



THE EPISCOPAL DIOCESE OF  
**El Camino Real**  
WALKING THE WAY  
THE OFFICE OF THE BISHOP

TO: **Rectors, Vicars, Priests-in-Charge, and Parish and School Administrators**

FROM: **Maria Navarrete**  
**Human Resources & Benefits Administrator**  
[maria@realepiscopal.org](mailto:maria@realepiscopal.org)  
**(831)394-4465**

RE: **2024 Health Benefits Overview**

DATE: **October 5, 2021**

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2024 health benefits offerings and Annual Enrollment.

**Annual Enrollment for 2024 will run from October 25 to November 15.**

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

**New Vendor: Delta Dental! Action Required!**

If your Participating Group offers dental coverage with Cigna Dental through the Medical Trust, that coverage is going away after December 31, 2023. To continue offering dental coverage through the Medical Trust, your group **must** select a Delta Dental plan from the Premium, Comprehensive, and Basic plan options. Learn more below.

Effective January 1, 2024, the Medical Trust will simplify the Episcopal Health Plan (EHP) eligibility criteria by eliminating the exempt/non-exempt status criteria and will move to an hours-based eligibility criteria for active employees. An employee will be eligible to enroll in the EHP, regardless of whether they are an exempt or non-exempt employee, if they are normally scheduled to work 1,000 or more compensated hours per plan year.<sup>1</sup>

This distinction has been a source of confusion about who qualifies as an exempt employee and has raised concerns about compliance with the Medicare Secondary Payer rules. Post-65 clergy who retired under the Clergy Pension Plan and who are no longer eligible for EHP coverage because they work less than 1,000 hours a year may now enroll in the Medical Trust retiree plan and receive their post-retirement medical subsidy, if eligible.<sup>2</sup>

---

<sup>1</sup> One thousand (1,000) or more scheduled compensated hours per plan year is the Medical Trust's minimum hours requirement. Some employers may elect to impose a higher hour's threshold for its employees to qualify for active health benefits under the EHP. For institutions under the Denominational Health Plan rules, for any cleric or lay employee working more than 1,500 compensated hours per year (and meeting all other eligibility requirements), the institution shall make available Medical Trust health benefits, including premium payments, to those eligible clerics and lay employees.

<sup>2</sup> If an employee is no longer eligible to participate in the plan effective January 1, 2024, as a result of the change in our eligibility rules, they may voluntarily continue medical and/or dental coverage on their own for up to 36 months commencing on January 1, 2024, through the Medical Trust's Extension of Benefits provision.

## Medical Plans

We will offer the following medical plans to our employees through the Medical Trust:

Plan Name	Plan Code	Enroll Total	2024 Rates					2024 Election
			Single	Plus Sps	Plus Child	Family	Final % Chg	
Anthem BCBS CDHP-15/HSA	MHDG		1009	2018	1816	3027	8.03	
Anthem BCBS CDHP-20/HSA	MHDE	5	913	1826	1643	2739	8.05	
Anthem BCBS CDHP-40/HSA	MHBR		823	1646	1481	2469	7.98	
Kaiser CDHP-20/HSA	MHDK		920	1840	1656	2760	7.97	
Kaiser EPO High	MKE0	5	1290	2580	2322	3870	8.04	
<b>Kaiser Permanente EPO 80 Plan</b>	<b>MKLO</b>	<b>2</b>	<b>1115</b>	<b>2230</b>	<b>2007</b>	<b>3345</b>	<b>8.04</b>	
Anthem BCBS BlueCard PPO 100	MPP1	2	1391	2782	2504	4173	8.00	
Anthem BCBS BlueCard PPO 90	MPP2	6	1233	2466	2219	3699	7.97	
<b>Anthem BCBS BlueCard PPO 80</b>	<b>MPP3</b>	<b>10</b>	<b>1119</b>	<b>2238</b>	<b>2014</b>	<b>3357</b>	<b>8.01</b>	
Anthem BCBS BlueCard PPO 70	MPP4	2	1018	2036	1832	3054	7.95	
Anthem BCBS BlueCard MSP PPO 90	MS10		987	1974	1777	2961	8.00	
Anthem BCBS BlueCard MSP PPO 80	MS11	4	894	1788	1609	2682	7.97	
EAP (Employee Assistance Program)	MEAP		4	4	4	4	0.00	

The monthly rates above are the full costs of the coverage. The employee may be required to pay a portion of the cost based on the hours she/he/they work.

## Dental Plans

Delta Dental has the largest network of dentists nationwide and will be our new dental vendor for 2024. Members will be able to access services in two Delta Dental dentist networks (PPO and Premier) or use out-of-network dentists. Their coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service. That puts your members in charge of making their money go further.

Learn more about what Delta Dental offers in the “Changes for 2024” section below.

We will offer the following Delta Dental plans through the Medical Trust:

		Tier 1	Tier 2	Tier 3	Tier 4 (New)	
Dental	Plan Code	Single	+Spouse*	Family	+Child/ren*	
Delta Dental Premium	DPRE	80	160	144	240	N/A
Delta Dental Basic	DDBA	48	96	86	144	N/A
Delta Dental Comprehensive	DCOM	60	120	108	180	N/A

The monthly rates above are the full costs of the coverage. The employee may be required to pay a portion of the cost based on the hours she/he/they work.

\*The +Spouse and +Child/ren rates include the cost for the Single employee.

## What You Need to Know About Annual Enrollment

During the Medical Trust's Annual Enrollment period:

- Current plan members may change their plan selections for the following year.
  - If the employee intends to have dental coverage through the Medical Trust in 2024, **action is required. They must enroll with Delta Dental, our new vendor. Cigna Dental coverage is going away.**
  - If the employee plans to maintain their current medical coverage, no action is required.
  - If the employee's current medical 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 2024.**
- Eligible non-participating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

## Currently Enrolled Employees

Currently enrolled employees (plan members) will receive an Annual Enrollment letter in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This letter will include information about how to access the enrollment site and their Annual Enrollment dates. Please instruct them to save this letter. In your communications, please encourage your employees to begin reviewing their options and to research plans early.

## **New Hires After Annual Enrollment Begins**

New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment letter mailing list is created will not receive an Annual Enrollment letter; however, they will be able to participate in the Medical Trust's Annual Enrollment through [MyCPG Accounts](#). Their plan selections will carry over into 2024 if they do not make a change during Annual Enrollment. If the employee wishes to make a change to their medical plan enrollment for 2024, if their plan is going away for 2024, or if they wish to enroll in Delta Dental coverage through the Medical Trust in 2024, they will need to log in to MyCPG Accounts or contact their group benefits administrator for assistance. Members may contact our Client Services team for assistance accessing their login credentials.

**IMPORTANT REMINDER:** Members will access the Annual Enrollment website with the same credentials (username and password) they created to access their benefits information on [MyCPG Accounts](#). It is important for all members to create an account on MyCPG Accounts prior to Annual Enrollment if they have not already done so. For assistance, employees may contact CPG Client Services at (800) 480-9967, Monday to Friday, 5:30 AM to 5:00 PM PT, or email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org).

## **Non-participating Employees**

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan may enroll during Annual Enrollment for the 2024 plan year. As Diocesan Benefits Administrator, I must add them. *During our enrollment period please request an enrollment form from me to complete and return by **November 10, 2023** so that newly eligible employees may be added in a timely manner. Otherwise, they will have to wait till annual enrollment in the Fall of 2024 to enroll.*

**NOTE:** As materials are not mailed to potential (i.e., eligible, but not enrolled) members, please send a communication to inform these employees that they and their eligible dependents may enroll, share the plans and rates available to them, and provide them with the applicable legal notices and *Summaries of Benefits and Coverage* available at [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs).

## **Plan Documents**

2024 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details may be found on the Church Pension Group website at [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs).

The base MEDICAL plans for Diocesan Staff, Vicars, and PICs of Mission Congregations are to be the **Anthem BCBS BlueCard PPO 80** or the **Kaiser Permanente EPO 80 Plan**.

1. If a member chooses a higher plan, they must pay the difference between the cost of the Anthem BCBS BlueCard PPO 80 and the plan they choose.
2. It is suggested that the provisions of Paragraph (1) are adopted by all parishes and other organizations in the Diocese.

## **Employee Assistance Program (EAP) with Cigna Behavioral Health**

In addition to the health plans, we offer a stand-alone EAP with Cigna Behavioral Health that you and your related entities may offer to employees who opt out of medical coverage. (Employees who enroll in Medical Trust health coverage are automatically enrolled in Cigna EAP benefits.)

*Note:* If the Cigna EAP is offered on a stand-alone basis, **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 stand-

alone 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 will not have the ability to select the EAP on a stand-alone basis [during Annual Enrollment], enrollments must be completed by the group administrator with MLPS access.

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

Sincerely,

Maria Navarrete  
Human Resources &  
Benefits Administrator  
**831-920-6549** / [maria@realepiscopal.org](mailto:maria@realepiscopal.org)

*This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.*

*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.*