



The Episcopal Church Medical Trust
19 East 34th Street
New York, NY 10016
www.cpg.org



TO: Parishes in the Diocese of Ohio
FROM: Christina Butterfield, Senior Accountant
RE: **2023 Health Benefits Overview**
DATE: October 1, 2022

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2023 health benefits offerings and Annual Enrollment. Please share this information with your employees.

Annual Enrollment for 2023 will run from October 12 to November 2.

Medical Plans

We will offer the following medical plans to our employees through the Medical Trust:

Medical Plan / Monthly Rates	Single	Employee + Spouse	Employee + Child/ren	Family
Anthem BCBS CDHP 15	\$1,056.00	\$2,112.00	\$1,926.00	\$3,043.00
Anthem BCBS CDHP 20	\$1,071.33	\$2,130.17	\$1,962.17	\$2,968.17
Anthem BCBS PPO 90	\$1,162.00	\$2,324.00	\$2,092.00	\$3,486.00
Anthem BCBS PPO 90 MSP	\$930.00	\$1,860.00	\$1,674.00	\$2,790.00

Dental Plans

We will offer the following Cigna dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + Spouse	Employee + Child/ren	Family
Preventive Dental	\$36.00	\$72.00	\$65.00	\$108.00
Basic Dental	\$55.00	\$110.00	\$99.00	\$165.00
Dental & Orthodontia	\$74.00	\$148.00	\$133.00	\$222.00

What You Need to Know About Annual Enrollment

During the Medical Trust's Annual Enrollment period:

- Current plan members may change their plan selections for the following year.
- Eligible non-participating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

Currently Enrolled Employees

Currently enrolled employees (plan members) will receive an Annual Enrollment letter in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This letter will include their Client ID number, which they will need to enroll. It also includes their Annual Enrollment dates and information about how to enroll. Please instruct them to save this letter. In your communications, please encourage your employees to begin reviewing their options and to research plans early. If an employee takes no action, and their current plan is offered for 2023, their plan selections will automatically carry over to 2023, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins

New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created will not receive an Annual Enrollment letter however, they will be able to participate in the Medical Trust's Annual Enrollment through the enrollment website. Their plan selections will carry over into 2023 if they do not make a change during Annual Enrollment. If the employee wishes to make a change to their plan enrollment for 2023, they will need to log in to the Annual Enrollment website or contact their group benefits administrator for assistance. Members may contact our Client Services team to access their Client ID number.

IMPORTANT REMINDER: Members will access the Annual Enrollment website with the same credentials (username and password) they created to access their benefits information on [MyCPG Accounts](#). It is important for all members to create an account on MyCPG Accounts prior to Annual Enrollment if they have not already done so. For assistance, employees may contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpq.org.

Non-participating Employees

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan will not receive an Annual Enrollment letter but may enroll during Annual Enrollment for the 2023 plan year. Their previous decision to decline coverage will carry over into 2023 if they do not enroll during Annual Enrollment. Please submit an enrollment form to me as this process must be handled by the group administrator.

NOTE: As materials are not mailed to potential (i.e., eligible, but not enrolled) members, please send a communication to inform these employees that they and their eligible dependents may enroll, share the plans and rates available to them, and provide them with the applicable legal notices and *Summaries of Benefits and Coverage* available at www.cpg.org/mtdocs. Important: An enrollment form will need to be completed and sent to me.

Plan Documents

2023 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details may be found on the Church Pension Group website at www.cpg.org/mtdocs.

2023 Plan Offering

Please note that there are no changes to our current plan options for the coming year. However, members are encouraged to log in to MyCPG Accounts during Annual Enrollment to verify their personal information, dependent coverage, and plan selections, and to make changes if necessary.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the health plans, we offer a stand-alone EAP with Cigna Behavioral Health that you and your related entities may offer to employees who opt out of medical coverage. (Employees who enroll in Medical Trust health coverage are automatically enrolled in Cigna EAP benefits.)

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

Sincerely,

Christina Butterfield
Diocese of Ohio
CButterfield@dohio.org
(216) 774-0461

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.

Changes for 2023

<p><i>Prescription drug plan member cost sharing updates</i></p>	<p>Effective January 1, 2023, the Medical Trust's prescription drug plan cost sharing will be updated for members. The updated prescription drug plan includes the following changes:</p> <ul style="list-style-type: none"> • The Standard Rx option will be coinsurance-based (vs. copays) with maximum amounts to protect members from excessive costs and minimums to drive plan savings. • The Premium Rx option will continue to be based on copays; however, copay amounts for non-generic drugs will increase. • All plan designs will add a new cost-sharing tier for Specialty drugs 																					
	<p>Express Scripts (for Anthem & Cigna members) Depending on whether your employer group selects the Standard Rx or Premium Rx option, members enrolled in an Anthem or Cigna PPO plan will have the following cost sharing for prescription drug benefits:</p> <p><i>Standard Rx</i></p> <table border="1" data-bbox="516 850 1377 1371"> <thead> <tr> <th></th> <th>Retail</th> <th>Home Delivery</th> </tr> </thead> <tbody> <tr> <td>Annual Deductible (in-network)</td> <td>None</td> <td>None</td> </tr> <tr> <td>Generic</td> <td>Up to \$10 Copay</td> <td>Up to \$25 Copay</td> </tr> <tr> <td>Preferred Brand-Name</td> <td>25%; up to \$40 min and \$80 max</td> <td>25%; up to \$100 min and \$200 max</td> </tr> <tr> <td>Non-preferred Brand-Name</td> <td>40%; up to \$80 min and \$160 max</td> <td>40%; up to \$200 min and \$400 max</td> </tr> <tr> <td>Specialty</td> <td>40%; up to \$100 min and \$200 max</td> <td>40%; up to \$250 min and \$500 max</td> </tr> <tr> <td>Dispensing Limits</td> <td>Up to 30-day supply</td> <td>Up to 90-day supply</td> </tr> </tbody> </table>			Retail	Home Delivery	Annual Deductible (in-network)	None	None	Generic	Up to \$10 Copay	Up to \$25 Copay	Preferred Brand-Name	25%; up to \$40 min and \$80 max	25%; up to \$100 min and \$200 max	Non-preferred Brand-Name	40%; up to \$80 min and \$160 max	40%; up to \$200 min and \$400 max	Specialty	40%; up to \$100 min and \$200 max	40%; up to \$250 min and \$500 max	Dispensing Limits	Up to 30-day supply
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	<p><i>Notes:</i></p> <ul style="list-style-type: none"> • Anthem and Cigna CDHP members will continue to have coinsurance-based prescription drug plan cost sharing with a combined medical and pharmacy deductible. Anthem and Cigna CDHPs will also introduce a Specialty Rx tier with 50% coinsurance after deductible. • The Express Scripts prescription drug program will continue to maintain a retail refill limit policy. The retail refill limit requires that you use home delivery if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. See the Plan Document Handbook for more information.
Medical channel management for Anthem and Cigna plans	<p>Specialty medications are drugs that are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are not considered specialty medications. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.</p> <p>The Medical Trust's prescription drug program requires that certain specialty medications be accessed through Accredo Health Group, Inc., an Express Scripts specialty pharmacy, effective January 1, 2023. If a member is currently using such specialty medications through their medical benefit (i.e., through Anthem or Cigna), the member will be required to transfer those prescriptions to Accredo.</p> <p>The list of medications subject to the program is available by calling Express Scripts at (800) 841-3361.</p>
COVID-19 provisions	<p>The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, 2023. In addition, the Medical Trust also will waive all copays, deductibles, and in-network coinsurance for its active members for healthcare services relating to the treatment of COVID-19 through at least December 31, 2023.¹</p>
Telehealth	<p>Telehealth platforms for Active Members² – You can access a medical professional through <i>telehealth platforms</i> offered by Anthem, Cigna, or Kaiser 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 and Cigna PPO members and Kaiser EPO members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2023. For CDHP members, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of vendor telehealth platform services, there is no guarantee that this relief will be extended</p>

¹ This deductible waiver includes our HSA-qualified CDHPs as permitted by [IRS Notice 2020-15](#).

² 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.

	<p>beyond December 31, 2022. If Congress does not extend this relief, during 2023, you will be required to meet your deductible before carrier telehealth services will be covered with no copay or coinsurance.</p> <ul style="list-style-type: none"> • Anthem Blue Cross Blue Shield – Access LiveHealthOnline.com or download the LiveHealth Online mobile app in the App Store® or Google Play™.
<p><i>Virtual visits</i></p>	<p>A virtual visit is an appointment with your personal healthcare provider carried out through an electronic medium of your provider’s choice (e.g., Zoom, Skype, telephonic) but that is not offered through your health plan carrier’s telehealth platform (e.g., Anthem LiveHealth Online, Cigna MDLive).</p> <p>The Medical Trust will continue to allow claims for virtual visits with network and out-of-network providers that do not use a telehealth platform offered by Anthem or Cigna through December 31, 2023.</p> <p>Virtual visits are covered at standard levels of benefits and member cost shares.</p>
<p><i>Hinge Health for Anthem and Cigna plans</i></p>	<p>Hinge Health is available at no cost to Anthem and Cigna members effective October 1, 2022. Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.</p> <p>Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:</p> <ul style="list-style-type: none"> (a) Prevention - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app. (b) Chronic - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief. (c) Acute - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education. (d) Surgery - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support.

	<p>(e) Expert Medical Opinion - Service offering second opinions for elective MSK procedures.</p> <p>For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care.</p> <p>State laws may limit access without a physician's referral.</p> <p>If you have any questions regarding Hinge Health, email help@hingehealth.com or call (855) 902-2777.</p>
<i>Increased EyeMed Frames/Contacts Allowance</i>	<p>Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.</p> <p>Effective January 1, 2023, the annual frames or contact lenses allowance will increase from \$150 to \$200.</p>
<i>Fertility Benefits</i>	<p>The Medical Trust's Episcopal Health Plan includes benefits for the diagnosis and treatment of infertility. Covered health services include diagnostic and exploratory procedures to determine whether a member suffers from infertility. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intra-fallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures.</p> <p>Currently, there is a lifetime benefit maximum of \$10,000 for services covered under the medical plan and \$10,000 for services covered under the pharmacy plan.</p> <p>Effective January 1, 2023, the lifetime benefit maximum will be a combined \$50,000 for medical and pharmacy services.</p> <p>In addition, the Medical Trust will provide standard fertility preservation services for individuals who must undergo medically necessary treatment that may cause iatrogenic infertility.</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the lifetime benefit maximum.</p>
<i>Hearing Aid Device Benefits</i>	<p>The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices.</p> <p>Effective January 1, 2023, the benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years. The benefit maximum for hearing aid devices will no longer have a per ear maximum (currently \$1,500 per ear).</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums.</p>
<i>Travel Vaccinations</i>	<p>Currently, the Medical Trust's Episcopal Health Plan excludes travel vaccines from coverage.</p> <p>Effective January 1, 2023, the Medical Trust will cover travel vaccines for personal travel. Member cost sharing will follow the benefit plan design for immunizations.</p>

<p><i>Deductible Increase for Anthem and Cigna CDHP-15</i></p>	<p>For 2023, the Internal Revenue Service (“IRS”) increased the minimum and maximum amounts that a high-deductible health plan (“HDHP”) may impose as a deductible.³</p> <p>For 2023, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,500. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,000. The amounts for 2022 were \$1,400 and \$2,800, respectively.</p> <p>Effective January 1, 2023, the Medical Trust’s Anthem and Cigna CDHP-15 network deductible for self-only coverage will be \$1,500 and the network deductible for family coverage will be \$3,000. The out-of-network deductible for self-only coverage will be \$3,000 and the out-of-network deductible for family coverage will be \$6,000.</p>
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³ See IRS Notice 2022-24.