



2027 Annual Enrollment Preview for Retirees

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October 14, 2026

A close-up photograph of four people—two women and two men—smiling warmly at the camera. They are outdoors in a sunny, natural setting with trees and hills in the background. The lighting is bright and warm, creating a lens flare effect. A blue rectangular banner is positioned in the upper right corner of the image.

Welcome

Church Pension Group: 2027 Retiree Health Coverage Design

Shelene Monroe

Senior Business Analyst, Benefits Policy
Church Pension Group

Medical Design Structure for Retirees



Remain with UnitedHealthcare



Unbundle medical and Rx coverage

- UnitedHealthcare Group Medicare Advantage (MA) PPO Plan
 - MA Comprehensive PPO
 - MA Premium PPO
- Standalone UnitedHealthcare MedicareRx for Groups Plan (PDP)
 - Comprehensive PDP
 - Premium PDP



Medical Plans



Premiums, Deductibles, and Out-of-Pocket Maximums

UnitedHealthCare® Plan(s)	Monthly Premiums*	Deductibles	Out-of-Pocket Maximums
MA Comprehensive PDP Comprehensive	\$459 per person	\$300 \$300	\$4,000/person** \$2,400/person***
MA Premium PDP Premium	\$593 per person	\$0 \$150	\$2,000/person** \$2,400/person***

Kaiser Permanente Plans will continue to be offered in select markets.

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

**The out-of-pocket medical maximum is the maximum amount you pay yourself for medical expenses in a calendar year. It does not include Rx costs, plan premiums, or copayments for services not covered by Medicare.

***The out-of-pocket Rx maximum is the maximum amount you pay yourself for prescription drugs in a calendar year. It does not include medical costs, plan premiums, or copayments for services not covered by Medicare.



MA Comprehensive vs. MA Premium



Premium adds \$134/month and halves the medical out-of-pocket maximum

Monthly premium per person



Medical out-of-pocket maximum*



Other key differences

	MA Comprehensive	MA Premium
Durable medical equipment	20% coinsurance	10% coinsurance
Hearing aids (once every 3 years)	\$3,000	\$4,000
Rx 90-day supply cost**	\$25–\$120	\$12–\$100

Same for both plans: \$2,400 Rx out-of-pocket maximum per person

Selected differences only.

*Excludes monthly premiums and copayments for services Medicare does not cover.

**Pharmacy copayments vary by tier, such as preferred generic, preferred brand, non-preferred, and specialty brand.

Delta Dental Plans – 2027

Access in-network services (Delta Dental PPO™ & Delta Dental Premier®) or use out-of-network services

Delta Dental Plans	Monthly Premium
Premium	\$94 per person
Comprehensive	\$78 per person
Basic	\$64 per person

Plan Highlights*



X-rays, three annual cleanings, sealants, and space maintainers



Premier and Comprehensive plans cover orthodontia



No deductibles when using an in-network provider



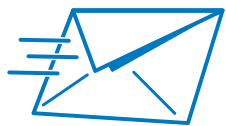
Delta Dental PPO** offers highest annual maximum benefit, allowing the most savings***

*Members are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums, and charges for noncovered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

**In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

***You can visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

Annual Enrollment



Annual Enrollment information mailed in October.



Annual Enrollment will take place from 10/21 to 11/20.



Visit cpg.org/annualenrollment to review options, choose a plan, and/or select dental coverage.

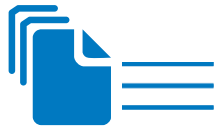


Need help enrolling?
Contact CPG at 800-480-9967, weekdays, 8:30AM to 8:00 PM ET



If you don't act by 11/20, you'll be enrolled in the equivalent of your existing medical and/or dental plan.

≡ MyCPG – Sign In

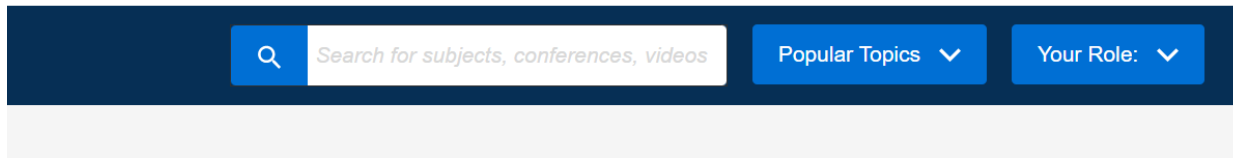


- Navigate to cpg.org
- Select “Sign In/Create Account”



[About Us](#) | [Investment Management](#) | [Contact Us](#) | [Careers](#) | [International Support](#)

[Sign In / Create Account](#)



MyCPG – Sign In

- You will see this log-in screen
- Enter your email & password

CHURCH PENSION GROUP

Sign In or Create Account

Sign In Create Account

* Personal Email

Enter your email

* Password ☐ Show typing

Enter your password

[Forgot Password?](#)

☐ Remember this device for 10 hours. Do not select if you are on a public or shared computer.

Sign In

Need Help?
Please contact Client Services (855) 594-2201
Monday - Friday, 8:30AM - 8:00PM EST

* Required field.



MyCPG – Sign In for Clergy Spouses



- Most **spouses** are considered **dependents** of their clergy spouse and do not have separate MyCPG Accounts*
- All **surviving spouses** should have a MyCPG Accounts if receiving benefits
 - Setting up an account is easy, just contact CPG at **855-594-2201**
 - A surviving spouse never has access to the MyCPG account of their deceased clergy spouse

*If the spouse is on a separate health plan, they must have their own MyCPG Account.

Additional Information



800-480-9967 | cpg.org



866-519-5401 | retiree.uhc.com/ECMT



866-395-7794 | mycigna.com



866-723-0513 | eyemedvisioncare.com



844-790-5667 | cariloop.com/register



888-894-7059 | deltadentalins.com

UnitedHealthcare:
Support Every Step of the Way

Melanie Rudy

Senior Client Service Manager

UnitedHealthcare



Support at every step

The Episcopal Church Medical Trust
Plan Year 2027

We're here to help explain:

- ✓ GMA Plan benefits, programs and features
- ✓ What to expect next
- ✓ How to enroll



Change to your UnitedHealthcare® Group Medicare Advantage (PPO) plan

Effective January 1, 2027, ECMT is splitting coverage into two separate plans.

Medical: UnitedHealthcare Group Medicare Advantage (PPO). Prescriptions: stand-alone UnitedHealthcare Group Medicare Part D (PDP).



For your UnitedHealthcare medical coverage:

- Medicare Advantage Plan Guide coming soon
- New member ID card coming soon

For your new Part D prescription drug coverage:

- Part D Plan Guide mailed soon
- New Part D member ID card coming soon





Medical benefits, programs, and features

Plan Benefits 2027

Medical Benefit	GMA Comprehensive	GMA Premium
Deductible	\$300 - annual	\$0 - annual
OOP Maximum	\$4,000	\$2,000
Hospital Inpatient Stay	\$0 per admit	\$0 per admit
Skilled Nursing Stay	\$0/day, days 1-100	\$0/day, days 1-100
Outpatient Surgery	\$150	\$150
Emergency Room	\$100	\$50
Urgent Care	\$10	\$10
Primary Care Physician (PCP)	\$5	\$5
Specialist Physician	\$25	\$25
Telehealth Visit	\$5	\$5
Part B Medications	20%	10%



Plan Benefits 2027

Part D		GMA Comprehensive	GMA Premium
Benefit		Cost Share	
Rx Deductible		\$300	\$150
TrOOP Maximum		\$2,400	\$2,400
Retail (30 day)	Tier 1	\$10	\$5
	Tier 2	\$30	\$25
	Tier 3	\$50	\$40
	Tier 4	\$50	\$40
Mail Order (90 day)	Tier 1	\$25	\$12
	Tier 2	\$70	\$60
	Tier 3	\$120	\$100
	Tier 4	\$120	\$100



Freedom to see any provider who accepts Medicare



- See any provider, in or out of network, at the same cost — as long as they accept Medicare and the plan.
- Network providers must accept the plan. Out-of-network providers may decline except in an emergency.



Search our online Provider Directory

Visit **retiree.uhc.com/ECMT**, or call UnitedHealthcare Customer Service at **1-866-519-5401**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.



How out-of-network reimbursement works



- Confirm the service or item is covered under your plan.



- Pay the out-of-network provider or vendor first and then request reimbursement.
- Keep an itemized bill or receipt and proof of payment.
- Complete the Direct Member Reimbursement Form.

Remember!!!

- Pay up front
- Save receipts
- Submit DMR
- Receive decision

Filing deadlines vary by benefit. Some requests must be submitted within 60 days; others allow 365 days or 1 year.



Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in the network



Includes thousands of covered brand-name and generic prescription drugs



Bonus drug coverage is offered in addition to Medicare Part D drug coverage



Check your plan's drug list:

Visit retiree.uhc.com/ECMT or call Customer Service to see if your prescription drugs are covered.



Help saving on prescriptions



Review your medications



Use your UnitedHealthcare Medicare Part D member ID card



Use participating network pharmacies



Consider using Optum[®] Home Delivery through Optum Rx[®] pharmacy^{**}

Copays apply after deductible

**Optum Home Delivery is a service of Optum Rx pharmacy. Optum Rx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery for a 90- or 100-day supply of your maintenance medication. If you have not used Optum Home Delivery, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711. Optum[®] Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.





**Extra benefits, programs,
and services**

\$0 Annual Wellness Visit* to keep your health on track

✓ **Combine visits**

Save time by combining your wellness visit and physical into a single appointment.

✓ **Schedule early**

Schedule your appointment early in the year to learn about any other preventive care you may need.

✓ **Follow recommendations**

Make sure you follow through with your provider's recommendations for screenings, exams and other care.

We can help you find and schedule your appointment — you don't have to wait 12 months between visits



Annual Physical vs. Wellness visit?

A **physical exam** checks you head-to-toe, plus blood sugar and cholesterol.

A **wellness visit** checks blood pressure, height, weight and BMI.

Your plan covers each once per calendar year.

*A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



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Care anywhere with Virtual Visits



Live video chat with a medical provider or behavioral health specialist, day or night*



Virtual Provider Visits may be best for:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches



Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Behavioral health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Find participating Virtual Visit providers by logging in to your member site

*The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

**Benefits and availability may vary by plan and location.

***Providers cannot prescribe medications in all states. Providers listed may not be available in every area. Other providers are available in our network. Contact the Customer Service number on the back of your member ID card for more information.



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Extra help recovering with UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days after all inpatient hospital and skilled nursing facility discharges*:



28 home-delivered meals (referral required)



12 one-way rides to appointments or the pharmacy (referral required)



6 hours of nonmedical personal care — no referral needed



*A new referral is required after every discharge to access your meal and transportation benefit.



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Optum HouseCalls® for a yearly health check-up in your home*

The no-cost visit includes:

- ✓ Up to an hour of 1-on-1 time with the health care practitioner
- ✓ Comprehensive exam
- ✓ Tailored health screenings
- ✓ Medication review
- ✓ An opportunity to get advice and ask questions to help you manage your health
- ✓ Education, prevention tips and referrals to health services



Connect with a practitioner by computer, tablet or smartphone.

*HouseCalls may not be available in all areas.



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Help hearing the moments that matter most

- ☐ Hearing exams plus one of the widest selections of prescription hearing aids at significant savings.
- ☐ Personalized care and follow-up support from experienced hearing providers.
- ✓ Get friendly expert advice through our national network of hearing providers*
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands



3-year allowance	
GMA Comprehensive (PPO)	GMA Premium (PPO)
\$3,000	\$4,000

When you purchase through UHC Hearing, you could save thousands of dollars, up to

50%

off standard industry prices[^] with exclusive pricing

*Please refer to your Summary of Benefits for details on your benefit coverage.

[^]Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



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Gym and fitness membership

Renew Active is a Medicare fitness program offered at no additional cost to you. It includes a gym membership at a fitness center you select from our large national network.



The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.



UnitedHealthcare Global Travel Assistance

UnitedHealthcare Global provides services for travel and medical assistance while you're away from home.

This benefit is available at no additional cost 24 hours a day when you're traveling outside your country or over 100 miles away from your home.





What to expect next

How to use your new UnitedHealthcare member ID cards

In December 2026, you and any covered Medicare-eligible dependents each receive a Welcome Letter and 2 member ID cards confirming enrollment in both plans.*

For your new Part D prescription drug coverage:

- ✓ You'll get your Medicare Part D member ID card
- ✓ Use it every time you fill a prescription

For your UnitedHealthcare medical coverage:

- ✓ You'll also get a new UnitedHealthcare member ID card
- ✓ Use it for every provider or hospital visit
- ✓ Your member ID cards list important phone numbers you may need throughout the year
- ✓ Store your ID cards in a safe place
- ✓ Don't discard your red, white and blue Medicare card



*Retirees in the same household may receive these on different days, which is a normal part of the mail stream.



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Secure personal online account

Register in a few quick steps:

Download the UnitedHealthcare app or visit retiree.uhc.com/ECMT

Click Sign in or register, then Register Now

Enter your name, date of birth and email

Verify with the 6-digit codes sent by email and phone

Enter your Member ID or Medicare Number

Create a password — you're registered

After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Look up** drugs and how much they cost under your plan
- **Search** for network providers
- **Sign up** to get your Explanation of Benefits online



24/7 access to your benefits with the UnitedHealthcare app

Find care

- ✓ Find network care options for providers, clinics and hospitals in your area
- ✓ Talk to a provider 24/7 (Virtual Visits)

Stay on top of costs

- ✓ View your copay, annual deductible and out-of-pocket expenses

Manage your health plan details

- ✓ Generate and share digital health plan ID cards
- ✓ View claims and rewards

Stay fit

- ✓ Find a gym location



To download the app, scan the QR code with the camera on your mobile device

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Virtual Education Center to explore and learn more



- ✓ Learn more about the custom programs offered to GMA plan members
- ✓ Watch videos about the plan benefits
- ✓ Print additional plan program information
- ✓ Access with any tablet, computer or smartphone



uhcvirtualretiree.com/ra



What is the TCPA?

The Telephone Consumer Protection Act (TCPA) is a federal law enacted in 1991 to protect consumers from unsolicited telemarketing calls, SMS/text messages and automated voice messages. The law emphasizes the importance of obtaining consumer consent before sending marketing communications.

Why is the TCPA important to you as a member?

Opting in allows members to get reminders about health care screenings, plan information and available services. These calls – which may use an auto-dialer, artificial voice or pre-recorded call technologies – support member's health and help them get the most from their plan.

Allowing personalized automated calls can help you:

- ✓ Stay up-to-date with reminders about important preventive care screenings
- ✓ Learn about plan information that might benefit you
- ✓ Discover available services you may not know about
- ✓ Receive support after events like hospital stays

You can earn a reward* once you become a member by signing up and updating your **Communication Preferences** through **Account Settings** on your member site or the UnitedHealthcare® app. Or call Customer Service at **866-519-5401 TTY 711**, 8 a.m.–8 p.m. local time, Monday–Friday.

*Reward offerings may vary by plan and are not available in all plans. Reward Program Terms of Service apply. This reward is not available to members who have already received a reward for Automated Call Consent.



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Medicare GLP-1 Bridge Program



How the Bridge Program Works

- CMS is administering the Medicare GLP-1 Bridge Program through December 31, 2027, which may provide access to certain GLP-1 medications for weight loss for eligible Medicare beneficiaries.
- Eligibility criteria, prior authorization requirements, and coverage decisions are determined by CMS, not UnitedHealthcare or Optum Rx.
- Members interested in the program should speak with their physician regarding eligibility and next steps.
- For questions about the program, members should contact 1-800-MEDICARE or visit Medicare.gov.

More info can be found at: [Medicare GLP-1 Bridge | CMS](#) or call 1-800-MEDICARE

*Eligibility based on BMI thresholds and qualifying diagnoses per CMS criteria. Program status subject to change based on CMS guidance.



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How to learn more:



Call UnitedHealthcare at
1-866-519-5401, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday



Or visit retiree.uhc.com/ECMT

Cariloop: Your Caregiving Benefit

Morgan Accornero

Director of Operations

Cariloop



+



Meet your caregiving benefit, Cariloop



Caregiving takes a village.

Cariloop is a part of yours.

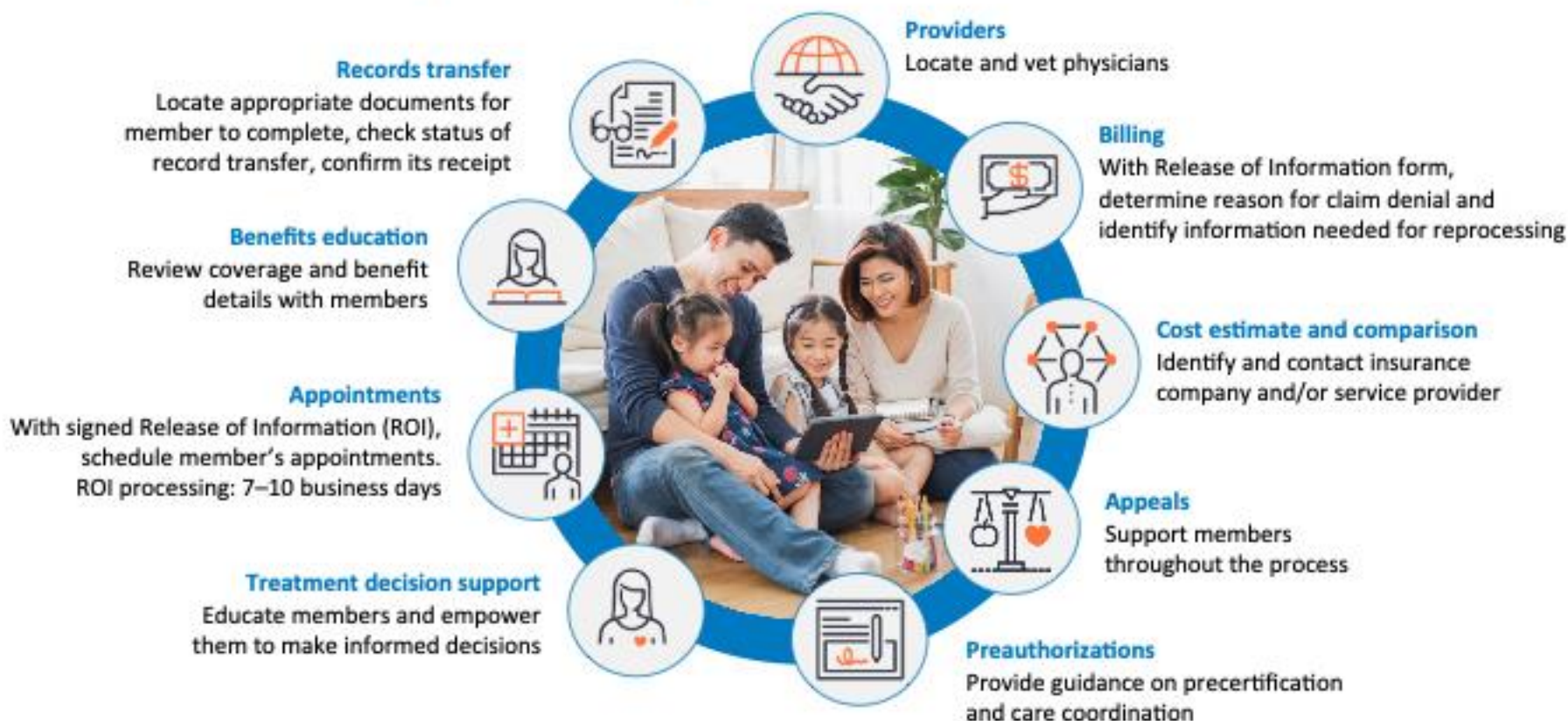
Whether you're caring for a spouse, raising children or grandchildren, supporting aging parents, or learning to care for yourself, your journey is uniquely yours. Whatever stage you're in, we're here for it.

Benefit Details:

- ✓ No cost to you, paid for by Church Pension Group
- ✓ Unlimited access and support for you and anyone you consider family
- ✓ Support across all 50 States, and US territories



How Cariloop Can Help



Caregiver Support Platform[®]

Infant & Childcare

Backup Care

Elder Care

Neurodiversity Support

Chronic Illness Support

Medicare & Medicaid

Education & College

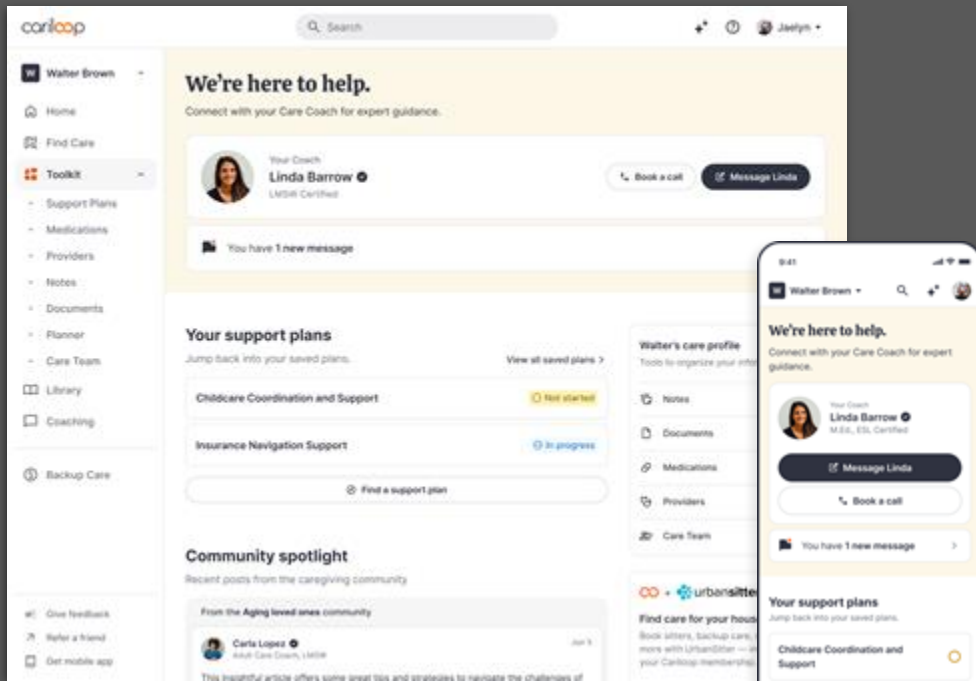
Veterans Support

Mental Health

Women's Care

Family Planning

Legal & Financial Resources



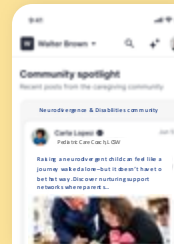
Coaching

Licensed Cariloop Coaches bring 12+ years of clinical and real-world experience to **guide members through everyday and complex care** needs with empathy, skill, and fast responses.



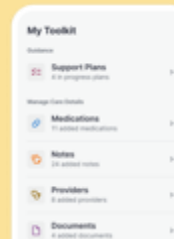
Community

Coach-led community channels where caregivers can **connect with peers navigating similar journeys**, such as Aging Loved Ones or Neurodivergence & Disabilities.



Tools & Resources

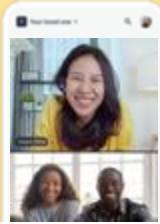
Intuitive, collaborative tools and curated resources that help working caregivers and their loved ones stay informed and organized.



Within the platform, you
can access:

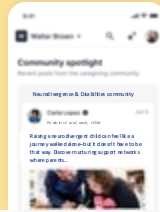
Personalized Coaching

Care experts helping
your family navigate
care, from birth to
eldercare.



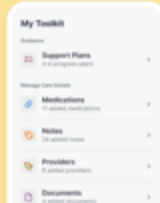
Community Channels

Connect with peers:
Neurodivergence &
Disabilities, Aging Loved
Ones, & more.



Care Tools & Resources

Guided plans, care
tools, medication and
provider tracking, and
more.



Accessing Support:

1

Activate your account by scanning the QR code
or going to cariloop.com/register.



2

Access your benefits: Once activated, you have
access to the extensive features of the Caregiver
Support Platform®.

3

Connect with your Care Coach: Schedule a call or
send your coach a message. No question is too
small.

Download the
mobile app:



Connect with Cariloop:



[844-790-5667](tel:844-790-5667) (toll free)



support@cariloop.com

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.

CPG is not responsible for the content, performance, or security of any website referenced herein that is outside the cpg.org domain or that is not otherwise associated with a CPG entity.

This material is not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Formularies and/or provider/pharmacy networks.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium , if not otherwise paid for under Medicaid or by another third party.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Other pharmacies are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat ECMT members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-844-808-4553, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week, for additional information.

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 the plan depends on the plan's contract renewal with Medicare.



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