

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 and dental 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 Vendor: Delta Dental

Delta Dental will be our new dental vendor for 2024! If you are enrolled in a Cigna Dental plan through the Medical Trust, that coverage is going away. **We will enroll you in the Delta Dental PPO + Premier™ Delta Dental Delta Dental Premium plan option for 2024.**

Please take a moment to review the information below.

New Rates for 2024

Medical and dental plan rates will increase effective January 1, 2024. Your mid-December 2023 invoice for January 2024 coverage will reflect the new rates. If you pay through automatic deduction, please update your banking records to reflect the following new rates:

2024 Monthly Rate

Medical: [\$AMOUNT]

Dental: [\$AMOUNT]

About Delta Dental

Delta Dental has the largest network of dentists nationwide. You'll be able to access services in two Delta Dental dentist networks (Delta Dental PPO™ and Delta Dental Premier®) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.

Providers in the Delta Dental PPO¹ network and Delta Dental Premier network have agreed to contracted rates, and you won't be charged more than your expected share of the bill.² Using the Delta Dental PPO³ network offers the highest annual maximum benefit, allowing you the most savings. Using an out-of-network dentist may result in higher out-of-pocket expenses.

- All Delta Dental plan options cover
 - diagnostic care and preventive care
 - three dental cleanings per year (four cleanings based on certain conditions)
 - basic and major restorative services, subject to applicable coinsurance, deductibles, limitations, and exclusions.
- Orthodontia services have an enhanced in-network lifetime benefit in the Premium Plan and are also offered in our Comprehensive Plan.

You can find a dental provider, check your benefits, and access other helpful resources all in one place at deltadentalins.com.

Learn more about our new vendor, Delta Dental, at cpg.org/deltadentalwelcome and what Delta Dental offers you at cpg.org/deltadental.

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.⁴ 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.

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.

⁴ See IRS Notice 2023-23.

- 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 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. 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 of 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.
- 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.
- **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.

- Dental plan coverage with Delta Dental.

For detailed information about your plan options and benefits, visit 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.

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.

Sincerely,

The Episcopal Church Medical Trust Team

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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 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.

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