



Your 2022 Retiree Annual Enrollment

Your health plan enrollment is an important decision. These instructions will help you enroll in The Episcopal Church Medical Trust (Medical Trust) benefits for 2022.

SAVE THIS LETTER

October 12, 2021

Client ID #:

2022 Annual Enrollment Is October 15 to November 12, 2021

You will need this letter to complete your Annual Enrollment for 2022. Please read it carefully, along with the Plan Guide that you will receive from UnitedHealthcare® in early October.

Reminder

Visit the Annual Enrollment website at annualenrollment.cpg.org to make sure your personal information is accurate.

Medical Plan

The Medical Trust has chosen a UnitedHealthcare Group Medicare Advantage (PPO) plan to provide eligible retirees and their eligible dependents with health and prescription drug coverage, effective January 1, 2022. This group plan was custom designed for the Medical Trust and should not be confused with individual Medicare Advantage plans available in the marketplace.

In addition to delivering all the benefits of Medicare Part A, Part B, and Part D in a single plan, this Group Medicare Advantage plan provides coverage for hearing aids, travel insurance, fitness programs, and other benefits that are important to overall health.

UnitedHealthcare Group Medicare Advantage (PPO) is a national plan that allows retirees to see any provider (in-network or out-of-network) at the same cost, as long as they have not opted out of or been excluded from Medicare. The plan also offers benefits such as caregiver support and personalized concierge service that are not part of the current Medical Trust Medicare Supplement Health Plan.

For additional information, visit www.UHCRetiree.com/ECMT or call UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00AM to 8:00PM local time, seven days a week (translation services available upon request).

Additional Benefits

The UnitedHealthcare Group Medicare Advantage (PPO) plan includes additional benefits provided by the Medical Trust at no extra cost to you. To learn more, please visit cpg.org/GMAenrollment.

- EyeMed vision benefits provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.
- Health Advocate helps you navigate the complexity of the healthcare system.
- The Cigna Employee Assistance Program (EAP) provides support for emotional, physical, and legal issues.

Plan Options and Premiums

Both plan options provide more benefits at a lower cost than the current Medical Trust Medicare Supplement Health Plan.

Plan Option	Deductible	Out-of-Pocket Maximum	Monthly Premium*
GMA Premium (PPO)	\$0 (none)	\$1,500 per person	\$286.00 per person
GMA Comprehensive (PPO)	\$0 (none)	\$2,000 per person	\$196.00 per person

* Includes cost for Medical, Rx, Vision, EAP, Health Advocate, and plan administration. No longer offering plans without prescription coverage.

In addition to the difference in the annual maximum out-of-pocket costs, some of the cost shares for certain services and/or products are different under the two plan options. Please refer to the summary of benefits for a side-by-side comparison at www.UHCRetiree.com/ECMT or call UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00AM to 8:00PM local time, seven days a week (translation services available upon request).

Note: Both plan options include Part D prescription drug coverage. If you enroll in this UnitedHealthcare Group Medicare Advantage (PPO) plan and you have an existing Medicare Part D prescription drug plan not provided by the Medical Trust, Medicare may disenroll you from that Medicare Part D plan because you can only be enrolled in one Medicare Part D plan at a time.

Retirees enrolled in TRICARE For Life can also be enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) plan offered through the Medical Trust.

Dental Plan

The Medical Trust offers three dental plan options through Cigna Dental: Dental & Orthodontia, Basic, and Preventive. Each plan option covers three in-network cleanings per year at no cost to you. Out-of-network cleanings are also covered, but you may have some cost share.

Dental Plan Option	Monthly Premium
Dental & Orthodontia (PPO)	\$90 per person
Basic Dental (PPO)	\$74 per person
Preventive Dental (PPO)	\$61 per person

To learn more about the dental options available to you, visit cpg.org/dentaloptions.

Note:

If you or your eligible spouse/dependent don't select a plan option by November 12, you will be enrolled in the GMA Premium (PPO) plan option and the dental plan you chose for 2021 for the plan year starting in January 2022.

How to Enroll

Step 1 Read your UnitedHealthcare Plan Guide, coming to your mailbox in early October.

The guide will include details on the GMA Premium (PPO) and GMA Comprehensive (PPO) plan options.

Step 2 Use the Annual Enrollment website to make changes for 2022.

See the enclosed Guide to Using the Annual Enrollment Website for information on how to enroll online, **October 15 to November 12, 2021, 7:00 AM to 11:00 PM ET daily.**

Step 3 Review your information to make sure it is correct.

Please review your personal and dependent information and plan elections carefully.

Member Assistance, Information, and Resources

UnitedHealthcare Group Medicare Advantage (PPO) Plan Information

- The UnitedHealthcare Group Medicare Advantage (PPO) Plan Guide will arrive in early October.
- Visit www.UHCRetiree.com/ECMT or call UnitedHealthcare Customer Service toll-free at (866) 519-5401, TTY 711, 8:00AM to 8:00PM local time, seven days a week (translation services available upon request).

Information About Dental and Additional Benefits Offered Through the Medical Trust

- Visit cpg.org/GMAenrollment.

Enrollment Assistance

- Call Church Pension Group Client Services at (800) 480-9967, Monday to Friday, 8:30AM to 8:00PM ET.

Pension Deduction Agreement and Authorization

If you receive a pension from The Church Pension Fund, as a condition of your continued enrollment in the applicable health coverage(s), you authorize The Church Pension Fund to deduct from your pension benefit the amount of your monthly contribution(s) for the health coverage(s) in which you and any eligible dependents are enrolled and to pay such amount(s) to The Episcopal Church Clergy and Employees' Benefit Trust (ECCEBT). You acknowledge that your participation in this retiree health program is optional and that you authorize this deduction from your pension benefit voluntarily and without any duress or undue influence by the ECCEBT, The Episcopal Church Medical Trust, or any of its affiliates. You acknowledge that this deduction is for your benefit and that you have received written notice of all terms and conditions of the payment and/or its benefits and the details of the manner in which deductions will be made.

You understand that future cost increases will automatically be withheld from your pension benefit, as long as you remain in the same plan(s) or are defaulted to a replacement plan(s), without additional authorization. You understand that whenever there is a substantial change in the terms or conditions of the payment, including but not limited to any change in the amount of the deduction, or a substantial change in the benefits of the deduction or the details in the manner in which deductions are made, that you will be notified prior to the implementation of the change.

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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Group Medicare Advantage (PPO) plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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Guide to Using the Annual Enrollment Website

1. Type ***annualenrollment.cpg.org*** into your web browser.
2. Log in with the username and password you use for MyCPG Accounts.
 - If you do not have an account, click **Create an Account**. Enter your Client ID number (included in your Annual Enrollment letter) when prompted and follow instructions to create your username and password.
 - You may also contact the Client Services Technical Support Team at (855) 594-2201, Monday to Friday, 8:30AM to 8:00PM ET.
3. Verify your personal and dependent information and make any changes directly to the online form.
 - The UnitedHealthcare Group Medicare Advantage Premium (PPO) plan option will be preselected for 2022.
 - The dental plan will default to the coverage you enrolled in for 2021 (if you did not enroll in a dental plan for 2021, you will not receive dental coverage in 2022 unless you choose a plan).
 - You can change the medical and dental elections to meet your needs for 2022.¹

For dependents, be sure to do the following:

- Confirm or add Social Security Numbers.²
- Check the **Med** (medical) and/or **Den** (dental) boxes in front of their names if they are to receive coverage or uncheck the boxes to discontinue coverage for 2022.

Reminder: Both UnitedHealthcare Group Medicare Advantage (PPO) plan options include Part D prescription drug coverage. If you enroll in this UnitedHealthcare Group Medicare Advantage (PPO) plan and you have an existing Medicare Part D prescription drug plan not provided by the Medical Trust, Medicare may disenroll you from that Medicare Part D plan because you can only be enrolled in one Medicare Part D plan at a time.

4. Verify your plan selection(s) under Coverage Options and Monthly Costs.³
5. When done, make sure all your information is correct, check the box at the end of the form, and click **Submit**.
 - A message will ask, "Are you sure?" Click **OK** to continue your submission or click **Cancel** to continue reviewing your changes.
 - To reject all changes and restart with the original form, click **Clear Changes**.
 - If a red error message appears, correct the error, and click **Submit Again**.
6. When processing is complete, a message will indicate the date and time your selection was received. Please print or download a copy for your records. There is no need to mail it to us.

For assistance, please call our Client Services Technical Support Team at (855) 594-2201, Monday to Friday, 8:30AM to 8:00PM ET.

¹ To select different plans for you and your eligible family members, use the paper enrollment form available at cpg.org/gmaenrollmentform.

² A valid Social Security Number must be entered in the system for each covered member and dependent.

³ If your diocese is funding any portion of your coverage, please check with your diocesan administrator regarding your funding, as this subsidy will not be reflected in the rates on the website.