

Medical & Insurance Offerings - 2024



INSURANCE

**Annual
Enrollment
October
15, 2025**

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?

2

- ☐ 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

RESOLUTIONS: What Coverages are Mandatory for your Employees?

Medical Resolution A177

4

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

5

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?

6

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

2026 Plan Options & Premiums

2026 Monthly Rates Parish & Institutions

8

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

Medical Plan Array Summaries

Consumer Directed Health Plan Comparisons

10

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

11

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

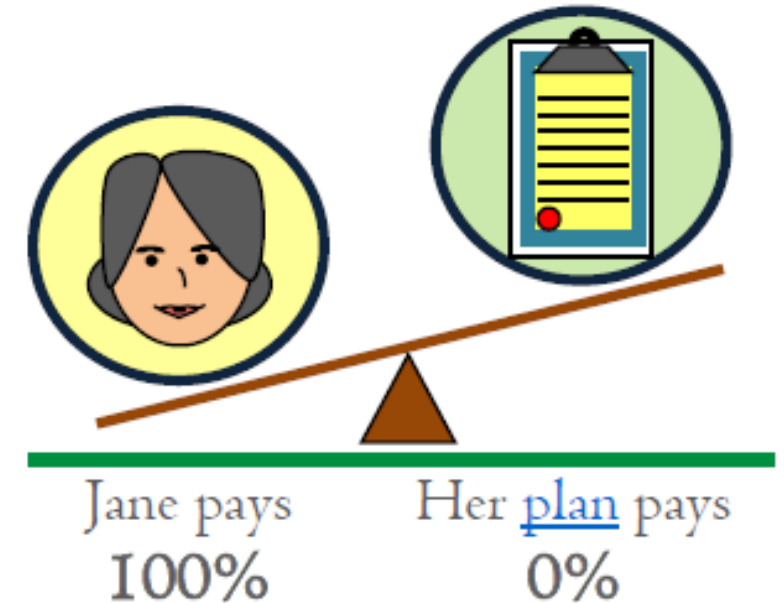
CDHP Breakdown Individual:

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

12

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:

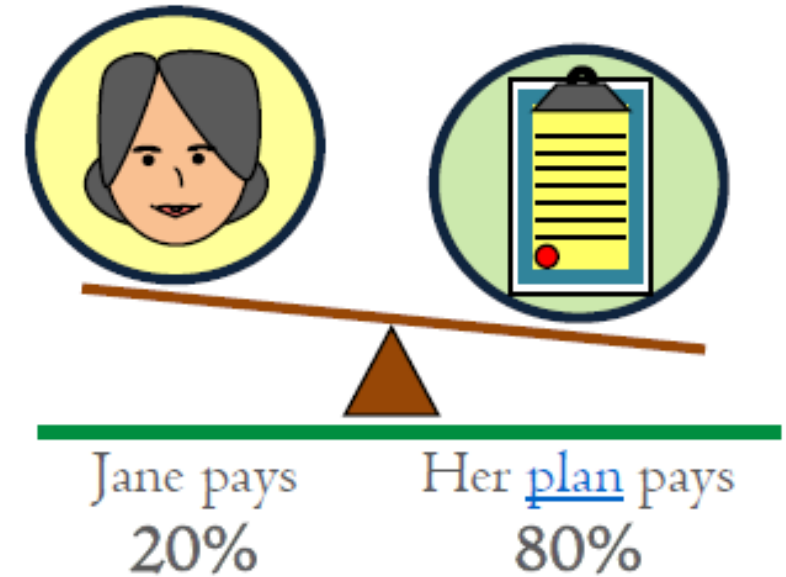
Jane's deductible: \$3,400

- 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

13

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

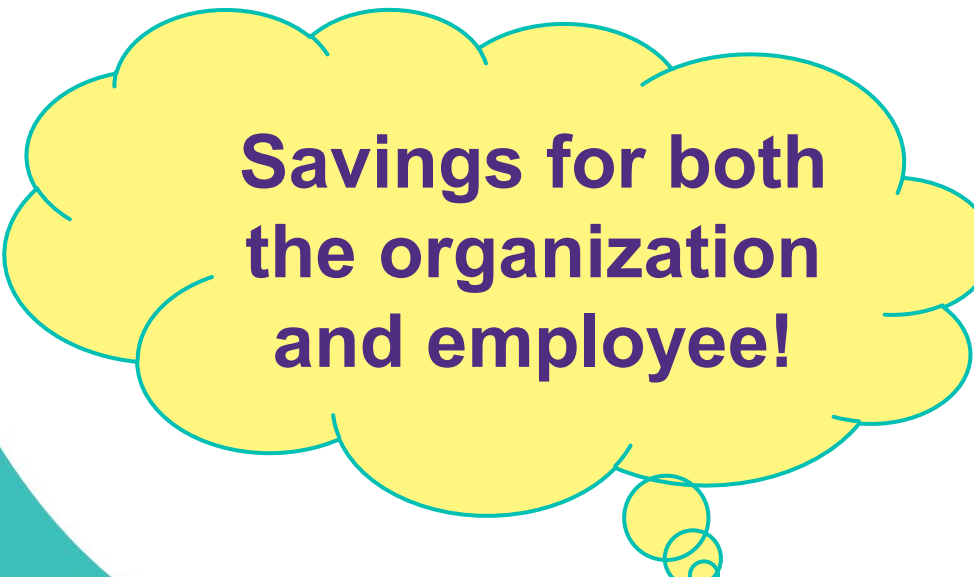
Note: Plans are subject to Out of Network allowances. For a more detailed chart click [HERE](#).

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

14

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)

15

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

Dental Plan Basic

17

		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

18

		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

19

		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

22



No premium rate increase for 2026

No action required to maintain coverage in 2026

Health Savings Account

Health Savings Account (HSA)

24



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)

23

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

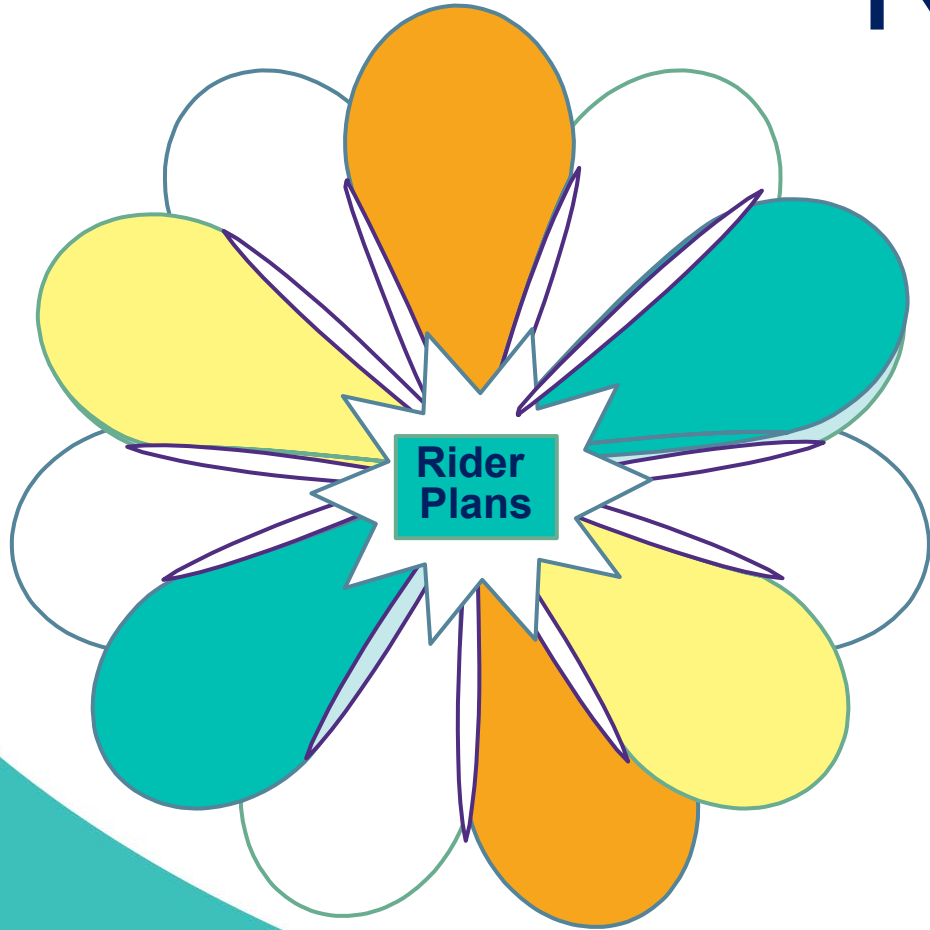
The money in your Health Savings Account rolls over from year to year for you to use.

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.

Rider Plans



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

EyeMed Vision Care -Insight Network

25

- 👁️ \$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

26

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



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)

28

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

30

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

31

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

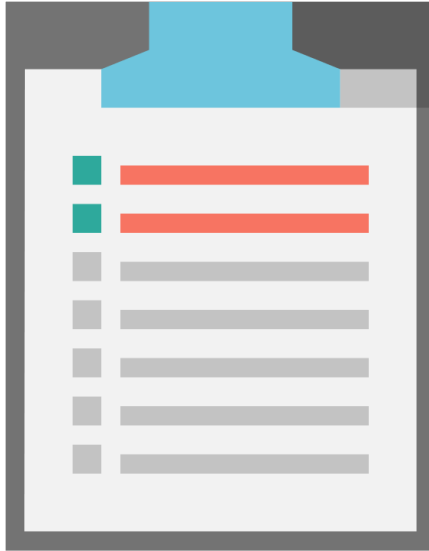
Email: help@hingehealth.com

Web: hingehealth.com/for/ecmt

Preparing for Annual Enrollment?

Your Checklist of What To Do:

33



- ✓ 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

34

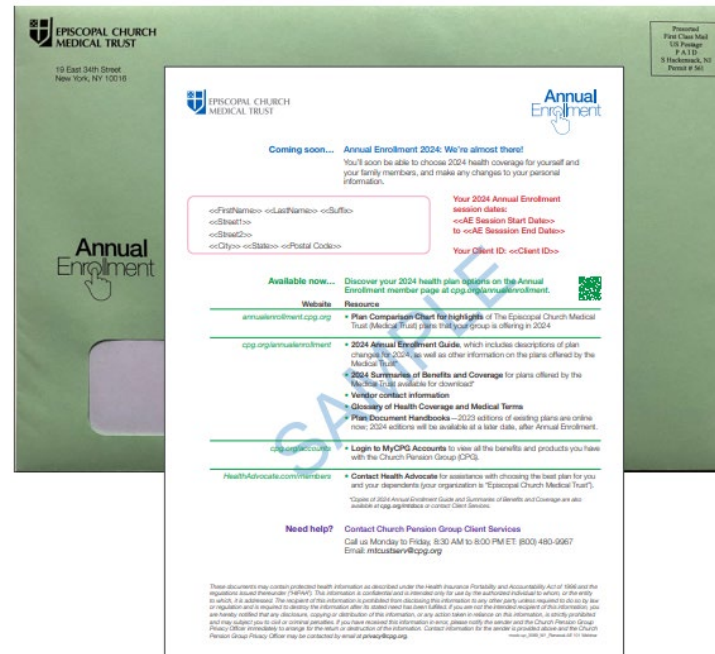


Annual Enrollment

35

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

36

Visit: cpg.org/mycpg

The screenshot shows the CPG website's login and account creation page. The browser address bar displays 'cpg.org/mycpg'. The page has two tabs: 'Sign In' and 'Create Account'. On the left, the 'Sign In' tab is active, showing a note about the transition from username/client ID to email address for login. Below this, there are input fields for 'Personal Email' (containing 'janedoe@gmail.com') and 'Password'. A 'Remember this device for 10 hours' checkbox is checked. A 'Sign In' button is at the bottom. On the right, the 'Create Account' tab is visible, showing a 'Personal Information' section with a 'Client Number' field (containing 'XXX-XXX-XXX'), 'Legal first name', 'Legal last name', and 'Date of birth' fields. A 'Login Information' section is partially visible at the bottom.

- 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.

Diocesan Resources

Questions?

38

