

Plan Selection for Post-65 Former Employees

These instructions will guide you through CPG's online application as you make your plan selection(s) for the coming year through [MyCPG Accounts](#).

Step One: Log in

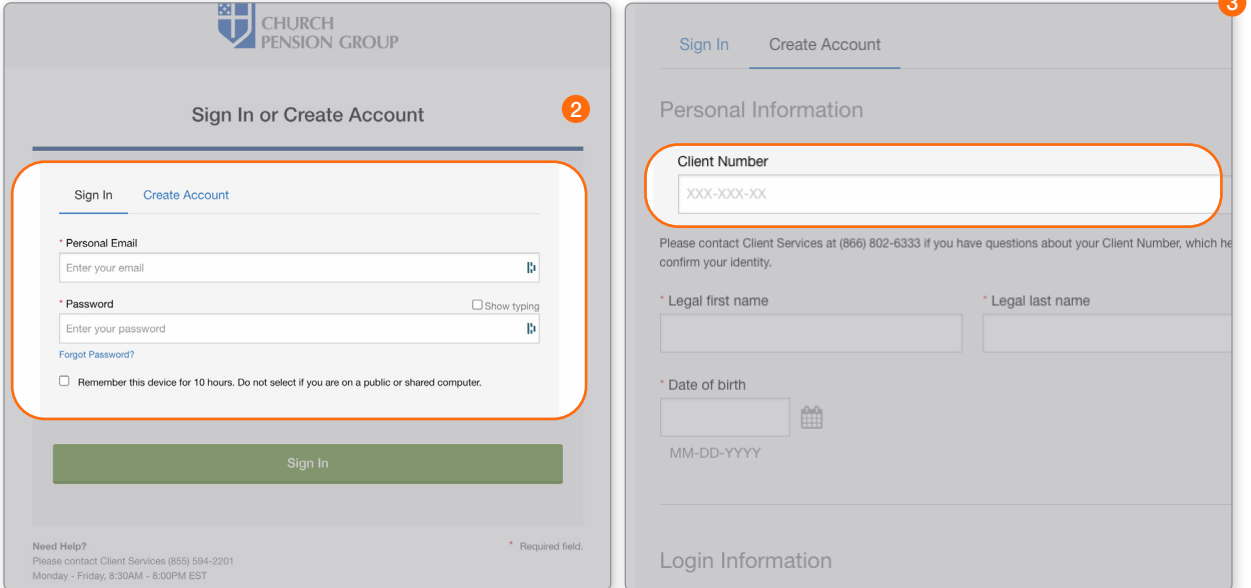


2 Sign in with the email address on your Annual Enrollment letter in the green envelope. You may need to update your password to meet new security standards.

3 If there is no email address or you did not access your account in 2022 or later, please select **Create Account** and follow the prompts.

Enter your Client Number, found on your Annual Enrollment letter.

The number can make it easier to verify you during the account set-up process.



Need enrollment technical assistance? Call our Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

Step Two: Enroll

CHURCH PENSION GROUP

MyCPG Personal Information Relationships **Resources** Clergy Information Employment

MyCPG / Resources / Annual Enrollment Resources

20XX Annual Enrollment

The Episcopal Church Medical Trust holds Annual Enrollment each fall to give you the opportunity to:

- compare your current health plans with the available options
- select the plans that best meet your needs for the upcoming year
- add or remove covered dependents

Annual Enrollment is Open!

Make your selections before undefined.

Enroll Now!

1 On the **Resources** tab, click on **Annual Enrollment Resources**.

2 Click on the **Enroll Now!** quick action button.

Step Three: Update your personal information

CHURCH PENSION GROUP

MyCPG Personal Information Relationships Resources Clergy Information

Personal Information In Progress Relationships Not Started Coverage Not Started

Personal Information

Please review and update your personal information below to continue the enrollment process.

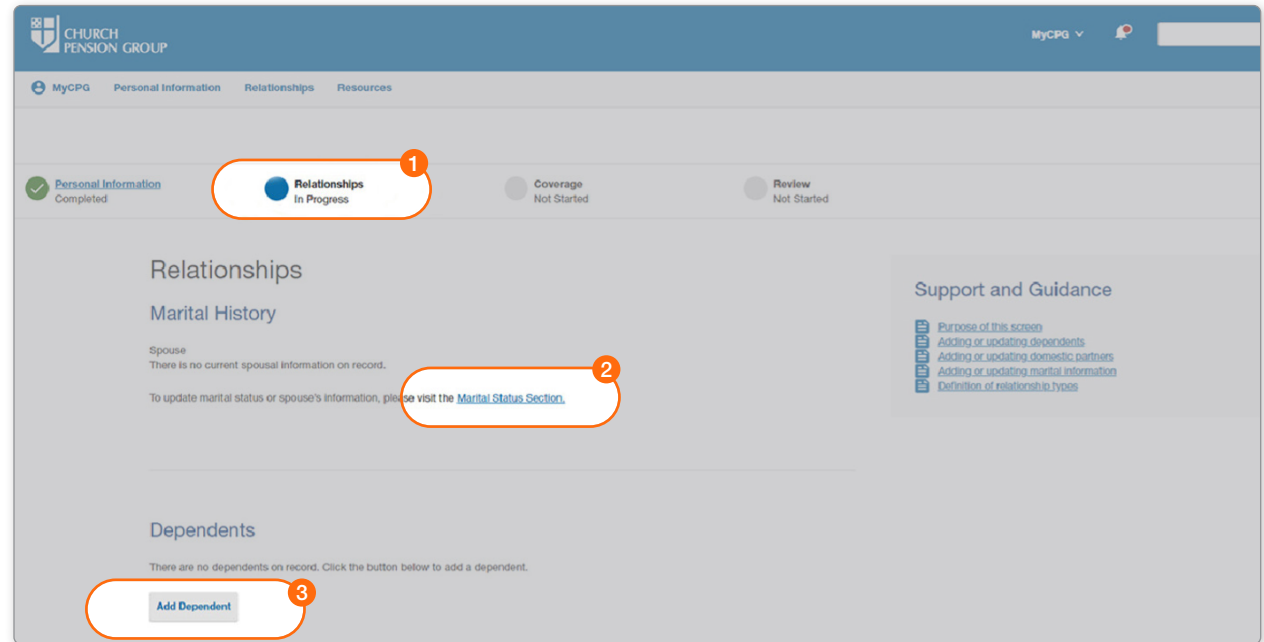
Salutation *

The Reverend/Father

Verify your Personal Information and make changes directly to the online form.

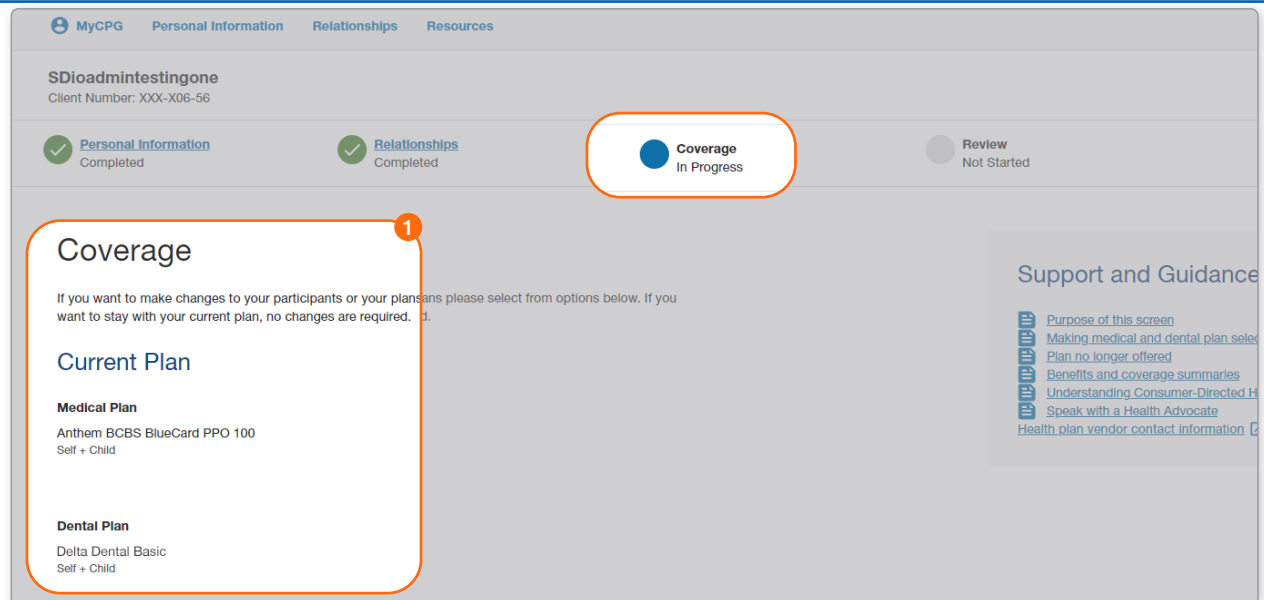
Step Four: Update Your Relationships Information

- 1 Make sure your spousal and dependent(s) information is current by making updates on the **Relationships** screen.
Update current spousal and dependent information by clicking on the **Edit** link under their name(s).
- 2 Add a new spouse or dependent only if you intend to provide them with health plan coverage.¹
Add a new spouse by clicking the **Marital Status Section** link.
- 3 Add a new dependent by clicking on the **Add Dependent** button.



Step Five: Make Your Health Plan Selections

- 1 On the **Coverage** screen, your current health plan(s) will be displayed.
Review your coverage.



¹The following information is required for adding a new dependent (spouse or child): legal name, gender, date of birth, and Social Security Number or Individual Tax ID Number.

Annual Enrollment Options

Plan Reference Documents

- [Annual Enrollment \(AE\) Guide](#)
- [Plan Comparison Chart](#)

Participant Selection

Please select each person to be covered in the plans below. Dependents not selected will not have coverage. For the purposes of your annual enrollment dependent eligibility is based on coverage eligibility as of January 1 of the coming plan year.

Medical Coverage

- Self
- Cara Walsh
Spouse
- Rj Smith
Child

Dental Coverage

- Self
- Cara Walsh
Spouse
- Rj Smith
Child

2 Select who you want to have covered under your health plan(s).

Plan Selection

Please review the available medical and dental coverage options below. If you wish to make a change use the radio buttons to make your selection. Monthly Premium ⓘ

Medical Plans	Single	Self + 1	Family
<input checked="" type="radio"/> Cigna Open Access Plus CDHP-40/HSA Plan Summary	\$820.00	\$1,476.00	\$2,296.00
<input type="radio"/> Cigna Open Access Plus CDHP-15/HSA Plan Summary	\$981.00	\$1,766.00	\$2,747.00

3 **For Medical or Dental Coverage**
Check the **Medical or Dental Coverage** boxes in front of dependents' names if they are to receive coverage or uncheck the boxes to discontinue coverage for the new plan year. If you don't make a change to your current medical or dental plan, your medical or dental plan will continue, and any rate changes will apply.

Dental Plans	Single	Self + 1	Family
<input type="radio"/> Dent&Ortho-25/75 Plan Summary	\$89.00	\$160.00	\$249.00
<input type="radio"/> Basic Dent-50/150 Plan Summary	\$71.00	\$128.00	\$199.00
<input type="radio"/> Preventive Dental Plan Summary	\$43.00	\$77.00	\$120.00
<input checked="" type="radio"/> Decline Dental Coverage			

4 If you do not want medical and/or dental coverage through the Medical Trust in the new plan year, check **Decline Medical Coverage** and/or **Decline Dental Coverage**.

Step Six: Review and Confirm Your Coverage

CHURCH PENSION GROUP MyCPG

MyCPG Personal Information Relationships Resources

Personal Information Completed Relationships Completed Coverage Pending Submission **Review In Progress**

Review

Please review all of your personal information, participant and plan selections carefully before submitting.

[Personal Information - Edit](#)

Support and Guidance

- [Purpose of this screen](#)
- [Submit or update](#)
- [Post-Retirement Health Subsidy](#)

1 When you are done, make a final review of your selected health plan choice(s).

2 Then sign the form electronically by checking the box at the end of the form and click **Submit**.

Follow the instructions to conclude the review of your plan selection process:

If a red error message appears, correct the error, and click **Submit** again.

(1) I confirm the elections indicated above are accurate and agree to be bound by the terms of the Medical Trust's benefit plan(s) and the terms on which my employer has elected to participate in them, (2) I understand that my elections will remain in effect for the plan year and may be changed only due to a change of status, and (3) I certify that the information I have provided is true, complete and accurate.

[Previous](#) **Submit**

After submitting you will receive confirmation of your plan coverage.

MyCPG Personal Information Relationships Resources

Cara Sachiko Abbott
Client Number: XXX-X11-14

Confirmation

Thank you! Your Annual Enrollment selections were received on Fri, Sep 2, 2022, 10:19 AM (US Eastern Time). Please download and save a copy of the summary of benefits & coverage for the plan(s) you selected, and plan election confirmation below.

- [Medical Plan Summary of Benefits and Coverage](#)
- [Dental Plan Summary of Benefits and Coverage](#)
- [Enrollment Transmission Confirmation](#)

[Health Plan Vendor Contact Information](#)

Plan Details

Medical Coverage
✓ Self

Dental Coverage
✓ Self

Medical Plan
Group Medicare Advantage Premium (PPO)
Single
\$252.78

Dental Plan
Dent&Ortho-25/75
Single
\$80.00

Support and Guidance

- [Purpose of this screen](#)
- [Consumer-Directed Health Plans and Health Savings Accounts](#)
- [Speak with a CPG Financial Education Specialist](#)
- [Health plan vendor contact information](#)

[Start Over](#) **MyCPG Home**

3 To reject all changes and restart with the original form, select **Start Over**.

A message will ask if you are sure. Click **Start Over** to continue or **Cancel** to keep your previously submitted selection(s).

For enrollment technical assistance, please call our Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

Refer to These Benefit Resources

For UnitedHealthcare Group Medicare Advantage (PPO) Plan member assistance, information, and resources:

- Be on the lookout for the UnitedHealthcare Group Medicare Advantage (PPO) Annual Notice of Change in early October.
- 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).

For UnitedHealthcare Group Medicare Advantage (PPO) Plan member assistance, information, and resources:

- Visit cpg.org/GMAenrollment.
- Visit cpg.org/annualenrollment and select your status.
 - “I’m a Post-65 Former Employee” (eligible for Medicare)
- If you have questions about your post-retirement health subsidy, call our Client Services team 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.
- Visit cpg.org/deltadental to learn more about Delta Dental plans.

For help choosing the best plans for you and your dependents:

- Medical¹—Contact a Health Advocate representative for assistance at 866-695-8622 or answers@HealthAdvocate.com.
- Dental—View cpg.org/deltadental to learn more about Delta Dental PPO + Premier™ plans, or call Delta Dental at 888-894-7059.

Need help with Annual Enrollment? Call Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

¹Please note that as of January 1, 2025, the services of Health Advocate will no longer be available, and Quantum Health will take over those services in 2025. However, Health Advocate will aim to complete open cases by December 31, 2024. After that date, Health Advocate will transfer any remaining open cases to Quantum to ensure that members have a care coordinator by their side through any transition of care.

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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.

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