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TO: Rectors, Parish Administrators, or Other Benefits Personnel

FROM: Dwight Babcock, Diocesan Administrator

RE: 2025 Health Benefits Overview

DATE: October 1, 2024

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2025 health benefits offerings and Annual Enrollment.

Annual Enrollment for 2025 will run from October 16 to November 15

You can visit CPG's Annual Enrollment homepage for in-depth information at www.cpg.org/annualenrollment. You can also visit our Diocesan Annual Enrollment webpage to assist you with plan selections and where most supporting documents can easily be found in one location. It includes our premium rates, plan / benefit summaries, and other helpful information. Please visit: www.diocgc.org/benefits or visit the Administrative Resource section on our website.

The Medical Trust is enhancing **its plans that use the Anthem and Cigna networks** with healthcare coordination services from Quantum Health (Quantum). Beginning January 1, 2025, Quantum's care coordinators—nurses, benefits experts, and claims specialists familiar with our membership and our plans—will guide members enrolled in those plans as they navigate today's complex healthcare system, helping them understand their coverage and supporting their healthcare needs, whether they're looking for a specialist, managing a chronic condition, or simply trying to stay healthy.

During Annual Enrollment, Quantum will be available (at 866-871-0629) to help members and potential members review existing benefits, understand plan options, and choose the right plan for themselves and their families. There are a few benefit changes effective 1/1/2025; please look over the overview included in this letter.

In 2025 there are five plan options to choose from; 2 PPO-type plans and 3 Consumer Directed Health Plans (with Health Savings Account). In 2025, we will be dropping the PPO-70 plan as it no longer provides value to either members or churches. For those currently on PPO plans, I encourage you to look over the **Consumer Directed Health Plan** offerings. For example, the CDHP 15 with HSA plan can provide savings (as compared to the PPO 90 Plan) for both member and employer by leveraging the Health Savings Account (HSA) component.

Also, for those actively working age 65+ there are 2 Medical Secondary Payer (MSP) plans available for those actively working age 65+ (**MSP PPO 90 Plan or MSP PPO 80**). These plans provide a fair amount of savings over their PPO counterparts but provide the same benefits.

We realize that selecting a plan can be confusing at times; we are here to assist you in understanding your plan options. Remember that members can contact Quantum (at 866-871-0629) for assistance in choosing a health plan. They can help you understand your options, check the networks for your doctors or specialists, and clarify your cost shares in the plans you are considering. Once you have reviewed your materials and have any questions about our Annual Enrollment process, please don't hesitate to reach out to Kim or Dwight in the Diocesan Office at 850-434-7337.

Medical Plans

We will offer the following medical plans to our employees through the Medical Trust:

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Consumer Directed Health Plans (CDHP) w/ Health Savings Account			
Anthem BCBS CDHP - 40 / HSA	\$697	\$1255	\$1952
Anthem BCBS CDHP - 20 / HSA	\$769	\$1384	\$2153
Anthem BCBS CDHP - 15 / HSA	\$862	\$1552	\$2414
Preferred Provider Plans (PPO)			
Anthem BCBS BlueCard PPO 80	\$1002	\$1804	\$2806
Anthem BCBS BlueCard PPO 90	\$1174	\$2113	\$3287
Employee Assistance Program (EAP)			
EAP	\$4	\$4	\$4
Medicare Secondary Payer*			
Anthem BCBS BlueCard MSP PPO 80	\$802	\$1444	\$2246
Anthem BCBS BlueCard MSP PPO 90	\$938	\$1688	\$2626

**To participate in the "Medicare Secondary Payer" program, you must be age 65 or older, actively working for a church / agency, and enrolled in Medicare Part A. CPG will mail additional information to participants that select this option.*

Dental Plans

We are offering the following DELTA dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Basic Dental	\$35	\$63	\$98
Comprehensive Dental	\$56	\$101	\$157
Premium Dental	\$76	\$137	\$213

What You Need to Know About Annual Enrollment

- Current members may change their plan selections for the upcoming year.
 - If the employee plans to maintain current medical or dental coverage, no action is required.
 - **If the employee's current medical or dental plan is not being offered next year (PPO 70), they will need to enroll in a new plan or they will not have Medical Trust coverage in 2025.**
- Eligible nonparticipating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

Currently Enrolled Employees

Currently enrolled employees (plan members) will receive an Annual Enrollment brochure in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This brochure will include their Client ID number, which they'll need to enroll. **Please instruct them to save this letter.** It also includes their Annual Enrollment dates, what's changing for 2025, benefit reminders, and how to enroll. In your communications, please encourage your employees to begin reviewing their options and to research plans early. **Remember, if an employee takes no action, and their current plan is offered for 2025, their plan selections will automatically carry over to 2025, and any applicable rate increases will apply.**

New Hires After Annual Enrollment Begins

New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created will not receive an Annual Enrollment letter; however, they will be able to participate in Annual Enrollment through [MyCPG Accounts](#). Their plan selections will carry over into 2025 if they don't make a change during Annual Enrollment. If they wish to change their selections for 2025 or if their medical plan is going away for 2025, they will need to log in to MyCPG Accounts or contact their group benefits administrator for assistance. (Members may contact the Client Services team for assistance accessing their login credentials.)

IMPORTANT REMINDER: Members will make their plan selections on [MyCPG Accounts](#) using the email address and password associated with their MyCPG Account. Client ID numbers are no longer being used to access these account. If they have not already done so, members must create an account before Annual Enrollment.

For assistance, employees may contact CPG Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpq.org.

Non-participating Employees

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan may enroll during Annual Enrollment for the 2025 plan year. Their previous decision to decline coverage will carry over into 2025 if they do not enroll during Annual Enrollment. Please submit an enrollment form to the diocesan office as this enrollment process must be input by them.

NOTE: As materials are not mailed to potential members, we ask church employers to send a communication to inform eligible employees that they and their eligible dependents may enroll, share the plans and rates available to them, and direct them to applicable legal notices and *Summaries of Benefits and Coverage* available at www.cpg.org/mtdocs. Blank enrollment forms have been made available or can be found on the diocesan website (www.diocgc.org/benefits); please return them to the Diocesan office **before Annual Enrollment closes**.

Plan Documents and Details About Benefits

2025 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details are available found on the Church Pension Group website at cpq.org/mtdocs or our diocesan website (www.diocgc.org/benefits).

Plans No Longer Offered

Please note that we will no longer offer the following plan/plans in 2025: **Anthem BCBS Bluecard PPO 70**. **Members currently enrolled in this plan must select another plan to continue medical coverage in 2025.**

Again, during Annual Enrollment, Quantum will be available at 866-871-0629 to Anthem and Cigna members (and potential members) who want help reviewing existing benefits, understanding plan options, and choosing the right plan for themselves and their families.

Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify your personal information, dependent coverage, and plan selections, and to make changes if necessary.

Employee Assistance Program (EAP) with Cigna Behavioral Health (standalone)

In addition to health plans, the Medical Trust makes available a standalone EAP with Cigna Behavioral Health that you may offer to employees who opt out of medical coverage. (Employees who enroll in Medical Trust medical coverage are automatically enrolled in Cigna EAP benefits.)

Note: If an employer chooses to offer the Cigna EAP on a standalone basis, all eligible employees who are not enrolled in Medical Trust medical coverage must be enrolled, and **the employer** must pay for the EAP-only coverage. Requiring employees to contribute toward the cost of EAP-only coverage would violate the Affordable Care Act, and the employer could be subject to significant penalties. Eligibility for the standalone EAP is limited to qualified nonmembers (e.g., an employee who is on a spousal plan and has opted out of Medical Trust coverage). Since these employees won't be able to select the EAP on a standalone basis during Annual Enrollment, their enrollment must be completed by the group administrator (Dwight or Kim) with My Admin Portal (MAP) enrollment access.

Notes about Benefit Changes in 2025

Deductible increase for Anthem CDHP-20	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2025, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,650 for self-only coverage and \$3,300 for family coverage. The amounts for 2024 were \$1,600 and \$3,200, respectively.</p> <p>Effective January 1, 2025, the Medical Trust's Anthem, Cigna, and Kaiser CDHP-20 network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage. The out-of-network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage.</p>
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¹See [IRS Rev. Proc. 2024-25](#).

<p>Deductible Increase for Anthem CDHP-15</p>	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2025, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,650 for self-only coverage and \$3,300 for family coverage. The amounts for 2024 were \$1,600 and \$3,200, respectively.</p> <p>Effective January 1, 2025, the Medical Trust's Anthem and Cigna CDHP-15 network deductibles will be \$1,650 for self-only coverage and \$3,300 for family coverage. The out-of-network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage.</p>
<p>Quantum Health</p>	<p>The Medical Trust is adding healthcare coordination via Quantum Health (Quantum) to its medical plans that use the Anthem and Cigna networks. With clinical expertise, in-depth knowledge of the healthcare industry, and 25 years' experience, Quantum will help Anthem and Cigna members make the most of their medical, vision (EyeMed), prescription (Express Scripts), and behavioral health benefits, including the Employee Assistance Plan. As a single point of contact for members and providers, Quantum also eases the administrative burden associated with healthcare.</p> <p><i>Members covered by Kaiser Permanente or by the Hawaii Medical Service Association already have comprehensive services as part of their plans and will not use Quantum's services. Neither will members enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.</i></p>
<p>Anthem members can access the following services through Quantum:</p>	
<p>Teladoc</p>	<p>The Medical Trust is introducing Teladoc Health Services (Teladoc) for Anthem and Cigna members. Teladoc will replace both the MDLIVE and LiveHealth Online platforms currently available. A fully integrated virtual care platform, Teladoc offers primary, behavioral health, acute, chronic, specialty, and complex care services, all seamlessly accessed via Quantum Health.</p>
<p>Magellan</p>	<p>The Medical Trust is introducing Magellan Healthcare, a service that provides a holistic approach to behavioral healthcare management by collaborating with members to help them successfully address their mental health. Magellan's services include outreach to members while in treatment, continuing care plans, support and resources, education, and crisis intervention.</p>
<p>Personal Precision Oncology Management</p>	<p>The Medical Trust will provide members and their treating oncologists support from renowned oncologists who specialize in rare, complex cancers and work on breakthrough therapies. Their support will include case reviews and clinical collaboration with the treating physician.</p>

EncircleRx	<p>In 2023, GLP-1 agonists (drugs that lower blood sugar levels and promote weight loss) accounted for 9.3% of the Medical Trust's prescription drug costs. This was a 295% increase over 2022 in our costs for GLP-1 agonists used as weight-loss medications. During the same period, our peers in the Church Benefits Association's coalition with Express Scripts experienced a 193% increase in the cost of these drugs when used for losing weight.</p> <p>To manage these costs and ensure these drugs are used appropriately, the Medical Trust is introducing the EncircleRx program with Express Scripts, which:</p> <ul style="list-style-type: none"> • ensures that medical data and documentation are on file for the use of GLP-1 in diabetes • increases GLP-1 monitoring to reduce waste in the system • establishes higher BMI requirements to target those populations most impacted
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Remember: Online Annual Enrollment will run Oct. 16 – Nov. 15

Again, if you have any questions, please do not hesitate to contact Kim or Dwight in the Diocesan Office for assistance at 850-434-7337.

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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.

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.

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