

# Episcopal Diocese of Texas 2021 Annual Enrollment Meeting



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Human Resources Administrator  
Episcopal Diocese of Texas

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Director - Human Resources  
Episcopal Diocese of Texas

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Director – Domestic Relationship  
Management  
Church Pension Group

Date: September 22, 2021

A stylized, light-colored map of a city street grid serves as the background. A prominent orange rectangular banner is positioned horizontally across the middle of the image, containing white text. In the top-left corner, there is a small blue square followed by the title text in blue.

# Journey to Well-being

## Preparing for Your Journey



# ≡ Your Checklist

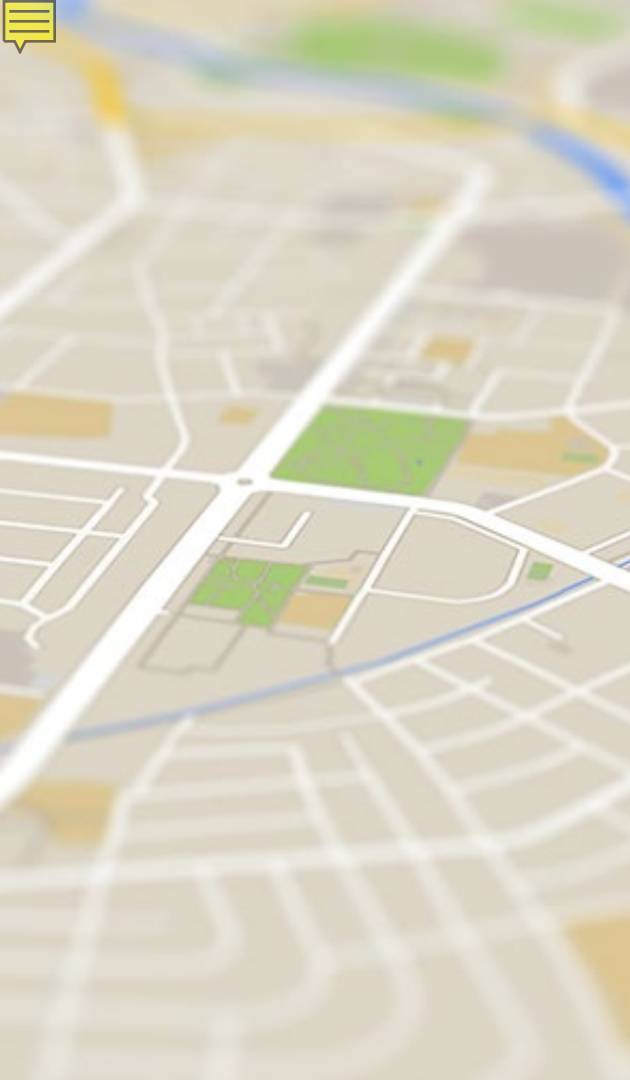


- ☒ Learn how your healthcare benefits work
- ☒ Enroll in the benefits that best meet your needs:
  - ☒ Consider your and your family's healthcare needs for 2022
  - ☒ Compare your options and costs
  - ☒ Enroll by the deadline
- ☒ Review and update your personal and dependent information



## First Stop











**Core Medical Plan Benefits**



## Core Medical Plan Benefits

# The Travel Guide to Well-being

Your health plan offering includes these benefits

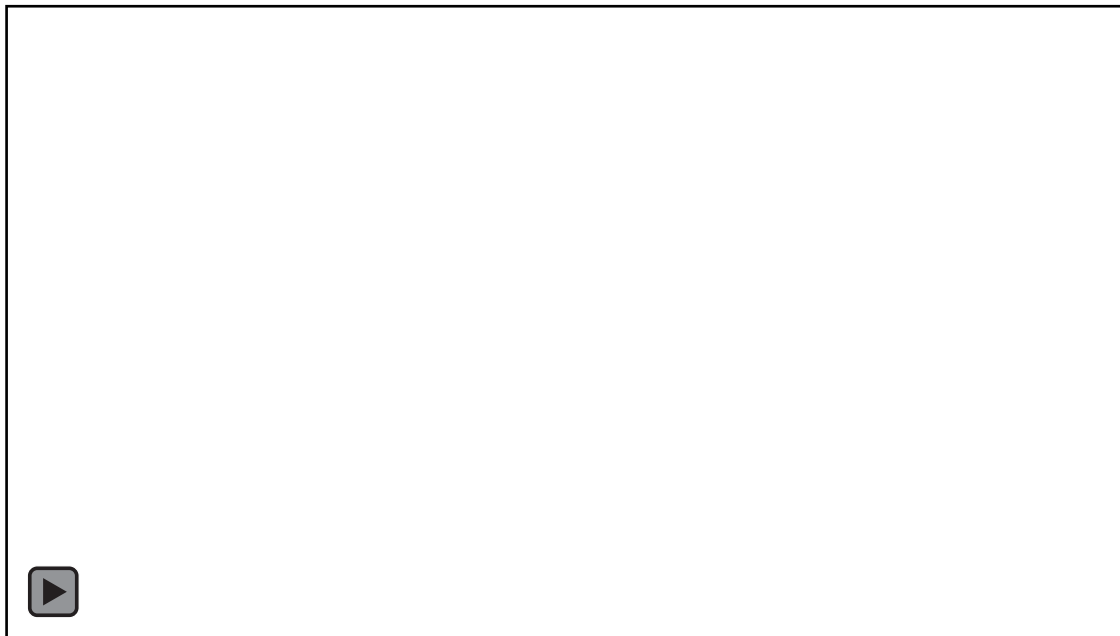
-  Types of medical plans
-  Medical plan details
-  Behavioral health
-  Cigna Employee Assistance Program
-  Prescriptions
-  Vision
-  Hearing
-  Care Management Program
-  Telehealth and virtual visits (COVID-19 update)
-  Health Advocate



Core Medical Plan Benefits

# The Episcopal Church Medical Trust

A plan created with you in mind





# Types of Medical Plans





# ≡ Your 2022 Medical Plan Options

Your employer offers these medical plan types



**Preferred Provider  
Organization (PPO)**



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



## Types of Medical Plans

# Preferred Provider Organization (PPO) ≡

Anthem BCBS | Cigna

- Visits 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 (CDHP) ≡

Anthem BCBS | Cigna

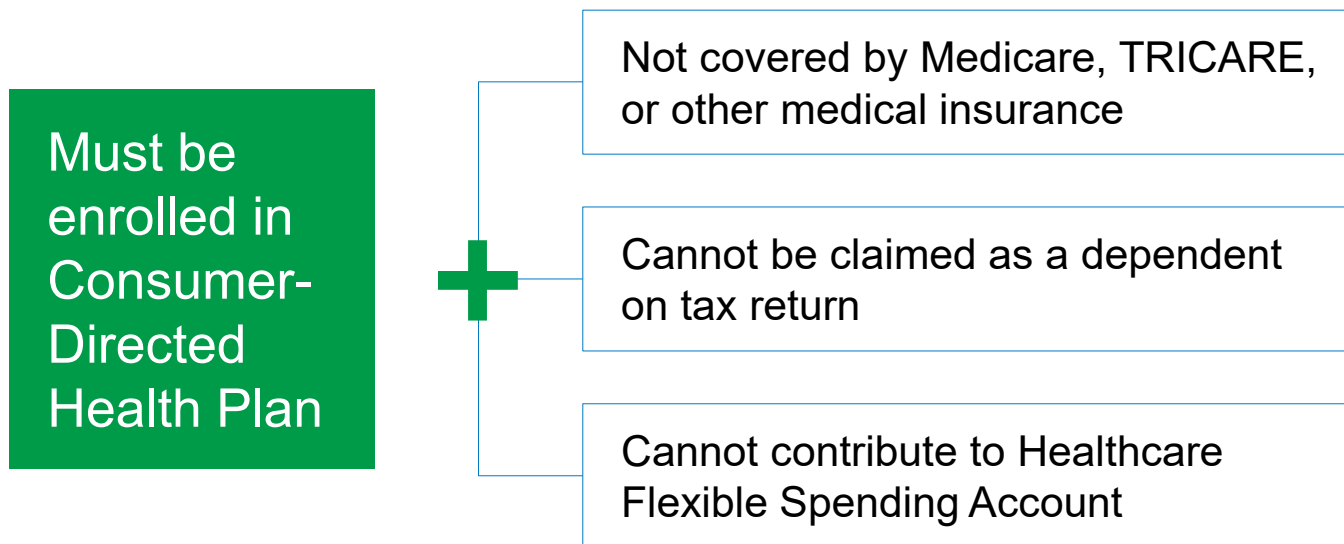
- PPO plan
- Increased deductibles—you pay most medical and prescription expenses until you meet the plan's deductibles
- Works with a Health Savings Account (HSA) to help you pay for eligible healthcare expenses today and in the future
- Includes care management program



# Closer Look at the Health Savings Account (HSA)



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

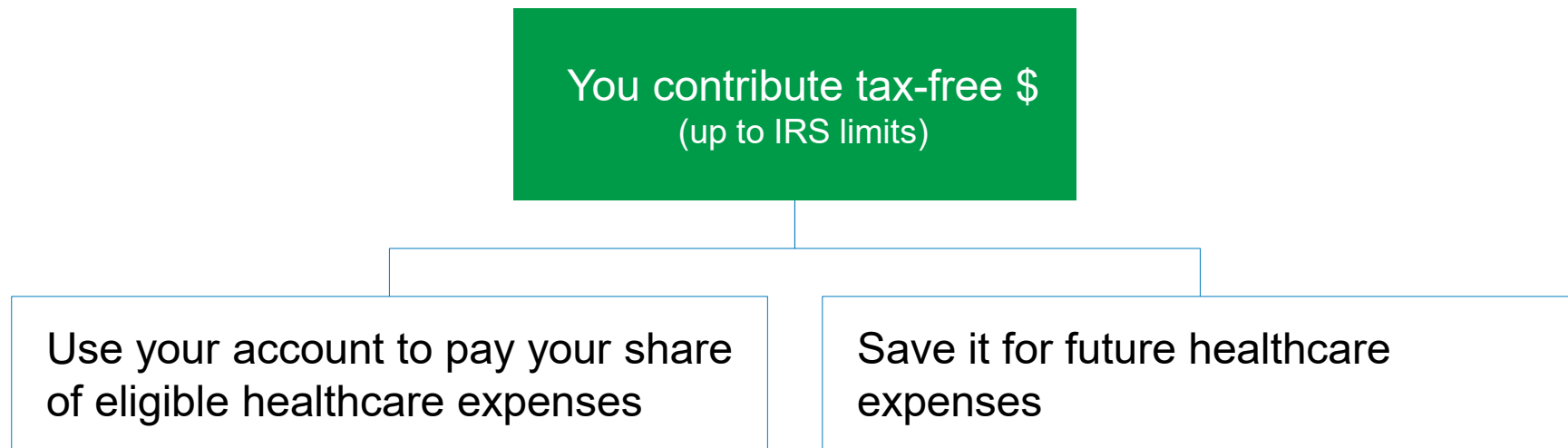




# How the Health Savings Account Works



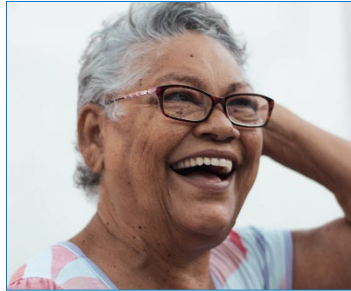
Your HSA is portable—you can take it with you





# Health Savings Account Contributions

How much can you contribute in 2022?



## Individual

**\$3,650**

The total contribution allowed from both you and your employer



## Family

**\$7,300**

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+



# Health Savings Account Several Tax Advantages



- No taxes on your contributions
- No taxes on money used for eligible healthcare expenses
- Tax-free interest and investment earnings (depending on account balance)



# 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



## Medical Plan Details



# Medical Benefits



Anthem PPO 90 | Cigna PPO 90

	<b>Network</b>	
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)	\$50 copay (primary care) \$75 copay (specialty)
Diagnostic Tests	\$0	10% coinsurance
Urgent Care	\$50 copay	\$50 copay
Hospital Stay	10% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

You pay the full cost of healthcare 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 other healthcare provider.

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		
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 (specialty)
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 healthcare 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 other healthcare provider.

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

	<b>Network</b>	
	You pay the full cost of healthcare until you reach the annual deductible. Then the plan begins to pay benefits.	
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)	A fixed amount you pay for a covered healthcare service, usually when you
	\$45 copay (specialty)	
	\$0 copay (urgent care)	The most you will pay for covered healthcare expenses for the calendar year.
Diagnostic Tests	30% coinsurance	
Urgent Care	\$50 copay	\$50 copay
		\$250 copay
		50% coinsurance
Hospital Stay	30% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% 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 healthcare 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.

45% coinsurance

# Medical Benefits

## Anthem CDHP-40 | Cigna CDHP-40

	<b>Network</b>	<b>You pay the full cost of healthcare until you reach the annual deductible. Then the plan begins to pay benefits.</b>
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	<b>The most you will pay for covered healthcare expenses for the calendar year.</b>
Diagnostic Tests	40%	
Urgent Care	40% coinsurance	40% coinsurance
		40% coinsurance
		<b>60% coinsurance</b>
Hospital Stay	60% coinsurance	60% coinsurance
Behavioral Health (outpatient)	40% coinsurance	60% coinsurance



# Details about Your Medical Coverage

## Summaries of Benefits and Coverage




### 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](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:
What is the overall <a href="#">deductible</a> ?	\$ 0/Individual/\$0 Family network \$500 Individual/\$1,000 Family out-of-network	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family deductible. The network and out-of-network <a href="#">deductibles</a> accumulate separately.
Are there services covered before you meet your <a href="#">deductible</a> ?	No.	**
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For network providers, \$2,000 individual / \$4,000 family; for out-of-network providers \$4,000 individual / \$8,000 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met. The network and out-of-network <a href="#">out-of-pocket limits</a> accumulate separately.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Contributions, ( <a href="#">premiums</a> ), <a href="#">balance-billing</a> charges, penalties, <a href="#">copays</a> for certain specialty pharmacy drugs considered non-essential health benefits, and healthcare this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.anthem.com">www.anthem.com</a> or call (844) 812-9207 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a provider <a href="#">network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



# Behavioral Health



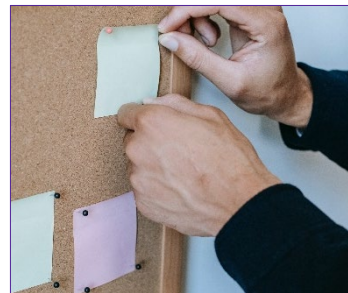
# For Help with Mental Health or Substance Abuse

Anthem BCBS | Cigna



## Benefit highlights

- Outpatient therapies
- Inpatient services
- Medication management



## Please note

- Preauthorization may be required for certain services



# Cigna Employee Assistance Program (EAP)

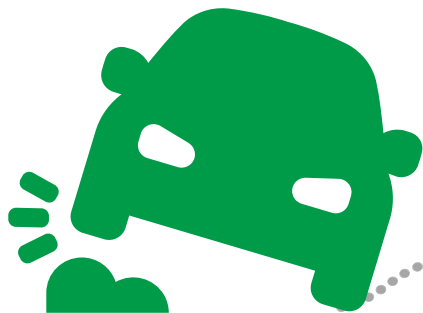
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# For the Bumps in the Road



The Employee Assistance Program is here for you



Help and  
support



Information  
and guidance





# EAP Overview



The Employee Assistance Program is here for you



## What it includes

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



## Getting in touch

- (866) 395-7794
- [mycigna.com](https://mycigna.com)



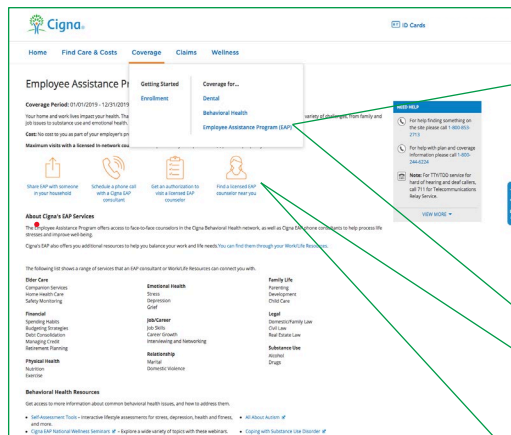
## Additional points

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

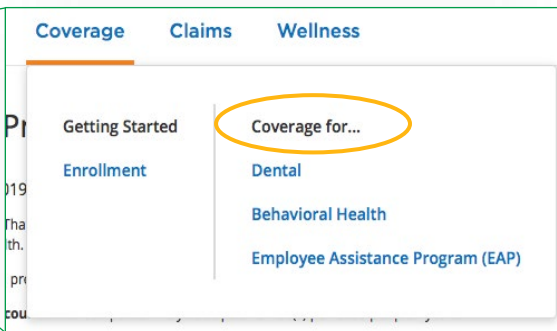
# Accessing Cigna EAP Resources Online

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

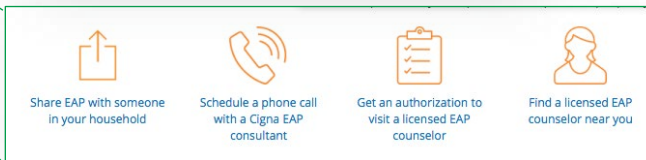
mycigna.com



## Webpage detail



First-time visitors must register





# Benefits Enhancement



## Get Real Support for Real Life with Talkspace

- Emotional health services are now more accessible to employees and household members
- EAP customers can now use their EAP benefits to connect with Talkspace therapists via messaging or live video sessions
- Engaging with a Talkspace therapist is subject to the same session limits and an EAP code\* is needed to begin, just as with any other EAP network counseling sessions
- There is no additional cost to the employee household



\*An EAP Code can be obtained by calling your EAP toll-free program number or through the Emotional Health tile, under 'Visit an EAP counselor' on the EAP Coverage Page on [myCigna.com](https://myCigna.com).



# Prescriptions



## Prescriptions

# Things to Know about Our Prescription Benefits



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



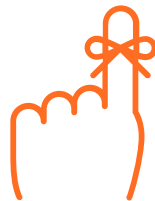
# Prescription Benefits

Managed by Express Scripts



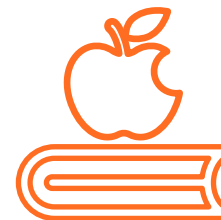
## Benefit highlights

- Generic and brand name medication options
- Accredo specialty pharmacy
  - SaveonSP
- Broad national retail pharmacy network
- Retail and home delivery



## Things to remember

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



## To learn more

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



# Prescription Drug Benefits

## Express Scripts—Standard Plan

	Retail	Home Delivery
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$10 copay	Up to \$25 copay
<b>Preferred Brand-name</b>	Up to \$40 copay	Up to \$100 copay
<b>Non-preferred Brand-name</b>	Up to \$80 copay	Up to \$200 copay
<b>Dispensing Limits</b>	Up to 30-day supply*	Up to 90-day supply

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

# Prescription Drug Benefits

## Express Scripts—CDHP-20

### Retail and Home Delivery

<b>Deductible (combined with medical deductible)</b>	\$2,800 individual / \$5,450 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

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

# Prescription Drug Benefits

## Express Scripts—CDHP-40

### Retail and Home Delivery

<b>Deductible (combined with medical deductible)</b>	\$3,500 individual / \$7,000 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

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

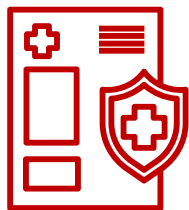


Vision



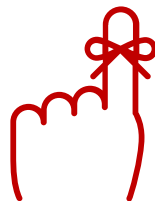
# Benefits Overview

EyeMed Insight Network



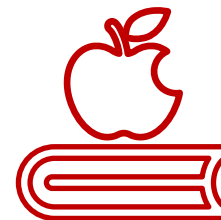
## Benefit highlights

- Zero copay 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](https://eyemedvisioncare.com/ecmt)
- EyeMed mobile app



# Plan Benefits



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

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

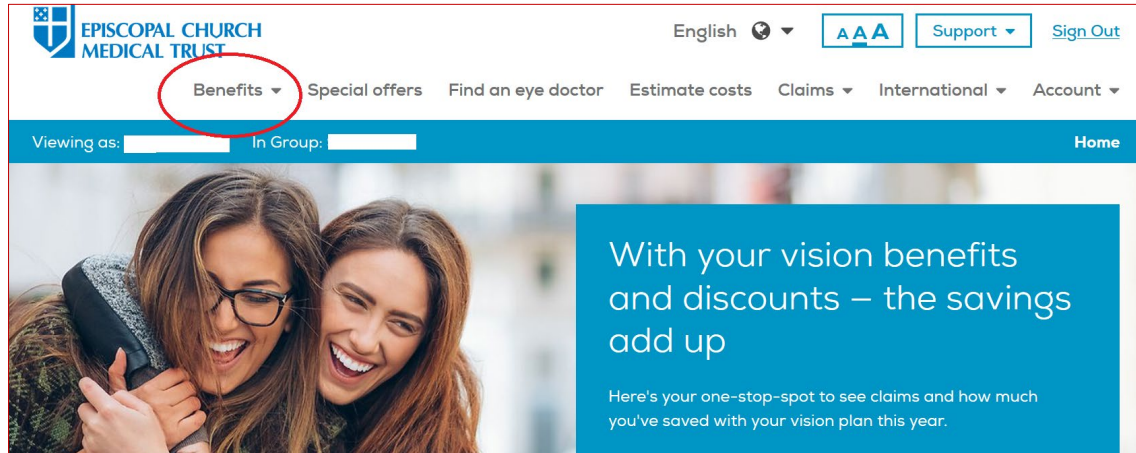


Vision

# Accessing EyeMed Resources Online

From homepage, click on “Benefits” menu

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



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



Hearing



# Hearing Aid Benefits



Benefit allowance and hearing aid device discounts

## Active Benefit Allowance and Hearing Aid Device Discount

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### Health Plan

All active plans:  
Anthem, Cigna

Maximum benefit of \$1,500 per  
year every three years

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# Care Management Programs





# Anthem Health Guide

With one phone call, access help for variety of health situations to ensure the right care at the right time and the right cost.



**Anthem Health Guide**

- Coordinate care across multiple doctors
- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Get answers to other questions that may arise

## Contact Information

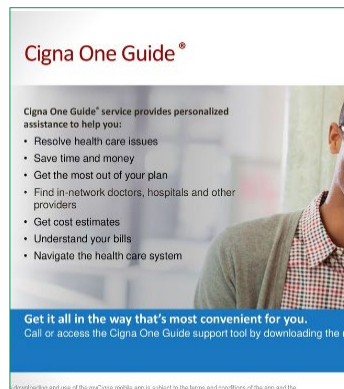
- Phone: (866) 236-4365  
Monday through Friday, 8:00 AM to 8:00 PM ET
- Secure email: Visit [anthem.com](https://anthem.com) > log in > Customer Support > Message Center
- Chat: Log in at [anthem.com](https://anthem.com) > Contact Us > Chat With Us



# Cigna One Guide



With one phone call, access help for variety of health situations to ensure the right care at the right time and the right cost



## Cigna One Guide

- Coordinate care across multiple doctors
- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Get answers to other questions that may arise

## Contact Information

Call (800) 244-6224 to speak with a Cigna One Guide representative today



# Telehealth and Virtual Visits –COVID-19 Update





# Care from the Safety and Convenience of Your Home

24/7/365 access to board-certified physicians



**Anthem**

[livehealthonline.com](https://livehealthonline.com)

**Cigna**

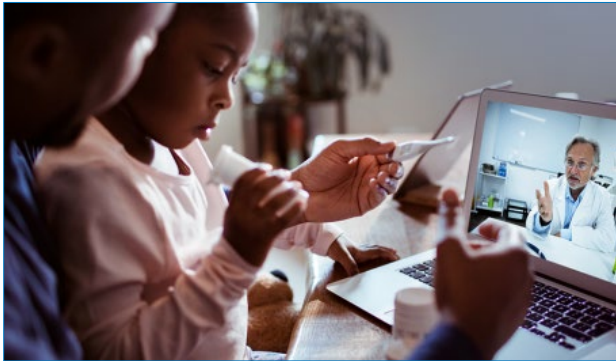
[my.cigna.com](https://my.cigna.com)

- Access a medical professional through telehealth platforms offered by Anthem, or Cigna
- Connect through your computer or mobile device with the type of doctor you select
- Secure, private chat by video or phone with an available provider in minutes
- Obtain prescriptions for certain medications, if needed



# Care from the Safety and Convenience of Your Home

Talk to your healthcare provider



- Have an online appointment with your personal healthcare provider
- Secure, private chat through an electronic medium of your provider's choice (e.g., Zoom, Skype, telephonic)
- Obtain prescriptions for certain medications, if needed

**Anthem**

[livehealthonline.com](https://livehealthonline.com)

**Cigna**

[my.cigna.com](https://my.cigna.com)



# Evaluation, Testing, and Treatment

## COVID-19 Healthcare Services

- Copayments, deductibles, and coinsurance fees waived through December 31, 2022 for COVID-19-related healthcare services
  - Evaluation
  - Testing
  - Treatment



# Telehealth and Virtual Visits



## COVID-19 Healthcare Services

- Member cost shares waived for services received through our health plan carriers' telehealth platforms through December 31, 2022
- Plan exclusions permanently removed to allow virtual visits with members' personal healthcare providers to be covered at the usual in-person office visit cost share



Health Advocate

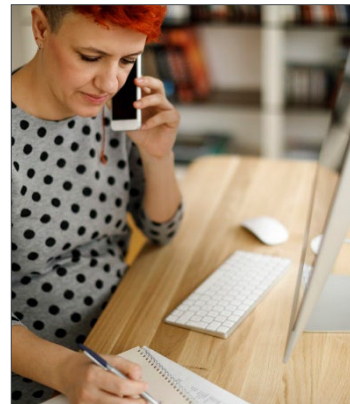


# Helping You Navigate the Complexities of Healthcare



## What it includes

- Private, confidential assistance
- Understanding and troubleshooting claims
- Appeals support
- And so much more



## Getting in touch

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



# At Your Service

Resources to guide you to your destination

*HealthAdvocate.com*



The screenshot shows the Health Advocate website. At the top, it says "We make healthcare easier". Below this, there is a blue box with the text "Support for every type of medical condition" and two bullet points: "• Explain health conditions, diagnoses and treatments; research treatment options" and "• Answer questions so you can make the right choices for your care". At the bottom of the page, there is a red banner with the Health Advocate logo and the tagline "Always at your side".

We make healthcare easier

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

Turn to us—we can help.

866.695.8622

Visit [www.healthadvocate.com](http://www.healthadvocate.com)

Download the app today!

Available at no cost to employees, spouses, dependents, parents and parent-in-laws. Completely confidential.

HealthAdvocate™

Available 24/7 to:

- Verify current providers' network participation
- Locate new participating providers
- Determine out-of-pocket cost differences between plans
- Resolve claims and billing issues



# Accessing Resources Online

From homepage, click on topic of interest

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

The screenshot shows the Health Advocate website interface. At the top, the header includes the Health Advocate logo, the Episcopal Church Medical Trust logo, and navigation links for HEALTH and FINANCE. Below the header, a blue banner features the text "I would like to..." followed by three white buttons: "Resolve a Billing Issue" (with a dollar sign icon), "Find a Doctor" (with a stethoscope icon), and "Message an Advocate" (with a speech bubble icon). To the right of these buttons, a smaller text line reads "The Episcopal Church Medical Trust | Welcome Members of the Episcopal Church Medical Trust". Below the blue banner is a yellow banner with the text "NEWS" on the left and "Concerned about coronavirus (COVID-19)? You're not alone, and we're here to help. Access our [coronavirus resource center](#)." on the right. The main content area below the yellow banner is divided into three sections. The left section has a blue background and is titled "Health", with a subtext "Use our Health resources to find a doctor, clarify your treatment options, and manage your health and well-being." and a "BROWSE HEALTH" button. The middle and right sections have white backgrounds and are titled "Concerned about coronavirus (COVID-19)?" and "Questions about the coronavirus?" respectively. Both sections include subtext about finding answers and a "READ NOW" button.



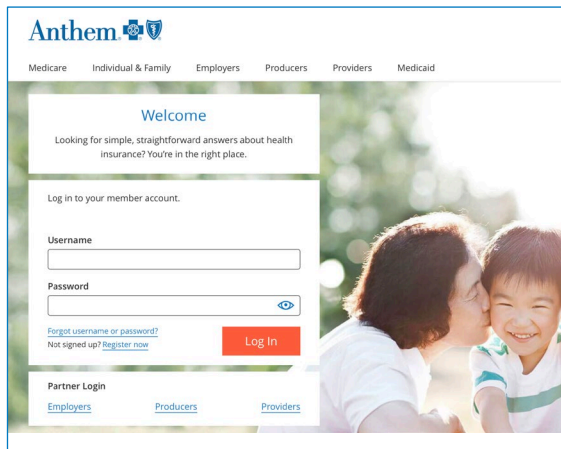
## Next Stop

**Vendor Resources and Contact Information**

# Connecting with Your Benefits

## Anthem BCBS

[Anthem.com](https://www.anthem.com) | (844) 812-9207

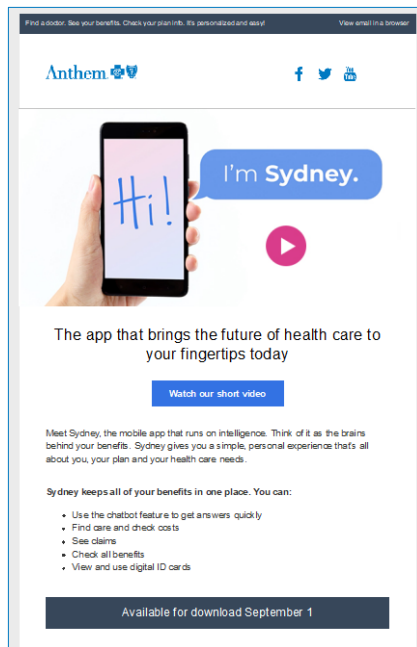


- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Price medications
- Access telehealth
- Use member app and social media channels
- ...and more!

# Connecting with Your Benefits

## Anthem BCBS

Register on [Anthem.com](https://www.anthem.com) or download the Sydney app from Anthem site, Apple Store®, or Google Play™ (replaces the Anthem Anywhere app)



### All your health benefits information in one place:

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

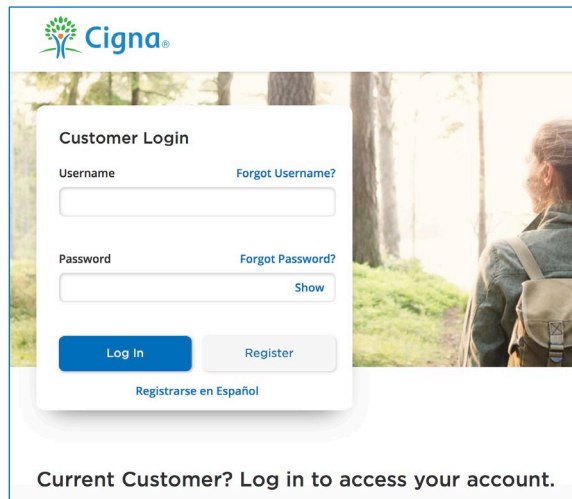
### Plus:

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

# Connecting with Your Benefits

MyCigna

[mycigna.com](https://mycigna.com) | (800) 244-6224



Cigna®

Customer Login

Username [Forgot Username?](#)

Password [Forgot Password?](#)

[Show](#)

[Log In](#) [Register](#)

[Registrarse en Español](#)

Current Customer? Log in to access your account.

- 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!

# MyCigna



Simple way to personalize, organize, and access your important plan information

Register on [myCigna.com](https://mycigna.com) or download MyCigna app from Apple Store® or Google Play™

- 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



**Next Stop**

**Dental Benefits**



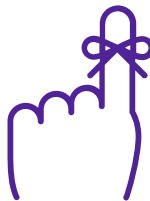
# Benefit Overview

Administered by Cigna



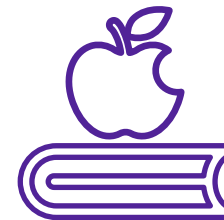
## Benefit highlights

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



## Things to remember

- Out-Of-Network Balance billing: difference between dentist charge and Cigna allowance
- Cigna DPPO Advantage dentist network



## To learn more

- Cigna Dental Handbook
- Summary of Benefits and Coverage
- [mycigna.com](https://mycigna.com)



# Preventative Plan



	DPPO Advantage	DPPO and Out-of-Network
<b>Deductible</b>	You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.	\$0
<b>Annual Benefit Limit</b>	The maximum amount the plan will pay.	\$0
<b>Preventive and Diagnostic Services</b>		\$1
<b>Basic Restorative Services</b>		No
<b>Major Restorative Services</b>	99% coinsurance	20
<b>Orthodontia Services</b>	99% coinsurance	99

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. Continued active treatment after the first month.



# Basic Plan



	DPPO Advantage	DPPO and Out-of-Network
<b>Deductible</b>	You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.	\$500
<b>Annual Benefit Limit</b>	The maximum amount the plan will pay.	\$1,000
<b>Preventive and Diagnostic Services</b>		\$200
<b>Basic Restorative Services</b>	50% coinsurance	No
<b>Major Restorative Services</b>	50% coinsurance	15%
<b>Orthodontia Services</b>	Not covered	50%
		No

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. Continued active treatment after the first month.

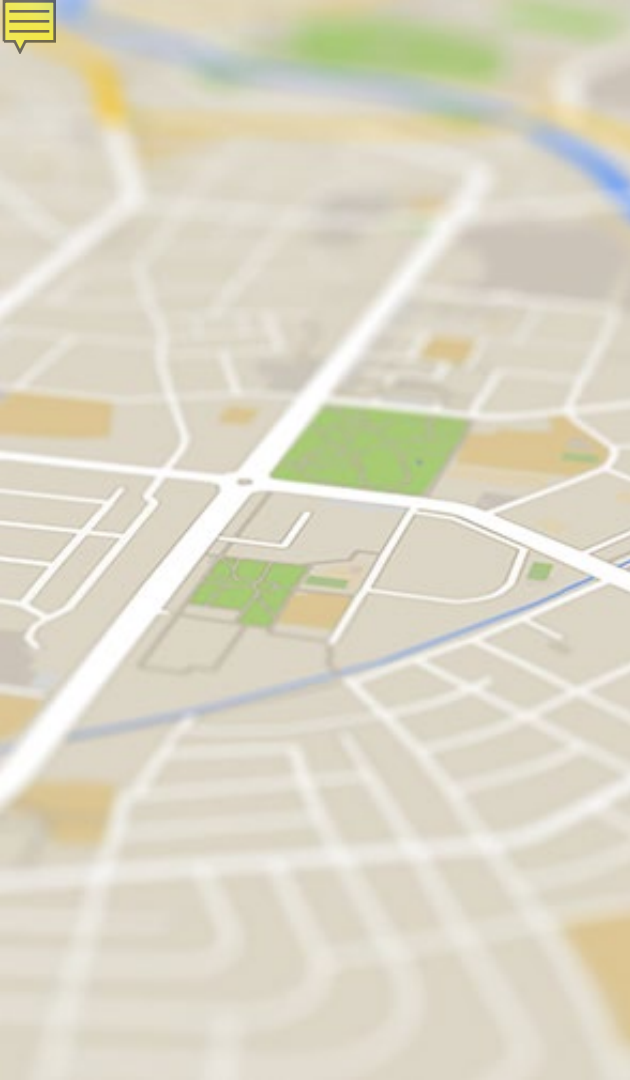


# Dental and Orthodontia\* Plan






	DPPO Advantage	DPPO and Out-of-Network
<b>Deductible</b>	You pay the full cost of health care until you reach the annual deductible. Then the plan begins to pay benefits.	\$2,000
<b>Annual Benefit Limit</b>	The maximum amount the plan will pay.	\$7,500
<b>Preventive and Diagnostic Services</b>		\$2,000
<b>Basic Restorative Services</b>		No
<b>Major Restorative Services</b>	15% coinsurance	15%
<b>Orthodontia Services</b>	50% coinsurance	50%

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



# Annual Enrollment



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





## Three Steps to Annual Enrollment: Learn, Evaluate, Decide





Three Steps to Annual Enrollment: Learn, Evaluate, Decide

## 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





## Three Steps to Annual Enrollment: Learn, Evaluate, Decide

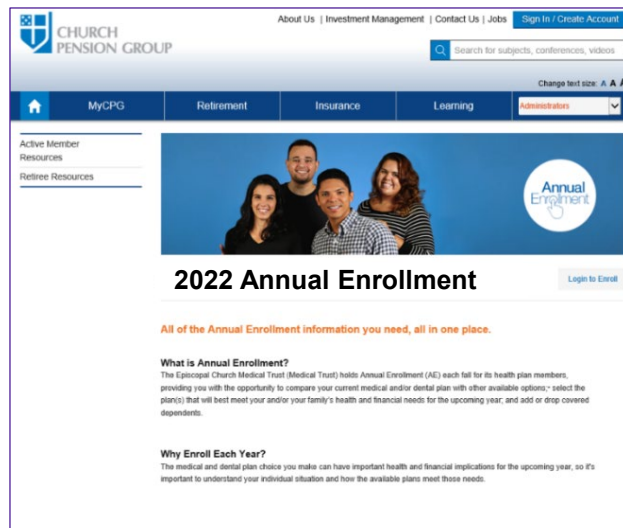


# Step 1: Learn

Learn about your 2022 options



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



### Customized content

- Active members
- Early retirees
- Retirees



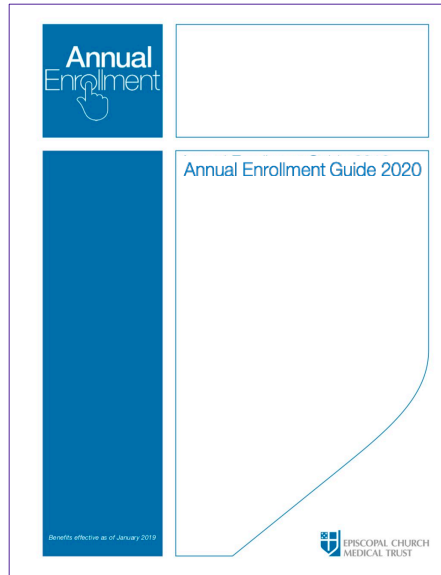


Three Steps to Annual Enrollment: Learn, Evaluate, Decide

# Visit CPG's Benefits Library

View and download plan-specific materials in one central location

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



- Annual Enrollment Guide\*
- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Claim Forms
- Glossary of Medical Terms
- Regulatory Notices
- Fact Sheets
  - Consumer-Directed Health Plan / Health Savings Account
  - Medicare Secondary Payer Small Employer Exception



## 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 deductibles and out of pocket limits
- Hospital stays
- Annual and lifetime maximums
- Copays and coinsurance



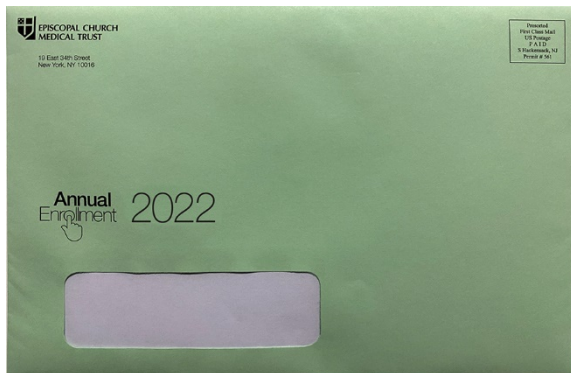
## Three Steps to Annual Enrollment: Learn, Evaluate, Decide



# Step 3: Decide

2022 Annual Enrollment will happen between early October and mid-November 2021

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 2022 benefits!

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

**Annual Enrollment: October 13 to November 3**

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 Trust®) 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 2022? For example, are you having a baby, or do you have any upcoming surgeries or medical procedures planned?
- Compare your group or disease'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 2022, 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 2022**

- 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 Anthem®, Cigna®, or Kaiser® health plans, you will have access to a hearing aid benefit allowance:

Current Benefit	2022 Benefit
Amplifon Hearing Aid® 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 2022, 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.

**Not Sure Which Plan Is Right for You?**

The Health Advocate® program is like having your own healthcare navigator at no cost to you!

A health advocate can help you understand your health plan options and choose a plan that's right for you.

To reach Health Advocate, visit [members.healthadvocate.com](http://members.healthadvocate.com) or call (800) 895-8622 on weekdays from 8:00 AM to 7:00 PM ET.





## Step 3: Decide



Three Steps to Annual Enrollment: Learn, Evaluate, Decide

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

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 with the text "Search for subjects, conferences, videos". The main navigation bar includes "MyCPG", "Retirement", "Insurance", "Learning", and "Active Clergy". The "Sign In" section is highlighted, showing a "Welcome to cpg.org!" 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 "Sign In" button. A "Don't have an account?" link is also present, leading to a "Create an Account" button. At the bottom, there is a "Need Help?" section with contact information for Client Services.



Log in to your MyCPG Account. If you do not already have a MyCPG Account, click on the “Create an Account” link. Go to AE site for complete instructions

**You'll find a link to Annual Enrollment. On the Annual Enrollment website:**

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





## Step 3: Decide



### Three Steps to Annual Enrollment: Learn, Evaluate, Decide

The screenshot shows a web form titled "Plan Reference Documents" with a sub-header "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:** Includes fields for Designation/Salutation, First, Mid, Last, and Suffix. The "First" field contains the name "Chloe".
- Mailing Address:** Includes fields for Line 1, Line 2, City, State (dropdown menu showing "CA"), and Zip. Below these are fields for Home Phone, Personal E-Mail (containing "1chloebanks@gmail.com"), and Business E-Mail.
- Personal Information:** Includes fields for Tax ID / SSN, Birth Date, Clergy/Lay Status (dropdown menu showing "Lay"), and Gender (dropdown menu).
- Coverage Options + Monthly Costs:** This section has two sub-sections:
  - Medical:** Includes a radio button for "Kaiser Permanente EPO 80 Plan" (which is selected) and a text box stating "This plan is no longer offered." Below this is a radio button for "I decline medical coverage."
  - Dental:** Includes a radio button for "Dent&Ortho-25/75" (which is selected) and a text box stating "This plan is no longer offered." Below this is a radio button for "I decline dental coverage."
- Dependents:** This section is partially visible at the bottom of the form, showing a table with columns for Name, First, Last, Middle, Suffix, Tax ID / SSN, Birth Date, and Gender.



Be sure to confirm or update eligible dependent(s). When finished, submit your elections and save or print your confirmation.

### Make your health plan selections

- Medical
- Dental (if offered by group)



## Enrollment Timeline



# Key Annual Enrollment Dates



**Early October 2021**

Your Mailing  
Sent



**October 13, 2021**

Annual Enrollment  
Begins



**November 3, 2021**

Annual Enrollment  
Ends



**January 1, 2022**

New Plan Year  
Begins





## Top 10 Considerations



# Three Steps to Annual Enrollment

## Learn, Evaluate, Decide

1. Consider you and your family's healthcare needs for 2022
2. Compare your plan options: Summaries of Benefits and Coverage at [cpge.com/mtdocs](https://cpge.com/mtdocs)
3. Refer to your group timeline for enrollment deadline
4. Enroll using the Annual Enrollment website: [cpge.com/annualenrollment](https://cpge.com/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 brochure or if you missed the enrollment deadline
7. No need to re-enroll if your current plan is not changing in 2022
8. If you have coverage under a spouse's plan, carefully consider your options
9. Plan changes take effect January 1, 2022
10. Option to decline coverage for 2022





**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)



# 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.

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