EPISCOPAL DIOCESE OF CHICAGO

2027 HEALTH & DENTAL INSURANCE MEMO

TO: All Clergy & Lay Parish Leadership: Wardens, Treasurers, & Vestries

FROM: Graicey Van Spankeren, Director of HR & Finance Associate
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This memo contains important information about the 2027 Health Benefits & Annual Enrollment process. Please share this information with all your benefits-eligible employees.

2027 Annual Enrollment dates:

- Actives and Pre-65 Retirees: October 14 to November 6
- Post-65 Retirees: October 21 to November 20

Quantum Health Support during Open Enrollment

During Annual Enrollment, Quantum will be available at 866-871-0629 to help members enrolled (or eligible to enroll) in plans that use the Anthem network to review existing benefits, understand plan options, and choose the right plan for themselves and their families.

MEDICAL PLANS

The Diocese of Chicago is offering the following medical plans to employees through The Episcopal Church Medical Trust. Please contact Graicey Van Spankeren if interested in the Medicare as Secondary Payer (MSP) plans.

Medical Plan Yearly Rates 2027	**Single**	**Employee + 1** (Spouse or child)	**Family**	**Increase**
Standalone Employee Assistance Program (for eligible employees who decline health coverage, employer paid only)	$48.00	$48.00	$48.00	0%
Anthem BCBS Consumer-Directed Health Plan (CDHP 20) + 75% of deductible* funded into HSA = Total Cost *Deductible: $3,600 for Single tier; $7,200 for Emp + 1 & Family tiers	$14,184 + $2,700 = $16,884	$25,536 + $5,400 = $30,936	$39,720 + $5,400 = $45,120	13.01%
Anthem BCBS PPO 70	$16,188	$29,136	$45,324	12.98%
Anthem BCBS PPO 80	$18,768	$33,780	$52,548	12.52%

Medicare as Secondary Payer Plans For employers with less than 20 employees	**Single**	**Employee + 1** (Spouse or child)	**Family**	**Increase**
Anthem BCBS MSP PPO 70	$12,924	$23,268	$36,192	13.04%
Anthem BCBS MSP PPO 80	$15,216	$27,384	$42,600	12.48%

The rates in the tables above reflect the full annual cost for each plan.

DENTAL PLANS

Delta Dental, the Medical Trust's dental vendor, has the largest network of dentists nationwide. In 2027, members will continue to be able to access services in two of its networks (PPO and Premier) or use out-of-network dentists. Member coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service.

The Diocese of Chicago is offering the following Delta Dental plans through The Episcopal Church Medical Trust.

Dental Plan Yearly Rates 2027	Single	Employee +1 (Spouse or child)	Family	Increase
Delta Dental Basic	$504.00	$912.00	$1,416.00	2.63%
Delta Dental Comprehensive	$756.00	$1,356.00	$2,112.00	1.20%
Delta Dental Premium	$1,008.00	$1,812.00	$2,820	2.26%

The rates in the table above reflect the full annual cost for each plan.

WHAT YOU NEED TO KNOW ABOUT ANNUAL ENROLLMENT

- Current members may change their plan selections for the upcoming year.
  - *If the employee plans to maintain current medical or dental coverage, no action is required.*
- Eligible nonparticipating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added to or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

Member Education Sessions
Active employees enrolled in (or eligible for) healthcare and pension benefits provided through the Church Pension Group are invited to join member education sessions to prepare for Open Enrollment and improve their understanding of their existing or potential benefits. These sessions will be facilitated by the Rev. Chris Hamby, Senior Relationship Manager from the Church Pension Group. Attendees will learn about healthcare plan design changes for 2027, what to expect during open enrollment, and more. Attendees will also have a chance to ask questions to Rev. Hamby and Graicey Van Spankeren, Director of HR and diocesan benefits coordinator. Click below to register for your member education session.

- Clergy employees: 1-2PM CT, Tuesday September 29
- Lay employees: 2-3 PM CT, Tuesday September 29

Currently Enrolled Employees
Approximately one week before Annual Enrollment begins, currently enrolled employees (plan members) will receive an email from the Medical Trust with information about Annual Enrollment dates and how to access the enrollment site. Please instruct employees to save this email and encourage them to begin reviewing their options early. If an employee takes no action and their current plan(s) are offered for 2027, their plan selection(s) will automatically carry over to 2027, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins
New hires and other employees who enroll in a Medical Trust plan for the first time after the Annual Enrollment email list is created will not receive an Annual Enrollment email; however, they will be able to participate in

Annual Enrollment through MyCPG Accounts. If they don't make a change during Annual Enrollment, their plan selections will carry over into 2027. If they wish to change their selections for 2027, they will need to log in to MyCPG Accounts or contact their group benefits administrator for assistance. (Members may contact the Client Services team for assistance accessing their login credentials.)

IMPORTANT REMINDER: Members will make their plan selections on MyCPG Accounts using the email address and password associated with their MyCPG Account. If they have not already done so, members must create an account before Annual Enrollment. For assistance, employees may contact CPG Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

Nonparticipating Employees
Eligible employees and dependents not currently enrolled in a Medical Trust plan will not receive an Annual Enrollment email but may enroll during Annual Enrollment for the 2027 plan year. If they do not enroll during Annual Enrollment, their previous decision to decline coverage will carry over into 2027. Please submit an enrollment form to me, as this process must be handled by the group administrator.

NOTE: Because materials won't be emailed to eligible but not enrolled employees, please inform them that they and their eligible dependents may enroll and provide them with the plans and rates available to them, the *Summary of Benefits and Coverage* for each plan (found at *cpg.org/mtdocs*), and the requisite legal notices.

Plan Documents
2027 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details are available on the Church Pension Group at *cpg.org/mtdocs*.

No Changes to Current Medical or Dental Plan Selections
Please note that there are no changes to our current medical or dental plan options for 2027. However, members are encouraged to verify their personal information, dependent coverage, and plan selections and to make changes, if necessary, by logging in to MyCPG Accounts during Annual Enrollment. If they have not already done so, all members must create an account at *cpg.org/mycpg* before Annual Enrollment.

Employee Assistance Program (EAP) with Cigna Behavioral Health
In addition to health plans, the Medical Trust makes available a standalone EAP through Cigna Behavioral Health that you may offer to employees who opt out of medical coverage. (Employees who enroll in Medical Trust medical coverage are automatically enrolled in Cigna EAP benefits.)

Keep reading—2027 plan design changes described starting on following page

Plan design changes for 2027

Deductible and out-of-pocket maximum increases for PPO plan options using the Anthem network	Deductibles and out-of-pocket maximums will increase for 2027. **Anthem PPO 70** Network individual deductibles will remain at $3,500, and network family deductibles will remain at $7,000. Out-of-network individual deductibles will remain at $7,000, and out-of-network family deductibles will remain at $14,000. Network individual out-of-pocket maximums will increase from $5,000 to $6,500, and network family out-of-pocket maximums will increase from $10,000 to $13,000. Out-of-network individual out-of-pocket maximums will increase from $10,000 to $13,000, and out-of-network family out-of-pocket maximums will increase from $20,000 to $26,000. **Anthem PPO 80** Network individual deductibles will increase from $1,000 to $1,500, and network family deductibles will increase from $2,000 to $3,000. Out-of-network individual deductibles will increase from $2,000 to $3,000, and out-of-network family deductibles will increase from $4,000 to $6,000. Network individual out-of-pocket maximums will increase from $3,500 to $5,000, and network family out-of-pocket maximums will increase from $7,000 to $10,000. Out-of-network individual out-of-pocket maximums will increase from $7,000 to $10,000, and out-of-network family out-of-pocket maximums will increase from $14,000 to $20,000.
Deductible and out-of-pocket maximum increases for CDHPs using the Anthem network	**Anthem/Cigna CDHP-20** Network individual deductibles will increase from $3,400 to $3,600, and network family deductibles will increase from $6,800 to $7,200. Out-of-network individual deductibles will increase from $3,400 to $7,200 and out-of-network family deductibles will increase from $6,800 to $14,400. Network individual out-of-pocket maximums will increase from $4,200 to $5,000, and network family out-of-pocket maximums will increase from $8,450 to $10,000. Out-of-network individual out-of-pocket maximums will increase from $7,000 to $10,000, and out-of-network family out-of-pocket maximums will increase from $13,000 to $20,000.
Primary care, specialty visit, and urgent care copay increases for PPO plan options using the Anthem network	**Anthem PPOs** Primary care visit copays will increase from $30 to $35, and specialist visit copays will increase from $45 to $50. Urgent care visit copays will increase from $50 to $60.

Rx copay increases	PPO Standard Rx and EPO Rx copays for plan options using the Anthem network will increase. PPO Standard Rx specialty drug coinsurance for plan options using the Anthem network will increase. For details, consult the 2027 Summary of Benefit and Coverage (SBC) documents on cpg.org.
GLP-1 coverage changes and new weight-management vendor	GLP-1s for weight loss, with or without co-morbidities, will not be covered by our medical plans. GLP-1s will continue to be covered for type 2 diabetes treatment (subject to applicable utilization management requirements, prior authorization requirements, and other plan terms). To provide weight-loss support, the Medical Trust will be making Digbi available to members enrolled in plan options using the Anthem network at no cost, thus offering personalized support for glucose health, digestive wellness, and weight reduction (with or without GLP-1s), with personalized guidance based on individual coaching and optional genetic and gut microbiome testing data. Quantum Health can provide guidance to members enrolled in plan options using the Anthem network on how to obtain GLP-1 medications directly from their manufacturers, at direct-to-consumer prices. Members will be responsible for the full cost of these drugs. In connection with purchases through these platforms, Members must continue receiving GLP-1 prescriptions from their own healthcare providers (Digbi does not prescribe GLP-1s).