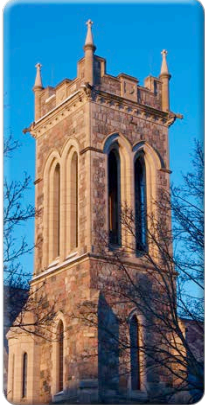




A Century of Service
and Benefits for
the Episcopal Church



CPG — Healthcare is Served



Zee Turnbull
Human Resources Manager
Diocese of Texas

Chipasha Kashoki
Manager, Domestic Account Management – Western
Region
Church Pension Group

October 11, 2018
Diocese of Texas - Annual Enrollment Meeting

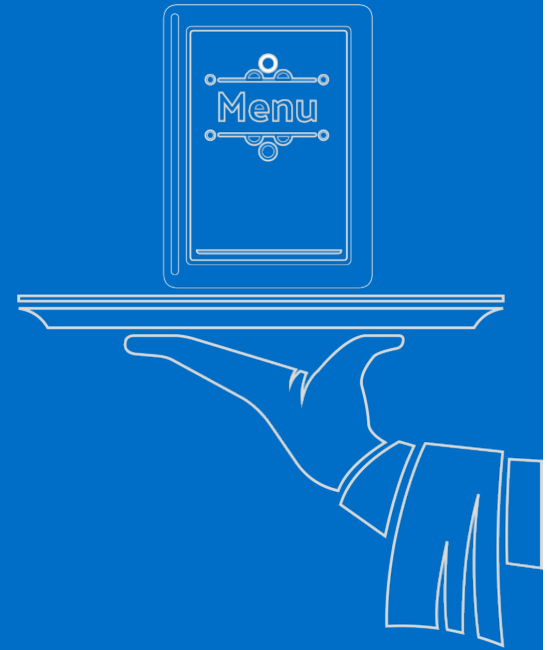
Agenda

- **Plan Types**
- **Annual Enrollment**
- **Medical Trust 2019 Plan Offering**
- **2019 Diocese of Texas Plan Options**
- **Health Savings Accounts**
- **Vision**
- **Behavioral Health**
- **Prescription**
- **Dental**
- **Extra Benefits**



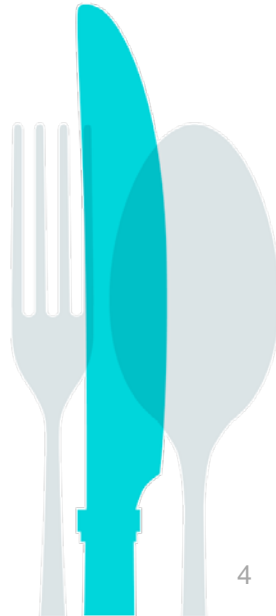
A Menu of Options

Plan Types



PPO (Preferred Provider Organization)

- **Access to BOTH network and out-of-network providers**
- **No referrals required to see specialists**
- **Lower out-of-pocket costs when you use network providers or facilities, including these**
 - Deductibles
 - Coinsurances
 - Annual out-of-pocket limit

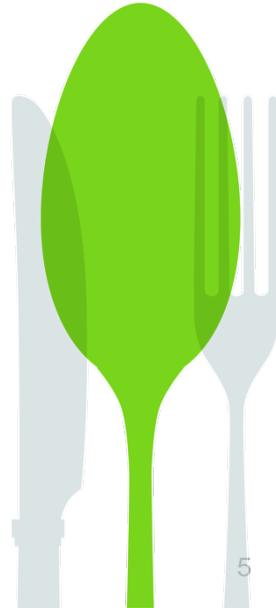


CDHP (Consumer-Directed Health Plan)*

- **The flexibility of a traditional PPO Plan**
- **Works with a Health Savings Account (HSA)**
 - A tax-advantaged account for qualified healthcare expenses

Learn more at www.cpg.org/mtdocs

*Referred to generically as High Deductible Health Plans.



First Course

Annual Enrollment



Why Annual Enrollment?

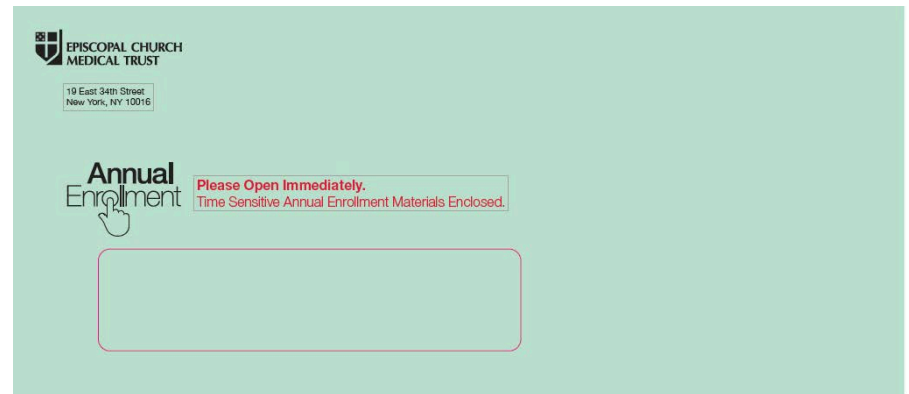
- For 2019, the Medical Trust has changed the name of the annual health and dental benefits enrollment from Open Enrollment to **Annual Enrollment**
 - Like the physical you get each year from your doctor, Annual Enrollment is
 - An opportunity to give your personal and dependent information a “check-up”
 - A chance to review, and if needed, change your coverage for the upcoming year
 - Consistent with best practices in employee health benefits, emphasizing **active participation** each year



What to Expect: Annual Enrollment Packet

Members who are currently employed will make their 2019 benefit selections from mid-October through mid-November 2018

- **Watch your mailbox for the green envelope**
 - Includes complete details and instructions for your enrollment session



Episcopal Diocese of Texas Annual Enrollment Timeline



Sep 12, 2018

Insurance Taskforce Meeting was held

Sep 24, 2018

Customized Packet Mailed & Emailed

Oct 11, 2018

Annual Enrollment Webinar

Oct 15 - Nov 2

Annual Enrollment



Timeline



Sep 26, 2018

**Your
Packet
Mailed**



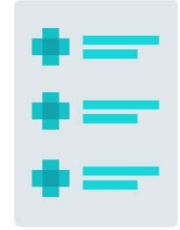
Oct 15, 2018

**Annual
Enrollment
Begins**



Nov 2, 2018

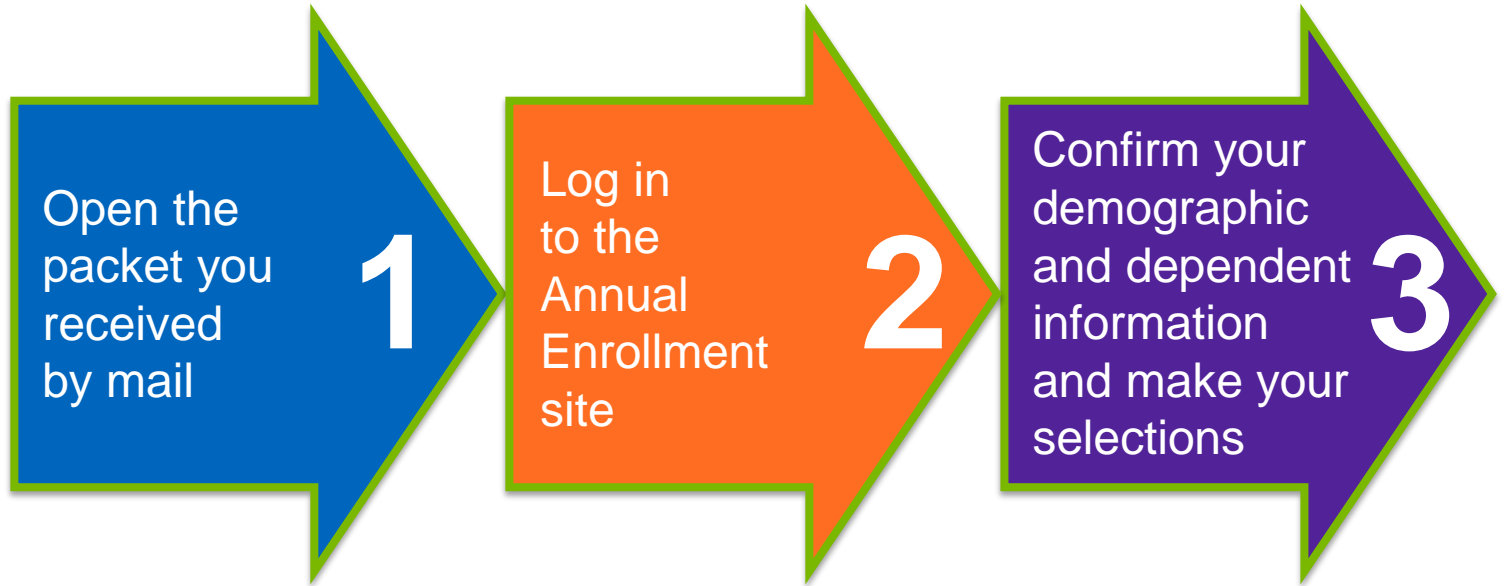
**Annual
Enrollment
Ends**



Jan 1, 2019

**New Plan
Takes
Effect**

Enroll in 3 Easy Steps



www.annualenrollment.cpg.org

Let Health Advocate be Your Guide

- **If choosing a new plan, their representatives can help you**
 - Verify your current providers' network participation
 - Locate new participating providers if desired
 - Determine out-of-pocket cost differences between plans
 - Understand CDHPs and health savings account options



Does Annual Enrollment leave you dazed and confused?

Turn to Health Advocate

Understanding your health benefits can be confusing and time-consuming—especially if your benefits are changing. Health Advocate can answer your benefits questions and help you learn the ins and outs so you can get the most out of your coverage.

Our benefits experts can:

- **Check the networks.** If you have doctors or specialists you like, we can check to make sure they're in the network. If not, we can help you locate a new in-network provider, transfer your medical records, and even make appointments.
- **Explain your share of the costs.** Plans are required to state how much you'll pay out of pocket. We can help you understand the maze of copays, coinsurance and cost-sharing.
- **Make sure your drugs are covered.** We can check to see if the plan's list of covered medications includes those you take regularly, especially if they are expensive.
- **Factor in your dependents.** If you have children under age 30 they can be on your insurance, regardless of their coverage, dependent or marital status. Just a reminder: Policies can no longer exclude people because of pre-existing conditions.

We're not an insurance company. We're Health Advocate. We're not a broker. We're not a health plan provider and not affiliated with any insurance company or third party provider. ©2021 Health Advocate. 1-800-746-1000/508-1000

Turn to us—we can help.

866.695.8622
Email: enroll@HealthAdvocate.com
Visit: [HealthAdvocate.com](https://www.HealthAdvocate.com)

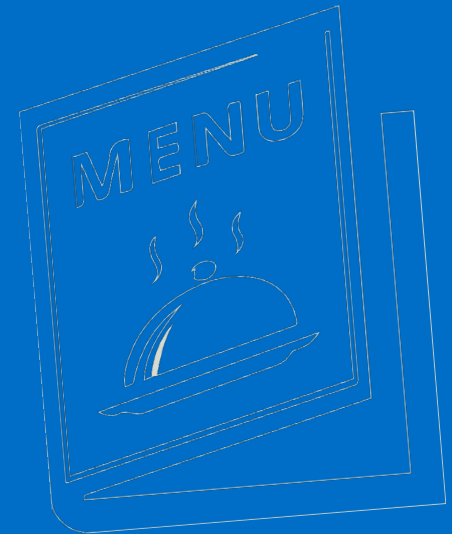
Download the app today!
Available on the App Store and Google Play

HealthAdvocate

Questions & Answers

Menu Changes

Medical Trust
2019 Plan Offering



Health Plans – Anthem and Cigna PPO Migration

- Cigna OAP – (30)
- Anthem PPO 90/70 – (61)
- Anthem PPO MS 90/70 – (1)
- Anthem EPO 80 – (22)

PPO 90

- Anthem PPO 75/50 – (14)

PPO 80

- Anthem PPO 70 SLV – (12)

PPO 70

Your 2019 Diocesan Plan Selection

- **Anthem PPO 90**
- **Anthem PPO 80**
- **Anthem PPO 70**
- **Anthem CDHP 20**
- **Cigna CDHP 20**

2019 PPO 90 Simplification-In Network

Medical Event	Cigna OAP	Anthem PPO 90/70	Anthem EPO 80	PPO 90
Plan Level	Gold	Platinum	Gold	Gold
Deductible	\$500 person \$1,000 family	\$250 person \$500 family	\$350 person \$700 family	\$500 person \$1,000 family
Out-of-Pocket Limit	\$2,500 person \$5,000 family	\$1,750 person \$3,500 family	\$2,350 person \$4,700 family	\$2,500 person \$5,000 family
Office Visit – Primary Care	\$25 copay	\$25 copay	\$25 copay	\$30 copay
Office Visit – Specialist	\$25 copay	\$25 copay	\$25 copay	\$45 copay
Diagnostic Test	20% coinsurance	10% coinsurance	20% coinsurance	10% coinsurance
Urgent Care	\$50 copay	10% coinsurance	20% coinsurance	\$50 copay
Outpatient Surgery	20% coinsurance	10% coinsurance	20% coinsurance	10% coinsurance
Inpatient Hospital Care	\$250 copay, then 20% coinsurance	\$100 copay per day to \$600 max, then 10% coinsurance	20% coinsurance	10% coinsurance

Anthem PPO 75/50 Simplification-In Network

Medical Event	Anthem PPO 75/50	PPO 80
Plan Level	Gold	Gold
Deductible	\$900 person \$1,800 family	\$1,000 person \$2,000 family
Out-of-Pocket Limit	\$4,100 person \$8,200 family	\$3,500 person \$7,000 family
Office Visit – Primary Care	\$35 copay	\$30 copay
Office Visit – Specialist	\$45 copay	\$45 copay
Diagnostic Test	25% coinsurance	20% coinsurance
Urgent Care	25% coinsurance	\$50 copay
Outpatient Surgery	25% coinsurance	20% coinsurance
Inpatient Hospital Care	\$100 copay per day to \$600 max, then 25% coinsurance	20% coinsurance

Anthem 70 SLV PPO-Simplification-In Network

Medical Event	Anthem 70 SLV PPO	PPO 70
Plan Level	Silver	Silver
Deductible	\$3,000 person \$6,000 family	\$3,500 person \$7,000 family
Out-of-Pocket Limit	\$4,000 person \$8,000 family	\$5,000 person \$10,000 family
Office Visit – Primary Care	\$35 copay	\$30 copay
Office Visit – Specialist	\$45 copay	\$45 copay
Diagnostic Test	30% coinsurance	30% coinsurance
Urgent Care	30% coinsurance	\$50 copay
Outpatient Surgery	30% coinsurance	30% coinsurance
Inpatient Hospital Care	\$100 copay per day to \$600 max, then 30% coinsurance	30% coinsurance



Anthem CDHP-20

Cigna CDHP-20

Medical Event	Network	Out-of-Network
Deductible	\$2,700 individual / \$5,450 family	\$3,000 individual / \$6,000 family
Out-of-Pocket Limit	\$4,200 individual / \$8,450 family	\$7,000 individual / \$13,000 family
Office Visit	20% coinsurance (primary care/ specialist) \$0 (preventive care)	45% coinsurance
Diagnostic Tests	20% coinsurance	45% coinsurance
Urgent Care	20% coinsurance	20% coinsurance
Emergency Care	20% coinsurance	20% coinsurance
Outpatient Surgery	20% coinsurance	45% coinsurance
Hospital Stay	20% coinsurance	45% coinsurance



Anthem CDHP-40

Cigna CDHP-40

Medical Event	Network	Out-of-Network
Deductible	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Out-of-Pocket Limit	\$6,000 individual / \$12,000 family	\$10,000 individual / \$20,000 family
Office Visit	40% coinsurance (primary care/ specialist) \$0 (preventive care)	60% coinsurance
Diagnostic Tests	40% coinsurance	60% coinsurance
Urgent Care	40% coinsurance	40% coinsurance
Emergency Care	40% coinsurance	40% coinsurance
Outpatient Surgery	40% coinsurance	60% coinsurance
Hospital Stay	40% coinsurance	60% coinsurance

Questions & Answers

Health Savings Accounts (HSA)

What is an HSA?

- **A health savings account**
 - A tax-exempt account set up to reimburse certain medical expenses
 - Maximum annual contributions set by IRS
- **You may pay for healthcare expenses with a debit card**
- **Can let savings accumulate for future expenses**



Who Is Eligible?

- **Anyone enrolled in a Medical Trust CDHP**
- **Not covered by other medical insurance, including Medicare or TRICARE, with limited exceptions**
 - Can have AFLAC-type coverage
 - Can have separate dental or vision coverage
 - Can have disability coverage

Your Account

- Sets up automatically when you enroll in a CDHP
- Comes with up to three Visa HSA debit cards
- Set-up and monthly fees paid by the Medical Trust*
- Can be used by your spouse and eligible dependents**
- Remember to designate a beneficiary
- Held by HealthEquity www.healthequity.com
 - Call (877) 713-7712 to activate and authenticate personal portal

*If held by HealthEquity only.

**Even if they are not on your CDHP.

Contributing to Your Account

Employer contributions



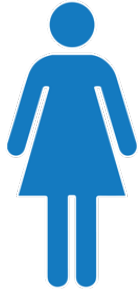
Employee payroll deductions



**Direct deposits by employee
or others**



IRS 2019 Contribution Limits



\$3,500*

Individual



\$7,000*

Family



\$1,000

**Catch-up
55+**

- Excess contributions are taxable to you and you pay a 6% penalty (for each year the excess remains in the HSA)
- Can make additional contributions, or withdraw excess contributions and associated interest, until the tax-filing deadline — generally April 15 of each year**

*These amounts are the total contribution allowed from both the employee and the employer. An additional \$1,000 is allowed if the account holder is age 55+.

**The deadline is adjusted for any extensions to your tax return.

Source: Internal Revenue Service: Revenue Procedure 2017-37. See URL: www.irs.gov/pub/irs-drop/rp-18-30.pdf

The Money in Your Account

- **Doesn't have to be used in any particular year**
- **You can keep using the account even if no longer eligible to contribute**
 - Not enrolled in a CDHP
 - Enrolled in Medicare
- **No taxes on your account distributions if used for qualified healthcare expenses**
 - See IRS Publication 502
 - Includes dental and vision out-of-pocket expenses
 - Includes prescription medications and certain OTC supplies
 - You will pay federal income tax if money used for non-qualified expenses — and a 20% excise tax as a penalty (unless age 65+)

Vision

EyeMed Vision Care — Insight Network

- **\$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**



*Additional charges may apply for contact lens fit and follow-up.

EyeMed Vision Care Benefits

Benefit	Network (cost share)	Out-of-Network (reimbursement)
Exam (with dilation as necessary)	\$0	Up to \$30
Contact Lenses		
Conventional	\$150 allowance; 85% of additional balance	Up to \$100
Disposable	\$150 allowance; plus additional balance	Up to \$100
Fit and follow-up:		
• Standard	Up to \$40	N/A
• Premium	10% off retail	N/A

EyeMed Vision Care Benefits (cont'd.)

Benefit	Network (cost share)	Out-of-Network (reimbursement)
Frames	\$150 allowance; 80% of balance	Up to \$47
Plastic Lenses		
Single Vision	\$10	Up to \$32
Bifocal	\$10	Up to \$46
Trifocal	\$10	Up to \$57
Standard Progressive	Up to \$75	Up to \$46
Premium Progressive	\$95 – \$120	Up to \$46
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A

Behavioral Health

Behavioral Health Benefits

- **Includes outpatient and inpatient benefits**
 - Individual / family / couples / group therapy
 - Substance use disorder
 - Medication management
 - Applied behavioral analysis
 - Colleague group benefits

(Refer to your member handbook for details on these benefits)

- **See your *Summary of Benefits and Coverage* for information on copayments and/or coinsurance**



Accessing Behavioral Health Benefits — PPO Plans (Anthem & Cigna)

- **For members enrolled in a Cigna or Anthem PPO plan**
 - Contact Cigna Behavioral Health 24/7 at (866) 395-7794
 - Visit ***myCigna.com***
 - Replaces dedicated Medical Trust login (***www.cignabehavioral.com***)
- **Preauthorization required for inpatient services and some intensive outpatient services**
- **EAP provided through Cigna Behavioral Health (Anthem & Cigna)**



Accessing Behavioral Health Benefits — CDHPs (Anthem & Cigna)

■ For Anthem members

- Contact Anthem 24/7 at the number on your ID card
- Log into www.anthem.com
- Preauthorization is required for inpatient services and some extensive outpatient services

■ For Cigna members

- Contact Cigna Behavioral Health 24/7 at (866) 395-7794
- Visit myCigna.com

■ EAP provided through Cigna Behavioral Health (Anthem & Cigna)



Employee Assistance Program (EAP)*

- **Up to 10 face-to-face sessions per issue**
- **Confidential**
- **No cost**
- **Telephonic consultations**
- **Available 24 hours a day, 7 days a week**
- **Household benefit**
- **Work/life support, such as eldercare, childcare, and pet care**
- **Certain financial services**
- **Limited legal services**

EAP Online Resources

- **NEW website:** www.mycigna.com
- **Under the “Members” section, click on “Login” to access your benefits**
 - Enter your Employer ID: episcopal (lower case)
 - First-time visitors must register
 - On left-hand side, click on desired topic
 - Click on “Accept” for the privacy policy

The screenshot shows the Cigna website's Employee Assistance Program (EAP) page. At the top, there are navigation tabs for 'My Plans' and 'My Health', along with user information for 'Hi Richard' and links for 'Profile', 'Support Center', 'Forms', 'Escape/Id', and 'Log Out'. A search bar is located in the top right corner. Below the navigation, there are four main menu items: 'REVIEW MY COVERAGE', 'MANAGE CLAIMS & BALANCES', 'FIND PROVIDERS AND COSTS', and 'ESTIMATE HEALTH CARE COSTS'. The main content area is titled 'Employee Assistance Program (EAP)' and includes a 'Coverage Period' of 01/01/2018 - 12/31/2018. A description states: 'Your home and work lives impact your health. That's why Cigna's EAP provides access to licensed clinicians to help you cope with a wide variety of challenges, from family and job issues to substance use and emotional health.' Below this, it notes 'Cost: No cost to you as part of your employer's program.' and 'Maximum visits with a licensed in-network counselor: Each person may use up to 10 visit(s) per issue per plan year.' There are five service icons: 'Share EAP with someone in your household', 'Live chat with a Cigna EAP consultant (M-F, 9 a.m.-8 p.m. ET)', 'Schedule a phone call with a Cigna EAP consultant', 'Get an authorization to visit a licensed EAP counselor', and 'Find a licensed EAP counselor near you'. On the right side, there is a 'NEED HELP?' section with a 'Visit the Support Center' button and two phone icons with text: 'For help finding something on the site please call 1-800-853-2713' and 'For help with plan and coverage information please call 1-800-244-6224'. A 'VIEW MORE' link is at the bottom of this section. At the bottom of the page, there is an 'About Cigna's EAP Services' section with a brief description and a link to 'Work/Life Resources'.

Prescription

Express Scripts* — Standard Plan (Anthem and Cigna)

Item	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$10 copay	Up to \$25 copay
Preferred Brand-Name	Up to \$40 copay	Up to \$100 copay
Non-Preferred Brand-Name	Up to \$80 copay	Up to \$200 copay
Dispensing Limits	Up to 30-day supply	Up to 90-day supply

*In early 2018, Cigna announced its intention to acquire Express Scripts. The acquisition, expected to be complete by December 31, 2018, is not expected to affect the customer experience of existing or new Express Scripts members.



Express Scripts* — CDHP–20 (Anthem and Cigna)

Item	Retail and Home Delivery
Deductible (combined with medical deductible)	\$2,700 individual / \$5,450 family
Generic	15% coinsurance after deductible
Preferred Brand-Name	25% coinsurance after deductible
Non-Preferred Brand-Name	50% coinsurance after deductible
Dispensing Limits	Up to 30-day supply (retail) or 90-day supply (home delivery)

*In early 2018, Cigna announced its intention to acquire Express Scripts. The acquisition, expected to be complete by December 31, 2018, is not expected to affect the customer experience of existing or new Express Scripts members.

Questions & Answers

Dental

Cigna Dental Plans Compared

Event	Preventive Dental	Basic Dental	Dental & Orthodontia
Annual DPPO & OON Deductible	None	\$50 individual / \$150 family	\$25 individual / \$75 family
Annual Benefit Maximum	\$1,500	\$2,000	\$2,000
Preventive & Diagnostic	You pay \$0	You pay \$0	You pay \$0
Basic Restorative	You pay 20% coinsurance	You pay 15% coinsurance	You pay 15% coinsurance
Major Restorative	You pay 99% coinsurance	You pay 50% coinsurance	You pay 15% coinsurance
Orthodontia	You pay 99% coinsurance	Not covered	You pay 50% coinsurance (separate \$1,500 lifetime limit)

Dessert

Extra Benefits!



Health Advocate

- **Private, confidential assistance from experienced healthcare professionals**
- **Health Advocate can help you**
 - Find a doctor and schedule an appointment
 - Navigate a complex healthcare system
 - Receive continuity of care via one point of contact
 - Help you evaluate plan choices for the coming year
- **Available to**
 - You, your spouse or domestic partner, dependent children, parents, and parents-in-law

To Access Health Advocate

- Call (866) 695-8622
- Email answers@HealthAdvocate.com



CLIENT CASE STUDY

Providing a single point of contact to increase engagement



MEMBER SUCCESS STORY

Support after a cancer diagnosis



MEMBER SUCCESS STORY

Preparing for an upcoming surgery



CLIENT CASE STUDY

Employer dealing with an impaired employee

View member video at: www.healthadvocate.com/ecmt

Amplifon Hearing Health Care

- Largest provider of hearing healthcare benefits in the U.S.
- Nationwide network of hearing healthcare providers
- Provides discounts on 2800 hearing aid models from leading manufacturers
- Available to you, your spouse, dependents, parents, and parents-in-law
- Call (866) 349-9055 or visit www.amplifonusa.com



UnitedHealthcare Global Assistance

- **24/7 medical help outside the U.S.***
 - Referrals and scheduling treatment
 - Insurance information and medical records
 - Replacing prescriptions, eyeglasses, and medical devices
 - Replacement of lost or stolen travel documents
 - Emergency travel funds
 - Arrangements for emergency medical evacuation



To Access UnitedHealthcare Global Assistance

- Visit www.uhcglobal.com/global-assistance/
 - Call (800) 527-0218
- **Outside the U.S.**
 - Call collect (410) 453-6330
 - Email Assistance@uhcglobal.com

Questions & Answers

Q&A

**Frequently
Asked
Questions**

“ Are there any changes to my coverage for next year? ”





“ Can you help me compare my current plan to the choices for next year? ”



“ I’d like to keep my current plans, and I don’t have any changes to make. Do I need to do anything? ”



“ I missed the enrollment deadline. Can you help with that? ”



Member Resources

- Dio. of Texas— www.epicenter.org/benefits
- Zee Turnbull – Diocesan Benefits
 - (713) 353-2120
 - zturnbull@epicenter.org
- Maleree Tunson– Diocesan Benefits
 - (713) 353-2148
 - mtunson@epicenter.org
- Client Services Member Services
 - (800) 480-9967
 - admin-assist@cpq.org

Don't Forget to...

- Choose your medical and/or dental plans
 - If your current plan won't be offered for 2019, you **must** select a new plan or you will not have coverage for 2019!
- Enroll your eligible dependents if appropriate
- Register on vendor sites
- Take advantage of your extra benefits



Important Notice

Please note that this presentation is provided for informational purposes only and should not be viewed as an offer of coverage, legal, medical, tax, or other advice. Please consult with your own professional advisor for further guidance. In the event of a conflict between this presentation and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate, or modify the terms of any benefit plans described in this presentation at any time, for any reason, and, unless required by law, without notice.



For your participation and feedback!

Please take a moment to complete
a brief online survey.

We value your input to ensure
sessions like this are truly helpful.

Here is the survey link:

cpg.org/ibamslearn