

# Medical & Insurance Offerings - 2024



INSURANCE



**Annual  
Enrollment  
October  
15, 2024**

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★ **The Episcopal Diocese of Texas**

# Why we are here?

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- ☐ Resolutions (What is required)
- ☐ 2025 Plan Options and Rates
- ☐ Medical Plan Array Summaries
- ☐ Delta Dental
- ☐ Health Savings Account
- ☐ Quantum
- ☐ Rider Plans
- ☐ Preparing for Annual Enrollment
- ☐ Diocesan Resources
- ☐ Questions

# RESOLUTIONS: What Coverages are Mandatory for your Employees?

# Medical Resolution A177

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**Resolution and Canon A177** directs all parishes and diocesan institutions provide medical coverage to their eligible employees scheduled to work **1500 hours or more annually**.

## Minimum Standard Plan

Single coverage **should be provided** to all eligible employees under the **Consumer Directed Health Plan – 20** offered by the diocese through the Episcopal Medical Trust/Church Pension Group (CPG).

## Annual HSA Contribution

Each parish or institution must also fund **80%** of the CDHP-20 deductible at the **single tier** into your employee's Health Savings Account (HSA), for 2025 that amount is, **\$2,640 annually or \$220 monthly**.  
(prorated based on eligibility date)

## Minimum Annual Contribution

The **MINIMUM** medical funding per employee for 2025 equates to **\$824** (medical premium at single level on CDHP-20) **+\$220** (monthly HSA contribution= **\$1,044**

**Note:** You may also choose to offer and pay for a higher-level plan for your employees if your budget allows.

# Pension Resolution A138

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**Pension-** Resolution A138, states that both parishes and institutions are required to pay pension to employees scheduled to work at least **1,000 Hours annually**.

**Note: Temporary or contract workers may not be eligible.**

## Lay Defined Benefit Plan (Pension)

**Vendor** Church Pension Group

**Effective Date** Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

**Employee Contributions** None required or permitted.

**Employer Base Contribution** The amount of the employer contribution is evaluated each year and is currently **9%** of a participant's annual compensation.

**Employer Match Contribution** Not applicable.

**Vesting** (a) five years of CS in the plan (b) attaining age 55 while actively participating in the plan, or (c) becoming eligible for disability retirement under the plan, whichever occurs first.

## Lay Defined Contribution Plan (403b)

**Vendor** Fidelity

**Effective Date** Eligible employees may participate on the first of the month following their date of hire and enrollment in the plan.

**Employee Contributions** Employee contributions of up to 100% of salary may be permitted provided the total amount contributed in a given year does not exceed Internal Revenue Code limits.

**Employer Base Contribution** An amount equal to at least **5%** of an eligible employee's annual compensation.

**Employer Match** matching contributions **up to 4%** of an eligible employee's annual compensation.

**Vesting** Immediately 100% vested.

# Who Pays for Coverage?

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Mandatory Benefits				
	Lay(Parish) FT 1500+ hours*	Clergy FT 1500+ hours*	Lay(Parish) PT <1500 hours*	Clergy PT <1500 hours*
Medical	Employer	Diocese	Employee	Diocese
Pension / Retirement	Employer	Employer	Employer	Employer

Voluntary Benefits				
	Lay(Parish) FT 1500+ hours*	Clergy FT 1500+ hours*	Lay(Parish) PT <1500 hours*	Clergy PT <1500 hours*
Dental	Employee	Employee	Employee	Employee
Group Life	Employer	Employer	Employer	Church Pension Fund
Disability	Employee or Employer	Employee or Employer	Employee or Employer	Church Pension Fund

\*Annual scheduled hours



# 2025 Plan Options & Premiums

# 2025 Monthly Rates Parish & Institutions

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PPO 70	\$1,035	\$2,070	\$1,863	\$3,105
PPO 80	\$1,171	\$2,342	\$2,108	\$3,513
PPO 90	\$1,363	\$2,726	\$2,453	\$4,089
CDHP-20 H S A *	\$824	\$1,648	\$1,483	\$2,472
CDHP-40 H S A	\$729	\$1,458	\$1,312	\$2,187



# Medical Plan Array Summaries

# Consumer Directed Health Plan Comparisons

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Cigna or Anthem Blue Cross Blue Shield		
PLAN TYPE	CDHP -20	CDHP-40
Network Coinsurance	20%	40%
Individual Deductible*	<b>\$3,300</b>	\$3,500
Family Deductible*	\$6,600	\$7,000
Individual Maximum Out of Pocket	\$4,200	\$6,000
Family Maximum Out of Pocket	\$8,450	\$12,000
Primary Care Physician	20%	40%
Specialist	20%	40%
Emergency Room	20%	40%
Urgent Care	20%	40%
Outpatient Facility	20%	40%
Inpatient Facility	20%	40%

**Note: Plans are subject to Out of Network allowances.**

\$co-pay  
%co-insurance

# Consumer Directed Health Plan Single Coverage Example

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**Jane's Plan Deductible: \$3,300 Co-insurance: 20% OOP Limit: \$4,200**

Expenses for an office visit with labs and medication

- Physician Visit: \$100
- Lab: \$350
- Prescription: \$50

**TOTAL: \$500**

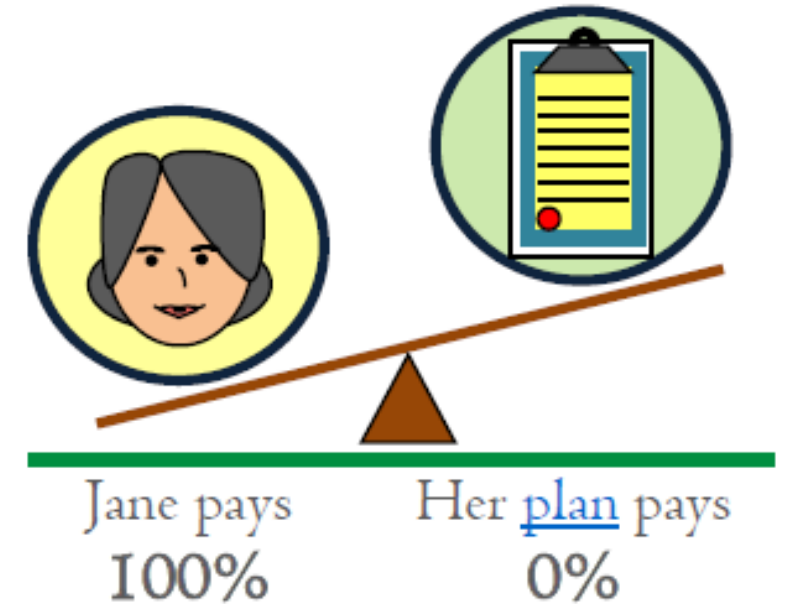
CDHP Breakdown Individual:

Deductible: \$3,300

- Paid to date: \$500
- **Amt remaining on deductible: \$2,800**

OOP limit: \$4,200

- Paid to date: \$500
- **Amount remaining on OOP: \$3,700**



**Note: Plans are subject to Out of Network allowances.**

# Consumer Directed Health Plan Family Coverage Example

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**Jane's Individual Deductible: \$3,200 Family Deductible: \$5,450 Co-insurance: 20%**

Expenses for Jane's knee surgery

- Surgery: \$20,000

**TOTAL: \$20,000**

CDHP Breakdown Family:

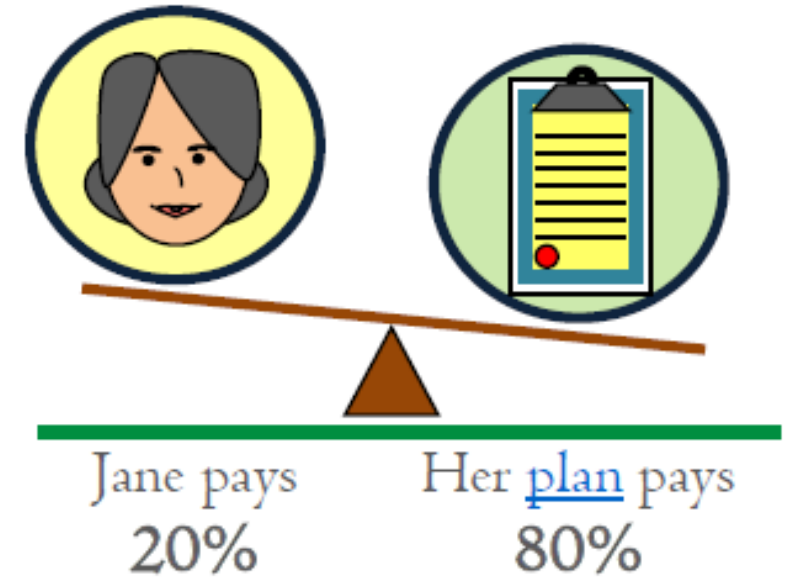
**Jane's deductible: \$3,300**

- Amt remaining on Jane's deductible: \$0
- Total remaining costs: \$16,700
- Co-insurance share after Jane's deductible: \$3,340
- **Total due: \$4,200 (Individual OOP Limit)**

**Family deductible: \$6,600**

- Paid to date: \$4,200
- Amount remaining on family deductible: \$2,400
- Amount remaining on family OOP limit: \$4,250

**Note: Plans are subject to Out of Network allowances.**



# PPO Plan Comparisons

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Cigna or Anthem Blue Cross Blue Shield			
PLAN TYPE	PPO90	PPO80	PPO70
Network Coinsurance	10%	20%	30%
Individual Deductible*	\$500	\$1,000	\$3,500
Family Deductible*	\$1,000	\$2,000	\$7,000
Individual Maximum Out of Pocket	\$2,500	\$3,500	\$5,000
Family Maximum Out of Pocket	\$5,000	\$7,000	\$10,000
Primary Care Physician	\$30	\$30	\$30
Specialist	\$45	\$45	\$45
Emergency Room	\$250	\$250	\$250
Urgent Care	\$50	\$50	\$50
Outpatient Facility	10%	20%	30%
Inpatient Facility	10%	20%	30%

\$co-pay

%co-insurance

Note: Plans are subject to Out of Network allowances. For a more detailed chart click [HERE](#).

# Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

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## What is the Small Employer Exception?

Medicare allows for an exception to the “secondary payer” rule for small employers (**generally, those with fewer than 20 full- and/or part-time employees in the current and preceding calendar years**).



**Savings for both  
the organization  
and employee!**

## How does it work?

- ✓ Must be age 65 or older
- ✓ Actively work for a qualified group that offers this choice
- ✓ Be enrolled in Medicare Part A
- ✓ Choose a participating Anthem or Cigna plan
- ✓ Be approved for the SEE Plan by Medicare

# 2025 Monthly Rates for Medicare Secondary Payer/Small Employer Exception (MSP/SEE)

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Medical Plan Name	Single	EE + Spouse	EE + Child(rn)	Family
Anthem BCBS/Cigna Medicare Secondary Payer Plans for age 65+				
MSP PPO 70	\$842	\$1,684	\$1,516	\$2,526
MSP PPO 80	\$934	\$1,868	\$1,681	\$2,802
MSP PPO 90	\$1,090	\$2,180	\$1,962	\$3,270





Delta Dental

# Dental Plan Basic

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		Basic Plan		
		PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>		\$0/\$0	\$0/\$0	\$0/\$0
<b>Annual Benefit Limit**</b>		\$2,000	\$1,500	\$1,000
<b>Preventive and Diagnostic</b>		No Charge	No Charge	No Charge
<b>Basic Restorative</b>		80% Coinsurance	80% Coinsurance	70% Coinsurance
<b>Major Restorative</b>		40% Coinsurance	40% Coinsurance	1% Coinsurance
<b>Orthodontia Services</b>		Not Covered	Not Covered	Not Covered
<b>Orthodontia Lifetime Maximum**</b>		N/A	N/A	N/A

# Dental Plan Comprehensive

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		Comprehensive Plan		
		PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>		\$0/\$0	\$0/\$0	\$100/\$300
<b>Annual Benefit Limit**</b>		\$2,500	\$2,000	\$1,500
<b>Preventive and Diagnostic</b>		No Charge	No Charge	No Charge
<b>Basic Restorative</b>		85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Major Restorative</b>		50% Coinsurance	50% Coinsurance	40% Coinsurance
<b>Orthodontia Services</b>		50% Coinsurance	50%Coinsurance	40% Coinsurance
<b>Orthodontia Lifetime Maximum**</b>		\$1,500	\$1,500	\$1,000

\*\* Please note orthodontia lifetime maximums do not reset.

# Dental Plan Premium Plan

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		Premium Plan		
		PPO Network	Premier Network	Out-of-Network
<b>Deductible</b>		\$0/\$0	\$0/\$0	\$50/\$150
<b>Annual Benefit Limit**</b>		\$3,000	\$2,500	\$2,000
<b>Preventive and Diagnostic</b>		No Charge	No Charge	No Charge
<b>Basic Restorative</b>		85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Major Restorative</b>		85% Coinsurance	85% Coinsurance	75% Coinsurance
<b>Orthodontia Services</b>		50% Coinsurance	50% Coinsurance	40% Coinsurance
<b>Orthodontia Lifetime Maximum**</b>		\$2,000	\$2,000	\$1,500

\*\* Please note orthodontia lifetime maximums do not reset.

# Delta Dental

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The difference between Delta Dental PPO and Delta Dental Premier.

	PPO	Premier	Non-Delta Dental
More Coverage 	Procedures are covered at a higher rate	Procedures are covered at a higher rate	Procedures are covered at a lower rate.
Reduced Fees 	PPO dentists have agreed to reduced fees. These are usually lower than Premier fees.	Premier dentists have agreed to reduced fees. Premier fees are usually not as low as PPO fees.	There's no fee agreement, so your dentist can charge any amount.
Stretch your maximum dollars 	Your plan pays up to \$3,000 a year when you visit a PPO dentist.	Your plan pays up to \$2,500 a year when you visit a Premier dentist.	Your plan pays up to \$2,000 a year when you visit a non-Delta Dental dentist.
No balance billing 	Your dentist can't charge you above their accepted fee	Your dentist can't charge you above their accepted fee	There's no cap on how much your dentist can charge you.





# Delta Dental Example

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Choose an in-network PPO dentist to maximize your savings.

Claims example	Delta Dental PPO	Delta Dental Premier	Non –Delta Dental
Dentist's charge for a crown	\$2,100	\$2,100	\$2,100
Plan allowance	\$1,050	\$1,500	\$2,100
Percentage paid by plan	85%	85%	75%
Plan Payment	\$893 (\$1,050 x 85%)	\$1,275 (\$1,275 x 85%)	\$1,575 (\$1,575 x 75%)
Patient Payment	\$157 (\$1,050 - \$893)	\$225 (\$1,500 - \$1,275)	\$525 (\$2,100 - \$1,575)
Balance-billing	<b>NO</b>	<b>NO</b>	<b>YES*</b>

This is for illustrative purposes only and uses the Premium Plan. The Comprehensive Plan and the Basic Plan work the same way.

# Dental Take Away

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No premium rate increase for 2025

No action required to maintain coverage in 2025



# Health Savings Account

# Health Savings Account (HSA) 24



## Health Equity

With the HSA, you, your employer, and/or others have the option to contribute to the account. Contributions are tax-free up to federal annual limits.

## HSA Contribution

Year	Single	Family
2025 (employer + employee contributions)	\$4,300	\$8,550

You should also understand these basic aspects of how the HSA works:

- ✓ Unused funds roll over from year to year
- ✓ Funds in the HSA may be invested (once any applicable minimum threshold is met)
- ✓ Withdrawals from the HSA are not subject to federal income tax when they are used to pay for qualified medical expense
- ✓ Disqualifying health coverage includes Medicare, TRICARE, non-CDHP or healthcare flexible spending account (FSA) coverage.
- ✓ To use HSA funds for dependent expense, the dependent must specifically be a tax dependent

# Health Savings Account (HSA)

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## How Does It Work?

### Money Goes In

- You can make pre-tax contributions through payroll deductions.
- Employer contributes **\$2,640** annually for single tier plan.

### Money Goes In

#### Optional Employee Contribution

- **SINGLE** Annual contribution: \$1,660
- **SINGLE** Annual contribution: **age 55 or older** \$2,660

OR

- **FAMILY** Annual contribution: \$5,910
- **FAMILY** Annual contribution: **age 55 or older** \$6,910

### HAVE MONEY LEFT?

#### IT ROLLS OVER

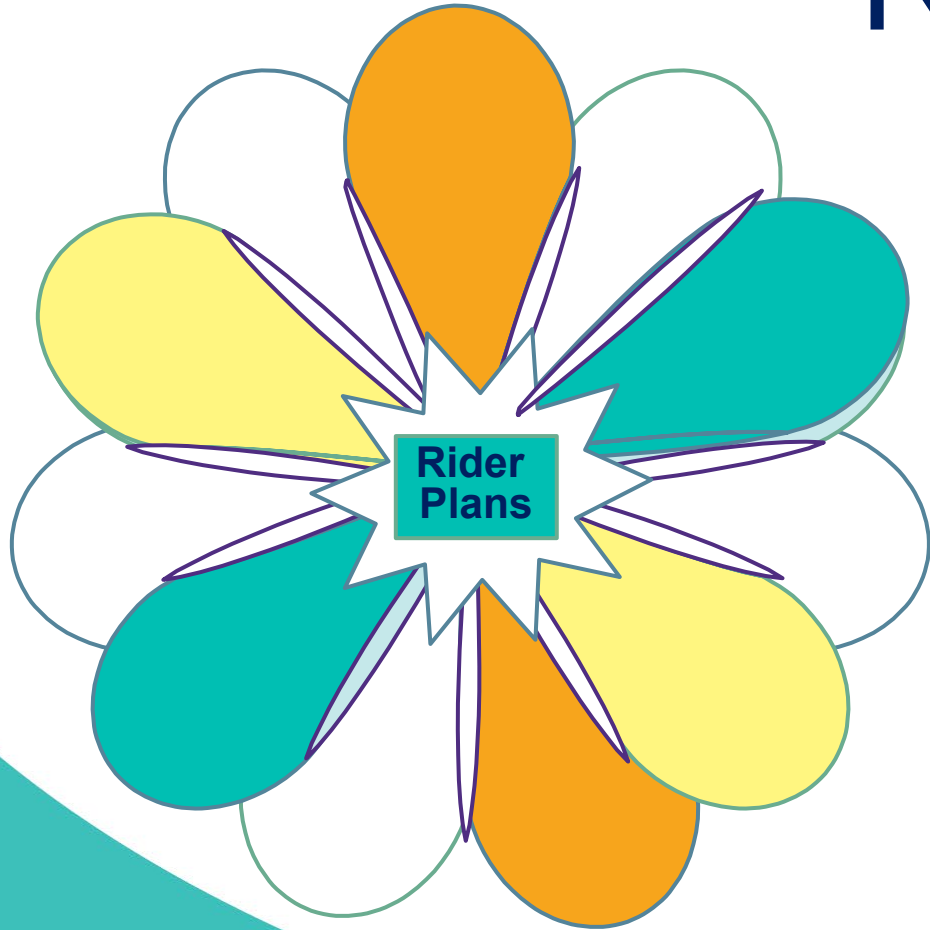
The money in your Health Savings Account rolls over from year to year for you to use.

**YOU DECIDE HOW YOUR MONEY GROWS!**

Keep your funds in interest bearing accounts, or invest them in stocks, bonds or mutual funds.

**Non-tax dependents may not use the money in your Health Savings Account.**

# Rider Plans



- Vision, EyeMed
- Prescription
- Employee Assistance Program
- Hearing Aid
- Hinge Health

# EyeMed Vision Care -Insight Network 27

- 👁️ \$0 copays for annual eye exams with network providers\*
- 👁️ Annual allowance for contacts or frames, plus discounts if you go over your allowance when using network providers
- 👁️ Additional eyewear purchases at 40% off
- 👁️ Non-prescription sunglasses at 20% off
- 👁️ 20% off remaining balances beyond plan coverage limits
  - 👁️ Savings on prescription eyeglasses or contact lenses
- 👁️ Discounted LASIK or PRK surgical procedures



# EyeMed Vision Care Benefits

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BENEFIT	NETWORK (cost share)	OUT-OF-NETWORK
<b>Exam</b> <b>(with dilation as necessary)</b>	<b>\$0 copay</b>	Up to \$30
<b>Contact Lenses</b>		
<b>Conventional*</b>	<b>up to \$200 allowance</b>	Up to \$100
<b>Disposable*</b>	<b>up to \$200 allowance</b>	Up to \$100
Fit and follow-up:		N/A
•Standard	Up to \$40	N/A
•Premium	10% off retail	N/A
<b>Frames*</b>	<b>Up to \$200 allowance</b>	Up to \$47
<b>Plastic Lenses</b>		
Single Vision	\$10	<b>See benefit summary</b>
Bifocal	\$10	
Trifocal	\$10	
Standard Progressive	\$75	
Premium Progressive	\$95-\$120	

# Prescription



## Express Scripts

- Standard Pharmacy plan
- More than 67,000 participating retail pharmacies offer discounts with an Express Scripts ID card
- Receive up to **three** refill at any retail pharmacy
- After **three** retail refills, maintenance medications must be refilled by home delivery through Express Scripts
- Co-insurance that was effective 1/1/2025



# EMPLOYEE ASSISTANCE PROGRAM(EAP)

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## Highlights

- Available 24 hours a day, 7 days a week
- Available to all household members
- Unlimited telephonic consultations
- Up to 10 face-to-face counseling sessions, per issue with a Cigna EAP provider
- Legal consultations
- Financial services and referrals
- Assistance finding childcare and senior care

**Note: If an employee declines medical coverage, they may enroll in the EAP plan as a stand-alone option. The monthly premium is approximately \$5.00.**



# Hearing Benefit



- Enhanced Hearing benefit
- Offered by all Cigna and Anthem BCBS plans offered through the Medical Trust
- Available to members and their eligible dependents
- Benefit provides up to **\$3,000 per year, every 3 years**

# Quantum Health

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**Quantum's care coordinator- nurses, benefits experts, and claims specialist familiar with our membership and our plans**

Please note that **only one ID card** for medical, prescription, vision and behavioral health coverage. As is a single point of contact for benefit and claim information, Quantum will:

- ✓ Assist with reviewing existing benefits understanding plan options
- ✓ Verify coverage and, if necessary, get prior approval.
- ✓ Answer claims, billing, and benefits questions
- ✓ Healthcare decision support
- ✓ Replace ID cards – and much more

**Contact Quantum**  
**866.871.0629**

# Hinge Health

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Exercise therapy without leaving home.  
These programs treat joint and muscle pain from head to toe.

## Pain relief, plan and simple

- ✓ Personalized Program
- ✓ Dedicated 1-on-1 support
- ✓ Convenient exercise sessions

### Contact Us

**855.902.2777**

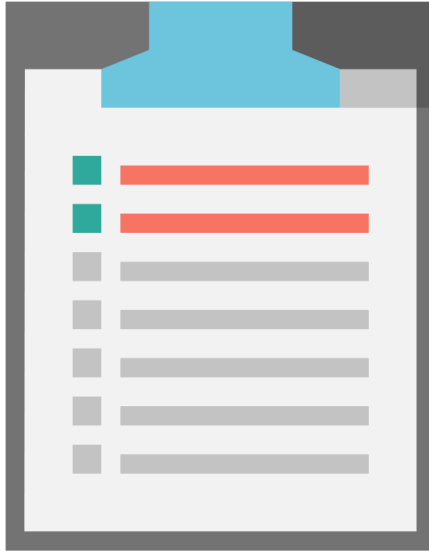
**Email:** [help@hingehealth.com](mailto:help@hingehealth.com)

**Web:** [hingehealth.com/for/ecmt](https://hingehealth.com/for/ecmt)

# Preparing for Annual Enrollment?

# Your Checklist of What To Do:

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- ✓ Learn how your healthcare benefits work
- ✓ Enroll in the benefits that best meet your needs:
  - ✓ Consider you and your family's healthcare needs for 2025
  - ✓ Compare options and cost
  - ✓ Enroll by deadline (November 15, 2024)
- ✓ Review and update your personal and dependent information

# Annual Enrollment Timeline

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**Early October 2024**

Your Mailing is Sent

**October 16, 2024**

Annual Enrollment  
Begins

**November 15, 2024**

Annual Enrollment  
Ends

**January 1, 2025**

New Plan Year  
Begins

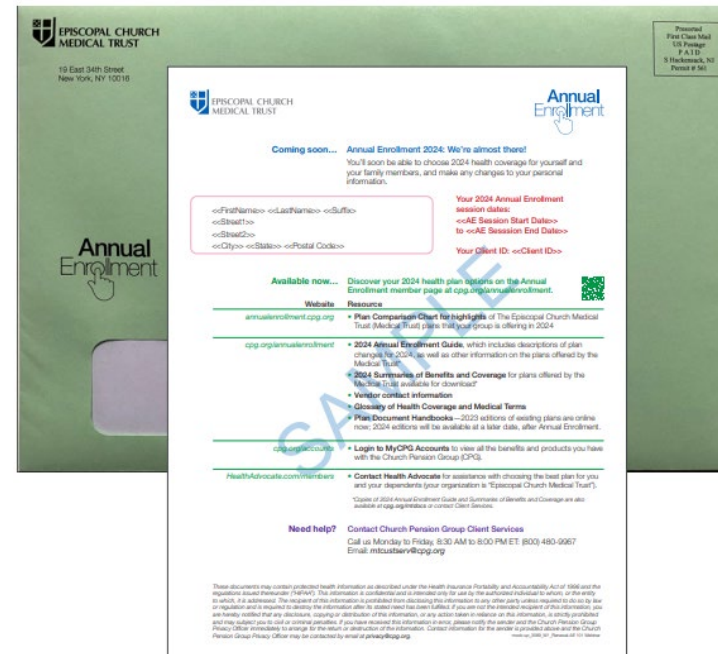


# Annual Enrollment

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**2024** Annual Enrollment will happen between **mid October and mid November 2024**

Look for a green envelope in the mail with your group's enrollment dates and your **Client ID**



# Access CPG

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Visit: [cpg.org/mycpg](https://cpg.org/mycpg)

The screenshot shows the CPG website's login and account creation page. The browser address bar displays 'cpg.org/mycpg'. The page has two tabs: 'Sign In' and 'Create Account'. A note at the top states: 'Note: Username and Client ID are no longer used to sign in to MyCPG Accounts or My Admin Portal. Instead, use the email address associated with your account and your password. Contact Client Services if you experience difficulty signing in.' The 'Sign In' section includes a 'Personal Email' field with the example 'janedoe@gmail.com', a 'Password' field with masked characters, a 'Forgot Password?' link, and a checkbox for 'Remember this device for 10 hours. Do not select if you are on a public or shared computer.' The 'Create Account' section includes a 'Client Number' field with the placeholder 'XXX-XXX-XXX', a note to contact Client Services at (866) 802-6333 for questions, and fields for 'Legal first name', 'Legal last name', and 'Date of birth' (MM-DD-YYYY). A 'Login Information' section is also visible at the bottom.

- Sign in with the email address on your Annual Enrollment letter in the green envelope.
- If there is no email address or you did not access your account in 2024, please select **Create Account** and follow the prompts.
- Enter the Client Number found on your Annual Enrollment letter.

Need enrollment technical assistance? Call the Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

# Diocesan Resources

# Not Sure Where to Start?

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We are here to HELP!

**Zee Turnbull**

Director of HR

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Benefits Specialist

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**Don't forget the BENEFIT section of the Diocesan website!**

[epicenter.org/benefits](https://epicenter.org/benefits)

# Questions?

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