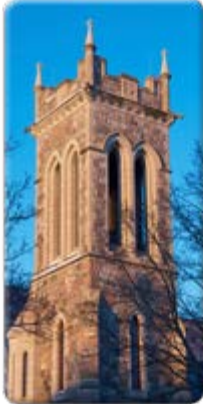




A Century of Service
and Benefits for
the Episcopal Church



2020 Annual Enrollment: The Road to Wellness



Jeff Hamilton

Account Specialist

Integrated Benefits Account Management Services
(IBAMS)

October 30, 2019

2020 Annual Enrollment Education
The Episcopal Diocese of Michigan



The Road to Wellness

Setting Course

Where we will go on today's journey



Three steps
(Learn, evaluate, decide)



Timeline

Annual Enrollment

Setting Course

Where we will go on today's journey



Plan types



Health plan offerings



Employer offerings

Plan types and options

Setting Course

Where we will go on today's journey



**Types of
medical coverage**



**A tour of the
claims process**



**Point of Interest:
Health Savings
Accounts**

Understanding coverage

Setting Course

Where we will go on today's journey



**Cigna Employee
Assistance
Program**



EyeMed



Amplifon



**Health
Advocate**



**UnitedHealthcare
Global Assistance**

Additional benefits

Before you travel

Knowing the territory



Here are some basic healthcare terms to help you understand **how your plan works when you need services.**

Terms



Deductible



Copayment



Coinsurance



Preauthorization



Out-of-pocket limit



Annual Enrollment

Setting Course

Where we will go on today's journey



Three steps
(Learn, evaluate, decide)

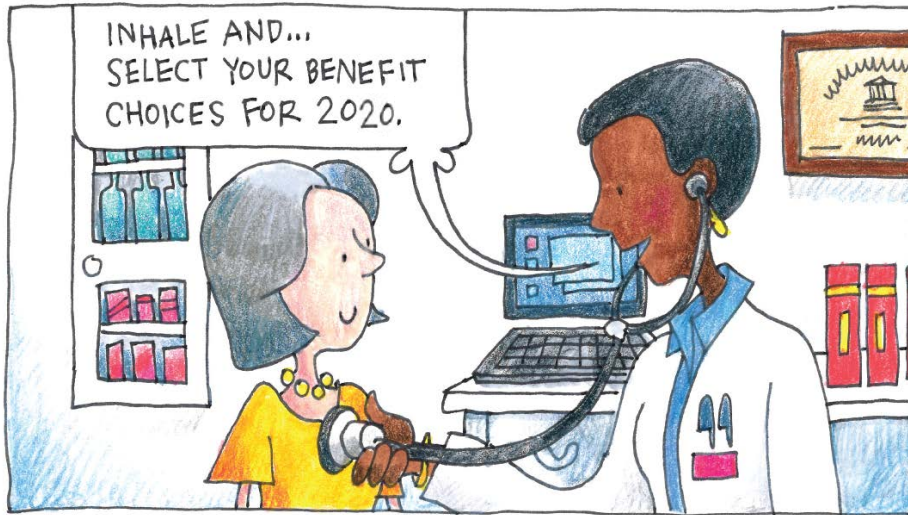


Timeline

Annual Enrollment

Annual Enrollment

Preparing for Your “Benefits Checkup”

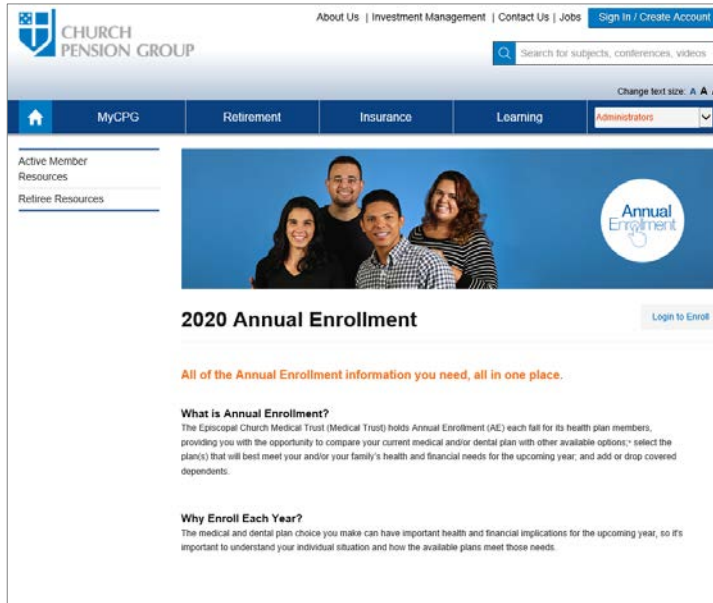


Annual Enrollment is like the health screenings you get each year from your doctor:

- An opportunity to give your personal and dependent information a check-up
- A chance to review, and if needed, change your coverage for the upcoming year

Step #1

Learn



Content customized for:

- Active members
- Early Retirees
- Retirees

Get a **clear picture** of your 2020 options at
cpg.org/annualenrollment

Step #2

Evaluate

Determine what will work best for your needs as they change



Points to consider



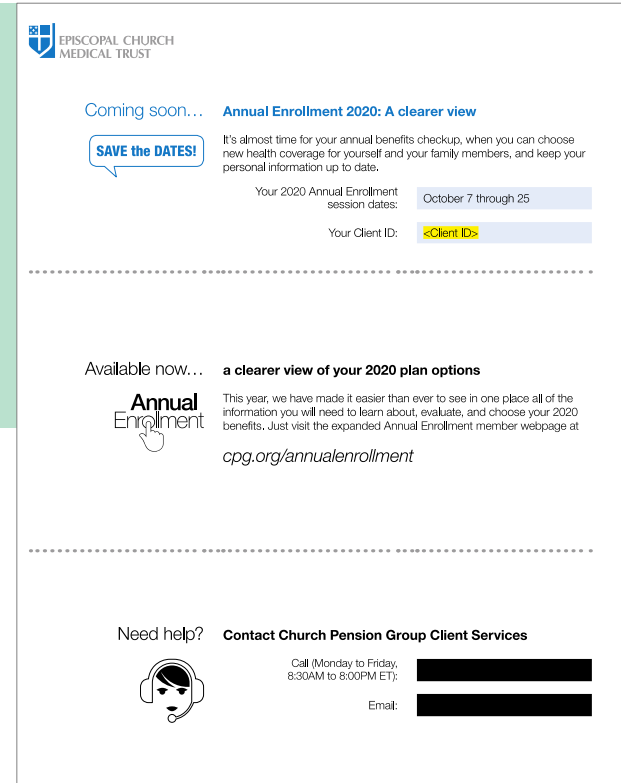
Out-of-pocket costs

Step #3

Decide



Your **member mailing** contains the enrollment timeframe for your group and your **Client ID**. Currently employed members will make benefit selections for 2020 between **early October and mid-November 2019**.



Step #3

Decide

The screenshot shows the Church Pension Group (CPG) website. At the top, there is a navigation bar with links: About Us | Investment Management | Contact Us | Jobs | Sign in / Create Account. Below this is a search bar and a text size selector. The main navigation menu includes: MyCPG, Retirement, Insurance, Learning, and Active Change. The 'Sign in' section is highlighted, showing a welcome message and a sign-in form. The form has fields for Username and Password, both marked with an asterisk to indicate they are required. There are links for 'Forgot username?' and 'Forgot password?'. A 'Show typing' checkbox is also present. Below the form, there is a link for 'Don't have an account?' and a 'Sign in' button. At the bottom, there is a 'Create an Account' button and a note about required fields. A footer section provides contact information for Client Services.

On the Annual Enrollment website:

- Your personal details
- Your plan options
- Plan comparison table for your group

Log in to MyCPG Account. If you do not already have a MyCPG Account, click on the “Create an Account” link.

For complete instructions, visit
cpg.org/annualenrollment

Step #3

Decide

The screenshot shows a web form titled "Plan Reference Documents" with a link to the "Enrollment Guide". Below this is a "New Request" section with two buttons: "Verify" (labeled "Make any desired changes and click Verify to begin.") and "Clear Changes" (labeled "Clear any changes on this unsaved request form.").

The form is divided into several sections:

- Name:** Fields for Designation/Salutation, First (Chloe), Mid, Last, and Suffix.
- Mailing Address:** Fields for Line 1, Line 2, City, State (CA), and Zip.
- Home Phone:** Fields for Home Phone, Ext., Personal E-Mail (1chloebanks@gmail.com), and Business E-Mail.
- Personal Information:** Fields for Tax ID / SSN, Birth Date, Clergy/Lay Status (Lay), and Gender.
- Coverage Options + Monthly Costs:** Two sections, one for Medical and one for Dental. Each section has a radio button for "Kaiser Permanente EPO 80 Plan" (selected) and "I decline medical/dental coverage." Both plans are marked as "no longer offered."
- Dependents:** A section with a table header for Name, Relationship, Tax ID / SSN, Birth Date, and Gender.

Make your health plan selections

- Medical
- Dental (if offered by group)



Be sure to confirm or update eligible dependent information!

When finished, submit your elections and save or print your confirmation.

Timeline

Annual
Enrollment



Oct 14, 2019

**Your
Mailing
Sent**



Oct 28, 2019

**Annual
Enrollment
Begins**



Nov 15, 2019

**Annual
Enrollment
Ends**



Jan 1, 2020

**New Plan
Takes
Effect**



Plan Offerings, Types, and Coverages

Primary destinations

Plan Offerings, Types, and Coverages



Now that you understand more about your medical coverage, let's take a look at the **types of health plan options** your employer offers, and their **included coverages**...

Setting Course

Where we will go on today's journey



Plan types



Health plan offerings



Employer offerings

Plan types and options

Episcopal Church Medical Trust

A smarter healthcare program



The Medical Trust...



**Provides resources
to help you make
informed healthcare
decisions**



**Promotes high-
quality, effective
outcomes**



**Offers additional
benefits**

Your 2020 group plan offering

For your selection during Annual Enrollment

Your employer's plan offering includes these plan types



**Preferred Provider
Organization (PPO)**



**Consumer-Directed
Health Plan (CDHP)**

Preferred Provider Organization

Anthem

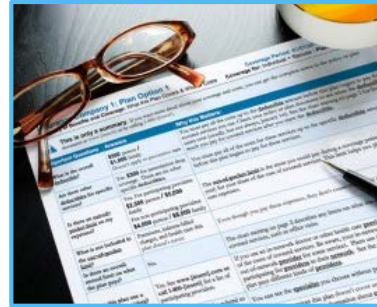


Plan features and further information



What's included

- Provider access
- Ability to limit costs by choosing network providers
- Care management programs



Further information

- View Summaries of Benefits & Coverage at cpq.org/mtdocs

Medical benefits

Anthem PPO 100



Medical Event	Network	Out-of-Network
Deductible	\$0 individual / \$0 family	\$500 individual / \$1,000 family
Out-of-Pocket Limit	\$2,000 individual / \$4,000 family	\$4,000 individual / \$8,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	\$0 copay	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	\$200 copay	50% coinsurance
Hospital Stay	\$250 copay	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Medical benefits

Anthem PPO 90



Medical Event	Network	Out-of-Network
Deductible	\$500 individual / \$1,000 family	\$1,000 individual / \$2,000 family
Out-of-Pocket Limit	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	10% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	10% coinsurance	50% coinsurance
Hospital Stay	10% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Medical benefits

Anthem PPO 80



Medical Event	Network	Out-of-Network
Deductible	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family
Out-of-Pocket Limit	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Office Visit	\$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care)	50% coinsurance
Diagnostic Tests	20% coinsurance	50% coinsurance
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$250 copay	\$250 copay
Outpatient Surgery	20% coinsurance	50% coinsurance
Hospital Stay	20% coinsurance	50% coinsurance
Behavioral Health (outpatient)	\$30 copay	30% coinsurance

Consumer-Directed Health Plan*

Anthem

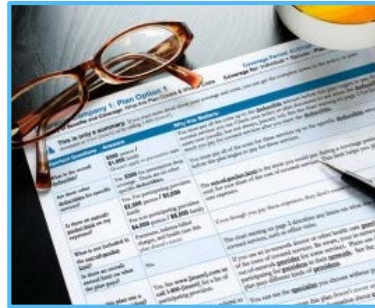


Plan features and further information



What's included

- PPO-type plans
- Works with a Health Savings Account
- Care management programs



Further information

- View Summaries of Benefits & Coverage at cpq.org/mtdocs

*Referred to generically as High-Deductible Health Plans

Medical benefits

Anthem CDHP-15*



Medical Event	Network	Out-of-Network
Deductible	\$1,400 individual / \$2,800 family	\$2,800 individual / \$5,600 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist) \$0 (preventive care)	40% coinsurance
Diagnostic Tests	15% coinsurance	40% coinsurance
Urgent Care	15% coinsurance	15% coinsurance
Emergency Care	15% coinsurance	15% coinsurance
Outpatient Surgery	15% coinsurance	40% coinsurance
Hospital Stay	15% coinsurance	40% coinsurance
Behavioral Health (outpatient)	15% coinsurance	40% coinsurance

*The Anthem and Cigna CDHP-15 have a non-embedded deductible and out-of-pocket limit. If you have other family members on the plan, the family deductible must be met before the plan begins to pay for any covered member, and the family out-of-pocket limit must be met before the plan begins to pay 100% of eligible services.

Medical benefits

Anthem CDHP-20



Medical Event	Network	Out-of-Network
Deductible	\$2,800 individual / \$5,450 family	\$3,000 individual / \$6,000 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care / specialist) \$0 (preventive care)	45% coinsurance
Diagnostic Tests	20% coinsurance	45% coinsurance
Urgent Care	20% coinsurance	20% coinsurance
Emergency Care	20% coinsurance	20% coinsurance
Outpatient Surgery	20% coinsurance	45% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance
Behavioral Health (outpatient)	20% coinsurance	45% coinsurance

Behavioral health benefits

A place to turn for help with mental health or substance use disorder

About this program



Benefit Highlights

- Outpatient therapies
- Inpatient services
- Medication management



Things to Remember

- Preauthorization may be required



Finding Help

- Plan Document Handbook
- Summary of Benefits & Coverage
- [anthem.com](https://www.anthem.com)
- Anthem Health Guide

Things to know about prescription drug plans

For Your Information (FYI)



Here are some **important terms** to understand about your prescription drug coverage:

- Generic
- Preferred brand
- Non-preferred brand
- Specialty
- Retail pharmacy
- Home delivery

Prescription drug benefits

Managed by Express Scripts



About this program



Benefit Highlights

- Generic and brand name medication options
- Accredo Specialty pharmacy
- 67,000 pharmacies nationwide
- Retail and home delivery

Things to Remember

- Preauthorization may be required
- Generic or pay the difference
- Retail refill limit
- Mail order required for maintenance medications

Finding Help

- Plan Document Handbook
- Summary of Benefits & Coverage
- [express-scripts.com](https://www.express-scripts.com)

Prescription drug benefits

Express Scripts—Standard Plan



EXPRESS SCRIPTS®

Item	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$10 copay	Up to \$25 copay
Preferred Brand-Name	Up to \$40 copay	Up to \$100 copay
Non-Preferred Brand-Name	Up to \$80 copay	Up to \$200 copay
Dispensing Limits	Up to 30-day supply	Up to 90-day supply

Prescription drug benefits

Express Scripts®—CDHP-15



EXPRESS SCRIPTS®

Item	Retail and Home Delivery
Deductible (combined with medical deductible)	\$1,400 individual / \$2,800 family
Generic	15% coinsurance after deductible
Preferred Brand-Name	15% coinsurance after deductible
Non-Preferred Brand-Name	15% coinsurance after deductible
Dispensing Limits	Up to 30-day supply (retail) or 90-day supply (home delivery)

Prescription drug benefits

Express Scripts — CDHP-20



EXPRESS SCRIPTS®

Item	Retail and Home Delivery
Deductible (combined with medical deductible)	\$2,800 individual / \$5,450 family
Generic	15% coinsurance after deductible
Preferred Brand-Name	25% coinsurance after deductible
Non-Preferred Brand-Name	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply (retail) or 90-day supply (home delivery)



Understanding Coverage

Understanding coverage

The services your plan covers, and how they are paid for



**Summary of Benefits
& Coverage**



**Payment for
services**



**Point of interest:
Health Savings
Accounts**

Coverage types

Summary of Benefits & Coverage

Your plan benefits at a glance

Page 1

1 **2** **3** **4** **5**

1 Plan name

2 Coverage period, tiers, and plan type

3 Cost-sharing between member and plan sponsor (Medical Trust)

4 Reference to online glossary of common health terms

5 Important questions

- Deductibles
- Out-of-pocket limits
- Network/non-network access
- Referrals

1 **2** **3** **4** **5**

1 Plan name

2 Coverage period, tiers, and plan type

3 Cost-sharing between member and plan sponsor (Medical Trust)

4 Reference to online glossary of common health terms

5 Important questions

- Deductibles
- Out-of-pocket limits
- Network/non-network access
- Referrals

Available online at cpg.org/mtdocs

Summary of Benefits & Coverage

Your plan benefits at a glance

Pages 2 thru 4

1

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	50% coinsurance	None.
	Specialist visit	\$45 copay/visit	50% coinsurance	
	Preventive care/screening/immunization	No charge.	50% coinsurance	Preventive care is based on guidelines from the U.S. Preventive Services Task Force, American Cancer Society, The Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics. Coverage for child immunizations is based on the published guidelines of the American Academy of Pediatrics.
If you have a test	Diagnostic test (x-ray, blood work)	No charge.	50% coinsurance	None.
	Imaging (CT/PET scans, MRIs)	No charge.	50% coinsurance	None.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$200 copay	50% coinsurance	None.
	Physician/surgeon fees	No charge.	50% coinsurance	None.
If you need immediate medical attention	Emergency room care	\$250 copay/visit	\$250 copay/visit	The \$250 copay will be waived if you are admitted to the hospital as an inpatient within 24 hours.
	Emergency medical transportation	No charge.	No charge.	None.
	Urgent care	\$50 copay	\$50 copay	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay	50% coinsurance	
	Physician/surgeon fees	No charge.	50% coinsurance	Prior authorization is required.

* For more information about limitations and exceptions, see the plan or policy document at www.cpg.org.

2 of 6

1 Common medical events

- Office visits
- Emergency and urgent care

Summary of Benefits & Coverage

Your plan benefits at a glance

Page 4

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Standard Prescription Plan		Premium Prescription Plan		
		Retail	Home Delivery	Retail	Home Delivery	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com	Generic drugs	Up to \$10	Up to \$25	Up to \$5	Up to \$12	You may get up to a 30-day supply when using a retail pharmacy, and up to a 90-day supply when using home delivery.
	Preferred brand drugs	Up to \$40	Up to \$100	Up to \$30	Up to \$75	
	Non-preferred brand drugs	Up to \$80	Up to \$200	Up to \$60	Up to \$150	
	Specialty drugs	Your cost is based on whether the specialty drug is a preferred brand or non-preferred brand drug.				

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Cosmetic surgery	• Dental care (Adult)	• Hearing aids
• Long-term care	• Routine eye care (Adult)	• Routine foot care
• Weight loss programs		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture	• Bariatric surgery	• Chiropractic care
• Infertility treatment	• Non-emergency care when traveling outside the U.S. ¹	• Private-duty nursing

¹ Coverage for non-emergency care when traveling outside the U.S. applies only to services available through Anthem Blue Cross and Blue Shield. Non-emergency care outside the U.S. is not available through Express Scripts or Cigna Behavioral Health.

* For more information about limitations and exceptions, see the plan or policy document at [www.cpg.org](#).

4 of 6

1 Excluded services and other covered services

- Items not covered by the plan
- Other covered services

Summary of Benefits & Coverage

Your plan benefits at a glance

Page 6

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$0
■ Specialist [cost sharing]	\$45
■ Hospital (facility) [cost sharing]	\$250
■ Other [cost sharing]	0%
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
Total Example Cost	\$12,991
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$560

Coverage examples

- Detail cost sharing, included services, and exclusions
- Use to compare costs under different health plans
- Not a cost estimator

The claims process: a quick tour

How your services are paid for when you visit your provider

What you will pay



Your deductible

- The amount that you may pay out-of-pocket before your health plan pays for services



Your copayment and coinsurance

- The amount that you may pay when you visit your provider

The claims process: a quick tour

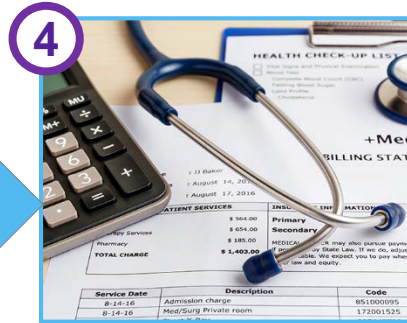
How the plan pays when you visit your provider

What your health plan will pay



Your provider

- Health providers are not usually reimbursed in full for their services
- Instead, network providers are paid a contracted rate



Accepted amount

- The actual amount that your health plan pays your network provider

Point of interest

Health Savings Accounts



Whether you are enrolled in a Consumer-Directed Health Plan (CDHP) or considering this type of plan, you should understand how a CDHP works with a [Health Savings Account](#).

What a Health Savings Account offers you

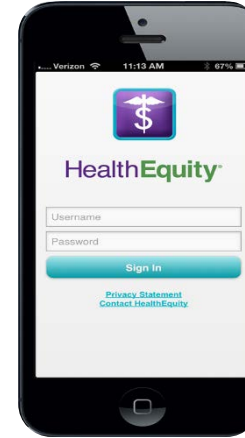
Key account advantages



Tax treatment and growth



Convenience



HealthEquity mobile app

Who is eligible?

Understand how your Health Savings Account works for you

Eligibility based on



Plan enrollment



Other medical coverage



Other savings accounts

Health Savings Account setup

Getting started with your account

Setup is automatic with your enrollment in a CDHP



Health Equity

- Call HealthEquity at (877) 713-7712 to activate and authenticate your individual online portal
- Setup and monthly fees paid by the Medical Trust



Who is covered

- Comes with up to three Visa HSA debit cards
- Can be used by your spouse and eligible dependents
- Remember to designate a beneficiary



Using your own bank (or other qualified financial institution)

- You pay setup and maintenance fees
- Pre-tax salary contributions not assured
- Account must first be set up before making contributions or distributions

Contributions to your account



Employee payroll deductions



Direct deposits by employee or others

Using your account funds

Eligibility based on



Rollover

- Funds need not be used in a given year



Tax treatment

- No taxes on your account distributions if used for qualified healthcare expenses (see [IRS Publication 502](#))



Fund accessibility

- Account still usable even once you can no longer contribute to it (e.g., when you enroll in Medicare, rather than a CDHP)

Health Savings Account contribution limits

How much you can direct to your account for 2020

Individual



\$3,550

- The total contribution allowed from both the employee and the employer

Family



\$7,100

- The total contribution allowed from both the employee and the employer

Catch-up (age 55+)



\$1,000

- The additional amount allowed if the account holder is age 55+



Additional Benefits

Point of interest

Additional Benefits



Along with the core benefits included with your medical coverage, you also receive **additional benefits** as a Medical Trust member...

Setting Course

Where we will go on today's journey



**Cigna Employee
Assistance
Program**



EyeMed



Amplifon



**Health
Advocate**



**UnitedHealthcare
Global Assistance**

Additional benefits

Points of interest

Additional Benefits



Is life throwing you a curve ball?

Check out our
[Employee Assistance Program...](#)

Cigna Employee Assistance Program (EAP)



About this program



What it includes



Additional points



For further details

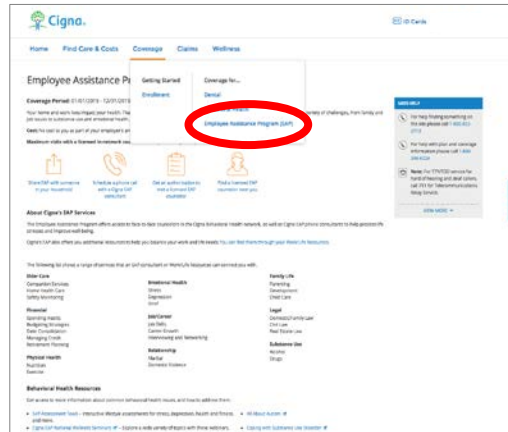


Getting in touch

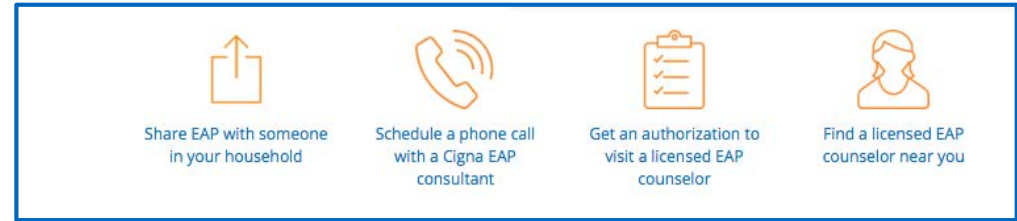
Accessing EAP resources online



mycigna.com



Webpage detail:

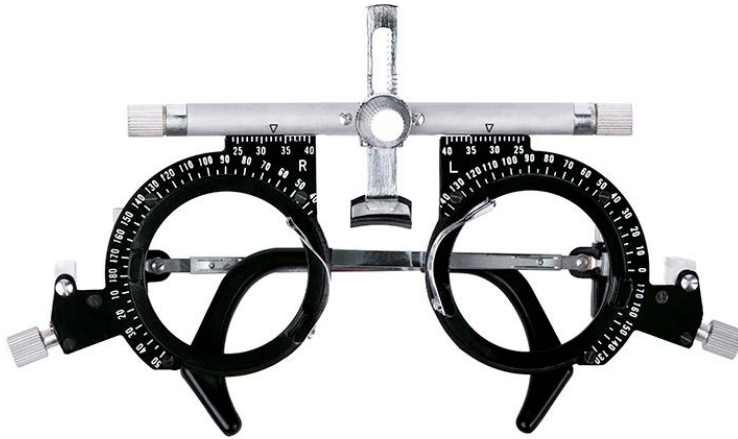


Under “Coverage” menu, click on “Employee Assistance Program”

- First-time visitors must register

Points of interest

Additional Benefits



How is your vision?

Check out these
**additional benefit
programs...**

EyeMed Vision Care

Insight Network



About this program



What it includes



Additional points



For further details



Getting in touch

Accessing EyeMed resources online



eyemedvisioncare.com/ecmt

The screenshot shows the EyeMed website interface. At the top is the Episcopal Church Medical Trust logo and a navigation bar with links: Home, View Your Benefits, Special Offers, Locate a Provider, Vision Wellness, Help and Resources, and Know Before You. The main content area is titled 'Benefit Details' and includes sections for 'Member Information' (First Name: SUSAN, Last Name: BROWN, Member ID: 11111111110, Group: ECMT Actives (111)) and 'Service Eligibility'. The 'Service Eligibility' section contains a table with columns for Service, Routine, Additional Purchase, Is Member Eligible?, Member Eligible As Of, and Frequency.

Service	Routine	Additional Purchase	Is Member Eligible?	Member Eligible As Of	Frequency
Exam	Yes		01/01/2018	Once every calendar year	
Lenses	Yes		01/01/2017	Once every calendar year	
Frames	Yes		01/01/2017	Once every calendar year	
Contact Lenses	Yes		01/01/2017	Once every calendar year	
Contact Lens Fit & Follow-up	Yes		01/01/2018	Unlimited	

From homepage, click on
“View Your Benefits”

- Or, use EyeMed mobile app (download from Apple Store® or Google Play™)

Points of interest

Additional Benefits



How is your hearing?

Check out these
**additional benefit
programs...**

Amplifon Hearing Health Care

amplifon

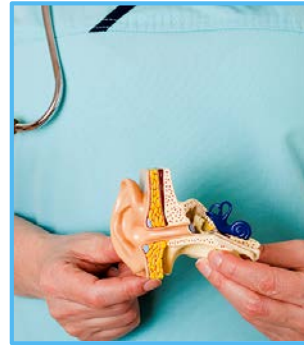
About this program



What it includes



Additional points

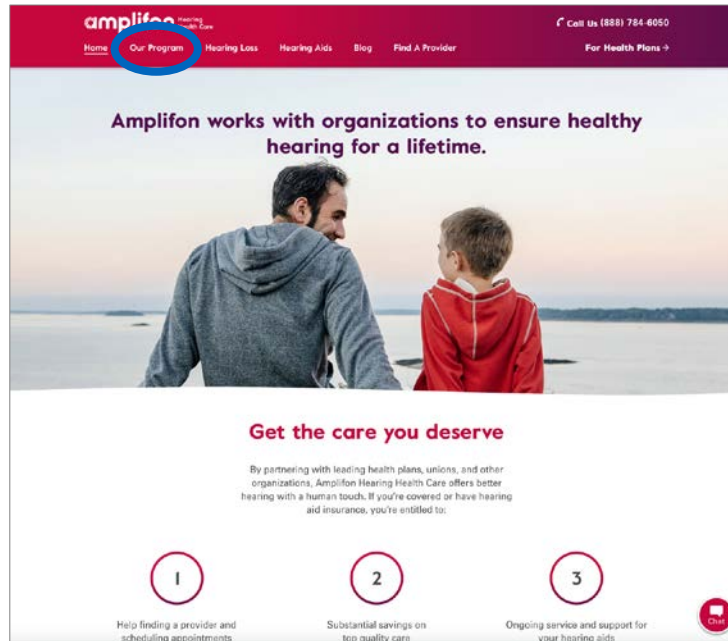


Getting in touch

Accessing Amplifon resources online

The Amplifon logo, consisting of the word "amplifon" in white lowercase letters on a red square background.

amplifonusa.com



From homepage,
click on “Our Program”

Points of interest

Additional Benefits



Need help navigating
the health system?

Health Advocate is
here for you...

Health Advocate

Always at Your Side

HealthAdvocate™
Always at your side

About this program



What it includes

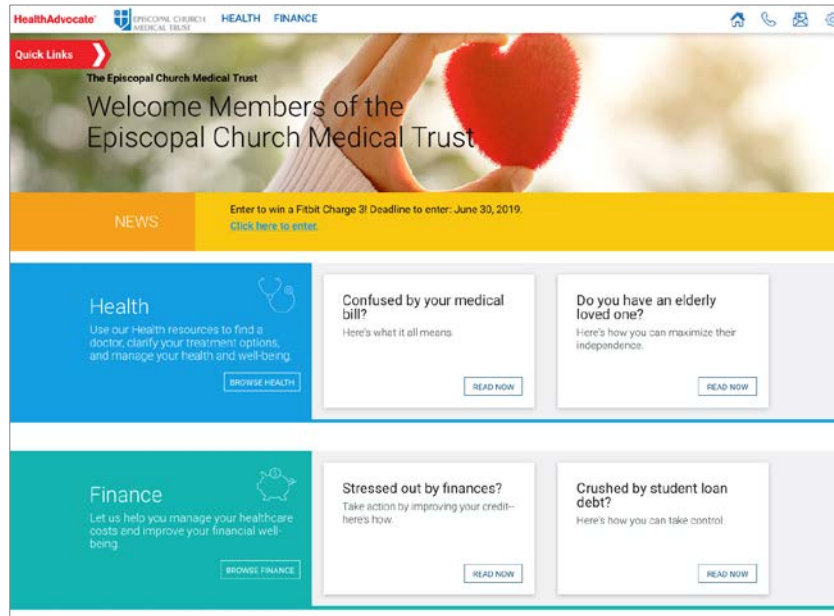


Getting in touch

Accessing resources online

HealthAdvocate
Always at your side

healthadvocate.com/ecmt



From homepage,
click on topic of interest

Points of interest

Additional Benefits



Need medical assistance
when traveling?

Turn to **UnitedHealthcare**
Global Assistance...

UnitedHealthcare Global Assistance



About this program



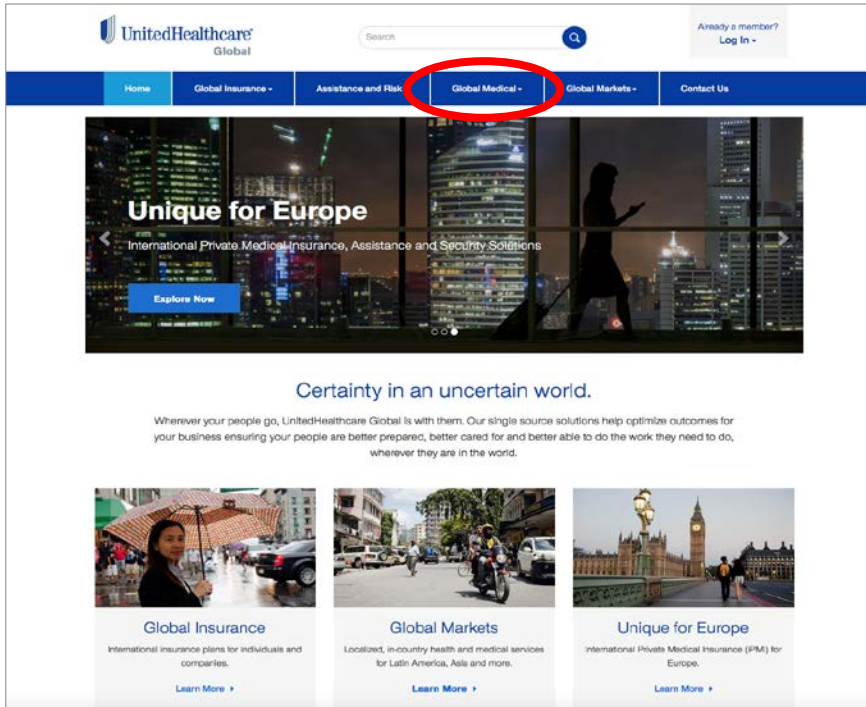
What it includes



Getting in touch

Accessing resources online

uhcglobal.com



The screenshot shows the UnitedHealthcare Global website homepage. At the top, there is a navigation bar with the following links: Home, Global Insurance, Assistance and Risk, **Global Medical** (circled in red), Global Markets, and Contact Us. Below the navigation bar is a large hero section with a cityscape background. The hero section features the text "Unique for Europe" and "International Private Medical Insurance, Assistance and Security Solutions". Below this is a blue button labeled "Explore Now". Underneath the hero section is a paragraph titled "Certainty in an uncertain world." followed by a description of the company's services. At the bottom, there are three columns, each with a small image and a title: "Global Insurance" (with an image of a woman holding an umbrella), "Global Markets" (with an image of a street scene), and "Unique for Europe" (with an image of Big Ben). Each column has a "Learn More" link at the bottom.



From homepage,
click on “Global Medical”



Member Resources

Travel Guides

Find your way with these primary information sources



**Annual
Enrollment (AE)
website**



**Social media
channels (CPG
and vendors)**



**Learning
Center and
eLearning
Library**

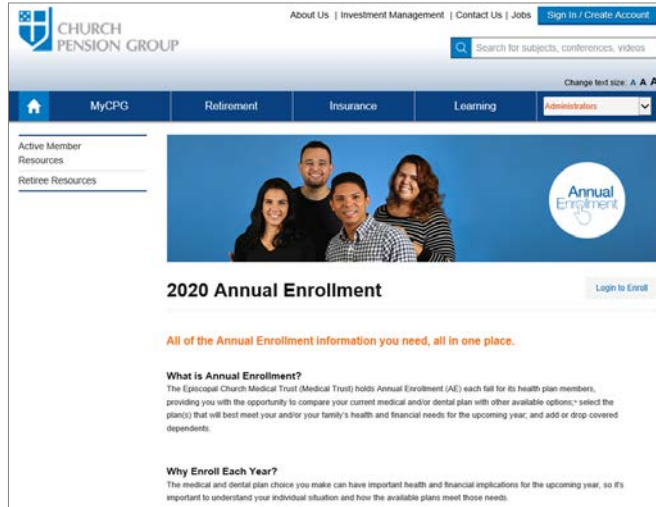


**Vendor
websites
and contact
information**

Connecting with your benefits

Connecting with your benefits

Annual Enrollment web pages: cpg.org/annualenrollment

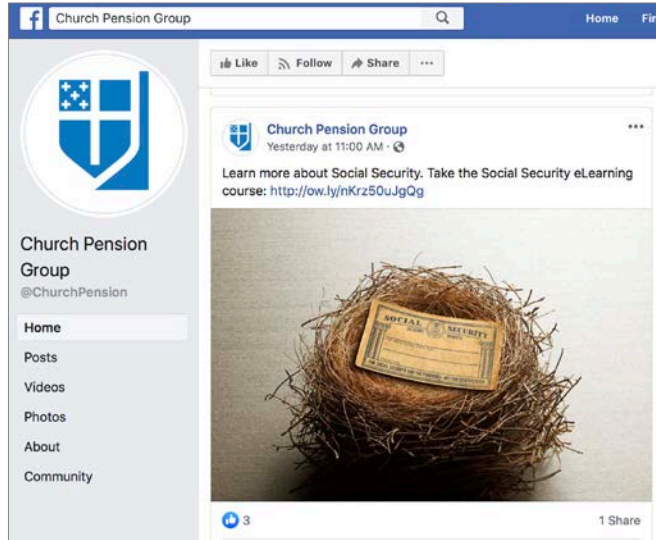


Content expanded for 2020

- Everything you need in one place: learn about plan options, evaluate your needs, and choose the best coverage
- Dedicated page content for active members, early retirees, and retired members
- Links to additional sources of information

Connecting with your benefits

Social media channels



Creating community

- Timely posts about your benefits, Annual Enrollment reminders, and more
- Access additional social media content on health plan websites

Follow Us



@ChurchPension



@ChurchPension



Church Pension Group



Church Pension Group

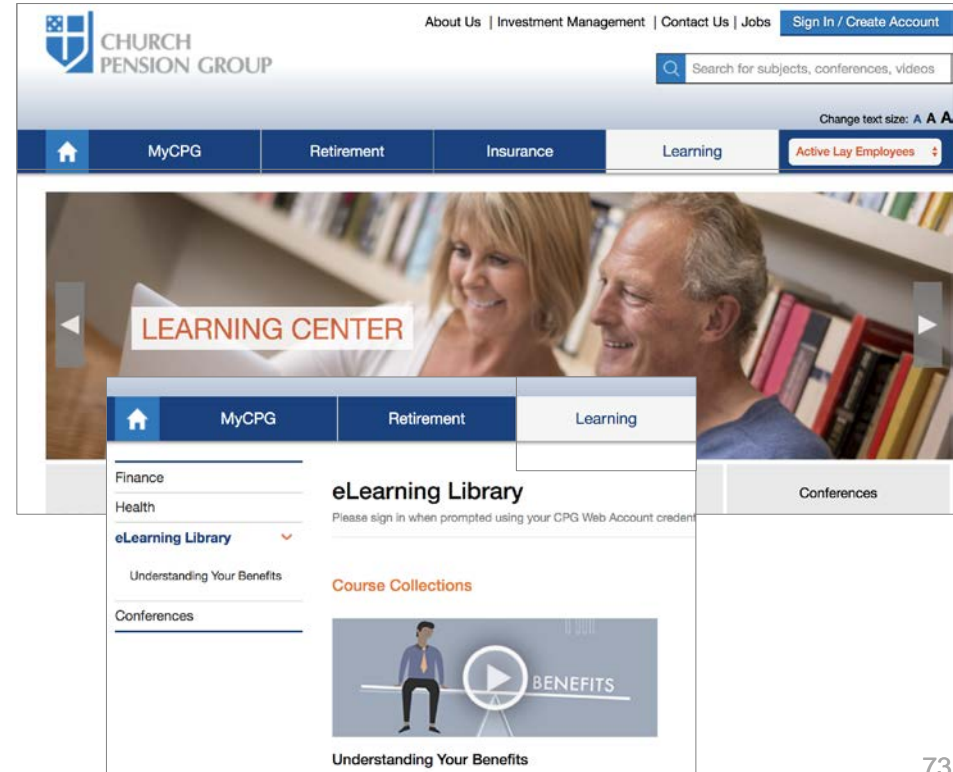
Connecting with your benefits

Learning Center and eLearning Library

Learning in one place that is easy to understand

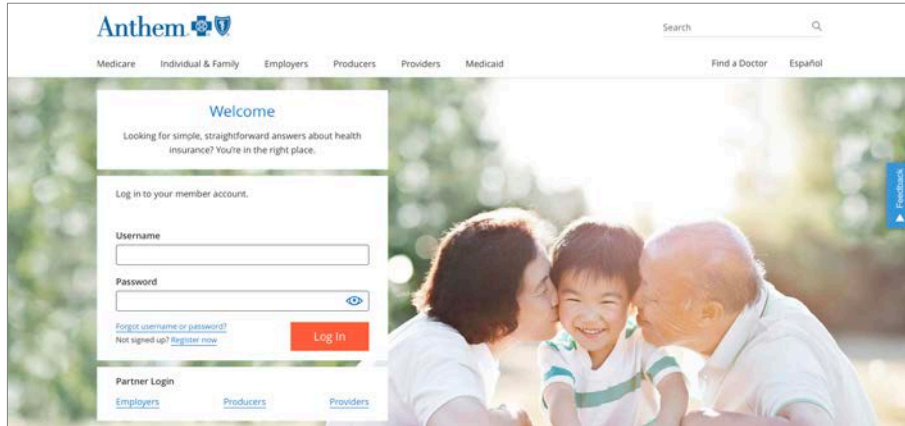
Course include:

- Understanding Your Benefits
- Seeing Your Way to Wellness
- Nutrition
- Resilience
- and more!



Connecting with your benefits

Vendor information



Visit: [Anthem.com](https://www.anthem.com)

You can:

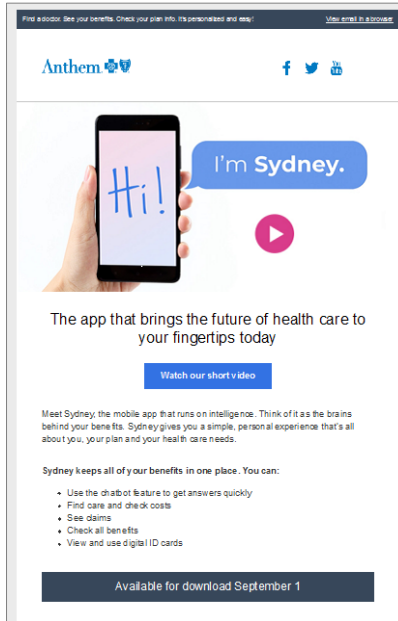
- Find a network provider
- Register for health and wellness programs
- Check the status of your claim
- Price medications
- Obtain telemedicine

...and more!

Find plan-specific details on:

- Network providers
- Submitting claims
- Wellness and care management programs
- Member app
- Social media channels

Connecting with your benefits



For Anthem members, new Sydney app now available

- Keeps all of your health benefits information in one place
- Download from Anthem email sent in mid-September to all members or Apple Store® or Google Play™

Offers same functionality as previous Anthem Anywhere app

- Benefit details
- Claims information
- Cost and quality tools
- Care finder tools

Among other features:

- Custom content
- 24/7 chatbot assistance
- Access to designated care team

Travel Guides

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**Annual
Enrollment
Guide**



**Plan
Document
Handbooks**



**Fact
Sheets**

- Consumer-Directed Health Plan
- Health Savings Account and Medicare Secondary Payer
- Medicare Secondary Payer - Small Employer Exception



**Glossary of Health
Coverage and
Medical Terms**



**Summary of
Benefits and
Coverage**

Documents you can view and download

Visit CPG's benefits "library"

cpg.org/mtdocs



Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These [glossary terms and definitions](#) are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance](#) policy. Some of these terms might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your [Summary of Benefits and Coverage](#) for information on how to get a copy of your policy or [plan](#) documents.)
- [Additional](#) (or [extra](#)) indicates a term defined in the Glossary.
- See page(s) for an example showing how [deductible](#), [coinsurance](#), and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount
This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "reimbursed cost".

Appeal
A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$150, the provider may bill you for the remaining \$50. This happens most often when you see an out-of-network [provider](#) (nonaffiliated [provider](#)). A network [provider](#) (affiliated [provider](#)) may not bill you for covered services.

Claims
A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

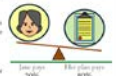
Coincidence
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay [coinsurance](#) [plus](#) any [deductible](#) you owe. (For example, if the [health insurance](#) or [plan](#) allowed amount for an office visit is

Complications of Pregnancy
Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Maternal infection and a non-emergency (nonurgent) cesarean generally aren't complications of pregnancy.

Copayment
A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), [premiums](#) you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

Cost-sharing Reductions
Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the Marketplace. You may get a discount if your income is below a certain level, and you choose a silver level health plan or if you're a member of a federally recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.



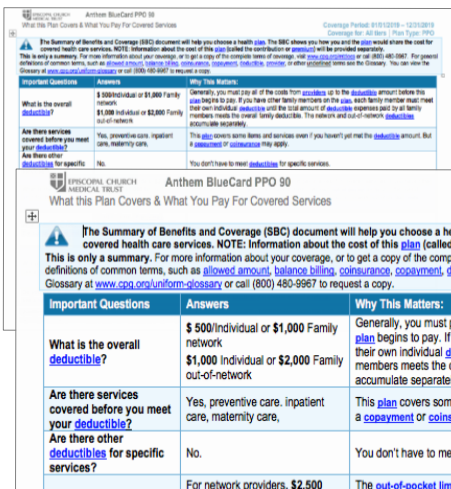
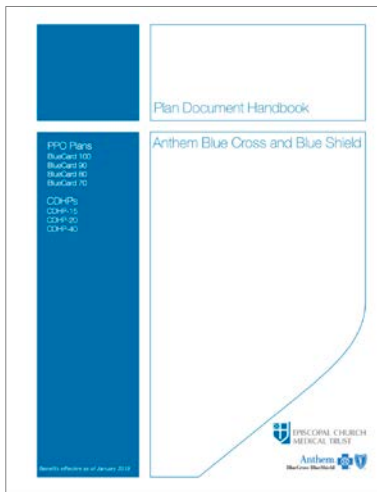
(See page 6 for a detailed example.)

Information available for viewing and download:

- Annual Enrollment Guide
- Glossary of Health Coverage and Medical Terms

Visit CPG's benefits "library"

cpg.org/mtdocs



Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$500/individual or \$1,000 Family network \$1,000 individual or \$2,000 Family out-of-network	Generally, you must pay <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual deductible and the total amount of deductibles expenses paid by all family members meets the overall family deductible. The network and out-of-network deductibles accumulate separately.
Are there services covered before you meet your deductible?	Yes, preventive care, inpatient care, maternity care.	This <u>plan</u> covers some items and services even if you haven't yet met the deductible amount. But if a <u>deductible</u> of <u>copayment</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.

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Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.

Plan-specific materials available for viewing and download:

- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Fact sheets:
 - Consumer-Directed Health Plan
 - Health Savings Account
 - Medicare Secondary Payer - Small Employer Exception

Travel Guides

Find your way with these primary information sources



**Health
Advocate**



Client Services



**Care
management
programs**

Your “keys to the highway”

At your service

Resources to guide you to your destination

HealthAdvocate.com

HealthAdvocate
Always at your side



Real People, Real Stories

Insurance-related Issues

Gina's husband needed surgery for a life-threatening condition. The paperwork approving the procedure got "lost in the system." Health Advocate tracked down and coordinated the paperwork between the doctor, insurance plan and hospital, and convinced the insurance company to permit a prompt operation.

We can help.

Call us today! 866.695.8622

Visit us online at: HealthAdvocate.com/members

We're here when you need us most
Your Health Advocate benefit can be accessed 24/7. Normal business hours are Monday-Friday, from 8 am to 12 am (midnight), Eastern Time. Staff is available for assistance after hours and on weekends.

There is no cost to use our service
Your employer or plan sponsor offers your Health Advocate benefit at no cost to you.

We're not an insurance company
We're Health Advocate Solutions. We're not affiliated with any insurance or third party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Your privacy is protected
Our staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.

Welcome
to Your New Health Advocate Benefit

Health Advocate is a service provided at no cost to you, courtesy of your employer or plan sponsor. It can help you and your eligible family members resolve healthcare and insurance-related issues—all through a single, toll-free number.

We look forward to serving you!

HealthAdvocate Solutions®

west

Services available 24/7

- Call (866) 695-8622

Use Health Advocate to:

- Verify current providers' network participation
- Locate new participating providers if desired
- Determine out-of-pocket cost differences between plans
- Understand Consumer-Directed Health Plans and health savings accounts

At your service

Resources to guide you to your destination

mtcustserv@cpg.org



CPG Client Services Member Services

- Call (800) 480-9967
Monday through Friday
8:30AM to 8:00PM ET

Care management programs

Anthem

With just one phone call, members can access multiple resources and help ensure that they are getting the right care at the right time.



Anthem Health Guide

These programs can help you:

- Coordinate care across multiple doctors
- Manage chronic conditions
- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Answer other questions that arise in serious health situations

Questions & Answers





Thank you for your participation and feedback!

Please take a moment to complete a brief online survey.

We value your input to ensure that sessions like this are truly helpful.

Here is the survey link:

cpg.org/ibamslearn

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