



EPISCOPAL DIOCESE *of* INDIANAPOLIS

September 24, 2025

Dear Diocese of Indianapolis Plan Participant:

This letter contains important information about the 2026 health benefits available from The Episcopal Church Medical Trust (Medical Trust). Please read it carefully and contact me with any questions.

Online Annual Enrollment for your 2026 Medical Trust health benefits takes place from October 15 to November 7.

Medical Plans

You will be able to choose from the following medical plans through the Medical Trust. Premiums shown are monthly. Employees who enroll in the Cigna Open Access Plus CDHP 15 or 20 plans will receive an employer health savings account (HSA) contribution equivalent to the in-network deductible of the CDHP 15 plan (1,700 single / 3,400 +1 or family). Employer and employee premium shares and HSA contributions reflect the personnel policies that apply to the Diocese of Indianapolis, its constituent congregations, and other entities subject to the authority of the Church. Cooperating ministries may apply different policies.

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Cigna OpenAccess Plus CDHP 15/HSA	\$1,176	\$2,117	\$3,293
Employer Share	882	1,588	2,470
Employee Share	294	529	823
Cigna OpenAccess Plus PPO 80	\$1,297	\$2,335	\$3,632
Employer Share	973	1,751	2,724
Employee Share	324	584	908
Cigna OpenAccess Plus CDHP 20/HSA	\$1,041	\$1,874	\$2,915
Employer Share	781	1,406	2,186
Employee Share	260	468	729

The following plans are available only to Medicare-enrolled plan participants aged 65 or older whose employer is eligible for the Small Employer Exemption (SEE).

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Medical Plan / Monthly Rates	Single	Employee + 1	Family
Cigna OpenAccess Plus MSP PPO 90	\$1,224	\$2,203	\$3,427
Employer Share	918	1,625	2,570
Employee Share	306	551	857
Cigna OpenAccess Plus MSP PPO 80	\$1,052	\$1,894	\$2,946
Employer Share	789	1,421	2,210
Employee Share	263	473	736

Preventive Care Incentive

If the primary beneficiary of the plan demonstrates proof of having received preventive care services in calendar year 2026 by November 30, the Diocese of Indianapolis will refund 1% of the participant's annual medical insurance premium by check in December of 2026. If proof of 2025 preventive care services is provided between December 1, 2026 and January 15, 2027, the refund check will be issued in January 2027. No refund will be provided if proof is not furnished by January 15, 2027. Proof will take the form of a doctor's note attesting that the preventive care visit occurred, using [this template](#) if desired. An explanation of benefits from Quantum or Cigna documenting the preventive care services may also be accepted. No private health information will be requested related to this incentive. The diocesan office will handle recordkeeping for both diocesan and congregational employees. Employees of cooperating ministries are not eligible for this benefit.:

Dental Plans

The following Delta Dental plans are offered through the Medical Trust. Premiums shown are monthly. Employer and employee premium shares reflect the personnel policies that apply to the Diocese of Indianapolis, its constituent congregations, and other entities subject to the authority of the Church. Cooperating ministries may apply different policies.

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Delta Dental Premium	\$80	\$144	\$224
Employer Share	41	41	41
Employee Share	39	103	183
Delta Dental Comprehensive	\$61	\$110	\$171
Employer Share	41	41	41
Employee Share	20	69	130
Delta Dental Basic	\$41	\$74	\$115
Employer Share	41	41	41
Employee Share	0	33	74

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

Changes for 2026

<p>Deductible increase for Cigna CDHP-15</p>	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2026, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,700 for self-only coverage and \$3,400 for family coverage. The amounts for 2025 were \$1,650 and \$3,300, respectively.</p> <p>Effective January 1, 2026, the Medical Trust's Anthem and Cigna CDHP-15 network deductibles will be \$1,700 for self-only coverage and \$3,400 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.</p>
<p>Deductible Increase for Cigna CDHP-20</p>	<p>For 2026, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,700 for self-only coverage and \$3,400 for family coverage. The amounts for 2025 were \$1,650 and \$3,300, respectively.</p> <p>Effective January 1, 2026, the Medical Trust's Anthem, Cigna, and Kaiser CDHP-20 network deductibles will be \$1,700 for self-only coverage and \$3,400 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.</p>

¹See [IRS Rev. Proc. 2025-19](#).

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Details About Your Benefits

Details about your benefits, including *2026 Summaries of Benefits and Coverage*, the *Annual Enrollment Guide*, and Plan Document Handbooks, are available on the Church Pension Group website at cpg.org/mtdocs. To receive a free paper copy of the *Summaries of Benefits and Coverage*, use the "Mail It to Me" option at cpg.org/mtdocs or call CPG's Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

No Changes to Current Medical or Dental Plan Choices

The same medical and dental plan options will be available to you in 2026. Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify/make the necessary changes to your personal information, dependent coverage, and plan selections.

If You Are Enrolled in a Medical Trust Plan

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

Please note that if you take no action and your current plan(s) are being offered for 2026, your current plan selections will automatically carry over to 2026, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins

If you enrolled in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created (generally in early September), 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. If you do not make a change during Annual Enrollment, your plan selections will carry over into 2026. If you wish to make a change to your medical or dental plan enrollment for 2026, you must 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 2026, 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 TECH at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpg.org.

If you plan to make a change or enroll for the first time in a Medical Trust plan, begin to review your options now so that you'll have enough 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. To further explore plans and benefits, visit cpg.org, hover over **Benefits**, select **Active Clergy** or **Lay**, then select **Health**. You will not receive a letter from the Medical Trust or be able to access Annual Enrollment through MyCPG, so please contact me with any questions and/or to request an enrollment form and a copy of the *Summaries of Benefits and Coverage* and other important notices. If you take no action, your previous decision to decline coverage will remain in effect for 2026.

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During Annual Enrollment, Quantum will be available at 866-871-0629 to Anthem and Cigna network members (and potential members) who want help reviewing existing benefits, understanding plan options, and choosing the right plan for themselves and their families.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the Medical Trust health plans, your employer also offers a standalone EAP through Cigna for eligible employees who have spousal or qualified coverage through an entity other than the Medical Trust. This program covers your entire household and is paid for by your employer.

Informational Meetings

Join our online presentation or participate by calling in:

Thursday, October 9 4pm Eastern

Zoom Meeting ID 859 4063 5273 Passcode 591568

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

Faithfully,

Brendan O'Sullivan-Hale
brendan@indydio.org

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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 of The Episcopal Church (the "Church") and their eligible dependents. 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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