

Diocese of West Tennessee Member Education



Courtney Whittington Account Specialist

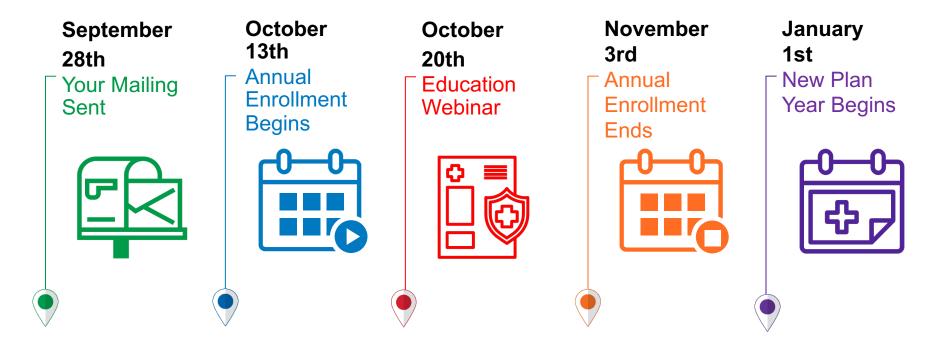
October 20th, 2021



Roadmap for Today...

- Annual Enrollment
- Plans and Benefits
- Additional Resources
- Additional Benefits

Timeline





The Travel Guide to Well-being

What do you most want to learn about today?

- Types of medical plans
- Medical plan details
- Behavioral health
- Cigna Employee Assistance Program
- Prescriptions
- Vision
- Hearing
- Care Management Program
- Telehealth and virtual visits (COVID-19 update)
- Health Advocate



E Step 1: Learn

Learn about your 2022 options

cpg.org/annualenrollment





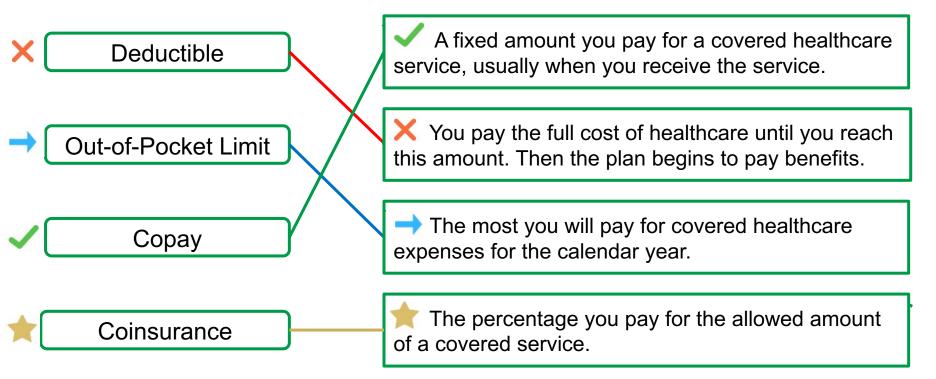
Customized content

- Active members
- Early retirees
- Retirees





Medical Plan Details



E Learn About Your 2022 Medical Plan Options

Your employer offers these medical plan types



Preferred Provider Organization (PPO)



Consumer-Directed Health Plan (CDHP)



An account you use to pay your share of eligible healthcare expenses



- No taxes on your contributions
- No taxes on money used for eligible healthcare expenses
- Tax-free interest and investment earnings (depending on account balance)



- Save for future healthcare expenses
- Your HSA is portable—you can take it with you

E Health Savings Account Contributions

How much can you contribute in 2022?



\$3,650
The total contribution allowed from both you and your employer



Family

\$7,300
The total contribution allowed from both you and your employer



\$1,000
The additional amount allowed if you are age 55+

Catch-up (age 55+)



Anthem PPO 80 | Cigna PPO 80

	Network	Out-of-Network	
Deductible	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family	
Out-of-Pocket Limit	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family	
Office Visit	\$30 copay (primary care)	50% coinsurance	
	\$45 copay (specialist)		
	\$0 (preventive care)		
Diagnostic Tests	20% coinsurance	50% coinsurance	
Urgent Care	\$50 copay	\$50 copay	
Emergency Care	\$250 copay	\$250 copay	
Outpatient Surgery	20% coinsurance	50% coinsurance	
Hospital Stay	20% coinsurance	50% coinsurance	
Behavioral Health (outpatient)	\$30 copay	30% coinsurance	

Anthem PPO 90 | Cigna PPO 90

	Network	Out-of-Network	
Deductible	\$500 individual / \$1,000 family	\$1,000 individual / \$2,000 family	
Out-of-Pocket Limit	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family	
Office Visit	\$30 copay (primary care)	50% coinsurance	
	\$45 copay (specialist)		
	\$0 (preventive care)		
Diagnostic Tests	10% coinsurance	50% coinsurance	
Urgent Care	\$50 copay	\$50 copay	
Emergency Care	\$250 copay	\$250 copay	
Outpatient Surgery	10% coinsurance	50% coinsurance	
Hospital Stay	10% coinsurance	50% coinsurance	
Behavioral Health (outpatient)	\$30 copay	30% coinsurance	

Anthem PPO 100 | Cigna PPO 100

	Network	Out-of-Network	
Deductible	\$0 individual / \$0 family	\$500 individual / \$1,000 family	
Out-of-Pocket Limit	\$2,000 individual / \$4,000 family	\$4,000 individual / \$8,000 family	
Office Visit	\$30 copay (primary care)	50% coinsurance	
	\$45 copay (specialist)		
	\$0 (preventive care)		
Diagnostic Tests	\$0 copay	50% coinsurance	
Urgent Care	\$50 copay	\$50 copay	
Emergency Care	\$250 copay	\$250 copay	
Outpatient Surgery	\$200 copay	50% coinsurance	
Hospital Stay	\$250 copay	50% coinsurance	
Behavioral Health (outpatient)	\$30 copay	30% coinsurance	

Anthem CDHP-15* | Cigna CDHP-15*

	Network	Out-of-Network
Deductible	\$1,400 individual / \$2,800 family	\$2,800 individual / \$5,600 family
Out-of-Pocket Limit	\$2,400 individual / \$4,800 family	\$4,800 individual / \$9,600 family
Office Visit	15% coinsurance (primary care / specialist) \$0 (preventive care)	40% coinsurance
Diagnostic Tests	15% coinsurance	40% coinsurance
Urgent Care	15% coinsurance	15% coinsurance
Emergency Care	15% coinsurance	15% coinsurance
Outpatient Surgery	15% coinsurance	40% coinsurance
Hospital Stay	15% coinsurance	40% coinsurance
Behavioral Health (outpatient)	15% coinsurance	40% coinsurance

^{*}If you have family members enrolled in the plan, the family deductible must be met before the plan begins to pay for any covered member, and the family out-of-pocket limit must be met before the plan begins to pay 100% of eligible services.

Anthem CDHP-20 | Cigna CDHP-20

	Network	Out-of-Network
Deductible	\$2,800 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)	45% coinsurance
	\$0 (preventive care)	
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
Behavioral Health (outpatient)	20% coinsurance	45% coinsurance

Anthem CDHP-40 | Cigna CDHP-40

	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)	60% coinsurance
	\$0 (preventive care)	
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
Behavioral Health (outpatient)	40% coinsurance	60% coinsurance

E Hearing Aid Benefits

Benefit allowance and hearing aid device discounts

Active Benefit Allowance and Hearing Aid Device Discount

Health Plan

All active plans:
Anthem and Cigna

Maximum benefit of \$1,500 per ear every three years

Prescription Drug Benefits

Express Scripts—PPOs: Premium Plan

	Retail	Home Delivery
Deductible	None	None
Generic	Up to \$5 copay	Up to \$12 copay
Preferred Brand-name	Up to \$30 copay	Up to \$75 copay
Non-preferred Brand-name	Up to \$60 copay	Up to \$150 copay
Dispensing Limits	Up to 30-day supply*	Up to 90-day supply

Prescription Drug Benefits

Express Scripts—CDHP-15

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$1,400 individual / \$2,800 family
Generic	15% coinsurance after deductible
Preferred Brand-name	15% coinsurance after deductible
Non-preferred Brand-name	15% coinsurance after deductible
Dispensing Limits	Up to 30-day supply* (retail) or 90-day supply (home delivery)

Prescription Drug Benefits

Express Scripts—CDHP-20

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$2,800 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)

Prescription Drug Benefits

Express Scripts—CDHP-40

	Retail and Home Delivery
Deductible (combined with medical deductible)	\$3,500 individual / \$7,000 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)

Core Medical Plan Benefits

E The Episcopal Church Medical Trust



A plan created with you in mind





Benefits are important when I am sick



Regular checkups help me stay healthy



Staying in my health plan's network may help me save money



The Medical Trust administers my benefits



Preventive Plan

	DPPO Advantage	DPPO and Out-of-Network
Deductible	\$0 individual / \$0 family	\$0 individual / \$0 family
Annual Benefit Limit	\$1,500	\$1,500
Preventive and Diagnostic Services	No charge	No charge
Basic Restorative Services	20% coinsurance	20% coinsurance
Major Restorative Services	99% coinsurance	99% coinsurance
Orthodontia Services	99% coinsurance	99% coinsurance

Basic Plan

	DPPO Advantage	DPPO and Out-of-Network
Deductible	\$0 individual / \$0 family	\$50 individual / \$150 family
Annual Benefit Limit	\$2,000	\$2,000
Preventive and Diagnostic Services	No charge	No charge
Basic Restorative Services	15% coinsurance	15% coinsurance
Major Restorative Services	50% coinsurance	50% coinsurance
Orthodontia Services	Not covered	Not covered

Dental and Orthodontia* Plan

	DPPO Advantage	DPPO and Out-of-Network
Deductible	\$0 individual / \$0 family	\$25 individual / \$75 family
Annual Benefit Limit	\$2,000	\$2,000
Preventive and Diagnostic Services	No charge	No charge
Basic Restorative Services	15% coinsurance	15% coinsurance
Major Restorative Services	15% coinsurance	15% coinsurance
Orthodontia Services	50% coinsurance	50% coinsurance

^{*}Orthodontia services have a separate limit of \$1,500 per lifetime per person.

Cigna Dental Oral Health Integration Program (OHIP) =

24/7 customer service, no additional charge

Phone: (800) CIGNA24



- Enroll or find complete program terms and eligible medical conditions
- Qualified members get reimbursed 100% of coinsurance for certain related dental procedures
- OHIP reimbursements not subject to the annual deductible
- Plan annual maximum will apply

https://www.cigna.com/individuals-families/member-resources/





Step 2: Evaluate Your 2022 Options

Are your benefits aligned with your changing needs?



Points to consider

- Use of healthcare
- Provider choice



Out-of-pocket costs

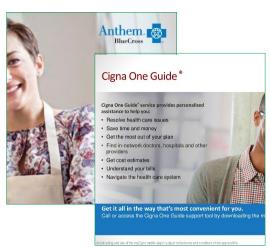
- Individual and family deductibles and out of pocket limits
- Hospital stays
- Annual and lifetime maximums
- Copays and coinsurance



E Anthem Health Guide and Cigna One Guide

With one phone call, access help for variety of health situations to ensure the right care at the right time and the right cost.

Anthem Health Guide



Cigna One Guide



- Confirm coverage of various services
- Understand authorizations required for certain treatments
- Get answers to other questions that may arise

Contact Information

- Anthem:
 - Call (866) 236-4365, Mon Fri, 8:00 AM to 8:00 PM ET
 - Secure email or Chat: Log in at anthem.com
- Cigna:
 - Call (800) 244-6224 to speak with a Cigna One Guide representative today



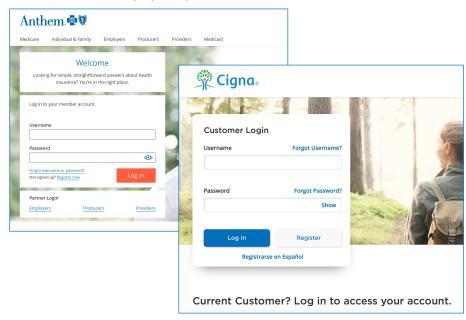




Connecting with Your Benefits

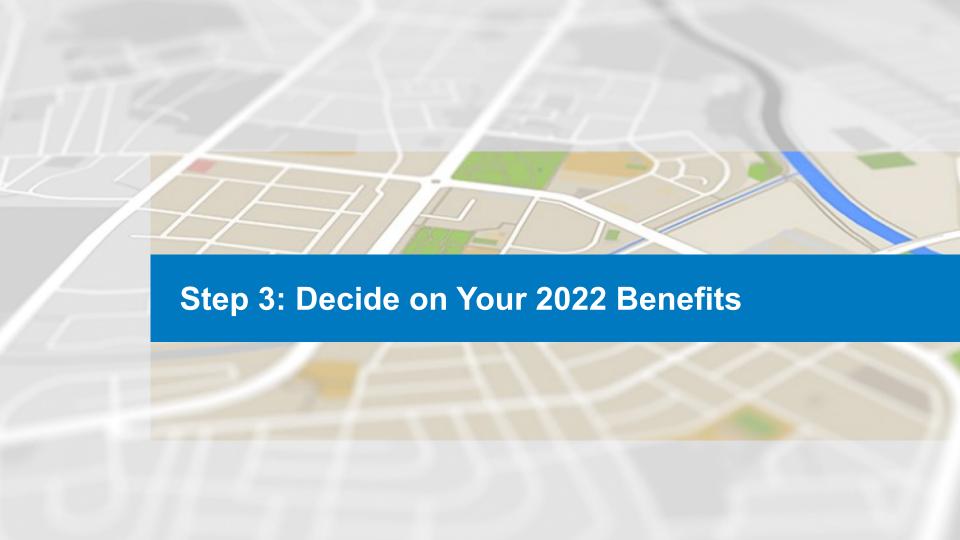
Anthem BCBS | Cigna

Anthem.com | (844) 812-9207



mycigna.com | (800) 244-6224

- Find a network provider
- Register for health and wellness programs
- Submit claims and check claims status
- Price medications
- Access telehealth
- Use member app and social media channels
- ...and more!



Step 3: Decide

2022 Annual Enrollment will happen between early October 13th and November 3rd

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



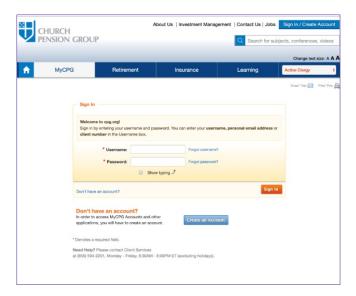


Session 1 Mailing Date: September 28th



Login

Annual Enrollment Website





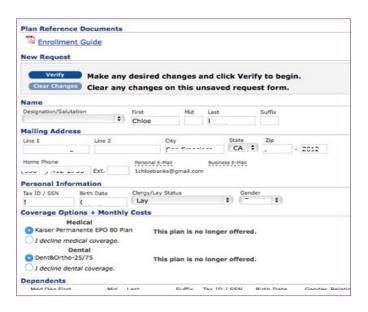
When you login, you'll find:

- Your personal details
- Your plan options
- Plan comparison table for your group



== Enroll

Benefit Selections, Dependents, and Contact Information





Submit your elections and save or print your confirmation.

Make your benefit selections:

- Medical
- Dental (if offered by group)
- Review and update your personal and dependent information

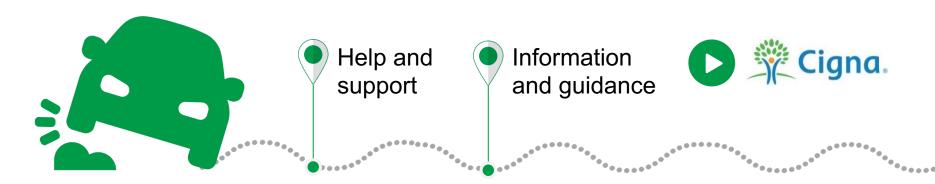




Cigna Employee Assistance Program

≡ For the Bumps in the Road

The Employee Assistance Program is here for you



EAP Overview

The Employee Assistance Program is here for you



What it includes

- Up to 10 face-to-face sessions per issue with a Cigna EAP provider
- Unlimited telephonic consultations
- Available to everyone in your household, whether or not they are enrolled in a Medical Trust plan



Getting in touch

- (866) 395-7794
- mycigna.com



Additional points

- Confidential
- No cost to you
- 24/7 availability

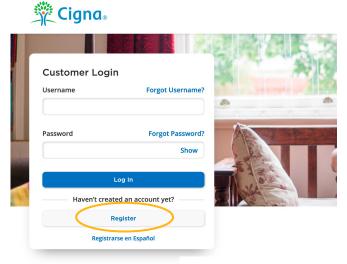


Cigna Employee Assistance Program (EAP)

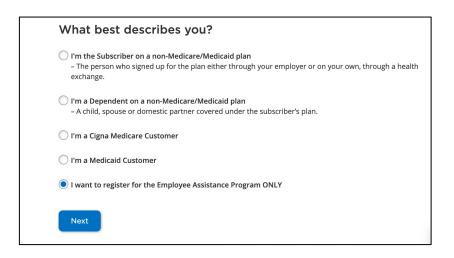
E Accessing Cigna EAP Resources Online

Under "Coverage" menu, click on "Employee Assistance Program"

mycigna.com













Cigna Employee Assistance Program (EAP)

Benefits Enhancement

Get Real Support for Real Life with Talkspace

- EAP customers can now use their EAP benefits to connect with Talkspace therapists via messaging or live video sessions
- Engaging with a Talkspace therapist is subject to the same session limits and an EAP code^{*} is needed to begin, just as with any other EAP network counseling sessions



For Help with Mental Health or Substance Abuse

Anthem BCBS | Cigna



Benefit highlights

- Outpatient therapies
- Inpatient services
- Medication management



Please note

 Preauthorization may be required for certain services







Benefits Overview

EyeMed Insight Network



Benefit highlights

- Zero copay for annual visit
- \$150 allowance for frames or contact lenses
- Discounts on products/services



Things to remember

- Benefit through
 EyeMed Vision Care's
 Insight Network
- Broad provider network



To learn more

- (866) 723-0513
- eyemedvisioncare.com/ ecmt
- EyeMed mobile app (download from Apple Store® or Google Play™)



Telehealth, Virtual Visits, and COVID-19 Updates

Ξ Care from the Safety and Convenience of Your Home Ξ

24/7/365 access to board-certified physicians



Anthem Cigna
livehealthonline.com my.cigna.com

- Member cost shares waived for services received through December 31, 2022
- Access a medical professional through telehealth platforms offered by Anthem or Cigna
- Connect through your computer or mobile device with the type of doctor you select
- Secure, private chat by video or phone with an available provider in minutes
- Obtain prescriptions for certain medications





Care from the Safety and Convenience of Your Home≡

Talk to your healthcare provider



Anthem Cigna
livehealthonline.com my.cigna.com

- Removed plan exclusions permanently to allow virtual visits
- Covered at the usual in-person office visit cost share
- Have an online appointment with your personal healthcare provider
- Connect by video or phone per your provider's choice (e.g., Zoom, Skype, telephonic)
- Obtain prescriptions for certain medications







COVID-19 Update

Evaluation, Testing, and Treatment E

COVID-19 Healthcare Services

- Copayments, deductibles, and coinsurance fees waived through December 31, 2022 for COVID-19-related healthcare services
 - Evaluation
 - Testing
 - -Treatment

Global Assistance

Health Advocate and UnitedHealthcare

== Helping You Navigate the Complexities of Healthcare \equiv



What it includes

- Private, confidential assistance
- Understanding and troubleshooting claims
- Appeals support
- And so much more



Getting in touch

- (866) 695-8622
- HealthAdvocate.com /ecmt

Benefit Overview

24-hour assistance while traveling



What it includes

- 24/7 assistance when 100+ miles away home or outside of the U.S.
- Referrals and scheduling of treatment
- Assist with replacing prescriptions, stolen/lost travel documents
- Emergency travel resources



Getting in touch

- United States: (800) 527-0218
- Outside the U.S. call collect: (410) 453-6330
- assistance@ uhcglobal.com



Preparing for Your Journey

Your Checklist



- ✓ Learn how your healthcare benefits work
- Enroll in the benefits that best meet your needs:
 - ☑ Consider your and your family's healthcare needs for 2022
 - Compare your options and costs
 - ☑ Enroll by the deadline
- Review and update your personal and dependent information

Thank you for your participation and feedback!

Please take a moment to complete a brief online survey.

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

Here is the survey link:

cpg.org/ibamslearn

Preparing for Your Journey

Disclaimers

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.

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