



the
EPISCOPAL CHURCH
in WESTERN OREGON

The following communication is for Active Clergy and Lay Employees. Please note Retirees/Spouses will receive separate notices on their Annual Enrollment process and dates.

TO: Clergy Leadership, Parish Administrators, and Other Benefits Personnel

FROM: Lynsey Redman, Diocesan Payroll & Benefit Administrator

RE: 2025 Health Benefits Overview

DATE: October 4, 2024

I am pleased to provide you with these important details about Annual Enrollment and the 2025 health benefit offerings from The Episcopal Church Medical Trust (Medical Trust). Please share this information with your employees.

Online Annual Enrollment for 2025 will run from **October 16 to November 15**.

For information about eligibility for the Episcopal Health Plan, the Small Employer Exception (SEE) Plan, and the Group Medicare Advantage Plan, refer to the Medical Trust's [Administrative Policy Manual](#).

(Not eligible for the SEE are mission churches using the Diocese tax ID **93-0386824**).

Introducing Quantum Health!

The Medical Trust is enhancing **its plans to use the Anthem networks*** with healthcare coordination services from Quantum Health (Quantum). Beginning January 1, 2025, Quantum's care coordinators—nurses, benefits experts, and claims specialists familiar with our membership and our plans—will guide members enrolled in those plans as they navigate today's complex healthcare system, helping them understand their coverage and supporting their healthcare needs, whether they're looking for a specialist, managing a chronic condition, or simply trying to stay healthy.

* 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 enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.

During Annual Enrollment, Quantum will be available (at **866-871-0629**) to help members and potential members review existing benefits, understand plan options, and choose the right plan for themselves and their families.

Medical Plans

We will offer the following medical plans to our employees through the Medical Trust:

Medical Plan / Monthly Rates	Single	Employee + Spouse	Employee + Child/ren	Family
Anthem BCBS BlueCard 80	\$983	\$1,966	\$1,769	\$2,949
Anthem BCBS CDHP-15/HSA	\$939	\$1,878	\$1,690	\$2,817
Anthem BCBS CDHP-20/HSA	\$826	\$1,652	\$1,487	\$2,478
Kaiser Permanente EPO 80 Plan	\$1,008	\$2,016	\$1,814	\$3,024
Kaiser Permanente CDHP-20/HSA	\$824	\$1,648	\$1,483	\$2,472
Anthem BCBS MSP PPO 80 (Medicare Supplement 65+ Only)	\$786	\$1,572	\$1,415	\$2,358
Employee Assistance Program (Stand Alone when declining benefits)	\$4	\$4	\$4	\$4

Click [here](#) for a printable list of Medical Plans.

Dental Plans

Delta Dental, the Medical Trust's dental vendor, has the largest network of dentists nationwide. In 2025, members will be able to access services in two of its networks (PPO and Premier) or use out-of-network dentists. Member coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service.

We will offer the following Delta Dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + Spouse	Employee + Child/ren	Family
Delta Dental Premium	\$79	\$158	\$142	\$237
Delta Dental Comprehensive	\$61	\$122	\$110	\$183
Delta Dental Basic	\$41	\$82	\$74	\$123

Click [here](#) for a printable list of Dental Plans.

What You Need to Know About Annual Enrollment

- Current members may change their plan selections for the upcoming year.
 - If the employee plans to maintain current medical or dental coverage, no action is required.
 - If the employee's current medical or dental plan is not being offered next year, **they will need to enroll in a new plan or they will not have Medical Trust coverage in 2025.**
- Eligible nonparticipating employees can elect EAP (Employee Assistance Plan) if they are planning to decline medical coverage. Learn more about [EAP](#).
- Eligible nonparticipating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

Currently Enrolled Employees

Approximately one week before Annual Enrollment begins, currently enrolled employees (plan members) will receive a letter in a green envelope from the Medical Trust with information about Annual Enrollment dates and how to access the enrollment site. Please instruct employees to save this letter and encourage them to begin reviewing their options early. If an employee takes no action and their current plan(s) are offered for 2025, their plan selection(s) will automatically carry over to 2025, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins

New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created will not receive an Annual Enrollment letter; however, they will be able to participate in Annual Enrollment through [MyCPG Accounts](#). Their plan selections will carry over into 2025 if they don't make a change during Annual Enrollment. If they wish to change their selections for 2025 or if their medical or dental plan is going away for 2025, they will need to log in to [MyCPG Accounts](#) or contact their group benefits administrator for assistance. (Members may contact the Client Services team for assistance in accessing their login credentials.)

IMPORTANT REMINDER: Members will make their plan selections on [MyCPG Accounts](#) using the email address and password associated with their MyCPG Account. Client ID numbers are no longer being used to access this account. If they have not already done so, members must create an account before Annual Enrollment.

For assistance, employees may contact CPG Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpg.org.

Nonparticipating Employees

Eligible employees and dependents not currently enrolled in a Medical Trust plan will not receive an Annual Enrollment letter but may enroll during Annual Enrollment for the 2025 plan year. If they do not enroll during Annual Enrollment, their previous decision to decline coverage will carry over into 2025. Please submit an [Enrollment Form](#) to iredman@ecwo.org, as this process must be handled by Lynsey Redman, Payroll and Benefits Administrator. Please use the attached [enrollment form](#) and return it to her by November 13th at the latest.

Plan Documents

2025 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details are available found on the Church Pension Group website at cpg.org/mtdocs.

<p>Deductible increase for Anthem, and Kaiser CDHP-20</p>	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.[†] (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2025, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,650 for self-only coverage and \$3,300 for family coverage. The amounts for 2024 were \$1,600 and \$3,200, respectively.</p> <p>Effective January 1, 2025, the Medical Trust’s Anthem and Kaiser CDHP-20 network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage. The out-of-network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage.</p>
<p>Deductible Increase for Anthem CDHP-15</p>	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2025, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,650 for self-only coverage and \$3,300 for family coverage. The amounts for 2024 were \$1,600 and \$3,200, respectively.</p> <p>Effective January 1, 2025, the Medical Trust’s Anthem CDHP-15 network deductibles will be \$1,650 for self-only coverage and \$3,300 for family coverage. The out-of-network deductibles will be \$3,300 for self-only coverage and \$6,600 for family coverage.</p>
<p>Quantum Health</p>	<p>The Medical Trust is adding healthcare coordination via Quantum Health (Quantum) to its medical plans that use the Anthem and Cigna networks. With clinical expertise, in-depth knowledge of the healthcare industry, and 25 years’ experience, Quantum will help Anthem and Cigna members make the most of their medical, vision (EyeMed), prescription (Express Scripts), and behavioral health benefits, including the Employee Assistance Plan.</p> <p>As a single point of contact for members and providers, Quantum also eases the administrative burden associated with healthcare.</p> <p><i>Members covered by Kaiser Permanente or by the Hawaii Medical Service Association already have comprehensive services as part of their plans and will not use Quantum’s services. Neither will members enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.</i></p>

[†]See [IRS Rev. Proc. 2024-25](#).

Anthem members can access the following services through Quantum:	
Teladoc	The Medical Trust is introducing Teladoc Health Services (Teladoc) for Anthem and Cigna members. Teladoc will replace both the MDLIVE and LiveHealth Online platforms currently available. A fully integrated virtual care platform, Teladoc offers primary, behavioral health, acute, chronic, specialty, and complex care services, all seamlessly accessed via Quantum Health.
Magellan	The Medical Trust is introducing Magellan Healthcare, a service that provides a holistic approach to behavioral healthcare management by collaborating with members to help them successfully address their mental health. Magellan's services include outreach to members while in treatment, continuing care plans, support and resources, education, and crisis intervention.

2025 Plan Offering

Please note that you will only be able to choose from these plans in 2025.

Anthem BCBS BlueCard 80
Anthem BCBS CDHP-15/HSA
Anthem BCBS CDHP-20/HSA
Kaiser Permanente EPO 80 Plan
Kaiser Permanente CDHP-20/HSA
Anthem BCBS MSP PPO 80 (Medicare Supplement 65+ Only)
Employee Assistance Program (Stand Alone when declining benefits)
Delta Dental Premium
Delta Dental Comprehensive
Delta Dental Basic

Plans No Longer Offered

Please note that we will no longer offer the following plans in 2025:

Anthem BCBS BlueCard PPO 100
Anthem BCBS BlueCard PPO 90
Anthem BCBS BlueCard PPO 70
Anthem BCBS BlueCard MSP PPO 100
Anthem BCBS BlueCard MSP PPO 90
Anthem BCBS BlueCard MSP PPO 70
Anthem BCBS CDHP-40/HSA
Kaiser EPO High

Members currently enrolled in the Plans no longer offered listed above, must select another plan to continue medical coverage in 2025.

No Changes to Current Dental Plan Selections

Please note that there are no changes to our current dental plan options for 2025. However, members are encouraged to verify their personal information, dependent coverage, and plan selections, and to make changes by logging in to [MyCPG Accounts](#) during Annual Enrollment. If they have not already done so, all members must create an account at cpq.org/mycpq before Annual Enrollment.

During Annual Enrollment, Quantum will be available at 866-871-0629 to Anthem members (and potential members) who want help reviewing existing benefits, understanding plan options, and choosing the right plan for themselves and their families.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to health plans, the Medical Trust makes available a standalone EAP with Cigna Behavioral Health that you may offer to employees who opt out of medical coverage. (Employees who enroll in Medical Trust medical coverage are automatically enrolled in Cigna EAP benefits.) Eligible employees electing to decline medical coverage can enroll in [EAP](#) as a standalone program. (EAP is available to all eligible members under the Medical Trust even though we do not participate in other Cigna plans.)

Note: If an employer chooses to offer the Cigna EAP on a standalone basis, all eligible employees who are not enrolled in Medical Trust medical coverage must be enrolled, and **the employer** must pay for the EAP-only coverage. Requiring employees to contribute toward the cost of EAP-only coverage would violate the Affordable Care Act, and the employer could be subject to significant penalties. Eligibility for the standalone EAP is limited to qualified

nonmembers (e.g., an employee who is on a spousal plan and has opted out of Medical Trust coverage). Since these employees won't be able to select the EAP on a standalone basis during Annual Enrollment, their enrollment must be completed by the group administrator with My Admin Portal (MAP) enrollment access.

Informational Meetings

Join our open Zoom meeting to ask questions about policy price changes. You may participate by calling in:

- October 23 at 1pm
- October 30 at 1pm
- November 6 at 1pm

Zoom link for Meetings: <https://us02web.zoom.us/j/84016453960>

If you have any questions, please don't hesitate to contact me.

Sincerely,

Lynsey Redman
971-204-4109
Lredman@ecwo.org

Send me secure documents by clicking this link: [Secure Employee Documents](#)

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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 of The Episcopal Church (the "Church") and their eligible dependents. 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.