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
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
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

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

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

- 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

Timeline:
- 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
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 and options

Plan types
Health plan offerings
Employer offerings
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 cpg.org/mtdocs
## Medical benefits

Anthem PPO 100

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

### Anthem PPO 90

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

### Anthem PPO 80

<table>
<thead>
<tr>
<th>Medical Event</th>
<th>Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,000 individual / $2,000 family</td>
<td>$2,000 individual / $4,000 family</td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$3,500 individual / $7,000 family</td>
<td>$7,000 individual / $14,000 family</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$30 copay (primary care)</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$45 copay (specialist)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 (preventive care)</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>20% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$250 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Hospital Stay</td>
<td>20% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$30 copay</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>(outpatient)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 cpg.org/mtdocs

*Referred to generically as High-Deductible Health Plans
## Medical benefits

**Anthem CDHP-15***

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

*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

<table>
<thead>
<tr>
<th>Medical Event</th>
<th>Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$2,800 individual / $5,450 family</td>
<td>$3,000 individual / $6,000 family</td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$4,200 individual / $8,450 family</td>
<td>$7,000 individual / $13,000 family</td>
</tr>
<tr>
<td>Office Visit (primary care / specialist)</td>
<td>20% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$0 (preventive care)</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>20% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td>Hospital Stay (outpatient)</td>
<td>20% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>20% coinsurance</td>
<td>45% coinsurance</td>
</tr>
</tbody>
</table>
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
• 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
# Prescription drug benefits

**Express Scripts—Standard Plan**

<table>
<thead>
<tr>
<th>Item</th>
<th>Retail</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Up to $10 copay</td>
<td>Up to $25 copay</td>
</tr>
<tr>
<td>Preferred Brand-Name</td>
<td>Up to $40 copay</td>
<td>Up to $100 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name</td>
<td>Up to $80 copay</td>
<td>Up to $200 copay</td>
</tr>
<tr>
<td>Dispensing Limits</td>
<td>Up to 30-day supply</td>
<td>Up to 90-day supply</td>
</tr>
</tbody>
</table>
Prescription drug benefits
Express Scripts*—CDHP-15

<table>
<thead>
<tr>
<th>Item</th>
<th>Retail and Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (combined with medical deductible)</td>
<td>$1,400 individual / $2,800 family</td>
</tr>
<tr>
<td>Generic</td>
<td>15% coinsurance after deductible</td>
</tr>
<tr>
<td>Preferred Brand-Name</td>
<td>15% coinsurance after deductible</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name</td>
<td>15% coinsurance after deductible</td>
</tr>
<tr>
<td>Dispensing Limits</td>
<td>Up to 30-day supply (retail) or 90-day supply (home delivery)</td>
</tr>
</tbody>
</table>
### Prescription drug benefits

Express Scripts — CDHP-20

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

<table>
<thead>
<tr>
<th>1</th>
<th>Plan name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Coverage period, tiers, and plan type</td>
</tr>
<tr>
<td>3</td>
<td>Cost-sharing between member and plan sponsor (Medical Trust)</td>
</tr>
<tr>
<td>4</td>
<td>Reference to online glossary of common health terms</td>
</tr>
<tr>
<td>5</td>
<td>Important questions</td>
</tr>
</tbody>
</table>

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

Available online at [cpg.org/mtdocs](http://cpg.org/mtdocs)
## Summary of Benefits & Coverage

Your plan benefits at a glance

### Common medical events
- Office visits
- Emergency and urgent care

#### Pages 2 thru 4

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Network Provider</th>
<th>Out-of-Network Provider (Year will vary by state)</th>
<th>Limitations, Exclusions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care services</td>
<td>All services</td>
<td>$0 copay/net</td>
<td>50% coinsurance</td>
<td>None</td>
<td>Preventive care is based on guidelines from the U.S. Preventive Services Task Force, American Cancer Society, Task Force on Immunization Practice (ACIP), and the American Academy of Pediatrics. Coverage for child immunizations is based on the published guidelines of the American Academy of Pediatrics.</td>
</tr>
<tr>
<td>Office visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency and urgent care</td>
<td>Special visit</td>
<td>$45 copay/net</td>
<td>50% coinsurance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Preventive care/immunization</td>
<td>No charge</td>
<td>50% coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic tests (e.g., blood work)</td>
<td>No charge</td>
<td>50% coinsurance</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Imaging (CT Scan, MRI)</td>
<td>No charge</td>
<td>50% coinsurance</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Facility fees (e.g., ambulatory surgery center)</td>
<td>$300 copay</td>
<td>50% coinsurance</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>No charge</td>
<td>50% coinsurance</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Emergency room care</td>
<td>$295 copay/visit</td>
<td>$250 copay/visit</td>
<td></td>
<td>$250 copay</td>
<td>The $295 copay will be waived if you are admitted to the hospital as an inpatient within 31 hours.</td>
</tr>
<tr>
<td>Emergency medical transportation</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital stay</td>
<td>$205 copay</td>
<td>$205 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

2 of 6
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

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

1. Your deductible
   • The amount that you may pay out-of-pocket before your health plan pays for services

2. Your copayment and coinsurance
   • The amount that you may pay when you visit your provider

Adapted from “The Anatomy of Health Insurance,” MphProgramsList.com
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

Adapted from “The Anatomy of Health Insurance,” MphProgramsList.com
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

1. Employee payroll deductions

2. 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+
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…
About this program

What it includes

Additional points

For further details

Getting in touch
Accessing EAP resources online

mycigna.com

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…
About this program

What it includes  Additional points  For further details  Getting in touch
Accessing EyeMed resources online

From homepage, click on “View Your Benefits”

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

eyemedvisioncare.com/ecmt
Points of interest
Additional Benefits

How is your hearing?

Check out these additional benefit programs…
Amplifon Hearing Health Care

About this program

What it includes  Additional points  Getting in touch
Accessing Amplifon resources online

amplifonusa.com

From homepage, click on “Our Program”
Need help navigating the health system?

Health Advocate is here for you…
Health Advocate
Always at Your Side

About this program

What it includes

Getting in touch
Accessing resources online

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**

From homepage, click on “Global Medical”
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

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
Find your way with these primary information sources

- Annual Enrollment Guide
- Plan Document Handbooks
- Glossary of Health Coverage and Medical Terms
- Summary of Benefits and Coverage
- Fact Sheets
  - Consumer-Directed Health Plan
  - Health Savings Account and Medicare Secondary Payer
  - Medicare Secondary Payer - Small Employer Exception

Documents you can view and download
Visit CPG’s benefits “library”

cpg.org/mtdocs

Information available for viewing and download:

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• Glossary of Health Coverage and Medical Terms
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Plan-specific materials available for viewing and download:

- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Fact sheets:
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  - Health Savings Account
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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

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.

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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