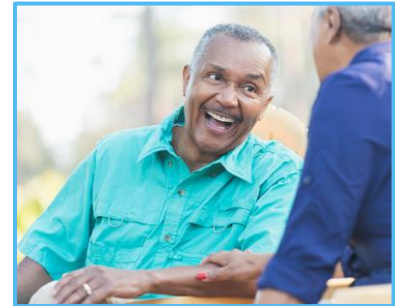
One in four U.S. adults—61 million people—has a disability that impacts major life activities\*

### 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.

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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)