

First Name, Last Name  
Address

Important Benefits Information  
2024 Rate Change Notification

Please Read Carefully

November 28, 2023

Dear Friend:

Thank you for choosing to maintain your medical 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 Rate for 2024**

Medical plan rates will increase effective January 1, 2024. **Your new monthly rate will be [SAMOUNT].** Your mid-December 2023 invoice for January 2024 coverage will reflect the new rate. If you pay through automatic deduction, please update your banking records to reflect this new rate.

**What's Changing for 2024**

• **Deductible Increases for Consumer-Directed Health Plans (CDHPs)**

- For 2024, the Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) may impose as a deductible.<sup>1</sup> For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a CDHP is \$1,600. The minimum amount that must be imposed as a deductible for family coverage under a CDHP is \$3,200. The amounts for 2023 were \$1,500 and \$3,000, respectively.
- *Anthem and Cigna CDHP-15*  
Effective January 1, 2024, the Medical Trust's Anthem and Cigna CDHP-15 network deductible for self-only coverage will be \$1,600 and the network deductible for family coverage will be \$3,200. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will be \$6,400.
- *Anthem, Cigna, and Kaiser CDHP-20*  
Effective January 1, 2024, the Medical Trust's Anthem, Cigna, and Kaiser CDHP-20 network deductible for self-only coverage will be \$3,200 and the network deductible for family coverage will remain \$5,450. The out-of-network deductible for self-only coverage will be \$3,200 and the out-of-network deductible for family coverage will remain \$6,000.

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<sup>1</sup>See IRS Notice 2023-23

- **Changes to Healthcare Services Related to COVID-19**

- On May 11, 2023, the federal COVID-19 public health emergency declaration expired.

Effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services related to the evaluation and testing for COVID-19.

In addition, effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services related to the treatment of COVID-19.

- *COVID-19 Over-the-Counter (OTC) Home Test Kits*

Effective January 1, 2024, eligible individuals and their dependents who are enrolled in Anthem and Cigna PPO medical plans and Kaiser EPO medical plans through the Medical Trust may receive up to four COVID-19 OTC home test kits per month without cost-share (i.e., copay, deductible, and coinsurance).

Eligible individuals and their dependents who are enrolled in CDHPs with Anthem, Cigna, and Kaiser may receive up to four COVID-19 OTC home test kits per month with no coinsurance after they meet their annual network deductible.

Although the Medical Trust is no longer required by law to provide OTC home test kits at no cost, we will still allow members to receive up to four test kits per member per month as described above until further notice.

- **For more information about what's changing for 2024, please visit the Annual Enrollment website at [www.cpg.org/annualenrollment](http://www.cpg.org/annualenrollment).** In particular, you should review the **Annual Enrollment Guide**, which includes a description of important plan changes taking effect in 2024, as well as other information on the health plans offered by the Medical Trust. A paper copy of the Annual Enrollment Guide is also available, free of charge, by calling (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.
- For an overview of benefits for each plan, access the Summary of Benefits and Coverage documents at [cpg.org/mtdocs](http://cpg.org/mtdocs). Paper copies are also available, free of charge, by calling (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

### 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](http://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](http://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](http://healthadvocate.com/ecmt).

For detailed information about your plan options and benefits, visit [cpg.org](http://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 annual enrollment period for QHPs generally begins in the fall of the current year for coverage effective January 1 of the following calendar year. 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 the Exchange's 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](http://healthcare.gov).

### Questions?

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](mailto:mtcustserv@cpg.org).

Sincerely,

The Episcopal Church Medical Trust Team

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