



Date: August 25, 2022
To: Participating Group Administrators
From: Laurie Kazilionis
Subject: 2023 Renewal Information

Dear Friend:

I hope you are well and thank you for your valued trust in CPG. Through challenges and opportunities, we have remained steadfast in our commitment to support The Episcopal Church by providing high quality benefits. We look forward to another year of serving you and your employees.

This letter outlines important materials available in the Medical & Life Participant System (MLPS), along with considerations as you review your Episcopal Church Medical Trust (Medical Trust) health plan renewal and make selections for 2023.

Accessing MLPS via MAP

My Admin Portal (MAP) makes it easy to interact with MLPS for group plan selection, member enrollment, and similar tasks. Whenever we refer to information or transactions on MAP, you are accessing MLPS through our new administrator portal.

What You Will Find in MAP

Review these documents on the Plan Selection webpage:

- **Medical Trust Renewal Letter** — This letter from John Servais, Senior Vice President, Benefits Policy and Design, of the Church Pension Group, provides an overview of health cost trends, Medical Trust pricing methodology, and plan enhancements for 2023.
- **Administrator Letter Templates** — These customizable letters can help you communicate the upcoming Annual Enrollment and your plan selection to your employees. They are especially useful if you are making changes to your plan offerings for 2023.
- **2023 Annual Enrollment Timeline for Administrators** — This schedule of key action items, events, and dates for renewal and Annual Enrollment will help keep you on track.
- **Plan Comparison Chart** — This table provides the most important benefit details for all plans offered to participating groups by the Medical Trust. If you need a customized,

group-specific version of a plan, be sure to request it through your [IBAMS Account Specialist](#) before your selections appear on your member's Annual Enrollment screen.

- **Annual Enrollment Guide** — This electronic booklet can help your employees with their annual plan selections by providing an overview of the plans, things to consider when making Annual Enrollment decisions, and how to access the information and tools available on Anthem, Cigna, and Kaiser's websites.
- **Healthcare Compliance Notices** — Each September the Medical Trust sends updated versions of health plan notices to enrolled employees. This year, the Medical Trust will include the *Notice of Creditable Coverage* in the Healthcare Compliance Notice package. The Medical Trust sends this notice to all Medicare-eligible individuals who have prescription drug coverage under our plans.
 - Employers are responsible for providing the *Premium Assistance Under Medicaid* and the *Children's Health Insurance Program (CHIP)* notice annually to all employees, whether or not they are enrolled in a Medical Trust plan.
 - Employers are also required to provide *Summaries of Benefits and Coverage* and the *HIPAA Notice of Special Enrollment* to employees who become eligible to participate in Medical Trust plans.

We recommend that you provide employees who are not currently enrolled in a Medical Trust plan with this complete set of *Healthcare Compliance Notices (PDF)*, along with the *Summaries of Benefits and Coverage* and other enrollment materials to ensure that this requirement is satisfied. You can find more information about these responsibilities in the [Administrative Policy Manual](#).

- **Medical Trust Compass Report**
 - *Group-specific Compass Reports (for groups with over 50 enrolled members)*
Compass Reports are detailed dashboards of enrollment, cost, and utilization data. All groups will see The Medical Trust Compass Report, which provides data for our entire enrolled population. Groups with 50 or more members will also see a report with data specific to their enrolled population.
 - *How to Read Your Compass Report* – Your group's *Compass Report*, if you receive one, will include guidance to help you interpret the information. Your IBAMS Account Specialist can also help you understand how to use this tool in plan selection and benefits management.
- **Legal Consent Language**
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, agreeing electronically to comply with the terms set forth in the [Administrative Policy Manual](#) and Participating Group Agreement.
- **[Administrative Policy Manual](#)** — Refer to the manual for an outline of your responsibilities, and to learn about important definitions, forms, policies, and procedures for plan eligibility and enrollment, and other Medical Trust rules.
- **Participating Group Agreement** — This Agreement 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 health plans. This document is signed by Ellen Taggart, Chief Financial Officer of the Church Pension

Group. Please print and keep it for your records. This form does not need to be returned to the Medical Trust as your electronic signature is our record of your agreement to these policies.

- **User Consent Agreement**—This legal consent language explains your rights and responsibilities when you electronically sign your renewal by clicking “OK” on the Legal Consent. See the [User Consent Agreement](#).

It is important that you carefully review these interrelated documents annually and understand your responsibilities.

Points to Consider

Cost and Benefits

Selecting a plan for your participating group involves balancing the cost and level of benefits (e.g., member deductibles, copayments, and coinsurance) provided by each plan, your employer philosophy, contribution and tier strategy, and budget.

Choice

Do your current plan offerings meet the needs of your group, or would members benefit from alternative plans? Consider plan diversity that offers meaningful choice between a “pay now” approach with higher monthly contribution costs, and a “pay later” approach with higher out-of-pocket costs when members seek medical treatment. We offer a wide array of plans featuring a range of deductibles, copayments, and coinsurance with Anthem, Cigna, and, if available in your region, Kaiser Permanente.

Medicare Secondary Payer Small Employer Exception (MSP SEE)

The Medical Trust provides eligible small employers (fewer than 20 full- and/or part-time employees in the current and preceding year) and their employees who are 65 and older with the option to apply for an exception to the Medicare Secondary Payer rules. Once approved by Medicare, employees age 65 or over can enroll in MSP SEE Plans (Anthem or Cigna), which have lower premiums than traditional PPO plans. These plans coordinate with Medicare, mirror the benefits of traditional PPO plans, and are available to the employee and enrolled dependents. Rates are provided to you during plan selection with “MSP” in the plan title for ease of identification.

While this option is not mandatory, we encourage your participating group to take advantage of the MSP SEE Plans. These plans can reduce monthly contributions and may lower member out-of-pocket costs. Please make sure that your MSP SEE Plan selection mirrors your standard PPO selection. Refer to the eligibility criteria in the [Administrative Policy Manual](#) and find at [cpg.org](#).

Cigna Employee Assistance Program (EAP) – Standalone Option

The Medical Trust offers the standalone Cigna EAP for your eligible employees who opt out of Medical Trust health coverage due to other qualified coverage. If your employer group offers the standalone option, you must enroll **all eligible employees** who opt out of the Medical Trust. The Cigna 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 your employee to contribute to the cost of the Cigna EAP could result in significant penalties under the ACA.

The group administrator handles Cigna EAP enrollment through MAP; members cannot enroll through online Annual Enrollment. To offer or continue to offer the standalone Cigna EAP, select “Accept” for this option when you choose your plans.

Rate Tiers

The Medical Trust has three rate tier options: 2 Tier (Employee, Family), 3 Tier (Employee, plus one dependent, Family) or 4 Tier (Employee, Employee+Spouse, Employee+Child/ren, Family). Your renewal reflects the current tier selection offered by your employer group.

If your participating group requested, via your [IBAMS Account Specialist](#), to see different tier pricing for 2023, these will be provided to you in a PDF document. Please use “Additional Option Requested” in MAP to formally request this new tier pricing preference. We will populate MAP with those rates for your final plan selection. Please see [Plan Selection for Administrators](#) for information about requesting additional options in MAP.

Rx Options

Effective January 1, 2023, the Medical Trust will introduce new Rx plan designs that replace the current Standard Rx and Premium Rx offerings. These Rx options are available for all plans except Consumer-Directed Health Plans (CDHP) and Kaiser plans, which have their own Rx plan designs. Please see the Renewal Letter in [MAP](#) for more information about the Express Scripts and Kaiser Rx options.

If you currently offer the Standard Rx option, you will default into the new Standard Rx option. If you currently offer the Premium Rx option, you will default into the new Premium Rx option. If you are defaulting into the new Standard Rx option and would like to buy up to the new Premium Rx option, your monthly rates will be increased by the amounts in the table below. For example, if your group offers a 2-Tier rate option, and you want to move from the Standard Rx option to the Premium Rx option, the Employee Only plan will increase by \$28 and the Family plan will increase by \$64. If you are defaulting into the new Premium Rx option and would like to buy down to the new Standard Rx option, your monthly rates would decrease by the amounts in the table below.

You will need to use the “Additional Option Requested” feature in MAP to view the rate differential of the new Rx options. Please see [Plan Selections for Administrators](#) for step-by-step instructions for adding the Rx option rates in MAP.

	2 Tier	3 Tier	4 Tier
Employee Only	\$28	\$28	\$28
Employee+Spouse	\$64	\$50	\$56
Employee+Child	\$64	\$50	\$50
Employee+Child/ren	\$64	\$78	\$50
Family	\$64	\$78	\$84

Dental

The Medical Trust offers three dental plans with Cigna. If you offer our dental plans, your renewal is based on your current dental plan offering. If you do not presently offer our dental plans, your renewal reflects our national rates unless you requested a custom quote for 2023. If you have a non-Medical Trust dental plan and are interested in a customized dental quote, please contact your [IBAMS Account Specialist](#).

Need Help Deciding? Have Questions?

For personalized assistance, please contact your [IBAMS Account Specialist](#).

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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 employees. 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.