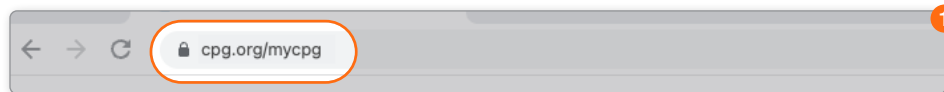


Plan Selection for Post-65 Former Employees

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

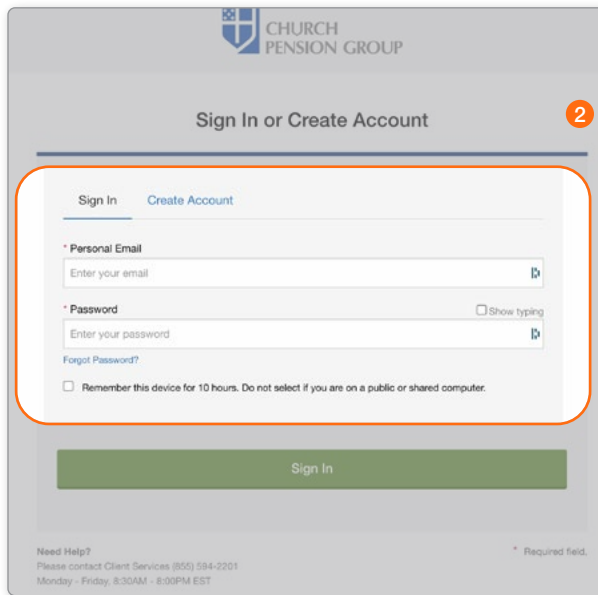
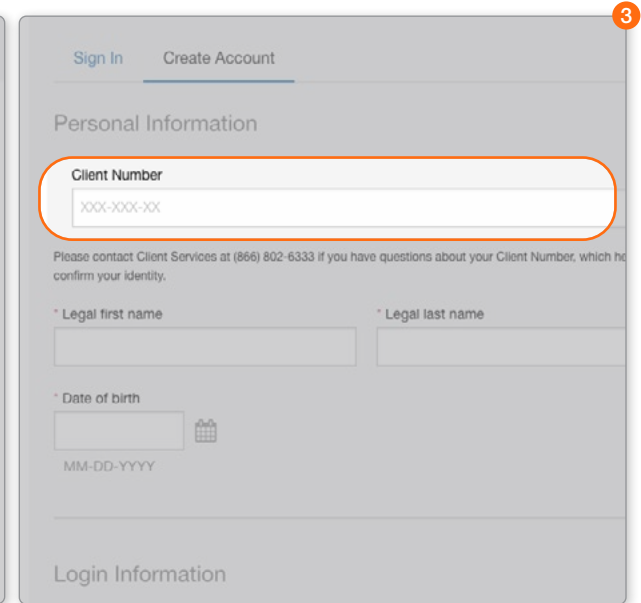
Go to cpg.org/mycpg.



Sign in with the email address found on the Annual Enrollment letter you received in a green envelope. You may need to update your password to meet new security standards.

If there is no email address, please select **Create Account** and follow the prompts.

Enter your Client Number, found on the Annual Enrollment letter. The number can make it easier to verify your identity during the account set-up process.

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.

Step Two: Enroll

1 On the **Resources** tab, click on **Annual Enrollment Resources**.

2 Click on the **Enroll Now!** button.

CHURCH PENSION GROUP

MyCPG Personal Information Relationships **Resources** Clergy Information Employment

MyCPG / Resources / Annual Enrollment Resources

20XX Annual Enrollment

The Episcopal Church Medical Trust holds Annual Enrollment each fall to give you the opportunity to:

- compare your current health plans with the available options
- select the plans that best meet your needs for the upcoming year
- add or remove covered dependents

Annual Enrollment is Open!

Make your selections before undefined.

Enroll Now!

Step Three: Update your personal information

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

CHURCH PENSION GROUP

MyCPG Personal Information Relationships Resources Clergy Information

Personal Information In Progress Relationships Not Started Coverage Not Started Relationships Not Started

Personal Information

Please review and update your personal information below to continue the enrollment process.

Salutation *
The Reverend/Father

Step Four: Update Your Relationships Information

- 1 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).
- 2 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.

The screenshot shows the 'MyCPG' portal with a navigation bar containing 'MyCPG', 'Personal Information', 'Relationships', and 'Resources'. Below the navigation bar, there are four progress indicators: 'Personal Information' (Completed), 'Relationships' (In Progress), 'Coverage' (Not Started), and 'Review' (Not Started). The 'Relationships' section is active and displays 'Marital History' and 'Dependents'. The 'Marital History' section states 'There is no current spousal information on record.' and includes a link to 'Marital Status Section'. The 'Dependents' section states 'There are no dependents on record. Click the button below to add a dependent.' and features an 'Add Dependent' button. A 'Support and Guidance' sidebar on the right lists links for 'Purpose of this screen', 'Adding or updating dependents', 'Adding or updating domestic partners', 'Adding or updating marital information', and 'Definition of relationship types'. Numbered callouts 1, 2, and 3 highlight the 'Relationships' progress indicator, the 'Marital Status Section' link, and the 'Add Dependent' button, respectively.

Step Five: Make Your Health Plan Selections

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

The screenshot shows the 'MyCPG' portal with a navigation bar containing 'MyCPG', 'Personal Information', 'Relationships', and 'Resources'. Below the navigation bar, there are four progress indicators: 'Personal Information' (Completed), 'Relationships' (Completed), 'Coverage' (In Progress), and 'Review' (Not Started). The 'Coverage' section is active and displays 'Current Plan' information. The 'Current Plan' section shows 'Medical Plan' as 'Group Medicare Advantage Premium (PPO)' and 'Dental Plan' as 'Dent&Ortho-25/75'. A 'Support and Guidance' sidebar on the right lists links for 'Purpose of this screen', 'Making medical and dental plan selections', 'Plan no longer offered', 'Benefits and coverage summaries', 'Consumer-Directed Health Plans and Health Savings', 'Speak with a Health Advocate', and 'Health plan vendor contact information'. Numbered callout 1 highlights the 'Current Plan' section.

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

Annual Enrollment Options

Plan Reference Documents

[Annual Enrollment \(AE\) Guide](#)
[Plan Comparison Chart](#)

Participant Selection

Please select each person to be covered in the plans below. Dependents not selected will not have coverage. For the purposes of your annual enrollment dependent eligibility is based on coverage eligibility as of January 1 of the coming plan year.

Medical Coverage

☒ Self

Dental Coverage

☒ Self

Plan Selection

2
Select the individuals you want to have covered under your health plan(s).

Plan Selection

Please review the available medical and dental coverage options below. If you wish to make a change use the radio buttons to make your selection.

Medical Plans

☒ Group Medicare Advantage Premium (PPO)
[Plan Summary](#)

☐ Group Medicare Advantage Comp (PPO)
[Plan Summary](#)

Single
▼
\$286.00
\$196.00

3
For Medical or Dental Coverage
Check the **Medical or Dental 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. If you don't make a change to your current medical or dental plan, your medical or dental plan will continue, and any rate changes will apply.

Dental Plans

☒ Dent&Ortho-25/75
[Plan Summary](#)

☐ Basic Dent-50/150
[Plan Summary](#)

☐ Preventive Dental
[Plan Summary](#)

☒ Decline Dental Coverage

Single
▼
\$90.00
\$74.00
\$61.00

4
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**.

Step Six: Review and Confirm Your Coverage

1

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

2

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

3

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 UnitedHealthcare Group Medicare Advantage (PPO) Plan assistance, information, and resources:

- Be on the lookout for the UnitedHealthcare Group Medicare Advantage (PPO) Annual Notice of Change in October.
- Visit retiree.uhc.com/ECMT or call UnitedHealthcare Customer Service at 866-519-5401, TTY 711, 8:00 AM to 8:00 PM local time, seven days a week (translation services available upon request).

For UnitedHealthcare Group Medicare Advantage (PPO) Plan assistance, information, and resources:

- Visit cpg.org/GMAenrollment.
- Visit cpg.org/annualenrollment and select your status.
 - “I’m a Post-65 Former Employee” (eligible for Medicare)
- If you have questions about your post-retirement health subsidy, call our Client Services team 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.
- Visit cpg.org/deltadental to learn more about Delta Dental plans.

For help choosing the best plans for yourself and your dependents:

- Medical
- Dental—To learn more about Delta Dental plans, visit cpg.org/deltadental or call 888-894-7059, Monday to Friday, 8:00 AM to 8:00 PM ET.

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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