

# The Road Ahead

## Getting the Most from Your Health Benefits



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IBAMS

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Episcopal Diocese of Pennsylvania

A stylized, light-colored map of a city grid with a river winding through it. The map is overlaid with a semi-transparent orange rectangle in the center and a blue square in the top left corner.

# **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**



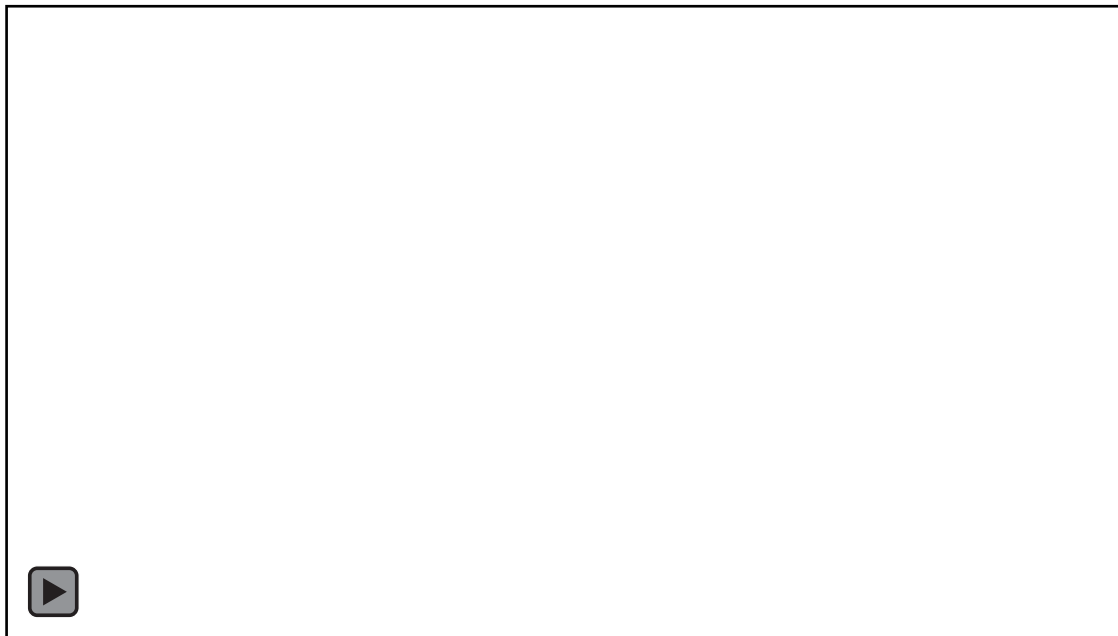
# The Travel Guide to Well-being

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
-  UnitedHealthcare Global Assistance

# The Episcopal Church Medical Trust

A plan created with you in mind





# Types of Medical Plans



# Preferred Provider Organization (PPO) ≡

## Anthem BCBS

- 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

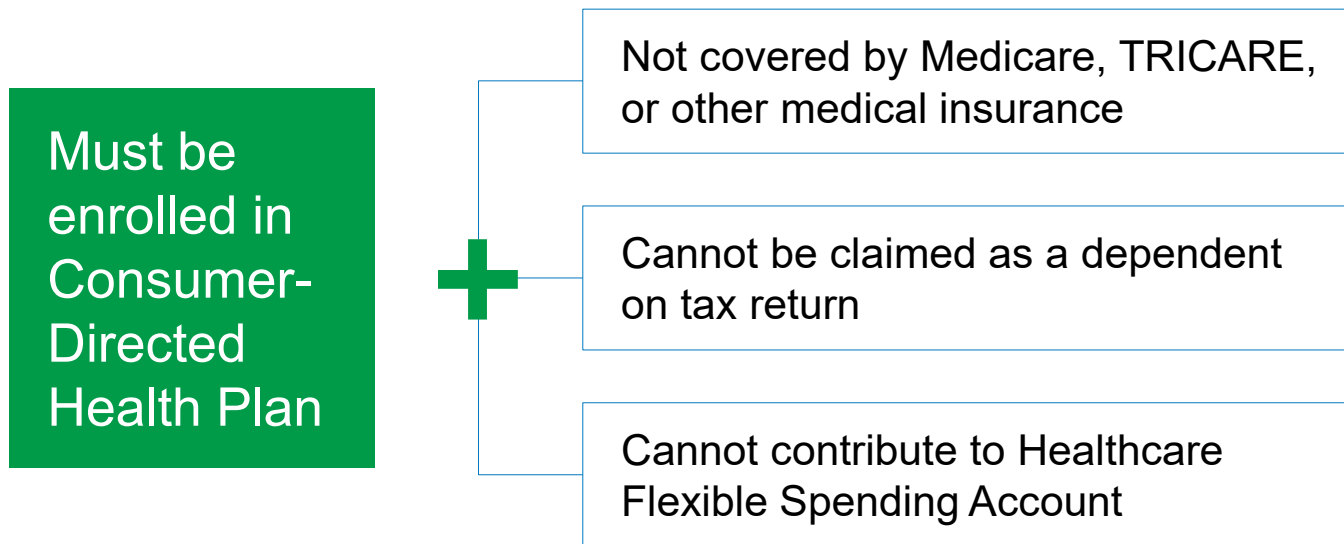
# Consumer-Directed Health Plan (CDHP) ≡

## Anthem BCBS

- 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

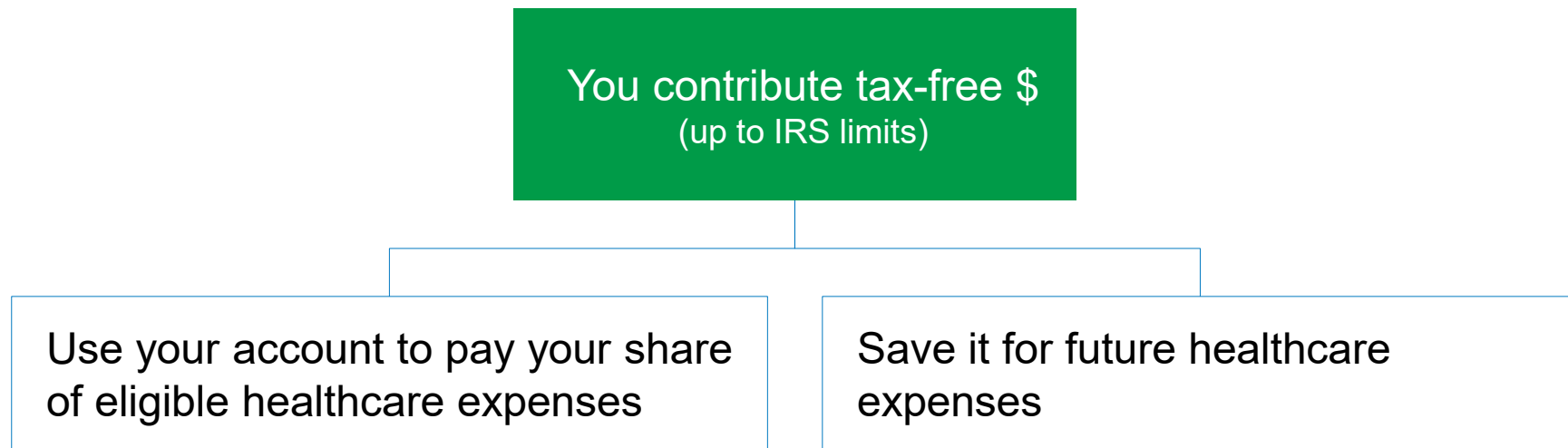
# ≡ Closer Look at the Health Savings Account (HSA) ≡

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 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

## Deductible

You pay the full cost of healthcare until you reach this amount. Then the plan begins to pay benefits.

## Out-of-Pocket Limit

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

## Copay

A fixed amount you pay for a covered healthcare service, usually when you receive the service.

## Coinsurance

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

# Medical Benefits

## Anthem PPO 90

	Network	Out-of-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 (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	10% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	10% coinsurance	50% coinsurance
Hospital Stay	10% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

# Medical Benefits

## Anthem PPO 80

	Network	Out-of-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) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	20% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	20% coinsurance	50% coinsurance
Hospital Stay	20% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

# Medical Benefits

## Anthem CDHP-15\*

	Network	Out-of-Network
Deductible	\$1,400 individual / \$2,800 family	\$2,800 individual / \$5,600 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist)	40% coinsurance
	\$0 (preventive care)	
Diagnostic Tests	15% coinsurance	40% coinsurance
Urgent Care	15% coinsurance	15% coinsurance
Emergency Care	15% coinsurance	15% coinsurance
Outpatient Surgery	15% coinsurance	40% coinsurance
Hospital Stay	15% coinsurance	40% coinsurance
Behavioral Health (outpatient)	15% coinsurance	40% coinsurance

\*If you have family members enrolled in the plan, the family deductible must be met before the plan begins to pay for any covered member, and the family out-of-pocket limit must be met before the plan begins to pay 100% of eligible services.

# Medical Benefits

## Anthem CDHP-40

	<b>Network</b>	<b>Out-of-Network</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 (preventive care)	
Diagnostic Tests	40% coinsurance	60% coinsurance
Urgent Care	40% coinsurance	40% coinsurance
Emergency Care	40% coinsurance	40% coinsurance
Outpatient Surgery	40% coinsurance	60% coinsurance
Hospital Stay	40% 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



## Benefit highlights

- Outpatient therapies
- Inpatient services
- Medication management



## Please note

- Preauthorization may be required for certain services



# Cigna Employee Assistance Program (EAP)



# For the Bumps in the Road

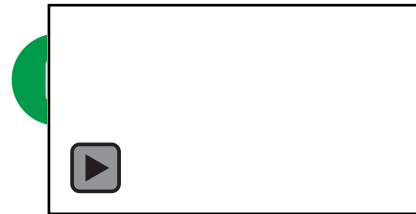
The Employee Assistance Program is here for you



Help and  
support

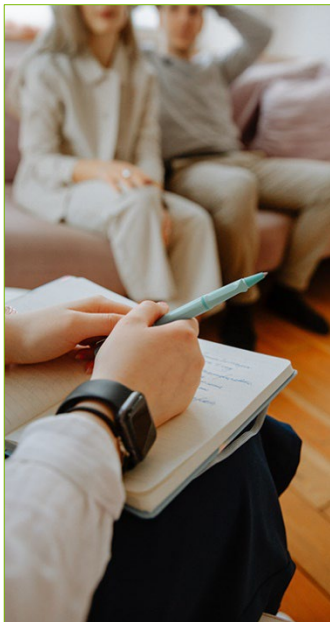


Information  
and guidance



# 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



# 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



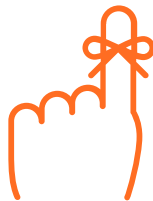
# Prescription Benefits

Managed by Express Scripts



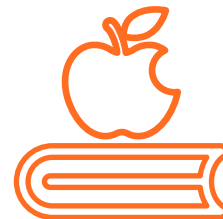
## Benefit highlights

- 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

	<b>Retail</b>	<b>Home Delivery</b>
<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-15

### Retail and Home Delivery

<b>Deductible (combined with medical deductible)</b>	\$1,400 individual / \$2,800 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	15% coinsurance after deductible
<b>Non-preferred Brand-name</b>	15% 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)

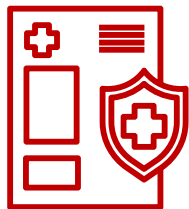
\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.



Vision

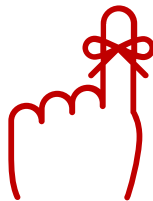
# Benefits Overview

## EyeMed Insight Network



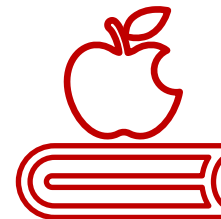
### Benefit highlights

- 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

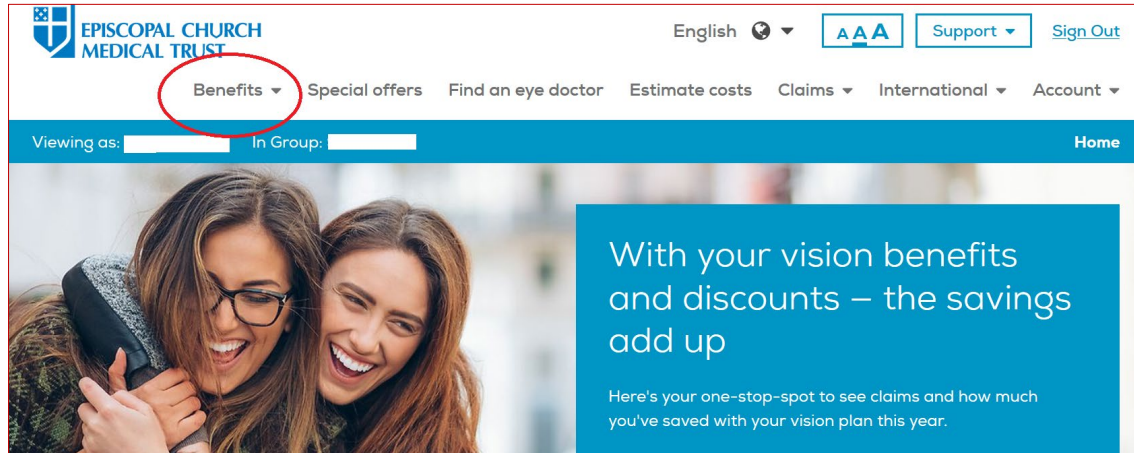
See Summary of Benefits at [cpg.org/mtdocs](https://cpg.org/mtdocs)

	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

# 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

Health Plan		
	All active plans: Anthem	Maximum benefit of \$1,500 per year every three years



# Care Management Program

# 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

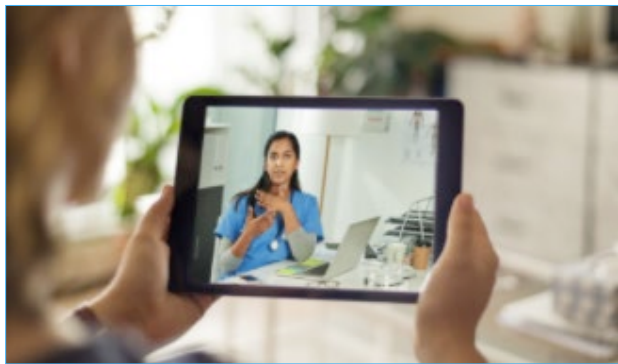


# Telehealth and Virtual Visits –COVID-19 Update



# ≡ Care from the Safety and Convenience of Your Home ≡

24/7/365 access to board-certified physicians



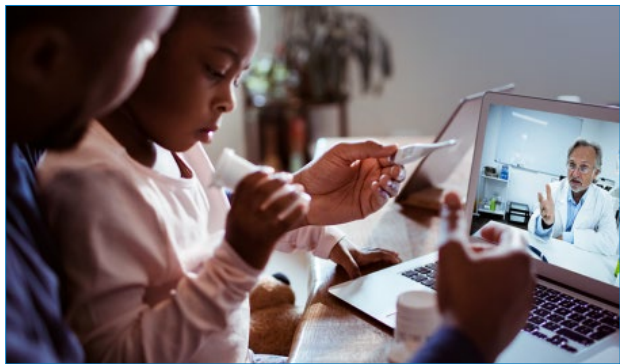
**Anthem**

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

- Access a medical professional through telehealth platforms offered by Anthem
- 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



# 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

# COVID-19 Resource Center

Find more information about COVID-19 benefits coverage

[cpg.org/covid19](https://cpg.org/covid19) | *See announcements*

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[COVID-19 Resource Center](#)  
[Announcements](#)  
[Resources](#)  
[Webinars](#)



## COVID-19 Resource Center


### Latest Announcements



#### COVID-19 Vaccine Coverage

Find details about COVID-19 vaccine coverage.

English  Español 



#### COVID-19 Funeral Assistance

FEMA is providing financial assistance for COVID-19 related funeral expenses.

[Read more](#)



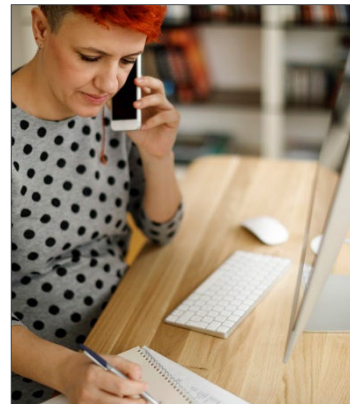
Health Advocate

# 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*

A promotional banner for Health Advocate. It features a white background with a blue box on the right and a red box at the bottom. The text is arranged in a clean, professional layout.

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**  
toll-free  
Visit [www.healthadvocate.com](http://www.healthadvocate.com)  
or [HealthAdvocate.com/members](http://HealthAdvocate.com/members)

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 a message about coronavirus (COVID-19) on the right: "Concerned about coronavirus (COVID-19)? You're not alone, and we're here to help. Access our [coronavirus resource center](#)." Below the yellow banner, the main content area is divided into three sections. The left section is blue and titled "Health", with a sub-header "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 are white and both titled "Concerned about coronavirus (COVID-19)?". The middle section includes the text "You're not alone, and we're here to help. Access our coronavirus resource center." and a "READ NOW" button. The right section includes the text "Here's where to find answers." and a "READ NOW" button.



UnitedHealthcare Global Assistance

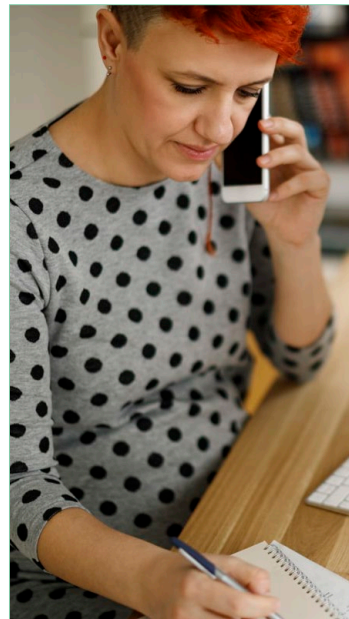
# Benefit Overview

## 24-hour assistance while traveling



### What it includes

- 24/7 assistance when more than 100 miles from home or outside of US
- Referrals and scheduling of treatment
- Assist with replacing prescriptions, stolen/lost travel documents
- Emergency travel resources



### Getting in touch

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



# Accessing Resources Online

Follow the on-screen instructions to complete your account setup

[members.uhcglobal.com](https://members.uhcglobal.com)



Log in to your account and find out all the ways that UnitedHealthcare Global Assistance can help you



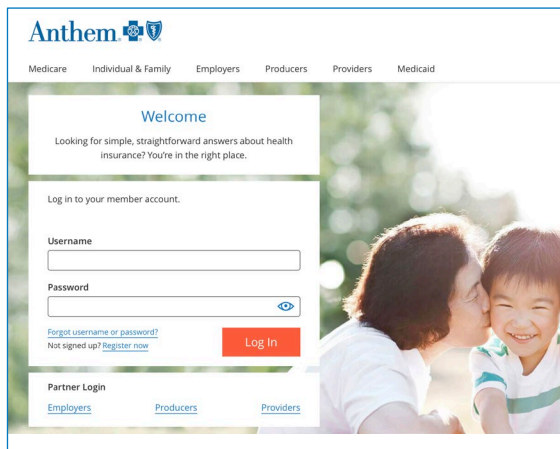
## Next Stop

### Vendor Resources and Contact Information

# Connecting with Your Benefits

## Anthem BCBS

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

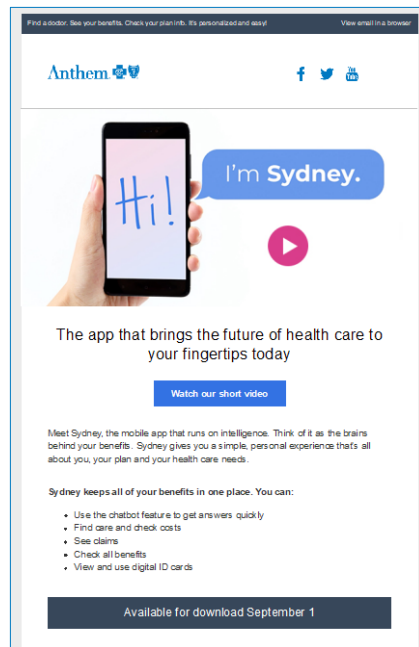


- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Price medications
- Access telehealth
- Use member app and social media channels
- ...and more!

# Connecting with Your Benefits

## Anthem BCBS

Register on [Anthem.com](https://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

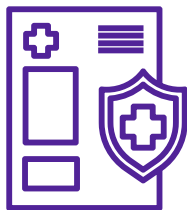


**Next Stop**

**Dental Benefits**

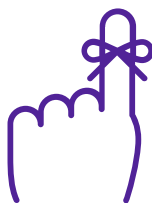
# Benefit Overview

Administered by Cigna



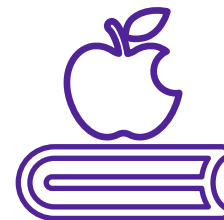
## Benefit highlights

- 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)

# Preventive Plan

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

# Basic Plan

	<b>DPPO Advantage</b>	<b>DPPO and Out-of-Network</b>
<b>Deductible</b>	\$0 individual / \$0 family	\$50 individual / \$150 family
<b>Annual Benefit Limit</b>	\$2,000	\$2,000
<b>Preventive and Diagnostic Services</b>	No charge	No charge
<b>Basic Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Major Restorative Services</b>	50% coinsurance	50% coinsurance
<b>Orthodontia Services</b>	Not covered	Not covered



# Dental and Orthodontia\* Plan

	DPPO Advantage	DPPO and Out-of-Network
<b>Deductible</b>	\$0 individual / \$0 family	\$25 individual / \$75 family
<b>Annual Benefit Limit</b>	\$2,000	\$2,000
<b>Preventive and Diagnostic Services</b>	No charge	No charge
<b>Basic Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Major Restorative Services</b>	15% coinsurance	15% coinsurance
<b>Orthodontia Services</b>	50% coinsurance	50% coinsurance

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

# ≡ Cigna Dental Oral Health Integration Program (OHIP) ≡

## Enhanced dental coverage

Cigna Dental Oral Health Integration Program®  
A Cigna Dental Health Connect™ solution



**NEED MORE? GET MORE.**

Cigna Dental Oral Health Integration Program®

Get the dental services you need for your medical condition. Enroll in the Cigna Dental Oral Health Integration Program today.

**What is the Cigna Dental Oral Health Integration Program?**

It's a program that reimburses out-of-pocket costs for specific dental services used to treat gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. There's no additional cost for the program -- if you qualify, you get reimbursed!

**Do I qualify?**

If you have a Cigna dental plan, you're eligible for the program. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must currently be under treatment by a doctor for any of the following conditions:

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

**How does it work?**

In order to receive benefits through this program, you must first enroll to participate. Once you're registered, you visit your dentist and pay your usual copay or coinsurance amount. If you visit a Cigna network dentist, they will send us a claim. If you choose to see a dentist not in the Cigna network, you may need to submit the claim yourself. We review the claim and will refund your copay or coinsurance for eligible dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

**What else does the Oral Health Integration Program include?**

You can ask us for information on issues that affect your oral health and your overall wellness -- such as fear of going to the dentist. Or the impact of stress or tobacco products. We'll also give you guidance on how to overcome these behaviors.

Together, all the way.™



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

83527 n 12/19

## For members with the following medical conditions:

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

# ≡ Cigna Dental Oral Health Integration Program (OHIP) ≡

24/7 customer service, no additional charge

[Mycigna.com](https://mycigna.com) | (800) CIGNA24



- Enroll or find complete program terms and eligible medical conditions
- 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






**Next Stop**

**Annual Enrollment**



# Annual Enrollment



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





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

# Annual Enrollment



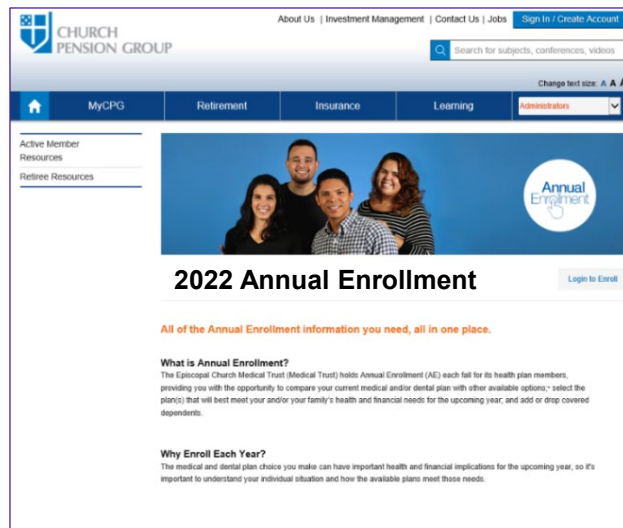
- A chance to consider your healthcare needs for the upcoming year and enroll or change your benefit choices
- An opportunity to review your personal and dependent information



# Step 1: Learn

Learn about your 2022 options

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



## Customized content

- Active members
- Early retirees
- Retirees

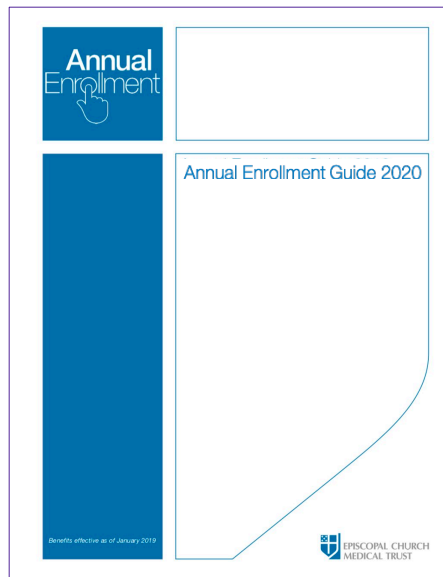




# Visit CPG's Benefits Library

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



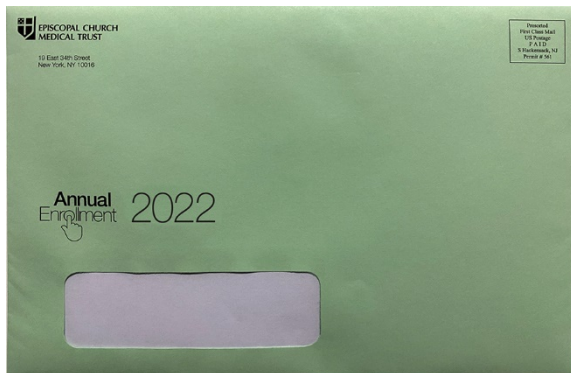
### Out-of-pocket costs


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

## 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 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 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.*

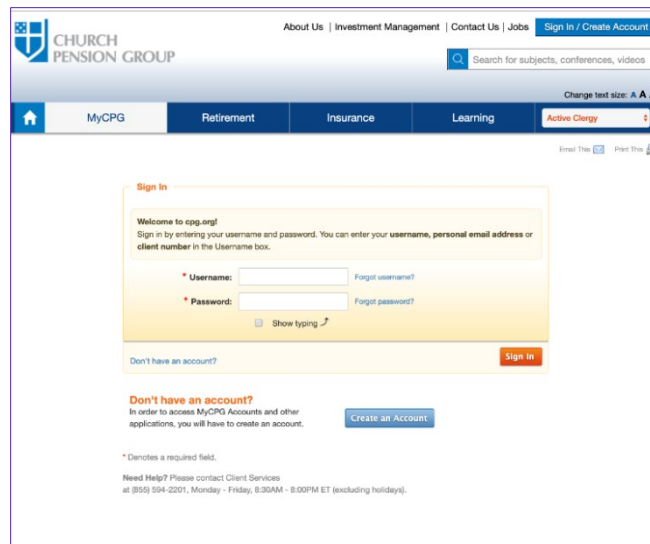
- In response to COVID-19, effective March 1, 2020, the Medical Trust waived member cost shares for services received through our health plan carriers' telehealth platforms. The Medical Trust also removed plan exclusions to allow virtual visits with members' personal healthcare providers to be covered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



# Step 3: Decide

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

[annualenrollment.cpg.org](http://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", and "Jobs". A "Sign In / Create Account" link is also present. Below this is a search bar and a "Change text size" option. The main navigation menu includes "MyCPG", "Retirement", "Insurance", "Learning", and "Active Clergy". The "Sign In" section is highlighted, showing a welcome message and a sign-in form with fields for "Username" and "Password". There are links for "Forgot username?" and "Forgot password?". A "Show typing..." link is also visible. Below the sign-in form, there is a "Don't have an account?" link and 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

**Plan Reference Documents**  
[Enrollment Guide](#)

**New Request**

**Verify** Make any desired changes and click Verify to begin.  
**Clear Changes** Clear any changes on this unsaved request form.

**Name**  
Designation/Salutation: [Dropdown] First: Chloe Mid: [Dropdown] Last: [Dropdown] Suffix: [Dropdown]

**Mailing Address**  
Line 1: [Text] Line 2: [Text] City: [Text] State: CA Zip: [Text] - [Text]  
Home Phone: [Text] Ext.: [Text] Personal E-Mail: 1chloebanks@gmail.com Business E-Mail: [Text]

**Personal Information**  
Tax ID / SSN: [Text] Birth Date: [Text] Clergy/Lay Status: Lay Gender: [Dropdown]

**Coverage Options + Monthly Costs**  
**Medical**  
☒ Kaiser Permanente EPO 80 Plan This plan is no longer offered.  
☐ I decline medical coverage.  
**Dental**  
☒ Dent&Ortho-25/75 This plan is no longer offered.  
☐ I decline dental coverage.

**Dependents**  
[Table with columns: Marital Status, First Name, Last Name, Suffix, Tax ID / SSN, Birth Date, Gender, Salary]

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 [cpg.org/mtdocs](https://cpg.org/mtdocs)
3. Refer to your group timeline for enrollment deadline
4. Enroll using the Annual Enrollment website: [cpg.org/annualenrollment](https://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 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





**Next Stop**

**Medicare Secondary Payer Small Employer Exception**



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



## What is it?

- Eligible individuals (or the spouses of eligible individuals) working for small employers may be granted an exception in which Medicare pays primary and The Episcopal Church Medical Trust (Medical Trust) medical plans pays secondary

# Medicare Secondary Payer Small Employer Exception Plans

- Employer group health plans usually pay primary for Medicare-eligible members\*
- MSP rules also provide an exception for small employers (the Small Employer Exception, or SEE)
- MSP SEE plans are less expensive than the corresponding standard plan because they coordinate claims with Medicare

Under the SEE, Medicare becomes the primary payer and the Medical Trust will pay secondary



**Medicare:  
Primary Payer**



**Medical Trust:  
Secondary Payer**

## ≡ MSP SEE Eligibility

An employee and their eligible dependents are eligible if they meet each of these conditions



- Employer has fewer than 20 employees in the current and preceding year
- Employer offers MSP SEE plan to employees
- Employee meets standard Medical Trust eligibility criteria
- Employee and/or eligible dependent is 65 or older
- Employee and/or eligible dependent is enrolled in Medicare Part A or Parts A and B (enrollment must be on the basis of age only)

## ≡ MSP SEE Eligibility (cont'd.)



How does the family plan work if not everyone is age 65+?



Any member of the family under age 65 who meets standard eligibility requirements for coverage under an active employment-based plan will be enrolled in the MSP SEE plan along with the 65+ member who qualified but their benefits will not be coordinated with Medicare.



# MSP SEE Resources

[cpg.org](https://cpg.org) | [cms.gov](https://cms.gov)



The screenshot displays the CMS.gov website's 'Small Employer Exception' page. The header includes the CMS.gov logo and navigation tabs for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, and Innovation Center. The main content area is titled 'Small Employer Exception' and provides detailed information about the exception process, including eligibility criteria, application steps, and the required forms. A sidebar on the left contains links to 'Employer Services', 'Coordination of Benefits', 'Voluntary Data Sharing Agreement', 'Small Employer Exception', and 'Archive'. The text explains that employers with fewer than 20 full and/or part-time employees can apply for an exception to the Medicare Secondary Payer (MSP) rules. It details the process of submitting a request to the CMS, the role of the Episcopal Church Medical Trust (ECMT) in reviewing the request, and the requirements for enrollment in Medicare Part A (hospital insurance) for the employee. The page also mentions that the ECMT will coordinate benefit payments with the employer's plan.

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

- MSP SEE Fact Sheet
- MSP SEE Eligibility Certification Form
- Administrative Policy Manual
- Letter Template for Active Employees Turning Age 65

[cms.gov](https://cms.gov)

- Small Employer Exception



**Next Stop**



**Additional Resources**











## Additional Resources



-  Member Resource Center
-  Administrators' Resource Center
-  Social media channels
-  Client Services



## Member Resource Center

# Connecting with your benefits

## Learning Center and eLearning Library

**Learning in one place,**  
with easy-to-access courses:

- Understanding Your Benefits
- Seeing Your Way to Wellness
- Nutrition
- Resilience
- Facing Dementia



The screenshot shows the Church Pension Group (CPG) website's eLearning Library. The header includes the CPG logo, navigation links (About Us, Investment Management, Contact Us, Jobs), and a sign-in/create account button. A search bar is located on the right. Below the header is a main navigation bar with links to MyCPG, Retirement, Insurance, and Learning (which is highlighted). A dropdown menu for 'Active Lay Employees' is also visible. The left sidebar contains a list of categories: Finance, Health, eLearning Library (selected), Understanding Your Benefits, Resilience, and Conferences & Webinars. The main content area is titled 'eLearning Library' and features 'Featured Courses'. Two courses are highlighted: 'Understanding Your Benefits' and 'Resilience: Stacking the Odds for Wellness'. Each course has a thumbnail image, a title, a brief description, and a 'Learn More' button.

CHURCH PENSION GROUP

About Us | Investment Management | Contact Us | Jobs | Sign In / Create Account


Search for subjects, conferences, videos

Home MyCPG Retirement Insurance Learning Active Lay Employees

Finance  
Health  
eLearning Library  
Understanding Your Benefits  
Resilience  
Conferences & Webinars

### eLearning Library


#### Featured Courses



#### Understanding Your Benefits

Essential information for new employees (or anyone looking for a quick refresher).

[Learn More](#)



#### Resilience: Stacking the Odds for Wellness

Interested in tips, tools and practices for enhancing resilience? Our multi-part course offers a practical, interactive guide.

[Learn More](#)



## Administrator Resource Center



# Administrators' Resource Center



[About Us](#) | [Investment Management](#) | [Contact Us](#) | [Jobs](#)

[Sign In / Create Account](#)

 Search for subjects, conferences, videos



MyCPG

Retirement

Insurance

Learning

Administrators

News & Updates

CPG Webinars

Conferences

Who to Call

What To Do When

Understanding Your Bills

Documents & Mailings




The Employee Roster

MLPS Changes

Recursos en Español



## Latest News & Updates

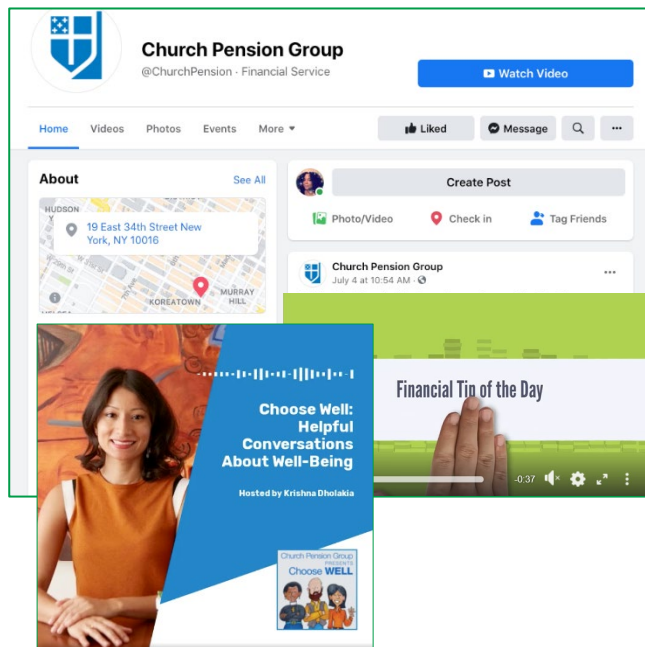
- Read the latest [COVID-19 Administrators Frequently Asked Questions](#)
- See [COVID-19 Resource Center](#) for important information for members and Episcopal administrators
- Download and print our updated [reference guide to some of the frequently used terms and acronyms](#)  used by CPG
- Download and print updated At-A-Glance Contact Lists. A great resource for you and your members:
  - [For Admins](#)  | [For Members](#) 



## Social Media Channels

# Connecting with CPG and Carriers

Information at your fingertips



- Timely posts about your benefits, Annual Enrollment reminders, and more
- Additional social media content on health plan providers' websites

Follow Us! @ChurchPension



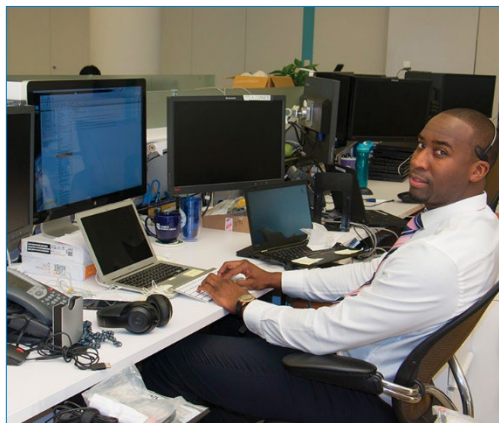
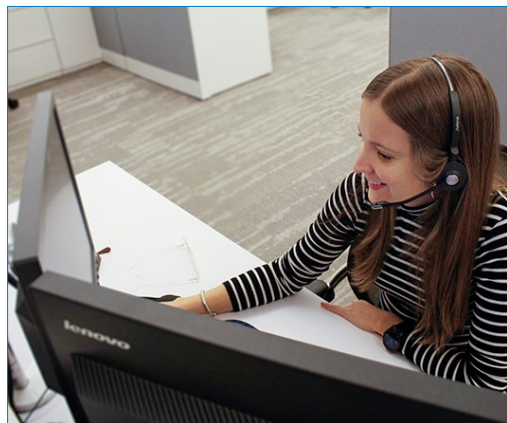


## Client Services



# At Your Service

Resources to guide you to your destination

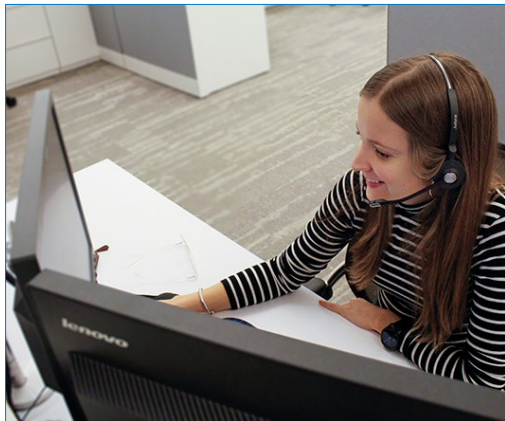


## CPG Client Services Member Services

- Call (800) 480-9967  
Monday to Friday  
8:30 AM to 8:00 PM ET
- Email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org)

# At Your Service

Resources to guide you to your destination



## CPG Client Services Administrator Services

- Call (855) 215-5990  
Monday to Friday  
8:30 AM to 8:00 PM ET
- Administrators' Resource  
Center: [cpg.org/ARC](https://cpg.org/ARC)
- [Admin-assist@cpg.org](mailto:Admin-assist@cpg.org)

# Questions & Answers





**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.