



## 2023 Annual Enrollment



# Clarification of IRS Guidance Requires an Increase for 2023 CDHP—20 Plans

Dear Annual Enrollment Administrator:

The Episcopal Church Medical Trust (the Medical Trust) recently received clarification relating to [IRS guidance](#) that impacts our HSA-qualified high deductible health plans (HDHPs) with embedded deductibles (e.g., our CDHP-20 Plans).

As a result of this clarification, we are required to increase the Medical Trust's CDHP-20 individual network deductible from \$2,800 to \$3,000, effective January 1, 2023. All other deductibles for this plan remain the same. See below:

### 2023 CDHP-20 Deductibles

	Current	2023
Network single deductible	\$2,800	\$3,000
Network family deductible	\$5,450	\$5,450
Out-of-network single	\$3,000	\$3,000

deductible		
Out-of-network family deductible	\$6,000	\$6,000

We apologize for the late notice of this change, and for any inconvenience it may cause you. As always, your IBAMS team is here to support you. If you have questions, please reach out to your [IBAMS Account Specialist](#).

Sincerely,  
 John Servais  
 SVP Benefits Policy & Design

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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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