

## Introducing Quantum Health, our new healthcare coordinator

Dear Administrator:

Annual Enrollment will soon be underway, and this year active members will have additional support from our new vendor, Quantum Health (Quantum).

With clinical expertise, in-depth knowledge of the healthcare industry, and 25 years of experience, Quantum will be available during Annual Enrollment to members enrolled—or eligible to enroll—in Anthem and Cigna plans. Members can call 866-871-0629 if they need assistance reviewing existing benefits, understanding plan options, or choosing the right plans for themselves and their dependents.

Quantum will know the full array of Anthem and Cigna plans being offered for 2025 but not the specific subset being made available to any one individual. Therefore, members who require assistance choosing a plan will need to know which options they can choose from before calling Quantum.

Please note that next year Anthem and Cigna members will have **ONLY ONE** ID card (with a **NEW ID NUMBER**) for medical, vision, prescription, and behavioral health services. They will receive their new card by **December 31, 2024**, and **must share it** with healthcare providers beginning January 1, 2025, as their old card will no longer work.

### Full Suite of Services Next Year

#### For active members

On January 1, 2025, the services of Quantum's care coordinators—nurses, benefits experts, and claims specialists familiar with our membership and our plans—will become an integral part of the medical, prescription, vision, and behavioral health coverage (including the Employee Assistance Program) of members whose plans use the Anthem and Cigna networks and their eligible dependents.\* As their single point of contact for benefit and claim information, Quantum will:

- find in-network physicians;
- verify coverage and, if necessary, get prior approval;
- answer claims, billing, and benefits questions;
- help members prepare for a hospital stay;
- contact doctors to coordinate treatment;
- review care options;
- provide information on health issues;
- help members save on out-of-pocket costs;
- replace ID cards—and much more!

*\*Members covered by Kaiser Permanente and by the Hawaii Medical Service Association have comprehensive services as part of their plans and will not use the services of Quantum Health. Neither will members with dental-only (Delta) plans, disability-only (Aflac) plans or the standalone EAP.*

#### For retirees

Quantum will also be available to help retirees and caregivers:

- understand health benefits;
- schedule appointments and transfer records;
- resolve insurance and billing issues;
- estimate and compare costs;
- navigate new diagnoses, like cancer and dementia;
- make decisions about clinical treatments;
- arrange for home meal delivery;
- find nursing homes and assisted living facilities;
- craft an advanced directive;
- initiate an appeals process; and
- maneuver through Medicare.

### Health Advocate

Due to the robust nature of Quantum's services, Health Advocate will not be available after December 31, 2024. Health Advocate will aim to complete open cases by that date. Any cases not completed will automatically migrate to Quantum to ensure that members have a care specialist by their side through any transition of care.

We're starting our Annual Enrollment (AE) communications with members and introducing them to Quantum. This announcement and other AE communications will be posted on the [Administrators' Resource Center](#).

If you have any questions, please feel free to contact us.



**Laurie Kazilionis**  
Senior Vice President  
Benefits Relationship Management  
(212) 592-6293



**John Servais**  
Senior Vice President  
Benefits Policy and Design  
(212) 592-4271

[MyCPG Accounts](#)

Quick, convenient, safe.



BENEFITS | INSURANCE | PUBLISHING

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 of The Episcopal Church (the "Church") and their eligible dependents. The Medical Trust serves only eligible Episcopal employees. 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.