



«FirstName» «LastName» «Suffix»
 «Street1»
 «Street2»
 «City», «State» «Zip»

Important Benefits Information
<<New Plan Year>> Rate
Change Notification

Please Read Carefully

<<Mail Date>>

Dear Friend:

Thank you for choosing to maintain your medical and dental benefits under the Extension of Benefits provision of The Episcopal Church Medical Trust (Medical Trust) health plans. Please read this letter carefully, take action quickly, and call us if you have any questions.

New Rates for <<New Plan Year>>

Medical and dental plan rates will increase effective January 1, <<New Plan Year>>. Your mid-December <<Current Plan Year>> invoice for January <<New Plan Year>> coverage will reflect the new rates. If you pay through automatic deduction, please update your banking records to reflect the following new rates:

	<<New Plan Year>> Monthly Rate
Medical:	[\$insert amount]
Dental:	[\$insert amount]

What's Changing for <<New Plan Year>>

- **COVID-19 provisions** – The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members participating in the Episcopal Health Plan or the Episcopal Health Plan for Qualified Small Employer Exception (“Active Members”) for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, <<New Plan Year>>. 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, <<New Plan Year>>.¹
- **Telehealth platforms for Active Members²** – You can continue to access a medical professional through telehealth platforms offered by Anthem, Cigna, or Kaiser, as applicable, using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember that your personal healthcare provider may not

¹ This deductible waiver includes our HSA-qualified Consumer-Directed Health Plans (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.

participate on the vendor's telehealth platform. In response to the COVID-19 pandemic, services received via vendor telehealth platforms are generally available to you with no deductible, copay, or coinsurance through December 31, <<New Plan Year>>.³

- **Anthem Blue Cross Blue Shield** – Access *LiveHealthOnline.com* or download the LiveHealth Online mobile app in the App Store® or Google Play™.
 - **Cigna** – Access *MDLiveforCigna.com* on your computer or download the MDLIVE mobile app by searching in the App Store or Google Play.
 - **Kaiser Permanente** – Access Kaiser's telehealth platform services by calling the number on the back of your member ID card.
- **Virtual visits for Active Members** – 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 or Cigna MDLIVE).

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.

Virtual visits are covered at standard levels of benefits and member cost shares.

Note: Kaiser requires members to use the Kaiser telehealth platform for telehealth services.

- **For more information about what's changing for <<New Plan Year>>, please visit the Annual Enrollment website at www.cpg.org/annualenrollment.** In particular, you should review the **Annual Enrollment Guide**, which includes a description of important plan changes taking effect in <<New Plan Year>>, as well as other information on the health plans offered by the Medical Trust. A paper copy is also available, free of charge – contact Client Services using the information below.

Plan Benefits

You will be eligible to continue these benefits until your Extension of Benefits coverage ends on or prior to the date previously communicated to you. We urge you to take full advantage of all the Medical Trust benefits available to you:

- Preventive care services for adults and children.
- Vision benefits, including one network eye exam per calendar year with no copay and an annual \$200 allowance for eligible prescription eyewear or contact lenses. For a list of participating vision providers, contact **EyeMed** at (866) 723-0513 or eyemedvisioncare.com/ecmt.
- The **Cigna Employee Assistance Program (EAP)**, covering telephone consultations and up to 10 in-person sessions per issue with no copay. Contact the **Cigna EAP** at (866) 396-7794 or mycigna.com.
- **Health Advocate**, providing you with healthcare navigation assistance for all types of medical and administrative issues at no cost to you. Contact **Health Advocate** at (866) 695-8622 or healthadvocate.com/ecmt.

³ If you are enrolled in an HSA-qualified Consumer Directed Health Plan, please note that, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of carrier telehealth platform services, there is no guarantee that this relief will be extended 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.

- Dental plan coverage, including three network cleanings per year at no cost to you or out-of-network cleanings that may have some cost share. For a list of participating dentists, contact **Cigna** at (800) 244-6224 or mycigna.com.

For detailed information about your plan options and benefits, visit cpg.org.

Coverage through the Health Insurance Marketplace (Exchange)

We encourage you to compare your Medical Trust plan cost and services with those of the Qualified Health Plans (QHP) available to you in the Health Insurance Marketplace (the

Exchange). Some individuals who purchase health insurance through the Exchange are eligible for premium tax credits, which may offer a cost advantage when compared to the Medical Trust's coverage.

The next annual enrollment period for QHPs generally begins November 1, 2022, for coverage effective January 1, 2023. Please notify us if you select a QHP by calling Client Services at the number below.

If you choose not to select a QHP during this annual enrollment period, you may not enroll in a QHP until the next annual enrollment period for the Exchange, or the date on which you have an event that allows you to make a special election to enroll through the Exchange (for example, when your Medical Trust benefits end). To learn more, visit healthcare.gov.

Questions?

For more information about your <<New Plan Year>> benefits or changes to your enrollment, please call our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpg.org.

Sincerely,

The Episcopal Church Medical Trust Team

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Church Pension Group Services Corporation ("CPGSC"), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the "Plans") for eligible employees (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.

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