

EPISCOPAL DIOCESE OF CHICAGO

2023 HEALTH/DENTAL INSURANCE MEMO

TO: Rectors, Vicars, Wardens and Treasurers

FROM: Anna Stefaniak, Associate for Human Resources, 312-751-4202
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DATE: September 2022

This memo contains important information about our 2023 Health Benefits and Annual Enrollment. **Please share this information with all your employees.**

Our online Annual Enrollment for 2023 will run from October 26, 2022, through November 16, 2022.

Medical Plans

We are offering the following medical plans to our employees through The Episcopal Church Medical Trust (**PLEASE CONTACT ANNA STEFANIAK IF INTERESTED IN THE MEDICARE AS SECONDARY PAYER PROGRAM**).

Medical Plan /Yearly Rates 2023	Single	Emp. plus 1 (Spouse or child)	Family	Increase
Employee Assistance Program Only (Must be paid for by employer – employees are not eligible to pay for this plan)	\$ 48.00	\$ 48.00	\$ 48.00	0%
Anthem BCBS Consumer-Directed Health Plan with a 75% (of either \$3,000 single or \$5,450.00 plus one/family deductible) Funded HSA Total Cost	\$ 10,428.00 + \$ 2,250.00 = \$12,678.00	\$18,768.00 + \$ 4,087.50 = \$22,855.50	\$29,196.00 + \$ 4,087.50 = \$33,283.50	5.70%
Anthem BCBS PPO 70	\$11,952.00	\$21,516.00	\$33,468.00	5.17%
Anthem BCBS PPO 80	\$13,908.00	\$25,032.00	\$38,940.00	5.16%
Anthem BCBS PPO 90	\$15,276.00	\$27,492.00	\$42,768.00	5.20%
Anthem BCBS MSP PPO 70 (MEDICARE AS SECONDARY PAYER – for employers with less than 20 employees)	\$9,540.00	\$17,172.00	\$26,712.00	5.15%
Anthem BCBS MSP PPO 80 (MEDICARE AS SECONDARY PAYER – for employers with less than 20 employees)	\$11,280.00	\$20,304.00	\$31,584.00	5.15%
Anthem BCBS MSP PPO 90 (MEDICARE AS SECONDARY PAYER – for employers with less than 20 employees)	\$12,360.00	\$22,248.00	\$34,608.00	5.22%

Dental Plans

The following Cigna dental plans are also offered through the Medical Trust.

Dental Plan / Yearly Rates 2023	Single	Emp. plus 1 (spouse/partner or child)	Family	Increase
Dental & Orthodontia PPO- \$25/\$75 Deductibles	\$ 972.00	\$ 1,752.00	\$ 2,724.00	0%
Basic Dental PPO-\$50/\$150 Deductibles	\$ 732.00	\$ 1,320.00	\$ 2,052.00	0%
Preventive Dental	\$ 492.00	\$ 888.00	\$ 1,380.00	0%

What You Need to Know About Annual Enrollment

During the Medical Trust's Annual Enrollment period:

- Current plan members may change their plan selections for the following year
- Eligible non-participating employees have the option to enroll in a Medical Trust plan
- Eligible dependents may be added or removed from a member's plan without the need to demonstrate a qualifying event

Currently Enrolled Employees

Currently enrolled employees (plan members) will receive an Annual Enrollment brochure in a green envelope from the Medical Trust approximately one week before their Annual Enrollment period. This brochure will include their Client ID number, which they'll need to enroll. Please save this brochure. It also includes their Annual Enrollment dates, a checklist, what's changing for 2023, benefit reminders, and how to enroll.

IMPORTANT REMINDER: Members will access the Annual Enrollment website with the same credentials (username and password) they created to access their benefits information on [MyCPG Accounts](#). It is important for all members to create an account on MyCPG Accounts prior to Annual Enrollment, if they have not already done so. For assistance, employees may contact CPG Client Services at (800) 480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, or email mtcustserv@cpg.org.

Non-participating Employees

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan will not receive an Annual Enrollment letter but may enroll during Annual Enrollment for the 2023 plan year. **Please submit an enrollment form to me (Anna Stefaniak) as this process must be handled by me. If you have employees and their eligible employees who have never been enrolled and want to enroll for 2023, please work with them to contact me (Anna Stefaniak) for enrollment by November 16, 2022.**

Plan Documents

2023 Summaries of Benefits and Coverage and Plan Document Handbooks containing plan details may be found on the Church Pension Group website at www.cpg.org/mtdocs.

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the health plans, we offer a stand-alone EAP with Cigna Behavioral Health. (Employees who enroll in Medical Trust health coverage are automatically enrolled in Cigna EAP benefits.)

Changes for 2023

Prescription drug plan member cost sharing updates

Effective January 1, 2023, the Medical Trust's prescription drug plan cost sharing will be updated for members. The updated prescription drug plan includes the following changes:

- The Premium Rx option will continue to be based on copays; however, copay amounts for non-generic drugs will increase.
- All plan designs will add a new cost-sharing tier for Specialty drugs

Express Scripts (for Anthem & Cigna members)

You will have the following cost sharing for prescription drug benefits:

Premium Rx

	Retail	Home Delivery
Annual Deductible (in-network)	None	None
Generic	Up to \$5 Copay	Up to \$12 Copay
Preferred Brand-Name	Up to \$35 Copay	Up to \$87 Copay
Non-preferred Brand-Name	Up to \$70 Copay	Up to \$175 Copay
Specialty	Up to \$90 Copay	Up to \$225 Copay
Dispensing Limits	Up to 30-day supply Copay	Up to 90-day supply Copay

Notes:

- Anthem CDHP members will continue to have coinsurance-based prescription drug plan cost sharing with a combined medical and pharmacy deductible. Anthem CDHPs will also introduce a Specialty Rx tier with 50% coinsurance after deductible.
- The Express Scripts prescription drug program will continue to maintain a retail refill limit policy. The retail refill limit requires that you use home delivery if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy. See the Plan Document Handbook for more information.

<p>Medical channel management for Anthem and Cigna plans</p>	<p>Specialty medications are drugs that are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are not considered specialty medications. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.</p> <p>The Medical Trust’s prescription drug program requires that certain specialty medications be accessed through Accredo Health Group, Inc., an Express Scripts specialty pharmacy, effective January 1, 2023. If a member is currently using such specialty medications through their medical benefit (i.e., through Anthem or Cigna), the member will be required to transfer those prescriptions to Accredo.</p> <p>The list of medications subject to the program is available by calling Express Scripts at (800) 841-3361.</p>
<p>COVID-19 provisions</p>	<p>The Medical Trust will continue to waive all copays, deductibles, and coinsurance for its members for healthcare services relating to the evaluation and testing for COVID-19 through at least December 31, 2023. In addition, the Medical Trust also will waive all copays, deductibles, and in-network coinsurance for its active members for healthcare services relating to the treatment of COVID-19 through at least December 31, 2023.¹</p>
<p>Telehealth</p>	<p>Telehealth platforms for Active Members² – You can access a medical professional through <i>telehealth platforms</i> offered by Anthem, using your computer or mobile device. You will need high-speed internet access, a webcam or built-in camera, and audio capability. Please remember your personal healthcare provider may not participate on the vendor’s telehealth platform. For Anthem PPO members, all services received via vendor telehealth platforms are available to you with no deductible, copay, or coinsurance through December 31, 2023. For CDHP members, while temporary legislation currently permits the Medical Trust to provide you with first-dollar coverage of vendor telehealth platform services, there is no guarantee that this relief will be extended beyond December 31, 2022. If Congress does not extend this relief, during 2023, you will be required to meet your deductible before carrier telehealth services will be covered with no copay or coinsurance.</p> <ul style="list-style-type: none"> • Anthem Blue Cross Blue Shield – Access LiveHealthOnline.com or download the LiveHealth Online mobile app in the App Store® or Google Play™.

¹ This deductible waiver includes our HSA-qualified CDHPs as permitted by [IRS Notice 2020-15](#).

² Please note, telehealth can help with minor, non-life-threatening conditions. During a medical emergency, individuals should visit the nearest hospital or call 911 for assistance.

<p><i>Virtual visits</i></p>	<p>A virtual visit is an appointment with your personal healthcare provider carried out through an electronic medium of your provider's choice (e.g., Zoom, Skype, telephonic) but that is not offered through your health plan carrier's telehealth platform (e.g., Anthem LiveHealth Online, Cigna MDLive).</p> <p>The Medical Trust will continue to allow claims for virtual visits with network and out-of-network providers that do not use a telehealth platform offered by Anthem or Cigna through December 31, 2023.</p> <p>Virtual visits are covered at standard levels of benefits and member cost shares.</p> <p><i>Note:</i> Kaiser's healthcare model requires its members to use the Kaiser telehealth platform for telehealth services.</p>
<p><i>Hinge Health for Anthem and Cigna plans</i></p>	<p>Hinge Health is available at no cost to Anthem members effective October 1, 2022. Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.</p> <p>Participants will register online through the Hinge Health website or app and complete a clinically validated screener to determine which program best fits their MSK needs. The programs include:</p> <ul style="list-style-type: none"> (a) Prevention - Program designed to increase education with regards to key strengthening and stretching activities around healthy habits. The Prevention program is software based and offered through the Hinge Health app. (b) Chronic - Program designed to address long-term back and joint pain which includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed Physical Therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief. (c) Acute - Program designed to address recent injuries which includes live virtual sessions with a dedicated licensed Physical Therapist along with software guided rehabilitation and education. (d) Surgery - Program designed to address pre/post-surgery rehab for the most common MSK Surgeries, which includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support. (e) Expert Medical Opinion - Service offering second opinions for elective MSK procedures. <p>For applicable programs, a participant may obtain up to six virtual physical therapy sessions per episode (with no cost-share to the member) prior to in-person healthcare provider or physical therapy care.</p> <p>State laws may limit access without a physician's referral.</p> <p>If you have any questions regarding Hinge Health, email help@hingehealth.com or call (855) 902-2777.</p>

<p><i>Increased EyeMed Frames/Contacts Allowance</i></p>	<p>Vision benefits offered through EyeMed's Insight Network provide coverage for an annual eye exam and cost savings on prescription glasses or contact lenses.</p> <p>Effective January 1, 2023, the annual frames or contact lenses allowance will increase from \$150 to \$200.</p>
<p><i>Fertility Benefits</i></p>	<p>The Medical Trust's Episcopal Health Plan includes benefits for the diagnosis and treatment of infertility. Covered health services include diagnostic and exploratory procedures to determine whether a member suffers from infertility. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intra-fallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures.</p> <p>Currently, there is a lifetime benefit maximum of \$10,000 for services covered under the medical plan and \$10,000 for services covered under the pharmacy plan.</p> <p>Effective January 1, 2023, the lifetime benefit maximum will be a combined \$50,000 for medical and pharmacy services.</p> <p>In addition, the Medical Trust will provide standard fertility preservation services for individuals who must undergo medically necessary treatment that may cause iatrogenic infertility.</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the lifetime benefit maximum.</p>
<p><i>Hearing Aid Device Benefits</i></p>	<p>The Medical Trust's Episcopal Health Plan includes benefits for hearing aid devices.</p> <p>Effective January 1, 2023, the benefit maximum for hearing aid devices will be a single \$3,000 maximum every three years. The benefit maximum for hearing aid devices will no longer have a per ear maximum (currently \$1,500 per ear).</p> <p><u>Note:</u> member cost shares (copays, coinsurance, and deductibles) apply, however cost shares do not count against the benefit maximums.</p>
<p><i>Travel Vaccinations</i></p>	<p>Currently, the Medical Trust's Episcopal Health Plan excludes travel vaccines from coverage.</p> <p>Effective January 1, 2023, the Medical Trust will cover travel vaccines for personal travel. Member cost sharing will follow the benefit plan design for immunizations.</p>