

2027 Annual Enrollment

This document contains important information about the 2027 health benefits available from The Episcopal Church Medical Trust (Medical Trust).

Online Annual Enrollment for 2027 Medical Trust health benefits takes place from **October 14 to November 6, 2026**.

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 by their employer for the upcoming year, they will need to enroll in a new plan or they will not have Medical Trust coverage next year.
- Eligible nonparticipating employees have the option to enroll in a Medical Trust plan for next year.
- Eligible dependents may be added to or removed from a member's plan for next year 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	\$2067	\$3721	\$5788
Cigna Open Access Plus PPO 90	\$1864	\$3355	\$5219
Cigna Open Access Plus PPO 80	\$1526	\$2747	\$4273
Cigna Open Access Plus PPO 70	\$1337	\$2407	\$3744
Anthem BCBS BlueCard PPO 100	\$2067	\$3721	\$5788
Anthem BCBS BlueCard PPO 90	\$1864	\$3355	\$5219
Anthem BCBS BlueCard PPO 80	\$1526	\$2747	\$4273
Anthem BCBS BlueCard PPO 70	\$1337	\$2407	\$3744
Cigna CDHP-15/HSA	\$1439	\$2590	\$4029
Cigna CDHP-20/HSA	\$1198	\$2156	\$3354

Cigna CDHP-40/HSA	\$1088	\$1958	\$3046
Anthem BCBS CDHP-15/HSA	\$1439	\$2590	\$4029
Anthem BCBS CDHP-20/HSA	\$1198	\$2156	\$3354
Anthem BCBS CDHP-40/HSA	\$1088	\$1958	\$3046
Cigna Open Access Plus MSP PPO 100	\$1659	\$2986	\$4645
Cigna Open Access Plus MSP PPO 90	\$1392	\$2506	\$3898
Cigna Open Access Plus MSP PPO 80	\$1235	\$2223	\$3458
Cigna Open Access Plus MSP PPO 70	\$1081	\$1946	\$3027
Anthem BCBS BlueCard MSP PPO 100	\$1659	\$2986	\$4645
Anthem BCBS BlueCard MSP PPO 90	\$1392	\$2506	\$3898
Anthem BCBS BlueCard MSP PPO 80	\$1235	\$2223	\$3458
Anthem BCBS BlueCard MSP PPO 70	\$1081	\$1946	\$3027

Dental Plans

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

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Delta Dental Premium	\$86	\$155	\$241
Delta Dental Comprehensive	\$64	\$115	\$179
Delta Dental Basic	\$44	\$79	\$123

Changes for 2027

Deductible and out-of-pocket maximum increases for PPO plan options using the Anthem and Cigna networks	Deductibles and out-of-pocket maximums will increase for 2027. Anthem/Cigna PPO 100 Network individual deductibles will increase from \$0 to \$500, and network family deductibles will increase from \$0 to \$1,000. Out-of-network individual deductibles will increase from \$500 to \$1,000, and out-of-network family deductibles will increase from \$1,000 to \$2,000. Network individual out-of-pocket maximums will increase from \$2,000 to \$3,500, and network family out-of-pocket maximums will increase from \$4,000 to \$7,000. Out-of-network individual out-of-pocket maximums will increase from \$4,000 to \$7,000, and out-of-network family out-of-pocket maximums will increase from \$8,000 to \$14,000.
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	Anthem/Cigna PPO 90 Network individual deductibles will increase from \$500 to \$1,000, and network family deductibles will increase from \$1,000 to \$2,000. Out-of-network individual deductibles will increase from \$1,000 to \$2,000, and out-of-network family deductibles will increase from \$2,000 to \$4,000. Network individual out-of-pocket maximums will increase from \$2,500 to \$4,000, and network family out-of-pocket maximums will increase from \$5,000 to \$8,000. Out-of-network individual out-of-pocket maximums will increase from \$5,000 to \$8,000, and out-of-network family out-of-pocket maximums will increase from \$10,000 to \$16,000. Anthem/Cigna PPO 80 Network individual deductibles will increase from \$1,000 to \$1,500, and network family deductibles will increase from \$2,000 to \$3,000. Out-of-network individual deductibles will increase from \$2,000 to \$3,000, and out-of-network family deductibles will increase from \$4,000 to \$6,000. Network individual out-of-pocket maximums will increase from \$3,500 to \$5,000, and network family out-of-pocket maximums will increase from \$7,000 to \$10,000. Out-of-network individual out-of-pocket maximums will increase from \$7,000 to \$10,000, and out-of-network family out-of-pocket maximums will increase from \$14,000 to \$20,000. Anthem/Cigna PPO 70 Network individual deductibles will remain at \$3,500, and network family deductibles will remain at \$7,000. Out-of-network individual deductibles will remain at \$7,000, and out-of-network family deductibles will remain at \$14,000. Network individual out-of-pocket maximums will increase from \$5,000 to \$6,500, and network family out-of-pocket maximums will increase from \$10,000 to \$13,000. Out-of-network individual out-of-pocket maximums will increase from \$10,000 to \$13,000, and out-of-network family out-of-pocket maximums will increase from \$20,000 to \$26,000.
Deductible and out-of-pocket maximum increases for CDHPs using the Anthem and Cigna networks	Anthem/Cigna CDHP-15 Network deductibles for self-only coverage will increase from \$1,700 to \$2,200, and network deductibles for family coverage will increase from \$3,400 to \$4,400. Out-of-network deductibles for self-only coverage will increase from \$3,400 to \$4,400, and out-of-network deductibles for family coverage will increase from \$6,800 to \$8,800. Network out-of-pocket maximums for self-only coverage will increase from \$2,400 to \$3,900, and network out-of-pocket maximums for family coverage will increase from \$4,800 to \$7,800. Out-of-network out-of-pocket maximums for self-only coverage will increase from \$4,800 to \$7,800, and out-of-network out-of-pocket

	maximums for family coverage will increase from \$9,600 to \$15,600. Anthem/Cigna CDHP-20 Network individual deductibles will increase from \$3,400 to \$3,600, and network family deductibles will increase from \$6,800 to \$7,200. Out-of-network individual deductibles will increase from \$3,400 to \$7,200 and out-of-network family deductibles will increase from \$6,800 to \$14,400. Network individual out-of-pocket maximums will increase from \$4,200 to \$5,000, and network family out-of-pocket maximums will increase from \$8,450 to \$10,000. Out-of-network individual out-of-pocket maximums will increase from \$7,000 to \$10,000, and out-of-network family out-of-pocket maximums will increase from \$13,000 to \$20,000. Anthem/Cigna CDHP-40 Network individual deductibles will increase from \$3,500 to \$4,000, and network family deductibles will increase from \$7,000 to \$8,000. Out-of-network individual deductibles will increase from \$7,000 to \$8,000 and out-of-network family deductibles will increase from \$14,000 to \$16,000. Network individual out-of-pocket maximums will increase from \$6,000 to \$7,500, and network family out-of-pocket maximums will increase from \$12,000 to \$15,000. Out-of-network individual out-of-pocket maximums will increase from \$10,000 to \$15,000, and out-of-network family out-of-pocket maximums will increase from \$20,000 to \$30,000.
Primary care, specialty visit, and urgent care copay increases for PPO plan options using the Anthem and Cigna networks	Anthem and Cigna PPO Primary care visit copays will increase from \$30 to \$35, and specialist visit copays will increase from \$45 to \$50. Urgent care visit copays will increase from \$50 to \$60.
Rx copay increases	PPO Standard Rx copays for plan options using the Anthem and Cigna networks will increase. PPO Standard Rx specialty drug coinsurance for plan options using the Anthem and Cigna networks will increase. For details, consult the 2027 Summary of Benefit and Coverage (SBC) documents on cpg.org.
GLP-1 coverage changes and new weight-management vendor	GLP-1s for weight loss, with or without co-morbidities, will not be covered by our medical plans. GLP-1s will continue to be covered for type 2 diabetes treatment (subject to applicable utilization management requirements, prior authorization requirements, and other plan terms). To provide weight-loss support, the Medical Trust will be making Digbi available to members enrolled in plan options using the Anthem and Cigna networks at no cost, thus offering personalized support for glucose health,

	digestive wellness, and weight reduction (with or without GLP-1s), with personalized guidance based on individual coaching and optional genetic and gut microbiome testing data. Quantum Health can provide guidance to members enrolled in plan options using the Anthem and Cigna networks on how to obtain GLP-1 medications directly from their manufacturers, at direct-to-consumer prices. Members will be responsible for the full cost of these drugs. In connection with purchases through these platforms, Members must continue receiving GLP-1 prescriptions from their own healthcare providers (Digbi does not prescribe GLP-1s).
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Details About Your Benefits

Details about your benefits, including 2027 *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.

2027 Plan Offering

There are no changes to the medical and dental plan options offered by the Diocese of Southern Virginia for 2027. Whether or not you plan to make a change, we strongly encourage you to log in to [MyCPG Accounts](#) 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 2027, 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 2027 coverage. If they fail to select new coverage through the enrollment site during Annual Enrollment, they will **not** have coverage in 2027.

Currently Enrolled Employees

Approximately one week before Annual Enrollment begins, currently enrolled employees (plan members) will receive an email from the Medical Trust with information about Annual Enrollment dates and how to access the enrollment site. Please save this email. 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 offered for 2027, your current plan selection(s) will automatically carry over to 2027, and any applicable rate increases will apply. If your plan is no longer offered for 2027, you will need to log 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 email list is created (generally in early September), you will not receive an Annual Enrollment email; 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 2027. If you wish to make a change to your medical or dental plan enrollment for 2027 or if your medical or dental plan is no longer being offered for 2027, 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: 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 CPG Client Services at 800-480-9967, Monday to Friday, 8:30 a.m. to 8:00 p.m. ET.

Not a Member and Want to Enroll?

If you are not currently enrolled 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 an Annual Enrollment email 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 2027.

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 Behavioral Health 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. The monthly rate is \$4.

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 plans 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). **NEW:** This year, individuals enrolled in the standalone EAP will be able to participate in Annual Enrollment via [MyCPG Accounts](#).

Plan Documents

2027 *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
757-213-3391 / 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 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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