

Dear Medical Trust Participants,

VERY IMPORTANT: This year open enrollment is an ACTIVE enrollment period. What does this mean for you... There will be a change in the dental provider in 2024 therefore to continue to be enrolled in the dental plan you must log into your CPG account to select the new dental plan. The cost for the dental plan we have chosen for the diocese remains the same but with more robust benefits.

Below you will find important details about our 2024 health benefits offerings and Annual Enrollment process. Please share this information with your employees.

Our online Annual Enrollment for 2024 will run from October 26 – November 16, 2023.

We encourage you to explore the plans offered and to go online during the Annual Enrollment to check your information, including name, address, dependents, plan selections, etc. Below are the medical and dental plans we offer through The Episcopal Church Medical Trust:

<i>Medical & Dental Plans / Monthly Rates</i>	Single	Employee plus Spouse	Employee and child	Family
Anthem BCBS PPO 100	\$1,384	\$2,768	\$2,491	\$4,152
Anthem BCBS PPO 90	\$1,241	\$2,482	\$2,234	\$3,723
Anthem BCBS CDHP 15/HSA	\$1,088	\$2,176	\$1,958	\$3,264
Anthem BCBS CDHP 20/HSA	\$970	\$1,940	\$1,746	\$2,910
Delta Dental Premium PPO	\$57	\$114	\$103	\$171

The primary plan for the Diocese of Bethlehem will remain the ***Anthem BCBS BlueCard PPO 90***. This plan will be fully covered by the employer for full time employees or as according to your agreement.

If you choose the ***Anthem BCBS BlueCard PPO 100*** plan, your contribution will be the amount above the cost to the employer for the primary plan for the Diocese of Bethlehem as shown below:

<i>Employee cost for the Anthem BCBS PPO 100</i>	Single	Employee plus Spouse	Employee and child	Family
Monthly	\$143	\$286	\$257	\$429
Annually	\$1,716	\$3,432	\$3,084	\$5,184

If you choose the ***Anthem BCBS CDHP HSA plan***, your employer will be obligated to make contributions to your Health Savings Account on a quarterly basis. These contributions will be as follows:

<i>Employer contribution to Health Savings Account</i>	15 / HSA Quarterly	15 / HSA Annually	20 / HSA Quarterly	20 / HSA Annually
Single	\$400.00	\$1,600.00	\$800.00	\$3,200.00
Employee Plus	\$800.00	\$3,200.00	\$1,362.50	\$5,450.00

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 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.

The Plan Comparisons Are Attached.

Please take the time to review the plan comparisons carefully. If you need help understanding your plan options, or want to ensure that your healthcare providers are in the networks you are considering, Health Advocate is ready to assist you. To access Health Advocate, visit their website at www.members.healthadvocate.com or call (866) 695-8622. Offices are open weekdays, 8:00AM to 7:00PM ET.

Plan Documents

2024 *Summaries of Benefits and Coverage*, *Annual Enrollment Guide*, and Plan Document Handbooks have more information about the available plans and may be found on the Church Pension Group website at www.cpg.org/mtdocs. You can use the “Mail It” option to receive a free paper copy of the *Summaries of Benefits and Coverage*.

If you have any questions or concerns, please contact Paula Lapinski at 610-691-5655 x 222.