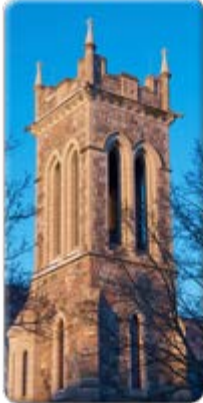




A Century of Service
and Benefits for
the Episcopal Church



Journey to Wellbeing



Chipasha Kashoki
Manager, Domestic Relationship
Management - Western Region

Annual Enrollment
Episcopal Diocese of Texas





Journey to Wellbeing

 Preparing for Your Journey

 Core Medical Plan Benefits

 Dental Benefits

 Additional Benefits

 Annual Enrollment

 Additional Resources



Journey to Wellbeing



Preparing for Your Journey

.....



Preparing for Your Journey

Your checklist



- ☒ Learn about your benefits and how they work
- ☒ Enroll for the healthcare benefits that best meet your needs:
 - ☒ Consider healthcare needs for the upcoming year
 - ☒ Compare your options and costs
 - ☒ Enroll by the deadline
- ☒ Review and update your personal and dependent information



Preparing for Your Journey

The road ahead

Know before you go

What's changing for 2021?

Improved hearing aid
benefits for actives
and retirees

Enhanced navigation:
a refresh of our
communications

If you don't need to change anything

Current benefits
will continue in
2021 at new rates





Preparing for Your Journey

For the inevitable bumps in the road

The Medical Trust has you covered



Behavioral
Health Benefits



Cigna Employee
Assistance Program
(EAP)





First Stop



Core Medical Plan Benefits





Core Medical Plan Benefits

 Type of medical plans

 Medical plan details

 Behavioral health


 Prescriptions

 Vision

 Hearing

 Care management program

 Telehealth

 Vendor resources &
contact information





Core Medical Plan Benefits

The Episcopal Church Medical Trust

A plan created with you in mind?





Core Medical Plan Benefits

The travel guide to well being

Your health plan offering includes these benefits



- Medical
- Behavioral Health and Cigna Employee Assistance Program (EAP)
- Prescription
- Vision
- Hearing



Types of Medical Plans





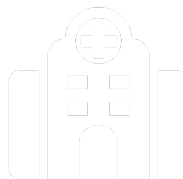
Types of Medical Plans

Your 2021 medical plan options

Your employer offers these medical plan types



Preferred Provider
Organization (PPO)



Consumer-Directed
Health Plan (CDHP)





Type of Medical Plans

Preferred Provider Organization

Anthem BCBS | Cigna



- Visit any provider
- No referrals required for specialists
- Lower out-of-pocket costs when you use a network provider or facility
- Includes care management program, which helps coordinate your care and manage health conditions





Types of Medical Plans

Consumer-Directed Health Plan

Anthem BCBS | Cigna



- High-deductible health plan
- You pay all medical and prescription expenses-until you meet the plan's deductibles
- PPO-type plan
- Works with a Health Savings Account to help you pay for eligible healthcare expenses today and in the future
- Includes care management program



Types of Medical Plans

A closer look at the Health Savings Account (HSA)

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

Must be
enrolled in
Consumer-
Directed
Health Plan



Not covered by Medicare,
TRICARE or other medical
insurance

Cannot be claimed as a dependent
on tax return

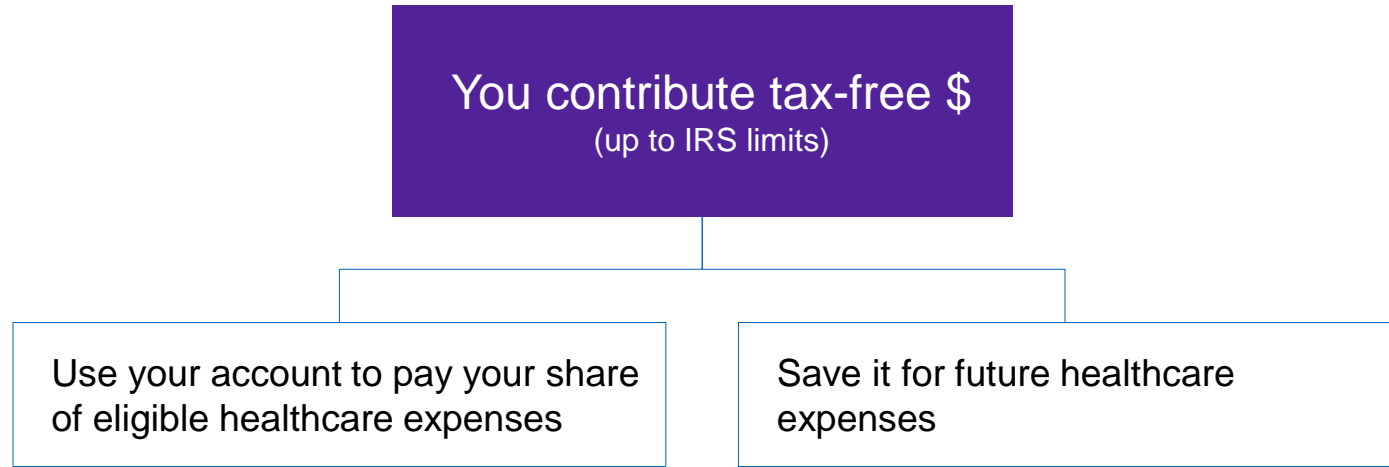
Cannot contribute to Healthcare
Flexible Spending Account



Type of Medical Plans

How the HSA works

Your HSA is portable – you can take it with you





Types of Medical Plans

HSA contributions

How much can you contribute in 2021?

Individual



\$3,600

The total contribution allowed from both you and your employer

Family



\$7,200

The total contribution allowed from both you and your employer

Catch-up (age 55+)



\$1,000

The additional amount allowed if you are age 55+





Types of Medical Plans

Several tax advantages

1

No taxes on your contributions

2

No taxes on money used for eligible healthcare expenses

3

Tax-free interest and investment earnings (depending on account balance)





Types of Medical Plans

Health Savings Account setup

Setup is automatic with Consumer-Directed Health Plan



- Call HealthEquity at (877) 713-7712 to activate
- Setup and monthly fees paid by the Medical Trust
- HealthEquity HSA Guidebook available online



- Up to three Visa HSA debit cards
- Can be used by spouse and eligible dependents
- Be sure to designate a beneficiary for your account



You can use your own bank or qualified financial institution:

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



Types of Medical Plans

For administrators

Portal setup and training



Employer portal

- Created when an employee enrolls in a Consumer-Directed Health Plan
- Call (866) 382-3510 to authenticate and activate



Visit myhealthequity.com

- HealthEquity offers comprehensive training



Medical Plan Details





Medical Benefits

Anthem PPO 90 | Cigna PPO 90

	Network	Non-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 (specialty)	\$75 copay
Diagnostic Tests	\$0	10% coinsurance
Urgent Care	\$50 copay	\$50 copay
Hospital Stay	10% coinsurance	25% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

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

A fixed amount you pay for a covered healthcare service, usually when you visit a doctor or get a service.

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

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

50% coinsurance



Medical Benefits

Anthem PPO 80 | Cigna PPO 80

	Network	Non-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)	\$250 copay
Diagnostic Tests	\$0	20% coinsurance
Urgent Care	\$50 copay	\$50 copay
Hospital Stay	20% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

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

A fixed amount you pay for a covered healthcare service, usually when you visit a doctor or get a service.

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

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

50% coinsurance





Medical Benefits

Anthem PPO 70 | Cigna PPO 70

	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 (specialty)	\$250 copay
Diagnostic Tests	\$0	30% coinsurance
Urgent Care	\$50 copay	\$50 copay
Hospital Stay	30% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

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

A fixed amount you pay for a covered healthcare service, usually when you visit a doctor or get a service.

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

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

50% coinsurance



Medical Benefits

Anthem CDHP-20 | Cigna CDHP-20

	Network	Non-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)	45% coinsurance
Diagnostic Tests	\$0	20% coinsurance
Urgent Care	20% coinsurance	20% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance
Behavioral Health (outpatient)	20% coinsurance	45% coinsurance

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

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

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



Medical Benefits

Anthem CDHP-40 | Cigna CDHP-40

	Network	Non-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)	60% coinsurance
	\$0	
Diagnostic Tests	40%	
Urgent Care	40% coinsurance	40% coinsurance
		40% coinsurance
		60% coinsurance
Hospital Stay	40% coinsurance	60% coinsurance
Behavioral Health (outpatient)	40% coinsurance	60% coinsurance

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

Deductible

Out-of-Pocket Limit

Office Visit

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

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

60% coinsurance

Details About Your Medical Coverage

Summaries of Benefits and Coverage: cpg.org/mtdocs



EPISCOPAL CHURCH
MEDICAL TRUST

Anthem BlueCard PPO 100

What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2021 – 12/31/2021

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 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?	\$ 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 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?	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, 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.



Behavioral Health





Behavioral Health

For help with mental health or substance abuse

Anthem BCBS | Cigna



Benefit highlights



- Outpatient therapies
- Inpatient services
- Medication management

Please note



- Preauthorization may be required for certain services





Behavioral Health

Cigna Employee Assistance Program





Cigna Employee Assistance Program (EAP)

For the Bumps in the Road

The Employee Assistance Program is here for you





EAP Overview

Cigna Employee Assistance Program (EAP)

What it includes



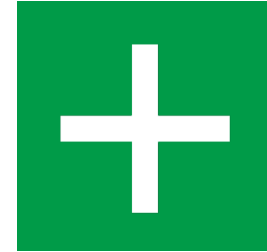
- Up to 10 face-to-face sessions per issue with a Cigna EAP provider
- Unlimited telephonic consultations
- Available to you and anyone else in your household, whether or not they are enrolled in a Medical Trust plan

Getting in touch



- (866) 395-7794
- mycigna.com

Additional points

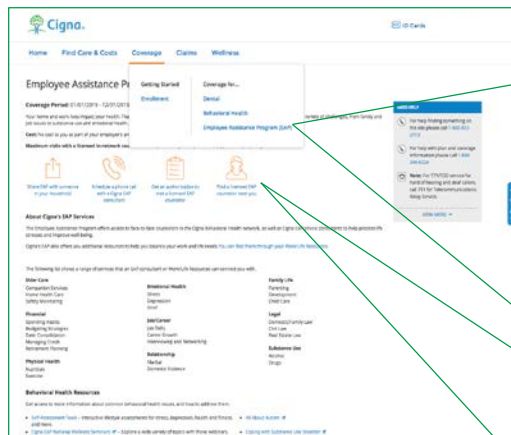


- Confidential
- No cost to you
- 24/7 availability

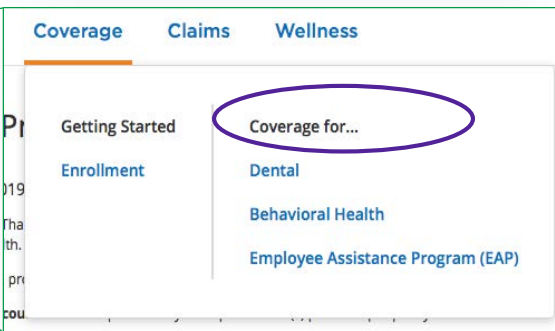
Accessing Cigna EAP Resources Online

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

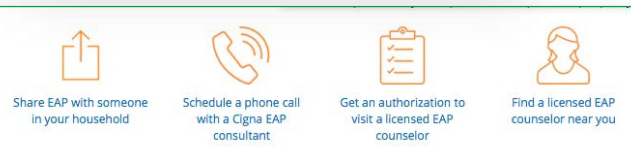
mycigna.com



Webpage detail



First-time visitors must register





Prescriptions





Prescriptions

Things to know about our prescription benefits



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



Prescriptions

Prescription benefits

Managed by Express Scripts



Benefit highlights



- Generic and brand name medication options
- Accredo Specialty pharmacy
- Broad national retail pharmacy network
- Retail and home deliver

Things to remember



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

To learn more



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





Prescriptions

Prescription drug benefits

Express Scripts—Standard Plan

	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

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

Prescription drug benefits

Express Scripts—CDHP-20

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)

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

Prescription drug benefits

Express Scripts—CDHP-40

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)

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



Vision





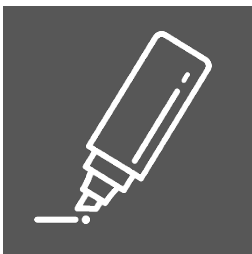
Vision

Vision benefits overview

Offered through EyeMed Insight Network



Benefit highlights



- Zero co-pay for annual visit
- \$150 allowance for frames or contact lenses
- Discounts on products/services

Things to remember



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

To learn more



- (866) 723-0513
- eyemedvisioncare.com/ecmt
- EyeMed mobile app





Vision

Vision plan benefits

See Summary of Benefits at cpg.org for more details

	Network	Out-of-Network
Exam (once every 12 months)	\$0 copay	Up to \$30
Frames (once every 12 months)	\$0 copay; \$150 allowance; 20% off balances over \$150	Up to \$47
Standard plastic lenses	\$10-\$120 copay	Up to \$32-\$57
Contact lenses		
Conventional and disposable	\$0 copay; \$150 allowance plus discounts on balances over \$150	Up to \$100
Medically necessary	\$0 copay; paid in full	Up to \$210
Laser vision correction	15% off retail price or 5% off promotional price	N/A

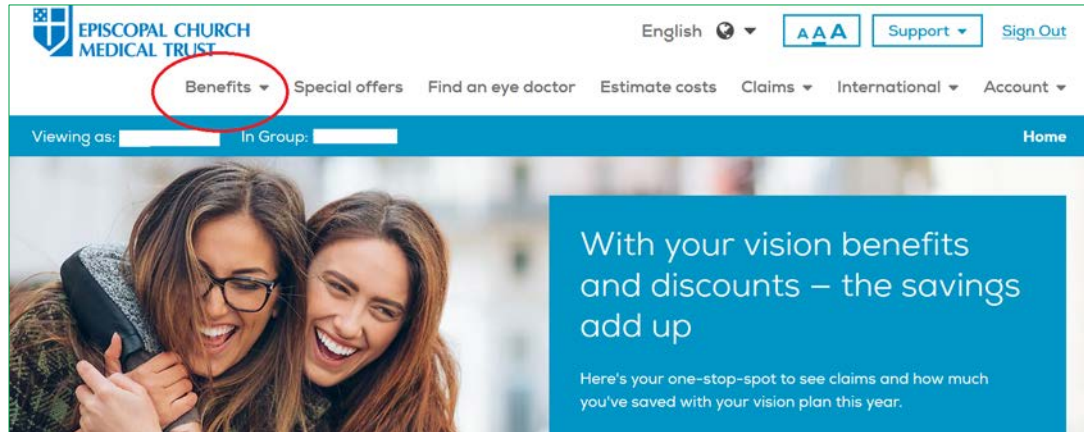


Vision

Accessing EyeMed resources online

From homepage, click on “Benefits” menu

eyemedvisioncare.com/ecmt



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



Hearing





Hearing

Enhanced hearing aid benefits for 2021

Benefit allowance and hearing aid device discounts

Active Benefit Allowance and Hearing Aid Device Discount

Active Health Plan	Current Benefit	2021 Benefit
All Active Health Plans (Anthem, Cigna)	Amplifon hearing aid device discount	Maximum benefit of \$1,500 per ear every three years

*Amplifon Hearing Health Care discounts for hearing testing and diagnostic services.



Care Management Programs





Anthem Health Guide

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

These programs can help you in many ways:

- 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



Anthem Health Guide



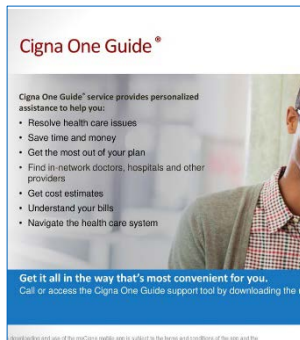
Care Management Programs

Cigna One Guide

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

These programs can help you in many ways:

- 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



Cigna One Guide



Telehealth





Telehealth

Care from the Safety and Convenience of Your Home

24/7/365 access to board certified physicians

- Secure, private video chat access with the type of doctor you would like
- Log on and visit an available provider in minutes
- Can obtain prescriptions for certain medications, if needed
- For medical care and behavioral health



Cigna
my.cigna.com



Anthem
livehealthonline.com

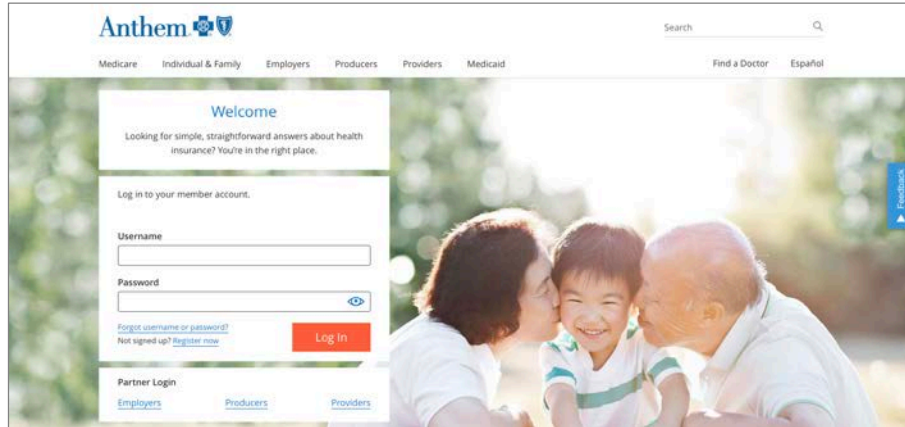




Vendor Resources and Contact Information



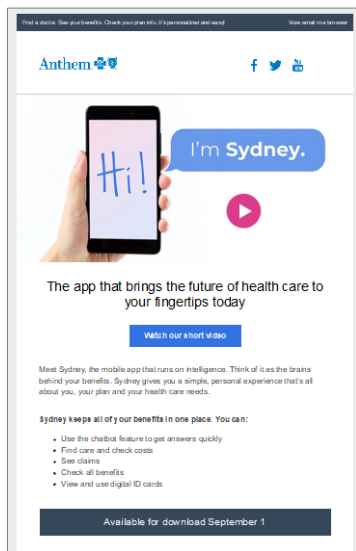
Connecting with your benefits



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

Anthem.com | (844) 812-9207

Connecting with your benefits



Sydney app

- All your health benefits information in one place
- Download from Anthem site, Apple Store,[®] or Google Play[™]

Same functionality as previous Anthem Anywhere app

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

Plus:

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



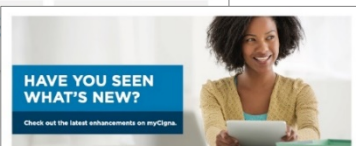
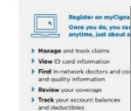
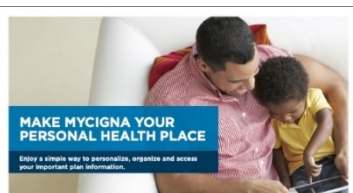
Connecting with your benefits

mycigna.com | (800) 244-6224

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

Connecting with your benefits

MyCigna, your personal health place



Easier to navigate. Easier to use.
From programs that help manage your health to tools that help manage your health spending, there's so much you can do on myCigna.com. And now, it's easier than ever to manage and make the most of your health plan on the myCigna® website and app.

Featured enhancements on myCigna.

- **Personalized dashboard**
The information that matters most to you is right up front when you log in.
- **ID cards always accessible**
View, print and send ID cards from any page.
- **Click-to-chat**
Have an online chat with a Cigna rep to get answers to your questions fast.
- **A better way to search for providers and costs**
Find quality in-network providers and compare costs based on your needs.
- **Coverage details in plain language**
Plan details are simple, clear and easy to understand.
- **Added layer of security to help protect your health information**
A primary email address is required. Plus, there's a new two-step login process.

Not registered yet?
Register today for going to myCigna.com or launching the myCigna app and selecting "Register Now."

Together, all the way.®



MyCigna.com and mobile app are available exclusively to eligible plan members of Cigna Companies, including Cigna Health and Life Insurance Companies. Coverage is provided by member companies. Cigna Mutual Health Co. and BCB of various member companies of Cigna Health Companies. The Cigna name, logo and other Cigna marks are service marks of Cigna Mutual Health Co. ©2019 Cigna. All rights reserved. Cigna.com

- Simple way to personalize, organize, and access your important plan information
- Register on [myCigna.com](https://mycigna.com) or download app from Apple Store® or Google Play™

Your MyCigna features

- Manage and track claims
 - View ID card
 - Find network doctors and compare cost and quality information
 - Review your coverage
 - Track account balances and deductibles
- Personalized dashboard
 - Click-to-chat with a Cigna rep
 - Two-factor security to better protect your health information

MyCigna also includes these enhancements



Next Stop



Dental Benefits





Dental Benefits

Benefit Overview

Administered by Cigna



Benefit highlights



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

Things to remember



- Balance billing
- Cigna DPPO Advantage network

To learn more



- Cigna Dental Handbook
- Summary of Benefits and Coverage
- mycigna.com





Dental Benefits

Preventive Plan

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

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

The maximum amount the plan will pay.

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



Dental Benefits

Basic Plan

	DPPO Advantage	DPPO and Out-of-Network
Deductible	\$0 individual / \$0 family	\$50 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

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

The maximum amount the plan will pay.

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



Dental Benefits

Dental & Orthodontia Plan

	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

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

The maximum amount the plan will pay.

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

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



Dental Benefits

Cigna Dental Oral Health Integration Program (OHIP)

Enhanced dental coverage



For members with the following medical conditions:

- Diabetes
- Heart disease
- Stroke
- Maternity
- Head and neck cancer radiation
- Organ transplants
- Chronic kidney disease



Dental Benefits

Cigna Dental Oral Health Integration Program (OHIP)

No additional charge



- Qualified members get reimbursed 100% of coinsurance for certain related dental procedures
- OHIP reimbursements not subject to the annual deductible
- Plan annual maximum will apply
- To enroll and for complete program terms and eligible medical conditions:
 - Visit mycigna.com
 - Call customer service 24/7 at [1.800.CIGNA24](tel:1800CIGNA24)



Next Stop





Additional Benefits





Additional Benefits

-  Health Advocate
-  UnitedHealthcare Global Assistance





Health Advocate





Helping you navigate the complexities of healthcare

What it includes



- Understanding and troubleshooting claims
- Private, confidential assistance

Getting in touch



- (866) 695-8622
- [HealthAdvocate.com/members](https://www.healthadvocate.com/members)



Health Advocate

At your service

Resources to guide you to your destination

HealthAdvocate[™]
Always at your side

Real People, Real Stories

Insurance-related issues

Gina's husband needed surgery for a life-threatening condition. The paperwork approving the procedure got "lost in the system." Health Advocate tracked down and coordinated the paperwork between the doctor, insurance plan and hospital, and convinced the insurance company to permit a prompt operation.

We can help.

Call us today! 866.695.8622

Visit us online at HealthAdvocate.com/enrollment

We're here when you need us most

Your Health Advocate benefit can be accessed 24/7, normal business hours and Monday-Friday, from 8 am to 12 am (midnight), Eastern Time. Staff is available for assistance after hours and on weekends.

There is no cost to use our service

Your employer or plan sponsor offers your Health Advocate benefit at no cost to you.

We're not an insurance company

Health Advocate Solutions is not affiliated with any insurance or third party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Your privacy is protected

Our staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.

Welcome to Your New Health Advocate Benefit

Health Advocate is a service provided at no cost to you, courtesy of your employer or plan sponsor. It can help you and your eligible family members resolve healthcare and insurance-related issues—all through a single, toll-free number. We look forward to serving you!

HealthAdvocate Solutions[™] west

HealthAdvocate.com

Available 24/7 to:

- Verify current providers' network participation
- Locate new participating providers
- Determine out-of-pocket cost differences between plans
- Understand Consumer-Directed Health Plans and Health Savings Accounts

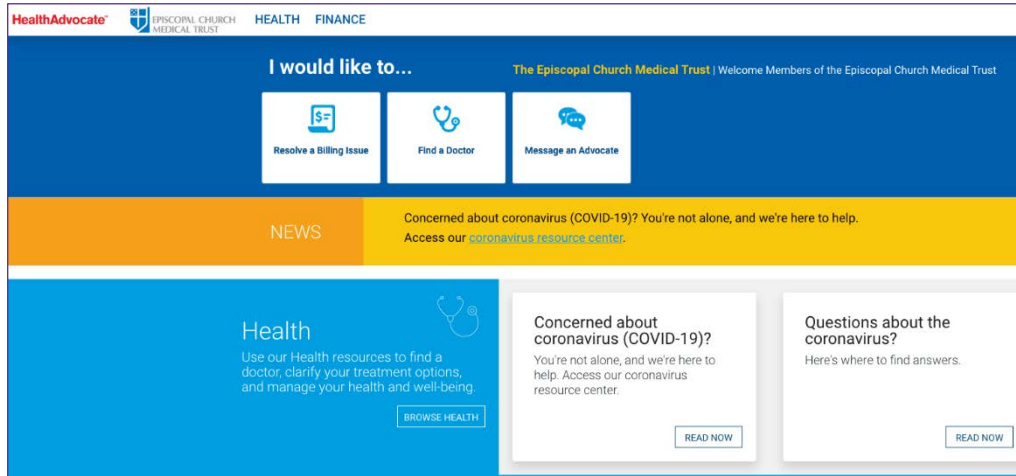


Health Advocate

HealthAdvocate[®]
Always at your side

Accessing resources online

From homepage, click on topic of interest



HealthAdvocate.com/ecmt



UnitedHealthcare
Global Assistance





Benefit overview

24-hour medical assistance while traveling

What it includes



- 24/7 medical assistance when more than 100 miles from home or outside of U.S.
- Replace prescriptions, stolen/lost travel documents
- Emergency travel funds and resources
- Referrals and scheduling of treatment

Getting in touch

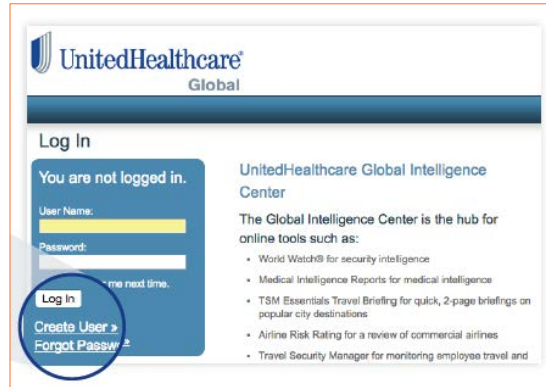


- U.S.: (800) 527-0218
- Outside the U.S. call collect: (410) 453-6330
- assistance@uhcglobal.com



Accessing resources online

Follow the on-screen instructions to complete your account setup



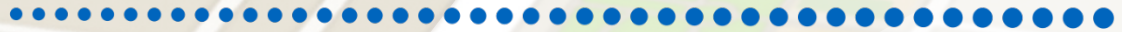
members.uhcglobal.com

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

Next Stop



Annual Enrollment





Annual Enrollment

- 📍 Learn, Evaluate, Decide –
Three Steps to Annual Enrollment
- 📍 Enrollment Time
- 📍 Top 10 Considerations





Learn, Evaluate, Decide – Three Steps to Annual Enrollment



Annual Enrollment



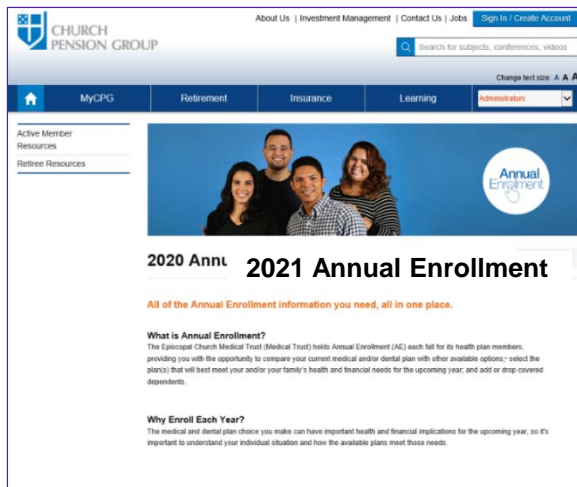
- A chance to consider your healthcare needs for the upcoming year and enroll or change your benefit choices
- An opportunity to review your personal and dependent information



Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Step #1: Learn

Learn about your 2021 options



cpg.org/annualenrollment

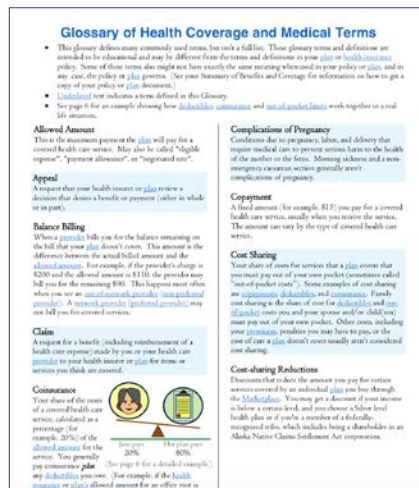
Content customized for:

- Active members
- Early retirees
- Retirees

Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Visit CPG's Benefits Library

Information available for viewing and download



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

cpg.org/mtdocs

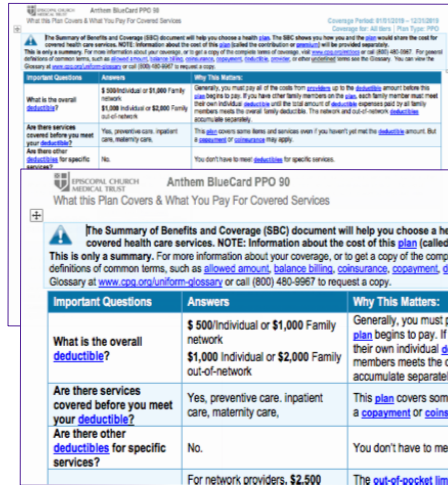
Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Visit CPG's Benefits Library

Plan-specific materials available for viewing and download:



cpg.org/mtdocs



The screenshot shows the Anthem BlueCard PPO 90 Summary of Benefits and Coverage (SBC) document. It includes a table with the following information:

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 deductible or in the deductible amount before the copay 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 deductible expenses paid by all family members meets the overall family deductible. The network and out-of-network deductible accumulate separately.
Are there services covered before you meet your deductible?	Yes, preventive care, inpatient care, maternity care.	This plan covers some deductible services before you meet your deductible amount. But deductible services are not covered until you meet your deductible amount. But deductible services are not covered until you meet your deductible amount.
Are there other deductibles for specific services?	No.	You don't have to meet deductible for specific services.

For network providers, \$2,500. The **out-of-pocket limit** is \$2,500.

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



Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Step #2: Evaluate

Are your benefits aligned with your changing needs?



Points to consider

- Use of healthcare
- Provider choice



Out-of-pocket costs

- Individual and family deductible
- Hospital stays
- Annual maximums
- Coinsurance

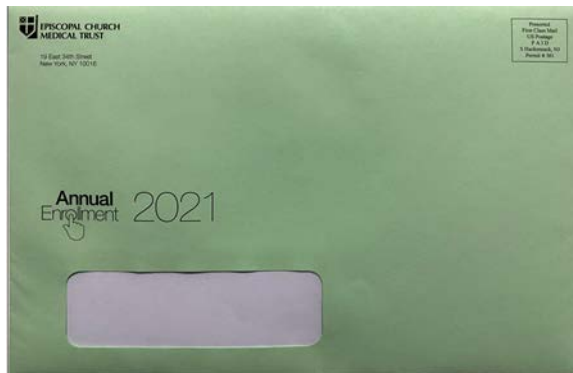
Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Step #3: Decide

2021 benefit enrollment will happen between early October and mid-November 2020.



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



Client ID: 1234567890

It's almost Annual Enrollment time for 2021 benefits!

The Rt. Rev. Jane Brown
123 Journey Road
Traveltown, NY 12345

Annual Enrollment: October 12 to October 30

Annual Enrollment is your opportunity to review your benefits to make sure they will continue to meet your needs in the upcoming year. The well-being of you and your family is the ultimate destination. Your Episcopal Church Medical Trust (Medical TrustSM) benefits are part of the journey, ensuring that you have access to quality care.

Keep this brochure! It includes your Client ID number, which you will need to access your personal information.

Planning for Your Journey
Your enrollment checklist:

- ☒ **Consider** upcoming healthcare needs for you and your covered family members. Are you expecting any changes in 2021? For example, are you having a baby, or do you have any upcoming surgeries or medical procedures planned?
- ☒ **Compare** your group or diocese's benefit choices and costs and determine which options will best meet your needs.
- ☒ **Enroll** by October 30 if you want to make changes to your current benefit choices for 2021. If your current health plan is not offered next year, you will need to enroll in a new plan.
- ☒ **Review** your personal and dependent information and update, if needed.

What's Changing for 2021

- To ensure that members have a high-quality, comprehensive benefit plan, and in response to member feedback, if you enroll in any of the Medical Trust's AnthemSM, CignaSM, or KaiserSM health plans, you will have access to a hearing aid benefit allowance:

Current Benefit	2021 Benefit
Amplifon Hearing Aid SM device discount only	Maximum benefit of \$1,500 per ear every three years

Note: In order to offer our members a hearing aid benefit allowance in 2021, we will no longer be offering the Amplifon Hearing Aid device discount.

- In response to COVID-19, effective March 1, 2020, the Medical Trust waived member cost shares for services received through our health plan carriers' telehealth platforms. The Medical Trust also removed plan exclusions to allow virtual visits with members' personal healthcare providers to be covered at the usual in-person office visit cost share. Both of these provisions will be continued at least through December 31, 2021.

Step #3: Decide

The screenshot shows the Church Pension Group (CPG) website. At the top, there is a navigation bar with links: About Us | Investment Management | Contact Us | Jobs | Sign In / Create Account. Below this is a search bar with the text "Search for subjects, conferences, videos". The main navigation menu includes: MyCPG, Retirement, Insurance, Learning, and Active Change. The "Sign In" section is highlighted, showing a welcome message and a sign-in form with fields for Username and Password. Below the form is a "Create an Account" button. The footer contains a disclaimer and contact information for Client Services.

On the Annual Enrollment website:

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

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

For complete instructions, visit annualenrollment.cpg.org

Step #3: Decide

Make your health plan selections

- Medical
- Dental (if offered by group)

Be sure to confirm or update eligible dependent.

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



Enrollment Timeline





Learn, Evaluate, Decide – Three Steps to Annual Enrollment

Annual Enrollment Timeline

September 28, 2020

Your Mailing
Sent



October 12, 2020

Annual Enrollment
Begins



October 30, 2020

Annual Enrollment
Ends



January 1, 2021

New Plan Year
Begins





Top 10 Considerations



Top 10 Considerations



1. Consider your healthcare needs for 2021
2. Compare your plan options: Summaries of Benefits & Coverage online at cpg.org/mtdocs
3. Refer to your group timeline for enrollment deadline
4. Enroll on the Annual Enrollment website: cpg.org/annualenrollment
5. Be sure to review your personal and dependent information and note any changes
6. Contact your HR admin if you did not receive an annual enrollment newsletter or if you missed the enrollment deadline
7. No need to re-enroll if your current plan is not changing in 2021
8. If you have a coverage under a spouse's plan, carefully consider your options
9. Plan changes take effect January 1, 2021
10. Option to decline coverage for 2021



Next Stop



Additional Resources





Additional Resources

 Connecting with CPG and Your Benefits

 Client Services



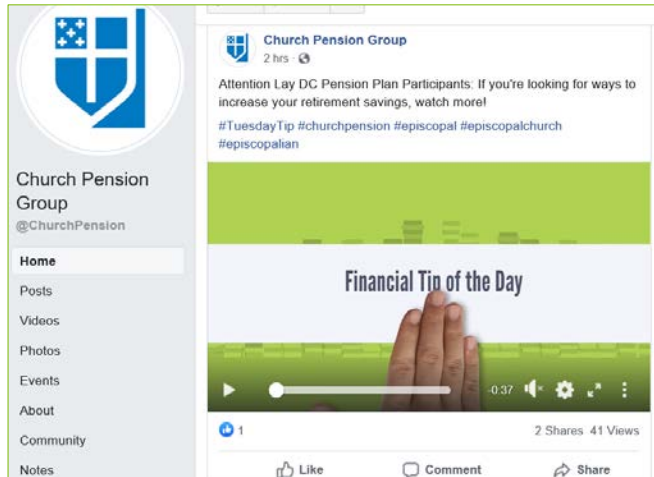


Connecting with CPG and Your Benefits



Connecting with CPG

Social Media channels



Creating community

- Timely posts about your benefits, Annual Enrollment reminders, and more
- Access additional social media content on health plan websites

Follow Us! @ChurchPension



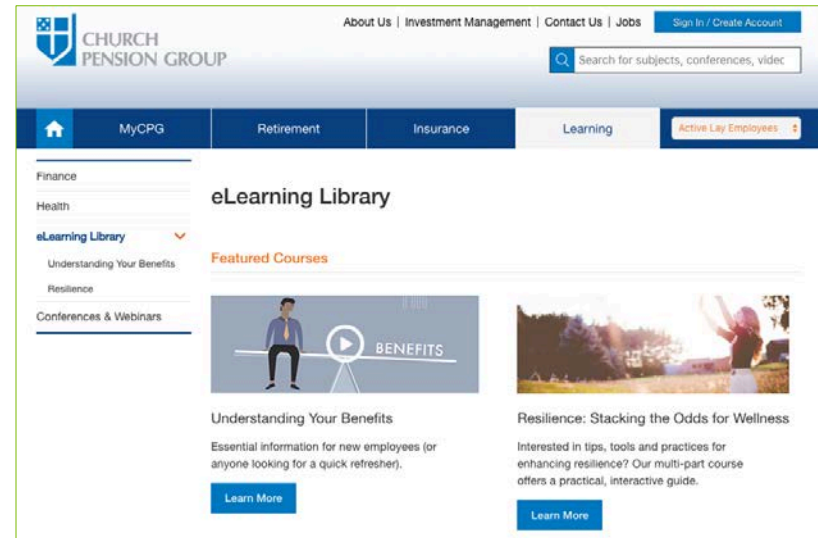
Connecting with your benefits

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





Client Services



Client Services

At your service

Resources to guide you to your destination



mtcustserv@cpg.org

CPG Client Services

Member Services

Call (800) 480-9967

Monday through Friday

8:30AM to 8:00PM ET

Email: mtcustserv@cpg.org



Client Services

At your service

Resources to guide you to your destination



CPG Client Services
Administrator Services

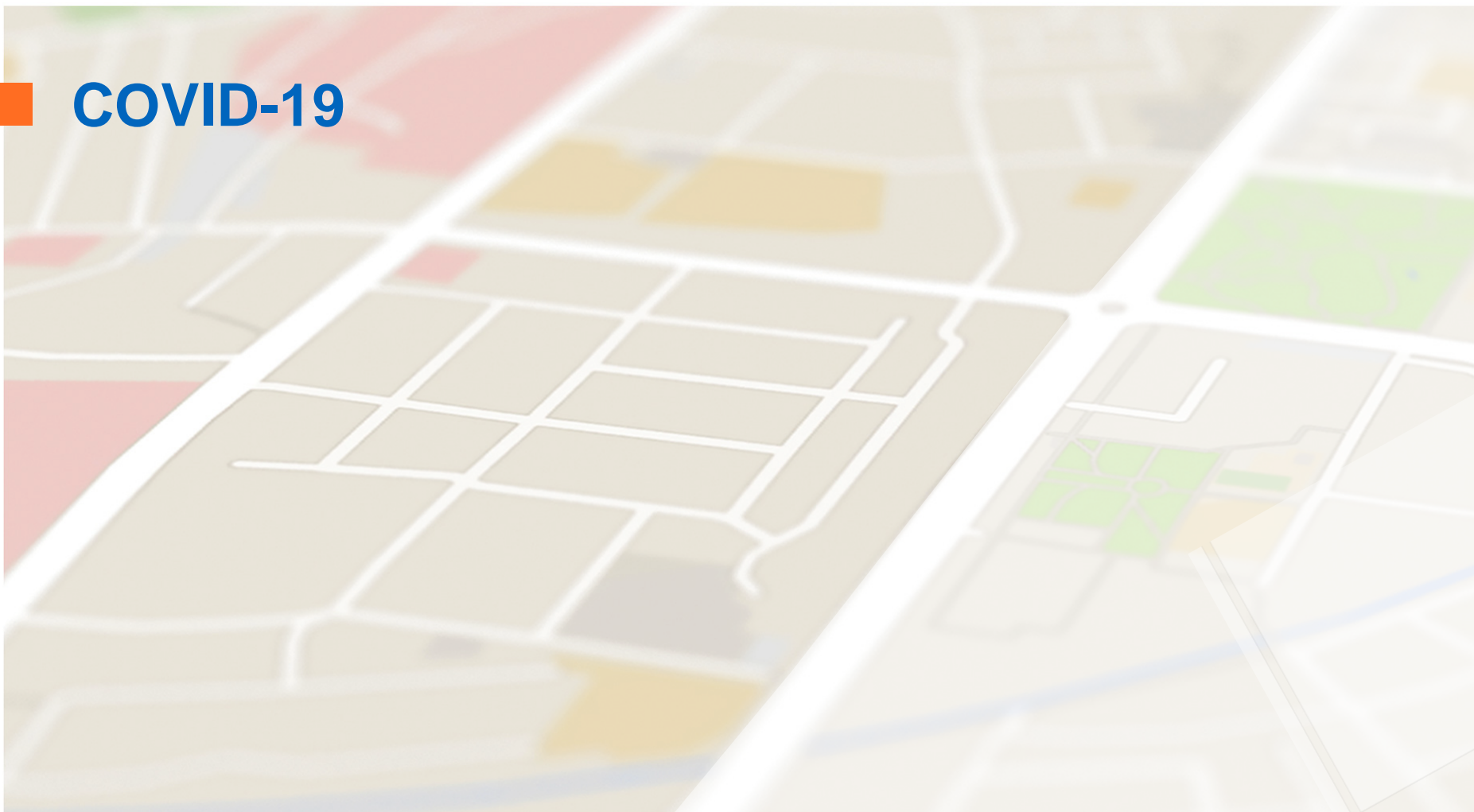
Call (855) 215-5990
Monday through Friday
8:30AM to 8:00PM ET



Administrators' Resource Center
cpg.org/ARC

admin-assist@cpg.org

COVID-19



Evaluation, testing, and treatment



The Medical Trust waived all member copayments, deductibles, and coinsurance for healthcare services relating to the evaluation and testing for COVID-19 through December 31, 2021. Additionally, the Medical Trust waived active member copayments, deductibles, and in-network coinsurance for healthcare services relating to the treatment of COVID-19 through December 31, 2021.

Vendor telehealth platforms and virtual visits



- The Medical Trust waived member cost shares for services received through our health plan carriers' telehealth platforms
- The Medical Trust also removed plan exclusions to allow virtual visits with members' personal healthcare providers to be covered at the usual in-person office visit cost share
- These provisions will continue at least through December 31, 2021

Express Scripts



Express Scripts temporarily limited out-of-network delivery exception for COVID-19 treatment

- Express Scripts granted CVS and Walgreens (via its Walgreens Express™ delivery program) a temporary limited out-of-network delivery exception, which permits free home delivery of prescriptions to our Express Scripts members that would otherwise be prohibited
- Express Scripts will notify members who have utilized this delivery exception in advance of the exception being discontinued

COVID-19 vaccination update



- The Medical Trust, along with our health plan partners and pharmacy benefit manager, continues to monitor FDA approval of appropriate SARS-CoV-2 vaccinations
- Members should always consult with their healthcare professional about vaccinations

Financial Wellness

Setting Course...

Where we will go on today's journey?



Retirement Readiness



Life Insurance



Disability

An important part of your well-being journey



Wellness has many dimensions. Just as you look after your physical, behavioral, and spiritual health, taking steps to strengthen your financial wellness may enhance your overall well-being.



Retirement Readiness





Simple ways that may help increase your retirement savings

Enroll



If you haven't done so already, enroll in your retirement plan

Consider your contributions

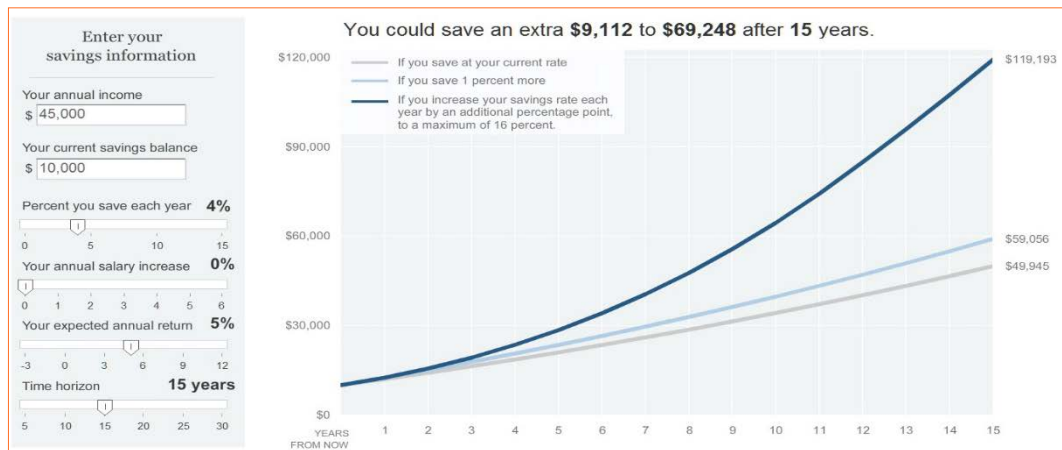


To make sure you're contributing at least enough to get the full employer match, if applicable

Small increases add up

The power of compound interest

Every amount counts—and the sooner you start the better!



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

Source: Dinkytown Calculator

Note: The graph shown is for illustration purposes only and the results vary based on market results.



Consider a 403(b)—The Episcopal Church Retirement Savings Plan (RSVP)*

A retirement savings plan with many advantages

Save



Start, stop, and change your pre-tax contributions at any time:

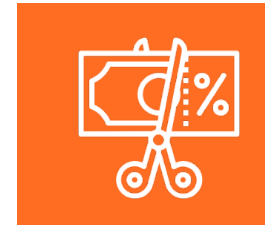
- Call Fidelity 877-208 0092 to find out the contribution limits

Invest



A variety of investment options

Tax savings



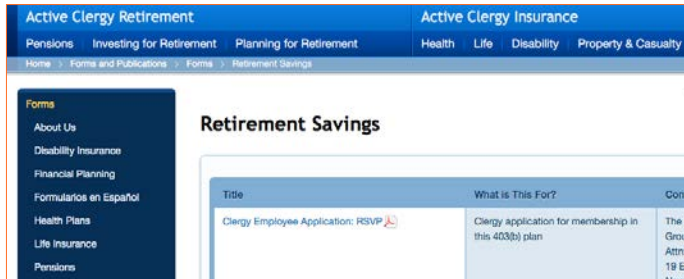
No taxes paid on your contributions or investment earnings; taxes paid only at withdrawal

- Potential access to your funds (loan provision and hardship withdrawals)

*Subject to IRS limitations.

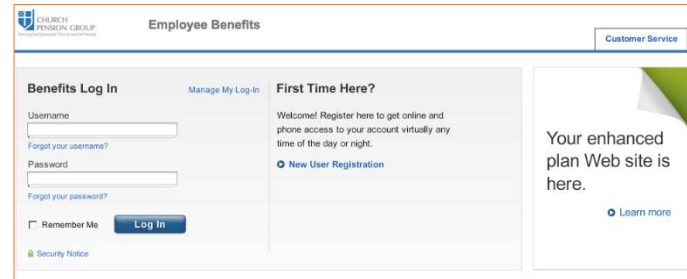
*Only available to those enrolled in either the clergy or lay defined benefit plans.

Retirement Savings Plan (RSVP)



Not Yet Enrolled*

- Go to: cpg.org/forms-and-publications/forms/retirement-savings/ to download an enrollment form
- Call Client Services
Monday – Friday,
8:30 AM – 8:00 PM ET
(866) 802-6333



Already Enrolled

- Sign into [Fidelity NetBenefits](#)
- Increase contribution
- Change investment options
- Planning and Guidance Center
- Call a Retirement Services Specialists at Fidelity Investments, Monday – Friday, 8:00 AM – Midnight ET, (877) 208-0092

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



Life Insurance





Life Insurance

Preparing for the big ifs

‘What if I die too soon?’

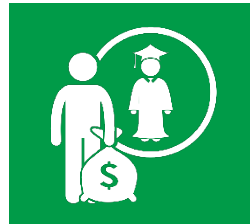
Security for your family



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

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

Additional benefits



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



Life insurance

Help is a call away

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

Here are some topics you may call us about:

- Retirement readiness (1-5 years from retirement)
- Retirement savings 10+ years from retirement
- General life event questions
- Clergy tax related questions



Larry Dresner



Anna Molin

Calculators



- Plan Ahead Calculators on cpg.org
- Pension Calculator in MyCPG Accounts



Disability



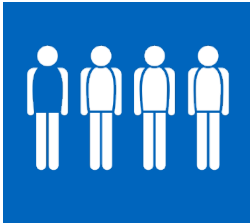


Disability

Preparing for the big ifs

‘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 protections



Disability protects your most important asset—your earning potential

*Source: U.S. Centers for Disease Control and Prevention (survey released August 16, 2018)



Disclaimer

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Questions & Answers





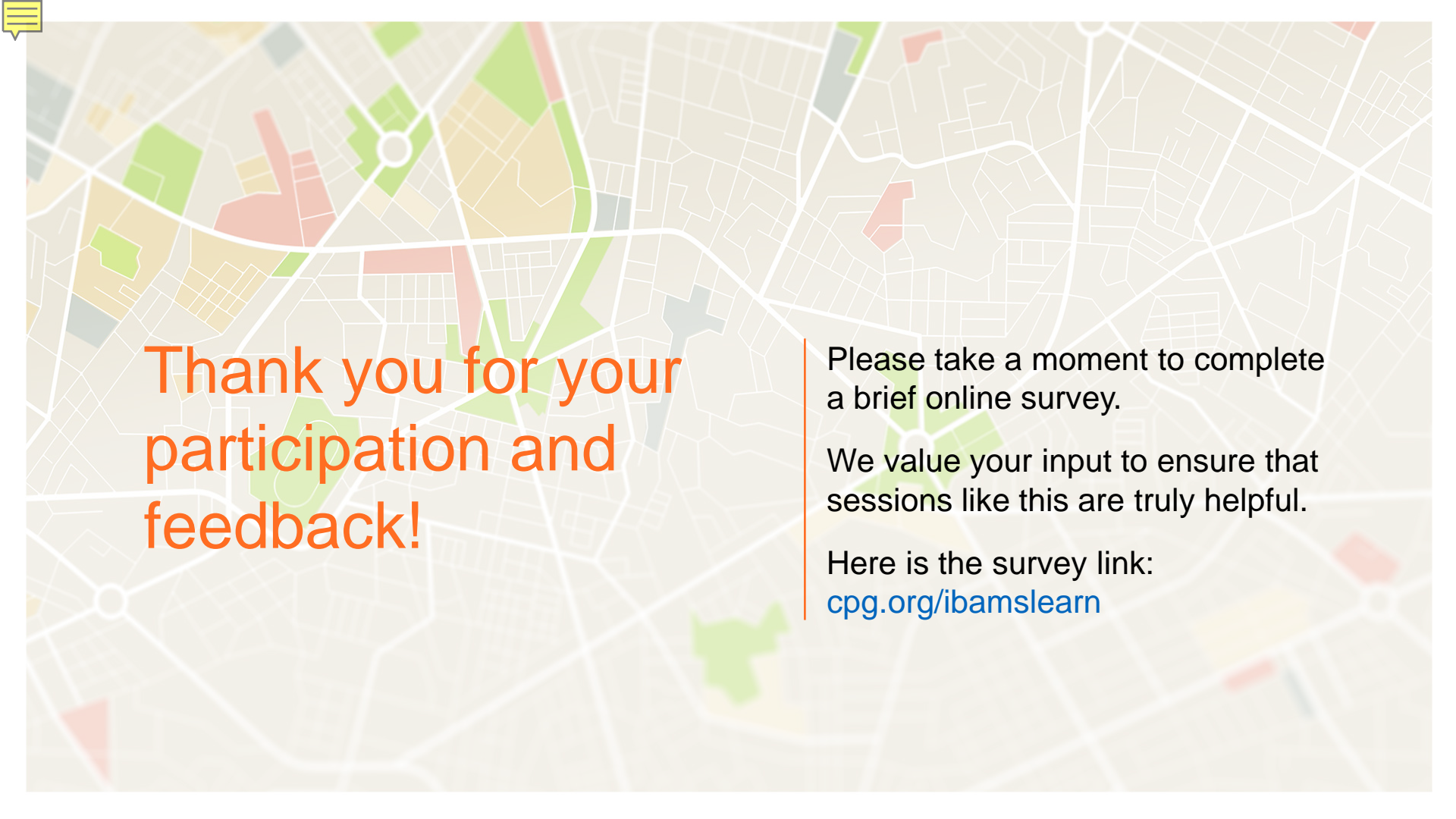
Preparing for Your Journey

Disclaimers

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

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

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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