

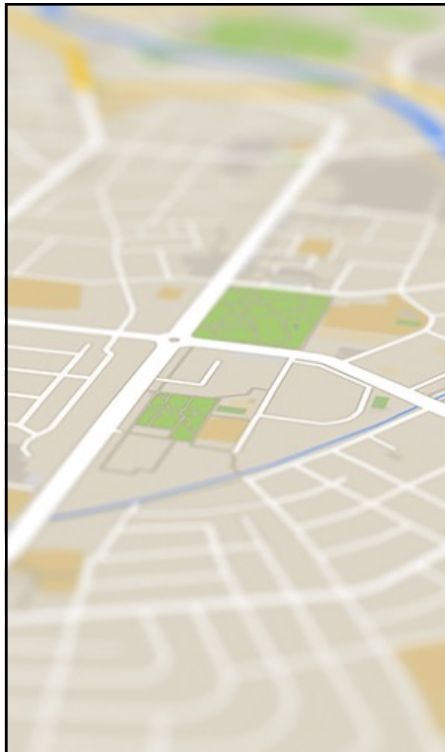
# The Diocese of San Diego








**Toni Marie Sutliff**  
Director, Benefits Relationship  
Management

Date: October 16, 2023  
**2024 Annual Enrollment**

## Journey to Well-being



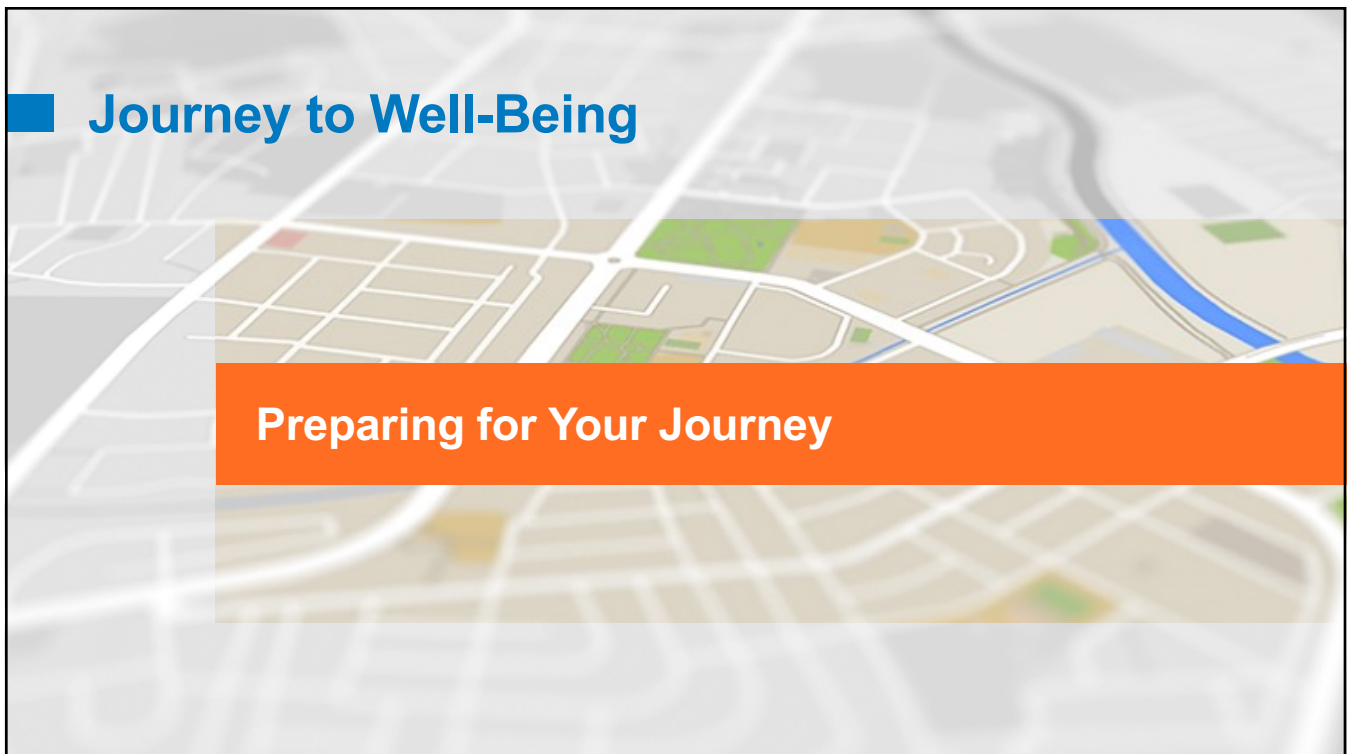
-  New Dental Plan Network Vendor
-  Core Medical Plan Benefits
-  Annual Enrollment
-  Resources
-  Your Questions

## Disclaimers

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.

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.



## Key Annual Enrollment Dates

**Early October 2023**

Your Mailing Sent



**October 25, 2023**

Annual Enrollment Begins



**November 15, 2023**

Annual Enrollment Ends



**January 1, 2024**

New Plan Year Begins



Annual Enrollment

6

6

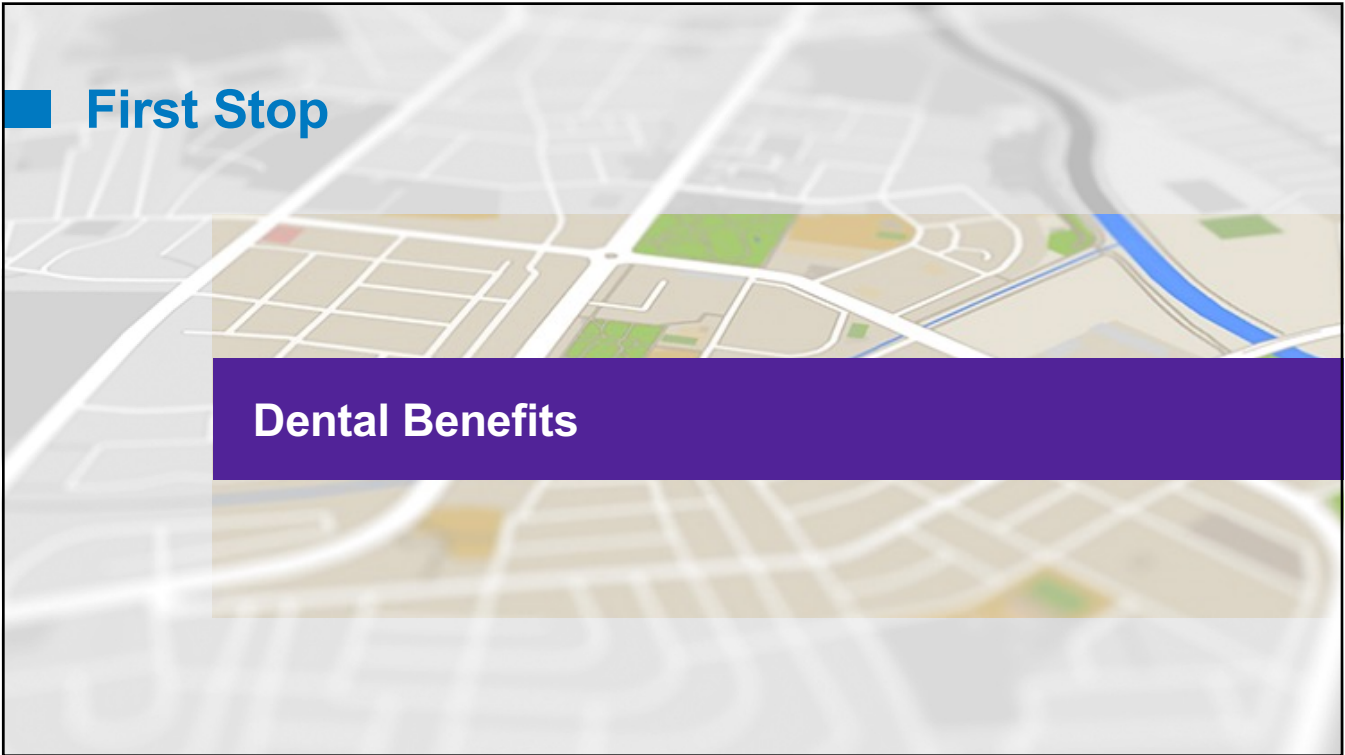
## Your Checklist



- Learn how your healthcare benefits work
- Enroll in the benefits that best meet your needs:
  - Consider your and your family's healthcare needs for 2024
  - Compare your options and costs
  - Enroll by the deadline
- Review and update your personal and dependent information

7

7




8

Dental Benefits


## Annual Enrollment+

Administered by Delta Dental




**Benefit Highlights**

- Three routine cleanings a year (four under certain conditions)
- \$0 diagnostic and preventive care
- Nationwide network



**Things to Remember**

- Balance billing: difference between dentist charge and Delta Dental amount, or any dentist charge over Delta Dental allowance
- Delta Dental PPO and Premier dentist networks



**To Learn More**

- Delta Dental Welcome Announcement
- Benefits Highlights Sheets
- Maximize Your Savings brochure
- [cpg.org/deltadental](http://cpg.org/deltadental)

9

## Dental Plan Comparison—Premium Plan

	Delta Dental Premium Plan (2024)			
	Dental & Ortho (Current Cigna)	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$25 individual / \$75 family*	\$0/\$0	\$0/\$0	\$50/\$150
<b>Annual Benefit Limit**</b>	\$2,000	\$3,000	\$2,500	\$2,000
<b>Preventive and Diagnostic</b>	No Charge	No Charge	No Charge	No Charge
<b>Basic Restorative</b>	85% Coinsurance***	85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Major Restorative</b>	85% Coinsurance	85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Orthodontia Services</b>	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
<b>Orthodontia Lifetime Maximum**</b>	\$1,500	\$2,000	\$2,000	\$1,500

\*Deductible is waived for services utilizing Cigna's DPPO Advantage Network.

\*\*Plan payments apply toward maximums across all networks.

\*\*\*All coinsurance percentages reflect what the plan pays.

10

10

## Dental Plan Comparison—Comprehensive

	Delta Dental Comprehensive (2024)			
	Basic (Current Cigna)	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$50 individual / \$150 family*	\$0/\$0	\$0/\$0	\$100/\$300
<b>Annual Benefit Limit**</b>	\$2,000	\$2,500	\$2,000	\$1,500
<b>Preventive and Diagnostic</b>	No Charge	No Charge	No Charge	No Charge
<b>Basic Restorative</b>	85% Coinsurance***	85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Major Restorative</b>	50% Coinsurance	50% Coinsurance	50% Coinsurance	40% Coinsurance
<b>Orthodontia Services</b>	Not Covered	50% Coinsurance	50% Coinsurance	40% Coinsurance
<b>Orthodontia Lifetime Maximum**</b>	N/A	\$1,500	\$1,500	\$1,000

\*Deductible is waived for services utilizing Cigna's DPPO Advantage Network.

\*\*Plan payments apply toward maximums across all networks.

\*\*\*All coinsurance percentages reflect what the plan pays.

11

11

## Dental Plan Comparison—Basic

	Delta Dental Basic (2024)			
	Preventive (Current Cigna)	PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>	\$0 individual / \$0 family*	\$0/\$0	\$0/\$0	\$0/\$0
<b>Annual Benefit Limit**</b>	\$1,500	\$2,000	\$1,500	\$1,000
<b>Preventive and Diagnostic</b>	No Charge	No Charge	No Charge	No Charge
<b>Basic Restorative</b>	80% Coinsurance***	80% Coinsurance	80% Coinsurance	70% Coinsurance
<b>Major Restorative</b>	1% Coinsurance	40% Coinsurance	40% Coinsurance	1% Coinsurance
<b>Orthodontia Services</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Orthodontia Lifetime Maximum**</b>	N/A	N/A	N/A	N/A

\*Deductible is waived for services utilizing Cigna's DPPO Advantage Network.

\*\*Plan payments apply toward maximums across all networks.

\*\*\*All coinsurance percentages reflect what the plan pays.

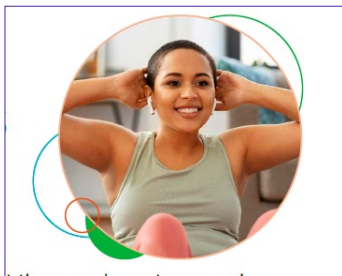
12

12

## Delta Dental SmileWay® Wellness Benefits

Expanded dental coverage

**Available for members with any of the following diagnosis:**



- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- Rheumatoid arthritis
- Sjögren's syndrome
- Stroke

13

13

# Delta Dental SmileWay® Wellness Benefits

Expanded coverage

## SmileWay® Wellness Benefits<sup>1</sup>

100% coverage	One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year <sup>2</sup>
Four of the following (any combination) per calendar or contract year: <sup>2</sup>	
100% coverage	Prophylaxis (teeth cleaning) (D1110 or D1120)
	Periodontal maintenance procedure (D4910)
	Scaling in presence of moderate or severe gingival inflammation (D4346)

If eligible, opt in by visiting [www1.deltadentalins.com/smileway](http://www1.deltadentalins.com/smileway) or calling by Customer Service (888) 894-7059 M-F

<sup>2</sup>This coverage is subject to applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.

## Questions & Discussion





Types of Medical Plans

## Your 2024 Medical Plan Options

Your employer offers these medical plan types

<p><b>Preferred Provider Organization (PPO)</b></p>	<p><b>Exclusive Provider Organization (EPO)</b> Regional Kaiser plans only</p>	<p><b>Consumer-Directed Health Plan (CDHP)</b></p>

 EPISCOPAL CHURCH MEDICAL TRUST



## Medical Benefits



Copay

✗ A fixed amount you pay for a covered healthcare service, usually when you receive the service.



Deductible

➔ You pay the full cost of healthcare until you reach this amount. Then the plan begins to pay benefits.



Coinsurance

✓ The percentage you pay for the allowed amount of a covered service.



Out-of-Pocket Limit

★ The most you will pay for covered healthcare expenses for the calendar year.



## Medical Plan Details

## Medical Benefits

### Anthem PPO 90 and MSP 90

	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

20

20

## Medical Benefits

### Kaiser EPO High

	Network	Out-of-Network
Deductible	\$0 individual / \$0 family	Not covered
Out-of-Pocket Limit	\$1,750 individual / \$3,500 family	Not covered
Office Visit	\$25 copay (primary care) \$25 copay (specialist) \$0 (preventive care)	Not covered
Diagnostic Tests	\$50 copay	Not covered
Urgent Care	\$50 copay	Not covered
Emergency Care	\$100 copay	\$100 copay
Outpatient Surgery	\$100 copay	Not covered
Hospital Stay	\$100 per day to max. of \$600 copay	Not covered
Behavioral Health (outpatient)	\$25 copay individual	Not covered

21

21

## Medical Benefits

### Kaiser EPO 80

	Network	Out-of-Network
Deductible	\$500 individual / \$1,000 family	Not covered
Out-of-Pocket Limit	\$3,500 individual / \$7,000 family	Not covered
Office Visit	\$25 copay (primary care) \$35 copay (specialist) \$0 (preventive care)	Not covered
Diagnostic Tests	20% coinsurance	Not covered
Urgent Care	\$50 copay	Not covered
Emergency Care	20% coinsurance	20% coinsurance
Outpatient Surgery	20% coinsurance	Not covered
Hospital Stay	20% coinsurance	Not covered
Behavioral Health (outpatient)	\$25 copay individual	Not covered

### Types of Medical Plans

## Consumer-Directed Health Plan (CDHP)

- PPO plan
- Higher deductibles—you pay most medical and prescription expenses until you meet the plan's deductibles
- Works with a Health Savings Account (HSA) to help you pay for eligible healthcare expenses today and in the future



## Medical Benefits

### Anthem CDHP-15\*

2023

\$1,500 individual / \$3,000 family

\$3,000 individual / \$6,000 family

	Network	Out-of-Network
Deductible	\$1,600 individual / \$3,200 family	\$3,200 individual / \$6,400 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist)	40% coinsurance
	\$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

\*If you have family members enrolled in 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.

24

24

## Medical Benefits

### Anthem CDHP-20

2023

\$3,000 individual / \$5,450 family

\$3,000 individual / \$6,000 family

	Network	Out-of-Network
Deductible	\$3,200 individual / \$5,450 family	\$3,200 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)	45% coinsurance
	\$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

25

25



## Pharmacy Benefits

26

### Pharmacy Benefits

## Prescription Drug Benefits

### 2024 Express Scripts—Standard Plan

	Retail	Home Delivery
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$10 copay	Up to \$25 copay
<b>Preferred Brand-name</b>	25% coinsurance; up to \$40 min/\$80 max	25% coinsurance; up to \$100 min/\$200 max
<b>Non-preferred Brand-name</b>	40% coinsurance; up to \$80 min/\$160 max	40% coinsurance; up to \$200 min/\$400 max
<b>Specialty Rx</b>	40% coinsurance; up to \$100 min/\$200 max	40% coinsurance; up to \$250 min/\$500 max
<b>Dispensing Limits</b>	Up to 30-day supply*	Up to 90-day supply

\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.

27

27

## Prescription Drug Benefits

2024 Kaiser Permanente—EPO High and EPO 80

	Retail	Home Delivery
<b>Deductible</b>	None	None
<b>Generic</b>	Up to \$5 copay	Up to \$5 copay for a 30-day supply; up to \$10 copay for a 90-day supply*
<b>Preferred Brand-name</b>	Up to \$30	Up to \$30 copay for a 30-day supply; up to \$60 copay for a 90-day supply*
<b>Non-preferred Brand-name</b>	Up to \$70	Up to \$70 copay for a 30-day supply; up to \$140 copay for a 90-day supply*
<b>Specialty Rx</b>	Up to \$90	Up to \$90 copay for a 30-day supply
<b>Dispensing Limits</b>	Up to 30-day supply	Up to 90-day supply*

\* California residents may receive up to a 100-day supply when using home delivery.

28

28

## Prescription Drug Benefits

2024 Express Scripts—CDHP-15

	Retail and Home Delivery
<b>Deductible (combined with medical deductible)</b>	\$1,600 individual / \$3,200 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.

29

29

## Prescription Drug Benefits

### 2024 Express Scripts—CDHP-20

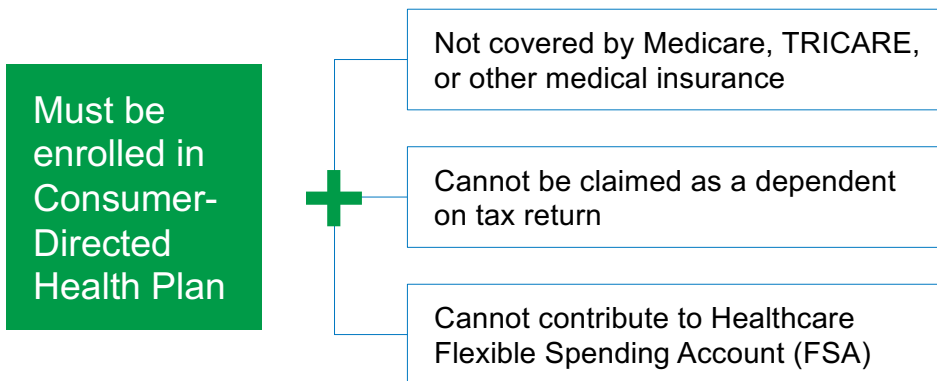
#### Retail and Home Delivery

<b>Deductible (combined with medical deductible)</b>	\$3,200 individual / \$5,450 family
<b>Generic</b>	15% coinsurance after deductible
<b>Preferred Brand-name</b>	25% coinsurance after deductible
<b>Non-preferred Brand-name</b>	50% coinsurance after deductible
<b>Specialty Rx</b>	50% coinsurance after deductible
<b>Dispensing Limits</b>	Up to 30-day supply* (retail) or 90-day supply (home delivery)

\*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at home delivery.

## Closer Look at the Health Savings Account (HSA)

An account you use to pay your share of qualified medical expenses



## How the Health Savings Account Works

An account you use to pay your share of qualified medical expenses



- Tax-free contributions
- Tax-free interest
- Opportunity for tax-free investment earnings (subject to a minimum balance requirement)
- No taxes on money used for qualified medical expenses



- Save for future qualified medical expenses
- Your HSA is portable—you can take it with you

## Health Savings Account Contributions

How much can you contribute in 2024?



### Individual

**\$4,150**

The total contribution allowed from both you and your employer



### Family

**\$8,300**

The total contribution allowed from both you and your employer



### Catch-up (age 55 and older)

**\$1,000**

The additional amount allowed if you are age 55 or older



## Health Savings Account Setup

Setup with HealthEquity is automatic with CDHP enrollment



- Call HealthEquity at [\(877\) 713-7712](tel:8777137712) to activate
- Setup and monthly maintenance fees paid by the Medical Trust
- HealthEquity HSA Guidebook available online



- Use Visa HSA debit cards
- Can be used by spouse and eligible dependents
- Designate a beneficiary for your account



### Or you can use your own bank or qualified financial institution

- You pay setup and maintenance fees
- Pre-tax salary contributions not assured

# Using Your HSA



# Details about Your Medical Coverage

## Summaries of Benefits and Coverage








**EPISCOPAL CHURCH MEDICAL TRUST** Anthem BlueCard PPO 100  
 Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services  
 Coverage Period: 01/01/2024 – 12/31/2024  
 Coverage for: All tiers | Plan Type: PPO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.cpg.org/mbocs](http://www.cpg.org/mbocs) or call (800) 480-9967. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at [www.cpg.org/uniform-glossary](http://www.cpg.org/uniform-glossary) or call (800) 480-9967 to request a copy.**

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$0 Individual / \$0 Family Out-of-Network: \$500 Individual / \$1,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible 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, for example, emergency room care, urgent care, and certain COVID-19 expenses.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. See a list of preventive services at <a href="#">healthcare.gov/coverage/preventive-care-benefits</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Network: \$2,000 Individual / \$4,000 Family Out-of-Network: \$4,000 Individual / \$8,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. The network and out-of-network out-of-pocket limits accumulate separately.
What is not included in the out-of-pocket limit?	Contributions, (premiums), balance-billing charges, penalties, copays for certain specialty pharmacy drugs considered non-essential health benefits and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.anthem.com">www.anthem.com</a> or call (844) 812-9207 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

## Additional Benefits

In addition to your core benefits:

-  Behavioral Health
-  Cigna Employee Assistance Program (EAP)
-  Vision
-  Hearing
-  Hinge Health
-  Health Advocate
-  UnitedHealthcare Global Assistance



## Telehealth, Virtual Visits, and Covid-19 Update

57

Telehealth

## Care from the Safety and Convenience of Your Home

24/7/365 access to board-certified physicians



**Anthem**  
[livehealthonline.com](http://livehealthonline.com)

**Kaiser**  
[kp.org](http://kp.org)

- Access a medical professional through telehealth platforms offered by Anthem or Kaiser
- Connect through your computer or mobile device with the type of doctor you select
- Chat securely and privately by video or phone with an available provider in minutes
- Includes medical and behavioral health providers
- Obtain prescriptions for certain medications, if needed



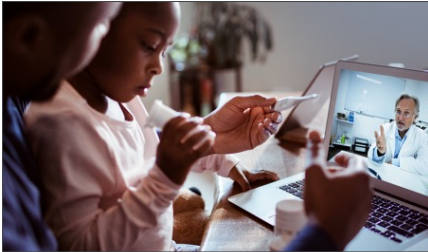
58

58

Virtual Visits

## Care from the Safety and Convenience of Your Home

Talk to your healthcare provider



**Anthem**  
[livehealthonline.com](https://livehealthonline.com)

**Kaiser**  
[kp.org](https://kp.org)

- Have an online appointment with your personal healthcare provider
- Chat securely and privately through an electronic medium of your provider's choice (e.g., Zoom, Skype, telephonic)
- Obtain prescriptions for certain medications, if needed



59

59

COVID-19 Update

## Evaluation, Testing, and Treatment

COVID-19 Healthcare Services

- As of January 1, 2024, standard cost-sharing will apply for healthcare services related to COVID-19
  - Testing
  - Evaluation
  - Treatment
- The Medical Trust will continue to cover up to four COVID OTC home test kits per month until further notice

60

60

■ **Questions & Discussion**



68

■ **Next Step**

**Annual Enrollment**

69

## Key Annual Enrollment Dates

Early October 2023

Your Mailing Sent



October 25, 2023

Annual Enrollment Begins



November 15, 2023

Annual Enrollment Ends



January 1, 2024

New Plan Year Begins



Annual Enrollment

70

70

Three Steps to Annual Enrollment: Learn, Evaluate, Decide

## Annual Enrollment

- A chance to consider your healthcare needs for the coming year
- An opportunity to review your medical benefit choices
- **New! Fall 2023: ACTIVE enrollment for Dental Coverage — If you do not take action, you will NOT have Medical Trust dental coverage in 2024\***
- A reminder to review your personal and dependent information

Annual Enrollment

\*Active Members and Pre-65 Former Employees

71

71

Three Steps to Annual Enrollment: Learn, Evaluate, Decide

## Visit CPG's Benefits Library

View and download plan-specific materials in one central location

[cpg.org/mtdocs](http://cpg.org/mtdocs)



- Annual Enrollment Guide\*
- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Claim Forms
- Glossary of Medical Terms
- Regulatory Notices
- Fact Sheets
  - Consumer-Directed Health Plan / Health Savings Account
  - Medicare Secondary Payer Small Employer Exception



\*You can also access the Annual Enrollment Guide at [cpg.org/AEGuide](http://cpg.org/AEGuide).

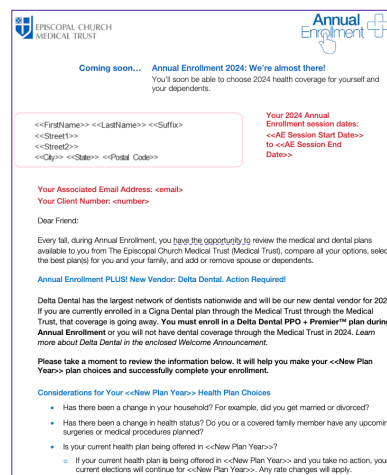
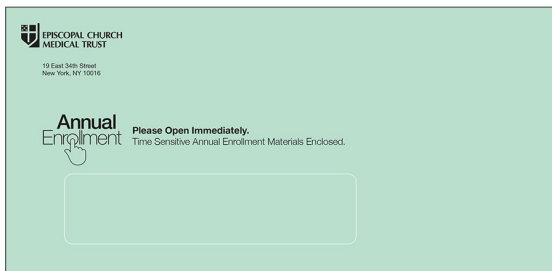
73

73

## Make your plan selections!

2024 Annual Enrollment will happen between early October and mid-November 2023

Look for a letter in the mail with your group's enrollment dates and the email address associated with your MyCPG Account.



75

75

## Use MyCPGAccount to enroll

Use the Decision Guides on the Annual Enrollment website, [cpg.org/annualenrollment](http://cpg.org/annualenrollment), to learn about health plan benefits

[cpg.org/mycpg](http://cpg.org/mycpg)

Log in to MyCPG Accounts with the email address associated with your account. Don't have one? Select "Create Account"!

- Your personal details and dependents
- Your plan options
- Plan comparison table for your group
- New! Beneficiaries tab



76

76

## Complete your enrollment

Make your health plan selections

Be sure to confirm or update eligible dependent(s). When finished, submit your elections and save or print your confirmation.

- Medical
- Dental
- **If you want Medical Trust dental coverage in 2024, you must select a Delta Dental PPO plan during Annual Enrollment.\***

\*Active Members and Pre-65 Former Employees



77

77



■ **Questions & Discussion**



78

■ **Next Stop**

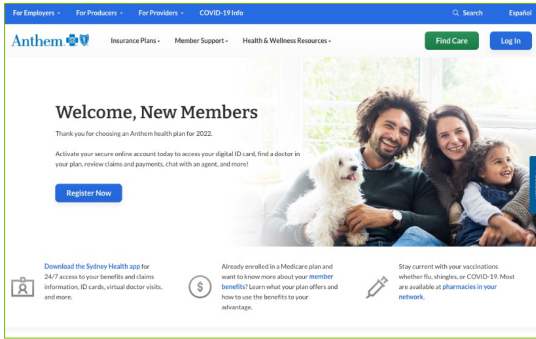
**Resources and Contact Information**

79

## Connecting with Your Benefits

Anthem BCBS

[Anthem.com](https://www.anthem.com) | (844) 812-9207



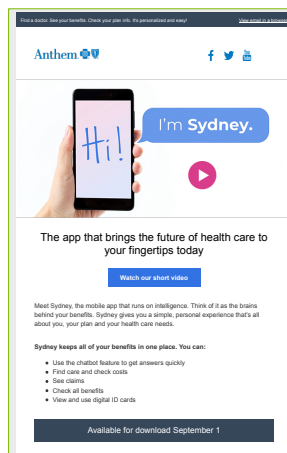
- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Access telehealth
- Use member app and social media channels
- ...and more!



## Connecting with Your Benefits

Anthem BCBS

Register on [Anthem.com](https://www.anthem.com) or download the Sydney app from Anthem site, Apple Store®, or Google Play™ (replaces the Anthem Anywhere app)



**All your health benefits information in one place:**

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

**Plus:**

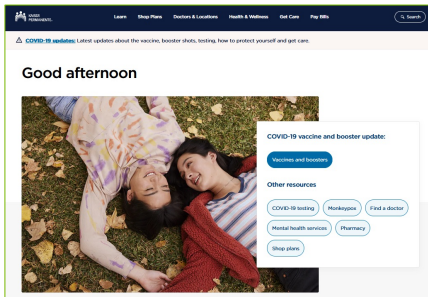
- Custom content
- 24/7 chatbot assistance
- Access to designated care team



## Connecting with Your Benefits

Kaiser Permanente

[kp.org](https://kp.org)



Check the website for your location

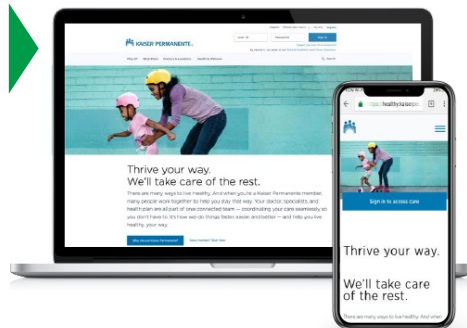
- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Price medications
- Access telehealth
- Use member app and social media channels
- ...and more!



## Connecting with Your Benefits

Kaiser Connected Care Experience

Register on [kp.org](https://kp.org) or download the Kaiser Permanente mobile app from [kp.org](https://kp.org), Apple Store®, or Google Play™



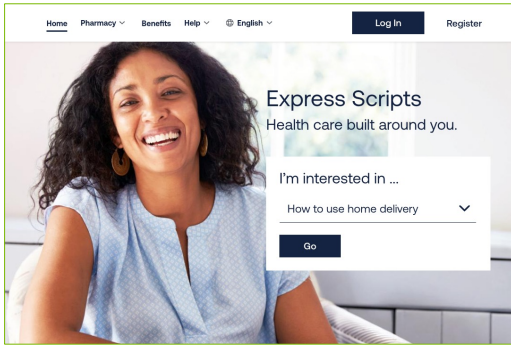
**All your health benefits information in one place:**

- Direct access to your digital membership card
- Benefit details
- Ability to pay bills or view your payment history
- Manage your prescriptions
- Care finder tools



## Connecting with Your Benefits

### Express Scripts



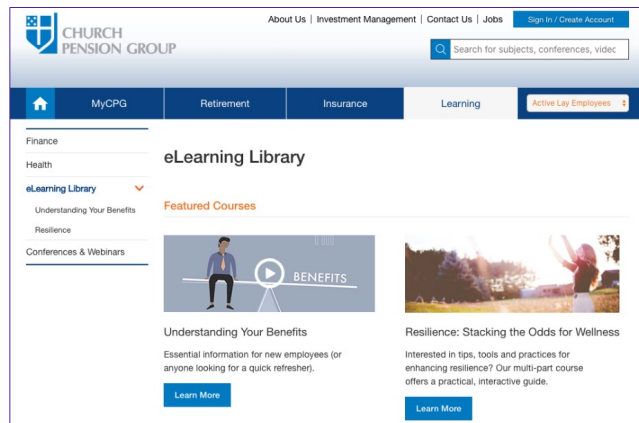
- Register at [express-scripts.com](https://www.express-scripts.com)
- Locate participating retail pharmacies
- Benefits, coverage, and formulary information
- Order prescriptions through Express Scripts Home Delivery
- ... and more!

## Connecting with Your Benefits

### Learning Center and eLearning Library

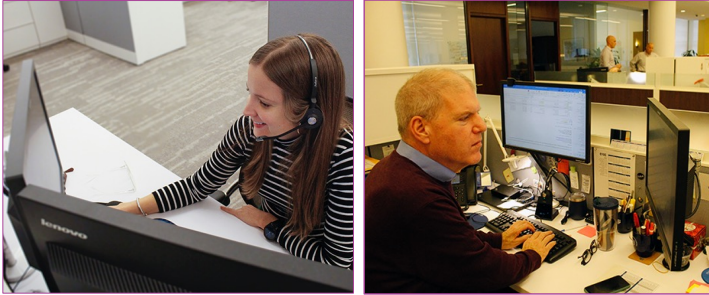
**Learning in one place,  
with easy-to-access courses:**

- Understanding Your Benefits
- Seeing Your Way to Wellness
- Nutrition
- Resilience
- Facing Dementia



## At Your Service

Resources to guide you to your destination



### CPG Client Services Member Services

- Call (800) 480-9967  
Monday to Friday  
8:30 AM to 8:00 PM ET
- Email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org)

## Questions & Discussion



**Thank you for your participation.**

