Dear Medical Trust Participants,

While open enrollment is a passive enrollment period (meaning you will automatically be re-enrolled if you do not make any changes), I encourage you to log into your myCPG account and review your details.

Below you will find additional important details about our 2026 health benefits offerings and the Annual Enrollment process. Please share this information with your eligible employees and treasurers.

**Our online Annual Enrollment for 2026 will run from October 15 – November 7, 2025.**

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:

| ***Medical & Dental Plans / Monthly Rates*** | **Single** | **Employee plus Spouse** | **Employee and child** | **Family** |
|---|---|---|---|---|
| **Anthem BCBS PPO 100** | $1,630 | $3260 | $2,934 | S4,890 |
| **Anthem BCBS PPO 90** | $1,320 | $2,640 | $2,376 | $3,960 |
| **Anthem BCBS PPO 70** | $1,020 | $2,040 | $1,836 | $3,060 |
| **Anthem BCBS CDHP 15/HSA** | $1,070 | $2,140 | $1,926 | $3,210 |
| **Anthem BCBS CDHP 20/HSA** | $953 | $1,906 | $1,715 | $2,859 |
| **Delta Dental Premium PPO** | $71 | $142 | $128 | $213 |
| **Delta Dental Comprehensive** | $53 | $106 | $95 | $159 |

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:

| ***Employee cost for the Anthem BCBS PPO 100*** | **Single** | **Employee plus Spouse** | **Employee and child** | **Family** |
|---|---|---|---|---|
| **Monthly** | $310 | $620 | $558 | $930 |
| **Annually** | $3,720 | $7,440 | $6,696 | $11,160 |

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:

| ***Employer contribution to Health Savings Account*** | **15 / HSA Quarterly** | **15 / HSA Annually** | **20 / HSA Quarterly** | **20 / HSA Annually** |
|---|---|---|---|---|
| **Single** | $425.00 | $1,700.00 | $850.00 | $3,400.00 |
| **Employee Plus** | $850.00 | $3,400.00 | $1,700.00 | $6,800.00 |

**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 2026.
- 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**

2025 *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.