

Diocese of Los Angeles Administrator Education



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October 29, 2024
2025 Annual Enrollment

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Agenda



- 01** Medical Trust Update
- 02** Annual Enrollment
- 03** My Administrators Portal
- 04** Pension and Disability

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About the Church Pension Group



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CPG's Lines of Business Support Clergy and Lay Employees



Benefits • Publishing • Property & Casualty Insurance

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Medical Trust Update

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≡ Pricing: Overview – Key Factors ≡

Overall

Actual versus expected

- Large claims

Projected

- Cost trend assumptions
- Known/expected changes
- Stress testing

Group Specific

Group specific

- Demographic/geographic factors
- Experience
- Prior rate actions

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≡ Pricing: Focus on Cost Trend Assumptions ≡

What is a medical and pharmacy cost trend?

- Projected percentage increase in the cost to treat patients from one year to the next, assuming that benefits remain the same



Cost trends used to estimate what the same health plan design will cost from year to year



Cost trend influencers

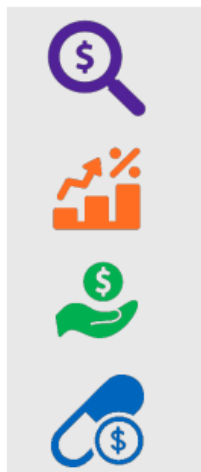
- Unit cost inflation of medical products and services
- Per capita utilization or changes in the number or intensity of service usage

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≡ Pricing: Focus on Cost Trend Assumptions ≡

What do current trend studies show for 2025?



- Continued price inflation caused by provider contracting and input cost
- Increasing prescription drug utilization (e.g., GLP-1s)
- Government regulation (e.g., Inflation Reduction Act)
- Ongoing aging of population
- Deflators: point solutions and medical plan navigation

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DHP Task Force – Key Findings

Reaffirms Denominational Health Plan (DHP) Mandate

- Most effective way to provide healthcare coverage to the Episcopal Church
- Plans are above benchmarks (e.g., PPO 100)
- Higher value plans subsidized by lower value plans
- Recommendations incorporated into Resolution A101

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Resolution A101 Impact on Pricing



- Each plan being self-sufficient
 - greater increases for high value plans (e.g., PPO 100)



- Churchwide pricing should incorporate equity based on ability to pay



- Reaffirms Episcopal Church's commitment to maintain parity



- Support Navajoland Area Mission and the dioceses of Alaska, North Dakota, and South Dakota (incorporated into DHP rates)

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Medical Plans Offered for 2025



Seven plan options with each – Anthem and Cigna Networks

- PPO 100
- PPO 90
- PPO 80
- PPO 70
- CDHP 15
- CDHP 20
- CDHP 40



Three plan options with Kaiser

- EPO High
- EPO 80
- CDHP 20

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Dental Updates and Pricing

Actives

Average increase 1.7% Nationwide

- Passive enrollment
- No design changes

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Quantum Health

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Welcome to Quantum Health



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New Vendor – Quantum Health (Quantum)

for members whose plans use Anthem and Cigna networks

Starting January 1, 2025, Quantum care coordinators will be available to:

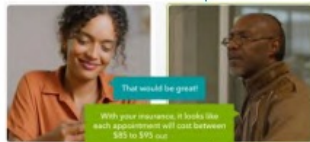
- Answer claims, billing, and benefits questions
- Replace ID cards
- Find in-network providers and contact them to coordinate treatment
- Verify coverage and, if needed, obtain prior approval
- Provide information about health issues and review care options
- Help members save on out-of-pocket costs and much more!

Members will still be able to contact their medical providers directly for services.



Annual Enrollment Support 2024

For members whose plans use Anthem and Cigna networks



During the 2025 Annual Enrollment period, **Quantum care coordinators** will be available to help members understand plan options and choose the right plans for themselves and their families.



New Cards and New Policy Numbers for 2025

- In December 2024, members will receive NEW ID cards with a NEW plan NUMBER.
- Beginning January 1, 2025, members MUST use the new cards for medical, prescription (Express Scripts), and behavioral health services (including EAP).
- Old ID cards will not work after December 31, 2024.

One Place to Go, One Team to Help

Members who have questions about claims, benefits, medications, or care coordination should contact Quantum.



Call 866-871-0629, Monday to Friday, 8:30 AM to 10:00 PM EST



Visit [MyQuantumCare.org](https://www.MyQuantumCare.org)



Use the Quantum app, Quantum Health, available at the Apple Store® and Google Play™

Simplifying the Consumer's Experience

A single healthcare navigation platform



Connecting resources and curating the experience:

- Member services
- Provider services
- Clinical/care coordination services



CLAIMS ADMINISTRATOR AND NETWORK



PHARMACY BENEFITS MANAGER



POINT SOLUTIONS



COMMUNITY RESOURCES



ALL BENEFITS AND BENEFITS ADMINISTRATIVE PLATFORM

How Quantum Health Nurse Care Coordinators Support You



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Helping Employees Prepare
for Annual Enrollment

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Annual Enrollment Administrator Central



Health

- Annual Enrollment
- Active Clergy & Lay Employees
- Retired Clergy & Lay Employees
- Denominational Health Plan
- Healthcare Reform
- Contact Information
- Forms & Publications
- Life
- Disability
- Property & Casualty

Annual Enrollment Administrator Central

In This Section

- News & Updates
- 2025 Annual Enrollment Timeline
- Interactive Guides
- Webinars
- Documents & Mailings

News & Updates

Simplified Session Schedule for AE 2025

This year the Medical Trust will hold only ONE Annual Enrollment session for both Active Members and Pre-65 Former Employees.

Care Coordination from Quantum Health

Beginning January 1, 2025, Quantum Health—our new healthcare coordination vendor—will be Anthem and Cigna members' first stop when accessing medical, prescription, vision, and Employee Assistance Program benefits. This enhancement to our services will support the best health outcomes for our active clergy and lay employees. Stay tuned for more details about the assistance Quantum will provide during Annual Enrollment.

Helping Employees Prepare

Employee Cost



Explain any employee cost share toward monthly contributions.

Reminder



Remind employees about plans going away, if applicable, and the need to select another plan in order not to lose coverage.

- Explain your decisions to change plan(s)
- Remember to monitor your employees' AE activity to make sure they select another plan.

Helping Employees Prepare



Explain the differences between

- Traditional plans and CDHPs, if applicable
- HealthEquity and other selected HSA custodian
- HSA funding rules and any employer contributions



- Explain network and out-of-network* deductibles and out-of-pocket maximums
- The plan comparison chart can help employees choose



- Include reminders about benefits that form part of the plans**
- Vision, Pharmacy, EAP, Telehealth, and Point Solutions

For all of the above, Quantum is the member first point of contact

*Only network benefits are available under plans administered by Kaiser.
 **This does not apply for Stand-Alone EAP members.

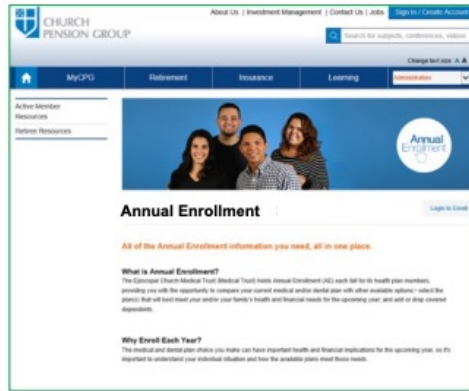
Annual Enrollment Letter and Emails



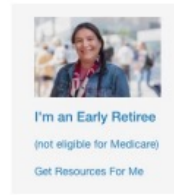
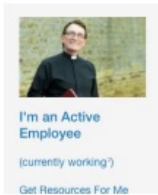
AE Member Letter Mail Dates

Active Members/Pre- and Post-65 Retirees: approximately 2 weeks before their Annual Enrollment sessions commence

Annual Enrollment Communication and Member Education Materials



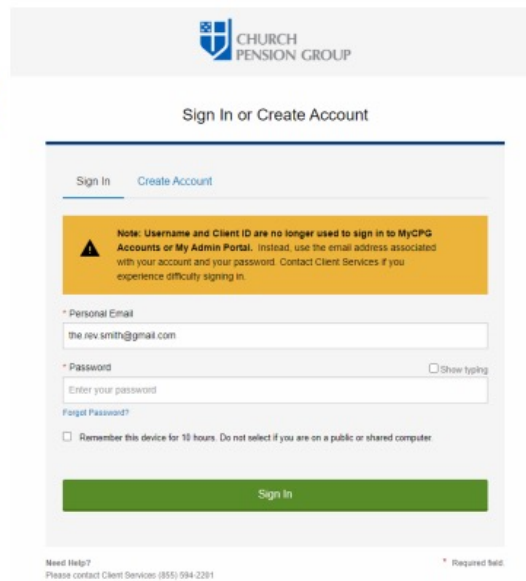
Show employees where to find materials, resources, and additional information.



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Member Annual Enrollment Website



Encourage employees to log into the AE website. Check personal data, even if there is no intent to change coverage.

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My Administrator Portal (MAP)

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☰ Institution Admins in MAP



New Hire Process

- Enter personal information
- Enter employment and compensation
- Enter spouse and dependent information
- Enroll employee in retirement plans

Compensation Changes

Termination of Employees and Benefits

Manage Institution Information

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≡ Group Admins in MAP



- **New Hire Process**
- **Compensation Changes**
- **Termination of Employees and Benefits**
- **Manage Institution Information**
- **Enroll Employees in Medical, Dental, Group Life, Disability, and Unemployment benefits**

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≡≡ MAP Resources



- **cpg.org**
 - ARC
 - About MAP
 - Training
 - Webinars
- **Client Services**

Monday – Friday
8:30am – 8:00pm ET (excluding
holidays)
(855) 215-5990

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Administrator Webinar Resources

Register for upcoming webinars and access on-demand recordings and resources on the webinar page of ARC at cpg.org/arc



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Pension and Disability

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Lay Pension

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≡ What is the Lay Pension System (LPS)? ≡



General Convention Resolution A138: Effective January 1, 2013, all employers are required to offer a pension benefit through the Church Pension Fund (or other authorized entity) to lay employees scheduled to work 1,000 or more compensated hours per year (annually)



Mandatory: All domestic dioceses, parishes, missions, and other ecclesiastical organizations or bodies subject to the authority of the Church are required to comply with the LPS

- How do you know if your organization is required to comply with the LPS? Diocesan leadership makes the decision.

Voluntary: Those who are not required to comply may still participate on a voluntary basis

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What Employees Are Eligible for a Lay Pension?

Any lay employee (receiving a Form W2) can be enrolled in a lay pension offered by CPG.

What Employees Are Required to be Enrolled in a Lay Pension under the LPS?

The LPS requires that an employee regularly scheduled for 1,000 or more compensation hours annually be enrolled in a lay pension offered by CPG.



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Retirement Readiness

The Episcopal Church Lay Employees' Defined Contribution Retirement Plan

netbenefits.fidelity.com

Already Enrolled

- Sign into Fidelity NetBenefits
- Start or Change contributions
- Change investment options
- Use Planning and Guidance Center
- Call a Fidelity Representative (877) 208-0092 Monday to Friday 8:00 AM to midnight ET

Not Yet Enrolled*

- Employer enrolls you in the plan
- Generally, employer contributes 5% with up to a 4% match**

Title	What is this for?	Contact Information
Employment Change Form - 2018	Report employment and compensation changes for changes effective as of 01/01/2018.	The Church Pension Fund-AM, Client Services, 15 East 34th Street, New York, NY 10018 or call 800-452-4074
Personal Information Change Form	To update personal information for lay and his employees.	The Church Pension Fund-AM, Client Services, 15 East 34th Street, New York, NY 10018
Defined Contribution Plan Enrollment Application Form	To enroll employees to join the DC pension plan or RPSIP.	The Church Pension Fund-AM, Client Services, 15 East 34th Street, New York, NY 10018

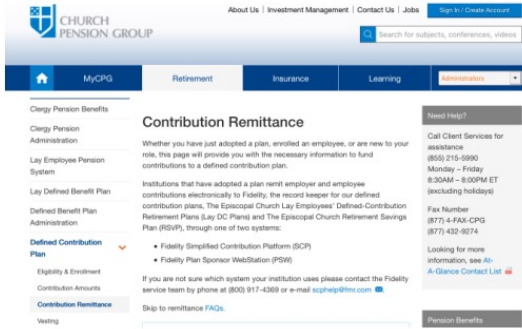
*Employer must adopt the the plan before they can enroll you.

**Your employer may contribute a higher amount with a smaller or no match as long as the employer's total contribution equals at least 9%.

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Lay Pension Resources



<https://cpg.org/remittance>



<https://www.cpg.org/globalassets/documents/publications/pensions-rsvp--lay-dc-employee-guide.pdf>

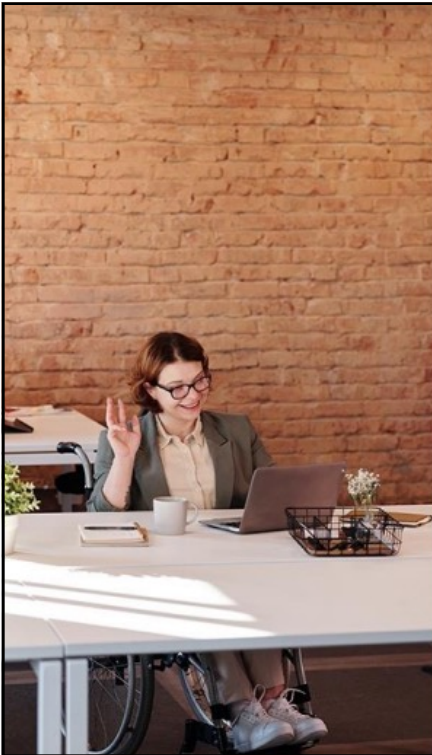
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Disability Benefits

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Disability Benefits for DB Plan Participants

Available to eligible **Active** participants in:

- The Clergy Pension Plan, through two separate plans:
 - The Church Pension Fund Clergy Short-Term Disability Plan
 - The Church Pension Fund Clergy Long-Term Disability Plan
- The Episcopal Church Lay Employees' Retirement Plan (Lay Defined Benefit Plan), through its Disability Retirement benefit

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Employer- and Employee-Paid Fully Insured Disability Policies*

Decisions for employers and/or employees

Premiums

Decide if the employer or the employee will pay the premiums

Income replacement

Short-term: 13 or 26 weeks (max benefit duration)

- Employer-paid: 60% or 66.67 %; enhanced maternity benefit: 66.67%
- Employee-paid: 60% or 66.67 %

Long-term: 90 or 180 days (elimination period)

- Employer-paid: 40%, 60%, or 66.67 %
- Employee-paid: 50%

Can offer

Employer-paid: Employer must select between "Lay Only" and "Lay and Clergy"

Employee-paid: Employer must offer to all eligible "Lay and Clergy"

*Administrative services are provided by Continental American Insurance Company (CAIC) in all states but New York. In New York, administrative services are provided by American Family Life Assurance Company of New York. In California, CAIC does business as Continental American Life Insurance Company.

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Employer- and Employee- Paid Fully Insured Disability Policies



Keep in mind

- Benefit paid to the insured
- Fully insured—Aflac
- Benefit may be reduced by offsets, including (but not limited to):
 - Workers Compensation
 - Statutory state offsets such as Paid Family Leave
 - Other income/benefits that you may earn or receive
- Limitations and exclusions apply

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Select Employer-Paid Short-Term Disability Plans

Enhanced Maternity Benefit



- Enhanced maternity short-term disability benefit
 - Elimination period removed due to the birth of a child
 - 13- and 26-week employer-paid plans
 - 66.67% income replacement
- Eligibility
 - Active 1,000 hours per year

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Initiating a Disability Claim

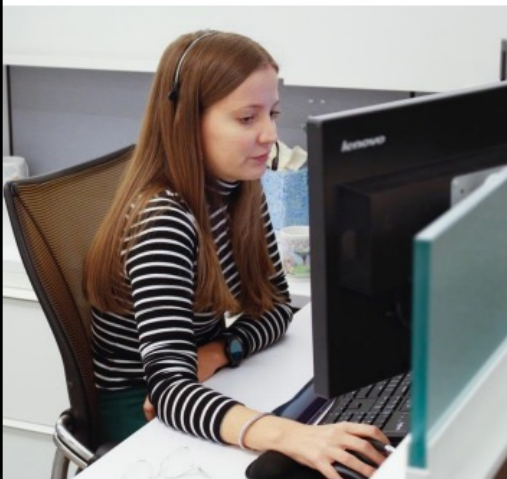


- Clergy STD plans: generally within 60 days of disability
- Employer- and employee-paid Aflac disability plans: within 90 days
 - Written notice of a claim should be sent to Aflac within 20 days after the disability begins
- Contact Aflac's Customer Care Center at [800-206-8826](tel:800-206-8826)
- Initiate a claim online: mygrouplifedisability.aflac.com
- Aflac will assign a case manager

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More Information



- My Admin Portal (MAP), MyCPG Accounts, Administrators' Resource Center (ARC)
- *The RSVP and Lay DC Employee Plan Guide* on cpg.org
- Benefit Relationship Managers
- Administrative Support:
[\(855\) 215-5990](tel:855-215-5990)
admin-assist@cpg.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 of the Episcopal Church (the "Church") and their eligible dependents. The Medical Trust serves only eligible Episcopal employees. 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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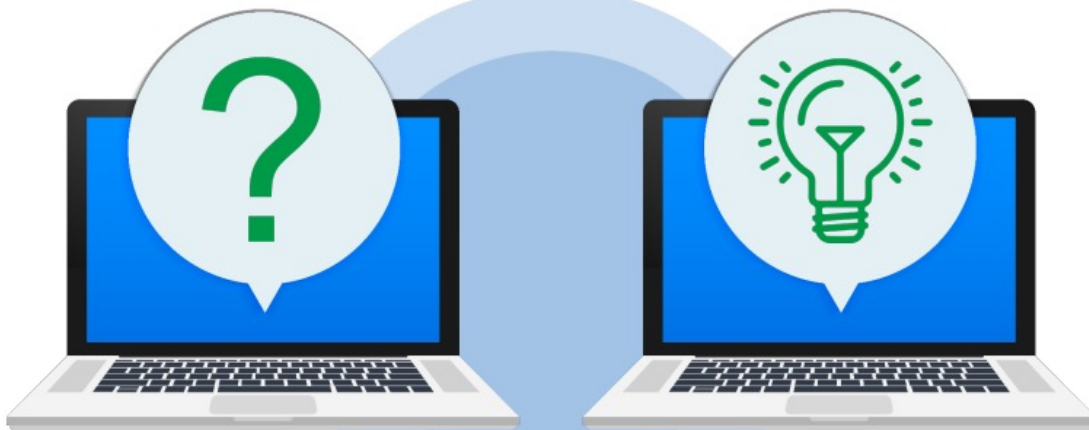
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Reflections, Questions, and Discussion



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Thank you for your participation.

