



The Episcopal Church Medical Trust

19 East 34th Street
New York, NY 10016
(212) 592-1800
(800) 223-6602
www.cpg.org

September 30, 2025

Dear Member:

Health plan sponsors such as The Episcopal Church Medical Trust (Medical Trust) are required to provide certain information to members each year. As the sponsor of your health benefits, we are sending you the following notices:

- [Joint Notice of Privacy Practices](#)
Details how medical information about you may be used and disclosed
- [HIPAA Notice of Special Enrollment Rights](#)
Contains information on your right to enroll in a Medical Trust Plan under special provisions of the Health Insurance Portability and Accountability Act of 1996
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#) Includes information on statewide premium assistance programs for members and their dependents who are eligible for Medicaid or the Children's Health Insurance Program
- [Women's Health and Cancer Rights Act \(WHCRA\) Notice](#)
Details benefits for mastectomies under the Women's Health and Cancer Rights Act of 1998
- [Notice of Creditable Coverage](#)
Annual notice for all Medicare-eligible individuals who have prescription drug coverage under the Medical Trust plans.
- [Excerpt of Mandatory Arbitration and Class Action Waiver Provisions](#)
An excerpt from the Plan Document Handbooks applicable to the Medical Trust's medical and dental plans, containing the mandatory arbitration and class action waiver provisions to which all members are subject.

Copies of these notices, as well as the Plan Document Handbooks, can also be found on our website. In addition, please note that digital copies of the 2026 *Annual Enrollment Guide*, which contains information about our plans and important plan changes taking effect next year, and the *Summary of Benefits and Coverage* for the Medical Trust's medical plans are available at cpg.org/mtdocs. To request a free paper copy, contact Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email us at mtcustserv@cpg.org.

Sincerely,

The Episcopal Church Medical Trust Team



Joint Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

Church Pension Group Services Corporation, doing business as The Episcopal Church Medical Trust ("Medical Trust"), is the plan sponsor of certain group health plans (each a "Plan" and together the "Plans") that are subject to the Health Insurance Portability and Accountability Act of 1996 and the regulations enacted thereunder ("HIPAA").

This Joint Notice of Privacy Practices (the "Notice") is required by HIPAA to inform you of your rights regarding the use and disclosure of your PHI. In particular, this Notice describes how the Plans, and employees of the Medical Trust that are responsible for internal administration of the Plans, may use and disclose your Protected Health Information ("PHI"). It further describes how you can access and control this information.

PHI is your individually identifiable health information that is created, received, transmitted or maintained by the Plans or its business associates, regardless of the form of the information. PHI does not include employment records held by your employer in its role as an employer.

What This Notice Applies To

This Notice applies only to health benefits offered under the Plans. The health benefits offered under the Plans include, but may not be limited to, medical benefits, prescription drug benefits, dental benefits, the health care flexible spending account, and any health care or medical services offered under the employee assistance program benefit. This Notice does not apply to benefits offered under the Plans that are not health benefits.

Some of the Plans provide benefits through the purchase of insurance. If you are enrolled in an insured Plan, you will also receive a separate notice from that Plan, which applies to your rights under that Plan.

Duties and Obligations of the Plans

- The privacy of your PHI is protected by HIPAA. The Plans are required by law to: Maintain the privacy of your PHI
- Provide you with a notice of the Plans' legal duties and privacy practices with respect to your PHI
- Abide by the terms of the Notice currently in effect

When the Plans May Use and Disclose Your PHI

The following categories describe the ways the Plans are required to use and disclose your PHI without obtaining your written authorization:

Disclosures to You. The Plans will disclose your PHI to you or your personal representative within the legally specified period following a request.

Government Audit. The Plans will make your PHI available to the U.S. Department of Health and Human Services when it requests information relating to the privacy of PHI.

As Required By Law. The Plans will disclose your PHI when required to do so by federal, state or local

law. For example, the Plans may disclose your PHI when required by national security laws or public health disclosure laws.

The following categories describe the ways that the Plans may use and disclose your PHI without obtaining your written authorization:

- **Treatment.** The Plans may disclose your PHI to your providers for treatment, including the provision of care or the management of that care. For example, the Plans might disclose PHI to assist in diagnosing a medical condition, for pre-certification activities, or to a specialist involved in your treatment.
- **Payment.** The Plans may use and disclose your PHI to pay benefits. For example, the Plans might use or disclose PHI when processing payments, sending explanations of benefits ("EOBs") to you, reviewing the medical necessity of services rendered, conducting claims appeals and coordinating the payment of benefits between multiple medical plans.
- **Health Care Operations.** The Plans may use and disclose your PHI for Plan operational purposes. For example, the Plans may use or disclose PHI for quality assessment and claim audits.
- **Public Health Risks.** The Plans may disclose your PHI for certain required public health activities (such as reporting disease outbreaks) or to prevent serious harm to you or other potential victims where abuse, neglect or domestic violence is involved.
- **National Security and Intelligence Activities.** The Plans may disclose your PHI for specialized government functions (such as national security and intelligence activities).
- **Health Oversight Activities.** The Plans may disclose your PHI to health oversight agencies for activities authorized by law (such as audits, inspections, investigations and licensure).
- **Lawsuits and Disputes.** The Plans may disclose your PHI in the course of any judicial or administrative proceeding in response to a court's or administrative tribunal's order, subpoena, discovery request or other lawful process.
- **Law Enforcement.** The Plans may disclose your PHI for a law enforcement purpose to a law enforcement official, if certain legal conditions are met (such as providing limited information to locate a missing person).
- **Research.** The Plans may disclose your PHI for research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability).
- **To Avert a Serious Threat to Health or Safety.** The Plans may disclose your PHI to avert a serious threat to the health or safety of you or any other person.
- **Workers' Compensation.** The Plans may disclose your PHI to the extent necessary to comply with laws and regulations related to workers' compensation or similar programs.
- **Coroners, Medical Examiners and Funeral Directors.** The Plans may disclose your PHI to coroners, medical examiners or funeral directors for purposes of identifying a decedent, determining a cause of death or carrying out their respective duties with respect to a decedent.
- **Organ and Tissue Donation.** If you are an organ donor, the Plans may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, the Plans may release your PHI as required by military command authorities.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Business Associates.** The Plans may contract with other businesses for certain plan administrative services. The Plans may release your PHI to one or more of their business associates for plan administration if the business associate agrees in writing to protect the privacy of your information.
- **Plan Sponsor.** ECMT, as sponsor of the Plans, will have access to your PHI for plan administration purposes. Unless you authorize the Plans otherwise in writing (or your individual identifying data is deleted from the information), your PHI will be available only to the individuals

who need this information to conduct these plan administration activities, but this release of your PHI will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

These uses and disclosures may be effectuated in an electronic format.

The following categories describe the ways that the Plans may use and disclose your PHI upon obtaining your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Uses and disclosures that constitute a sale of PHI.

Any other use or disclosure of your PHI not identified in this section will be made only with your written authorization.

Authorizing Release of Your PHI

To authorize release of your PHI, you must complete a medical information authorization form. An authorization form is available at www.cpg.org or by calling (800) 480-9967. You have the right to limit the type of information that you authorize the Plans to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time, provided that no action has already been taken based on the authorization.

Interaction with State Privacy Laws

If the state in which you reside provides more stringent privacy protections than HIPAA, and if such state laws apply to your participation in the Plans, the more stringent state law will still apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the Church Pension Group Privacy Officer at the contact information provided at the end of this Notice.

Fundraising

The Plans may contact you to support their fundraising activities. We will not disclose your PHI to third parties (other than business associates) for fundraising activities without your explicit written authorization. You have the right to opt out of receiving such communications. If you wish to opt out of fundraising communications, you may contact the Church Pension Group Privacy Officer or follow the instructions provided in the communication.

Underwriting

The Plans are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Reproductive Health Care Privacy

The Plans will not, unless compelled by law, use or disclose your PHI when it is sought to:

- Conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided; or
- Identify any person for the purpose of conducting such investigation or imposing such liability.

In the event that the Plans receive a request for information potentially related to reproductive health care, it is the Plans' policy to seek a signed attestation form from the requester that the use or disclosure is not for any prohibited purpose specified above.

For the purposes of this Notice, reproductive health care means health care that affects your health in all matters relating to the reproductive systems and to its functions and processes. This includes, but is not limited to, health care related to: contraception, including emergency contraception, preconception

screening and counselling, management of a pregnancy and pregnancy related conditions, including pregnancy screening, prenatal care, miscarriage management of preeclampsia, hypertension during pregnancy, gestational diabetes, mola pregnancy, ectopic pregnancy, and or pregnancy termination, fertility and infertility diagnoses and treatment, including assisted reproductive technology like IVF, conditions that affect the reproductive system such as perimenopause, menopause, endometriosis, adenomyosis and other types of care, services and supplies used for the diagnosis and treatment of conditions related to your reproductive health system such as mammography.

Your Rights With Respect to Your PHI

You have the following rights regarding PHI the Plans maintain about you:

1. *Right to Request Restrictions.* You have the right to request that the Plans restrict their uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plans are not required to agree to a requested restriction, but may in certain circumstances. To request a restriction, please write to the Church Pension Group Privacy Officer and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. You may also have the right to request that Providers and other Covered Entities restrict disclosure of your PHI to the Plans if you have paid in full for the services from which such PHI was derived.
2. *Right to Request Confidential Communications.* You have the right to request that the Plans' confidential communications of your PHI be sent to another location or by alternative means. For example, you may ask that all EOBs be sent to your office rather than your home address. The Plans are not required to accommodate your request unless your request is reasonable, and you state that the ordinary communication process could endanger you. To request confidential communications, please submit a written request to the Church Pension Group Privacy Officer.
3. *Right to Inspect and Copy.* You have the right to inspect and obtain a copy of the PHI held by the Plans. However, access to psychotherapy notes, information compiled in reasonable anticipation of legal proceedings or for use in such proceedings, and under certain other, relatively unusual circumstances, may be denied. Your request should be made in writing to the Church Pension Group Privacy Officer. A reasonable fee may be imposed for copying and mailing the requested information. You may contact the Medical Trust Plan Administration at jservais@cpg.org for a full explanation of ECMT's fee structure. You have the right to receive a copy of your PHI in an electronic format if it is maintained electronically. Additionally, if you request, we can transmit this electronic copy directly to another person or entity you designate.
4. *Right to Amend.* You have the right to request that the Plans amend your PHI or record if you believe the information is incorrect or incomplete. To request an amendment, you must submit a written request to the Medical Trust Plan Administration at jservais@cpg.org. Your request must list the specific PHI you want amended and explain why it is incorrect or incomplete and be signed by you or your authorized representative. All amendment requests will be considered carefully. However, your request may be denied if the PHI or record that is subject to the request:
 - a. Is not part of the medical information kept by or for the Plans.
 - b. Was not created by or on behalf of the Plans or its third-party administrators, unless the person or entity that created the information is no longer available to make the amendment.
 - c. Is not part of the information that you are permitted to inspect and copy.
 - d. Is accurate and complete.
5. *Right to an Accounting of Disclosures.* You have the right to receive information about when your PHI has been disclosed to others. Certain exceptions apply. For example, a Plan does not need to account for disclosures made to you or with your written authorization, or for disclosures that

occurred more than six years before your request. To request an accounting of disclosures, you must submit your request in writing to the Medical Trust Plan Administration at jservais@cpg.org and indicate in what form you want the accounting (e.g., paper or electronic). Your request must state a time period of no longer than six years and may not include dates before your coverage became effective. The Medical Trust Plan Administrator will then notify you of any additional information required for the accounting request. A Plan will provide you with the date on which a disclosure was made, the name of the person or entity to whom PHI was disclosed, a description of the PHI that was disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, you may be charged a reasonable, cost-based fee for responding to these additional requests. You may contact Medical Trust Plan Administration at jservais@cpg.org for a full explanation of the Medical Trust's fee structure.

6. **Breach Notification.** You have the right to receive a notification from the Plans if there is a breach of your unsecured PHI. In the event of a breach of your unsecured PHI, we will notify you without unreasonable delay, but no later than 60 calendar days after discovering the breach. The notification will include a description of the breach, the types of information involved, steps you can take to protect yourself, and what we are doing to address the breach.
7. **Right to a Paper Copy of This Notice.** You are entitled to get a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this Notice, please contact the Church Pension Group Privacy Officer.

If You Are a Person in the European Union, the Following Provisions Will Also Be Applicable to You:

For the purposes of the General Data Protection Regulation 2016/679 (the "GDPR"), the Data Controller is Church Pension Group Services Corporation registered in the State of Delaware in the United States with a registered address at 19 East 34th Street, New York, NY 10016.

You can request further information from our Privacy Officer at Privacy@cpg.org.

Under the GDPR, you may have additional or overlapping rights. These include the right to:

- Access and export your PHI;
 - Request deletion or updates to PHI;
 - Object to or restrict PHI usage;
 - Be informed about any automated decision-making of PHI, including the significance and consequences of such processing for you;
 - Object at any time to the Plans' use of PHI for direct marketing purposes
- File a complaint to an EU Data Protection Authority if you believe the Plans have not complied with applicable laws; and
- Withdraw your consent at any time, if the Plans obtained your consent to use your PHI.

Data Retention

We only retain PHI collected for a limited time period as long as we need it to fulfill the purposes for which it was initially collected, unless otherwise required by law.

Data Transfers

We maintain servers in the United States and Canada and your information may be processed on servers located in the United States and Canada. Data protection laws vary among countries, with some providing more protection than others. Regardless of where your information is processed, we apply the same protections described in this policy.

If You Believe Your Privacy Rights Have Been Violated

If you believe your privacy rights have been violated by any Plan, you may file a complaint with the Church Pension Group Privacy Officer and with the Secretary of the U.S. Department of Health and Human

Services. All complaints must be filed in writing. To file a complaint with us, contact the Privacy Officer using the contact information provided below. To file a complaint with HHS, visit their website at www.hhs.gov/hipaa/filing-a-complaint or call 800-368-1019. You will not be retaliated against for filing a complaint.

To contact the Church Pension Group Privacy Officer:

Privacy Officer
The Church Pension Group
19 East 34th Street
New York, NY 10016
(212) 592-8365
privacy@cpg.org

To contact the Secretary of the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services

Office of Civil Rights
200 Independence Avenue,
SW Washington, DC 20201
(202) 619-0257 | (877) 696-6775 (toll-free)
www.hhs.gov/about/contact-us/index.html

Effective Date

This Notice is effective as of May 29, 2025.

Changes

Each Plan sponsored by the Medical Trust reserves the right to change the terms of this Notice and information practices and to make the new provisions effective for all PHI it maintains, including any previously acquired PHI that it currently maintains as well as PHI it receives or maintains in the future, as permitted by applicable law. Any material amendment to the terms of this Notice and these information practices will be communicated to you via postal mail or otherwise electronically with your prior written consent.



HIPAA Notice of Special Enrollment Rights

This notice informs you of your right to enroll in a group health plan sponsored by The Episcopal Church Medical Trust (a "Medical Trust Plan") under the special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA).

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a Medical Trust Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, if you or any of your dependents loses eligibility for coverage under Medicaid or the Children's Health Insurance Plan (CHIP) or if you or any of your dependents becomes eligible for premium assistance under Medicaid or CHIP, you may be able to enroll yourself and your dependents in a Medical Trust Plan. However, you must request enrollment within 60 days after this change.

To request special enrollment or obtain more information, contact The Episcopal Church Medical Trust at the following address and phone number:

The Episcopal Church Medical Trust
19 East 34th Street
New York, NY 10016
(800) 480-9967

You may also review the applicable Medical Trust Plan Document Handbook available at **www.cpg.org/mtdocs**.

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.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

Phone: 1-800-977-6740 TTY: Maine relay 711	
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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 domain or that is not otherwise associated with a CPG entity.



Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Acts of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthetics; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator or The Episcopal Church Medical Trust at (800) 480-9967 or visit the United States Department of Labor website at: www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra.

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.

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.

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Notice of Creditable Coverage

This is your "Notice of Creditable Coverage." If you are eligible for Medicare, please keep this document for your records.

Why you are receiving this notice. The Episcopal Church Medical Trust (Medical Trust) is required to send this notice every year to all *Medicare-eligible* individuals who have prescription drug coverage under our plans. This letter provides assurance that the prescription drug coverage offered by the Medical Trust qualifies as creditable coverage and is expected to pay out at least as much as a standard Medicare prescription drug plan. In order to make sure everyone who needs this letter receives a copy, we are sending this letter to all individuals eligible for coverage under a Medical Trust plan – if you are not a Medicare-eligible individual, you can disregard this letter.

If you join a Medicare prescription drug plan. You may be required to provide a copy of this notice to show that you have maintained creditable coverage and, therefore, are not required to pay a higher premium (a penalty). If you are eligible for Medicare, please keep a copy of this notice with your important papers.

If you have any questions about this notice, please contact our Client Services team at (800) 480-9967, Monday to Friday, 8:30AM to 8:00PM ET (excluding holidays), or email mtcustserv@cpg.org.

IMPORTANT NOTICE FROM THE EPISCOPAL CHURCH MEDICAL TRUST ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Episcopal Church Medical Trust (the Medical Trust) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Medical Trust has determined that the prescription drug coverage it offers is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Prescription Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare, and then each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you would then be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Prescription Drug Plan?

If you decide to join a Medicare drug plan, your current Medical Trust coverage may be affected. If you are enrolled in a Medical Trust plan offered to active employees (a non-Medicare plan) and you join a Medicare prescription drug (Medicare Part D) plan, you can keep your Medical Trust prescription drug coverage, and your Medical Trust prescription drug coverage will coordinate with Part D coverage. If you are enrolled in a retiree medical plan offered through the Medical Trust, because these retiree plans include prescription drug coverage through Medicare, you may not keep this coverage if you join another Medicare Part D plan. Please contact us for more information about what happens to your coverage if you enroll in a Medicare Part D plan.

If you do decide to enroll in a Medicare Part D plan and drop your Medical Trust coverage, be aware that you and your dependents will be able to renew your Medical Trust coverage during the Medical Trust's annual enrollment period or following certain significant life events.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Prescription Drug Plan?

You should also know that if you drop or lose your coverage with the Medical Trust and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

[For More Information About This Notice or Your Current Prescription Drug Coverage...](#)

Contact our office at the phone number below for more information. NOTE: You'll get this notice annually. You will also get it before the next period you can join a Medicare prescription drug plan, and if your coverage through the Medical Trust changes. You may also request a copy at any time.

[For More Information About Your Options Under Medicare Prescription Drug Coverage...](#)

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the back inside cover of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY: 1-800-325-0778).

[Remember: Keep this Notice of Creditable Coverage.](#)

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 30, 2025
Name of Sender:	The Episcopal Church Medical Trust
Contact/Office:	Client Services
Address:	19 East 34th Street, New York, NY 10016
Phone Number:	(800) 480-9967

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Excerpt of Mandatory Arbitration and Class Action Waiver Provisions

The below is an excerpt from the Plan Document Handbooks applicable to the Medical Trust's medical and dental plans, containing the mandatory arbitration and class action waiver provisions to which all members are subject. Terms capitalized but not defined below have the meanings ascribed to them in the applicable Plan Document Handbook.

Arbitration

Subject to exhaustion of the procedures set forth in in [the Claims and Appeals section of the applicable Plan Document Handbook], a Member who believes that they are entitled to Benefits under the Plan may pursue such claim only and exclusively by submitting the matter to arbitration. Any such arbitration must be commenced no later than one (1) year after the date the procedures set forth in [the Claims and Appeals section of the applicable Plan Document Handbook] are exhausted.

For any controversy, claim, or dispute arising out of or related in any way to the Plan aside from one described in the immediately preceding paragraph, including but not limited to any claims for breach of fiduciary duty, a Member may pursue such controversy, claim, or dispute only and exclusively by submitting the matter to arbitration. Any such arbitration must be commenced no later than two (2) years after the date on which the Member knew or should have known the information that forms the basis of such controversy, claim, or dispute.

In any such arbitration, the parties shall select an arbitrator from a list of names supplied by JAMS, Inc. ("JAMS") in accordance with JAMS's procedures for selection of arbitrators, and the arbitration shall be conducted in accordance with the JAMS Employment Arbitration Rules and Procedures and subject to the JAMS Policy on Employment Arbitration Minimum Standards of Procedural Fairness. The arbitrator's authority shall be governed by the same principles that would apply to such an action in court, including, to the extent applicable, any deferential standard of review applicable to such actions and appropriate limits on discovery beyond the administrative record. In addition, the arbitrator's decision shall be final and binding on all parties and may be enforced in any court of competent jurisdiction. The arbitrator selected must have substantial familiarity with and knowledge of group health plans, preferably with those that are not subject to ERISA.

Waiver of Class, Collective, and Representative Actions

Members must bring any controversy, claim, or dispute in arbitration on an individual basis only, and not on a class, collective, or representative basis, and must waive the right to commence, be a party to, or be an actual or putative class member of any class, collective, or representative action arising out of or relating to the Plan, including, but not limited to, any claims related to the Plan ("class action waiver").

By participating in the Plan or by seeking or receiving any benefit under the Plan, to the fullest extent permitted by law, a Member waives any right to commence, be a party to in any way, recover from, and/or be an actual or putative member or representative of any class, collective, or representative action arising out of or relating to any claim, dispute, or controversy arising out of or relating to the Plan. Notwithstanding anything to the contrary in this Plan, if, for any reason, the waiver of a Member's right to commence, be a party to, recover from, or be an actual or putative member or representative of any class, collective, or representative action within or outside of an arbitration proceeding is found to be unenforceable by a court of competent jurisdiction, the requirement to arbitrate shall no longer apply, and any class, collective, or representative claim shall be filed, litigated, and adjudicated in a court of competent jurisdiction and not in arbitration.

In any arbitration, the Member may not seek or receive any remedy that has the purpose or effect of providing additional benefits or monetary relief to any other Member or beneficiary. Notwithstanding anything to the contrary in this Plan, if, for any reason, a court of competent jurisdiction were to find this restriction on the scope of remedies unenforceable or invalid as to a particular controversy, claim, or dispute, then the requirement to arbitrate shall no longer apply to such controversy, claim, or dispute, and that controversy, claim, or dispute shall be filed, litigated, and adjudicated in a court of competent jurisdiction and not in arbitration.