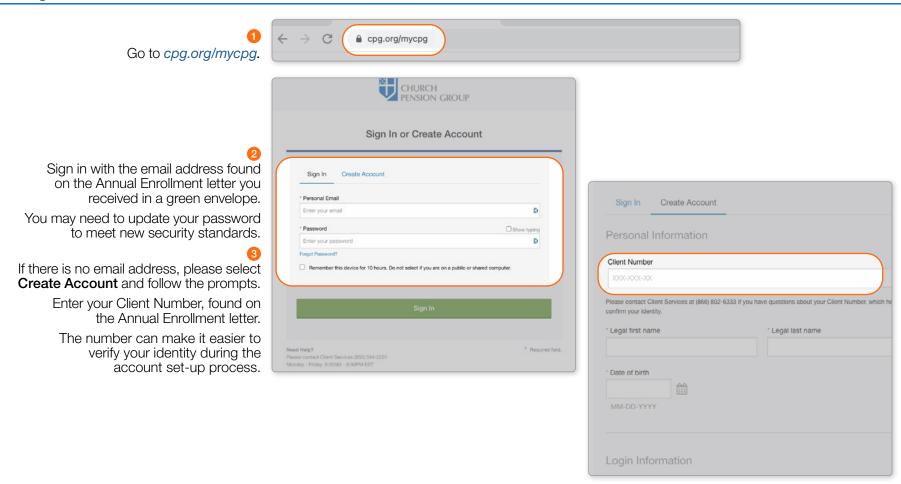




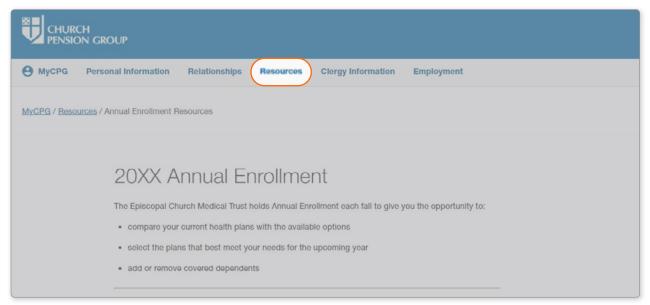
Plan Selection for Active Employees and Pre-65 Former Employees

These instructions will guide you through CPG's online application as you make your plan selection(s) for the coming year through *MyCPG Accounts*.

Step One: Log in

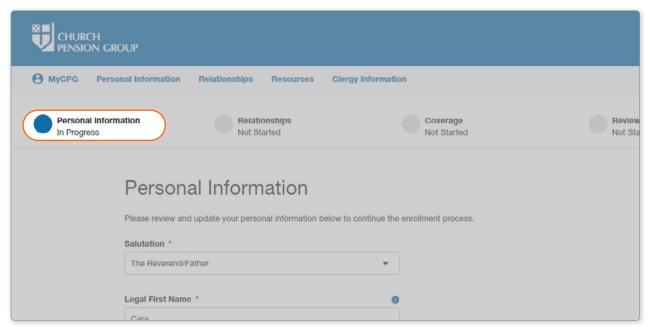


Need technical assistance with enrollment? Call our Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.



Click on the Annual Enrollment banner or go to the **Resources** tab and click the **Annual Enrollment Resources** button.

Step Three: Update your personal information



Verify your Personal Information and make changes directly to the online form.

Confirm that your spousal and dependent(s) information is current by making updates on the **Relationships** screen.

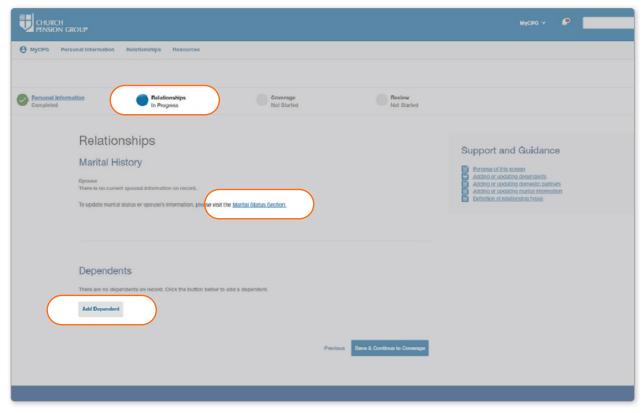
Update current spousal and dependent information by clicking on the **Edit** link under their name(s).

Add a new spouse or dependent only if you intend to provide them with health plan coverage.¹

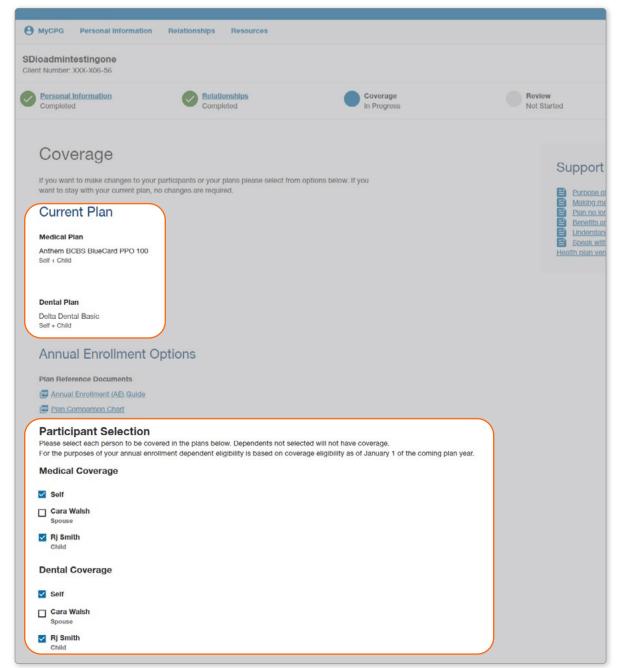
Add a new spouse by clicking the **Marital Status Section** link.

3

Add a new dependent by clicking on the **Add Dependent** button.



¹The following information is required for adding a new dependent (spouse or child): legal name, gender, date of birth, and Social Security Number.



On the **Coverage** screen, your current health plan(s) will be displayed. Review your coverage.



Select the individuals you want to have covered under your health plan(s).

For Medical Coverage

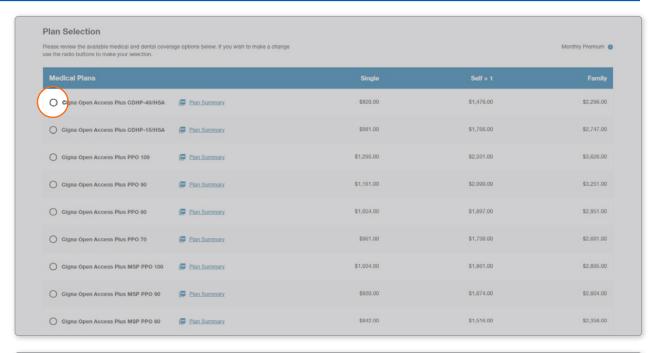
Check the **Medical Coverage** boxes in front of dependents' names if they are to receive coverage and uncheck the boxes to discontinue their coverage for the new plan year.

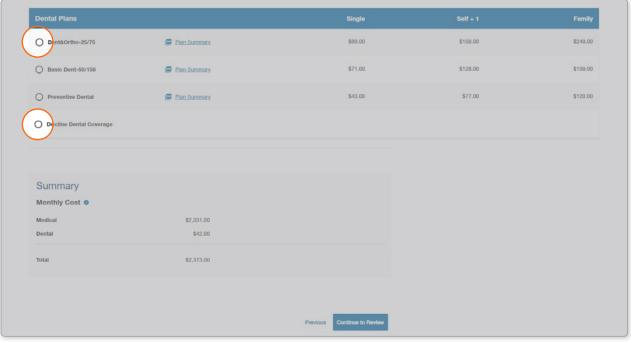
For Dental Coverage

Select your dental plan¹ and check the boxes in front of dependents' names if you wish to enroll them in coverage for the new plan year.

Consider your plan choices and their rates and then make your plan selection(s).

¹Please note that Hawaii Medical Service Association plans are bundled with dental plans.







If you do not want medical and/or dental coverage through the Medical Trust in the new plan year, check **Decline Medical Coverage** and/or **Decline Dental Coverage**.

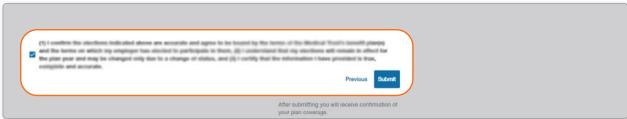


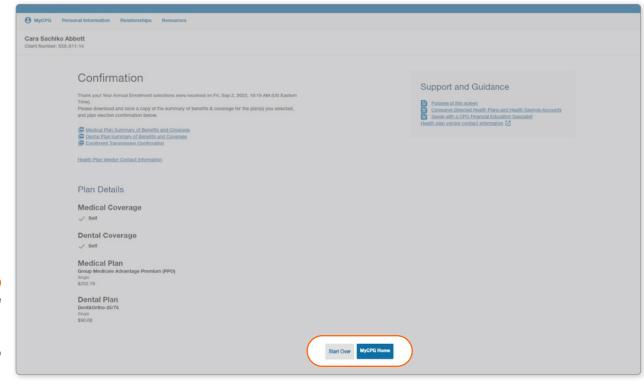
When you're done, make a final review of the plan choices you've selected.

Then sign the form electronically by checking the box at the end of the form and click **Submit**.

Follow the instructions to conclude the review of your plan selection process:

If a red error message appears, correct the error and click **Submit** again.





To reject all changes and restart with the original form, select **Start Over**.

A message will ask whether you are sure. Click **Start Over** to continue or **Cancel** to keep your previously submitted selection(s). For technical assistance with enrollment, please call our Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

Refer to These Benefit Resources

For dental and additional benefits offered through the Medical Trust:

- Visit *cpg.org/annualenrollment* and select your status.
 - "I'm an Active Employee" (currently working)
 - "I'm a Pre-65 Former Employee" (not eligible for Medicare)

Your plan provides a Summary of Benefits and Coverage (SBC) that offers important details about the plan's benefits in a standard format to help you compare options.

- SBCs are available at cpg.org/mtdocs.
- For a free paper copy, call 800-480-9967, Monday through Friday, 8:30 AM to 8:00 PM ET.

If you need help selecting plan(s):

- Medical—
 - Members whose plans use the Anthem and Cigna networks can call Quantum at 866-871-0629, Monday to Friday, 8:30AM to 10:00 PM ET.
 - Kaiser members should call the number on the back of their ID cards.
 - Members covered by the Hawaii Medical Service Association should call the number on the back of their ID cards.
- Dental—Call Delta Dental at 888-894-7059 (Monday to Friday, 8:00 AM to 8:00 PM ET) or visit cpg.org/deltadental.

Need help with Annual Enrollment? Call Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

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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 employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees' Benefit Trust, a voluntary employees' beneficiary association within the meaning of Section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and Section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

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