Date: August 31, 2026
To: Participating Group Administrators
From: Laurie Kazilionis
Subject: 2027 Renewal and Enrollment Information

This document outlines important materials available in My Admin Portal (MAP) via the Medical & Life Participant System (MLPS) and specifies factors to consider as you review the 2027 health plans offered by The Episcopal Church Medical Trust (Medical Trust).

During Annual Enrollment, Quantum Health will be available to members covered by plans that use the Anthem and Cigna networks* and need assistance reviewing existing benefits, understanding plan options, and choosing the right plans for themselves and their dependents.

**Members covered by Kaiser Permanente and by the Hawaii Medical Service Association have comprehensive services as part of their plans and will not use Quantum's services. Neither will members enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.*

Institution Subselection

Institutions that receive subselection information can opt to offer a limited subset of the medical and dental plan options made available to them by their Participating Groups. During Annual Enrollment, the institution's eligible employees will be able to choose only from the plans their institutions subselect. Diocesan administrators who allow subselection are responsible for educating institution administrators about the process.

Plans Going Away

If a diocese or institution decides not to offer a medical or dental plan for 2027, its employees enrolled in plans that are going away must participate actively in Annual Enrollment to select 2027 coverage. If they fail to select new coverage through the enrollment site during Annual Enrollment, they will not have Medical Trust coverage in 2027.

Accessing MLPS via MAP

MAP makes it easy to enroll members, access reports, and use MLPS to select group plans. Please see Plan Selection for Administrators for information about accessing and using MLPS via MAP.

What You'll Find on the MLPS Plan Selection Page

- **Medical Trust Renewal Letter** – This letter from John Servais, Senior Vice President of Benefits Policy and Design, provides an overview of health cost trends and explains Medical Trust strategic and pricing methodology for 2027.
- **Administrator Letter Templates** – These customizable templates, which are especially useful if you're making changes to your 2027 offerings, will help you communicate with employees about Annual Enrollment, plan selections, and institution subselection.
- **2027 Annual Enrollment Timeline for Administrators** – This schedule of tasks, events, and dates for renewal and Annual Enrollment will help keep you on track.

- **Plan Comparison Chart** – This table highlights the most important details of each health plan offered by the Medical Trust. If you need a customized, group-specific version of this table, you may request it through your relationship manager.
- ***Annual Enrollment Guide*** – This electronic booklet summarizes plan features and the factors employees should consider when making Annual Enrollment decisions. It also specifies how to access tools and information available on vendor websites: Delta Dental, Kaiser, and Quantum Health (for plans that use the Anthem and Cigna networks). **The guide will be posted on *cpg.org* in October.**
- **Healthcare Compliance Notices** – Every September, the Medical Trust mails updated versions of the following to **enrolled employees**:
  - the Notice of Creditable Coverage (All Medicare-eligible individuals who have prescription drug coverage via the Medical Trust must receive this document.)
  - the notice on Premium Assistance Under Medicaid and the Children's Health Insurance Program, CHIP (Employers must provide this notice to all employees, whether or not they're enrolled in a Medical Trust plan.)
  - the HIPAA Notice of Special Enrollment Rights (Employers must provide this notice to employees whenever they become eligible to participate in Medical Trust plans.)

  We recommend that you provide employees not currently enrolled in a Medical Trust plan with this complete set of healthcare compliance notices as well as the *Summary of Benefits and Coverage* for each plan. You can find more information about these documents and your responsibilities with respect to them in the *Administrative Policy Manual*. The Healthcare Compliance Notices will be available in MLPS in September.
- **Medical Trust Compass Report** – All groups will have access to a population-level report that provides data for all enrolled members. Groups with more than 50 enrolled members will also receive a group-specific report with detailed information about their enrollment, costs, and utilization.
  - *Note: This year's Compass Report has a new layout.* Refer to **How to Read Your Compass Report** for details about the report's content. Your relationship manager can also help you use this tool to evaluate plans and manage benefits.
- *Administrative Policy Manual* – This manual outlines your responsibilities, defines acronyms and key terms, includes important forms, and sets out plan eligibility criteria, enrollment guidelines, and other Medical Trust rules.
- **Participating Group Agreement** – This Agreement, signed by the Chief Financial Officer of the Church Pension Group, is the legal contract between your Participating Group and the Medical Trust. It sets forth the terms by which the Medical Trust offers, and the Participating Group accepts, one or more of the Medical Trust's health plans.

  Please review this Agreement carefully, print it, and keep it for your records. You don't need to return the signed document to the Medical Trust, as your electronic signature when accepting the plan options you select constitutes your acceptance of all terms contained in the Participating Group Agreement.
- **Legal Consent** – The legal consent language that appears when you submit your plan selections and accept your renewal affirms that you are authorized to sign for your group and are agreeing electronically to comply with the terms set forth in the *Administrative Policy Manual* and Participating Group Agreement.

- ***User Consent Agreement*** – This legal consent language explains your rights and responsibilities when you electronically sign your renewal and Participating Group Agreement by clicking "Submit" and then "OK" after checking the box that appears under the Legal Consent.

  It is important that you review these documents carefully every year and understand your responsibilities thereunder.

Factors to Consider

Cost and Benefits

Selecting a plan for your Participating Group requires balancing the cost and level of benefits provided (e.g., member deductibles, copayments, and coinsurance) in each plan and taking into account your employer philosophy, contribution and tier strategy, and budget.

Choice

Do your current offerings meet the needs of your group, or would members benefit from greater diversity? Consider a variety of plans so that members can have a meaningful choice between "paying now" (higher monthly contributions) and "paying later" (higher out-of-pocket costs when they receive medical treatment). We make available a wide array of plans with different deductibles, copayments, and coinsurance that use the networks of Anthem, Cigna, Kaiser (if available in your region), and Delta Dental.

Medicare Secondary Payer Small Employer Exception (MSP-SEE)

Small employers (generally, those with 19 or fewer full- and/or part-time employees during the current and prior year) and their employees (and spouses) age 65 and over can request that Medicare serve as the primary payer of Part A and, if applicable, Part B medical claims through a Medicare Secondary Payer Small Employer Exception (MSP-SEE). To participate in an MSP-SEE Plan, employees and/or their spouses must be eligible for Medicare on the basis of age only.

Once approved by Medicare, employees and/or their spouses age 65 and over (enrolled in plans that use the Anthem and Cigna networks) can switch to an MSP-SEE Plan, which has lower premiums than the corresponding traditional PPO plan. MSP-SEE plans coordinate with Medicare, mirror the benefits of traditional PPO plans, and are available to employees and their enrolled spouses. MSP-SEE plans are identified by "MSP" in the plan title.

Although this option is not mandatory, we strongly encourage your Participating Group to take advantage of the MSP-SEE Plans because they can reduce monthly contributions and lower member out-of-pocket costs. (They also ultimately reduce utilization cost for the Medical Trust.) Make sure that your MSP-SEE Plan selection mirrors your standard PPO selection. Refer to the eligibility criteria in the *Administrative Policy Manual*. For more information, consult our Medicare Secondary Payer – Small Employer Exception Fact Sheet *or* contact your relationship manager.

Cigna Employee Assistance Program (EAP) – Standalone Option

The Medical Trust makes available the standalone Cigna EAP to eligible employees who opt out of Medical Trust health coverage because they have other qualified coverage. If your Participating Group offers the standalone option, you must enroll all eligible employees who opt out of Medical Trust medical coverage. The EAP program, whose services are available to the entire household of an enrolled employee, costs $4 per employee per month. Due to Affordable

Care Act (ACA) regulations, this benefit can be offered only if fully paid for by the employer. Requiring an employee to contribute to the cost of the EAP could result in significant penalties under the ACA.

The group administrator handles EAP enrollment through MAP because members cannot enroll themselves online in the EAP during Annual Enrollment. To begin or continue to offer the standalone EAP, select "Accept" for this option when you choose your plans.

Rate Tiers

Your Participating Group can choose one of three tier options: two tiers (employee, family), three tiers (employee, employee plus one dependent, family), or four tiers (employee, employee + spouse, employee + child/ren, family). Your renewal reflects the current tier selection offered by your Participating Group.

If your Participating Group asked to see different tier pricing for 2027 via your relationship manager, it will be provided to you in a PDF document. Please use "Additional Option Requested" in MLPS to formally accept this new tier pricing preference. We will populate MLPS with those rates for your final plan selection. Please see Plan Selection for Administrators for information about requesting additional options in MLPS.

Rx Options

The Medical Trust offers two Rx plan designs: the coinsurance-based Standard Rx option and the copay-based Premium Rx option. Both are available for all plans except Kaiser plans and Consumer-Directed Health (CDHP) Plans.

Your renewal reflects the Rx option currently offered by your Participating Group and its cost. If you're interested in changing this option for 2027, the rates for such a change are listed below. If your group offers a 2-tier rate option, for example, and you want to move from Standard to Premium, your monthly rates will increase by $70 for the employee-only plan and by $162 for the family plan. Likewise, if you want to buy down from Premium to Standard, your monthly rates will decrease by $70 for the employee-only plan and by $162 for the family plan.

You will need to use the "Additional Option Requested" feature in MLPS to request rates for the other Rx option. Please see Plan Selection for Administrators for step-by-step instructions on adding the Rx option rates in MLPS.

Covered Individuals	2 Tier	3 Tier	4 Tier
Employee only	$70	$70	$70
Employee + spouse	$162	$126	$140
Employee + child	$162	$126	$126
Employee + child/ren	$162	$196	$126
Family	$162	$196	$210

Dental

The Medical Trust offers three dental plans through Delta Dental. If you offer our dental plans, your renewal rate is based on your current offering. If you don't offer our plans, the rates displayed during renewal will be national placeholder rates—unless you have requested a custom quote from us for 2027. If you select dental plans from us for the first time during renewal, your actual 2027 rates may be different than the rates you see. For this reason, we strongly recommend that you request a customized dental quote before choosing to offer our

dental plans for the first time. If you are interested in a quote, please contact your relationship manager.

Members can find a dental provider, check their benefits, and access other helpful resources at deltadentalins.com.

Need Help Deciding? Have Questions?

For assistance with your renewal or with the factors to consider, contact your relationship manager. We look forward to another year of serving you and your employees.