2026 Annual Enrollment Session for Retirees

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CHURCH PENSION GROUP
Passionate About Our Purpose

ECMT Retiree Medical Plans – Eligibility

Must be enrolled in Medicare Part A and Part B

Available plans*

- Clergy age 65+ with 5+ years of Credited Service and their eligible dependents
- Former Lay employee age 65+ and their eligible dependents, provided that at the time of separation the employee was scheduled to work 1,000+ hours **and** either
  - participated in a retirement plan sponsored by The Church Pension Fund for at least 5 years, **or**
  - was an Employee of a Participating Group of the Episcopal Health Plan for at least 5 years

*Separate rules apply for those on The Church Pension Fund Long-Term Disability Plan and for Members of Religious Orders.

MyCPG – Spouses

- Most spouses are considered dependents of their clergy spouse and do not have separate MyCPG Accounts*
- All surviving spouses should have a MyCPG Accounts if receiving benefits
  - Setting up an account is easy, just contact CPG at 855-594-2201
  - A surviving spouse never has access to the MyCPG account of their deceased clergy spouse

*If the spouse is on a separate health plan, they must have their own MyCPG Account.

Clergy Pension Plan Post-Retirement Health Subsidy

Retiree Medical Subsidy
Clergy eligible to retire before July 1, 2013

20+ YCS*
- Equals full cost of the GMA Premium (PPO) Plan.
- Subsidy can be applied only to Episcopal Church retiree medical and dental plans.

10 to 19 YCS
- Subsidy reduced $2 per YCS under 20 years.

5-9 YCS: no subsidy

Retiree Medical Subsidy
Clergy NOT eligible to retire before July 1, 2013

20+ YCS
- Equals full cost of the GMA Premium (PPO) Plan.
- Subsidy can be applied only to Episcopal Church retiree medical and dental plans.

10 to 19 YCS
- Subsidy reduced 5% per YCS under 20 years.

5-9 YCS: no subsidy

Medical Subsidy Amounts Based on 2026 GMA Premium Plan Rates
Assuming NOT eligible to retire before July 1, 2013

YCS	CPF Subsidy	Subsidy Amount
20+	100%	$540.00
19	95%	$513.00
18	90%	$486.00
17	85%	$459.00
16	80%	$432.00
15	75%	$405.00
14	70%	$378.00
13	65%	$351.00
12	60%	$324.00
11	55%	$297.00
10	50%	$270.00

Disclaimer: CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF reserves the right, in its discretion, to modify or discontinue the post-retirement health subsidy at any time. *YCS = Years of Credited Service

Retiree Medical Plans

Plan (UnitedHealthCare®)	Monthly Premium*	Deductible	Out-of-Pocket Maximum**
Group Medicare Advantage (GMA) Comprehensive (PPO)	$449 per person	$300	$4,000 per person
GMA Premium (PPO)	$540 per person	$0	$2,000 per person

Kaiser Permanente Plans will continue to be offered in select markets.

*Includes cost of medical, Rx, vision, EAP, Cariloop, and plan administration.
**The out-of-pocket maximum is the maximum amount of money you pay yourself for medical expenses in a calendar year. This maximum does not include prescription drug costs or plan premiums or copayments for services not covered by Medicare. .

Five Key Differences*

	GMA Comprehensive (PPO)	GMA Premium (PPO)
Monthly Premium per person	$449	$540
Out-of-pocket maximum**	$4,000	$2,000
Prescription drug cost – 90-day supply***	$25 - $120	$12 - $100
Durable medical equipment	20%	10%
Hearing aid benefit (every three years)	$3,000	$4,000

*May not be a comprehensive list.
**Does not include monthly premiums, prescription drug costs, or copayments related to services not covered by Medicare.
***Pharmacy co-payments vary by tier, such as preferred generic, preferred brand, non-preferred and specialty brand.

2026 Subsidy Illustration (20 Years of Credited Service)

Amounts	GMA Comprehensive (PPO)	GMA Premium (PPO)
Premium – Single	$449	$540
Subsidy – Single	**($540)**	**($540)**
Remaining cost/(Subsidy)	**($91)**	**$0**
2026 Dental single rate	$91/$75/$62	$91/$75/$62
Retiree's premium cost	$0	$91/$75/$62

Additional Information

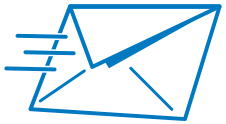
Episcopal Church Medical Trust	800-480-9967 | mtcustserv@cpg.org
United Healthcare	866-519-5401 | retiree.uhc.com
cigna healthcare	866-395-7794 | mycigna.com
eyeMed	866-723-0513 | eyemedvisioncare.com
cariloop	972-325-5836 | cariloop.com/register
Quantum Health	866-871-0629 | myquantumcare.org
Delta Dental	888-894-7059 | deltadentalins.com

Retiree Support Through Cariloop

Care specialists will help retirees:

- Understand benefits
- Find the right doctors
- Schedule appointments and transfer records
- Estimate and compare the costs of clinical services
- Facilitate preauthorizations
- Address insurance and billing issues
- Initiate an appeals process

Annual Enrollment



Annual Enrollment information will be mailed by mid-October.

Annual Enrollment will take place from 10/22 to 11/21.

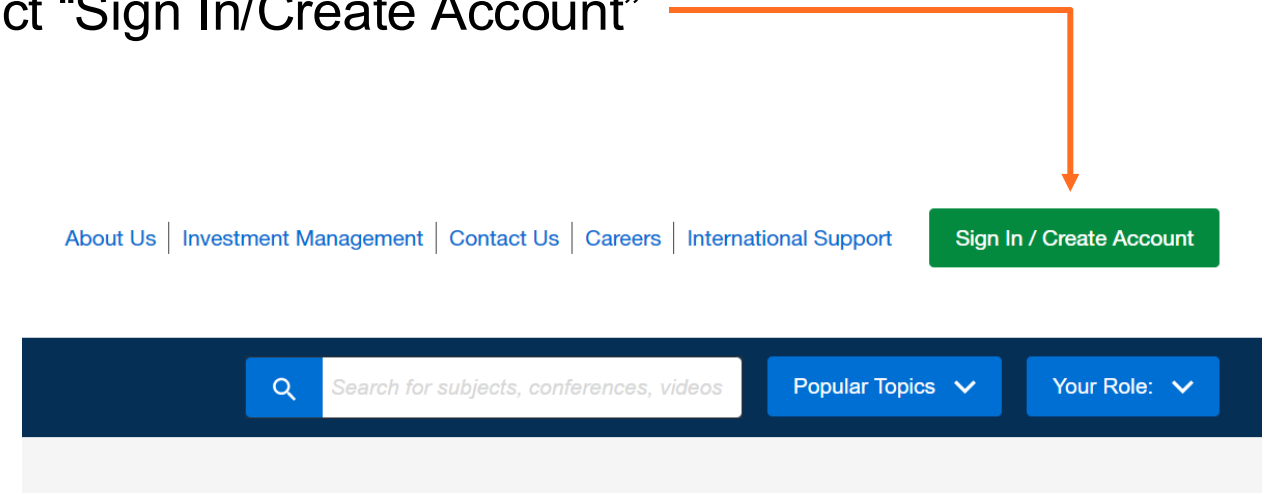
Visit *cpg.org/annualenrollment* to review options, choose a plan, and/or select dental coverage.

Need help enrolling? Contact CPG at 800-480-9967, weekdays, 8:30AM to 8:00 PM ET

If you don't take action by 11/21, you will be automatically enrolled in your existing GMA PPO plan and/or Delta Dental plan.

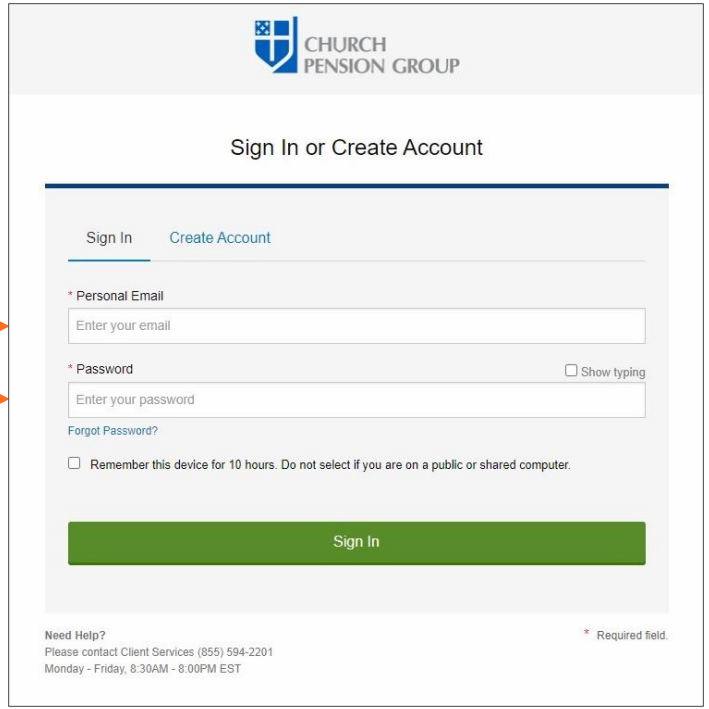
MyCPG – Sign In

- Navigate to cpg.org
- Select “Sign In/Create Account”



MyCPG – Sign In

- You will see this log-in screen
- Enter Your Email/Password



Dental Plan Comparison – Premium Plan

	Delta Dental Premium Plan (2026)		
	PPO Network	**Premier Network**	**Non–Delta Dental dentist**
Deductible (single/family)	$0/$0	$0/$0	$50/$150
Annual Benefit Limit*	$3,000	$2,500	$2,000
Preventive and Diagnostic	No charge	No charge	No charge
Basic Restorative	85% coinsurance**	85% coinsurance	75% coinsurance
Major Restorative	85% coinsurance	85% coinsurance	75% coinsurance
Orthodontia Services	50% Coinsurance	50% coinsurance	40% coinsurance
Orthodontia Lifetime Maximum***	$2,000	$2,000	$1,500

*Plan payments apply toward maximums across all networks.
**All coinsurance percentages reflect what the plan pays.
***The plan pays up to the lifetime maximum for orthodontia benefits.

Dental Plan Comparison – Comprehensive

	Delta Dental Comprehensive (2026)		
	PPO Network	**Premier Network**	**Non–Delta Dental dentist**
Deductible (single/family)	$0/$0	$0/$0	$100/$300
Annual Benefit Limit*	$2,500	$2,000	$1,500
Preventive and Diagnostic	No charge	No charge	No charge
Basic Restorative	85% coinsurance**	85% coinsurance	75% coinsurance
Major Restorative	50% coinsurance	50% coinsurance	40% coinsurance
Orthodontia Services	50% coinsurance	50% coinsurance	40% coinsurance
Orthodontia Lifetime Maximum***	$1,500	$1,500	$1,000

*Plan payments apply toward maximums across all networks.
**The coinsurance percentages are the portion the plan pays
***The plan pays up to the lifetime maximum for orthodontia benefits.

Dental Plan Comparison – Basic

	Delta Dental Basic (2026)		
	PPO Network	**Premier Network**	**Non–Delta Dental dentist**
Deductible (single/family)	$0/$0	$0/$0	$0/$0
Annual Benefit Limit*	$2,000	$1,500	$1,000
Preventive and Diagnostic	No charge	No charge	No charge
Basic Restorative	80% coinsurance**	80% coinsurance	70% coinsurance
Major Restorative	40% coinsurance	40% coinsurance	1% coinsurance
Orthodontia Services	Not covered	Not covered	Not covered
Orthodontia Lifetime Maximum	N/A	N/A	N/A

*Plan payments apply toward maximums across all networks.
**The coinsurance percentages are the portion the plan pays.

Example

You can save the most with PPO

Claims example	Most claims savings	Some claims savings	No claims savings
	Delta Dental PPO	**Delta Dental Premier**	**Non–Delta Dental dentist**
Dentist charge for a crown	$2,100	$2,100	$2,100
Plan allowance	$1,050	$1,500	$2,100
Percentage paid by plan	85%*	85%*	75%*
Plan payment	$893	$1,275	$1,575
Patient payment	**$157 ($1,050-$893)**	**$225 ($1,500-$1,275)**	**$525 ($2,100-$1,575)**
Balance-billing	**NO**	**NO**	**YES****

*This example assumes no deductible or maximum applied toward the service and is based on the Premium Plan design.
**Non-contracted dentists can charge the difference between their submitted charge for a service and the Plan Allowance. In this example, it's $2,100 minus $1,575, or $525.

Delta Dental SmileWay® Wellness Benefits[1]

Expanded dental coverage

Available for members with any of the following diagnosis:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington’s disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson’s disease
- Rheumatoid arthritis
- Sjögren’s syndrome
- Stroke

[1]Known as SmileWay Enhanced Benefits in Texas.

Delta Dental SmileWay® Wellness Benefits

Expanded coverage

SmileWay® Wellness Benefits*

100% coverage	One periodontal scaling and root planning procedure per quadrant (D4341 or D4342) per calendar or contract year**
Four of the following (any combination) per calendar or contract year:**	
100% coverage	Prophylaxis (teeth cleaning) (D1110 or D1120)
	Periodontal maintenance procedure (D4910)
	Scaling in presence of moderate or severe gingival inflammation (D4346)

If eligible, opt in by visiting *deltadentalins.com/smileway* or by calling Delta Dental Customer Service at 888-894-7059, Monday to Friday, 8:00AM to 8:00PM.

*Known as SmileWay Enhanced Benefits in Texas.
**This coverage is subject to applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.

The Episcopal Church Medical Trust Retiree Health Plans

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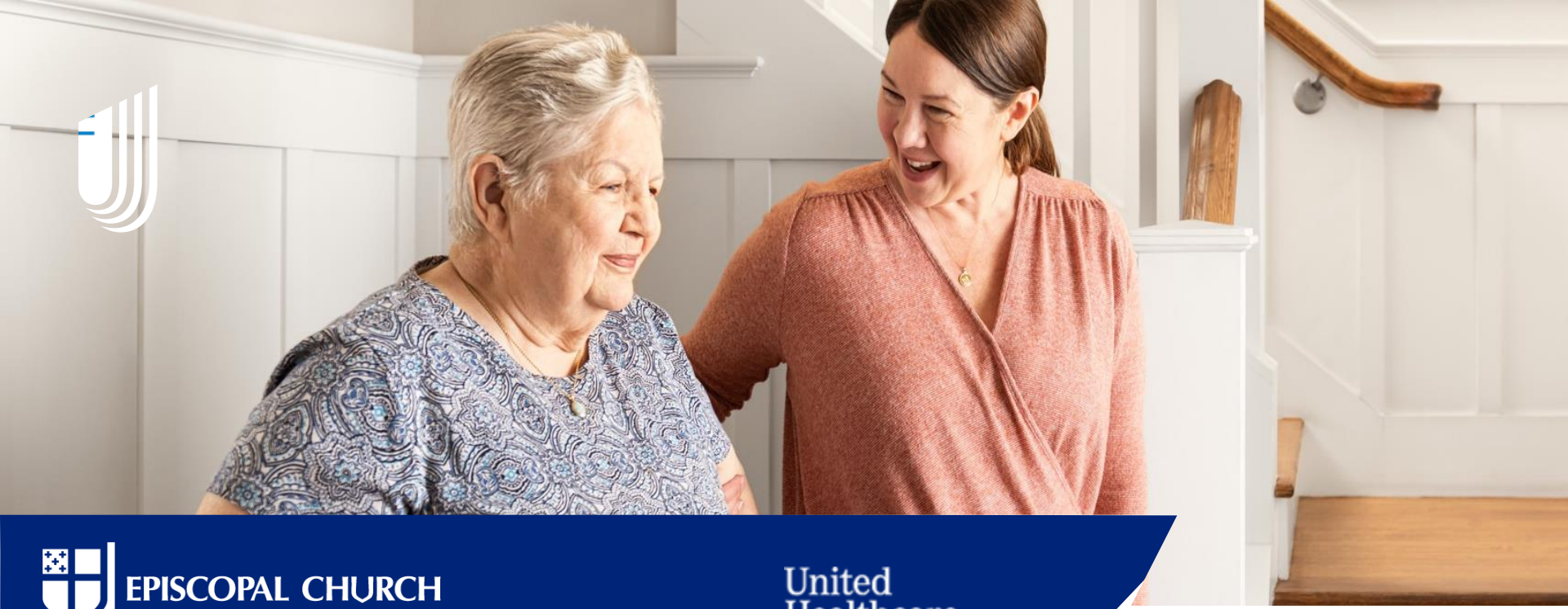
Senior Strategic Account Executive
UnitedHealthcare



EPISCOPAL CHURCH MEDICAL TRUST

United Healthcare

Plan Year 2026

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Welcome

Opening remarks

Group Medicare Advantage (GMA) overview

GMA plan programs and features

Questions

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Plan overview (National PPO)

- The Group Medicare Advantage PPO* plan is a custom, group Medicare Advantage plan designed by ECMT and UHC for eligible retirees and their eligible dependents. This plan should not be confused with other Medicare Advantage plans advertised on TV.
- Coverage for visiting doctors, clinics and hospitals.
- This plan lets you visit doctors, specialists and hospitals in or out of our network for the same cost share as long as the provider participates in Medicare and accepts the plan.
- No referral needed to see a specialist.
- Even though you are not required to see a network doctor, your doctor may already be part of our network. To find out, search our online Provider Directory at **www.UHCRetiree.com/ECMT** or call UnitedHealthcare® Customer Service.
- This is a national plan that allows Post-65 Former Employees to see any provider (in and out of network) at the same cost as long as the provider has not opted out of or been excluded or precluded from Medicare.
- Prescription drug coverage.

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What to expect if you see a UHC non-network provider

- If you see a provider that is not contracted with UHC (out-of-network but is a Medicare contracted provider), they **should** accept the GMA since UHC reimburses all Medicare contracted providers at 100% of Medicare Allowable Charges (MAC), whether they are contracted with UHC or not.
- These providers should submit charges to UHC directly as if they were an in-network provider.
- A small percentage of providers are classified as “Non-Participating” under the Centers for Medicare & Medicaid Services (CMS) contracting terms (not to be confused with UHC contracting terms). These providers are permitted to charge up to 15% above MAC, per CMS regulations. The extra 15% is known as the “Medicare Part B Excess Charges.” These charges are fully covered under the GMA and cannot be billed to CPG retirees.
- In the rare instance you see a provider that will not accept the GMA (but is contracted with CMS), you may need to pay upfront and then submit a Direct Member Reimbursement (DMR) form to UHC (which is online once you login to **Retiree.uhc.com/ECMT**.)
- UHC will reimburse you based on MAC, less your cost share (e.g., deductibles, copays or coinsurance). The process can take up to 45-60 days.

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Plan overview

Changes for 2026: Medical

Comprehensive Plan	2025	2026
Annual Out-of-Pocket Maximum	$2,000	$4,000
Annual Deductible	$0	$300
Specialist copay	$10	$25
Outpatient Surgery	$0	$150
Therapy (PT/OT/ST)	$0	$15
Chiropractic copay	$10	$20

Premium Plan	2025	2026
Annual Out-of-Pocket Maximum	$1,500	$2,000
Annual Deductible	$0	$0
Specialist copay	$10	$25
Outpatient Surgery	$0	$150
Therapy (PT/OT/ST)	$0	$15
Chiropractic copay	$10	$20

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Plan overview

Changes for 2026: Drug

Comprehensive Plan	2025	2026
Annual Deductible	$0	$300
Annual Maximum Out-of-Pocket	$2,000	$2,100

Premium Plan	2025	2026
Annual Deductible	$0	$150
Annual Drug Maximum Out-of-Pocket	$2,000	$2,100

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Medicare Part D (prescription drug) plan

- UnitedHealthcare® has over 65,000 national, regional, local chains and independent neighborhood pharmacies in our network
- Thousands of covered brand name and generic prescription drugs
- Bonus drug coverage in addition to Medicare Part D drug coverage
- Home Delivery with OptumRx®*

Check your plan's drug list online at www.UHCRetiree.com/ECMT or call Customer Service 1-866-519-5401 TYY 711 to see if your prescription drugs are covered.

*Some limitations may apply due to drugs that do not qualify for home delivery

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Medicare Part D (prescription drug) plan

Stages

Drug payment stages:

Annual deductible	Initial coverage	Catastrophic coverage
The plans will have an annual deductible starting January 1, 2026: Comprehensive: **$300** Premium: **$150**	After the member satisfies the deductible, the member pays a copayment for covered drugs.	After the member and others on their behalf have paid a combined total of **$2,100** for the member's prescription drugs in 2026, they will pay $0 for Medicare Part D covered drugs for the rest of the plan year.

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GMA plan programs and features

Benefits include...

- Annual physical and wellness visits
- Virtual Doctor and behavioral health visits
- UnitedHealthcare® HouseCalls
- Limited post-discharge services: Meals and transportation
- Limited and discounted in-home personal care through CareLinx
- Fitness benefit

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Annual physical and wellness visit

Schedule your annual physical and wellness visit — both are covered by your health plan for a $0 copay*

- Save time by combining your wellness visit and physical into a single office visit
- Schedule your appointment early in the year to get any other preventive care you may need
- Make sure you follow through with your provider's recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit the previous year.

Take charge of your health

*A copay or coinsurance may apply if you receive additional services that are not part of the annual physical.

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Virtual Visits

With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

You can find a list of participating Virtual Visit providers by logging into your member website.

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UnitedHealthcare® HouseCalls*

Have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.

- No extra costs
- A licensed health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- The visit lasts up to an hour. You can talk about health concerns and ask questions that you haven't had time to ask before.
- You'll get a personalized checklist of topics to discuss at your next doctor's visit
- HouseCalls will send a summary of your visit to you and your regular doctor

Prefer a video visit instead?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

*HouseCalls may not be available in all areas.

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Post-Discharge bundle

Our comprehensive Healthy at Home post-discharge member support bundle combines our market leading meal delivery, transportation and home health care programs at no charge:

- **Post-Discharge Meal Delivery.** **28** meals up to **30** days, following any inpatient or Skilled Nursing Facility discharge. Referral required.
- **Post-Discharge Transportation.** **12** one-way rides up to **30** days (and no more than 50 miles each way) following any inpatient or Skilled Nursing Facility discharge. Referral required.
- **Post-Discharge Personal Care** (CareLinx). **6** hours of in-home personal care up to **30** days following any inpatient or Skilled Nursing Facility discharge.

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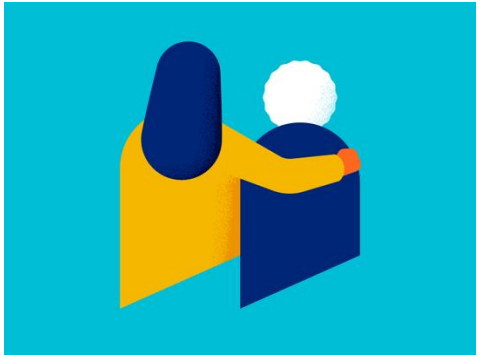
CareLinx

CareLinx is a nationwide community of 500,000+ pre-screened, professional caregivers you can trust

CareLinx helps you easily find care matched to your needs.



Caregivers can assist you with things such as:

- Transportation
- Medication reminders
- Companionship
- Assistance with your mobility
- Personal care and hygiene
- Meal preparation and grocery shopping
- Help to stay active

In addition to the Post-Discharge benefits on the previous page, members have access to another **8** hours of Personal Care (CareLinx) each month not dependent on a facility discharge. Caregivers must be scheduled in at least 2-hour increments, unused hours do not roll over.

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UnitedHealthcare Hearing

Enabling sustainable benefits at affordable pricing with optimal network access and member choice.

Network

Providing the largest accredited network and omni-channel coverage:

- 6,500+ nationwide locations; 99.5% network adequacy
- **You may see any hearing provider**; however, if you see a provider who is not contracted with UHC Hearing, you likely will have to pay upfront and submit a reimbursement form to UHC.
- Added convenience of nationwide home delivery access

Selection

You can use your allowance to purchase **any** device, however if you purchase a device on UHC Hearing's product list, you will realize a better value. UHC Hearing offers hundreds of name brand and private-labeled hearing aids from the leading manufacturers, including Phonak, Starkey®, Oticon, Signia, Resound, Widex® and Unitron™

To get started go online at www.uhchearing.com/retiree or call UnitedHealthcare Hearing at **866-445-2071**.

3-year allowance	
GMA Comprehensive (PPO)	**GMA Premium (PPO)**
$3,000	$4,000

Affordability

Exclusive prices ranging from $699 to $1,899, depending on the model*

- Saving members up to 80% compared to traditional industry pricing*

Clinical

Expanding care delivery through innovative partnerships:

- Hearing professionals on call
- Hearing aid mobile apps
- Online how-to videos, tutorials, and video chat

*When you see a UHC Hearing contracted provider.

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Renew Active by UnitedHealthcare

Renew Active®. The gold standard in Medicare programs for body and mind.

- Stay active with a free gym membership
- Access to our extensive, nationwide network of gyms and fitness locations. It's one of the largest of all Medicare fitness programs*
- Personalized fitness plan to help you get started
- Online brain health program from AARP® Staying Sharp, including exclusive content for Renew Active members
- Connect with other health-minded members at local health and wellness events, and through the Fitbit® Community for Renew Active members. No Fitbit device is needed
- If you prefer to work out from home, you can access Fitbit Premium™ with thousands of workout videos

*Based on gym and fitness location network size.

To utilize this benefit, sign into your plan website, go to Health & Wellness and look for Renew Active

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UnitedHealthcare Global Assistance

To learn more, sign into your plan website, go to www.members.uhcglobal.com

Medical Evacuation and Repatriation Services	• Emergency medical evacuation	
Worldwide Destination Intelligence	• Travel and health information	
Travel Assistance Services	• Translation services • Emergency travel arrangements • Transfer of funds	• Replacement of lost or stolen travel documents • Legal referrals • Message transmittals
Medical Assistance Services	• Worldwide medical and dental referrals • Monitoring of treatment • Relay of insurance and medical information	• Medication and vaccine transfers • Updates to family, employer & home physician • Hotel arrangements

No cap on urgent & emergent coverage. Non-emergent coverage capped at $25,000 per claim. No lifetime maximum. GMA Global ID 902801907

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retiree.uhc.com/ECMT

After you receive your UnitedHealthcare® Member ID card, sign up for your secure online personal account at retiree.uhc.com/ECMT.

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary UnitedHealthcare® Member ID card and request a new one
- Search for drugs and see how much they cost under your plan
- Search for network doctors
- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Get your Explanation of Benefits online

Follow these easy steps to sign up for your online account:

1. Visit the website and click on the “New user? Register Now” button and then click “Register Now”.
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click “Continue”.
3. Create your username and password, enter your email address, and click “Create my ID”.
4. For security purposes, you will need to verify your account by email, call or text.

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Virtual Education Center (VEC)

Visit the Virtual Education Center to explore and learn more

- Learn more about the custom programs offered to the Episcopal Church Medical Trust plan members
- Watch videos from UnitedHealthcare Medicare Advantage plan members
- Print additional plan program information
- Access via any tablet, computer or smartphone

uhcvirtualretiree.com/ECMT

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UHC Advocate and On-line Support

Dedicated toll-free number with custom greeting

1-866-519-5401 TYY 711

8 a.m.–8 p.m. local time, Monday–Friday

Direct connection with a UHC advisor

Pre & Post Enrollment Website:
retiree.uhc.com/ECMT

Provider

- Provider Questions
- Network Access

Education

- Plan Benefit Questions and Comparison

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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 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.

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