

**2024 Annual Enrollment**

**Administrator Letter Templates**

You play an important role in ensuring a smooth Medical Trust health benefits Annual Enrollment for employers, employees, and local benefits administrators.

When employees have a choice of plan designs, providing their options and costs in advance gives them time to research and select the plan that best suits their needs for the coming year. And when benefits administrators in local parishes and institutions know upcoming plan offerings and rates, they have time to prepare budgets and communications for the year ahead. To that end, we have attached customizable Annual Enrollment Letter Templates to support your administrative and communications needs.

**Letter Templates**

Use these templates for your Annual Enrollment communications with benefits personnel and employees. The templates can be customized with your 2024 health plan selections, rates, and other important information.

Template #1: *Letter to Employees (Members and Non-Participating Employees)*

Template #2: *Letter to Employees Who Will Become Ineligible for Coverage for the Upcoming Plan Year*

**How to use the letter templates:**

* Customizable areas appear in **red**. Enter the specific information for your organization.  
  Delete any red sections that do not apply.
* Explanatory notes appear in **blue** and should be deleted from the letters prior to distribution.
* Please download your group-specific enrollment form from My Admin Portal (MAP) via the Medical & Life Participant System (MLPS) and send it with the letter for eligible employees who are not currently enrolled.
* Be sure to double-check all rates, delete explanatory notes (in **blue**), and change remaining text to **black** before you distribute the letters.

**Template #1 – Letter to Employees (Members and Non-Participating Employees)**

<Date>

Dear <Name>:

This letter contains important information about The Episcopal Church Medical Trust (Medical Trust) 2024 health benefits. Please read it carefully and contact me with any questions.

Our online Annual Enrollment for your 2024 Medical Trust health benefits is open from October 25 to November 15.

**Annual Enrollment PLUS! New Vendor: Delta Dental. Action Required!**

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024! To secure your Medical Trust dental coverage for 2024, **you must enroll in a Delta Dental plan during Annual Enrollment**. Cigna dental plans will no longer be offered. Learn more below.

**Medical Plans**

You will be able to choose from the following medical plans through the Medical Trust:

See Plan Rates, [here](https://edsd.org/wp-content/uploads/2023/10/2024-Plan-Rates.pdf).

**Dental Plans**

**New Vendor: Delta Dental! Action Required!**

If you are enrolled in a Cigna dental plan through the Medical Trust, that coverage will not be offered after December 31, 2023. To maintain your dental coverage through the Medical Trust, you **must** select a Delta Dental plan option for yourself and your dependents during Annual Enrollment for 2024.

**How Delta Dental Can Work for You**

You’ll be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.

Learn more about what Delta Dental offers in the “Changes for 2024” section below.

The following Delta Dental plans are offered through the Medical Trust:

See Plan Rates, [here](https://edsd.org/wp-content/uploads/2023/10/2024-Plan-Rates.pdf).

**Changes for 2024**

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| --- | --- |
| *Delta Dental* | **Delta Dental is our new dental vendor for 2024! You must enroll in a Delta Dental plan during Annual Enrollment if you want dental coverage through the Medical Trust in 2024. *Cigna dental plans will no longer be offered.***  Delta Dental has the largest network of dentists nationwide. You’ll be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Your coinsurance, deductible, and maximum annual benefit will vary based on the network you use for a covered dental service. That puts you in charge of making your money go further.     * Providers in the Delta Dental PPO network and Delta Dental Premier® network have agreed to contracted rates, and you won’t be charged more than your expected share of the bill. **Using the Delta Dental PPO network offers the highest annual maximum benefit, allowing you the most savings.** * All Delta Dental plans cover no-cost-share diagnostic and preventive care and three dental cleanings a year (four cleanings based on certain conditions). * Basic and major restorative services are covered in all plans, subject to applicable coinsurance, deductibles, limitations, and exclusions. * Orthodontia services have an enhanced in-network lifetime benefit in the Premium Plan and are also offered in our Comprehensive Plan.   Learn more about what Delta Dental offers you at [*cpg.org/deltadental*](http://cpg.org/deltadental) (available in September).    You can find a dental provider, check your benefits, and access other helpful resources all in one place at [*deltadentalins.com*](https://www1.deltadentalins.com/).  Members can find more information about CPG’s medical and dental benefits at [*cpg.org/annualenrollment*](http://cpg.org/annualenrollment).  If a member would like help with Annual Enrollment, they should call our Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.  **Note: The Medical Trust will no longer offer Cigna dental plans beginning in 2024.** |
| *COVID-19 provisions* | Effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services related to the evaluation and testing for COVID-19.    In addition, effective January 1, 2024, member cost sharing (i.e., copays, deductibles, and coinsurance) will apply based on service type and place of service for healthcare services relating to the treatment of COVID-19.    *COVID-19 over-the-counter home test kits*   * Effective January 1, 2024, eligible individuals and their dependents who are enrolled in Anthem and Cigna PPO medical plans and Kaiser EPO medical plans through the Medical Trust may receive up to four COVID-19 over the counter (OTC) home test kits per month without cost-share (i.e., copay, deductible, or coinsurance). * Eligible individuals and their dependents who are enrolled in Anthem, Cigna, and Kaiser Consumer-Directed Health Plans (CDHPs) may receive up to four COVID-19 over the counter (OTC) home test kits per month with no coinsurance after they meet their annual network deductible.   Although the Medical Trust is no longer required by law to provide any OTC home test kits at no cost, we will still allow members to receive up to four test kits per member per month as described above until further notice. |
| *Telehealth* | **Telehealth platforms for Active Members**[[1]](#footnote-2) – You can access a medical professional through *telehealth platforms* offered by Anthem, Cigna, or Kaiser using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember your personal healthcare provider may not participate on the vendor’s telehealth platform.  For Anthem, Cigna, and Kaiser members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2024.   * ***Anthem Blue Cross Blue Shield –*** Access [LiveHealthOnline.com](https://livehealthonline.com/) or download the LiveHealth Online mobile app in the App Store® or Google Play™. * ***Cigna –*** Access [MDLiveforCigna.com](https://www.mdliveforcigna.com/mdliveforcigna) on your computer or download the MDLIVE mobile app by searching in the App Store® or Google Play™. * ***Kaiser Permanente –*** Access Kaiser’s telehealth platform services by calling the number on the back of your member ID card. |
| *Deductible Increase for Anthem and Cigna CDHP-15* | For 2024, the Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible.[[2]](#footnote-3)    For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is $1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is $3,200. The amounts for 2023 were $1,500 and $3,000, respectively.    Effective January 1, 2024, the Medical Trust’s Anthem and Cigna CDHP-15 network deductible for self-only coverage will be $1,600 and the network deductible for family coverage will be $3,200. The out-of-network deductible for self-only coverage will be $3,200 and the out-of-network deductible for family coverage will be $6,400. |
| Deductible increase for Anthem, Cigna, and Kaiser CDHP-20 | The Internal Revenue Service increased the minimum and maximum amounts that a high-deductible health plan (HDHP) (note that the Medical Trust refers to HDHP as CDHP) may impose as a deductible.2    For 2024, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is $1,600. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is $3,200. The amounts for 2023 were $1,500 and $3,000, respectively.    Effective January 1, 2024, the Medical Trust’s Anthem, Cigna, and Kaiser CDHP-20 network deductible for self-only coverage will be $3, 200 and the network deductible for family coverage will remain $5,450. The out-of-network deductible for self-only coverage will be $3,200 and the out-of-network deductible for family coverage will remain $6,000. |

**Details About Your Benefits**

Details about your benefits, including 2024 *Summaries of Benefits and Coverage, Annual Enrollment Guide*, and Plan Document Handbooks are available on the Church Pension Group website at [***www.cpg.org/mtdocs***](http://www.cpg.org/mtdocs). You can use the “Mail It To Me” option to receive a free paper copy of the *Summaries of Benefits and Coverage*. Or you can call CPG’s Client Services team at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ETto request a free paper copy over the phone.

**No Changes to Current Medical Plan Choices**

You will have the same medical plan options available to you in 2024. Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify your personal information, dependent coverage, and plan selections, and to make changes if necessary.

**New Plans for 2024**

**New Delta Dental Plans Offered in 2024**

Please note that the Medical Trust is offering new dental plan options with Delta Dental in 2024.

**Members must actively enroll in a Delta Dental plan if they wish to have dental coverage through the Medical Trust.** Members currently enrolled in a Cigna dental plan offered by the Medical Trust will **not** have dental coverage if they do not actively participate in Annual Enrollment and select a Delta Dental plan option.

**If You Are Currently Enrolled in a Medical Trust Plan**

You will receive an Annual Enrollment letter in a green envelope approximately one week before Annual Enrollment begins. This letter will include information about how to access the enrollment site and your Annual Enrollment dates. Please save this letter. Whether or not you plan to make a change, be sure to log in to MyCPG Accounts and check that personal information is correct for yourself and your dependents. You can submit any corrections through MyCPG Accounts and/or by notifying me.

Please note that, if you take no action, and your current medical plan is being offered for 2024, your current plan selections will automatically carry over to 2024, and any applicable rate increases will apply. If you wish to enroll in Delta Dental coverage through the Medical Trust in 2024, you will need to sign in to MyCPG Accounts or notify me for assistance.

**New Hires After Annual Enrollment Begins**

If you enrolled in a Medical Trust plan for the first time after the Annual Enrollment letter has been sent, you will not receive an Annual Enrollment letter; however, you will be able to participate in the Medical Trust’s Annual Enrollment through MyCPG Accounts. Your medical plan selections will carry over into 2024 if you do not make a change during Annual Enrollment. If you wish to make a change to your medical plan enrollment for 2024 or if you wish to enroll in Delta Dental coverage through the Medical Trust in 2024, then you will need to log in to MyCPG Accounts and make plan selections or contact me for assistance. You may contact CPG Client Services for assistance accessing your login credentials.

**IMPORTANT NOTE:** For 2024, you will use the same credentials (associated email address and password) you created on MyCPG Accounts to access the Annual Enrollment page. If you have not already created an account on MyCPG Accounts, please do so before Annual Enrollment begins. For assistance, contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email [***mtcustserv@cpg.org***](mailto:mtcustserv@cpg.org).

As CPG continues to strengthen its online security, as of February 2023, users must enter their associated email address and password to access MyCPG Accounts. Usernames are no longer used to access MyCPG Accounts.

Begin to review your options now if you plan to make a change or newly enroll in a Medical Trust plan to allow yourself time to make an informed decision. This is also the time of year when you may add or remove eligible dependents without a qualifying event.

**Not a Member and Want to Enroll?**

If you are not currently participating in a Medical Trust plan and would like to enroll, please review the plan options in this letter. Then go online to ***www.cpg.org***, hover over **Benefits**, select **Active Clergy** or **Lay**, then select **Health** to explore the plans and benefits. You will not receive a letter from the Medical Trust or be able to access Annual Enrollment through MyCPG, so please contact me to request an enrollment form and a copy of the *Summaries of Benefits and Coverage* and other important notices, or to ask any questions. If you take no action, your previous decision to decline coverage will remain in effect for 2024.

Note: You may want to add information on your organization’s funding policy for members and dependents.

**Employee Assistance Program (EAP) with Cigna Behavioral Health**

In addition to the Medical Trust health plans, your employer also offers a stand-alone EAP with Cigna Behavioral Health for qualified employees who have spousal or other qualified coverage that is not through the Medical Trust. This program covers your entire household and is paid for by your employer.

Include this as appropriate:

**Informational Meetings**

Join an online presentation hosted by CPG or participate by calling in:

October 25, 2023, 2:00 PM via Zoom – Register [here](https://edsd.org/event/benefit-education-session-oct-15-2023/)

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

Sincerely,

Group Administrator Name

Phone / ***Email***

*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.*

*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 not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.*

*Neither The Church Pension Fund nor any of its affiliates (collectively, “CPG”) is responsible for the content, performance, or security of any website referenced herein that is outside the* [www.cpg.org](http://www.cpg.org/) *domain or that is not otherwise associated with a CPG entity.*

**Template #2 – Letter to employees who will become ineligible for coverage for the upcoming plan year**

<Date>

Dear <Name>:

This letter contains important information about The Episcopal Church Medical Trust (Medical Trust) 2024 health benefits. Please read it carefully and contact me with any questions.

The Episcopal Health Plan (EHP) of the Medical Trust sets eligibility criteria for active employees. An employee is eligible to enroll in the EHP, regardless of whether they are an exempt or non-exempt employee, if they are normally scheduled to work 1,000 or more compensated hours per plan year (or if they are treated as a full-time employee under the Employer Shared Responsibility Provisions under the Affordable Care Act (sometimes called the “Pay or Play Rules”), but only for the applicable stability period).

Since you do not meet this eligibility criteria, you are <not/no longer> eligible for coverage under the active Episcopal Health Plan effective <coverage end date>. You will receive information on the Extension of Benefits program through the Medical Trust.

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

Sincerely,

Group Administrator Name

Phone / ***Email***

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1. *Please note, telehealth can help with minor, non-life-threatening conditions. During a medical emergency, individuals should visit the nearest hospital or call 911 for assistance.* [↑](#footnote-ref-2)
2. *See* [*IRS Notice 2023-23*](https://www.irs.gov/pub/irs-drop/rp-23-23.pdf)*.* [↑](#footnote-ref-3)