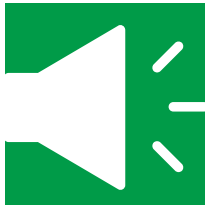




Benefits and BEYOND

A Virtual Workshop Series

Important Reminders



Audio

All attendees' audio will be automatically muted



Questions

Zoom Q&A



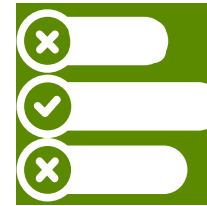
Recording

This virtual workshop is being recorded and will be available at cpg.org



Resources

Click **Resources** on the Zoom toolbar to access handouts, useful links, and other webinar resources



Survey

Your feedback matters—complete our Zoom survey after the webinar

CPG Benefits and Beyond



Register for upcoming virtual workshops





Benefits
and
BEYOND

Today's Agenda



01

Self-Service Check-In:
Embracing CPG Online Services

02

Benefits Check-In:
Retiree Medical Assessment

03

Spotlight:
Hinge Health Stretch Break

04

Benefits Check-In:
Pricing & Plan Changes

05

Breakout Groups

Self-Service Check-In

Embracing CPG Online Services



Whitney Fourie

Director, Business Operations
Church Insurance Agency
Corporation (CIAC)

Lauren Kinard

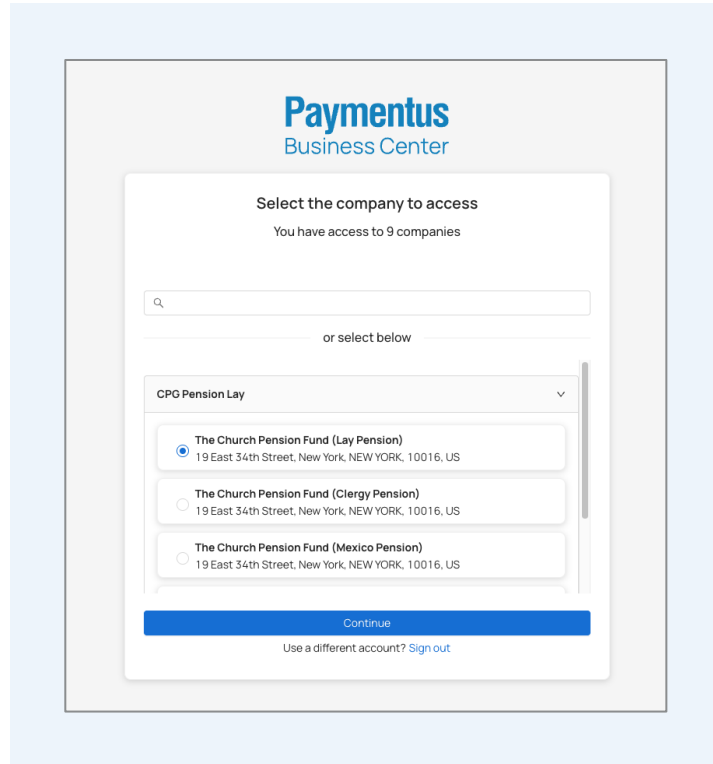
Senior Relationship Manager
Benefits Relationship
Management (BRM)

June 11, 2026

Benefits Bill Pay: CPG Online Payment System

Interactive Voice Response (IVR)

Paying by phone is easy and convenient



- 1 View invoice via CPG web account
- 2 Note Client # and Account #
- 3 IVR (24/7): **866-899-0455**
- 4 Follow the prompts

Lockboxes Are Closed

Effective July 1, 2026, checks will not be processed



- **July 1 to September 30:** Check shredded, CPG sends letter to institution
- **Beginning October 1:** Check returned to institution
 - Delays in payment processing can mean risk of falling into arrears
- **View invoice via CPG web account** and pay as soon as possible:
 - Online
 - By phone

GHLD 60-Day Past Due Notices

- Group health, life, and disability (GHLD)
 - Institutions notified by mail when balance is 60 days past due
 - If payment is not received by 75 days past due, letters mailed to employees with Group Life enrollment re: possible benefits disruption
 - Aligns with Group Life plan documents



PAST DUE NOTICES





NOTICE PROCESS

GHLD Past Due Notices

To align with Plan documents

- Group health, life, and disability (GHLD)
 - Institutions notified by mail when balance is 60 in arrears and 90 days about termination of benefits
 - Employees enrolled in Group Life receive a notification at 75 days with language around Group Life termination only
 - If payment is not received within two weeks of the 90-day notification, letters may be mailed to employees with enrollments re: possible termination of all benefits disruption

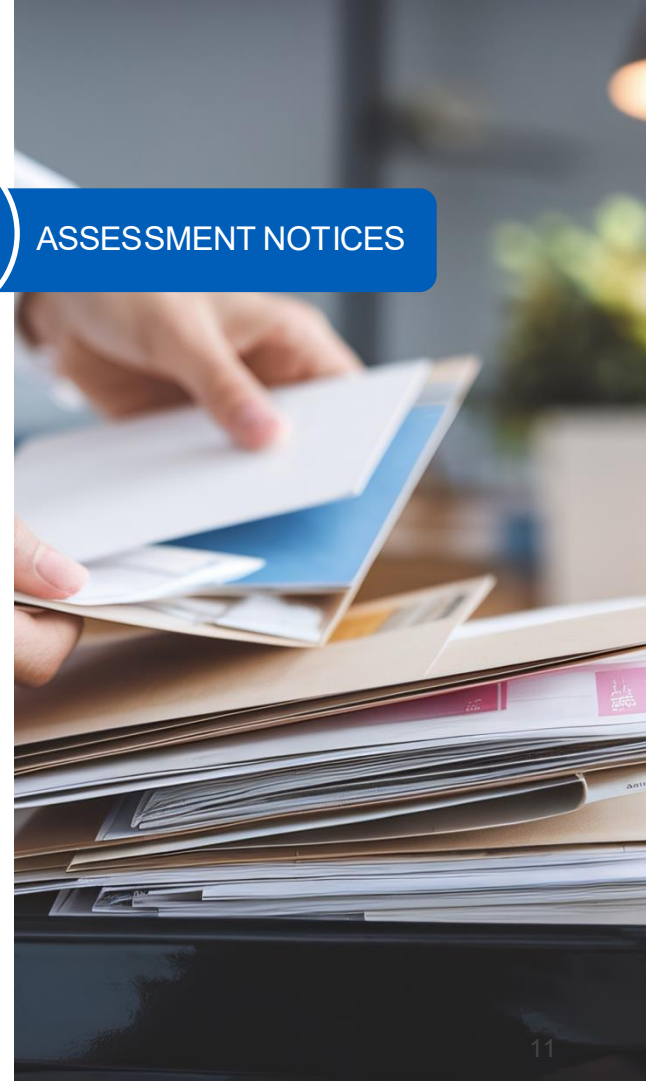
Pension Assessment Past Due Notices



ASSESSMENT NOTICES

■ Defined Benefits Pension Assessments

- Institutions notified by mail
- Self-pay individuals notified by mail:
 - Extension of Ministry (EOM), Between Cures, and Make-Up Accounts
- Diocese can access arrears reports
 - Posted in Diocesan Reports in My Admin Portal (MAP)



Insufficient Funds

Help CPG save you money and avoid fees!

The screenshot shows the Paymentus Business Center interface. At the top, it says "Paymentus Business Center". Below that, it prompts the user to "Select the company to access" and notes "You have access to 9 companies". There is a search bar with a magnifying glass icon. Below the search bar, it says "or select below". A dropdown menu is open, showing "CPG Pension Lay" with a downward arrow. Inside the dropdown, there are three options, each with a radio button and the address "19 East 34th Street, New York, NEW YORK, 10016, US":

- The Church Pension Fund (Lay Pension)
- The Church Pension Fund (Clergy Pension)
- The Church Pension Fund (Mexico Pension)

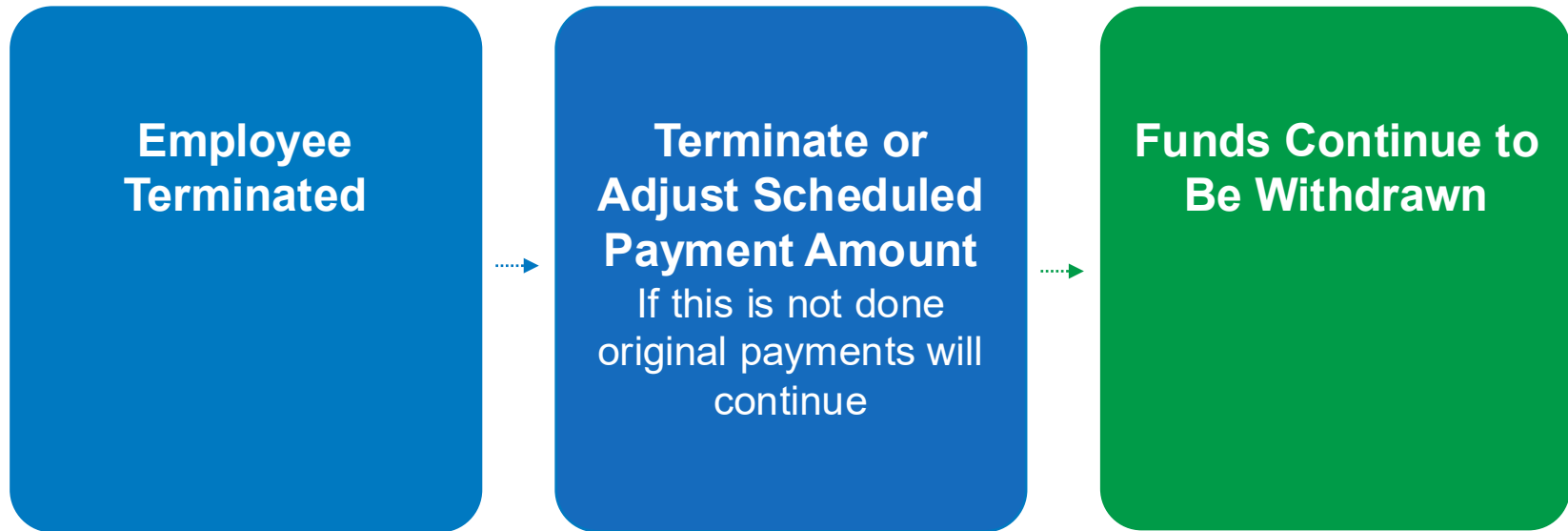
At the bottom of the dropdown is a blue "Continue" button. Below the dropdown, there is a link: "Use a different account? [Sign out](#)".

Remember:

- Debit limits may prevent payment processing
 - Account could fall into arrears
- Funds are immediately withdrawn from account
 - Verify balance before you submit payment
- Update scheduled payments for changes in employment or enrollment

Termination of Employees

Stop or adjust scheduled payments



Managing Bill Payer Transitions



Diocesan Administrators, Institution Administrators, Benefits Bill Payers

Administrator

We rely on each institution to maintain and assign new bill payer

Assign New Bill Payer

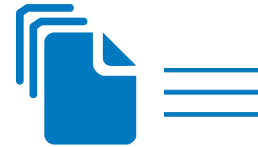
Review new bill payer set-up resources

Training Resources

Encourage the use of training resources at cpg.org/benefitsbillpay

MAP Verification

MAP: UPDATED Dio Administrator report – View all institutions and administrators assigned to various roles



Need Assistance?

Reach out to your Relationship Manager,
or contact Client Services:



855-215-5990

Monday to Friday,
8:30 AM to 8:00 PM ET



admin-assist@cpg.org

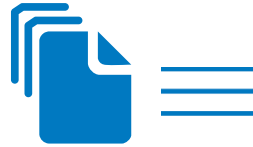


Billing questions?

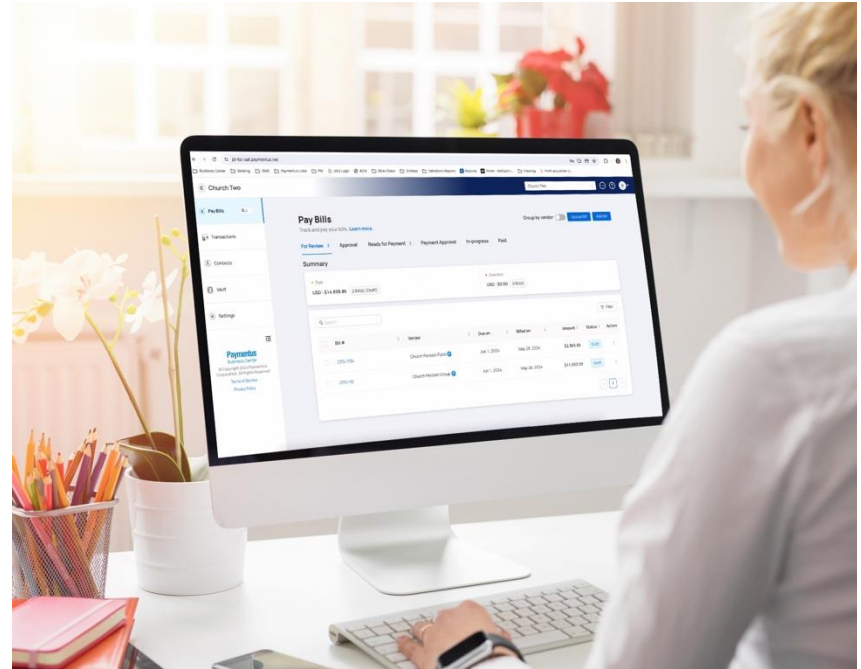
Have your invoice handy

Church Insurance Companies

Church Insurance's New Online Service



- MAP expanded to improve how Church Insurance clients manage their property and casualty needs
- 4,000+ institutions now have access
- More institutions added each month



Church Insurance's New Online Service

Enhancing customer experience

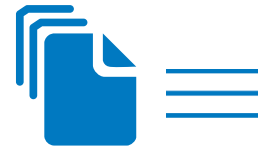


- View and pay bills online
 - Reduce paperwork
 - Secure, streamlined, 24/7 access
 - ACH payments
- Access new and improved policy forms, with real-time policy details and history
- Submit, update, and track claims 24/7

Expert Support and Resources

We're here for you

- Connect with Client Representatives who can screenshare and offer step-by-step guidance
- Extra MAP support available
 - CICPortalSupport@cpg.org
 - [800-293-3525](tel:800-293-3525)
- Your feedback helps us continue improving the experience
- Direct access to Church Insurance educational materials



≡ Rising Engagement = Real Results ≡

Administrators drive our digital success

73%

Institutions opted in to
CIC's online service*

1M+

Number of envelopes,
paper, and stamps saved!

**Looking
Ahead!**

Institutions continue to
join during renewal

Disclaimers

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 Insurance Companies” refers to The Church Insurance Company, NAIC No. 10669, a New York domiciled insurance company with its home office located at 19 East 34th Street, New York, New York 10016, The Church Insurance Company of Vermont, a Vermont domiciled insurance company with its home office located at 210 South Street, Bennington, VT 05201, and The Church Insurance Agency Corporation, an insurance agency with its home office located at 19 East 34th Street, New York, NY 10016. The Church Insurance Companies offer property and casualty insurance coverage and other related services to The Episcopal Church and its dioceses, parishes and other entities. Property and casualty insurance products are underwritten by The Church Insurance Company, The Church Insurance Company of Vermont, and other companies (not affiliated with the Church Insurance Companies) for which The Church Insurance Agency Corporation acts as an insurance agent or broker. Product availability and features may vary by state, and products may not be available in all states. The Church Insurance Companies are not licensed in all states. Information and descriptions of products and services are provided solely for general informational purposes and are not intended to be complete descriptions, or to create a contract or an offer to provide, coverage. For complete details of coverage, including exclusions, limitations and restrictions, please see the actual policy or certificate. If any description of a Church Insurance Companies product conflicts with the terms of the actual policy or certificate, then the terms of such policy or certificate will govern.

The Church Insurance Companies do not guarantee the performance of the legal and contractual obligations of any unaffiliated insurer.

Benefits Check-In

Retiree Medical Assessment



Anthony Cota
VP Policy & Plan Administration
Benefits Policy

June 11, 2026



Background



- Group Medicare Advantage (GMA) introduced 2022
 - Two generous options under simplified structure
 - Lower cost and higher value
 - Enhanced benefits and support tools
 - Minimal disruption
- Changing retiree healthcare landscape
 - Federal government policy changes
 - Significant cost increase (70%) since 2024
 - Hospital and insurance carrier negotiation tactics
- UnitedHealthcare (UHC) operational and reputational challenges

≡ Two-Pronged Approach

Evaluate Current GMA Program

Conduct competitive Request for Proposal (RFP) process

- Industry-leading group Medicare carriers
 - Financial and qualitative dimensions
-

Assess Feasibility of Alternative Models

Traditional Medicare Supplement plans

Individual Medicare exchange model

RFP Results – Ranking

Ranking Scale
1 - Best 4 - Lowest

	Aetna	Anthem	Humana	UHC
Qualitative	2	4	1	2
Provider Disruption	3	2	4	1
Rx Disruption	2	4	2	1
Financials	1	4	3	2

- UHC and Aetna were selected as finalists
 - Humana disruption and cost were of material concern
 - Anthem has the second largest provider network but not competitive across qualitative and financial metrics

RFP Results – Other Findings

Medicare provides additional incentives for stand-alone prescription drug plans (PDPs)



Reduces cost by over

\$7M
per year



Must separate medical and drug plans (i.e., unbundle)

Only Anthem and UHC can provide a self-funded Medicare Supplement plan



Aetna partners with The Hartford on an insured basis

1

Remain with UHC GMA product

- Competitive financial offer
- Largest provider network and no member disruption
- Provided strong commitment to improve reputation and service
- Aetna lowest year one cost did not outweigh material retiree disruption or resolve broader market challenges

2

Transition to unbundled medical and drug solution

- Material savings
- Minimal retiree disruption and manageable implementation
- Robust communication plan beginning mid-2026

RFP Results – Medicare Supplement Model

PROS

All providers (physicians and hospitals) that accept Medicare

CONS

Increases cost by approximately 30%

Revisit level of retiree subsidy

Lose GMA enhanced benefits and support tools

Limits carrier choice to The Hartford (through Aetna relationship) and UHC

Exchange Model Opportunities



- Expanded Plan Choices
- Cost Savings for Retirees
- Reduced Financial Risk
- Enhanced Retiree Experience
- Health Reimbursement Accounts

Exchange Model Tradeoffs



**Change
Management**



**Provider and Drug Plan
Changes and Individual
Market Dynamics**



**Redefined CPG
Commitment and
Connection**

Summary



- Remain with UHC GMA program
- Unbundle medical and Rx coverage
 - Targeted communication
- Further explore exchange model
 - Determine timing for discovery
 - Conduct RFP
 - Solicit retiree feedback
 - Determine operational impact

Disclaimers

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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.



Spotlight

Hinge Health Stretch Break



Stokes Liles
Relationship Manager,
Benefits Relationship Management

June 11, 2026

Benefits Check-In

Pricing & Plan Changes



John Servais
SVP Benefits Policy & Design
Benefits Policy

June 11, 2026

Market Overview

Market Trends

Rising medical inflation

High utilization from worsening health risk

Growth in specialty pharmacy

Affordable Care Act subsidies

Emerging Solutions

Value-based models

Virtual care/telehealth

Behavior/mental health

Women's health support

Pharmacy benefit innovations

Cost Management Strategies

Aggressive vendor management

Reduced or limited GLP-1 utilization for weight loss

Innovative PBM* models

High-performance networks

Higher cost sharing (designs and contributions)

Medical Trust Financial Position



Cost Drivers: Medical and Prescription drugs

- Broader market trend continues to increase
- Net prescription drug increases by over 20% per year
 - GLP-1 net cost for weight loss was \$7.2M in 2025
 - HIV costs jumped to \$8.8M due to federal regulations
- Increase in large claims (i.e., over \$1M)

Opportunities for 2027

Tactical Solutions

Adjusting

Deductibles
and out-of-
pocket limits

Reassessing

GLP-1
coverage for
weight loss

Creating

Single Rx plan
option

Expanding

Virtual health
services

Opportunities for 2028

Rethinking our plan array

1

Limiting the number of options

2

Introducing lower-cost options with tradeoffs (e.g., in-network only)

3

Changing prescription drugs models (e.g., transparent pricing)

4

Creating value-based incentives (e.g., design differentials)

5

Integrating behavioral health and EAP benefits

Questions and Discussion



Breakout Groups



Breakout Groups

Question 1

Do you have any lingering questions about the information presented today?
Are there any points that need clarification?

Question 2

What are your initial thoughts and feedback on today's presentation?
Would you like to further explore any of the topics?

Question 3

Is there a particular topic that you would like to see discussed in an upcoming Benefits and Beyond webinar?





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