

«AddressBlock»+«Postal\_Code\_4»

«Mail\_Date»



#### Maximum Age for Benefits Eligibility

The Medical Trust offers medical and/or dental coverage to eligible dependent children until the end of the calendar year in which they turn age 30, unless they are disabled before age 25.

Dear Friend:

Our records show that you are or will turn age 30 this year and, as a result, will not be eligible for benefits as a dependent through The Episcopal Church Medical Trust (Medical Trust) in 2024.

The Medical Trust allows you to voluntarily continue medical<sup>1</sup> and/or dental coverage at your own expense for up to 36 months beginning on January 1, 2024, through the Medical Trust's Extension of Benefits program. If you want to participate in the program, please fill out and return the enclosed Extension of Benefits information and enrollment form(s) with your remittance stub(s) and check **by December 8, 2023**.

**Note: If you do not actively elect to participate in the Extension of Benefits program, your last day of medical and/or dental coverage with the Medical Trust will be December 31, 2023.**

#### Options for Benefits Coverage

**Delta Dental has the largest network of dentists nationwide and is our new dental vendor for 2024!** If you are eligible and decide to enroll in dental coverage beginning January 1, 2024, through the Medical Trust's Extension of Benefits program, we will enroll you in a Delta Dental PPO + Premier™ plan option most similar to your current Cigna Dental plan.<sup>2</sup> Cigna dental plans will no longer be offered through the Medical Trust. Learn about our new vendor, Delta Dental, and about our Delta Dental plan options at [cpg.org/deltadental](http://cpg.org/deltadental).

We encourage you to explore all your options for 2024, which may include:

- Medical and/or dental plans offered by your employer.
- Qualified health plans available on the federal or state Health Insurance Marketplace (sometimes known as health insurance "exchanges") established under the Affordable Care Act. Information is available on [healthcare.gov](http://healthcare.gov).

<sup>1</sup> Medical coverage also includes pharmacy and vision. Check your health plan handbook for a listing of all included medical benefits.

<sup>2</sup> There may be other plan options available to you. Contact our Client Services team for more information.

- Individual policies offered by private insurance companies.
- Medicaid, if certain requirements are met. You can find details on **medicaid.gov**.

If you have any questions about the termination of your Medical Trust coverage, please contact our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org).

Sincerely,

The Episcopal Church Medical Trust Team

*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.*

*Neither The Church Pension Fund nor any of its affiliates (collectively, "CPG") is responsible for the content, performance, or security of any website referenced herein that is outside the [www.cpg.org](http://www.cpg.org) domain or that is not otherwise associated with a CPG entity.*

## **Extending Your Benefits – Next Steps**

If you choose to extend your Medical Trust coverage, please do **all** of the following:

1. Complete and return the enclosed Extension of Benefits enrollment form(s).
  - A separate enrollment form is included for each type of coverage offered to you.
  - There may be other plan options available to you. Contact our Client Services team for more information.
2. Detach and return the remittance stub from the enclosed invoice(s).
3. Send a check for the total amount due from your remittance stub(s) made payable to “ECCEBT.”
  - You may send one check if you choose both medical and dental coverage.
4. Mail the enrollment form(s), remittance stub(s), and check in the enclosed return envelope to:

Church Pension Group  
Medical Trust Client Services  
19 East 34th Street  
New York, NY 10016

If you choose to extend your benefits, please retain this letter for your records.

### **Don't Miss the Deadline!**

**We must receive your enrollment materials and full payment by December 8, 2023**, so please mail them as soon as possible. Your option to extend your benefits will automatically be terminated if we receive your form(s) or check after the expiration date, or if full payment is not included.

### **Questions?**

Please contact our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email [mtcustserv@cp.org](mailto:mtcustserv@cp.org).

Thank you for the opportunity to serve you.

Sincerely,

The Episcopal Church Medical Trust Team

## Extension of Benefits—Medical Enrollment Form

**Please remit this form and remittance stub with your payment in the enclosed envelope**

«AddressBlock»+«Postal\_Code\_4»

«Mail\_Date»

**Association Number:** «ASSN»  
**Client Number:** «Dependent\_Client\_Number\_PIN»//DAO  
**Medical Plan Offered:** «Med\_Plan\_Name»  
**Offer Expiration Date:** December 8, 2023

**Eligibility Dates for Extension of Benefits**  
From January 1, 2024, to December 31, 2026

**Please extend my medical coverage at \$«M\_2024\_Med\_Plan\_Rate».00 per month**

I understand that I am electing to continue my medical benefit plan in its current form. I am eligible to continue these benefits at my own expense from January 1, 2024, to December 31, 2026.

I understand that I will be responsible for paying the monthly premium within 30 days of my monthly billing date, or my benefits may be terminated. I may cancel coverage at any time.

\_\_\_\_\_  
«Dependent\_First\_Name» «Dependent\_Last\_Name»  
Print Name Date

\_\_\_\_\_  
Signature Date

«AddressBlock»+«Postal\_Code\_4»

**Client Number:** «Dependent\_Client\_Number\_PIN»//DAO

01/01/2024 to 12/31/2026

Total amount due on December 8, 2023 \$«M_2024_Med_Plan_Rate».00
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«AddressBlock»+«Postal\_Code\_4»  
«Dependent\_Client\_Number\_PIN»//DAO

**Client Number:**

**REMITTANCE STUB**

Please make checks payable to: ECCEBT  
«Dependent\_Last\_Name»

Name:«Dependent\_First\_Name»

Client Number:  
«Dependent\_Client\_Number\_PIN»

Total Amount Due:  
\$«M\_2024\_Med\_Plan\_Rate».00

**Amount Enclosed:**

Church Pension Group  
Medical Trust Client Services  
19 East 34th Street  
New York, NY 10016

## Extension of Benefits—Dental Enrollment Form

Please remit this form and remittance stub with your payment in the enclosed envelope.

«AddressBlock»+«Postal\_Code\_4»

«Mail\_Date»

**Association Number:** «ASSN»  
**Client Number:** «Dependent\_Client\_Number\_PIN»//DAO  
**Current Dental Plan:** «M\_2023\_Dent\_Plan\_Name»  
**Dental Plan Offered:** «M\_2024\_Dent\_Plan\_Name»  
**Offer Expiration Date:** December 8, 2023

### Eligibility Dates for Extension of Benefits

From January 1, 2024, to December 31, 2026

**Please extend my dental coverage at \$«M\_2024\_Dent\_Plan\_Rate».00 per month**

I understand that my current Cigna dental coverage is going away and that I will be enrolled in a Delta Dental plan option that is most similar to my Cigna Dental plan. I am electing to continue my dental benefit coverage with the Medical Trust in the «M\_2024\_Dent\_Plan\_Name». I am eligible to continue these benefits at my own expense from January 1, 2024 to December 31, 2026.

I understand that I will be responsible for paying the monthly premium within 30 days of my monthly billing date, or my benefits may be terminated. I may cancel coverage at any time.

_____	_____
«Dependent_First_Name» «Dependent_Last_Name»	
Print Name	Date
_____	_____
Signature	Date

«AddressBlock»+«Postal\_Code\_4»

**Client Number:** «Dependent\_Client\_Number\_PIN»//DAO

01/01/2024 to 12/31/2026

Total amount due on December 8, 2023	\$«M_2024_Dent_Plan_Rate».00
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«AddressBlock»+«Postal\_Code\_4»  
«Dependent\_Client\_Number\_PIN»//DAO

**Client Number:**

**REMITTANCE STUB**

Please make checks payable to: ECCEBT  
«Dependent\_Last\_Name»

Name:«Dependent\_First\_Name»

Client Number:  
«Dependent\_Client\_Number\_PIN»

Total Amount Due:  
\$«M\_2024\_Dent\_Plan\_Rate».00

**Amount Enclosed:**

Church Pension Group  
Medical Trust Client Services  
19 East 34th Street  
New York, NY 10016