

MEDICAL & INSURANCE OFFERINGS: 2027



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**Annual
Enrollment
October 15, 2026**

★ **The Episcopal Diocese of Texas**

WHY WE ARE HERE?

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- ❑ Resolutions (what is required)
- ❑ 2027 Plan Options and Rates
- ❑ Medical Plan Array Summaries
- ❑ Delta Dental
- ❑ Health Savings Account
- ❑ Quantum
- ❑ Rider Plans
- ❑ Preparing for Annual Enrollment
- ❑ Diocesan Resources
- ❑ Questions

RESOLUTIONS:

What coverage is
mandatory
for your employees?

MEDICAL RESOLUTION A177

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Resolution and Canon A177 directs all parishes and diocesan institutions to provide medical coverage to eligible employees scheduled to work **1,500 hours or more annually**.

Minimum Standard Plan

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

Monthly 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 2027 equal to **\$2,880 annually or \$240 monthly (prorated based on eligibility date)**.

Minimum Monthly Cont.

The **MINIMUM** medical funding per employee for 2027 equates to **\$982** (medical premium at single level on CDHP-20) **+\$240** (monthly HSA contribution = **\$1,222**

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

PENSION RESOLUTION A138

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Pension — Resolution A138, states that both parishes and institutions are required to pay pension to employees scheduled to work at least **1,000 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?

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MANDATORY BENEFITS				
	Lay(Parish) FT 1500+ hours*	Clergy FT 1500+ hours*	Lay(Parish) PT <1500 hours*	Clergy PT <1500 hours*
Medical	Employer	Diocese	Employee	Diocese
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

2027 PLAN OPTIONS & PREMIUMS

2027 MONTHLY RATES PARISH & INSTITUTIONS

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MEDICAL PLAN NAME	SINGLE	PLUS SPOUSE	PLUS CHILD(REN)	FAMILY
PPO 70	\$1,229	\$2,458	\$2,212	\$3,687
PPO 80	\$1,384	\$2,768	\$2,491	\$4,152
PPO 90	\$1,626	\$3,252	\$2,927	\$4,878
CDHP- 20/ HSA	\$982	\$1,964	\$1,768	\$2,946
40/HSA	\$870	\$1,740	\$1,566	\$2,610

MEDICAL PLAN ARRAY SUMMARIES

CONSUMER DIRECTED HEALTH PLAN COMPARISONS

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Cigna or Anthem Blue Cross Blue Shield		
PLAN TYPE	CDHP -20	CDHP-40
Network Coinsurance	20%	40%
Individual Deductible*	\$3,600	\$4,000,
Family Deductible*	\$7,200	\$8,000
Individual Maximum Out of Pocket	\$5,000	\$7,500
Family Maximum Out of Pocket	\$10,000	\$15,000
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

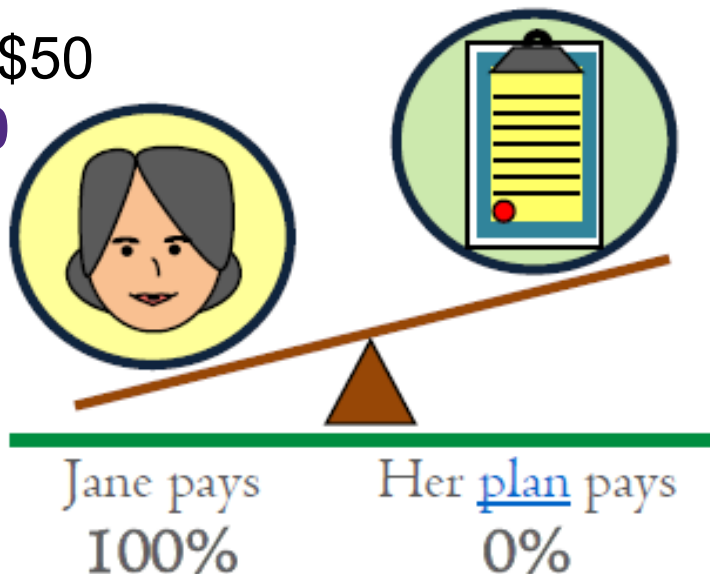
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JANE'S PLAN DEDUCTIBLE: \$3,600
CO-INSURANCE: 20% OOP LIMIT: \$5,000

EXPENSES FOR AN OFFICE VISIT WITH LABS AND MEDICATION

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

TOTAL: \$500



CDHP BREAKDOWN INDIVIDUAL:

Deductible: \$3,600

- Paid to date: \$500

**Amount remaining on deductible:
\$3,100**

OOP limit: \$5,000

- Paid to date: \$500

Amount remaining on OOP: \$4,500

Note: Plans are subject to Out of Network allowances.

CONSUMER DIRECTED HEALTH PLAN

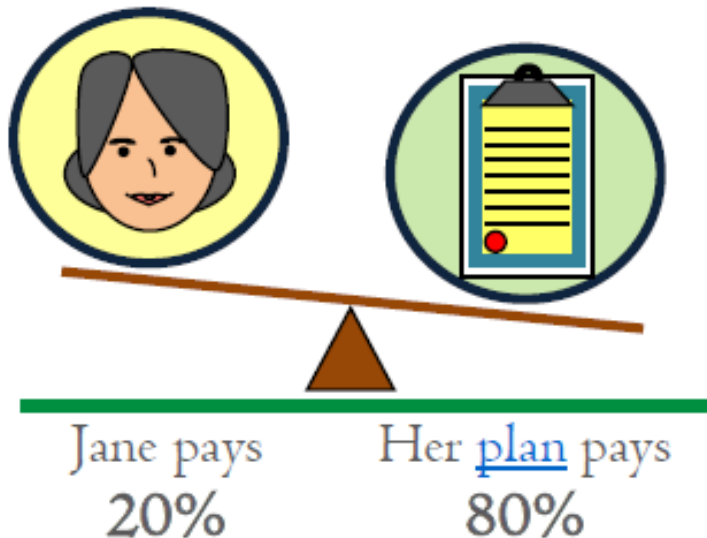
FAMILY COVERAGE EXAMPLE

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JANE'S INDIVIDUAL DEDUCTIBLE: \$3,600 FAMILY DEDUCTIBLE: \$7,200 FAMILY OOP MAX: \$10,000 CO-INSURANCE: 20%

Expenses for Jane's knee surgery

- Surgery: \$20,000
- TOTAL: \$20,000**



CDHP BREAKDOWN FAMILY:

Jane's deductible: \$3,600

- Amt remaining on Jane's deductible: \$0
- Total remaining costs: \$16,400
- Individual co-insurance after Jane's deductible: \$1,400

Total due: \$5,000 (Individual OOP Limit)

Family deductible: \$7,200

- Paid to date: \$5,000
- Amount remaining on family deductible: \$2,200
- Amount remaining on family OOP limit: \$5,000

Note: Plans are subject to Out of Network allowances.

PPO PLAN COMPARISONS

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Cigna or Anthem Blue Cross Blue Shield			
PLAN TYPE	PPO90	PPO80	PPO70
Network Coinsurance	10%	20%	30%
Individual Deductible*	\$1,000	\$1,500	\$3,500
Family Deductible*	\$2,000	\$3,000	\$7,000
Individual Maximum Out of Pocket	\$4,000	\$5,000	\$6,500
Family Maximum Out of Pocket	\$8,000	\$10,000	\$13,000
Primary Care Physician	\$35	\$35	\$35
Specialist	\$50	\$50	\$50
Emergency Room	\$250	\$250	\$250
Urgent Care	\$60	\$60	\$60
Outpatient Facility	10%	20%	30%
Inpatient Facility	10%	20%	30%

\$co-pay %co-insurance

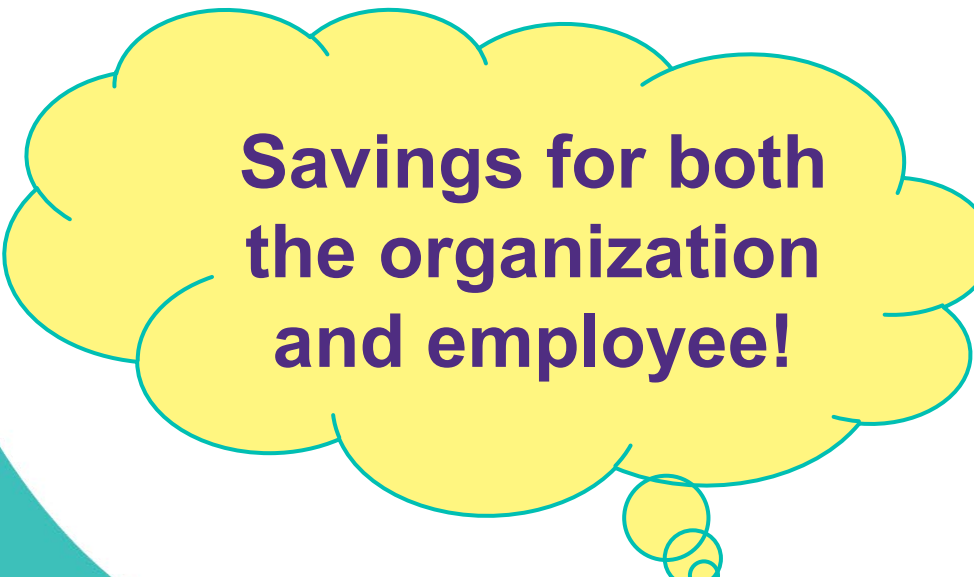
Note: Plans are subject to Out of Network allowances..

MEDICARE SECONDARY PAYER/SMALL EMPLOYER EXCEPTION (MSP/SEE)

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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 and/or B
- ✓ Choose a participating Anthem or Cigna plan
- ✓ Be approved for the SEE Plan by Medicare

2027 MONTHLY RATES FOR MEDICARE SECONDARY PAYER/SMALL EMPLOYER EXCEPTION (MSP/SEE)

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Medicare Secondary Payer Plans for age 65+

Anthem BCBS/Cigna MSP PPO 70	MS12	MGM4	\$1,000	\$2,000	\$1,800	\$3,000
Anthem BCBS/Cigna MSP PPO 80	MS11	MGM3	\$1,104	\$2,208	\$1,987	\$3,312
Anthem BCBS/Cigna MSP PPO 90	MS10	MGM2	\$1,300	\$2,600	\$2,340	\$3,900



DELTA DENTAL

2027 DELTA DENTAL PREMIUMS & PARTICIPANTS

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Plan	Single	Employee + Spouse	Employee + Child(ren)	Family
Basic	\$40	\$80	\$72	\$120
Comprehensive	\$56	\$112	\$101	\$168
Premium	\$75	\$150	\$135	\$225

Due to a decrease in available dentists in Texas, many EDOT participants have switched providers.

DENTAL PLAN BASIC

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	BASIC PLAN		
	PPO Network	Premier Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0	\$0/\$0
Annual Benefit Limit**	\$2,000	\$1,500	\$1,000
Preventive and Diagnostic	No Charge	No Charge	No Charge
Basic Restorative	20% Coinsurance	20% Coinsurance	30% Coinsurance
Major Restorative	60% Coinsurance	60% Coinsurance	99% Coinsurance
Orthodontia Services	Not Covered	Not Covered	Not Covered
Orthodontia Lifetime Maximum**	N/A	N/A	N/A

** The coinsurance shown here reflects your cost-sharing responsibility

DENTAL PLAN COMPREHENSIVE

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	COMPREHENSIVE PLAN		
	PPO Network	Premier Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0	\$100/\$300
Annual Benefit Limit**	\$2,500	\$2,000	\$1,500
Preventive and Diagnostic	No Charge	No Charge	No Charge
Basic Restorative	15% Coinsurance	15% Coinsurance	25% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance	60% Coinsurance
Orthodontia Services	50% Coinsurance	50%Coinsurance	60% Coinsurance
Orthodontia Lifetime Maximum**	\$1,500	\$1,500	\$1,000

** The coinsurance shown here reflects your cost-sharing responsibility

** Please note orthodontia lifetime maximums do not reset.

★ The Episcopal Diocese of Texas

DENTAL PLAN PREMIUM PLAN

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	PREMIUM PLAN		
	PPO Network	Premier Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0	\$50/\$150
Annual Benefit Limit**	\$3,000	\$2,500	\$2,000
Preventive and Diagnostic	No Charge	No Charge	No Charge
Basic Restorative	15% Coinsurance	15% Coinsurance	25% Coinsurance
Major Restorative	15% Coinsurance	15% Coinsurance	25% Coinsurance
Orthodontia Services	50% Coinsurance	50% Coinsurance	60% Coinsurance
Orthodontia Lifetime Maximum**	\$2,000	\$2,000	\$1,500

** The coinsurance shown here reflects your cost-sharing responsibility

** Please note orthodontia lifetime maximums do not reset.

HEALTH SAVINGS ACCOUNT

HEALTH SAVINGS ACCOUNT (HSA)

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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
2027 (employer + employee contributions)	\$4,500	\$9,000



HSA Basics:

- ✓ 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)

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How Does It Work?

Money Goes In

- You can make pre-tax contributions through payroll deductions.
- Employer contributes **\$2,880** annually for single tier plan.

Money Goes In

Optional Employee Contribution

- **SINGLE** Annual contribution: \$1,620
- **SINGLE** Annual contribution: **age 55 or older** \$2,620
- **OR**
- **FAMILY** Annual contribution: \$6,120
- **FAMILY** Annual contribution: **age 55 or older** \$7,120

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.

QUANTUM HEALTH

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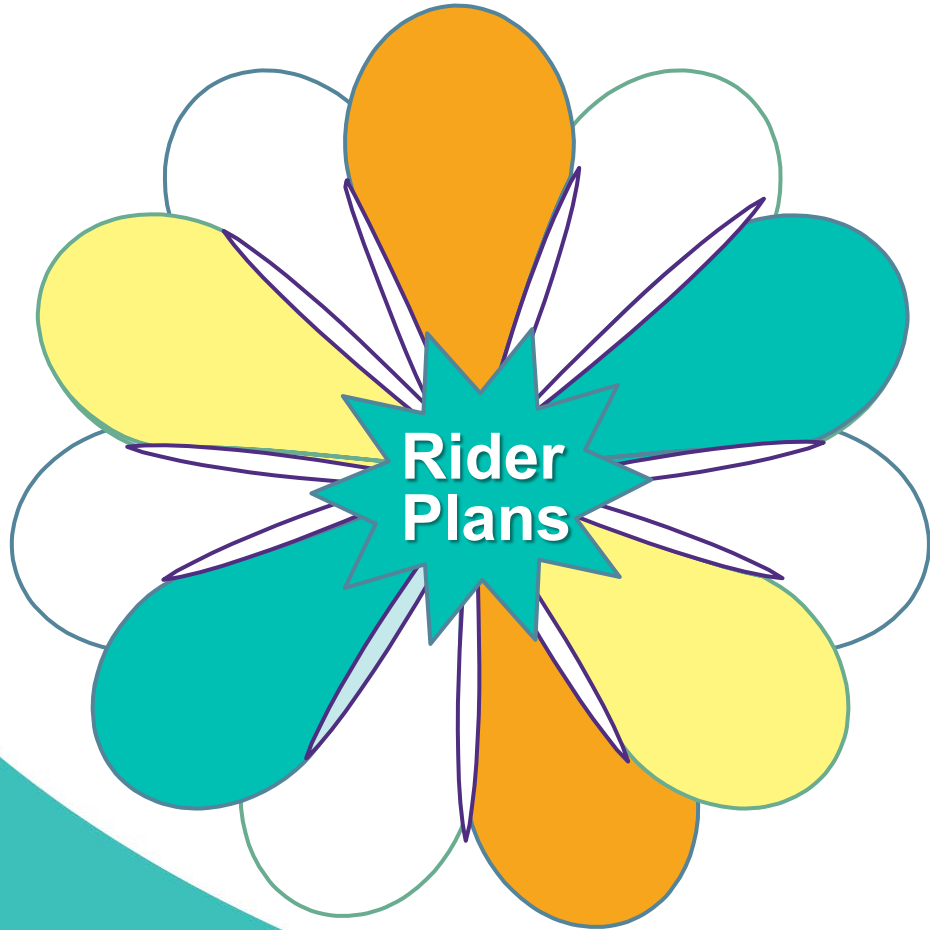
Quantum's care coordinator- nurses, benefits experts, and claims specialist familiar with our membership and our plans

Please note that **only one ID card is issued** for medical, prescription, vision and behavioral health coverage. As the single point of contact for benefit and claim information, Quantum will:

- ✓ Assist with reviewing existing benefits understanding plan options
- ✓ Verify coverage and, if necessary, get prior approval.
- ✓ Answer claims, billing, and benefits questions
- ✓ Provide Healthcare decision support
- ✓ Replace ID cards – and much more

Contact Quantum

866.871.0629



RIDER PLANS

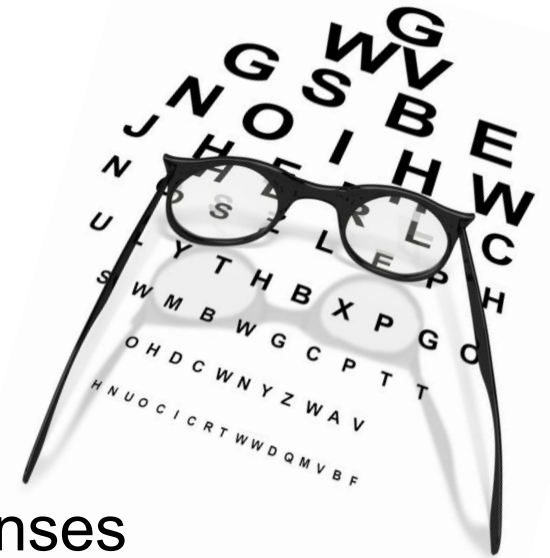
- VISION
- PRESCRIPTION
- HEARING AID

EYEMED VISION CARE

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Insight Network

- 👁️ \$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

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BENEFIT	NETWORK (<i>cost share</i>)	OUT-OF-NETWORK
Exam (<i>with dilation as necessary</i>)	\$0 copay	Up to \$30
Contact Lenses		
<i>Conventional*</i>	up to \$200 allowance	Up to \$133
<i>Disposable*</i>	up to \$200 allowance	Up to \$133
Fit and follow-up:		N/A
<i>Standard</i>	Up to \$40	N/A
<i>Premium</i>	10% off retail	N/A
Frames*	Up to \$200 allowance	Up to \$63
Plastic Lenses		
<i>Single Vision</i>	\$10	See benefit summary
<i>Bifocal</i>	\$10	
<i>Trifocal</i>	\$10	
<i>Standard Progressive</i>	\$75	
<i>Premium Progressive</i>	\$95-\$120	

PRESCRIPTIONS

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Express Scripts

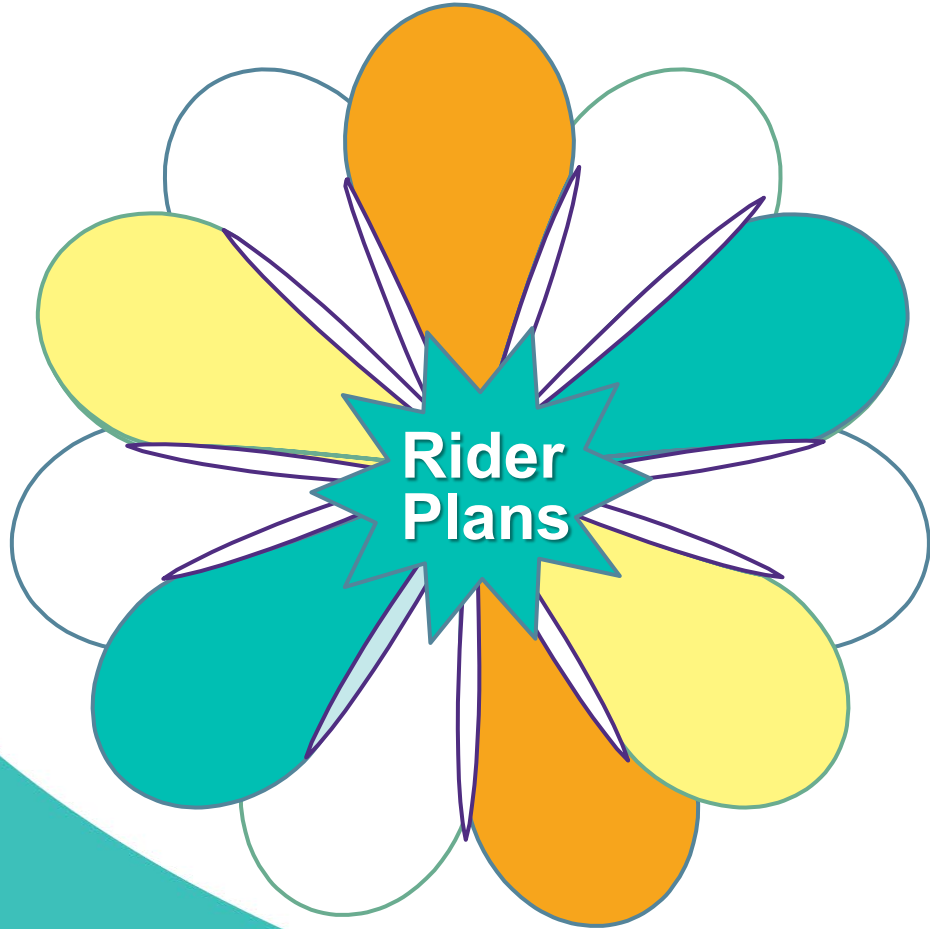


- Standard Pharmacy plan
- More than 67,000 participating retail pharmacies offer discounts with an Express Scripts ID card
- Receive up to **three** refill at any retail pharmacy
- After **three** retail refills, maintenance medications must be refilled by home delivery through Express Scripts

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**



WELLNESS PROGRAMS

- Employee Assistance Program
- Hinge Health
- Digbi
- Omada

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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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 an 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 \$4.00.



HINGE HEALTH

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Exercise therapy without leaving home.

These programs treat joint and muscle pain from head to toe.

Pain relief, plain 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

DIGBI

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Provides weight-loss support offering personalized support for glucose health, digestive wellness, and weight with personalized guidance based on individual coaching and optional genetic and gut microbiome testing data.

One, **connected** Precision Biology platform

- ✓ Holistic care
- ✓ GLP Compass
- ✓ Precision biology screening

Contact Us

Email: digbi@digbihealth.com

Web: <https://digbihealth.ai/>



OMADA

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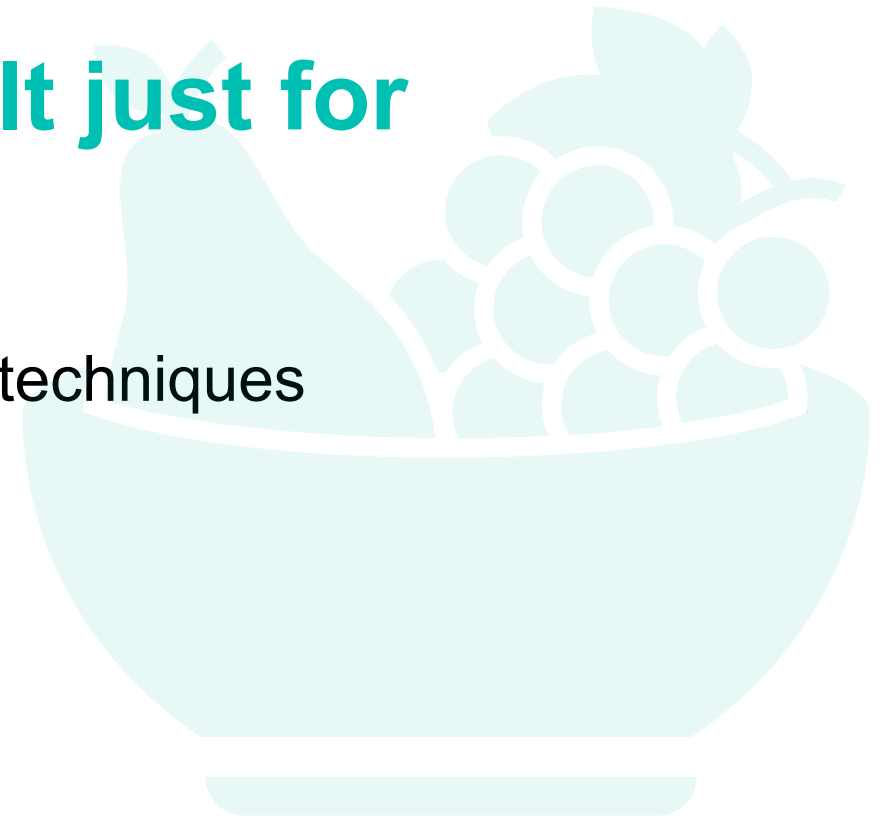
Personalized virtual program that can help create healthier habits through support with personalized virtual coaching around nutrition, exercise, sleep, and stress. Provided at no cost.

A health program built just for **you**

- ✓ Smart scale
- ✓ Behavioral change techniques
- ✓ Clinical oversight

Contact Us

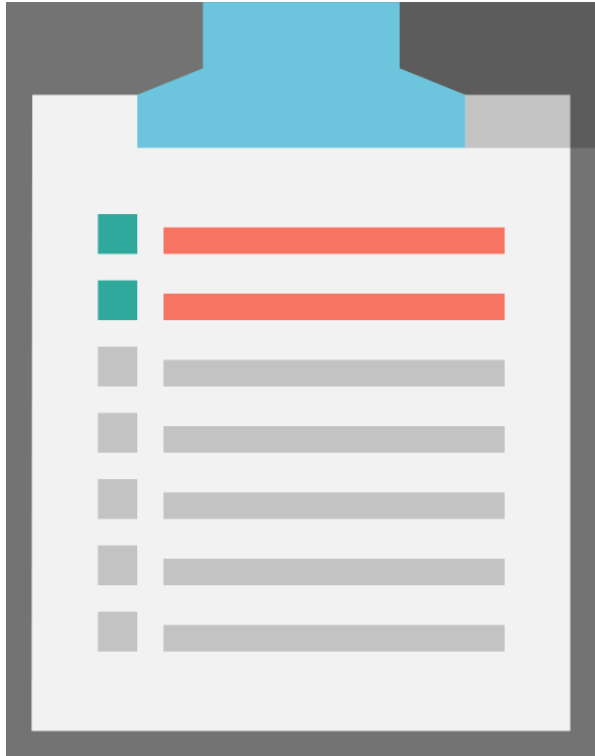
Web: <https://www.omadahealth.com>



PREPARING FOR ANNUAL ENROLLMENT

YOUR “TO DO” CHECKLIST:

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- ✓ Learn how your healthcare benefits work
- ✓ Enroll in the benefits that best meet your needs:
 - Consider you and your family's healthcare needs for 2027
 - Compare options and cost
 - Enroll by deadline (November 6, 2026)
- ✓ Review and update your personal and dependent information

ANNUAL ENROLLMENT TIMELINE

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Early October 2026

Your Email is Sent

October 14, 2026

Annual Enrollment
Begins

November 6, 2026

Annual Enrollment
Ends

January 1, 2027

New Plan Year
Begins

ANNUAL ENROLLMENT

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2027 Annual Enrollment: mid October to mid November 2026

- ❖ Approximately *one week before* Annual Enrollment begins, information about Annual Enrollment dates and how to access the enrollment site will be emailed.
- ❖ During Annual Enrollment, Anthem and Cigna network members (and potential members) contact Quantum at **866-871-0629** for help to:
 - Review existing benefits
 - Understand plan options
 - Choose the right plan for themselves and their families.

ACCESS CPG

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Visit: cpg.org/mycpg

The screenshot shows the web interface for accessing the CPG portal. At the top, the browser address bar displays cpg.org/mycpg. Below this, there are two side-by-side panels. The left panel is for signing in, featuring a note about the transition from username/Client ID to email address, a text field for 'Personal Email' (containing 'janedoe@gmail.com'), a password field, a 'Forgot Password?' link, and a checkbox for 'Remember this device for 10 hours'. The right panel is for creating a new account, with a 'Client Number' field (containing 'XXX-XXX-XXX'), fields for 'Legal first name' and 'Legal last name', and a 'Date of birth' field. Both panels have 'Sign In' and 'Create Account' tabs at the top.

- Sign in using the email address in your Annual Enrollment email.
- If there is no email address or you did not access your account in 2026, please select **Create Account** and follow the prompts.
- Enter the Client Number found on your Annual Enrollment email.

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.

ANNUAL ENROLLMENT RESOURCES

ANNUAL ENROLLMENT RESOURCES

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- Quantum Care Coordinators
- CPG Annual Enrollment Guide
- CPG Administrator Resource Center
- CPG Client Services

QUESTIONS?

