Date: August 29, 2024
To: Participating Group Administrators
From: Laurie Kazilionis
Subject: 2025 Renewal and Enrollment Information

We look forward to another year of serving you and your employees.

This document outlines important materials available in My Admin Portal (MAP) via the Medical & Life Participant System (MLPS) and specifies factors to consider as you review and select 2025 health plans from The Episcopal Church Medical Trust (Medical Trust).

Introducing Quantum Health

We are adding healthcare coordination via Quantum Health (Quantum) to plans that use the Anthem and Cigna networks. Starting in 2025, Quantum will be available to guide active and pre-65 former employees enrolled in those plans* as they navigate today's complex healthcare system. With clinical expertise, knowledge of the healthcare industry, and 25 years' experience, Quantum can help members understand—and maximize—their benefits and support their healthcare needs, whether they're looking for a specialist, managing a chronic condition, or simply trying to stay healthy.

**Members covered by Kaiser Permanente and by the Hawaii Medical Service Association have comprehensive services as part of their plans and will not use Quantum's. Neither will members enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.*

During Annual Enrollment this year, Quantum will be available to members who need assistance

- reviewing existing benefits,
- understanding plan options, and
- choosing the right plans for themselves and their families.

Please note that in December 2024, members will receive new ID cards from Quantum Health (with a NEW plan number), which they MUST share with their doctors, pharmacists, and other providers—except dentists—as their old cards will not work after December 31.

New this Year: Institution Sub-selection

Institutions can now opt to offer a subset of the medical and dental plan options made available to them by their Participating Groups. During Annual Enrollment, their eligible employees will be able to choose only from the plans that institutions sub-select.

If an institution decides not to offer a medical or dental plan for 2025, members enrolled in said plan are considered to be in a plan that is going away and will need to be managed through the plans going away process. Members in a plan that is going away must participate actively in

Annual Enrollment to select 2025 coverage. If they fail to select new coverage through the enrollment site during Annual Enrollment, they will not have coverage in 2025.

Accessing MLPS via MAP

MAP makes it easy to enroll members, access reports, and use MLPS to select group plans. Please see Plan Selection for Administrators for information about accessing MLPS via MAP.

What You'll Find on the MLPS Plan Selection Page

- **Medical Trust Renewal Letter** — This letter from John Servais, Senior Vice President of Benefits Policy and Design, provides an overview of health cost trends and explains Medical Trust pricing methodology and plan enhancements for 2025.
- **Administrator Letter Templates** — These customizable templates, which are especially useful if you're making changes to your 2025 offerings, will help you communicate with employees about Annual Enrollment and plan selections. This year we've added a template about institution sub-selection.
- **2025 Annual Enrollment Timeline for Administrators** — This schedule of tasks, events, and dates for renewal and Annual Enrollment will help keep you on track.
- **Plan Comparison Chart** — This table highlights the most important details of each health plan offered by the Medical Trust. If you need a customized, group-specific version of this table, you may request it through your benefits relationship manager.
- **Annual Enrollment Guide** — This electronic booklet summarizes plan features and the factors employees should consider when making Annual Enrollment decisions. It also specifies how to access tools and information available on vendor websites: Delta Dental, Kaiser, and Quantum Health (for Anthem and Cigna plans). The guide will be posted on cpg.org in October.
- **Healthcare Compliance Notices** — Every September the Medical Trust mails updated versions of the following to enrolled employees:
  - the *Notice of Creditable Coverage* (All Medicare-eligible individuals who have prescription drug coverage via the Medical Trust must receive this document.)
  - the notice on *Premium Assistance Under Medicaid and the Children's Health Insurance Program, CHIP* (Employers must provide this notice to all employees, whether or not they're enrolled in a Medical Trust plan.)
  - the *HIPAA Notice of Special Enrollment Rights* (Employers must provide this notice to employees whenever they become eligible to participate in Medical Trust plans.)

  We recommend that you provide employees not currently enrolled in a Medical Trust plan with this complete set of healthcare compliance notices as well as the *Summary of Benefits and Coverage* for each plan. You can find more information about these documents and your responsibilities with respect to them in the *Administrative Policy Manual*. The Healthcare Compliance Notices will be available in MLPS in September.
- **Medical Trust Compass Report**— Group-Specific Compass Reports (for groups with more than 50 enrolled members) show detailed data about enrollment, cost, and utilization. All groups will see The Medical Trust Compass Report, which provides data about our enrolled population in its entirety.

- **“How to Read Your Compass Report”** explains how to interpret the information the report contains. Your benefit relationship manager can also help you understand how to use this tool in plan selection and benefits management.

- ***Administrative Policy Manual*** — This manual outlines your responsibilities, defines acronyms and key terms, includes important forms, and sets out plan eligibility criteria, enrollment guidelines, and other Medical Trust rules.
- **Participating Group Agreement** — This Agreement, signed by the chief financial officer of the Church Pension Group, is the legal contract between your Participating Group and the Medical Trust. It sets forth the terms by which the Medical Trust offers, and the Participating Group accepts, one or more of the Medical Trust’s health plans.

  Please note that this year, the Medical Trust added new industry-standard confidentiality terms to this Agreement to ensure that the confidential information the Medical Trust shares with Participating Groups is subject to appropriate protections. The Medical Trust also updated this Agreement to clarify the assumption of legal obligations under the Agreement in the event of certain mergers or similar transactions (e.g., if two Dioceses combine into a single new Diocese). Please review this Agreement carefully, print it, and keep it for your records. You don’t need to return the signed document to the Medical Trust, as your electronic signature is our record of your agreement to these terms.
- **Legal Consent** — The legal consent language that appears when you submit your plan selections and accept your renewal affirms that you are authorized to sign for your group and are agreeing electronically to comply with the terms set forth in the *Administrative Policy Manual* and Participating Group Agreement.
- **User Consent Agreement** — This legal consent language explains your rights and responsibilities when you electronically sign your renewal and Participating Group Agreement by clicking “Submit” and then “OK” after checking the box under the Legal Consent.

  It is important that you review these documents carefully every year and understand your responsibilities thereunder.

Factors to Consider

Cost and Benefits
Selecting a plan for your Participating Group requires that you balance the cost and level of benefits (e.g., member deductibles, copayments, and coinsurance) of each plan and take into account your employer philosophy, contribution and tier strategy, and budget.

Choice
Do your current offerings meet the needs of your group, or would members benefit from greater diversity? Consider a variety of plans so that members can have a meaningful choice between “paying now” (higher monthly contributions) and “paying later” (higher out-of-pocket costs when they receive medical treatment). We make available a wide array of plans with different deductibles, copayments, and coinsurance that use the networks of Anthem, Cigna, Kaiser (if available in your region), and Delta Dental.

Medicare Secondary Payer Small Employer Exception (MSP SEE)
Small employers (those with fewer than 20 full- and/or part-time employees during the current

and prior year) and their employees 65 and older have the option of applying for an exception to the Medicare Secondary Payer rules.

Once approved by Medicare, employees 65 and over can enroll in a SEE Plan (Anthem or Cigna), which has lower premiums than the corresponding traditional PPO plan. SEE plans coordinate with Medicare, mirror the benefits of traditional PPO plans, and are available to employees and their enrolled dependents. For ease of identification, rates are provided to you during plan selection with "MSP" in the plan title.

Although this option is not mandatory, we strongly encourage your Participating Group to take advantage of the SEE Plans because they can reduce monthly contributions and may lower member out-of-pocket costs. (They also ultimately reduce utilization cost for the Medical Trust.) Make sure that your SEE Plan selection mirrors your standard PPO selection. Refer to the eligibility criteria in the *Administrative Policy Manual*. For more information, contact your benefits relationship manager.

Cigna Employee Assistance Program (EAP) – Standalone Option

The Medical Trust makes available the standalone Cigna EAP to eligible employees who opt out of Medical Trust health coverage due to having other qualified coverage. If your Participating Group offers the standalone option, you must enroll all eligible employees who opt out of the Medical Trust in this option. The EAP program, which covers the entire household of an enrolled employee, costs $4 per employee per month. Due to Affordable Care Act (ACA) regulations, this benefit can be offered only if fully paid for by the employer. Requiring an employee to contribute to the cost of the EAP could result in significant penalties under the ACA.

The group administrator handles EAP enrollment through MAP because members cannot themselves enroll online in the EAP during Annual Enrollment. To begin or continue to offer the standalone EAP, select "Accept" for this option when you choose your plans.

Rate Tiers

Your Participating Group can choose one of three tier options: two tiers (employee, family), three tiers (employee, one dependent, family), or four tiers (employee, employee + spouse, employee + child/ren, family). Your renewal reflects the current tier selection offered by your Participating Group.

If your Participating Group asked to see different tier pricing for 2025 via your benefits relationship manager, it will be provided to you in a PDF document. Please use "Additional Option Requested" in MLPS to formally accept this new tier pricing preference. We will populate MLPS with those rates for your final plan selection. Please see Plan Selection for Administrators for information about requesting additional options in MLPS.

Rx Options

The Medical Trust offers two Rx plan designs: the coinsurance-based Standard Rx option and the copay-based Premium Rx option. Both are available for all plans except Kaiser plans and Consumer-Directed Health (CDHP) Plans, which have their own Rx designs.

Your renewal reflects the Rx option currently offered by your Participating Group and its cost. If you are interested in changing your Rx option for 2025 and you currently offer Standard Rx, the additional monthly contribution is noted below. For example, if your group offers a 2-tier rate

option, and you want to move from the Standard to the Premium Rx option, the Employee Only plan will increase by $30 and the Family plan by $69. If you currently offer the Premium Rx option and want to buy down to the Standard Rx option, your monthly rates will decrease by the amounts in the table below.

You will need to use the “Additional Option Requested” feature in MLPS to request rates for the other Rx option. Please see Plan Selection for Administrators for step-by-step instructions on adding the Rx option rates in MLPS.

Covered Individuals	2 Tier	3 Tier	4 Tier
Employee only	$30	$30	$30
Employee + spouse	$69	$54	$60
Employee + child	$69	$54	$54
Employee + child/ren	$69	$84	$54
Family	$69	$84	$90

Dental

The Medical Trust offers three dental plans through Delta. If you offer our dental plans, your renewal is based on your current offering. If you don’t offer our plans, unless you requested a custom quote for 2025, you will see our national rates as a placeholder; if you select these plans during renewal, the actual rates you’ll be charged for 2025 will likely be different. Therefore, we strongly suggest that you request a customized dental quote before choosing to offer our dental plans for the first time. If you have a non–Medical Trust dental plan (or do not currently offer any dental coverage) and are interested in a customized dental quote, please contact your benefits relationship manager.

Members can find a dental provider, check their benefits, and access other helpful resources at deltadentalins.com.

Need Help Deciding? Have Questions?

For assistance with your renewal or with the factors to consider listed above, contact your benefits relationship manager.

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 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.