

Medical & Insurance Offerings - 2024



Annual Enrollment
October 17, 2023

Zee Turnbull, MS-HRD, SHRM-SCP, PHR
Director of Human Resources
Felicia Moodie, MSM-HR,
Benefits Specialist

★ **The Episcopal Diocese of Texas**

Why we are here?

- Resolutions
- 2024 Plan Options and Rates
- Medical Plan Array Summaries
- Delta Dental *NEW*
- Health Savings Account
- Rider Plans
- Preparing for Annual Enrollment
- Diocesan Resources
- Questions

RESOLUTIONS: What Coverages are Mandatory for your Employees?

Medical Resolution A177

Resolution and Canon A177 directs all parishes and diocesan institutions provide medical coverage to their eligible employees scheduled to work **1500 hrs. or more annually.**

Minimum Standard Plan

Single coverage to all eligible employees under the **Consumer Directed Health Plan – 20** offered by the diocese through the Episcopal Medical Trust/Church Pension Group (CPG).

Annual HSA Contribution

Each parish or institution must also fund **80%** of the CDHP-20 deductible at the **single tier** into your employee's Health Savings Account (HSA), for 2023 that amount is, **\$2,560 annually or \$213 monthly.** (prorated based on eligibility date)

Minimum Annual Contribution

The **MINIMUM** medical funding per employee for 2024 equates to **\$796** (medical premium at single level on CDHP-20) **+\$213** (monthly HSA contribution= **\$1,009**)

Note: You may also choose to offer and pay for a higher-level plan for your employees if your budget allows.

Pension Resolution A138

Pension- Resolution A138, states that parishes and institutions are required to pay pension to employees scheduled to work at least **1000 Hours annually**.

Note: Temporary or contract workers may not be eligible.

Lay Defined Benefit Plan (Pension)

Vendor Church Pension Group

Effective Date Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

Employee Contributions None required or permitted.

Employer Base Contribution The amount of the employer contribution is evaluated each year and is currently **9%** of a participant's annual compensation.

Employer Match Contribution Not applicable.

Vesting (a) five years of CS in the plan (b) attaining age 55 while actively participating in the plan, or (c) becoming eligible for disability retirement under the plan, whichever occurs first.

Lay Defined Contribution Plan (403b)

Vendor Fidelity

Effective Date Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

Employee Contributions Employee contributions of up to 100% of salary may be permitted provided the total amount contributed in a given year does not exceed Internal Revenue Code limits.

Employer Base Contribution An amount equal to at least **5%** of an eligible employee's annual compensation.

Employer Match matching contributions **up to 4%** of an eligible employee's annual compensation.

Vesting Immediately 100% vested.

Who Pays for Coverage?

Mandatory Benefits				
	Lay(Parish) FT 1500+ hours*	Clergy FT 1500+ hours*	Lay(Parish) PT <1500 hours*	Clergy PT <1500 hours*
Medical	Employer	Diocese	Employee	Employee
Pension / Retirement	Employer	Employer	Employer	Employer

Voluntary Benefits				
	Lay(Parish) FT 1500+ hours*	Clergy FT 1500+ hours*	Lay(Parish) PT <1500 hours*	Clergy PT <1500 hours*
Dental	Employee	Employee	Employee	Employee
Group Life	Employer	Employer	Employer	Church Pension Fund
Disability	Employee or Employer	Employee or Employer	Employee or Employer	Church Pension Fund

*Annual scheduled hours

2024 Plan Options & Rates

2024 Monthly Rates Parish & Institutions Lay Staff

2024 Plan Rates				
Anthem / Cigna Plans	Single	Plus Sps	Plus Child	Family
PPO 70	\$1,000	\$2,000	\$1,800	\$3,000
PPO 80	\$1,131	\$2,262	\$2,036	\$3,393
PPO 90	\$1,245	\$2,490	\$2,241	\$3,735
CDHP-20 H S A *	\$796	\$1,592	\$1,433	\$2,388

Medical Plan Array Summaries

Consumer Directed Health Plan Comparisons

Cigna or Anthem Blue Cross Blue Shield		
PLAN TYPE	CDHP -20	CDHP-40
Network Coinsurance	20%	40%
Individual Deductible*	\$3,200	\$3,500
Family Deductible*	\$5,450	\$7,000
Individual Maximum Out of Pocket	\$4,200	\$6,000
Family Maximum Out of Pocket	\$8,450	\$12,000
Primary Care Physician	20%	40%
Specialist	20%	40%
Emergency Room	20%	40%
Urgent Care	20%	40%
Outpatient Facility	20%	40%
Inpatient Facility	20%	40%

Note: Plans are subject to Out of Network allowances.

\$co-pay
%co-insurance

Consumer Directed Health Plan Single Coverage Example

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Jane's Plan Deductible: \$3,200 Co-insurance: 20% OOP Limit: \$4,200

Expenses for an office visit with labs and medication

- Physician Visit: \$100
- Lab: \$350
- Prescription: \$50

TOTAL: \$500

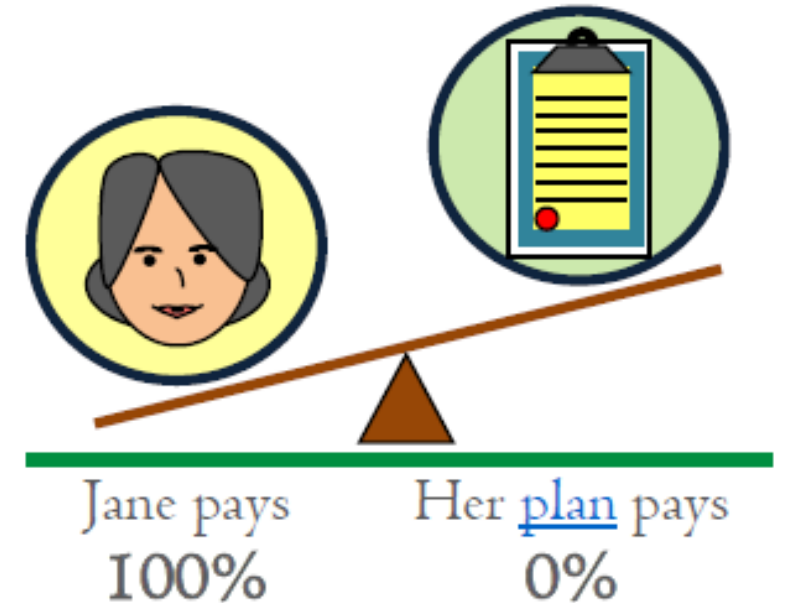
CDHP Breakdown Individual:

Deductible: \$3,200

- Paid to date: \$500
- **Amt remaining on deductible: \$2,700**

OOP limit: \$4,200

- Paid to date: \$500
- **Amount remaining on OOP: \$3,700**



Note: Plans are subject to Out of Network allowances.

Consumer Directed Health Plan Family Coverage Example

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Jane's Individual Deductible: \$3,200 Family Deductible: \$5,450 Co-insurance: 20%

Expenses for Jane's knee surgery

- Surgery: \$20,000

TOTAL: \$20,000

CDHP Breakdown Family:

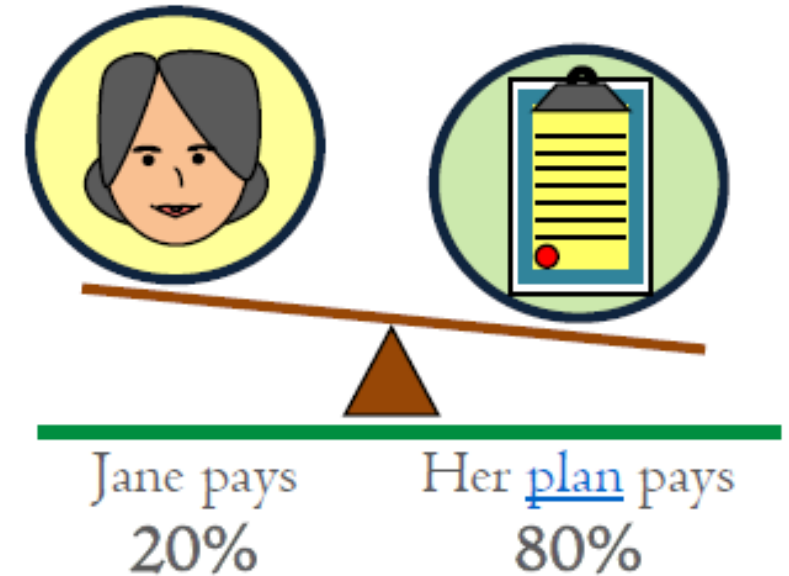
Jane's deductible: \$3,200

- Amt remaining on Jane's deductible: \$0
- Total remaining costs: \$16,800
- Co-insurance share after Jane's deductible: \$3,360
- **Total due: \$4,200 (Individual OOP Limit)**

Family deductible: \$5,450

- Paid to date: \$4,200
- Amount remaining on family deductible: \$1,250
- Amount remaining on family OOP limit: \$4,250

Note: Plans are subject to Out of Network allowances.



PPO Plan Comparisons

Cigna or Anthem Blue Cross Blue Shield			
PLAN TYPE	PPO90	PPO80	PPO70
Network Coinsurance	10%	20%	30%
Individual Deductible*	\$500	\$1,000	\$3,500
Family Deductible*	\$1,000	\$2,000	\$7,000
Individual Maximum Out of Pocket	\$2,500	\$3,500	\$5,000
Family Maximum Out of Pocket	\$5,000	\$7,000	\$10,000
Primary Care Physician	\$30	\$30	\$30
Specialist	\$45	\$45	\$45
Emergency Room	\$250	\$250	\$250
Urgent Care	\$50	\$50	\$50
Outpatient Facility	10%	20%	30%
Inpatient Facility	10%	20%	30%

\$co-pay
%co-insurance

Note: Plans are subject to Out of Network allowances. For a more detailed chart click [HERE](#).

Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

What is the Small Employer Exception?

Medicare allows for an exception to the “secondary payer” rule for small employers (**generally, those with fewer than 20 full- and/or part-time employees in the current and preceding calendar years**).



**Savings for both
the organization
and employee!**

How does it work?

- ✓ Must be age 65 or older
- ✓ Actively work for a qualified group that offers this choice
- ✓ Be enrolled in Medicare Part A
- ✓ Choose a participating Anthem or Cigna plan
- ✓ Be approved for the SEE Plan by Medicare

2024 Monthly Rates for Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

Anthem BCBS/Cigna Medicare Secondary Payer Plans for age 65+				
MSP PPO 70	\$814	\$1,628	\$1,465	\$2,442
MSP PPO 80	\$902	\$1,804	\$1,624	\$2,706
MSP PPO 90	\$995	\$1,990	\$1,791	\$2,985



DENTAL Plan Changes 2024
Delta Dental

2024 Dental Network Comparison cont.



Geographic network access	96%	97%	↑
Dental network provider overlap	67%	79%	↑
Net effective claims discount	24%	31%	↑

Dental Plan Comparison- Basic

	Preventive (Current)	Basic Plan(2024)		
		PPO Network	Premier Network	Out-of-Network
Deductible	\$0 individual / \$0 family*	\$0/\$0	\$0/\$0	\$0/\$0
Annual Benefit Limit**	\$1,500	\$2,000	\$1,500	\$1,000
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	80% Coinsurance	80% Coinsurance	80% Coinsurance	70% Coinsurance
Major Restorative	1% Coinsurance	40% Coinsurance	40% Coinsurance	1% Coinsurance
Orthodontia Services	Not Covered	Not Covered	Not Covered	Not Covered
Orthodontia Lifetime Maximum**	N/A	N/A	N/A	N/A

Dental Plan Comparison- Comprehensive

	Basic	Comprehensive Plan (2024)		
	(Current)	PPO Network	Premier Network	Out-of-Network
Deductible	\$50 individual / \$150 family*	\$0/\$0	\$0/\$0	\$100/\$300
Annual Benefit Limit**	\$2,000	\$2,500	\$2,000	\$1,500
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	85% Coinsurance	85% Coinsurance	85% Coinsurance	75% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
Orthodontia Services	Not Covered	50% Coinsurance	50%Coinsurance	40% Coinsurance
Orthodontia Lifetime Maximum**	N/A	\$1,500	\$1,500	\$1,000

** Please note orthodontia lifetime maximums do not reset.





Dental Plan Comparison—Premium Plan

	Dental & Ortho (Current)	Premium Plan (2024)		
		PPO Network	Premier Network	Out-of-Network
Deductible	\$25 individual / \$75 family*	\$0/\$0	\$0/\$0	\$50/\$150
Annual Benefit Limit**	\$2,000	\$3,000	\$2,500	\$2,000
Preventive and Diagnostic	No Charge	No Charge	No Charge	No Charge
Basic Restorative	85% Coinsurance	85% Coinsurance	85% Coinsurance	75% Coinsurance
Major Restorative	85% Coinsurance	85% Coinsurance	85% Coinsurance	75% Coinsurance
Orthodontia Services	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
Orthodontia Lifetime Maximum**	\$1,500	\$2,000	\$2,000	\$1,500

** Please note orthodontia lifetime maximums do not reset.

Delta Dental

The difference between Delta Dental PPO and Delta Dental Premier.

	PPO	Premier	Non-Delta Dental
More Coverage 	Procedures are covered at a higher rate	Procedures are covered at a higher rate	Procedures are covered at a lower rate.
Reduced Fees 	PPO dentists have agreed to reduced fees. These are usually lower than Premier fees.	Premier dentists have agreed to reduced fees. Premier fees are usually not as low as PPO fees.	There's no fee agreement, so your dentist can charge any amount.
Stretch your maximum dollars 	Your plan pays up to \$3,000 a year when you visit a PPO dentist.	Your plan pays up to \$2,500 a year when you visit a Premier dentist.	Your plan pays up to \$2,000 a year when you visit a non-Delta Dental dentist.
No balance billing 	Your dentist can't charge you above their accepted fee	Your dentist can't charge you above their accepted fee	There's no cap on how much your dentist can charge you.



Delta Dental Example

Choose an in-network PPO dentist to maximize your savings.

Claims example	Delta Dental PPO	Delta Dental Premier	Non –Delta Dental
Dentist’s charge for a crown	\$2,100	\$2,100	\$2,100
Plan allowance	\$1,050	\$1,500	\$2,100
Percentage paid by plan	85%	85%	75%
Plan Payment	\$893 (\$1,050 x 85%)	\$1,275 (\$1,275 x 85%)	\$1,575 (\$1,575 x 75%)
Patient Payment	\$157 (\$1,050 - \$893)	\$225 (\$1,500 - \$1,275)	\$525 (\$2,100 - \$1,575)
Balance-billing	NO	NO	YES*

This is for illustrative purposes only and uses the Premium Plan. The Comprehensive Plan and the Basic Plan work the same way.

Dental Take Away

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No premium rate increase for 2024

- Increased design value for all three plans

Dental Annual Enrollment requires employee action.

No action will result in no Dental coverage in 2024.

Outreach efforts: Seven points of member communication

Health Savings Account

Health Savings Account (HSA)



Health Equity

With the HSA, you, your employer, and/or others have the option to contribute to the account. Contributions are tax-free up to federal annual limits.

HSA Contribution

Year	Single	Family
2024 (employer + employee contributions)	\$4,150	\$8,300

You should also understand these basic aspects of how the HSA works:

- ✓ Unused funds roll over from year to year
- ✓ Funds in the HSA may be invested (once any applicable minimum threshold is met)
- ✓ Withdrawals from the HSA are not subject to federal income tax when they are used to pay for qualified medical expense
- ✓ Disqualifying health coverage includes Medicare, TRICARE, non-CDHP or healthcare flexible spending account (FSA) coverage.
- ✓ To use HSA funds for dependent expense, the dependent must specifically be a tax dependent

Health Savings Account (HSA)

How Does It Work?

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Money Goes In

- You can make pre-tax contributions through payroll deductions.
- Employer contributes **\$2,560** annually for single tier plan.

Money Goes In

Optional Employee Contribution

- **SINGLE** Annual contribution: \$1,590
 - **SINGLE** Annual contribution: **age 55 or older** \$2,590
- OR
- **FAMILY** Annual contribution: \$3,940
 - **FAMILY** Annual contribution: **age 55 or older** \$4,940

HAVE MONEY LEFT?

IT ROLLS OVER

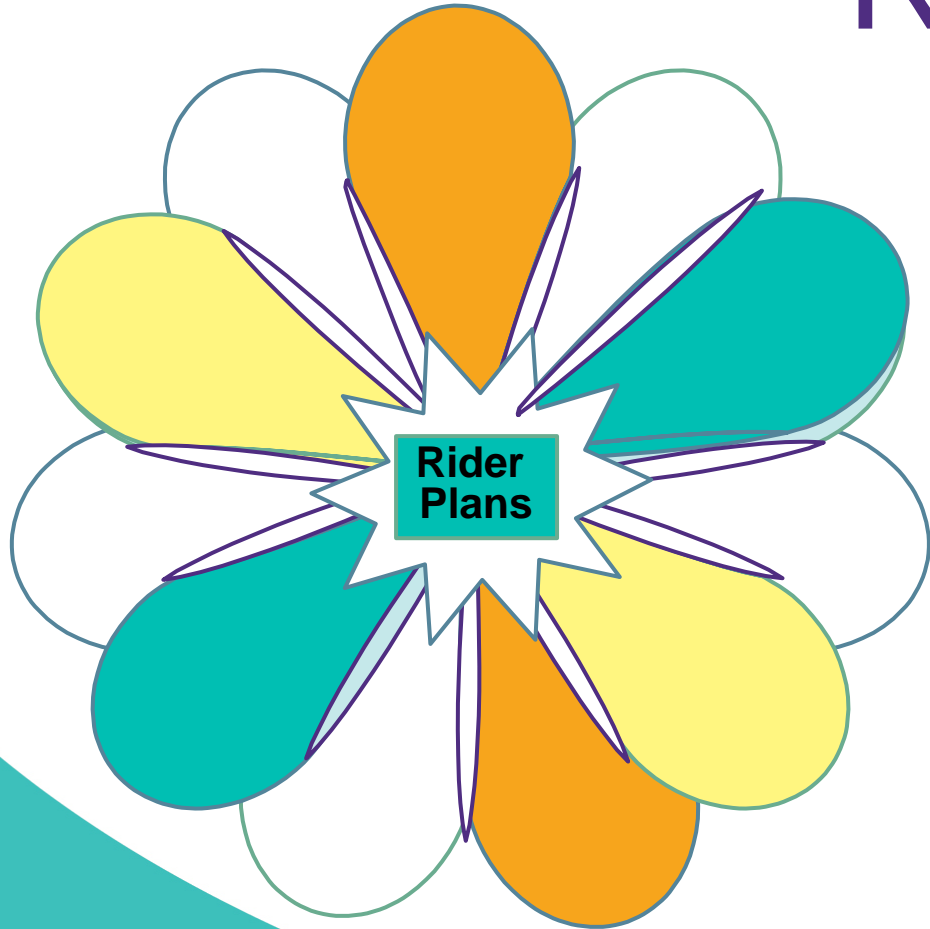
The money in your Health Savings Account rolls over from year to year for you to use.

YOU DECIDE HOW YOUR MONEY GROWS!

Keep your funds in interest bearing accounts, or invest them in stocks, bonds or mutual funds.

Non-tax dependents may not use the money in your Health Savings Account.

Rider Plans



- Vision, EyeMed
- Prescription
- Employee Assistance Program
- Hearing
- Health Advocate
- Hinge Health

EyeMed Vision Care -Insight Network

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- 👁️ \$0 copays for annual eye exams with network providers*
- 👁️ Annual allowance for contacts or frames, plus discounts if you go over your allowance when using network providers
- 👁️ Additional eyewear purchases at 40% off
- 👁️ Non-prescription sunglasses at 20% off
- 👁️ 20% off remaining balances beyond plan coverage limits
 - 👁️ Savings on prescription eyeglasses or contact lenses
- 👁️ Discounted LASIK or PRK surgical procedures



EyeMed Vision Care Benefits

BENEFIT	NETWORK (cost share)	OUT-OF-NETWORK
Exam (with dilation as necessary)	\$0 copay	Up to \$30
Contact Lenses		
Conventional*	up to \$200 allowance	Up to \$100
Disposable*	up to \$200 allowance	Up to \$100
Fit and follow-up:		N/A
•Standard	Up to \$40	N/A
•Premium	10% off retail	N/A
Frames*	Up to \$200 allowance	Up to \$47
Plastic Lenses		
Single Vision	\$10	See benefit summary
Bifocal	\$10	
Trifocal	\$10	
Standard Progressive	\$75	
Premium Progressive	\$95-\$120	

Prescription



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Express Scripts

- Standard Pharmacy plan
- More than 67,000 participating retail pharmacies offer discounts with an Express Scripts ID card
- Receive up to **three** refill at any retail pharmacy
- After **three** retail refills, maintenance medications must be refilled by home delivery through Express Scripts
- Co-insurance that was effective 1/1/2023

EMPLOYEE ASSISTANCE PROGRAM(EAP) 31

Highlights

- Available 24 hours a day, 7 days a week
- Available to all household members
- Unlimited telephonic consultations
- Up to 10 face-to-face counseling sessions, per issue with a Cigna EAP provider
- Legal consultations
- Financial services and referrals
- Assistance finding childcare and senior care

Note: If an employee declines medical coverage, they may enroll in the EAP plan as a stand-alone option. The monthly premium is approximately \$5.00.





Hearing Benefit

- Enhanced Hearing benefit
- Offered by all Cigna and Anthem BCBS plans offered through the Medical Trust
- Available to members and their eligible dependents
- Benefit provides up to **\$3,000 per year, every 3 years**

Health Advocate

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Personal **Health Advocates** are healthcare experts with extensive experience supporting people with important medical issues and decisions.

We make healthcare easier

- ✓ Expert healthcare help
- ✓ Research treatments
- ✓ Healthcare decision support
- ✓ Resolve claims issues

Contact Us

866.695.8622

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members

Hinge Health

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Exercise therapy without leaving home.
These programs treat joint and muscle pain from head to toe.

Pain relief, plan and simple

- ✓ Personalized Program
- ✓ Dedicated 1-on-1 support
- ✓ Convenient exercise sessions

Contact Us

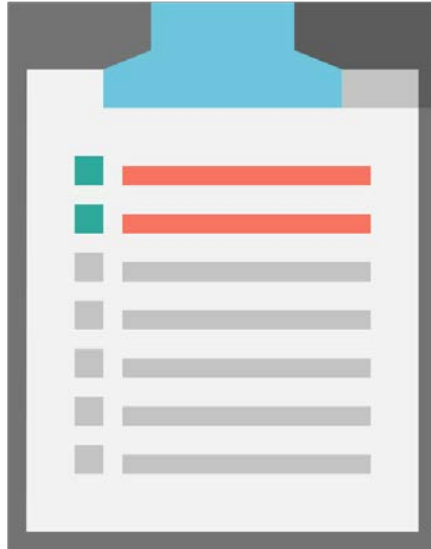
855.902.2777

Email: help@hingehealth.com

Web: hingehealth.com/for/ecmt

Preparing for Annual Enrollment?

Your Checklist of What To Do:



- ✓ Learn how your healthcare benefits work
- ✓ Enroll in the benefits that best meet your needs:
 - ✓ Consider you and your family's healthcare needs for 2024
 - ✓ Compare options and cost
 - ✓ Enroll by deadline (November 1, 2023)
- ✓ Review and update your personal and dependent information

Annual Enrollment Timeline



Annual Enrollment

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2023 Annual Enrollment will happen between early **October and early-November 2023**

Look for a green envelope in the mail with your group's enrollment dates and your **Client ID**



Church Pension Group

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Visit: cpg.org/mycpg

← → ↻ cpg.org/mycpg

Sign In Create Account

Note: Username and Client ID are no longer used to sign in to MyCPG Accounts or My Admin Portal. Instead, use the email address associated with your account and your password. Contact Client Services if you experience difficulty signing in.

* Personal Email
janedoe@gmail.com

* Password
.....

Forgot Password?

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

Sign In

Sign In Create Account

Personal Information

Client Number
XXX-XXX-XX

Please contact Client Services at (866) 892-8333 if you have questions about your Client Number, which helps confirm your identity.

* Legal first name
.....

* Legal last name
.....

* Date of birth
MM-DD-YYYY

Login Information

- Sign in with the email address on your Annual Enrollment letter in the green envelope.
- If there is no email address or you did not access your account in 2022, please select **Create Account** and follow the prompts.
- Enter the Client Number found on your Annual Enrollment letter.

Need enrollment technical assistance? Call the Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

Diocesan Resources

Not Sure Where to Start?

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We are here to HELP!

Zee Turnbull

Director of HR

713.353.2120

zturnbull@epicenter.org

Felicia Moodie

Benefits Specialist

713-353-2148

fmoodie@epicenter.org

Don't forget the **BENEFIT** section of the Diocesan website!

epicenter.org/benefits

Vendor Contacts

CPG CLIENT SERVICES

866.802.6333
800.480.9967
www.cpg.org

CIGNA MEDICAL

800.244.6224
www.mycigna.com
MyCigna Mobile App

ANTHEM BCBS – ALL PLANS

844.812.9207
www.anthem.com
Anthem Anywhere Mobile App

DELTA DENTAL

888.894.7059
www.deltadental.com
Delta Dental App

EXPRESS SCRIPTS (PRESCRIPTIONS)

800.841.3361
www.express-scripts.com
Express Scripts Mobile App

EYEMED (VISION)

866.723.0596
www.eyemedvisioncare.com/ecmt
EyeMed Members Mobile App

EMPLOYEE ASSISTANCE PROGRAM (EAP)

866.395.7794
www.myCigna.com
Password: episcopal
MyCigna Mobile App

CIGNA BEHAVIORAL HEALTH

800.926.2273
www.cignabehavioral.com
Password: episcopal

HEALTH ADVOCATE

866.695.8622
www.healthadvocate.com
Health Advocate Mobile App

HEALTH EQUITY HSA BANK (HSA)

866.346.5800
www.myhealthequity.com
HealthEquity Mobile App

FIDELITY

(Lay Defined Contribution Plan/RSVP)
www.netbenefits.com
Net Benefits Mobile App

HINGE HEALTH

855.902.2777
www.hingehealth/.for/ecmt.com

Questions?

