

## Episcopal Diocese of Southern Virginia 2023 Health Benefits Overview

This overview contains important information about The Episcopal Church Medical Trust (Medical Trust) 2023 health benefits.

Online Annual Enrollment for your 2023 Medical Trust health benefits is open from **October 26 through November 16**.

### Medical and Dental Plans

You will be able to choose from the medical and dental plans offered through the Medical Trust found [here](#).

Premium rates for the 2023 medical and dental plans can be found [here](#).

### New Plans for 2023

Please note that we are offering new Medical Trust plans for 2023: Anthem BCBS CDHP-15/HSA and Cigna CDHP-15/HSA. Details about the plans, including *Summaries of Benefits and Coverage and Plan Document Handbooks*, are available on [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs) as well as on the Medical Trust Annual Enrollment [website](#).

### 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 your Client ID number, which you will need to enroll. It also includes your Annual Enrollment dates and information about how to enroll. Please save this letter. Whether or not you plan to make a change, be sure to log in to the Medical Trust Annual Enrollment website and check that personal information is correct for yourself and your dependents. Please note that, if you take no action, your current plan selections will automatically carry over to 2023, and any applicable rate increases will apply. You can submit any corrections through the Medical Trust Annual Enrollment website and/or by notifying your diocesan benefits administrator.

### 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 the enrollment website. Your plan selections will carry over into 2023 if you do not make a change during Annual Enrollment. If you wish to make a change to your plan enrollment for 2023, then you will need to log in to the Annual Enrollment website or contact your diocesan benefits administrator for assistance. You may contact CPG's Client Services team at 800-480-9967 to access your Client ID number.

**IMPORTANT NOTE:** For 2023, you will use the same username 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. (You will need your Client ID number to create an account.) For assistance, contact CPG Client Services at 800-480-9967, Monday to Friday, 8:30 a.m. to 8:00 p.m. ET, or email [mtcustserv@cpq.org](mailto:mtcustserv@cpq.org).

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. Then go online to [www.cpg.org](http://www.cpg.org), select **Active Clergy** or **Lay**, hover over **Insurance**, 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 your diocesan benefits

administrator 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 2023.

## Changes for 2023

<p><b>Prescription drug plan member cost sharing updates</b></p>	<p>Effective January 1, 2023, the Medical Trust's prescription drug plan cost sharing will be updated for members. The updated prescription drug plan includes the following changes:</p> <ul style="list-style-type: none"> <li>The plan will be coinsurance-based (vs. copays) with maximum amounts to protect members from excessive costs and minimums to drive plan savings.</li> <li>The plan will add a new cost-sharing tier for Specialty drugs.</li> </ul> <p><b>Express Scripts (for Anthem &amp; Cigna members)</b> Members enrolled in an Anthem or Cigna PPO plan will have the following cost sharing for prescription drug benefits:</p> <table border="1" data-bbox="467 735 1323 1176"> <thead> <tr> <th></th> <th>Retail</th> <th>Home Delivery</th> </tr> </thead> <tbody> <tr> <td>Annual Deductible (in-network)</td> <td>None</td> <td>None</td> </tr> <tr> <td>Generic</td> <td>Up to \$10 Copay</td> <td>Up to \$25 Copay</td> </tr> <tr> <td>Preferred Brand-Name</td> <td>25%; up to \$40 min and \$80 max</td> <td>25%; up to \$100 min and \$200 max</td> </tr> <tr> <td>Non-preferred Brand-Name</td> <td>40%; up to \$80 min and \$160 max</td> <td>40%; up to \$200 min and \$400 max</td> </tr> <tr> <td>Specialty</td> <td>40%; up to \$100 min and \$200 max</td> <td>40%; up to \$250 min and \$500 max</td> </tr> <tr> <td>Dispensing Limits</td> <td>Up to 30-day supply</td> <td>Up to 90-day supply</td> </tr> </tbody> </table> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Anthem and Cigna CDHP members will continue to have coinsurance-based prescription drug plan cost sharing with a combined medical and pharmacy deductible. Anthem and Cigna CDHPs will also introduce a Specialty Rx tier with 50% coinsurance after deductible.</li> <li>The Express Scripts prescription drug program will continue to maintain a retail refill limit policy. The retail refill limit requires that you use home delivery if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. See the Plan Document Handbook for more information.</li> </ul>		Retail	Home Delivery	Annual Deductible (in-network)	None	None	Generic	Up to \$10 Copay	Up to \$25 Copay	Preferred Brand-Name	25%; up to \$40 min and \$80 max	25%; up to \$100 min and \$200 max	Non-preferred Brand-Name	40%; up to \$80 min and \$160 max	40%; up to \$200 min and \$400 max	Specialty	40%; up to \$100 min and \$200 max	40%; up to \$250 min and \$500 max	Dispensing Limits	Up to 30-day supply	Up to 90-day supply
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<p><b>Medical channel management for Anthem and Cigna plans</b></p>	<p>Specialty medications are drugs that are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are not considered specialty medications. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.</p> <p>The Medical Trust's prescription drug program requires that certain specialty medications be accessed through Accredo Health Group, Inc., an Express</p>																					

	<p>Scripts specialty pharmacy, effective January 1, 2023. If a member is currently using such specialty medications through their medical benefit (i.e., through Anthem or Cigna), the member will be required to transfer those prescriptions to Accredo.</p> <p>The list of medications subject to the program is available by calling Express Scripts at (800) 841-3361.</p>
<b>COVID-19 provisions</b>	<p>The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, 2023. In addition, the Medical Trust also will waive all copays, deductibles, and in-network coinsurance for its active members for healthcare services relating to the treatment of COVID-19 through at least December 31, 2023.<sup>1</sup></p>
<b>Telehealth</b>	<p><b>Telehealth platforms for Active Members<sup>2</sup></b> – You can access a medical professional through <i>telehealth platforms</i> offered by Anthem or Cigna 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 and Cigna PPO members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2023. For CDHP members, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of vendor telehealth platform services, there is no guarantee that this relief will be extended beyond December 31, 2022. If Congress does not extend this relief, during 2023 you will be required to meet your deductible before carrier telehealth services will be covered with no copay or coinsurance.</p> <ul style="list-style-type: none"> <li>• <b>Anthem Blue Cross Blue Shield</b> – Access <a href="https://www.livehealthonline.com">LiveHealthOnline.com</a> or download the LiveHealth Online mobile app in the App Store® or Google Play™.</li> <li>• <b>Cigna</b> – Access <a href="https://www.mdliveforcigna.com">MDLiveforCigna.com</a> on your computer or download the MDLIVE mobile app by searching in the App Store® or Google Play™.</li> </ul>
<b>Virtual visits</b>	<p>A virtual visit is an appointment with your personal healthcare provider carried out through an electronic medium of your provider’s choice (e.g., Zoom, Skype, telephonic) but that is not offered through your health plan carrier’s telehealth platform (e.g., Anthem LiveHealth Online, Cigna MDLive).</p> <p>The Medical Trust will continue to allow claims for virtual visits with network and out-of-network providers that do not use a telehealth platform offered by Anthem or Cigna through December 31, 2023.</p> <p>Virtual visits are covered at standard levels of benefits and member cost shares.</p>
<b>Hinge Health for Anthem and Cigna plans</b>	<p>Hinge Health is available at no cost to Anthem and Cigna members effective October 1, 2022. Through the Hinge Health Digital Musculoskeletal (MSK)</p>

<sup>1</sup> This deductible waiver includes our HSA-qualified CDHPs as permitted by [IRS Notice 2020-15](#).

<sup>2</sup> 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.

	<p>Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.</p> <p>Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:</p> <ul style="list-style-type: none"> <li>(a) Prevention - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app.</li> <li>(b) Chronic - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief.</li> <li>(c) Acute - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education.</li> <li>(d) Surgery - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support.</li> <li>(e) Expert Medical Opinion - Service offering second opinions for elective MSK procedures.</li> </ul> <p>For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care.</p> <p>State laws may limit access without a physician's referral.</p> <p>If you have any questions regarding Hinge Health, email <a href="mailto:help@hingehealth.com">help@hingehealth.com</a> or call (855) 902-2777.</p>
<p><b>Increased EyeMed Frames/Contacts Allowance</b></p>	<p>Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.</p> <p>Effective January 1, 2023, the annual frames or contact lenses allowance will increase from \$150 to \$200.</p>
<p><b>Fertility Benefits</b></p>	<p>The Medical Trust's Episcopal Health Plan includes benefits for the diagnosis and treatment of infertility. Covered health services include diagnostic and exploratory procedures to determine whether a member suffers from infertility. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intra-fallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures.</p>

	<p>Currently, there is a lifetime benefit maximum of \$10,000 for services covered under the medical plan and \$10,000 for services covered under the pharmacy plan.</p> <p>Effective January 1, 2023, the lifetime benefit maximum will be a combined \$50,000 for medical and pharmacy services.</p> <p>In addition, the Medical Trust will provide standard fertility preservation services for individuals who must undergo medically necessary treatment that may cause iatrogenic infertility.</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the lifetime benefit maximum.</p>
<b>Hearing Aid Device Benefits</b>	<p>The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices.</p> <p>Effective January 1, 2023, the benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years. The benefit maximum for hearing aid devices will no longer have a per ear maximum (currently \$1,500 per ear).</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums.</p>
<b>Travel Vaccinations</b>	<p>Currently, the Medical Trust's Episcopal Health Plan excludes travel vaccines from coverage.</p> <p>Effective January 1, 2023, the Medical Trust will cover travel vaccines for personal travel. Member cost sharing will follow the benefit plan design for immunizations.</p>
<b>Deductible Increase for Anthem and Cigna CDHP-15 and CDHP-20</b>	<p>For 2023, the Internal Revenue Service ("IRS") increased the minimum and maximum amounts that a high-deductible health plan ("HDHP") may impose as a deductible.<sup>3</sup></p> <p>Effective January 1, 2023, the Medical Trust's Anthem and Cigna CDHP-15 network deductible for self-only coverage will be \$1,500 and the network deductible for family coverage will be \$3,000. The out-of-network deductible for self-only coverage will be \$3,000 and the out-of-network deductible for family coverage will be \$6,000.</p> <p>Effective January 1, 2023, the Medical Trust's Anthem and Cigna CDHP-20 network deductible for self-only coverage will be \$3,000 and the network deductible for family coverage will be \$5,450. The out-of-network deductible for self-only coverage will be \$3,000 and the out-of-network deductible for family coverage will be \$6,000.</p>

**Details About Your Benefits**

Details about your benefits, including *2023 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

<sup>3</sup> See IRS Notice 2022-24.

*Summaries of Benefits and Coverage.* Or you can call CPG's Client Services team at 800-480-9967 to request a free paper copy over the phone.

### **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. Contact your diocesan benefits administrator for more information.

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

*Susan Allen*  
Program and Benefits Administrator  
757-213-3391 / [sallen@diosova.org](mailto:sallen@diosova.org)

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*Church Pension Group Services Corporation ("CPGSC"), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the "Plans") for eligible employees (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.*

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