



Administrators & Treasurers Workshop

SEPTEMBER 16, 2026

This workshop will be recorded, and the recording and slides will be sent to registered attendees.

The workshop slides will also be posted on our website.



Benefits

Changes for 2027

Cost-saving Strategies

Best Practices

WITH TIME FOR DISCUSSION & QUESTIONS



Agenda

Introductions

Health Insurance

Costs, Cost-saving, and Best Practices

Other Benefits

We'll have time for discussion and questions at the end

If you have questions during the program, please type them into the chat



Health Insurance



Denominational Health Plan

2009 General Convention Resolution A177 Establishing a Denominational Health Plan

Resolved, the House of Deputies concurring, That this church establish The Denominational Health Plan of this church for all domestic dioceses, parishes, missions and other ecclesiastical organizations or bodies subject to the authority of this church, for clergy and lay employees who are scheduled to work a minimum of 1,500 hours annually...

...each diocese has the right to make decisions as to minimum cost-sharing guidelines for parity between clergy and lay employees...

...The Denominational Health Plan shall provide equal access to healthcare benefits for eligible clergy and eligible lay employees...



Diocesan Canons

Diocesan Canon XXXI

Health insurance coverage shall be offered on an equal basis to clergy and lay employees who are scheduled to work a minimum of 1,500 hours annually, regardless of age or Diocesan organization. At a minimum, employers shall offer to eligible employees a percentage of the least-expensive individual healthcare plan through the Denominational Health Plan, the percentage being equal to or greater than 50 percent.

Employees scheduled to work 1,000-1,499 hours annually are eligible to enroll in health insurance, but the employer is not required to contribute to the cost.



Employees Age 65+

Employees who meet the Episcopal Church Medical Trust's eligibility rules must be offered health insurance regardless of age.

Employees may decline Medical Trust health insurance for enrollment in Medicare, but the employer may not reimburse the employee for:

- the Medicare Part B premium,
- a Medicare supplement plan, or
- a Medicare Advantage plan.

A retired employee enrolled in the Retiree Group Medicare Advantage Plan who returns to work and is eligible for active Medical Trust insurance must disenroll from the retiree plan.

[Understanding Health Plan Options for Employees Age 65+](#)



Annual Enrollment

October 14 - November 6 – active employees and pre-65 former employees

October 21 - November 20 – post-65 former employees

The same plans are offered for 2027

2027 plans and rates are posted on the [Administration Resources](#) page of our website

There are plan design changes – see the [2027 Health Benefits Overview](#)

The average rate increase for our diocese for 2027 is 13.68% for medical plans

The average rate increase is 2% for dental plans



Significant Cost Increases

Pharmacy innovation (GLP-1s and specialty drugs)

High-cost claims (complex conditions)

Provider revenue increases (AI-assisted billing and documentation)

22.5% rate increase (without plan design changes)



Medical Plan Design Changes for 2027

Deductibles & out-of-pocket maximums increase

Copays increase for:

- Visits to PCPs and specialists
- Visits to urgent care clinics
- Prescription medication

Ending GLP-1 coverage for weight loss

New weight management vendor: Digbi

No design changes to dental plans

See the [2027 Health Benefits Overview](#)



Cost-Saving

Coverage is basically the same for all Medical Trust plans; the difference between plans is the premium rate and the out-of-pocket cost

Consumer-Directed Health Plans (CDHP) with HSA

High-deductible health plans paired with a fee-free HSA through HealthEquity

Employees on Medicare cannot contribute to a HSA

[Understanding CDHPs & HSAs](#)

Health Reimbursement Arrangements (HRA)

Medicare Secondary Payer Small Employer Exception (MSP SEE)

Consider employee cost-share

Diocesan Cafeteria Plan



Best Practices

Vestries should adopt an employee health insurance policy:

Which plan(s) will be offered

Employee/employer cost-share

Offer no more than three plans: base plan, buy-down plan, buy-up plan

Typical employee cost-share is 20%-25% of premium; non-profits historically have been at the lower end of this range

[Market Trends and Plan Selection Best Practices](#)



Other Benefits

Retirement Savings Plan (RSVP) – 403(b)

Must be adopted by employer

Employee and/employer contributions

Available for clergy and lay defined benefit plan participants

Short- and Long-term Disability Insurance (Aflac) – employer- and employee-paid plans

Group Life & ADD Insurance – Diocesan policy

Active clergy – required

Active lay employees – if employer has elected to participate

Employees scheduled to work 1,000+ hours annually are eligible for STD, LTD, GLI



My Admin Portal (MAP)

New employee enrollment, benefits enrollment, compensation changes, and employment terminations are all now processed through MAP.

Beginning October 1, 2026, paper submissions will **no longer be accepted** for these employee benefit transactions:

- Lay defined benefit, lay defined contribution, and RSVP plan enrollments

- Employment and compensation changes

- Medical and dental enrollments

This change also applies to forms uploaded to MAP; however, employers may continue using these forms for internal recordkeeping purposes.

Administrators' Resource Center (ARC)

<https://www.cpg.org/administrators/resources/arc/>



Resources

[2027 Annual Enrollment Health Benefits Overview](#)

[2027 Health & Dental Plan Comparisons](#)

[2027 Health & Dental Plan Rates](#)

[Understanding Health Plan Options for Employees Age 65+](#)

[Understanding CDHP / HSA Plans](#)

[Medicare Secondary Payer Small Employer Exception \(MSP SEE\) Plans Explained](#)

[CPG Administrators' Resource Center](#)



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Your Input

Administrators & Treasurers Digest

How many of you receive the Digest?

Do you find it helpful?

Suggestions?

Future workshops

Virtual and/or in person?

Suggestions?



Questions?

