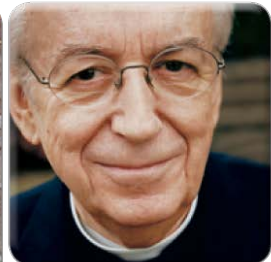




Episcopal Church Medical Trust



**Healthcare Benefits for
The Diocese of San Diego
Open Enrollment 2014**

**Zach Peterson
Regional Account Specialist
November 7, 2013**

Agenda

- **Introduction**
- **The Episcopal Church Medical Trust**
 - Medical Plans
 - 2014 Plan design changes
 - Medicare Secondary Payer
 - Dental Plans
 - Additional Benefits
- **Open Enrollment**
- **Lay Pension System (LPS) Update**
- **Denominational Health Plan (DHP) Update**
- **Healthcare Reform at a Glance**
- **Questions?**

The Episcopal Church Medical Trust

- **Chartered by General Convention in 1978**
- **Reports to Church Pension Fund Trustees**
- **Voluntary Employees' Beneficiary Association (VEBA)**
- **ERISA-exempt, free of most state benefit mandates**
- **Tax-favored not-for-profit church plan**

The Episcopal Church Medical Trust

Our Mission ...

***“Balancing
compassionate
Christian benefits
with financial
stewardship”***



Who Can Participate?

- **Salaried (exempt) clergy and lay employees**
- **Hourly employees working a minimum of 20 hours/week (1,000 hours/year)**
- **Dependent children to age 30**
- **Employees on short-term or long-term disability**

The Episcopal Church Medical Trust – *Serving You*

- **We are here to support you with:**

- Problem Resolution
- Education and Awareness
- Patient Advocacy

Our Client Engagement Team is Available

Monday through Friday

8:30 am to 8:00 pm ET

5:30 am to 5:00 pm PT

1-800-480-9967 / mtcustserv@cp.org

Plan Design Changes – Active Medical

Plan Design Changes – Active

- **Medicare Secondary Payer, Small Employer Exception**
- **Win, Win, Win!!**
 - Employees Win
 - Lower out-of-pocket costs, no disruption
 - Employer Win
 - Lower premiums for MSP plans
 - Plan Win
 - Lower collective costs
 - Estimated \$3-4M Collective Cost Savings
 - ~ = 2 % of Total Active Medical Spend
- **Take Action**
 - Employer Applies for the Small Employer Exception
 - Complete Individual Certification
 - Needs approval from Medicare

Medicare Secondary Payer Definitions

- Current Medicare rules do not allow an employee over 65 and actively working to be on a Medicare Supplement Plan paid for by their employer
- **MSP**
 - Medicare is secondary to any active health plan for beneficiaries, which includes employees and spouses, over 65
- **Small Employer Exception**
 - For employers with 19 or fewer employees, Medicare is the primary payer of benefits and the Medical Trust plan is secondary
- **Qualify? See your employer!**

MSP Wrap-up

- **MSP not mandatory**
 - Initial process is to determine eligibility for employers and individuals
 - Groups may elect MSP plans during OE Plan Selections and individuals may elect MSP options
- **We will provide support throughout the implementation process**



Plan Design Changes – Active

- Effective January 1, 2014 Out of Pocket (OOP) Maximum requirements:
 - Medical and behavioral health copays and coinsurances will now count towards the out of pocket maximum
 - Allowed to defer integration of prescription drugs until 2015 which will require an adjustment to overall out of pocket maximums
 - What will the plans look like?
 - If no OOP Maximum today, will be set at \$2,000/\$4,000 (UHC Choice)
 - If OOP Maximum today will alter how reflect the accumulation of deductible, coinsurance maximum and OOP Max
 - While accumulator dollars add up to the same number; will lower overall OOP cost for heavy utilizers

Why no other changes planned for Actives?

- Looking forward towards 2015 and beyond
 - Healthcare Reform Impact – Shorter Term
 - Out of pocket maximums must also include Rx copays
 - Design comparisons to exchange offerings
 - Healthcare Reform Impact – Longer Term
 - Potential for Cadillac Tax

Plan Design Changes – Other

- No planned changes
 - Dental
 - Employee Assistance Program (EAP)
 - Vision
 - Health Advocate

Episcopal Church Medical Trust

Diocese of San Diego Medical Plans– 2014



Your 2014 Medical Plan Choices

Network & Out-of-Network Plans

- Empire BlueCross BlueShield PPO 90/70*
- **United Healthcare Choice Plus 80/60 (New for 2014)**
- Empire BlueCross BlueShield High Deductible Health Plan

Network Only Plans

- Aetna Select EPO
- United Healthcare Choice
- Kaiser High Option EPO
- Kaiser EPO 80

***If Medicare eligible and still actively working, please contact us!**

All Plans – Preventive Care

Routine and Preventive Services

- **\$0 Copay Network**

- **Benefits include covered services received in a physician's office such as:**
 - Routine exams
 - Well-Woman and Well-Man exams
 - Routine exam X-rays and lab services
 - Well-Child checkups
 - Immunizations
 - Other Routine Services

Women's Preventive Care

In accordance with the Affordable Care Act women's preventive care services are available with no copay or coinsurance in-network:

- Annual visit and recommended preventive services
- Breastfeeding counseling and equipment such as breast pumps
- FDA-approved contraceptive methods
- Domestic violence screening and counseling
- Gestational diabetes screening for pregnant and high-risk women
- HIV screening and counseling annually
- Sexually transmitted infections counseling annually
- Human papillomavirus (HPV) testing every 3 years

Network and Out-of-Network Plans - PPO

Basic Elements

- **No designated Primary Care Physician (PCP) required**
- **No referrals required for specialty care**
- **Out-of-network benefits are available, although you pay less when using a network provider**

Empire BlueCross BlueShield PPO 90/70 Plan

(Preferred Provider Organization)

www.empireblue.com (800) 352-3152

Empire BCBS PPO 90/70 – At a Glance

Plan Provision	Network	Out-of-Network
Annual deductible (person / family)	\$250 / \$500	\$500 / \$1,000
Annual OOP max (person / family) (includes deductible)	\$1,750 / \$3,500	\$4,500 / \$9,000
Member coinsurance	10%	30%
Office visit	\$0 Preventive \$25 (PCP or specialist)	30%
Urgent care	10%	30%
Inpatient hospital	\$100 copay per day, max \$600 per admission; then 10%	30%
Outpatient hospital	10%	30%
Emergency room care (waived if admitted)	\$100	\$100

UnitedHealthcare Choice Plus 80/60 Plan

(PPO - Preferred Provider Organization)

www.myuhc.com (866) 204-8533

UHC Choice Plus 80/60 – At a Glance

Plan Provision	Network	Out-of-Network
Annual deductible (person / family)	\$500 / \$1,000	1,000 / \$2,000
Annual OOP max (person / family) (includes deductible)	\$2,500 / \$5,000	\$6,500 / \$13,000
Member coinsurance	20%	40%
Office visit	\$0 Preventive \$25 (PCP or specialist)	40%
Urgent care	20%	40%
Inpatient hospital	\$100 copay per day, \$600 max per admission, then 20%	40%
Outpatient hospital	20%	40%
Emergency room care (waived if admitted)	\$100	\$100

**Empire BlueCross BlueShield
High Deductible Health Plan
and
Health Savings Account
(HDHP/HSA)**

www.empireblue.com (800) 352-3152

Empire BCBS HDHP

PPO Plan

- No designated PCP or specialist referrals required
- Network and out-of-network benefits available
 - (Out-of-network more costly)

Deductibles (Medical and Prescription Drugs Combined)

- Network: \$2,700 single / \$5,450 family
- Out-of-network: \$3,000 single / \$6,000 family
- Network and out-of-network accumulate separately

Health Savings Account (HSA)

- **Tax-free savings account**
 - **Max annual deposit: \$3,300 single / \$6,550 family**
 - **Balances accumulate and belong to member**
- **May be partially funded by employer**
- **Funds in the account belong to the employee (Portable)**
- **Use for any qualified healthcare expenses**
 - **Defined by IRS**
 - **Other uses subject to 20% penalty + taxes**

Empire BCBS HDHP – At a Glance

Plan Provision (Medical & Rx Combined)	Network	Out-of-Network
Annual deductible (person / family)	\$2,700 / \$5,450	\$3,000 / \$6,000
Annual OOP max (person / family) (includes deductible)	\$4,200 / \$8,450	\$7,000 / \$13,000
Member coinsurance (after deductible is met)	20%	45%
Office visit	\$0 Preventive 20%	45%
Urgent care	20%	45%
Inpatient hospital	20%	45%
Outpatient hospital	20%	45%
Emergency room care	20%	20%

Network Only Plans - EPO

Basic Elements

- **No designated Primary Care Physician (PCP) required**
- **No referrals required for specialty care**
- **Out-of-network benefits are NOT available (except in emergency situations)**

Aetna Select EPO

(EPO – Exclusive Provider Organization)

www.aetna.com (877) 235-4005

Aetna Select EPO – At a Glance

Plan Provision	Network
Annual deductible (person / family)	\$200 / \$500
Annual OOP max (person / family) (includes deductible)	\$1,700 / \$3,500
Office visit / Urgent care	\$0 Preventive \$25 (PCP or specialist)
Member coinsurance	10%
Inpatient hospital	10%
Outpatient hospital	10%
Emergency room care (waived if admitted)	\$100

UnitedHealthcare Choice Plan

(EPO - Exclusive Provider Organization)

www.myuhc.com (866) 204-8533

UnitedHealthcare Choice – At a Glance

Plan Provision	Network
Annual deductible (person / family)	\$0 / \$0
Annual OOP max (person / family) (includes deductible)	\$2,000 / \$4,000
Member coinsurance	0%
Office visit	<i>\$0 Preventive</i> \$25 (PCP or specialist)
Urgent care	\$50
Inpatient hospital	\$100 copay per day, \$600 max per admission
Outpatient hospital	\$150 (for surgery)
Emergency room care (waived if admitted)	\$100

Express Scripts Pharmacy Benefits



www.expressscripts.com (800) 841-3361

Express Scripts Pharmacy Tiers

Generic:

- Same active ingredients as the brand-name it replaces. Binder may differ.

Formulary:

- A list of brand-name drugs preferred by a plan based on clinical effectiveness and cost. (*Also called “Preferred Brand Name”*)

Non-Formulary:

- Brand-name drugs not on your plan’s formulary. (*Also called “Non-Preferred Brand Name”*)

What is Step Therapy?

- Utilizes evidence-based medicine
- Certain medications will be dispensed/covered only after others have been tried and failed

If you have already tried an alternative medication without success, call us to discuss.

“Generic or Pay the Difference”

Here’s an example of what the member pays if a generic is available, but the brand name is specified:

Brand Name Cost = \$90

Generic Cost = \$30

Generic Copayment = \$10

\$90 Brand Name Cost - \$30 Generic Cost = \$60 Difference

\$10 Copayment + \$60 Difference

=

\$70 Net Cost to the Member

If a generic medication cannot be used for a medical reason, call us to discuss.

Mail Order for Maintenance Meds

Mail Order required for most maintenance meds

- **3 fills covered at retail pharmacy**
- **After 3rd fill, Express Scripts mail order required for benefit**

Mail Order is easy, convenient, accurate

- **Member can mail prescription**
- **Doctor can fax or order online**
- **Email/mail reminder when refill is due**
- **Automatic refill available on request**

Up to triple the supply for less than triple copay

- **Controls costs for both member and plan**

Rx Benefits Managed by Express Scripts

Behind-the-Scenes

- **Express Scripts review all prescriptions for:**
 - Possible drug interactions
 - Medical efficacy
 - Safety (dose, duration, etc.)
- **Prior authorization may be required based on need, quantity**
- **Express Scripts will call your doctor directly with questions**

Be Proactive!

Talk to your doctor about your plan

- Review the Express Scripts Formulary
- Ask for generic drugs when available

Look over / discuss your prescriptions

- Are paper prescriptions for Mail Order for 90 days?
- Does your doctor know to request “90 days supply”?
- Did your doctor specify that generics may be dispensed?

Express Scripts Pharmacy Plan Designs

	Standard Plan		HDHP/HSA
	Retail	Mail Order	Retail & Mail Order
Annual Prescription Deductible (Retail Only)	\$50 per person	none	\$2,700 per person \$5,450 per family (combined with medical deductible)
Copays Tier 1: Generic	Up to \$10	Up to \$25	You pay 15% after deductible
Copays Tier 2: Formulary	Up to \$35	Up to \$90	You pay 25% after deductible
Copays Tier 3: Non-formulary	Up to \$60	Up to \$150	You pay 50% after deductible
Dispensing Limits per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)

CIGNA Behavioral Health – Non Kaiser Plans

Mental Health / Substance Abuse Benefits



www.cignabehavioralhealth.com (866) 395-7794

Mental Health / Substance Abuse Benefits

- **Plan Partner – Cigna Behavioral Health***
 - Thirty years experience
 - Extensive mental health provider network

- **Out-of-network MH/SA benefits in all MT Plans***
 - Annual deductibles do not apply to MH/SA benefits
 - Shares out-of-pocket (OOP) maximums with medical benefits
 - For Network Only plans:
 - MH/SA Out-of-Network services covered at 70% (You pay 30%)
 - Out-of-Network OOP maximum is \$2,100/person, \$6,300/family
 - See Summary Plan Document for your specific plan details

- **Employee Assistance Program (EAP)**
 - Cigna also Plan Partner for EAP

**Kaiser and Empire BCBS HDHP have only EAP through Cigna Behavioral Health; MH/SA benefits are embedded in their plan design.*

Kaiser Plans

(Functions as an HMO - Health Maintenance Organization)

<http://my.kp.org/ecmt>

Network Only Plans - Kaiser

Basic Elements of Kaiser EPO Plans

(Functions as an HMO)

- **Utilize Kaiser network for all medical, pharmacy, and behavior health benefits**
- **Primary Care Physician (PCP) required**
- **Referrals required for specialty care**
- **Out-of-network benefits are not available, except in emergency situations**

Kaiser EPO 80

(Functions as an HMO - Health Maintenance Organization)

<http://my.kp.org/ecmt>

Kaiser EPO 80 – At a Glance

Plan Provision	Network
Annual deductible (person / family)	\$500 / \$1,000
Annual OOP max (person / family) (includes deductible)	\$3,500 / \$7,000
Member coinsurance	20%
Office visit	<i>\$0 Preventive</i> \$25 PCP \$35 specialist
Urgent care	\$25
Inpatient hospital	20%
Outpatient hospital	20%
Emergency room care	20%

Kaiser High Option EPO Plan

(Functions as an HMO - Health Maintenance Organization)

<http://my.kp.org/ecmt>

Kaiser High Option EPO – At a Glance

Plan Provision	Network
Annual deductible (person / family)	\$0 / \$0
Annual OOP max (person / family) (includes deductible)	\$1,500 / \$3,000
Office visit copay	<i>\$0 Preventive</i> \$20 (PCP or specialist)
Urgent care visit	\$20
Member coinsurance	0%
Inpatient hospital coinsurance	0%
Outpatient hospital copay	\$20
Emergency room care	\$75 (waived if admitted)

Kaiser Pharmacy Benefits



<http://my.kp.org/ecmt>

Kaiser Pharmacy Tiers

Generic:

- **Same active ingredients as the brand-name it replaces. Binder may differ.**

Formulary:

- **A list of brand-name drugs preferred by a plan based on clinical effectiveness and cost. (*Also called “Preferred Brand Name”*)**

Kaiser EPO 80 & High Option Plans Pharmacy – At a Glance

Plan Provision	EPO 80 Plan		High Option Plan	
			Retail	Mail Order
Annual Prescription Deductible	none	none	none	none
Co-payment Tier 1: Generic	\$10	\$10/Up to 30 days \$20/Up to 90 days	\$10	\$10/Up to 30 days \$20/Up to 90 days
Co-payment Tier 2: Formulary	\$30	\$30/Up to 30 days \$60/Up to 90 days	\$25	\$25/Up to 30 days \$50/Up to 90 days
Dispensing Limits per Co-payment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply

Mail order recommended but not required for maintenance medications. 50

Kaiser Permanente

Mental Health / Substance Abuse Benefits



<http://my.kp.org/ecmt>

Kaiser EPO 80 – MH/SA

Benefits provided through Kaiser

Inpatient Services

- Plan pays 80% (Member pays 20%)
- Unlimited (when medically necessary)

Outpatient Services

- Individual: Copay \$25 per visit/per day
- Group: Copay \$12 per visit
- Unlimited (when medically necessary)

Kaiser High Option EPO – MH/SA

Benefits provided through Kaiser

Inpatient Services

- No copayment or coinsurance
- Unlimited (when medically necessary)

Outpatient Services

- Individual: Copay \$20 per visit/per day
- Group: Copay \$10 per visit
- Unlimited (when medically necessary)

Episcopal Church Medical Trust

Additional Benefits

Additional Benefits

- **Employee Assistance Program (EAP)**
- **Health Advocate**
- **EyeMed Vision**
- **MEDEX Travel Assistance**
- **HearPO**

Employee Assistance Program (EAP)

- Administered by CIGNA Behavioral Health
- 10 in-person sessions **PER ISSUE** at **\$0 COPAY**
- **UNLIMITED** telephonic sessions
- **MULTIPLE EPISODES** of treatment per year
- **Extensive** geographic availability of services
 - Telephone access virtually unlimited

Employee Assistance Program (EAP)

EAP helps YOU AND YOUR HOUSEHOLD find the services you need -

Assistance with Family Care Services

- Child care
- Parenting programs
- Adoption information
- Long-distance care-giving
- Researching nursing homes
- Pet insurance
- ... and more!

Personal Services

- 30-minute free legal consultation
- Stress management
- Debt management
- Identity theft management

Online Services

- Emotional well-being and life events
- Family and care-giving resources
- Health & wellness resources
- Daily living resources
- Email assisted search

Health Advocate

offers assistance with ANY aspect of the healthcare system to YOU, YOUR HOUSEHOLD, AND YOUR PARENTS AND PARENTS-IN-LAW

- **Additional layer of service provided by the Medical Trust**
- **Advocacy and assistance service**
- **Facilitates member interactions with healthcare providers, insurance plans, and other community resources**
- **Assists members with:**
 - **Finding** doctors, hospitals and other healthcare providers
 - **Resolving** claims, billing and administrative problems with providers
 - **Issues** encountered while accessing the healthcare system
- **Protects privacy and confidentiality**

Health Advocate

Personal Health Advocates, typically RNs, who with a team of medical directors and administrative experts:

- **Identify** leading healthcare providers and institutions anywhere in the country
- **Schedule** specialized treatment and tests
- **Answer** questions about test results, treatment recommendations and medications recommended by your physician
- **Assist** in the transfer of medical records, x-rays and lab results
- **Arrange** for home care equipment following discharge from a hospital
- **Foster communication** and benefits coordination between physicians and insurance companies

EyeMed Vision Care Benefits – At a Glance

Plan Provision	Network	Out-of-Network
Annual Eye Exam	<i>You pay \$0</i>	Plan pays up to \$30
<i>Choose Eyeglasses OR Contact Lenses Each Calendar Year:</i>		
Lenses single vision bifocal trifocal	You pay \$10	Plan pays up to \$32 \$46 \$57
Frames	\$130 allowance, 20% off balance over \$130	Plan pays up to \$47
Contact Lenses Conventional	\$130 allowance, 15% off balance over \$130	Plan pays up to \$100
Contact Lenses Disposable	\$130 allowance, then you pay balance over \$130	Plan pays up to \$100

FrontierMedex and HearPO

FrontierMedex

- Access to FrontierMEDEX Travel Assistance
- Provides 24/7 Emergency Medical Advocacy
- *Please note – FrontierMEDEX is not responsible for medical costs while you are traveling.*

HearPO

- Access to HearPO network discounts

Cigna Dental Plans



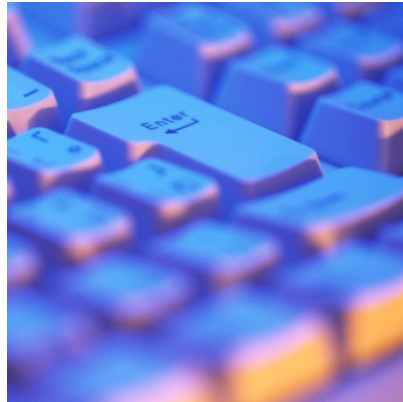
www.cigna.com (800) 244-6224 (800-CIGNA24)

Cigna Dental Plans – At a Glance

Plan Provision	Preventive Dental	Basic Dental	Dental & Orthodontia
	What You Pay		
Annual Out-of-Network Deductible	None	\$50 per person \$150 per family	\$25 per person \$75 per family
Preventive Services (includes 3 cleanings per year)	0%	0%	0%
Basic Services	20%	15%	15%
Major Services	99%	50%	15%
Orthodontic Services	99%	Not Covered	50% (\$1,500 Lifetime Max)
Out-of-Network Benefits (based on Usual & Customary)	Same as Network	Same as Network	Same as Network
Annual Benefit Maximum (in addition to preventive care)	\$1,500	\$2,000	\$2,000

Episcopal Church Medical Trust

**Online Open Enrollment
October 31 – November 21, 2013**




Online Open Enrollment

Church Pension Group Medical Trust - Open Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://proto.openenrollment.cpg.org/> Go

Links Google Intranet Welcome to RESX usairways A & I Travel CPG AAir ADP iPayStatements Login Aetna AIM Express AMEX

**THE EPISCOPAL CHURCH
MEDICAL TRUST**

Open Enrollment

By clicking "Login" below, I certify and agree to the following:

- I am authorized to use this website for myself and for any person or institution — including any related institutions and their employees and agents — on whose behalf I am acting (collectively, the "covered parties").
- Any information that I submit through a website of the Church Pension Fund and its affiliates (collectively, "CPG") with respect to myself and the covered parties (hereinafter, along with all future corrections and additions, the "data") is complete and accurate, and I am authorized to provide the data to CPG.

Need help? Please phone customer service at (800) 480-9967 for assistance.

User name **Password** **Last 4 digits of SSN** **Login**

[Enrollment Guide](#)

Done

start 5 Microsoft Offic... Misc Presentations 5 Microsoft Offic... Church Pension G... Church Pension G... 86% 9:30 AM

Online Open Enrollment

Church Pension Group Medical Trust - Open Enrollment - Microsoft Internet Explorer

Address: https://test2.openenrollment.cpg.org/?5B_Login=1&LoginID=5Arnold&TO=XXXX.bpsinakis-11AA19ED0921473CEE7AC67058D9564C

Open Enrollment 2010

Logout

▼ Scott Arnold

Download Plan Documents

- [Enrollment Guide](#)
- [Pharmacy Plan Guide](#)

Your Open Enrollment Selections

Submit Submit this request form.
Clear Changes Clear any changes on this unsaved request form.

Name

Clergy Title/Salutation: First: Mid: Last: Suffix:

Mailing Address

Line 1: Line 2: City: State: Zip: -

Phone: () Ext. E-Mail:

Personal Information

Tax ID / SSN: Birth Date: Clergy/Lay Status: Gender:

Coverage Options + Monthly Costs

[what's this?](#)

Medical	Plan Summary	Single	Family
<input type="radio"/> HSA II - Empire High Deduct		\$390.00	\$982.00
<input type="radio"/> EmpireBCBS High Opt PPO		\$390.00	\$982.00
<input type="radio"/> Empire BCBS PPO - 75/50		\$390.00	\$982.00
<input checked="" type="radio"/> I decline medical coverage.			

Dependents

Med Den	First	Mid	Last	Suffix	Tax ID / SSN	Birth Date	Gender	Relation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

More dependents? If all rows are filled, [click here](#) to add another empty row.
To remove a dependent, simply uncheck Med and/or Den, as applicable.

Electronic Signature

This form accurately reflects my plan selections and personal data.

Submit Submit this request form.
Clear Changes Clear any changes on this unsaved request form.

Done

Start | Internet | 3:31 PM

Online Open Enrollment

Confirmation Statement

The Episcopal Church Medical Trust, 445 Fifth Avenue, New York, NY 10016

EMPLOYEE INFORMATION

Patricia H Smith <i>Name</i>	0444-000907 <i>Employer ID Number</i>
2977 Anywhere Ave <i>Address</i>	10/16/1943 <i>Date of Birth</i>
	***-**-9088 <i>Member ID/SSN</i>
Baton Rouge, LA 70808-1576 <i>City, State Zip</i>	
<i>EMail</i>	<i>Phone</i>

COVERAGE INFORMATION

	Option Code	Plan Name	Coverage Tier
Medical	MSE0	Empire BCBS EPO - 90	I - Single
Dental	—	—	—

DEPENDENT INFORMATION

(No dependents covered.)

ONLINE CONFIRMATION

CONFIRMATION NUMBER: 20071018094849.101
EMPLOYER: Trinity Episcopal Day School
DATE SUBMITTED: 10/18/2007
TIME SUBMITTED: 09:51:24 am

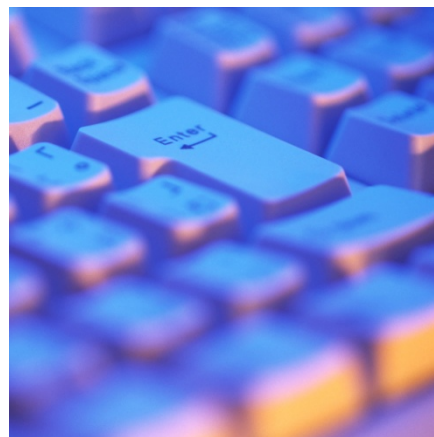
Please print this confirmation for your records and take a moment to complete the survey at the end. Thank you!

If this information is incorrect, please contact your Administrator

Tips for Selecting Your Plan

- **Enrollment Guide**
- **Historical Usage**
- **Current Needs**
- **Covered Benefits**
- **Provider Choice and Availability**
- **Premiums vs. Out-of-Pocket Costs**

Resources



Getting Help: Contacts

■ Aetna

- (877) 235-4005
- www.aetna.com

■ Empire BlueCross BlueShield

- (800) 352-3152
- www.empireblue.com/medicaltrust

■ UnitedHealthcare

- (866) 204-8533
- www.myuhc.com

■ CIGNA Medical and Dental

- (800) 224-6224
- (800) CIGNA24
- www.cigna.com



Getting Help: Contacts

■ Medco

- (800) 841-3361
- www.medco.com

■ CIGNA Behavioral Health (& EAP)

- (866) 395-7794
- www.cignabehavioral.com.com

■ EyeMed Vision Care

- (866) 723-0512
- www.eyemedvisioncare.com



Getting Help: Contacts

■ Health Advocate

- (866) 695-8622
- www.healthadvocate.com

■ FrontierMEDEX

- (800) 527-0218 (U.S., Canada, Virgin Islands, Bermuda)
- (410) 453-6330 (All other locations – call collect)
- www.frontiermedex.com

■ HearPO

- (888) 432-7464
- www.hearpo.com



Client Engagement

We are here to serve our members

Monday through Friday:

8:30am to 8:00pm Eastern

5:30am to 5:00pm Pacific

Telephone Direct Toll Free

1-800-480-9967

Email: mtcustserv@cpg.com

Best sequence for problem resolution:

- **1st:** Call **Vendor** for most benefit-related issues
- **2nd:** Call **Health Advocate**
- **3rd:** Call **Medical Trust**

The Medical Trust Website

www.cpg.org

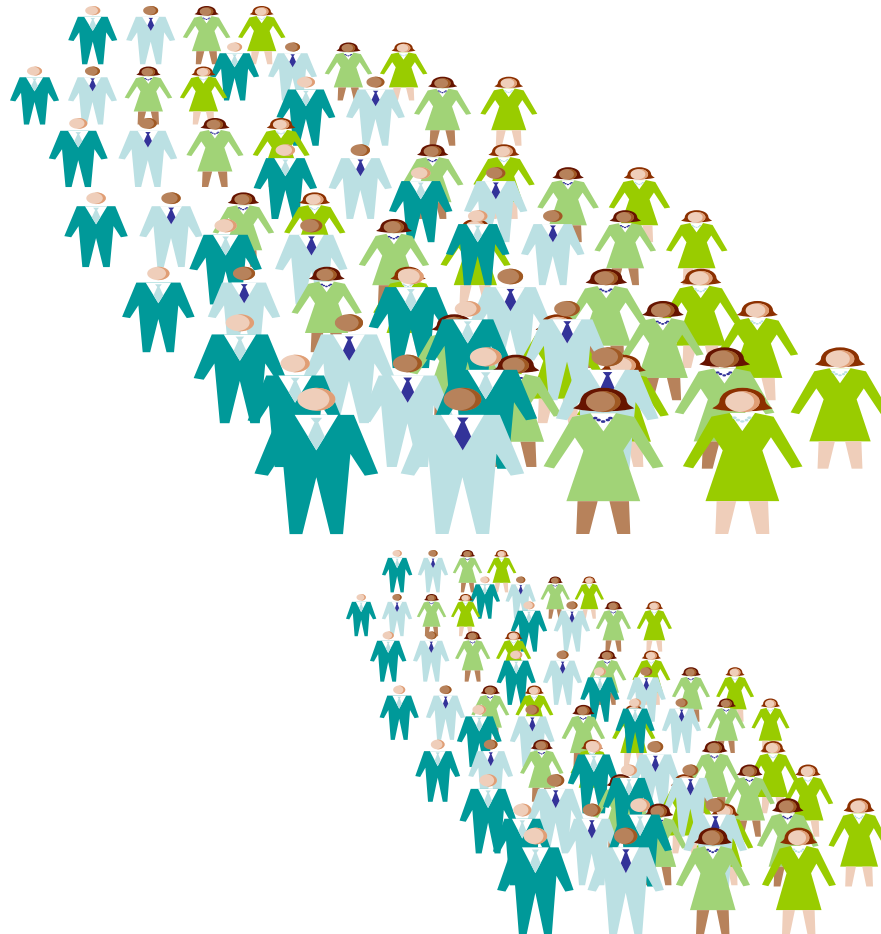
Our website is open 24 / 7 / 365 for members to:

- Access and print forms, handbooks, and other information and documents
- Access updated information relating to plans
- Access a wide variety of information and resources other than healthcare related

Lay Employee Pension System (LPS) Overview

Resolution A138 – Why It's Important to the Church

This Resolution makes pension benefits available to many lay employees who were not previously being provided these benefits by their employers



Resolution A138 Mirrors Resolution D165 *with a few distinct differences*

76th General Convention in 2009 passed Resolution A138 which amended Title I, Canon 8



Pension benefits will be provided for all lay employees scheduled to work 1,000 or more compensated hours per year for any domestic Diocese, Parish, Mission or other ecclesiastical organization or body subject to the authority of this Church

Effective January 1, 2013, there will no longer be minimum age or length of service requirements for participation

Resolution A138: Lay Pension Contribution Requirements



Defined Contribution Employer Contributions

Requirement	Base Contribution	Matching Contribution	Total Contributions
	5%	4% (when the base is 5%)	9%*



Defined Benefit Employer Contributions

Requirement	Base Contribution	Matching Contribution	Total Contribution
	9%**	0%	9%*

* Compensation includes all items of compensation reported in the box "Medicare Wages and Tips" on the Form W-2, plus any pretax contributions to a cafeteria plan and an amount equivalent to the value of maintenance furnished to the employee (including utility and room and board expenses and the rental value of housing). All overtime, bonuses, commissions and severance pay are generally included in compensation.

** Pension assessments currently at 9%. CPF has the right to increase assessments if Plan funding or other conditions require.

2012 General Convention Resolution C042*

Implementation of the Lay Employee Pension System

- Affirmed the requirements of Resolution A138
- Schools not providing benefits through a defined benefit plan must adopt either a TIAA-CREF or Church Pension Fund sponsored lay pension plan no later than January 1, 2013
- Extended the period for *schools only* to achieve the full employer contribution and match rates for defined contribution plans until January 1, 2018

*Resolution C042 defines schools as serving children of any age, thereby including pre-school, nursery and day care centers

2012 General Convention Resolution C042*

Implementation of the Lay Employee Pension System

As of	Required Base Contribution	Required Match Contribution
January 1, 2013	0%	0%
January 1, 2014	1%	0%
January 1, 2015	2%	1%
January 1, 2016	3%	2%
January 1, 2017	4%	3%
January 1, 2018	5%	4%

If a school's contributions to employee pensions are already above the minimum required contribution or match percentage for any year, the school shall not lower the contribution or match

*Resolution C042 defines schools as serving children of any age, thereby including pre-school, nursery and day care centers

Strategy for Completing the LPS Implementation

- Provide updated status report to diocesan leadership
- Outreach to congregations/institutions to facilitate enrollment
- Offering of web-based presentation to employers
- Begin offering defined contribution enrollment web-based presentation to lay employees
- Outreach to schools

Need Additional Help?

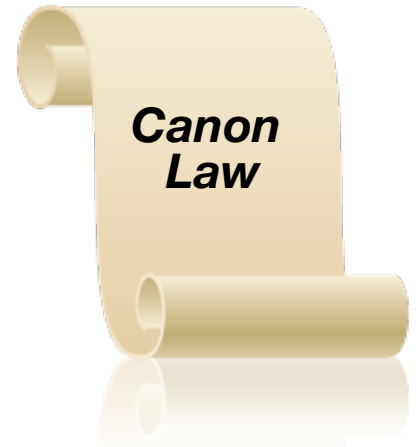
Resource Tools Available to Help You

- **Lay Pensions Resource Center:** www.cpg.org/laypensions
Click on “Administrator” and this will take you to the Resource Center.
 - Pension Contribution Calculator
 - Enrollment Information
- **Client Engagement (Monday through Friday, 8:30 AM to 8:00 PM ET, excluding holidays) at 800-936-7349**
- **Email us at layplans@cpg.org**

Denominational Health Plan (DHP) Overview

Resolution A177: What It Says about the DHP

Title I, Canon 8 of the *Constitutions and Canons* was amended to establish the Denominational Health Plan in accordance with the principles adopted in Resolution A177.



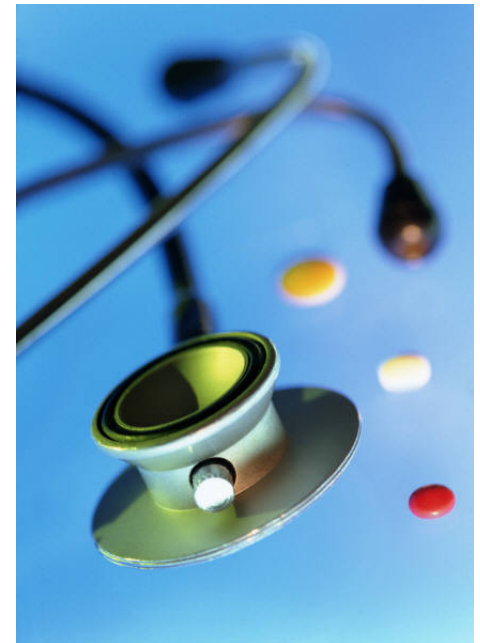
All domestic Dioceses, parishes, missions and other ecclesiastical organizations or bodies subject to the authority of the church are required to participate, with implementation complete by January 1, 2013.

Two Major Goals of the DHP are Separate and Independent from One Another

- Cost containment achieved by aggregating the Church into one purchasing coalition through required purchasing from the Medical Trust
- Parity in benefit cost sharing for clergy and lay employees working more than 1500 hours with each diocese determining their cost sharing policy

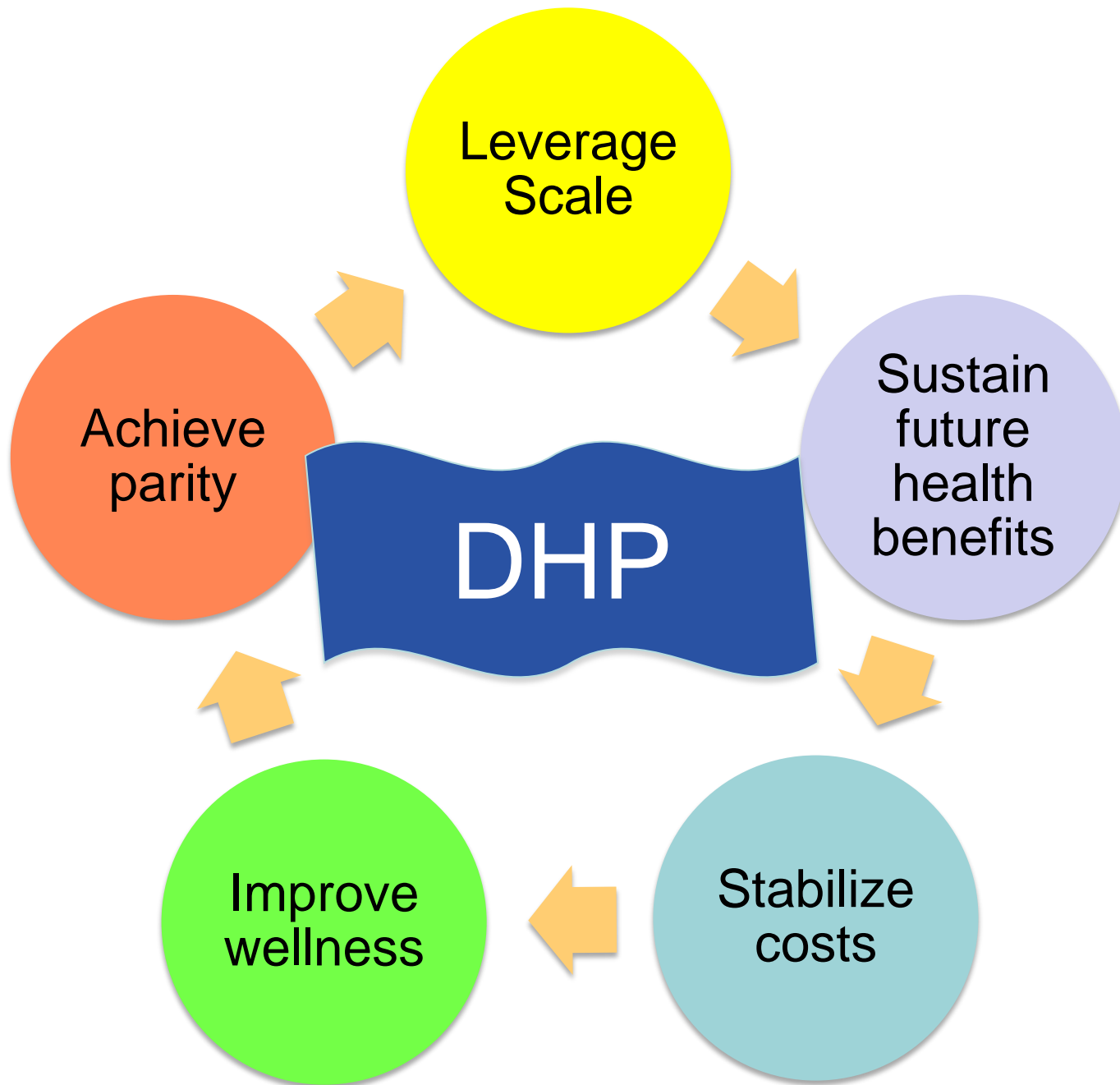
Resolution A177: What It Says About the DHP

- Employers will be required to offer a health plan to employees scheduled to work and compensated for 1,500+ hours/year.
- Each diocese will set a minimum cost-sharing policy that must apply equally to eligible clergy and lay employees.
- Each diocese determines if schools and other institutions must participate, or if they will participate on a voluntary basis.



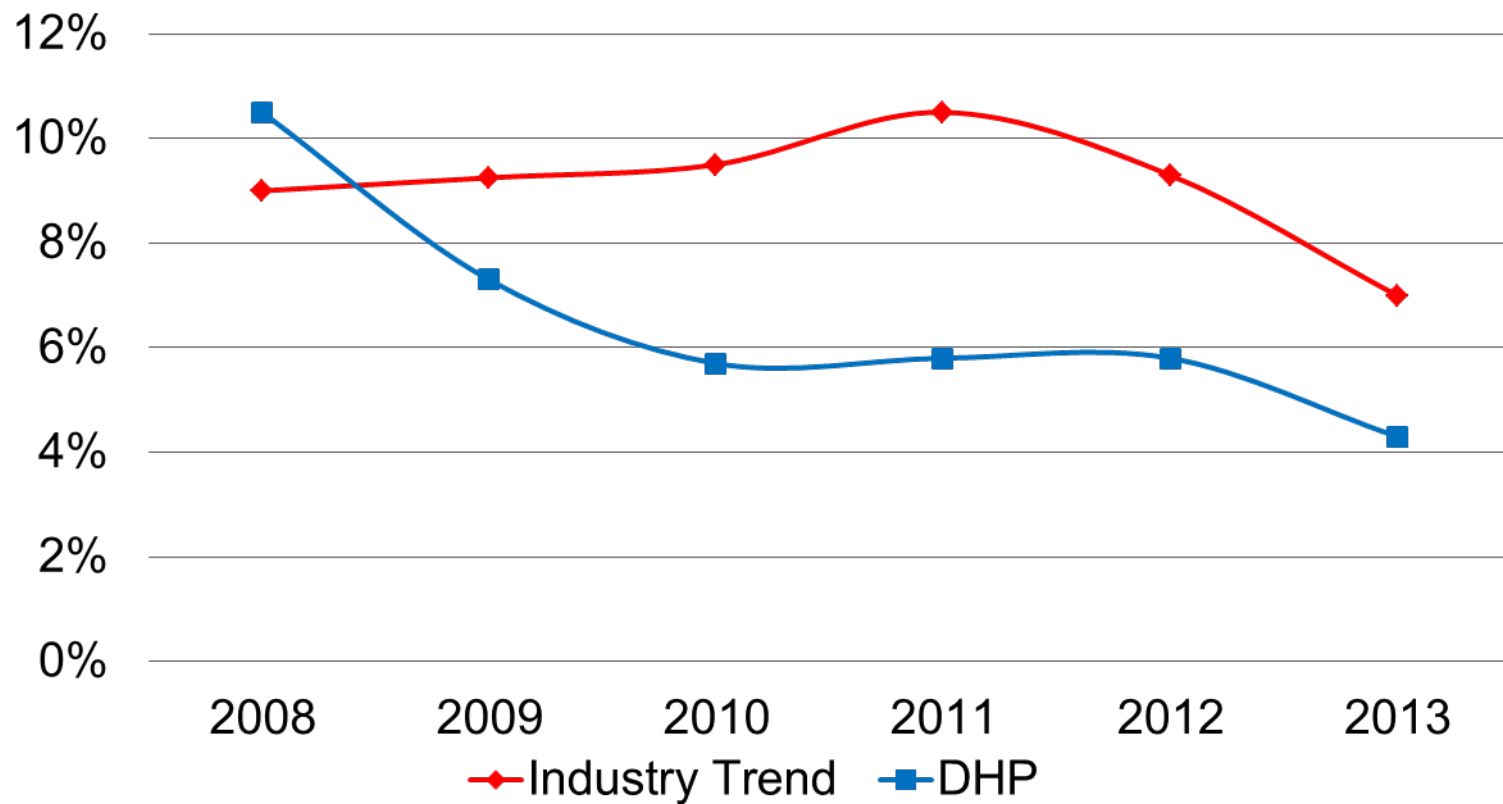
Resolution A177: What It Says About the DHP

- Employers may not opt out of the DHP.
- Employees may opt out of the DHP if they have a health plan through other approved sources (e.g. spousal coverage, Tricare).
- Employees who work more than 1,000 hours per year but less than 1,500 hours per year may voluntarily participate.



DHP is helping to contain healthcare costs

Annual Cost Trend Comparison



Note: National trend figures based on Aon Hewitt trend study and represent increases prior to plan design changes

Strategy for Completing the DHP Implementation

- We will continue with consultative approach to assist, guide, and partner with you to encourage parish compliance with Resolutions A177 and B026
- Continue to enhance data gathering and reporting tools
- Continue to partner with diocesan leadership
- Develop and deploy robust sales strategy to voluntary institutions that will assist in improving pricing demographics

Need Additional Help?

Resource Tools Available to Help You

- **Denominational Health Plan Resource Center:** www.cpg.org/dhp
- **Diocese of San Diego**
 - Julie Young (619) 481-5453
- **IBAMS Regional Account Specialist**
 - Toni Marie Sutliff (212) 592-6241

Healthcare Reform – At a Glance

Three-pronged approach to healthcare reform

■ **Educate and inform**

- Provide information, instructions and sample communications to groups to help adhere to requirements and make informed decisions

■ **Research and analyze**

- Data gathering and financial analysis to quantify potential impact of key provisions and identify opportunities to drive maximum benefits for employers, participants and the DHP

■ **Monitor developments and take action**

- Church plan lobbying efforts
- State and federal exchanges
- Further guidance on regulations
- Employer reactions

Communication Outreach to the Church

- **House of Bishops**
- **Province IV Meetings**
- **Provincial Synod Meetings**
- **Group Administrator Calls**
- **Monthly Administrator Emails**
- **Small Employer Health Care Tax Credit memos**

Communication Outreach to the Church

- **Letter to Bishops and Diocesan Administrators sent 6/12/13**
- **Email to 8000+ diocesan, parish and institution administrators by end of June**
 - Link to FAQ document on cpg.org
 - Explanation of resources
- **Exchange notices: October 1, 2013 deadline**
- **EBAC presentation this September**

Resources to Help You

- **Resources available on cpg.org starting the end of June:**
 - FAQ
 - History of the Medical Trust's compliance with the ACA through 2013
 - What you need to know about the ACA and the Medical Trust for 2014 and beyond
 - Notices required for employers
 - Compliance Checklist
 - The Health Insurance Marketplace (also known as Exchanges)
 - The Individual Shared Responsibility (also known as the Individual Mandate)
 - The Employer Shared Responsibility (also known as the Employer Mandate or Pay or Play)
- **Email notification whenever a new resources is posted**

2013

2013- Notice of Health Insurance Marketplace

- **Due no later than October 1, 2013 - Employers subject to the Fair Labor Standards Act must provide the notice**
- **Must provide to all employees (full-time and part-time); not required to provide notice to dependents**
- **Must provide notice to all new employees within 14 days of hire date.**
- **Content of notice:**
 - Information regarding the existence of Health Insurance Marketplace (Exchanges)
 - That employee may be eligible for a premium tax credit if the employee purchases coverage through the Exchange; and
 - If purchase coverage through Exchange, lose employer contribution and contribution to Exchange is made with after-tax dollars

2013- Form W-2 Issues

- **IRS provided relief from obligation to report value of health coverage on Form W-2 until further guidance issued**
 - Relief applies to employers participating in self-funded church plans (e.g., the Medical Trust Plans)
- **Don't forget to impute the value of health coverage to non-dependent children who are age 27 or older or same gender spouses and domestic partners**
 - **Determine whether you employ “high income individuals” (\$250,000, if married, \$200,000, if single) and, if so, coordinate with your payroll provider to ensure that the new additional 0.9% Medicare Payroll Tax is withheld**

2013 - Fees

- **Comparative effectiveness research fee to fund Patient-Centered Outcomes Research Institute.**
 - Applies to insured and self-funded plans
 - Applies to plan years ending after October 1, 2012 and before October 1, 2019
 - \$2.00 per covered life (\$1.00 in first year)
 - Information Return (*Form 720*) and payment due by July 31 of following year

- **Who pays and files the Form 720? The Medical Trust**

2014

2014 – More Fees

■ **Transitional Reinsurance Fee**

- \$20 billion to fund reinsurance pool plus \$5 billion to reimburse the government for the Early Retiree Reinsurance Program payments
- Three year assessment (2014-2016)
- Estimate that fee will be \$63 per year per covered life for 2014 but expected to be lower in subsequent years

■ **Who pays the fee? The Medical Trust**

2014 – Key Definitions

- **Minimum Value** – Plan pays at least 60% of plan costs
- **Affordable Coverage** – Employee contribution for single only coverage does not exceed 9.5% of Form W-2 income (for purposes Pay or Play penalties) or household income (for eligibility for the premium tax subsidy on the Exchange)
- **Minimal Essential Coverage** – Includes all of the following:
 - Employer-sponsored coverage (including COBRA coverage and retiree coverage)
 - Coverage purchased in the individual market or Exchange
 - Government provided coverage (Medicare, Medicaid, TRICARE)
- **Essential Health Benefits** – Term used to refer to the 10 statutory areas of coverage that a plan must provide to be a qualified plan on the Exchange. No annual limits may be imposed on these Essential Health Benefits

2014 – Employer Shared Responsibility (Pay or Play Penalty)

- **Effective January 1, 2015, “large employers” will pay penalty if:**
 - The employer doesn't offer healthcare coverage, or coverage is offered but it is “unaffordable” or does not provide minimum value, and
 - A full-time employee receives a premium tax credit on the Exchange

- **Employers subject to the DHP are not included**

2014 – Individual Shared Responsibility

- **Individuals required to obtain “minimum essential coverage” beginning in 2014**
- **Individual without coverage will generally be required to pay a penalty**
- **Limited exemptions: religion, incarceration, illegal status, Indian tribes, and low-income individuals**
- **Parents must ensure dependent children have minimum essential coverage or will be subject to the penalty**
- **Individuals participating in the Medical Trust Plans will satisfy the individual shared responsibility provisions**

2015 and Beyond

2018 - The “Cadillac Tax”

- **40% excise tax must be paid on “Excess Amount”**
 - Excess Amount - the annual cost for coverage in excess of \$10,200 for single coverage and \$27,500 for family coverage, adjusted annually beginning in 2018
 - Amount will increase for certain groups



Church Alliance Healthcare Bill

Church Alliance Healthcare Bill

- **The proposed bill will:**

- Treat employers and individuals who purchase health coverage through a “qualified church plan” the same as those purchasing coverage through the Exchanges
- Provide eligible participants in the Medical Trust plans with access to the 2014 premium tax credits and employers with access to the Small Employer Tax Credit through 2016

- **Status:**

- Introduced in Senate (S. 1164) on June 13th by Senator Pryor (D-AR) and Senator Coons (D-DE)

Thank you!



Any Questions?

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