Episcopal Diocese to Texas 2022 Annual Enrollment Meeting

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Date: October 6, 2022

Why we are here?

- Resolutions
- Plan Options and Rates
- Medical Plan Array Summaries
- Health Savings Account
- □ Rider Plans
- Preparing for Annual Enrollment
- Diocesan Resources
- Questions

RESOLUTIONS:
What Coverages are
Mandatory for your
Employees?

Medical Resolution A177

Resolution and Canon A177 directs all parishes and diocesan institutions provide medical coverage to their eligible employees scheduled to work 1500 hrs. or more annually.

Minimum Standard Plan

Single coverage to all eligible employees under the Consumer Directed Health Plan – 20 offered by the diocese through the Episcopal Medical Trust/Church Pension Group (CPG).

Annual HSA Contribution

Each parish or institution must also fund 80% of the CDHP-20 deductible at the single tier into your employee's Health Savings Account (HSA), for 2023 that amount is, \$2,400 annually or \$200 monthly. (prorated based on eligibility date)

Minimum Annual Contribution

The MINIMUM medical funding per employee for 2023 equates to \$744 (medical premium at single level on CDHP-20) +\$200 (monthly HSA contribution= \$944.00

Note: You may also choose to offer and pay for a higher-level plan for your employees if your budget allows.

Pension Resolution A138

Pension- Resolution A138, states that parishes and institutions are required to pay pension to employees scheduled to work at least **1000 Hours annually.**

Note: Temporary or contract workers may not be eligible.

Lay Defined Benefit Plan (Pension)

Vendor Church Pension Group

Effective Date Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

Employee Contributions None required or permitted.

Employer Base Contribution The amount of the employer contribution is evaluated each year and is currently 9% of a participant's annual compensation. Employer Match Contribution Not applicable.

Vesting (a) five years of CS in the plan (b) attaining age 55 while actively participating in the plan, or (c) becoming eligible for disability retirement under the plan, whichever occurs first.

Lay Defined Contribution Plan (403b)

Vendor Fidelity

Effective Date Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

Employee Contributions Employee contributions of up to 100% of salary may be permitted provided the total amount contributed in a given year does not exceed Internal Revenue Code limits.

Employer Base Contribution An amount equal to at least **5%** of an eligible employee's annual compensation.

Employer Match matching contributions **up to 4%** of an eligible employee's annual compensation.

Vesting Immediately 100% vested.

Who Pays for Coverage?

		Mandatory Be	nefits	
	Lay(Parish) FT 1500+ hrs*	Clergy FT 1500+ hrs*	Lay(Parish) PT <1500 hrs*	Clergy PT <1500 hrs*
Medical	Employer	Diocese	Employee	Employee
Pension / Retirement	Employer	Employer	Employer	Employer

		Voluntary Be	nefits	
	Lay(Parish) FT 1500+ hrs*	Clergy FT 1500+ hrs*	Lay(Parish) PT <1500 hrs*	Clergy PT <1500 hrs*
Dental	Employee	Employee	Employee	Employee
Group Life	Employer	Employer	Employer	Church Pension Fund
Disability	Employee or Employer	Employee or Employer	Employee or Employer	Church Pension Fund

^{*}Annual scheduled hours

Plan Options & Rates

2023 Monthly Rates Parish & Institutions 8 Lay Staff Average Increase of 2.43%

2022	Plan Mont	hly Rate	es			2023	Plan Mo	onthly R	ates	
	Enroll			Plus				Plus		%
Anthem / Cigna Plans	Total	Single	Plus Sps	Child	Family	Single	Plus Sps	Child	Family	Change
PPO 70	44	946	1892	1703	2838	962	1924	1732	2886	1.69
PPO 80	29	1054	2108	1897	3162	1077	2154	1939	3231	2.19
PPO 90	72	1161	2322	2090	3483	1186	2372	2135	3558	2.15
CDHP-20/H S A	294	725	1450	1305	2175	744	1488	1339	2232	2.62
CDHP-40 H S A *	25	641	1282	1154	1923	658	1316	1184	1974	2.65
Participants Totals	464									

Medical Plan Array Summaries

Consumer Directed Health Plan Comparisons

Cigna or Anthem Blue Cross Blu	e Shield	
PLAN TYPE	CDHP -20	CDHP-40
Network Coinsurance	20%	40%
Individual Deductible*	\$3,000	\$3,500
Family Deductible*	\$5,450	\$7,000
Individual Maximum Out of Pocket	\$4,200	\$6,000
Family Maximum Out of Pocket	\$8,450	\$12,000
Primary Care Physician	20%	40%
Specialist	20%	40%
Emergency Room	20%	40%
Urgent Care	20%	40%
Outpatient Facility	20%	40%
Inpatient Facility	20%	40%

\$co-pay %co-insurance

Note: Plans are subject to Out of Network allowances.

PPO Plan Comparisons

Cigna or Anthem Blue C	ross Blue Shiel	d	
PLAN TYPE	PPO90	PPO80	PPO70
Network Coinsurance	10%	20%	30%
Individual Deductible*	\$500	\$1,000	\$3,500
Family Deductible*	\$1,000	\$2,000	\$7,000
Individual Maximum Out of Pocket	\$2,500	\$3,500	\$5,000
Family Maximum Out of Pocket	\$5,000	\$7,000	\$10,000
Primary Care Physician	\$30	\$30	\$30
Specialist	\$45	\$45	\$45
Emergency Room	\$250	\$250	\$250
Urgent Care	\$50	\$50	\$50
Outpatient Facility	10%	20%	30%
Inpatient Facility	10%	20%	30%

\$co-pay %co-insurance

Note: Plans are subject to Out of Network allowances. For a more detailed chart click <u>HERE</u>.

Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

What is the Small Employer Exception?

Medicare allows for an exception to the "secondary payer" rule for small employers (generally, those with fewer than 20 full- and/or part-time employees in the current and preceding calendar years).

Savings for both the organization and employee!

How does it work?

- ✓ Must be age 65 or older
- ✓ Actively work for a qualified group that offers this choice
- ✓ Be enrolled in Medicare Part A
- ✓ Choose a participating Anthem or Cigna plan
- ✓ Be approved for the SEE Plan by Medicare

Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

		Plus	Plus	
Medical Plan Name	Single	Spouse	Child(rn)	Family
Medicare Secondar	y Payer F	Plans for a	ge 65+	
Anthem BCBS/Cigna MSP PPO 70	\$775	\$1,550	\$1,395	\$2,325
Anthem BCBS/Cigna MSP PPO 80	\$859	\$1,718	\$1,546	\$2,577
Anthem BCBS/Cigna MSP PPO 90	\$948	\$1,896	\$1,706	\$2,844



Cigna Dental

All plans offer no cost- share preventive care and three checkups a year when using in- network providers.

Plan Comparison	PREVENTATIVE	BASIC	DENTAL & ORTHO
DPPO		\$50 per person	\$25 per person
Out-of-Network Deductible	\$0	\$150 per family	\$75 per family
Annual Benefit Maximum	\$1,500	\$2,000	\$2,000
Preventative Services	\$0	\$0	\$0
Basic Services	20%	15%	15%
Major Services	99%	50%	15%
Orthodontia Services	99%	Not covered	50% (\$1,500 lifetime max)
	2023 Mo i	nthly Premiums	
Single	\$39	\$55	\$74
Plus Spouse	\$78	 \$110	\$148
Plus Child(rn)	\$70	\$99	\$133
Family	\$117	\$165	\$222

Health Savings Account

Health Savings Account (HSA)



Health Equity

With the HSA, you, your employer, and/or others have the option to contribute to the account. Contributions are tax-free up to federal annual limits.

HSA Contribution

Year	Single	Family
2023 (employer + employee contributions)	\$3,850	\$7,750

You should also understand these basic aspects of how the HSA works:

- Unused funds roll over from year to year
- ✓ Funds in the HSA may be invested (once any applicable minimum threshold is met)
- ✓ Withdrawals from the HSA are not subject to federal income tax when they are used to pay for qualified medical expense
- Disqualifying health coverage includes Medicare, TRICARE, non-CDHP or healthcare flexible spending account (FSA) coverage.
- ✓ To use HSA funds for dependent expense, the dependent must specifically be a tax dependent

Health Savings Account (HSA) How Does It Work?

Money Goes In

- You can make pre-tax contributions through payroll deductions.
- Employer contributes
 \$2,400 annually for single tier plan.

Money Goes In

Optional Employee Contribution

- **SINGLE** Annual contribution: \$1,450
- SINGLE Annual contribution: age 55 or older \$2,450

OR

- **FAMILY** Annual contribution: \$5,350
- FAMILY Annual contribution: age 55 or older \$6,350

HAVE MONEY LEFT?

IT ROLLS OVER

The money in your Health Savings Account rolls over from year to year for you to use.

YOU DECIDE HOW YOUR MONEY GROWS!

Keep your funds in interest bearing accounts, or invest them in stocks, bonds or mutual funds.

Non-tax dependents may not use the money in your Health Savings Account.

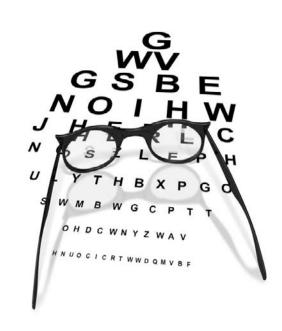




- Vision, EyeMed
- OPrescription
- OEmployee Assistance Program
- OHearing
- **O**Health Advocate

EyeMed Vision Care - Insight Network

- \$0 copays for annual eye exams with network providers*
- Annual allowance for contacts or frames, plus discounts if you go over your allowance when using network providers
- Additional eyewear purchases at 40% off
- Non-prescription sunglasses at 20% off
- 20% off remaining balances beyond plan coverage limits
 - Savings on prescription eyeglasses or contact lenses
- Discounted LASIK or PRK surgical procedures



EyeMed Vision Care Benefits

BENEFIT	NETWORK (cost share)	OUT-OF-NETWORK
Exam	(55555555)	
(with dilation as necessary)	\$0 copay	Up to \$30
Contact Lenses		
Conventional*	up to \$150 allowance	Up to \$100
Disposable*	up to \$150 allowance	Up to \$100
Fit and follow-up:		N/A
•Standard	Up to \$40	N/A
•Premium	10% off retail	N/A
Frames*	Up to \$150 allowance	Up to \$47
Plastic Lenses		
Single Vision	\$10	
Bifocal	\$10	See benefit summary
Trifocal	\$10	
Standard Progressive	\$75	
Premium Progressive	\$95-\$120	

Prescription



Express Scripts

- Standard Pharmacy plan
- More than 67,000 participating retail pharmacies offer discounts with an Express Scripts ID card
- Receive up to three refill at any retail pharmacy
- After three retail refills, maintenance medications must be refilled by home delivery through Express Scripts
- Co-insurance that is effective 1/1/2023

EMPLOYEE ASSISTANCE PROGRAM(EAP) 22

Highlights

- > Available 24 hours a day, 7 days a week
- Available to all household members
- Unlimited telephonic consultations
- ➤ Up to 10 face-to-face counseling sessions, per issue with a Cigna EAP provider
- Legal consultations
- Financial services and referrals
- Assistance finding childcare and senior care

Note: If an employee declines medical coverage, they may enroll in the EAP plan as a stand-alone option. The monthly premium is approximately \$5.00.





Hearing Benefit

- Enhanced Hearing benefit
- Offered by all Cigna and Anthem BCBS plans offered through the Medical Trust
- Available to members and their eligible dependents
- Benefit provides up to \$3,000 per year, every 3 years

Health Advocate

Personal **Health Advocates** are healthcare experts with extensive experience supporting people with important medical issues and decisions.

We make healthcare easier

- ✓ Expert healthcare help
- ✓ Research treatments
- ✓ Healthcare decision support
- ✓ Resolve claims issues

Contact Us

866.695.8622

Email: answers@HealthAdvocate.com **Web:** HealthAdvocate.com/members

Preparing for Annual Enrollment?

Your Checklist of What To Do:



- ✓ Learn how your healthcare benefits work
- ✓ Enroll in the benefits that best meet your needs:
 - Consider you and your family's healthcare needs for 2023
 - Compare options and cost
 - Enroll by deadline (November 16, 2022)
- Review and update your personal and dependent information

Annual Enrollment Timeline

Early October 2022

Your Mailing is Sent

October 12, 2022

Annual Enrollment Begins

November 16, 2022

Annual Enrollment Ends

January 1, 2023

New Plan Year Begins

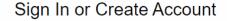
Annual Enrollment

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

Look for a green envelope in the mail with your group's enrollment dates and your Client ID



Church Pension Group



* Username, Personal Email or Client Number (XXX-	XXX-XX)
Forgot Username?	
* Password	☐ Show typin
Forgot Password?	
Forgot Password?	
Forgot Password? Sign In	

- Visit: annualenrollment.cpg.org
- Log in to your MyCPG Account. If you do not already have a MyCPG Account, click on the "CreateAccount" link. Go to AE site for complete instructions.
- 3. If you don't have an account, you will need your Client ID as an identifier to establish your account. You can find it listed on the letter you received in the green envelope.

Diocesan Resources

Not Sure Where to Start?

We are here to HELP!

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Maleree Tunson

HR Administrator 713-353-2148 mtunson@epicenter.org

Don't forget the BENEFIT section of the Diocesan website!

epicenter.org/benefits

Vendor Contacts

CPG CLIENT SERVICES

866.802.6333 800.480.9967 www.cpg.org

CIGNA MEDICAL & DENTAL

800.244.6224 www.mycigna.com MyCigna Mobile App

ANTHEM BCBS - ALL PLANS

844.812.9207 www.anthem.com Anthem Anywhere Mobile App



EXPRESS SCRIPTS (PRESCRIPTIONS)

800.841.3361 www.express-scripts.com Express Scripts Mobile App

EYEMED (VISION)

866.723.0596

www.eyemedvisioncare.com/ecmt EyeMed Members Mobile App

EMPLOYEE ASSISTANCE PROGRAM (EAP)

866.395.7794 www.myCigna.com Password: episcopal MyCigna Mobile App

CIGNA BEHAVIORAL HEALTH

800.926.2273 www.cignabehavioral.com Password: episcopal

HEALTH ADVOCATE

866.695.8622 www.healthadvocate.com Health Advocate Mobile App

HEALTH EQUITY HSA BANK (HSA)

866.346.5800 www.myhealthequity.com HealthEquity Mobile App

FIDELITY

(Lay Defined Contribution Plan/RSVP) www.netbenefits.com
Net Benefits Mobile App



Questions?

