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Your 2024 Retiree Annual Enrollment

Your health plan enrollment is an important decision. These instructions will help you enroll in The Episcopal Church Medical Trust (Medical Trust) retiree health benefits for 2024.

PLEASE SAVE THIS LETTER

Your Associated Email Address: <_____>

Your Client Number: <_____>

Take Action!

1. **Review** the Delta Dental plan selected for you.
2. **Review** your medical plan.
3. **Make any changes to your medical or dental plan by the deadline.**

New! You can review your beneficiary information on MyCPG Accounts. Look for the “Beneficiaries” tab.

Annual Enrollment PLUS! New Vendor: Delta Dental

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024! If you are currently enrolled in a Cigna Dental plan through The Episcopal Church Medical Trust (Medical Trust), *that coverage is going away. You don’t have to do anything. We are enrolling you in a Delta Dental PPO + Premier™ (Delta Dental) plan option similar to your current Cigna Dental plan.* You’ll enjoy richer benefits with no rate increase. Learn about our new vendor, **Delta Dental**, and find out more below.

Note: For an eligible spouse who is not yet 65 years old and for other eligible dependents, this is an active enrollment. They need to sign in to **MyCPG Accounts** and make their own health plan selections, including a Delta Dental plan option, during Annual Enrollment. They will not be passively enrolled in a Delta Dental plan, and if they do not enroll, they will not have dental coverage through the Medical Trust in 2024.

2024 Annual Enrollment Is October 16 to November 17, 2023

You will need this letter to complete your Annual Enrollment for 2024. Please read it carefully, along with the Annual Notice of Change that you will receive from UnitedHealthcare in early October.

UnitedHealthcare Group Medicare Advantage (PPO) Plan

The Medical Trust offers a UnitedHealthcare® Group Medicare Advantage (PPO) plan to provide eligible retirees and their eligible dependents with health and prescription drug coverage. This group plan is custom designed for the Medical Trust and should not be confused with individual Medicare Advantage plans available in the marketplace.

In addition to delivering all the benefits of Medicare Part A, Part B, and Part D in a single plan, this Group Medicare Advantage plan provides coverage for hearing aids, travel insurance, fitness programs, and other benefits that are important to overall health.

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a national plan that allows retirees to see any provider (in-network or out-of-network) at the same cost, as long as the provider has not opted out of or been excluded or precluded from Medicare, and they accept payment from UnitedHealthcare.¹ The plan also offers such benefits as caregiver support and personalized concierge service.

For more information about these benefits, visit retiree.uhc.com/ECMT or call UnitedHealthcare Customer Service at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, seven days a week (translation services available upon request).

Additional Benefits

The UnitedHealthcare Group Medicare Advantage (PPO) plan includes additional benefits provided by the Medical Trust at no extra cost to you. To learn more, please visit cpg.org/GMAenrollment.

- EyeMed vision benefits provide coverage for an annual eye exam-and cost savings on prescription glasses or contact lenses.
- Health Advocate helps you navigate the complexity of the healthcare system.
- The Cigna Employee Assistance Program (EAP) provides support for emotional, physical, and legal issues.

UnitedHealthcare Group Medicare Advantage (PPO) Plan Options

You have two plan options:

Plan Option	Deductible	Out-of-Pocket Maximum*
GMA Premium (PPO)	\$0 (none)	\$1,500 per person
GMA Comprehensive (PPO)	\$0 (none)	\$2,000 per person

*Your out-of-pocket maximum does not include any cost-share related to (1) pharmacy benefits or (2) services not otherwise covered by Medicare.

In addition to the difference in the annual maximum out-of-pocket costs, some of the cost shares for certain services and/or products are different under the two plan options. Please refer to the summary of benefits for a side-by-side comparison at retiree.uhc.com/ECMT or call UnitedHealthcare Customer Service at (866) 519-5401, TTY 711, 8:00 AM to 8:00 PM local time, seven days a week (translation services available upon request).

Note: Both plan options include Part D prescription drug coverage. If you enroll in this UnitedHealthcare Group Medicare Advantage (PPO) plan and you have an existing Medicare Part D prescription drug plan not provided by the Medical Trust, Medicare may disenroll you from that Medicare Part D plan

¹ If a provider refuses to directly bill UnitedHealthcare, it may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to UnitedHealthcare. You'll be reimbursed for the cost of the claim minus your cost share.

because you can be enrolled in only one Medicare Part D plan at a time.

Retirees enrolled in TRICARE For Life can also be enrolled in the UnitedHealthcare Group Medical Advantage (PPO) plan offered through the Medical Trust.

Dental Plan

New Vendor: Delta Dental!

If you are enrolled with Cigna Dental through the Medical Trust, that coverage will not be offered after December 31, 2023. We are enrolling you in a Delta Dental plan option similar to your current Cigna Dental plan. See the table below.

2023 Cigna Plan	*NEW* 2024 Delta Dental Plan
Preventive Dental →	Delta Dental Basic
Basic Dental →	Delta Dental Comprehensive
Dental & Orthodontia →	Delta Dental Premium

- We encourage you to sign in to **MyCPG Accounts**, where you can view and change your Delta Dental plan selection during Annual Enrollment. *Making changes is optional, not mandatory.*²
- If you are not enrolled in dental benefits through the Medical Trust but would like coverage in 2024, please make a Delta Dental plan selection during Annual Enrollment.

How Delta Dental Can Work for You

With the Delta Dental PPO + Premier™ plan, you'll be able to access services in two Delta Dental dentist networks (Delta Dental PPO™ and Delta Dental Premier®) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.

- Providers in the Delta Dental PPO³ network and Delta Dental Premier network have agreed to contracted rates, and you won't be charged more than your expected share of the bill.⁴ **Using the Delta Dental PPO network⁵ offers the highest annual maximum benefit, allowing you the most savings.** Using an out-of-network dentist may result in higher out-of-pocket expenses.
- All Delta Dental plan options cover
 - diagnostic care and preventive care
 - three dental cleanings a year (four cleanings based on certain conditions)
 - basic and major restorative services, subject to applicable coinsurance, deductibles, limitations, and exclusions.
- Orthodontia services have an enhanced in-network lifetime benefit in the Premium Plan and are also offered in our Comprehensive Plan.

Learn more about what Delta Dental offers you at cpg.org/deltadental or call Delta Dental at (888) 894-7059.

² For an eligible spouse who is not yet 65 years old and for other eligible dependents, this is an active enrollment. They need to sign in to **MyCPG Accounts** and make their own health plan selections, including a Delta Dental plan option, during Annual Enrollment. They will not be passively enrolled in a Delta Dental plan, and if they do not enroll, they will not have dental coverage through the Medical Trust in 2024.

³ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

⁴ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁵ You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

- You can find a dental provider, check your benefits, and access other helpful resources all in one place at deltadentalins.com.
- Need help with your dental choices? Call Delta Dental at (888) 894-7059.
- Find more information about CPG’s medical and dental benefits at cpg.org/annualenrollment.

Clergy Post-Retirement Health Subsidy and Plan Premiums

Eligible clergy beneficiaries of The Church Pension Fund Clergy Pension Plan (Clergy Pension Plan) receive a monthly subsidy to help cover the cost of purchasing a Group Medicare Advantage plan and/or group dental coverage. Eligible clergy with at least 10 years of credited service under the Clergy Pension Plan—and their eligible spouses—are eligible for the subsidy.

If applicable to you, the 2024 post-retirement health subsidy approved by The Church Pension Fund Board of Trustees may be used to cover or offset all or a portion of the cost of the GMA Premium (PPO) plan option, the GMA Comprehensive (PPO) plan option, and/or dental coverage for eligible retired clergy and their eligible spouses. The monthly health subsidy information is available at cpg.org/clergysubsidy.

Medical Plan Option	Monthly Premium*
GMA Premium (PPO)	\$317 per person
GMA Comprehensive (PPO)	\$227 per person

**Includes cost for Medical, Rx, Vision, EAP, Health Advocate, and plan administration. The Medical Trust is no longer offering plans without prescription coverage.*

Dental Plan Option	Monthly Premium
Delta Dental Premium	\$90 per person
Delta Dental Comprehensive	\$74 per person
Delta Dental Basic	\$61 per person

Note

If you and your eligible spouse/dependent don’t select a **medical plan option** by November 17, 2023, you will remain enrolled in your current GMA plan option for the plan year starting in January 2024.

If you are currently enrolled in a Cigna Dental plan through the Medical Trust, that coverage is going away. Unless you decline **dental coverage**, you will be enrolled in the Delta Dental plan option most similar to your current Cigna Dental plan coverage.

New! Check Your Beneficiaries Online!

After you make your health plan selections during Annual Enrollment, look for the “Beneficiaries” tab on *MyCPG Accounts*, where you can review and update your beneficiaries.

Pension Deduction Agreement and Authorization

If you have a pension with The Church Pension Fund, as a condition of your continued enrollment in the applicable health coverage(s), you authorize The Church Pension Fund to deduct from your pension benefit the amount of your monthly contribution(s) for the health coverage(s) in which you and any eligible dependents are enrolled and to pay such amount(s) to The Episcopal Church Clergy and Employees’ Benefit Trust (ECCEBT). You acknowledge that your participation in this health program is optional and that you authorize this deduction from your pension benefit voluntarily and without any duress or undue influence by the ECCEBT, The Episcopal Church Medical Trust, or any of its affiliates. You acknowledge that this deduction is for your benefit and that you have received written notice of all terms and conditions of the payment and/or its benefits and the details of the manner in which deductions will be made.

You understand that future cost increases will automatically be withheld from your pension benefit, as long as you remain in the same plan(s) or are defaulted to a replacement plan(s), without additional authorization. You understand that whenever there is a substantial change in the terms or conditions of the payment, including but not limited to any change in the amount of the deduction, or a substantial change in the benefits of the deduction or the details in the manner in which deductions are made, you will be notified prior to the implementation of the change.

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

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 (and their eligible dependents) of The Episcopal Church (the "Church"). 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.

CPF currently offers a post-retirement health subsidy to eligible clergy and eligible spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Group Medicare Advantage (PPO) plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

These documents may contain protected health information as described under the Health Insurance Portability and Accountability Act of 1996 and the regulations issued thereunder ("HIPAA"). This information is confidential and is intended only for use by the authorized individual to whom, or the entity to which, it is addressed. The recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying or distribution of this information, or any action taken in reliance on this information, is strictly prohibited and may subject you to civil or criminal penalties. If you have received this information in error, please notify the sender and the Church Pension Group Privacy Officer immediately to arrange for the return or destruction of the information. Contact information for the sender is provided above and the Church Pension Group Privacy Officer may be contacted by email at privacy@cpg.org.

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