

2026 Annual Enrollment

This document contains important information about the 2026 health benefits available from The Episcopal Church Medical Trust (Medical Trust).

Online Annual Enrollment for 2026 Medical Trust health benefits takes place from **October 15 to November 7, 2025**.

What You Need to Know About Annual Enrollment

- Current members may change their plan selections for the upcoming year.
 - If the employee plans to maintain current medical or dental coverage, no action is required.
 - If the employee's current medical or dental plan is not being offered next year, **they will need to enroll in a new plan or they will not have Medical Trust coverage in 2026.**
- Eligible nonparticipating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added to or removed from a member's plan without the need to demonstrate a qualifying event.

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

Quantum Health

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

Medical Plans

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

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Cigna Open Access Plus PPO 100	\$1837	\$3307	\$5144
Cigna Open Access Plus PPO 90	\$1657	\$2983	\$4640
Cigna Open Access Plus PPO 80	\$1356	\$2441	\$3797
Cigna Open Access Plus PPO 70	\$1178	\$2120	\$3298
Anthem BCBS BlueCard PPO 100	\$1837	\$3307	\$5144
Anthem BCBS BlueCard PPO 90	\$1657	\$2983	\$4640
Anthem BCBS BlueCard PPO 80	\$1356	\$2441	\$3797
Anthem BCBS BlueCard PPO 70	\$1178	\$2120	\$3298
Cigna CDHP-15/HSA	\$1279	\$2302	\$3581
Cigna CDHP-20/HSA	\$1046	\$1883	\$2929
Cigna CDHP-40/HSA	\$942	\$1696	\$2638

Anthem BCBS CDHP-15/HSA	\$1279	\$2302	\$3581
Anthem BCBS CDHP-20/HSA	\$1046	\$1883	\$2929
Anthem BCBS CDHP-40/HSA	\$942	\$1696	\$2638
Cigna Open Access Plus MSP PPO 100	\$1475	\$2655	\$4130
Cigna Open Access Plus MSP PPO 90	\$1237	\$2227	\$3464
Cigna Open Access Plus MSP PPO 80	\$1098	\$1976	\$3074
Cigna Open Access Plus MSP PPO 70	\$952	\$1714	\$2666
Anthem BCBS BlueCard MSP PPO 100	\$1475	\$2655	\$4130
Anthem BCBS BlueCard MSP PPO 90	\$1237	\$2227	\$3464
Anthem BCBS BlueCard MSP PPO 80	\$1098	\$1976	\$3074
Anthem BCBS BlueCard MSP PPO 70	\$952	\$1714	\$2666

Dental Plans

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

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Delta Dental Premium	\$84	\$151	\$235
Delta Dental Comprehensive	\$63	\$113	\$176
Delta Dental Basic	\$43	\$77	\$120

Changes for 2026

Deductible increase for Anthem and Cigna CDHP-15	The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.) For 2026, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,700 for self-only coverage and \$3,400 for family coverage. The amounts for 2025 were \$1,650 and \$3,300, respectively.
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¹See [IRS Rev. Proc. 2025-19](#).

	Effective January 1, 2026, the Medical Trust's Anthem and Cigna CDHP-15 network deductibles will be \$1,700 for self-only coverage and \$3,400 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.
Deductible Increase for Anthem and Cigna CDHP-20	For 2026, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,700 for self-only coverage and \$3,400 for family coverage. The amounts for 2025 were \$1,650 and \$3,300, respectively. Effective January 1, 2026, the Medical Trust's Anthem and Cigna CDHP-20 network deductibles will be \$3,400 for self-only coverage and \$6,800 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.

Details About Your Benefits

Details about your benefits, including 2026 *Summaries of Benefits and Coverage*, the *Annual Enrollment Guide*, and Plan Document Handbooks, are available on the Church Pension Group website at cpg.org/mtdocs. To receive a free paper copy of the *Summaries of Benefits and Coverage*, use the "Mail It to Me" option at cpg.org/mtdocs or call CPG's Client Services at 800-480-9967, Monday to Friday, 8:30 a.m. to 8:00 p.m. ET.

2026 Plan Offering

The same medical and dental plan options will be offered by the Diocese of Southern Virginia in 2026. Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify/make the necessary changes to your personal information, dependent coverage, and plan selections.

Institution Sub-selection

Please note that if your specific institution participates in the sub-selection process and decides not to offer a medical or a dental plan for 2026, members enrolled in said plan(s) are considered to be in a plan that is going away, and they **must actively participate** in Annual Enrollment to select 2026 coverage. If they fail to select new coverage through the enrollment site during Annual Enrollment, they will not have coverage in 2026.

If You Are Enrolled in a Medical Trust Plan

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

Please note that if you take no action and your current plan(s) are being offered for 2026, your current plan selections will automatically carry over to 2026, and any applicable rate increases will apply. If your plan is going away for 2026, you will need to sign in to [MyCPG Accounts](#) and make plan selections 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 mailing list is created (generally in early September), 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](#). If you do not make a change during Annual Enrollment, your plan selections will carry over into 2026. If you wish to make a change to your medical or dental plan enrollment for 2026 or if your medical or dental plan is no longer being offered for 2026, you must 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 2026, you will make your plan selections on [MyCPG Accounts](#) using the email address and password associated with your MyCPG Account. If you have not already created an account on MyCPG Accounts, you must do so before Annual Enrollment begins. For assistance, contact TECH at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpg.org.

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 document. To further explore plans and benefits, visit cpg.org/mtdocs. You will not receive a letter from the Medical Trust or be able to access Annual Enrollment through MyCPG, so please contact me for assistance. If you take no action, your previous decision to decline coverage will remain in effect for 2026.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the Medical Trust health plans, your employer also offers a standalone EAP through Cigna for eligible employees who have spousal or qualified coverage through an entity other than the Medical Trust. This program covers your entire household and is paid for by your employer.

Note: If an employer chooses to offer the Cigna EAP on a standalone basis, all eligible employees who are not enrolled in Medical Trust medical coverage must be enrolled, and **the employer** must pay for the EAP-only coverage. Requiring employees to contribute toward the cost of EAP-only coverage would violate the Affordable Care Act, and the employer could be subject to significant penalties. Eligibility for the standalone EAP is limited to qualified non-members (e.g., an employee who is on a spousal plan and has opted out of Medical Trust coverage). Since these employees won't be able to select the EAP on a standalone basis during Annual Enrollment, enrollments must be completed by their administrator with My Admin Portal (MAP) enrollment access.

Plan Documents

2026 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details are available on the Church Pension Group website at cpg.org/mtdocs.

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

Sincerely,

Susan Allen
Program and Benefits Administrator
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Church Pension Group Services Corporation ("CPGSC"), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the "Plans") for eligible employees of The Episcopal Church (the "Church") and their eligible dependents. The Medical Trust serves only eligible Episcopal employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees' Benefit Trust, a voluntary employees' beneficiary association within the meaning of Section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and Section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United

States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

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