

Diocese of Los Angeles Member Education



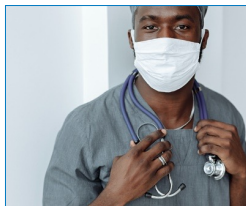
Toni Marie Sutliff
Director, Relationship Management

October 29 and 30, 2024
2025 Annual Enrollment

Types of Medical Plans

Your 2025 Medical Plan Options

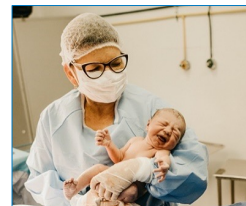
Your employer offers these types of medical plans



**Preferred Provider
Organization (PPO)**



**Exclusive Provider
Organization (EPO)**
Regional Kaiser
plans only



**Consumer-Directed
Health Plan (CDHP)**



Types of Medical Plans

Preferred Provider Organization (PPO)

Anthem BCBS

- Includes network and out-of-network benefits
- Does not require referrals
- Generally has a lower out-of-pocket cost when you use a network provider or facility



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Types of Medical Plans

Exclusive Provider Organization (EPO)

Kaiser Permanente*

- Covers only network providers and facilities
- Requires selection of a Primary Care Physician (PCP)
- Requires PCP referrals



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Types of Medical Plans

Consumer-Directed Health Plan (CDHP) ≡

Anthem BCBS | Kaiser Permanente

- Higher deductibles – you pay most medical and prescription expenses until you meet the plan's deductibles
- Works with a Health Savings Account (HSA) to help you pay for eligible healthcare expenses today and in the future



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Types of Medical Plans

≡ How the Health Savings Account Works ≡

An account you use to pay your share of qualified medical expenses



- Tax-free contributions
- Tax-free interest
- Opportunity for tax-free investment earnings (subject to a minimum balance requirement)
- No taxes on money used for qualified medical expenses



- Can save for future qualified medical expenses
- Is portable – you can take it with you

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Health Savings Account Contributions

How much can you contribute in 2025?



Individual

\$4,300

The total contribution allowed from both you and your employer



Family

\$8,550

The total contribution allowed from both you and your employer



Catch-up (≥ age 55)

\$1,000

The additional amount allowed if you are 55 or older

Medical Benefits

On the left, there are four terms you need to understand to be able to compare plans, and on the right are their definitions.

Deductible

You pay the full cost of healthcare until you reach this amount. Then the plan begins to pay benefits

Out-of-Pocket Limit

The most you will pay for covered healthcare expenses for the calendar year

Copay

A fixed amount you pay for a covered healthcare service, usually when you receive the service.

Coinsurance

The percentage you pay for the allowed amount of a covered service after meeting your deductible

Medical Benefits

Anthem 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) \$45 copay (specialist) \$0 (preventive care) | 50% coinsurance |
| 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) | \$0 copay | 30% coinsurance |

Medical Benefits

Anthem 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) \$45 copay (specialist) \$0 (preventive care) | 50% coinsurance |
| Diagnostic Tests | \$0 copay | 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 (PCP)/ \$45 Specialist | 30% coinsurance |

Medical Benefits

Anthem 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) \$45 copay (specialist) \$0 (preventive care) | 50% coinsurance |
| 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 (PCP)/ \$45 Specialist | 30% coinsurance |

Medical Benefits

Anthem PPO 70

| | Network | Out-of-Network |
|--------------------------------|-------------------------------------------------------------------------------|---------------------------------------|
| Deductible | \$3,500 individual / \$7,000 family | \$7,000 individual / \$14,000 family |
| Out-of-Pocket Limit | \$5,000 individual / \$10,000 family | \$10,000 individual / \$20,000 family |
| Office Visit | \$30 copay (primary care) \$45 copay (specialist) \$0 (preventive care) | 50% coinsurance |
| Diagnostic Tests | 30% coinsurance | 50% coinsurance |
| Urgent Care | \$50 copay | \$50 copay |
| Emergency Care | \$250 copay | \$250 copay |
| Outpatient Surgery | 30% coinsurance | 50% coinsurance |
| Hospital Stay | 30% coinsurance | 50% coinsurance |
| Behavioral Health (outpatient) | \$30 copay (PCP)/ \$45 Specialist | 30% coinsurance |

Medical Benefits

Kaiser EPO High

| | Network | Out-of-Network |
|--------------------------------|-------------------------------------------------------------------------------|----------------|
| Deductible | \$0 individual / \$0 family | Not covered |
| Out-of-Pocket Limit | \$1,750 individual / \$3,500 family | Not covered |
| Office Visit | \$25 copay (primary care) \$25 copay (specialist) \$0 (preventive care) | Not covered |
| Diagnostic Tests | \$50 copay | Not covered |
| Urgent Care | \$50 copay | Not covered |
| Emergency Care | \$100 copay | \$100 copay |
| Outpatient Surgery | \$100 copay | Not covered |
| Hospital Stay | \$100/day to maximum of \$600 copay | Not covered |
| Behavioral Health (outpatient) | \$25 copay (individual) | Not covered |

Medical Benefits

Kaiser EPO 80

| | Network | Out-of-Network |
|--------------------------------|-------------------------------------------------------------------------------|-----------------|
| Deductible | \$500 individual / \$1,000 family | Not covered |
| Out-of-Pocket Limit | \$3,500 individual / \$7,000 family | Not covered |
| Office Visit | \$25 copay (primary care) \$35 copay (specialist) \$0 (preventive care) | Not covered |
| Diagnostic Tests | 20% coinsurance | Not covered |
| Urgent Care | \$50 copay | Not covered |
| Emergency Care | 20% coinsurance | 20% coinsurance |
| Outpatient Surgery | 20% coinsurance | Not covered |
| Hospital Stay | 20% coinsurance | Not covered |
| Behavioral Health (outpatient) | \$25 copay (individual) | Not covered |

Medical Benefits

Anthem CDHP-15*

| | Network | Out-of-Network |
|--------------------------------|----------------------------------------------------------------------|-------------------------------------|
| Deductible | \$1,650 individual / \$3,300 family | \$3,300 individual / \$6,600 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 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.

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Medical Benefits

Anthem CDHP-20

| | Network | Out-of-Network |
|--------------------------------|----------------------------------------------------------------------|--------------------------------------|
| Deductible | \$3,300 individual / \$6,600 family | \$3,300 individual / \$6,600 family |
| Out-of-Pocket Limit | \$4,200 individual / \$8,450 family | \$7,000 individual / \$13,000 family |
| Office Visit | 20% coinsurance (primary care / specialist) \$0 (preventive care) | 45% coinsurance 45% coinsurance |
| Diagnostic Tests | 20% coinsurance | 20% coinsurance |
| Urgent Care | 20% coinsurance | 20% coinsurance |
| Emergency Care | 20% coinsurance | 45% coinsurance |
| Outpatient Surgery | 20% coinsurance | 45% coinsurance |
| Hospital Stay | 20% coinsurance | 45% coinsurance |
| Behavioral Health (outpatient) | 20% coinsurance | |

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Medical Benefits

Kaiser CDHP-20

| | Network | Out-of-Network |
|--------------------------------|----------------------------------------------------------------------|-----------------|
| Deductible | \$3,300 individual / \$6,600 family | Not covered |
| Out-of-Pocket Limit | \$4,200 individual / \$8,450 family | Not covered |
| Office Visit | 20% coinsurance (primary care / specialist) \$0 (preventive care) | Not covered |
| Diagnostic Tests | 20% coinsurance | Not covered |
| Urgent Care | 20% coinsurance | Not covered |
| Emergency Care | 20% coinsurance | 20% coinsurance |
| Outpatient Surgery | 20% coinsurance | Not covered |
| Hospital Stay | 20% coinsurance | Not covered |
| Behavioral Health (outpatient) | 20% coinsurance | Not covered |


Medical Benefits


Anthem 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) \$0 (preventive care) | 60% coinsurance 60% coinsurance |
| 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 |

Details about Your Medical Coverage

Summaries of Benefits and Coverage

 **Anthem BlueCard PPO 100**
 Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services Coverage Period: 01/01/2024 – 12/31/2024
 Coverage for: All tiers | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.cpg.org/mobocs or call (800) 480-9967. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.cpg.org/uniform-glossary or call (800) 480-9967 to request a copy.

| Important Questions | Answers | Why This Matters: |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the overall deductible? | Network: \$0 Individual / \$0 Family Out-of-Network: \$500 Individual / \$1,000 Family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. The network and out-of-network deductibles accumulate separately. |
| Are there services covered before you meet your deductible? | Yes, for example, emergency room care, urgent care, and certain COVID-19 expenses. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. See a list of preventive services at healthcare.gov/coverage/preventive-care-benefits . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | Network: \$2,000 Individual / \$4,000 Family Out-of-Network: \$4,000 Individual / \$8,000 Family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. The network and out-of-network out-of-pocket limits accumulate separately. |
| What is not included in the out-of-pocket limit? | Contributions, (premiums), balance-billing charges, penalties, copays for certain specialty pharmacy drugs considered non-essential health benefits and healthcare this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. See www.anthem.com or call (844) 812-9207 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | You can see the specialist you choose without a referral. |



New Vendor – Quantum Health (Quantum)

For members whose plans use Anthem network

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 more!

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



Welcome to Quantum Health

Care Management Program

Quantum Health

Access help with one call, click, or tap



The right care at the right time and the right cost

- Coordinate care among doctors
- Confirm coverage of services
- Understand preauthorizations required for certain treatments
- Get answers to other questions

Call Quantum at 866-871-0629

Visit myQuantumCare.org

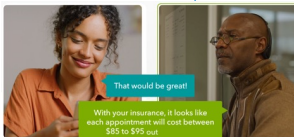
Use the [Quantum Health](#) mobile app (available from the Apple Store® and Google Play™)



Quantum Health

Annual Enrollment Support 2024

For members whose plans use Anthem network



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.

Simplifying the Consumer's Experience

A single healthcare navigation platform



Connecting resources and curating the experience:

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



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Behavioral Health

For Help with Mental Health or Substance Use Disorder

Anthem members, contact Quantum.
Kaiser members, contact Kaiser.



Benefit highlights

- Office visits
- Medication management
- Outpatient services
- Inpatient services



Please note

- Prior authorization may be required for certain services.



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EAP Overview

The Employee Assistance Program is here for you



It includes

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



Getting in touch

- Call Quantum at [866-871-0629](tel:866-871-0629)
- EAP-only members, call 866-395-7794 or visit myCigna.com



Additional features

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



Talkspace Online Therapy Service



- Behavioral health services are now more accessible to employees and household members.
- EAP members 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 requires an EAP code,* just as other EAP network counseling sessions do.
- There is no additional cost.



*An EAP code can be obtained by calling your EAP toll-free program number or through the Emotional Health tile, under "Visit an EAP counselor" on the EAP Coverage Page on myCigna.com.



Pharmacy

Things to Know About Your Pharmacy Benefits

Types of Prescription Drugs

- Generic
- Preferred brand
- Non-preferred brand
- Specialty

How to Obtain

- Retail pharmacy
- Home delivery

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Pharmacy

Prescription Drug Benefits – Anthem Members

Managed by Express Scripts



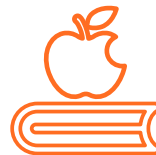
Benefit highlights

- Generic and brand-name medication options
- Accredo Specialty Pharmacy – SaveOnSP
- Broad national retail pharmacy network
- Home delivery



Things to remember

- Prior authorization may be required
- Generic or pay the difference
- Retail refill limit
- Home delivery required for maintenance medications



To learn more

- Plan Document Handbook
- Summary of Benefits and Coverage
- [Call Quantum at 866-871-0629](tel:866-871-0629)



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Prescription Drug Benefits – Kaiser Members

Managed by Kaiser Permanente



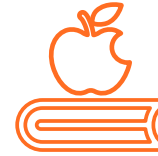
Benefit highlights

- Generic and brand-name medication options
- Retail and home delivery



Things to remember

- Preauthorization may be required
- Generic or pay the difference



To learn more

- Plan Document Handbook
- Summary of Benefits and Coverage
- kp.org



Prescription Drug Benefits

2025 Express Scripts–Standard Plan

| | Retail | Home Delivery |
|---------------------------------|----------------------------------------------|----------------------------------------------|
| Deductible | None | None |
| Generic | Up to \$10 copay | Up to \$25 copay |
| Preferred Brand-name | 25% coinsurance, up to \$40 min / \$80 max | 25% coinsurance, up to \$100 min / \$200 max |
| Non-preferred Brand-name | 40% coinsurance, up to \$80 min / \$160 max | 40% coinsurance, up to \$200 min / \$400 max |
| Specialty Rx | 40% coinsurance, up to \$100 min / \$200 max | 40% coinsurance, up to \$250 min / \$500 max |
| Dispensing Limits | Up to 30-day supply* | Up to 90-day supply |

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.

Prescription Drug Benefits

2025 Express Scripts–CDHP-15

| | Retail and Home Delivery |
|------------------------------------------------------|----------------------------------------------------------------|
| Deductible (combined with medical deductible) | \$1,650 individual / \$3,300 family |
| Generic | 15% coinsurance after deductible |
| Preferred Brand-name | 25% coinsurance after deductible |
| Non-preferred Brand-name | 50% coinsurance after deductible |
| Specialty Rx | 50% coinsurance after deductible |
| Dispensing Limits | Up to 30-day supply* (retail) or 90-day supply (home delivery) |

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.

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Prescription Drug Benefits

2025 Express Scripts–CDHP-20

| | Retail and Home Delivery |
|------------------------------------------------------|----------------------------------------------------------------|
| Deductible (combined with medical deductible) | \$3,300 individual / \$6,600 family |
| Generic | 15% coinsurance after deductible |
| Preferred Brand-name | 25% coinsurance after deductible |
| Non-preferred Brand-name | 50% coinsurance after deductible |
| Specialty Rx | 50% coinsurance after deductible |
| Dispensing Limits | Up to 30-day supply* (retail) or 90-day supply (home delivery) |

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.

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Prescription Drug Benefits

2025 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 |
| Specialty Rx | 50% coinsurance after deductible |
| Dispensing Limits | Up to 30-day supply* (retail) or 90-day supply (home delivery) |

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.

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Prescription Drug Benefits

2025 Kaiser Permanente–EPO High and EPO 80

| | Retail | Home Delivery |
|---------------------------------|---------------------|------------------------------------------------------------------------------|
| Deductible | None | None |
| Generic | Up to \$5 copay | Up to \$5 copay for a 30-day supply, up to \$10 copay for a 90-day supply* |
| Preferred Brand-name | Up to \$30 | Up to \$30 copay for a 30-day supply, up to \$60 copay for a 90-day supply* |
| Non-preferred Brand-name | Up to \$70 | Up to \$70 copay for a 30-day supply, up to \$140 copay for a 90-day supply* |
| Specialty Rx | Up to \$90 | Up to \$90 copay for a 30-day supply |
| Dispensing Limits | Up to 30-day supply | Up to 90-day supply* |

* California residents may receive up to a 100-day supply when using Home Delivery.

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Prescription Drug Benefits

2025 Kaiser Permanente—CDHP-20

Retail and Home Delivery

| | |
|------------------------------------------------------|------------------------------------------------------------------|
| Deductible (combined with medical deductible) | \$3,200 individual / \$5,450 family |
| Generic | 15% coinsurance after deductible |
| Preferred Brand-name | 25% coinsurance after deductible |
| Non-preferred Brand-name | 50% coinsurance after deductible |
| Specialty Rx | 50% coinsurance after deductible |
| Dispensing Limits | Up to 30-day supply* (retail) or 90-day supply** (home delivery) |

*30-day supply is allowed for only the first three refills at retail before it goes to maintenance at Home Delivery.

** California residents may receive up to a 100-day supply when using Home Delivery.

Benefits Overview

EyeMed Insight Network



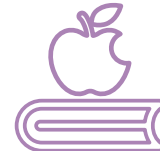
Benefit highlights

- \$0 copay for annual visit
- \$200 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

- Anthem: call Quantum at [866-871-0629](tel:866-871-0629)
- Kaiser: call EyeMed at [866-723-0513](tel:866-723-0513) OR
- visit eyemedvisioncare.com/ecmt OR
- use EyeMed app





Hearing

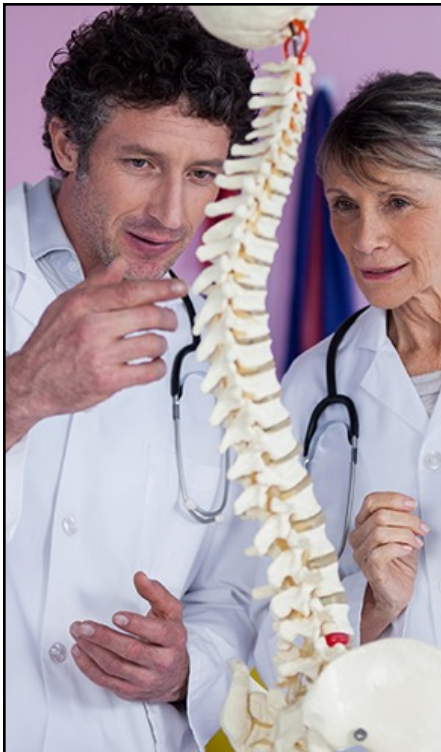
Hearing Aid Benefits

Active benefit allowance and hearing aid device discounts

- All active plans: Anthem, Kaiser
- Maximum benefit of \$3,000 every three years

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Hinge Health

Hinge Health and Expert Medical Second Opinion

- Virtual musculoskeletal wellness program
- Hinge Health's musculoskeletal expert medical second opinion service available to Anthem members
- Learn more at hingehealth.com/ecmt

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Care from the Safety and Convenience of Your Home

24/7/365 access to board-certified physicians



Anthem
Access Teladoc
through Quantum at
myQuantumCare.org

Kaiser
kp.org

- Access medical and behavioral health professionals.
- Connect via computer or mobile device with the type of doctor you select.
- Chat securely and privately by phone or video in minutes.
- Obtain prescriptions for certain medications.



New Vendor for 2025: Teladoc Health

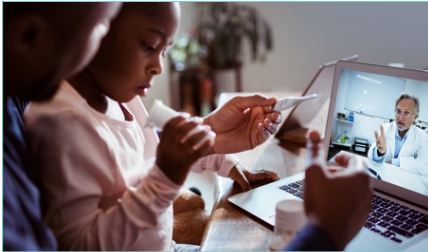
Behavioral health benefits are included in all medical plans offered by the Medical Trust.

Beginning January 1, 2025, Anthem's LiveHealth Online and Cigna's MDLIVE will be replaced by Teladoc Health



Care from the Safety and Convenience of Your Home

Talk to your healthcare provider



- Have an online appointment with your personal healthcare provider.
- Chat securely and privately through the electronic medium of your provider's choice (Zoom, Skype, phone).
- Obtain prescriptions for certain medications.

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Evaluation, Testing, and Treatment

COVID-19 Healthcare Services

- Copayments, deductibles, and coinsurance fees will apply based on service type and place of service for
 - Evaluation
 - Testing
 - Treatment

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COVID-19 Update

Telehealth and Virtual Visits

COVID-19 Healthcare Services

- Member cost shares for COVID-related Teladoc visits will be waived through December 31, 2025.
- Plan exclusions have been permanently removed so that virtual visits with a member's personal medical provider are covered at the usual in-person office visit cost share.
- Kaiser members must use their telehealth platform for all virtual visits.

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UnitedHealthcare Global Assistance

Benefit Overview

24-hour assistance while traveling



What it includes

- 24/7 assistance when more than 100 miles from home or outside the US
- Referrals and scheduling of treatment
- Help replacing prescriptions and stolen or lost travel documents
- Emergency travel resources



Getting in touch

- United States: [800-527-0218](tel:800-527-0218)
- Outside US, call collect: [410-453-6330](tel:410-453-6330)
- assistance@uhcglobal.com
- Uhcglobal.com

 UnitedHealthcare
Global

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Delta Dental Benefits



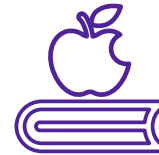
Benefit Highlights

- Three routine cleanings a year (four under certain circumstances)
- \$0 diagnostic and preventive care
- Nationwide network



Things to Remember

- Balance billing: difference between dentist charge and Delta Dental amount or any dentist charge over Delta Dental allowance
- Delta Dental PPO and Premier dentist networks



To Learn More

- Benefits Highlights Sheets
- Maximize Your Savings brochure
- cpg.org/deltadental

Dental Plan Definitions

Term

Deductible

Definition

You pay the full cost of healthcare until you reach a certain dollar amount. Then the plan begins to pay benefits.



Annual Benefit Limit

Equals the maximum amount the plan will pay.

Coinsurance

After you meet your deductible, you pay a certain percentage of the cost and the plan pays a certain percentage of the cost.

Dental Plan Comparison—Premium Plan

Delta Dental Premium Plan (2025)

| | PPO Network | Premier Network | Out-of-Network |
|---------------------------------------|-------------------|-----------------|-----------------|
| Deductible | \$0/\$0 | \$0/\$0 | \$50/\$150 |
| Annual Benefit Limit* | \$3,000 | \$2,500 | \$2,000 |
| Preventive and Diagnostic | No charge | No charge | No charge |
| Basic Restorative | 85% coinsurance** | 85% coinsurance | 75% coinsurance |
| Major Restorative | 85% coinsurance | 85% coinsurance | 75% coinsurance |
| Orthodontia Services | 50% Coinsurance | 50% coinsurance | 40% coinsurance |
| Orthodontia Lifetime Maximum** | \$2,000 | \$2,000 | \$1,500 |

*Plan payments apply toward maximums across all networks.

**All coinsurance percentages reflect what the plan pays.

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Dental Plan Comparison—Comprehensive

Delta Dental Comprehensive (2025)

| | PPO Network | Premier Network | Out-of-Network |
|---------------------------------------|-------------------|-----------------|-----------------|
| Deductible | \$0/\$0 | \$0/\$0 | \$100/\$300 |
| Annual Benefit Limit* | \$2,500 | \$2,000 | \$1,500 |
| Preventive and Diagnostic | No charge | No charge | No charge |
| Basic Restorative | 85% coinsurance** | 85% coinsurance | 75% coinsurance |
| Major Restorative | 50% coinsurance | 50% coinsurance | 40% coinsurance |
| Orthodontia Services | 50% coinsurance | 50% coinsurance | 40% coinsurance |
| Orthodontia Lifetime Maximum** | \$1,500 | \$1,500 | \$1,000 |

*Plan payments apply toward maximums across all networks.

**All coinsurance percentages reflect what the plan pays.

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Dental Plan Comparison—Basic

| | Delta Dental Basic (2025) | | |
|---------------------------------------|---------------------------|-----------------|-----------------|
| | PPO Network | Premier Network | Out-of-Network |
| Deductible | \$0/\$0 | \$0/\$0 | \$0/\$0 |
| Annual Benefit Limit* | \$2,000 | \$1,500 | \$1,000 |
| Preventive and Diagnostic | No charge | No charge | No charge |
| Basic Restorative | 80% coinsurance** | 80% coinsurance | 70% coinsurance |
| Major Restorative | 40% coinsurance | 40% coinsurance | 1% coinsurance |
| Orthodontia Services | Not covered | Not covered | Not covered |
| Orthodontia Lifetime Maximum** | N/A | N/A | N/A |

*Plan payments apply toward maximums across all networks.

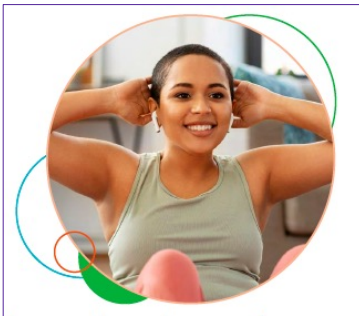
**All coinsurance percentages reflect what the plan pays.

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Delta Dental SmileWay® Wellness Benefits¹

Expanded dental coverage



Available to members with any of the following diagnosis:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington’s disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson’s disease
- Rheumatoid arthritis
- Sjögren’s syndrome
- Stroke

¹Known as SmileWay Enhanced Benefits in Texas.

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Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Annual Enrollment

- A chance to consider your healthcare needs for the coming year
- An opportunity to review your choices regarding medical and dental benefits
- A reminder to review your information and that of your dependent(s)



During Annual Enrollment this year, Quantum Health can help you review existing benefits, understand plan options, and choose the right plan for yourself and your family.

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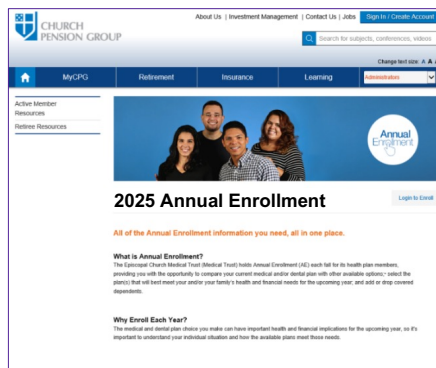
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Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Step 1: Learn

Learn about your 2025 options

cpg.org/annualenrollment



Customized content

- Active members
- Pre-65 former employees
- Post-65 former employees



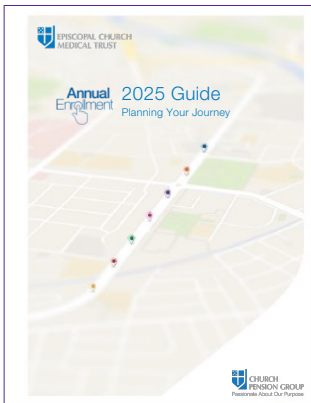
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Step 1: Learn

View and download plan-specific materials from the CPG Benefits Library

cpg.org/mtdocs



- Annual Enrollment Guide*
- Plan Document Handbooks
- Summaries of Benefits and Coverage
- Claim Forms
- Glossary of Medical Terms
- Regulatory Notices



*You can also access the Annual Enrollment Guide at cpg.org/AEGuide.

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Step 2: Evaluate

Are your benefits still aligned with your needs?



Factors to consider

- Use of healthcare
- Provider choice



Out-of-pocket costs

- Individual and family deductibles
- Copays and coinsurance
- Out-of-pocket limits
- Expenses above annual or lifetime maximums for certain benefits



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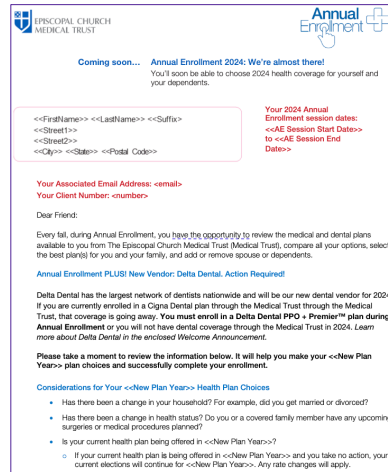
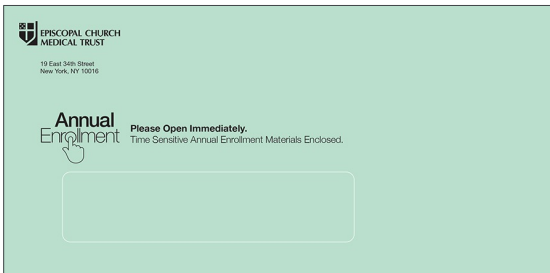
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Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Step 3: Decide

2025 Annual Enrollment will take place October 16 through November 15, 2024

Look for a letter in the mail with enrollment dates and the email address associated with your MyCPG Account.

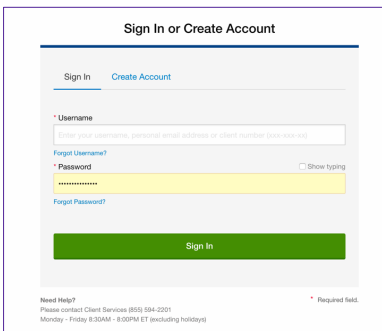


Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Step 3: Decide

Use the Decision Guides on the Annual Enrollment website, cpg.org/annualenrollment, to learn about health plan benefits

cpg.org/mycpg



Log in to MyCPG Accounts using the email address associated with your account. Don't have one? Select "Create Account."

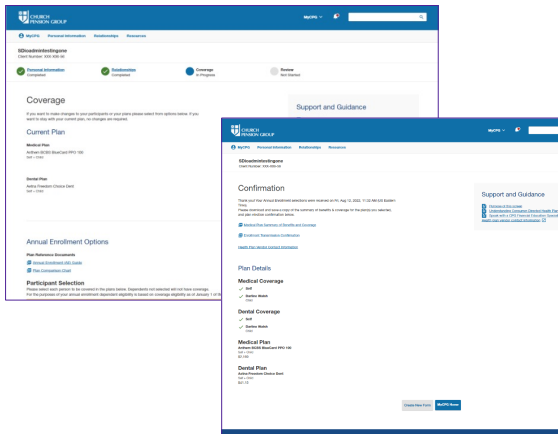
- Then you can review
 - Your personal details and dependents
 - Your plan options
 - Your Group's Plan comparison table
 - Your Beneficiaries tab



Three Steps to Annual Enrollment: Learn, Evaluate, Decide

Step 3: Decide

Make your health plan selections



Be sure to confirm or update eligible dependent(s). When finished, submit your elections and save or print your confirmation.

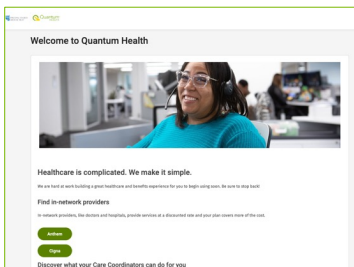
- Medical
- Dental (if offered by your group)

Core Medical Plan Benefits – Vendor Resources and Contact Information

Connecting with Your Benefits

Quantum Health

MyQuantumCare.org



Call Quantum at 866-871-0629

Use the Quantum mobile app, MyQCare (download from the Apple Store® or Google Play™)

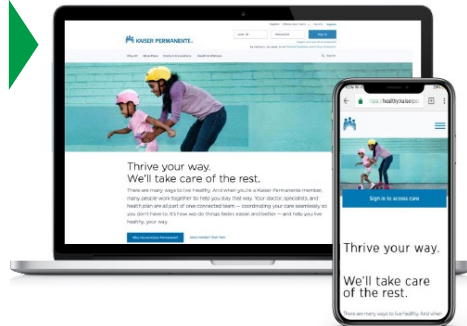
- Find network providers.
- Review care options.
- Get answer to claims, billing, and benefits questions.
- Verify coverage and, if needed, obtain prior approval.
- Replace an ID card.
- And more!



Connecting with Your Benefits

Kaiser Connected Care Experience

Register at kp.org or download the Kaiser Permanente mobile app from kp.org, the Apple Store®, or Google Play™.



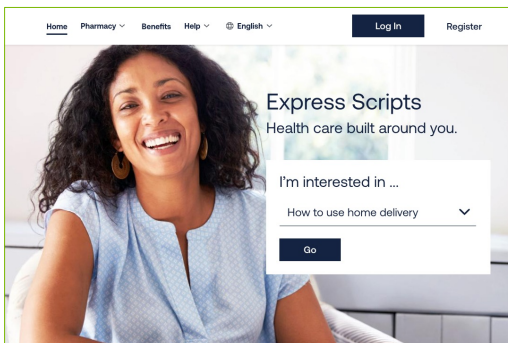
All your health benefits information in one place:

- Direct access to your digital membership card
- Benefit details
- Ability to pay bills or view your payment history
- Manage your prescriptions
- Care finder tools



Connecting with Your Benefits

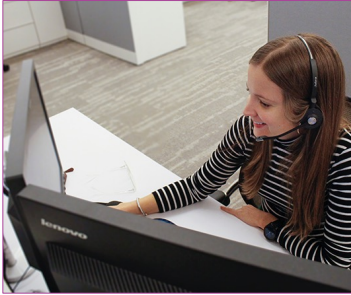
Express Scripts



- Call Quantum at [866-871-0629](tel:866-871-0629).
- Locate participating retail pharmacies.
- Find benefits, coverage, and formulary information.
- Order prescriptions through Express Scripts Home Delivery.
- And more!

At Your Service

Resources to guide you to your destination



CPG Client Services Member Services

- Call 800-480-9967
Monday to Friday
8:30 AM to 8:00 PM ET
- Email mtcustserv@cpg.org



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Neither CPF's defined contribution plans, nor any company or account maintained to manage or hold plan assets and interests in such plans or accounts, are subject to registration, regulation, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, the Employee Retirement Income Security Act of 1974, as amended (ERISA), or state securities laws. Plan participants and beneficiaries therefore will not be afforded the protections of the provisions of those laws. In addition, as church plans, CPF's defined contribution plans are not subject to ERISA.

Short-term disability and long-term disability insurance products and services are offered by American Family Life Assurance Company of New York, NAIC No. 60526. The information provided here is a summary of the group disability income insurance coverage and is for illustrative purposes only. A certificate with more complete policy information is available upon request. Please refer to the certificate or the group policy for a complete description of coverage, terms, conditions, exclusions, and limitations. If any conflict exists between the certificate and/or policy and the information described here, the terms of the certificate and policy will govern. Other self-funded disability benefits may be provided by The Church Pension Fund.

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 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.

This material is not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

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☰ Reflections, Questions, and Discussion ☰



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Thank you for your
participation.

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