



# THE EPISCOPAL DIOCESE OF NORTH CAROLINA

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August 26, 2022

TO: Rectors/Vicars, Sr. Wardens, and Treasurers

FROM: Maria Gillespie, Chief Financial Officer

SUBJECT: 2023 Healthcare Insurance Premiums

This letter contains important information about the 2023 healthcare benefit offerings and the Annual Enrollment process. Please share this information with your employees. You can also find this information on the Diocesan website at: [www.episdionc.org/insurance](http://www.episdionc.org/insurance)

**Annual Enrollment period for 2023 will run from October 26 - November 16, 2022.**

## Healthcare Plans

We will be offering the following Healthcare plans to our employees in 2023 through The Episcopal Church Medical Trust.

### 2023 Monthly Medical Insurance Premiums: (All Medical Insurance Plans through Anthem BlueCross BlueShield)

Plan Name	Single	Plus Spouse	Plus Child	Family	% Increase
Anthem BCBS High Deductible 15/HSA	1,030.00	1,854.00	1,854.00	2,884.00	4.68%
Anthem BCBS High Deductible 20/HSA	800.00	1,440.00	1,440.00	2,240.00	5.12%
Anthem BCBS High Deductible 40/HSA	747.00	1,345.00	1,345.00	2,092.00	5.22%
Anthem BCBS BlueCard PPO 70	962.00	1,732.00	1,732.00	2,694.00	3.69%
Anthem BCBS BlueCard PPO 80	1,065.00	1,917.00	1,917.00	2,982.00	4.71%
Anthem BCBS BlueCard PPO 90	1,173.00	2,111.00	2,111.00	3,284.00	4.63%
Anthem BCBS BlueCard <b>MSP</b> PPO 70 (Age 65+. Employer: 19 or fewer Employees)	775.00	1,395.00	1,395.00	2,170.00	4.73%
Anthem BCBS BlueCard <b>MSP</b> PPO 80 (Age 65+. Employer: 19 or fewer Employees)	852.00	1,534.00	1,534.00	2,386.00	4.69%
Anthem BCBS BlueCard <b>MSP</b> PPO 90 (Age 65+. Employer: 19 or fewer Employees)	935.00	1,683.00	1,683.00	2,618.00	4.70%

### 2023 Monthly Dental Premiums:

Plan Name	Single	Plus Spouse	Plus Child	Family	% Increase
Cigna Preventive Dental DDPV	37.00	67.00	67.00	104.00	0.00%
Cigna Basic Dental 50/150 DD50	63.00	113.00	113.00	176.00	0.00%
Cigna Dental & Ortho 25/75 DD25	82.00	148.00	148.00	230.00	0.00%

**2023 Monthly Employee Assistance Program (EAP) Premium:** (Employees enrolled in the Episcopal Church Medical Trust Plans automatically receive this benefit. EAP Only Coverage applies to employees that are eligible to participate, but have elected not to enroll in a Medical Plan with the Episcopal Church Medical Trust.)

Plan Name	Single	Plus Spouse	Plus Child	Family	% Increase
EAP Only - Cigna	4.00	4.00	4.00	4.00	0.00%

Life Insurance and Pension are mandatory for all eligible employees (regularly scheduled to work at least 20 hours/week or 1,000 hours a year). The Diocese renegotiated the life insurance contract in 2018 lowering the premium to \$.25/thousand. The amount of coverage should be equal to one year's pension based compensation to the maximum amount of \$150,000 for eligible clergy and lay employees.

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## WHAT YOU NEED TO KNOW ABOUT ANNUAL ENROLLMENT

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### DURING THE ANNUAL ENROLLMENT PERIOD

- Current plan members may change their plan selections for the following year.
- 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 brochure in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This brochure will include their Client ID number, which they'll need to enroll. Please instruct them to save this brochure. It also includes their Annual Enrollment dates, a checklist, what's changing for 2023, benefit reminders, and how to enroll. In your communications, please encourage your employees to begin reviewing their options and to research plans early.

**IMPORTANT NOTE:** For 2023, you will use the same username and password you created on MyCPG Accounts to access the Annual Enrollment website. If you have not already created an account on MyCPG Accounts, please do so before Annual Enrollment begins. (You will need your Client ID number to create an account.) For assistance, contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org).

### 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 the enrollment website. Their plan selections will carry over into 2023 if they do not make a change during Annual Enrollment. If the employee wishes to make a change to their plan enrollment for 2023, they will need to log in to the Annual Enrollment website or contact us at [benefits@episdionc.org](mailto:benefits@episdionc.org) for assistance. Members may contact the CPG Client Services team to access their Client ID number.

### NON-PARTICIPATING EMPLOYEES

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan may enroll during the Annual Enrollment Period for the 2023 plan year. If you are a parish administrator with access to the CPG MAP, then please set the employee up in the CPG system first and then submit a completed enrollment form to the diocese as the enrollment process must be handled by the diocesan plan administrator. Please submit all new enrollment forms to the diocesan benefits office email [Benefits@episdionc.org](mailto:Benefits@episdionc.org) by October 26, 2022.

**NOTE:** Materials are not mailed to potential 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 direct them to applicable legal notices and *Summaries of Benefits and Coverage* available at [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs)

### PLAN DOCUMENTS

2023 Summaries of Benefits and Coverage and Plan Document Handbooks containing more information about the available plans may be found on the Church Pension Group website at [www.cpg.org/mtdocs](http://www.cpg.org/mtdocs). Please remember that you are responsible for providing newly eligible employees with a copy of all applicable Regulatory Notices and Summaries of Benefits and Coverage.

### NEW PLANS

There are no new plans year for 2023. Please note that there are no changes to our current plan options for the coming year. However, members are encouraged to log in to their MyCPG Accounts during Annual Enrollment.

### FOR ADVICE ON SELECTING A HEALTHCARE PLAN, CONTACT HEALTH ADVOCATE

Health Advocate representatives can help all members review their 2023 plan choices. Call (866) 695-8622, 24 hours a day, 7 days a week. Normal business hours are Monday through Friday, 8:00AM - 9:00PM ET.

## EMPLOYEE ASSISTANCE PROGRAM (EAP) WITH CIGNA BEHAVIORAL HEALTH

In addition to the health plans, we offer a stand-alone EAP that you may elect to offer to your employees who opt out of medical coverage. (The EAP benefit is included with the medical plans)

**NOTE:** If the EAP is offered on a stand-alone basis, the employer must pay for the EAP-only coverage. Requiring employees to contribute towards the cost of the EAP-only coverage would violate the Affordable Care Act and the employer could be subject to significant penalties. Eligibility for the stand-alone EAP program is limited to qualified non-members. 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 diocesan group administrator. Please submit all new enrollment forms via email to [Benefits@episdionc.org](mailto:Benefits@episdionc.org) by October 26, 2022.

The Cigna Employee Assistance Program (EAP) includes access to Talkspace® virtual behavioral health!

- Connect with a licensed therapist or psychiatrist online, by video, or text using Talkspace, available for Cigna EAP members, ages 13 and up.
- Visit [mycigna.com](https://mycigna.com) to access Talkspace virtual behavioral health

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## WHAT'S NEW IN 2023

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### PRESCRIPTION DRUG PLAN MEMBER COST SHARING UPDATES

Effective January 1, 2023, the Medical Trust's prescription drug plan cost sharing will be updated for members. The updated prescription drug plan includes the following changes:

- The Standard Rx option will be coinsurance-based (vs. copays) with maximum amounts to protect members from excessive costs and minimums to drive plan savings.
- All plan designs will add a new cost-sharing tier for Specialty drugs
- Anthem BCBS CDHP Plan members will continue to have coinsurance-based prescription drug plan cost sharing with a combined medical and pharmacy deductible. Anthem BCBS CDHPs will also introduce a Specialty Rx tier with 50% coinsurance after deductible.

Members enrolled in an Anthem BCBS PPO plan will have the following cost sharing for prescription drug benefits:

Express Scripts Standard Rx	Retail	Home Delivery
Annual Deductible (in-network)	None	None
Generic	Up to \$10 Copay	Up to \$25 Copay
Preferred Brand-Name	25%; up to \$40 min and \$80 max	25%; up to \$100 min and \$200 max
Non-preferred Brand-Name	40%; up to \$80 min and \$160 max	40%; up to \$200 min and \$400 max
Specialty	40%; up to \$100 min and \$200 max	40%; up to \$250 min and \$500 max
Dispensing Limits	Up to 30-day supply	Up to 90-day supply

#### Notes:

The Express Scripts prescription drug program will continue to maintain a retail refill limit policy. The retail refill limit requires that you use home delivery if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. See the Plan Document Handbook for more information.

### MEDICAL CHANNEL MANAGEMENT FOR ANTHEM BCBS PLANS

Specialty medications are drugs that are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are not considered specialty medications. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

The Medical Trust's prescription drug program requires that certain specialty medications be accessed through Accredo Health Group, Inc., an Express Scripts specialty pharmacy, effective January 1, 2023. If a member is currently using such

specialty medications through their medical benefit (i.e., through Anthem or Cigna), the member will be required to transfer those prescriptions to Accredo.

The list of medications subject to the program is available by calling Express Scripts at (800) 841-3361.

## **COVID-19 PROVISIONS**

The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, 2023. In addition, the Medical Trust also will waive all copays, deductibles, and in-network coinsurance for its active members for healthcare services relating to the treatment of COVID-19 through at least December 31, 2023.

## **TELEHEALTH**

Telehealth platforms for Active Members. You can access a medical professional through telehealth platforms offered by Anthem, using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember your personal healthcare provider may not participate on the vendor's telehealth platform. For Anthem PPO members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2023. For CDHP members, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of vendor telehealth platform services, there is no guarantee that this relief will be extended beyond December 31, 2022. If Congress does not extend this relief, during 2023, you will be required to meet your deductible before carrier telehealth services will be covered with no copay or coinsurance.

- Anthem Blue Cross Blue Shield – Access LiveHealthOnline.com or download the LiveHealth Online mobile app in the App Store® or Google Play™.

## **VIRTUAL VISITS**

A virtual visit is an appointment with your personal healthcare provider carried out through an electronic medium of your provider's choice (e.g., Zoom, Skype, telephonic) but that is not offered through your health plan carrier's telehealth platform (e.g., Anthem LiveHealth Online).

The Medical Trust will continue to allow claims for virtual visits with network and out-of-network providers that do not use a telehealth platform offered by Anthem or Cigna through December 31, 2023. Virtual visits are covered at standard levels of benefits and member cost shares.

## **HINGE HEALTH FOR ANTHEM PLANS**

Hinge Health is available at no cost to Anthem members effective October 1, 2022. Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.

Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:

- (a) Prevention - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app.
- (b) Chronic - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief.
- (c) Acute - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education.
- (d) Surgery - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support.
- (e) Expert Medical Opinion - Service offering second opinions for elective MSK procedures.

For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care. State laws may limit access without a physician's referral.

If you have any questions regarding Hinge Health, email [help@hingehealth.com](mailto:help@hingehealth.com) or call (855) 902-2777.

## INCREASED EYEMED FRAMES/CONTACTS ALLOWANCE

Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.

Effective January 1, 2023, the annual frames or contact lenses allowance will increase from \$150 to \$200.

## HEARING AID DEVICE BENEFITS

The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices. Effective January 1, 2023, the benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years. The benefit maximum for hearing aid devices will no longer have a per ear maximum (currently \$1,500 per ear).

Note: member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums

## TRAVEL VACCINATIONS

Currently, the Medical Trust's Episcopal Health Plan excludes travel vaccines from coverage.

Effective January 1, 2023, the Medical Trust will cover travel vaccines for personal travel. Member cost sharing will follow the benefit plan design for immunizations.

## DEDUCTIBLE INCREASE FOR ANTHEM BCBS CDHP-HSA15

For 2023, the Internal Revenue Service ("IRS") increased the minimum and maximum amounts that a high-deductible health plan ("HDHP") may impose as a deductible.

For 2023, the minimum amount that must be imposed as a deductible for self-only coverage under a HDHP is \$1,500. The minimum amount that must be imposed as a deductible for family coverage under a HDHP is \$3,000. The amounts for 2022 were \$1,400 and \$2,800, respectively.

Effective January 1, 2023, the Medical Trust's Anthem CDHP-15 network deductible for self-only coverage will be \$1,500 and the network deductible for family coverage will be \$3,000. The out-of-network deductible for self-only coverage will be \$3,000 and the out-of-network deductible for family coverage will be \$6,000.

**For additional Annual Enrollment resources, please visit our website:**

[www.episdionc.org/insurance](http://www.episdionc.org/insurance)

**Please email your Annual Enrollment questions and enrollment requests to our Finance and Benefits Coordinator, Erin Sweeney at [Benefits@episdionc.org](mailto:Benefits@episdionc.org).**

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*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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