



EPISCOPAL CHURCH
MEDICAL TRUST

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Your 2026 Retiree Annual Enrollment

Enrolling in a health plan is an important decision. This letter will help you enroll in medical and dental plans offered by The Episcopal Church Medical Trust for the coming year.

PLEASE SAVE THIS LETTER

Your Associated Email Address: <_____>

Your Client Number: <_____>

2026 Annual Enrollment takes place from October 22, 2025 to November 21, 2025

Dear Friend:

Our records indicate that you are currently enrolled in a medical and/or dental plan with The Episcopal Church Medical Trust (Medical Trust). If you don't make any changes to your existing **medical and/or dental** plan(s), your current choices will continue in effect next year, and any new rate changes will apply. However, if you wish to change coverage for 2026, you will need to complete Annual Enrollment by November 21. To do so, please **read this letter and the Annual Notice of Change** that you'll receive from UnitedHealthcare in October.

UnitedHealthcare Group Medicare Advantage (PPO) Plan

The Medical Trust offers medical and prescription coverage to eligible Post-65 Former Employees and their eligible spouses/dependent(s) through a UnitedHealthcare® Group Medicare Advantage (GMA) PPO Plan. This group plan is designed specifically for the Medical Trust and should not be confused with **individual** Medicare Advantage plans available in the marketplace.

In addition to delivering all the benefits of Medicare Parts A, B, and D, this plan covers hearing aids, travel insurance, fitness programs, and other services that are important to overall health. Moreover, 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.¹ The plan also offers such benefits as caregiver support and personalized concierge service.

¹If a provider refuses to bill UnitedHealthcare directly, they may ask that you pay the full allowable amount up front. In that case, you can pay the doctor and then submit a claim to UnitedHealthcare. You'll be reimbursed for the cost of the claim minus your cost share.

Additional Benefits Under the GMA Plan

This monthly premium includes the following benefits:

- Coverage for an annual eye exam, prescription glasses or contact lenses, and cost savings through EyeMed's Insight Network
- Support with emotional, family, legal, and financial needs via the Cigna Employee Assistance Program
- Assistance from Cariloop healthcare professionals to manage medical needs and handle such tasks as scheduling appointments, addressing billing questions, making treatment decisions, and planning for long-term care

UnitedHealthcare Group Medicare Advantage (PPO) Plan Options

Due to the recent federal changes listed below, the cost of offering our GMA plans has risen.

- The Centers for Medicare & Medicaid Services (CMS) has adjusted how it calculates the subsidy for these plans, negatively impacting the funding to UnitedHealthcare's GMA group plans.
- The Inflation Reduction Act of 2022 (IRA) shifted more prescription drug costs to insurance providers last year.

Although our plans continue to offer more benefits than many others on the market, because of the changes from CMS and the IRA, you'll see the following plan design changes in 2026:

- Medical Plans
 - Addition of a deductible to the Comprehensive Plan
 - Increases in copayments for outpatient surgery
 - Increase in costs for specialist visits (now \$25)
 - Increase in out-of-pocket maximums
- Prescription Drug Coverage
 - Addition of a deductible

We understand that any increase in costs is important to you and are doing everything possible to keep our plans as affordable and valuable as we can.

Medical Plan Options	Deductible	Out-of-Pocket Maximum*	Monthly Premium**
GMA Premium (PPO)	\$0	\$2,000 per person	\$540 per person
GMA Comprehensive (PPO)	\$300	\$4,000 per person	\$449 per person

**The medical out-of-pocket maximum does not include any cost share related to pharmacy benefits or to services not otherwise covered by Medicare.*

***Includes the cost of medical, Rx, vision, EAP, Cariloop, and plan administration.*

In addition to the difference in deductibles and annual out-of-pocket maximums shown above, some of the cost shares for certain services and/or products differ between the two plan options. For a side-by-side comparison, refer to the *Summary of Benefits* for each option at retiree.uhc.com/ECMT or call UnitedHealthcare Customer Service at 866-519-5401 (TTY 711), 8:00 AM to 8:00 PM local time, seven days a week. Translation services are available upon request.

Rx Plan Options	Deductible	Out-of-Pocket Maximum*
GMA Premium (PPO)	\$150	\$2,100 per person
GMA Comprehensive (PPO)	\$300	\$2,100 per person

*The RX out-of-pocket maximum does not include any cost share related to medical benefits or to services not otherwise covered by Medicare.

Note: Both the Premium and Comprehensive options include Part D prescription drug coverage. If you enroll in this GMA plan and you have a Medicare Part D prescription drug plan not provided by the Medical Trust, Medicare may disenroll you from that plan because you can be enrolled in **only one** Medicare Part D plan at a time. However, retirees enrolled in TRICARE For Life **can** be enrolled in this UnitedHealthcare Group Medical Advantage PPO plan and also retain their TRICARE For Life coverage.

As always, the Medical Trust continues to monitor the industry and will conduct a market assessment to ensure vendors and options align with our vision and strategy.

Clergy Post-Retirement Health Subsidy

The full monthly post-retirement health subsidy available to eligible retired clergy and their eligible spouses is \$540 per person (the cost of the GMA Premium plan for 2026). If you qualify for all or part of the subsidy, you may use it only to cover all or a portion of the cost of a GMA plan and/or a dental plan for yourself and your eligible spouse. Monthly post-retirement health subsidy information is available at cpg.org/subsidy.

Dental Plan

The Medical Trust offers dental coverage through Delta Dental. You can access services in two Delta Dental networks (PPO™ and Premier®) or use out-of-network dentists. You can also choose the Delta Dental plan option (Premium, Comprehensive, or Basic) that best suits your needs. Your coinsurance, deductible, and maximum annual benefit will vary based on the option you choose, the network you use, and whether or not your provider is in network. To learn more, visit cpg.org/deltadental or call 888-894-7059.

Delta Dental Plan Options	Monthly Premium
Premium	\$91 per person
Comprehensive	\$75 per person
Basic	\$62 per person

Making Changes During Annual Enrollment

We encourage you to sign in to MyCPG Accounts, where you can view and change your medical and/or dental plans during Annual Enrollment. *Making changes is optional, not mandatory, for eligible Post-65 Former Employees.*

Nevertheless, we strongly recommend that enrolled spouses and/or other eligible dependents not enrolled in Medicare sign in to MyCPG Accounts to **make or confirm their own medical and/or dental plan selections** during Annual Enrollment. To select plans for the coming year, please refer to the following link: cpg.org/retireeAEinstructions.

Note: If you and/or your eligible spouse/dependent(s) don't select a **medical and/or dental plan** by November 21, 2025, you will remain enrolled in your existing plans for 2026.

Premium Payments

If you receive a monthly pension from The Church Pension Fund that covers the full cost of your medical and/or dental coverage (after taking into account any subsidy from The Church Pension Fund or your employer), you agree to the following pension deduction agreement and authorization. If you don't have a pension or it doesn't cover the full cost of your medical and/or dental coverage, you will be billed directly.

Pension Deduction Agreement and Authorization

As a condition of your continued enrollment in the applicable health coverage(s), you authorize The Church Pension Fund to deduct from your pension benefit the amount of your monthly contribution(s) for the health coverage(s) in which you and any eligible dependents are enrolled and to pay such amount(s) to The Episcopal Church Clergy and Employees' Benefit Trust (ECCEBT). You acknowledge that your participation in this health program is optional and that you authorize this deduction from your pension benefit voluntarily and without any duress or undue influence by the ECCEBT, The Episcopal Church Medical Trust, or any of its affiliates. You acknowledge that this deduction is for your benefit and that you have received written notice of all terms and conditions of the payment and/or its benefits and the details of the manner in which deductions will be made.

You understand that future cost increases will automatically be withheld from your pension benefit without additional authorization as long as you remain in the same plan(s) or are defaulted to a replacement plan(s). You understand that whenever there is a substantial change in the terms or conditions of the payment, including but not limited to any change in the amount of the deduction, or a substantial change in the benefits of the deduction or the manner in which deductions are made, you will be notified prior to the implementation of the change.

Direct Billing

If you're billed directly for benefits, your bill(s) will be accessible and payable only via a Benefits Bill Pay link in MyCPG Accounts (cpg.org/mycpg), which will allow you to view and pay your invoice(s) with a bank transfer or debit card and easily track your payment history.

Billing notifications will be sent to your **personal** email address by "The Episcopal Church Medical Trust (Group Health, Life, Disability) <noreply@paymentus.com>" (powered by Paymentus). You must ensure that we have a valid personal email address on file for you in MyCPG Accounts. If we don't, you won't receive notifications about your benefits bill(s), which may cause you to fall behind on your payments and your coverage to be terminated.

When you receive the billing notification, sign in to MyCPG Accounts and select the "Benefits Bill Pay" link.

If you've elected auto pay through "Benefits Bill Pay," the amount deducted from your designated account will automatically change beginning January 1, 2026, to reflect the premium amounts listed above and any changes you may have made to your benefits for the coming year.

Sincerely,

The Episcopal Church Medical Trust

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

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 Plans 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.

The Church Pension Fund (CPF) currently offers a post-retirement health subsidy to eligible clergy and eligible 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, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Group Medicare Advantage (PPO) plan members, except in emergency situations. Please call the number on the back of your ID card or see your Evidence of Coverage for more information.

Limitations and exclusions apply.

*These documents may contain protected health information as described under the Health Insurance Portability and Accountability Act of 1996 and the regulations issued thereunder ("HIPAA"). This information is confidential and is intended only for use by the authorized individual to whom, or the entity to which, it is addressed. The recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying or distribution of this information, or any action taken in reliance on this information, is strictly prohibited and may subject you to civil or criminal penalties. If you have received this information in error, please notify the sender and the Church Pension Group Privacy Officer immediately to arrange for the return or destruction of the information. Contact information for the sender is provided above and the Church Pension Group Privacy Officer may be contacted by email at **privacy@cpg.org**.*

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