
# Medical & Insurance Offerings - 2026

## Annual Enrollment October 15, 2025

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# Why we are here?



- Resolutions (What is required)
- 2026 Plan Options and Rates
- Medical Plan Array Summaries
- Delta Dental
- Health Savings Account
- Quantum
- Rider Plans
- Preparing for Annual Enrollment
- Diocesan Resources
- Questions

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# 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 **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).

## 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 2026 that amount is, **$2,720 annually or $227 monthly**.
**(prorated based on eligibility date)**

## Minimum Annual Contribution

The **MINIMUM** medical funding per employee for 2026 equates to **$873** (medical premium at single level on CDHP-20) **+$227** (monthly HSA contribution= **$1,100**

**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 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?



| 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

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# 2026 Plan Options
# &
# Premiums

# 2026 Monthly Rates Parish & Institutions



| Medical Plan Name | Single | Plus Spouse | Plus Child(rn) | Family |
|---|---|---|---|---|
| PPO 70 | $1,097 | $2,194 | $1,975 | $3,291 |
| PPO 80 | $1,241 | $2,482 | $2,234 | $3,723 |
| PPO 90 | $1,458 | $2,916 | $2,624 | $4,374 |
| CDHP- 20/ HSA | $873 | $1,746 | $1,571 | $2,619 |
| 40/HSA | $773 | $1,546 | $1,391 | $2,319 |

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# 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*** | **$3,400** | $3,500 |
| **Family Deductible*** | **$6,800** | $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



**Jane's Plan Deductible: $3,400 Co-insurance: 20% OOP Limit: $4,200**

Expenses for an office visit with labs and medication

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

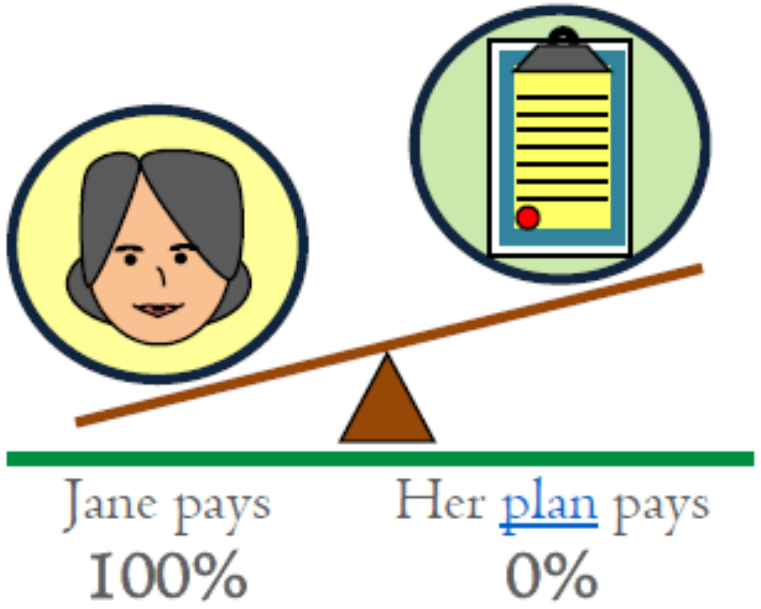
**TOTAL: $500**

CDHP Breakdown Individual:
Deductible: $3,400

- Paid to date: $500
- **Amt remaining on deductible: $2,900**

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



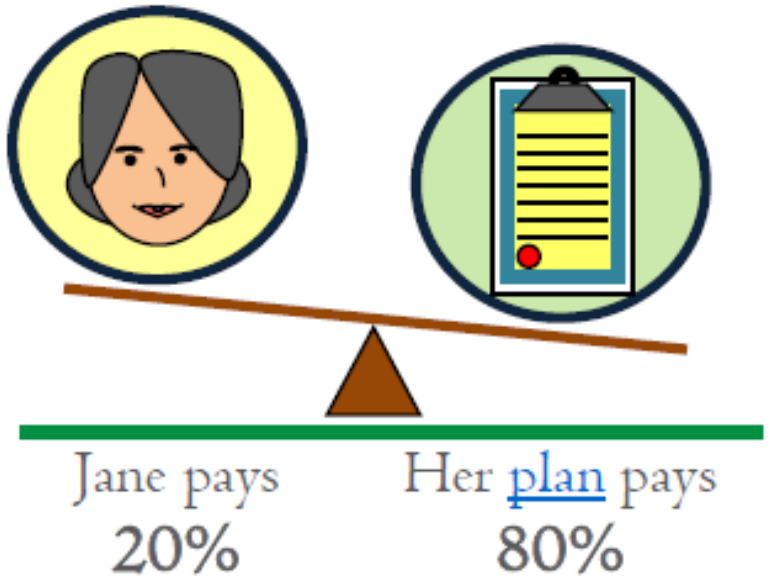
**Jane's Individual Deductible: $3,400 Family Deductible: $6,800 Family OOP Max: $8,450 Co-insurance: 20%**

Expenses for Jane's knee surgery
- Surgery: $20,000

**TOTAL: $20,000**

CDHP Breakdown Family:
**Jane's deductible: $3,400**

- Amt remaining on Jane's deductible: $0
- Total remaining costs: $16,600
- Co-insurance share after Jane's deductible: $800
- **Total due: $4,200 (Individual OOP Limit)**




**Family deductible: $6,800**

- Paid to date: $4,200
- Amount remaining on family deductible: $3,400
- 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

# 2026 Monthly Rates for Medicare Secondary Payer/Small Employer Exception (MSP/SEE)



| Anthem BCBS/Cigna Medicare Secondary Payer Plans for age 65+ | | | | |
|---|---|---|---|---|
| **Medical Plan Name** | **Single** | **Plus Spouse** | **Plus Child(rn)** | **Family** |
| MSP PPO 70 | $893 | $1,786 | $1,607 | $2,679 |
| MSP PPO 80 | $990 | $1,980 | $1,782 | $2,970 |
| MSP PPO 90 | $1,166 | $2,332 | $2,099 | $3,498 |

# Delta Dental

# 2026 Delta Dental Premiums & Participants



| Plan | Single | Employee Plus Spouse | Employee Plus Child(ren) | Family | Participants |
|---|---|---|---|---|---|
| **Comprehensive** | $39 | $78 | $70 | $117 | 117 |
| **Basic** | $55 | $110 | $99 | $165 | 148 |
| **Premium** | $74 | $148 | $133 | $222 | 167 |
| | | **Total Participants** | | **432** | |

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

# Dental Plan Basic



| | 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** | 80% Coinsurance | 80% Coinsurance | 70% Coinsurance |
| **Major Restorative** | 40% Coinsurance | 40% Coinsurance | 1% Coinsurance |
| **Orthodontia Services** | Not Covered | Not Covered | Not Covered |
| **Orthodontia Lifetime Maximum**** | N/A | N/A | N/A |

# Dental Plan Comprehensive



| | 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** | 85% Coinsurance | 85% Coinsurance | 75% Coinsurance |
| **Major Restorative** | 50% Coinsurance | 50% Coinsurance | 40% Coinsurance |
| **Orthodontia Services** | 50% Coinsurance | 50%Coinsurance | 40% Coinsurance |
| **Orthodontia Lifetime Maximum**** | $1,500 | $1,500 | $1,000 |

** Please note orthodontia lifetime maximums do not reset.

# Dental Plan Premium Plan



| | 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** | 85% Coinsurance | 85% Coinsurance | 75% Coinsurance |
| **Major Restorative** | 85% Coinsurance | 85% Coinsurance | 75% Coinsurance |
| **Orthodontia Services** | 50% Coinsurance | 50% Coinsurance | 40% Coinsurance |
| **Orthodontia Lifetime Maximum**** | $2,000 | $2,000 | $1,500 |

** Please note orthodontia lifetime maximums do not reset.

# Dental Take Away



DELTA DENTAL

No premium rate increase for 2026

No action required to maintain coverage in 2026

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# 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 |
|---|---|---|
| 2026 (employer + employee contributions) | $4,400 | $8,750 |

**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?

### Money Goes In

- You can make pre-tax contributions through payroll deductions.
- Employer contributes **$2,720** annually for single tier plan.

### Money Goes In

**Optional Employee Contribution**

- **SINGLE** Annual contribution: $1,680
- **SINGLE** Annual contribution: **age 55 or older** $2,680

OR

- **FAMILY** Annual contribution: $6,030
- **FAMILY** Annual contribution: **age 55 or older** $7,030

### 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.**

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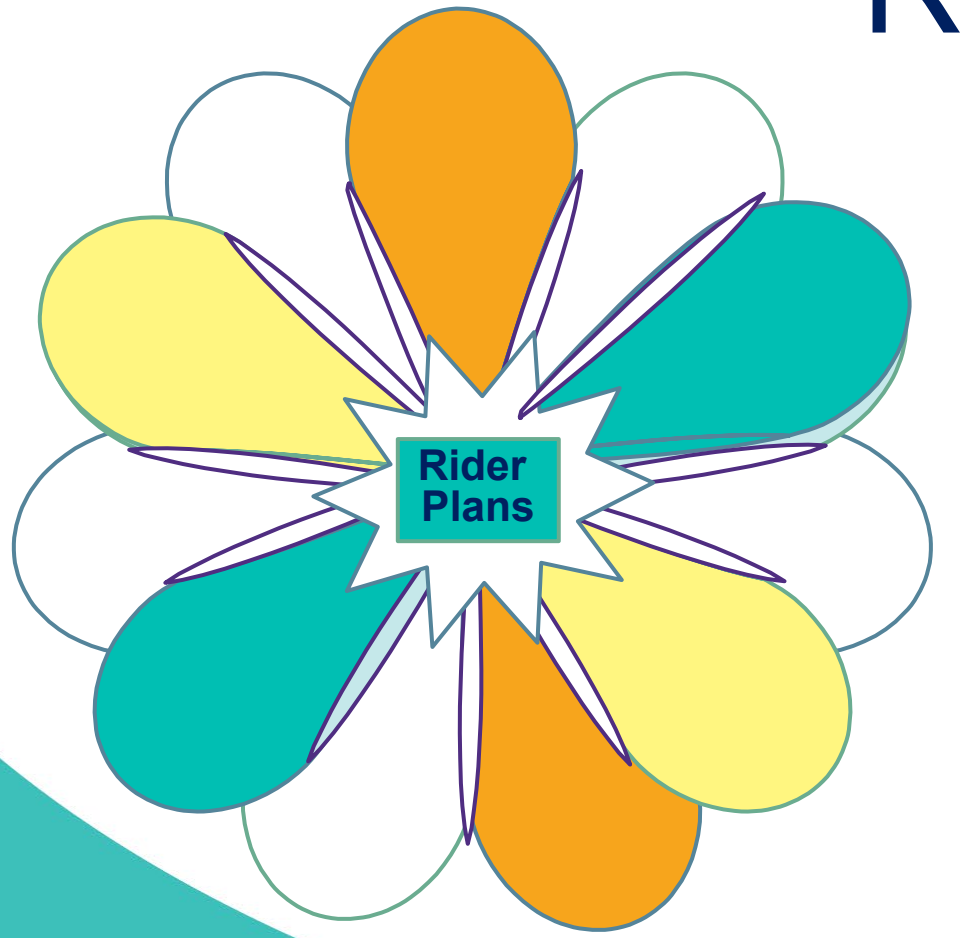
# Rider Plans




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

# EyeMed Vision Care -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



| 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 | |
| Bifocal | $10 | **See benefit summary** |
| Trifocal | $10 | |
| Standard Progressive | $75 | |
| Premium Progressive | $95-$120 | |

# Prescription


## 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

# EMPLOYEE ASSISTANCE PROGRAM(EAP)



## 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 $4.00.**

# 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**

# Quantum Health



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

Please note that **only one ID card** for medical, prescription, vision and behavioral health coverage. As is a 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
- ✓ Healthcare decision support
- ✓ Replace ID cards – and much more

**Contact Quantum**
**866.871.0629**

# Hinge Health



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

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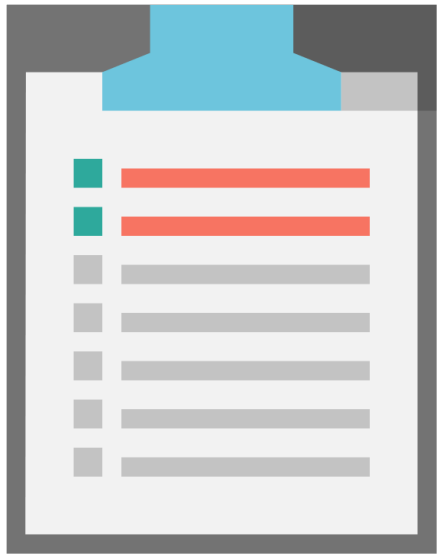
# Preparing for Annual Enrollment?

# 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 2026
  - ✓ Compare options and cost
  - ✓ Enroll by deadline (November 7, 2025)
- ✓ Review and update your personal and dependent information

# Annual Enrollment Timeline

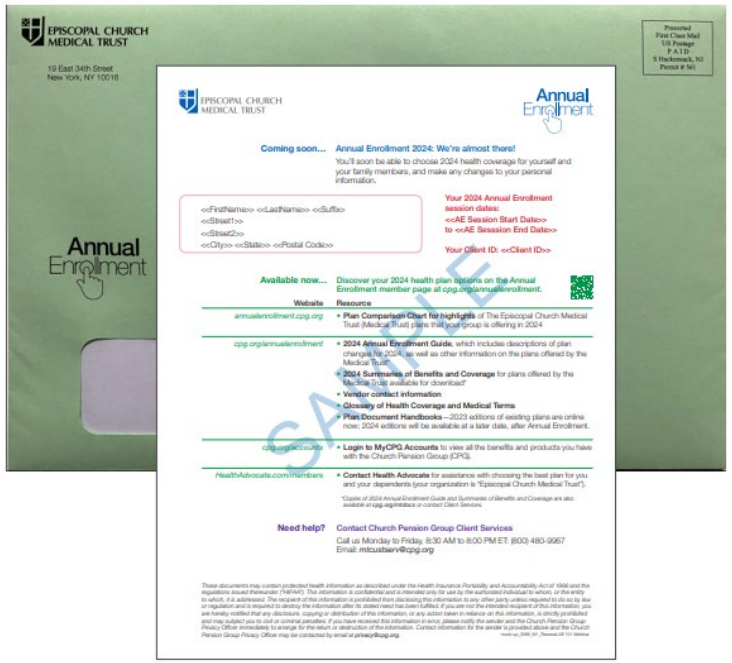


# Annual Enrollment



**2025** Annual Enrollment will happen between **mid October and mid November 2025**

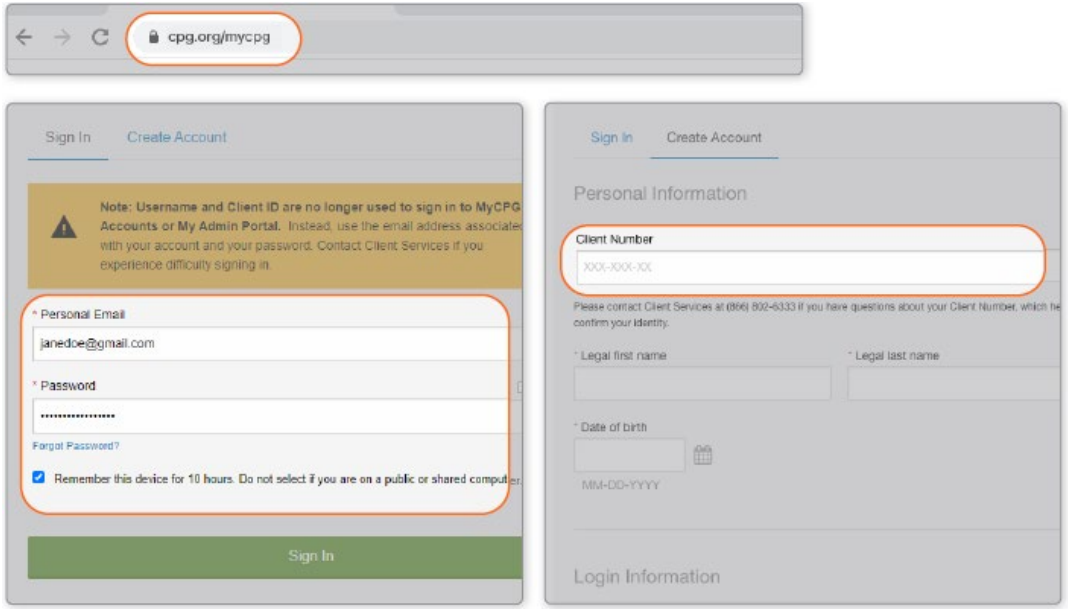
Look for a green envelope in the mail with your group's enrollment dates and your **Client ID**



# Access CPG



Visit: *cpg.org/mycpg*




- 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 2025, 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.

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# Diocesan Resources

# Questions?