

September 20, 2023

Dear Eligible Episcopal Diocese of Indianapolis Plan Participant:

This letter contains important information about The Episcopal Church Medical Trust (Medical Trust) 2024 health benefits. Please read it carefully and contact me with any questions.

Our online Annual Enrollment for your 2024 Medical Trust health benefits is open from October 25 to November 15.

#### Annual Enrollment PLUS! New Vendor: Delta Dental. Action Required!

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024! To secure your Medical Trust dental coverage for 2024, **you must enroll in a Delta Dental plan during Annual Enrollment**. Cigna dental plans will no longer be offered. Learn more below.

#### **Medical Plans**

You will be able to choose from the following medical plans through the Medical Trust. In 2024 participants will be responsible for 24% of the plan premium, with the diocese paying the remaining 76%. The employee share of the premium is illustrated in the tables below. Employees of cooperating ministries may be subject to different policies and premium cost shares.

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Cigna Open Access Plus CDHP 15	\$244.32	\$439.68	\$684.00
Cigna Open Access Plus CDHP 20	\$216.24	\$389.28	\$605.52
Cigna Open Access Plus PPO 80	\$269.52	\$485.04	\$754.56

The monthly rates above reflect your contribution for each plan. Note that the rates shown on the Annual Enrollment website are the Medical Trust rates before your employer's contribution and, as a result, may differ from the rates above.

Participants who select a consumer directed health plan (CDHP) will receive an annual health savings account contribution of \$1,400 (single coverage) or \$2,800 (family or +1 coverage), pro-rated for the participant's enrollment date. Contributions are made quarterly. Employees may also contribute to their health savings account via payroll withholding, subject to IRS limits. Employees of cooperating ministries may be subject to different policies.

The following plans are available to Medicare-enrolled employees over age 65 whose employers are eligible for the Small Employer Exemption. Check with your employer if you are uncertain of eligibility.

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Cigna Open Access Plus PPO 80 MSP	\$218.40	\$393.12	\$611.52
Cigna Open Access Plus PPO 90 MSP	\$236.40	\$425.52	\$661.92

The monthly rates above reflect your contribution for each plan. Note that the rates shown on the Annual Enrollment website are the Medical Trust rates before your employer's contribution and, as a result, may differ from the rates above.

#### Preventive Care Incentive

It is important to the Diocese of Indianapolis that its employees and the employees of employers subject to the authority of the diocese take advantage of the free preventive care benefits included in diocesan plans. If the primary beneficiary of the plan demonstrates proof of having received preventive care services in calendar year 2024 by November 30, the Diocese of Indianapolis will refund 1% of the participant's total annual medical insurance premium by check in December of 2024. This benefit is worth approximately \$100-\$350, depending on the plan selected and number of beneficiaries. If proof of 2024 preventive care services is provided between December 1, 2024 and January 15, 2025, the refund check will be issued in January 2025. No refund will be provided if proof is not furnished by January 15, 2025. Proof will take the form of a doctor's note attesting that the preventive care visit occurred according to a template that will be provided on the diocesan web site. No private health information will be requested related to this incentive. The diocesan office will handle recordkeeping for both diocesan and congregational employees. Congregations are responsible for issuing the refund to their lay employees. Employees of cooperating ministries are not eligible for this incentive.

#### **Dental Plans**

#### New Vendor: Delta Dental! Action Required!

If you are enrolled in a Cigna dental plan through the Medical Trust, that coverage will not be offered after December 31, 2023. To maintain your dental coverage through the Medical Trust, you **must** select a Delta Dental plan option for yourself and your dependents during Annual Enrollment for 2024.

#### How Delta Dental Can Work for You

You'll be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.

Learn more about what Delta Dental offers in the "Changes for 2024" section below.

The following Delta Dental plans are also offered through the Medical Trust. In 2023 participants will be responsible for the premium in excess of the cost of the Delta Dental Basic plan for a single person. The employee share of the premium is represented in the table below.

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Delta Dental Basic	<i>\$0</i>	<i>\$33</i>	\$74
Delta Dental Comprehensive	\$18	<i>\$65</i>	\$124
Delta Dental Premium	\$37	\$99	\$177

The monthly rates above reflect your contribution for each plan. Note that the rates shown on the Annual Enrollment website are the Medical Trust rates before your employer's contribution and, as a result, may differ from the rates above.

### Changes for 2024

Delta Dental	Delta Dental is our new dental vendor for 2024! You must enroll in a Delta Dental plan during Annual Enrollment if you want dental coverage through the Medical Trust in 2024. Cigna dental plans will no longer be offered.
	Delta Dental has the largest network of dentists nationwide. You'll be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.

	<ul> <li>Providers in the Delta Dental PPO network and Delta Dental Premier® network have agreed to contracted rates, and you won't be charged more than your expected share of the bill. Using the Delta Dental PPO network offers the highest annual maximum benefit, allowing you the most savings.</li> <li>All Delta Dental plans cover no-cost-share diagnostic and preventive care and three dental cleanings a year (four cleanings based on certain conditions).</li> <li>Basic and major restorative services are covered in all plans, subject to applicable coinsurance, deductibles, limitations, and exclusions.</li> <li>Orthodontia services have an enhanced in-network lifetime benefit in the Premium Plan and are also offered in our Comprehensive Plan.</li> <li>Learn more about what Delta Dental offers you at cpg.org/deltadental (available in September).</li> <li>You can find a dental provider, check your benefits, and access other helpful resources all in one place at deltadentalins.com.</li> <li>Members can find more information about CPG's medical and dental benefits at cpg.org/annualenrollment.</li> <li>If a member would like help with Annual Enrollment, they should call our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.</li> <li>Note: The Medical Trust will no longer offer Cigna dental plans</li> </ul>
	Note: The Medical Trust will no longer offer Cigna dental plans
	beginning in 2024.
COVID-19 provisions	Effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based_on service type and place of service for healthcare services related to the evaluation and testing for COVID-19.
	In addition, effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services relating to the treatment of COVID-19.
	COVID-19 over-the-counter home test kits
	<ul> <li>Effective January 1, 2024, eligible individuals and their dependents who are enrolled in Cigna PPO medical plans through the Medical Trust may receive up to four COVID-19 over the counter (OTC) home test kits per month without cost-share (i.e., copay, deductible, or coinsurance).</li> </ul>
	<ul> <li>Eligible individuals and their dependents who are enrolled in Cigna Consumer-Directed Health Plans (CDHPs) may receive up to four COVID-19 over the counter (OTC) home test kits per month with no coinsurance after they meet their annual network deductible.</li> </ul>

above until further notice.

Telehealth	Telehealth platforms for Active Members <sup>1</sup> – You can access a medical professional through <i>telehealth platforms</i> offered by Cigna using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember your personal healthcare provider may not participate on the vendor's telehealth platform.
	For Anthem, Cigna, and Kaiser members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2024.
	Cigna – Access MDLiveforCigna.com on your computer or download the MDLIVE mobile app by searching in the App Store® or Google Play™.
Deductible Increase for Cigna CDHP- 15	For 2024, the Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible. <sup>2</sup>
	For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,200. The amounts for 2023 were \$1,500 and \$3,000, respectively.
	Effective January 1, 2024, the Medical Trust's Cigna CDHP-15 network deductible for self-only coverage will be \$1,600 and the network deductible for family coverage will be \$3,200. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will be \$6,400.
Deductible increase for Cigna CDHP- 20	The Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible. <sup>2</sup>
	For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,200. The amounts for 2023 were \$1,500 and \$3,000, respectively.
	Effective January 1, 2024, the Medical Trust's Cigna CDHP-20 network deductible for self-only coverage will be \$3, 200 and the network deductible for family coverage will remain \$5,450. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will remain \$6,000.

<sup>&</sup>lt;sup>1</sup> Please note, telehealth can help with minor, non-life-threatening conditions. During a medical emergency, individuals should visit the nearest hospital or call 911 for assistance.
<sup>2</sup> See <u>IRS Notice 2023-23</u>.

#### **Details About Your Benefits**

Details about your benefits, including 2024 Summaries of Benefits and Coverage, Annual Enrollment Guide, and Plan Document Handbooks are available on the Church Pension Group website at <a href="www.cpg.org/mtdocs">www.cpg.org/mtdocs</a>. You can use the "Mail It To Me" option to receive a free paper copy of the Summaries of Benefits and Coverage. Or you can call CPG's Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET to request a free paper copy over the phone.

### No Changes to Current Medical Plan Choices

You will have the same medical plan options available to you in 2024. Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify your personal information, dependent coverage, and plan selections, and to make changes if necessary.

## New Delta Dental Plans Offered in 2024

Please note that the Medical Trust is offering new dental plan options with Delta Dental in 2024.

Members must actively enroll in a Delta Dental plan if they wish to have dental coverage through the Medical Trust. Members currently enrolled in a Cigna dental plan offered by the Medical Trust will **not** have dental coverage if they do not actively participate in Annual Enrollment and select a Delta Dental plan option.

### If You Are Currently Enrolled in a Medical Trust Plan

You will receive an Annual Enrollment letter in a green envelope approximately one week before Annual Enrollment begins. This letter will include information about how to access the enrollment site and your Annual Enrollment dates. Please save this letter. Whether or not you plan to make a change, be sure to log in to MyCPG Accounts and check that personal information is correct for yourself and your dependents. You can submit any corrections through MyCPG Accounts and/or by notifying me.

Please note that, if you take no action, and your current medical plan is being offered for 2024, your current plan selections will automatically carry over to 2024, and any applicable rate increases will apply. If your plan is going away for 2024, or if you wish to enroll in Delta Dental coverage through the Medical Trust in 2024, you will need to sign in to MyCPG Accounts or notify me for assistance.

### **New Hires After Annual Enrollment Begins**

If you enrolled in a Medical Trust plan for the first time after the Annual Enrollment letter has been sent, you will not receive an Annual Enrollment letter; however, you will be able to participate in the Medical Trust's Annual Enrollment through MyCPG Accounts. Your medical plan selections will carry over into 2024 if you do not make a change during Annual Enrollment. If you wish to make a change to your medical plan enrollment for 2024, if your plan is going away for 2024, or if you wish to enroll in Delta Dental coverage through the Medical Trust in 2024, then you will need to log in to MyCPG Accounts and make plan selections or contact me for assistance. You may contact CPG Client Services for assistance accessing your login credentials.

IMPORTANT NOTE: For 2024, you will use the same credentials (associated email address and password) you created on MyCPG Accounts to access the Annual Enrollment page. If you have not already created an account on MyCPG Accounts, please do so before Annual Enrollment begins. For assistance, contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email <a href="mtcustserv@cpg.org">mtcustserv@cpg.org</a>.

As CPG continues to strengthen its online security, as of February 2023, users must enter their associated email address and password to access MyCPG Accounts. Usernames are no longer used to access MyCPG Accounts.

Begin to review your options now if you plan to make a change or newly enroll in a Medical Trust plan to allow yourself time to make an informed decision. This is also the time of year when you may add or remove eligible dependents without a qualifying event.

### Not a Member and Want to Enroll?

If you are not currently participating in a Medical Trust plan and would like to enroll, please review the plan options in this letter. Then go online to *www.cpg.org*, hover over **Benefits**, select **Active Clergy** or **Lay**, then select **Health** to explore the plans and benefits. You will not receive a letter from the Medical Trust or be able to access Annual Enrollment through MyCPG, so please contact me to request an enrollment form and a copy of the *Summaries of Benefits and Coverage* and other important notices, or to ask any questions. If you take no action, your previous decision to decline coverage will remain in effect for 2024.

# Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the Medical Trust health plans, your employer also offers a stand-alone EAP with Cigna Behavioral Health for qualified employees who have spousal or other qualified coverage that is not through the Medical Trust. This program covers your entire household and is paid for by your employer.

## Informational Meetings

Join our online presentation: Wednesday, October 18, 5:30 Eastern / 4:30 Central Zoom Meeting ID: 864 7392 3199 Passcode: 782854

This meeting will be recorded.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Brendan O'Sullivan-Hale 317-926-5454 / brendan@indydio.org

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.

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 not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

Neither The Church Pension Fund nor any of its affiliates (collectively, "CPG") is responsible for the content, performance, or security of any website referenced herein that is outside the <a href="https://www.cpg.org">www.cpg.org</a> domain or that is not otherwise associated with a CPG entity.