

Subject: 2027 Health Plan Renewals
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From: Church Pension Group

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Health Plan Renewal Announcement

Dear Administrator:

It's Time to Make 2027 Health Plan Selections

The Episcopal Church Medical Trust (Medical Trust) has posted 2027 health plan renewal information to My Admin Portal (MAP) via the Medical & Life Participant System (MLPS).¹ MAP administrators who make plan selections for Participating Groups can access this information.

Your Group's 2027 plan selection window runs from **August 31 to September 18**. Make your selections during this period to ensure they are reflected in the Annual Enrollment site for subsequent activity. The deadline to submit selections is **September 18**.

Between **September 21 and September 28**, institutions affiliated with Participating Groups will have the opportunity to subselect medical and dental plans from the array their groups offer to eligible individuals.

To get started, please review the following documents:

- 1. The [2027 Renewal Information Memorandum](#) provides information about the various resources available in MAP (via MLPS) and what to consider as you determine plan offerings for your Participating Group.
- 2. The [2027 Plan Selection Instructions for Administrators](#) shows you how to access new plan rates and make selections for your Participating Group.
- 3. The **Medical Trust Renewal Letter** from John Servais, Senior Vice President of Benefits Policy & Design, offers an overview of health industry cost trends and explains Medical Trust strategy and pricing methodology for 2027. **The letter is included on the MLPS Plan selection page.**

Remember that if your group chooses to offer medical plans that use both the Anthem and Cigna networks, you **must choose the same plan designs from each network**. This requirement prevents adverse risk selection between the two networks and provides your employees with equitable choice. Likewise, your group cannot offer only a Medicare Secondary Payer Small Employer Exception (MSP-SEE) Plan. If you choose an MSP-SEE Plan, you must also offer a corresponding non–MSP-SEE Plan.

Annual Enrollment this year will take place between the following dates:

October 14 to November 6 for active and pre-65 former employees
October 21 to November 20 for post-65 former employees

Member Communications

New for Annual Enrollment (AE) 2027

The 2027 AE process for **active and pre-65 former employees** will be fully digital. Employees in this group **will not receive a printed enrollment packet** in the traditional green envelope but instead will be able to access all AE information online beginning in early October. **Post-65 former employees** will continue to receive AE materials by mail.

Please communicate this change to **active and pre-65 former employees** and remind them that they (1) must have a valid **email address on file in MyCPG Accounts** and (2) must be on the lookout for upcoming **AE communications in digital form**.

We will be sending the following communications to members in early October.

- 1. AE emails to active employees, pre-65 former employees, and post-65 former employees
- 2. Dependent Aging-Out Letters

If your Participating Group opted out of AE communications, **we will not send AE information to your employees. Instead, you will be responsible for providing such information to them.**

As we finalize materials, we will post them to the [Administrators' Resource Center](#) and to [Annual Enrollment Administrator Central](#).

Important Reminders

- 1. Beginning August 31, a Summary of Benefits and Coverage (SBC) for each of the health plans offered by the Medical Trust for 2027 will be available at [cpg.org/mtdocs](#).
- 2. In September, we will mail updated versions of the legally required compliance notices listed below to employees enrolled in a Medical Trust plan. These notices will also be posted on MAP. Please provide the notices to any employees not currently enrolled in a Medical Trust plan.
 - [Notice of Creditable Coverage](#)
 - [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
 - [HIPAA Notice of Special Enrollment Rights](#)
- 3. The [Administrative Policy Manual](#), which is always available, explains health plan eligibility and details the obligations of participating groups and benefit administrators.

Getting in Touch

The Benefits Relationship Management team has been fully engaged in the rate-setting process and is here to support you. If you have any questions about renewals, would like to discuss your options and strategy, or want to schedule member education during AE, contact your [relationship manager](#).

Thank you for the opportunity to serve you again this year.

Faithfully,


Laurie Kazilionis
Senior Vice President
Benefits Relationship Management

[1] If you have trouble opening a renewal document from MAP/MLPS, try saving it to your desktop and opening it from there, as some browsers may experience compatibility issues.

[MyCPG Accounts](#)

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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.

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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