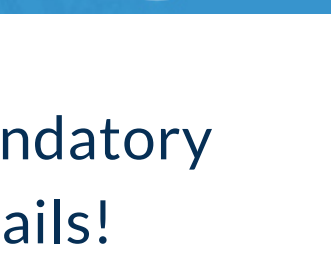


2024 Annual Enrollment



Key 2024 Renewal and Mandatory Annual Enrollment Details!

Dear Annual Enrollment Administrator:

To help you prepare for Annual Enrollment, we are sharing the following key dates, reminders, and news about our new dental vendor, along with communications that we will be mailing to members (as applicable).

Get Ready for 2024 Annual Enrollment New Vendor: Delta Dental! Action Required!

If your participating group offers dental coverage with Cigna Dental through The Episcopal Church Medical Trust (Medical Trust), that coverage is going away after December 31, 2023. To offer dental coverage through the Medical Trust, your group must select a Delta Dental plan. Learn more below.

Please save this email for reference and mark your calendar with the dates and activities listed below.

Key Activities and Dates

Action	When to Take Action (2023)
Group health plan renewals and mandatory annual enrollment for 2024 <i>The MAP Administrator designated to make plan selections for your participating group chooses plans. To offer dental coverage through the Medical Trust, your group must select a Delta Dental plan. Learn more about your plan options at cpg.org/deltadental.</i>	Aug. 24 – Sept. 29
Session 1 Annual Enrollment period	Oct. 11 – Nov. 1
Session 2 Annual Enrollment period (includes Pre-65 Former Employees)	Oct. 25 – Nov. 15
Post-65 Former Employee Annual Enrollment period	Oct. 16 – Nov. 17

Important Reminders

- The [Administrative Policy Manual](#) describes The Episcopal Church Medical Trust's health plan eligibility, the obligations of participating groups, and responsibilities of group benefit administrators for Annual Enrollment.
- *Summaries of Benefits and Coverage* for the Medical Trust's 2024 health plan offerings will be available at cpg.org/mtdocs starting **August 24, 2023**.
- In September 2023, the Medical Trust will send updated versions of legally required *Healthcare Compliance Notices* to all enrolled employees.
 - *The Healthcare Compliance Notices* will include the Notice of Creditable Coverage for all Medicare-eligible Medical Trust members whose prescription drug coverage is not through Medicare Part D. The notice is a regulatory requirement that confirms that the member's prescription coverage qualifies as creditable coverage and is expected to pay out at least as much as a standard Medicare prescription drug plan.
 - Employers are responsible for providing the *Premium Assistance Under Medicaid* and the *Children's Health Insurance Program (CHIP)* notices annually to all employees, whether or not they are enrolled in a Medical Trust plan.
 - Employers are also required to provide *Summaries of Benefits and Coverage* and the *HIPAA Notice of Special Enrollment* to employees who become eligible to participate in Medical Trust plans.
 - We recommend that you provide employees who are not currently enrolled in a Medical Trust plan with this complete set of *Healthcare Compliance Notices*, along with the *Summaries of Benefits and Coverage* and other enrollment materials to ensure that these requirements are satisfied. For more information about these requirements, please refer to the [Administrative Policy Manual](#).
 - *The Healthcare Compliance Notices* are posted on MAP and will be available to the participating group's MAP administrator designated to make plan selections as part of the group health plan renewal documents to be released on **August 24, 2023**.

- You need to select a Delta Dental plan option if you want to offer dental coverage through the Medical Trust in 2024, and your employees must enroll in a Delta Dental plan during Annual Enrollment to secure their Medical Trust dental coverage for 2024. If your group offers dental coverage with Cigna Dental through the Medical Trust, that coverage will not be offered after December 31, 2023.

Member Communications

We will be mailing the following communications to members on the dates indicated below (as applicable). As we finalize materials, we will post them on the [Administrator's Resource Center](#) and our [Health Plan Renewal and Annual Enrollment Administrator Central](#) webpage.

1. Member Annual Enrollment Pre-Announcement Letter

Expected mail date: September 15, 2023

This letter encourages all members to check that they can sign in to [MyCPG Accounts](#) so that they can make their 2024 health plan selections online, alerts members to the new Beneficiaries tab on [MyCPG Accounts](#) for viewing and updating their beneficiaries, and includes a flyer about Delta Dental, our new dental vendor.

2. Dependent Aging Out Letters

Expected mail date: Mid-October

The Medical Trust sends Dependent Aging Out letters to dependents—and to enrolled Eligible Individuals of such covered dependents—who will age out of coverage effective January 1, 2024. The Medical Trust, through its Extension of Benefits provision, will allow dependent children who turn age 30 in 2023 to voluntarily continue medical and/or dental coverage at their own expense for up to 36 months commencing on January 1, 2024. The dependent letter also explains options for continued coverage through a qualified health plan offered through a healthcare exchange established under the Affordable Care Act, or through an employer-provided or individual policy. The letter to enrolled Eligible Individuals advises these members that coverage will be discontinued for any dependents aging out of eligibility.

3. Annual Enrollment Letter

- Expected mail date for Session 1: Week of September 25, 2023
- Expected mail date for Session 2: Week of October 9, 2023

On or around these mail dates, please encourage active members to be on the lookout for the green Annual Enrollment envelopes that the Medical Trust will be sending them. The enclosed letters will include enrollment dates, login credentials*, and other essential information. There will be a different version for each of the two Annual Enrollment sessions. You will be able to find a generic PDF copy of your group's letter on ARC. If you aren't sure of your session, please contact your [benefits relationship manager](#).

While we are obligated to send the Dependent Aging Out letters and *Healthcare Compliance Notices*, keep in mind that if your group has opted out of receiving Annual Enrollment communications, your employees will not receive the Annual Enrollment letter from us. It will be up to you to provide this information to them.

* NOTE: As CPG continues to strengthen our online security, beginning in February 2023, users must enter their associated email address and password to access [MyCPG Accounts](#). Client ID numbers are no longer used for account access. Users who don't have an associated email address should select "Create Account" and follow the prompts.

4. Post-65 Former Employee Annual Enrollment Letters

- Expected mail date: Week of October 2, 2023

These letters will detail rates, the post-retirement health subsidy for those eligible, and enrollment instructions should participants wish to make changes to their health plan selections. The Medical Trust will mail the post-65 former employee Annual Enrollment letter in a green envelope, like the active member letter.

For more information about the Group Medicare Advantage Plan, please visit the [Annual Enrollment site](#) at cpg.org/annualenrollment and select the "I'm a Retiree (Post-65 Former Employee)" tile at the bottom of the page.

If you have questions about your members' Annual Enrollment materials, please contact your [benefits relationship manager](#).

New Dental Plan Vendor for 2024

If your participating group offers dental coverage with Cigna Dental through The Episcopal Church Medical Trust, that coverage will not be offered after December 31, 2023. To maintain dental coverage through the Medical Trust, your group must select a Delta Dental plan from the Premium, Comprehensive, and Basic plan options.

All members must actively enroll in a Delta Dental plan if they wish to have dental coverage through the Medical Trust in 2024. Members currently enrolled in a Cigna Dental plan offered by Medical Trust will not have dental coverage if they do not actively participate in Annual Enrollment and select a plan option from the Delta Dental array available through your group for 2024.

How Delta Dental Can Work for Your Employees

Members will be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Their coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service. That puts your members in charge of making their money go further.

- Providers in the Delta Dental PPO network and Delta Dental Premier® network have agreed to contracted rates, and members won't be charged more than their expected share of the bill². Using the Delta Dental PPO network³ offers the highest annual maximum benefit, allowing members the most savings.
- All Delta Dental plans cover no-cost-sharing diagnostic and preventive care and three dental cleanings a year (four cleanings based on certain conditions).
- Basic and major restorative services are covered in all plans, subject to applicable coinsurance, deductibles, limitations, and exclusions.
- Orthodontia services have an enhanced in-network lifetime benefit in the Premier Plan and are also offered in our Comprehensive Plan.

Learn more about what Delta Dental offers at cpg.org/deltadental.

- Members can find a dental provider, check their benefits, and access other helpful resources all in one place at deltadentalins.com.
- Members can find more information about CPG's medical and dental benefits at cpg.org/annualenrollment.
- If a member would like help with Annual Enrollment, they should call our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

Remember, you need to select a Delta Dental plan from the Premium, Comprehensive, and Basic plan options if you want to offer dental coverage through the Medical Trust in 2024. Cigna Dental will no longer be offered.

Making Plan Changes for 2024

If your group decides not to offer some of your existing 2023 medical plans for 2024 ("coverage going away") and/or to offer Delta Dental coverage, please note:

- Members enrolled in a plan that is going away must choose another plan during Annual Enrollment in order to have Medical Trust coverage in 2024.
- Please monitor your members by using the "Coverage Going Away" report available to you in My Admin Portal (MAP). If a member whose plan is going away does not make a new selection by November 15, you, as the administrator, can enroll them in their plan selection choice. This includes the new Delta Dental plan option for any members currently enrolled in the Cigna Dental plan who do not actively participate in Annual Enrollment. This enrollment should be done in consultation with the member. We will send you an email reminder in October to check the report.
- If the member does not enroll and you do not make a new plan selection on behalf of the member, the member (and any covered dependents) will not have medical and/or dental coverage (as applicable) through the Medical Trust beginning January 1, 2024.

Thank you for your time and effort to ensure that your employees have the necessary tools to make informed decisions about their healthcare benefits.

As always, your [Benefits Relationship Management \(BRM\)](#) team is here to support you. If you have questions, please reach out to your benefits relationship manager.

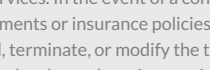
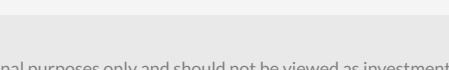
Your Annual Enrollment Team

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

³ You can still 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.

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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 employees. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees' Benefits Trust, a voluntary employees' beneficiary association within the meaning of section 501(c)(19) 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(d) 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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