



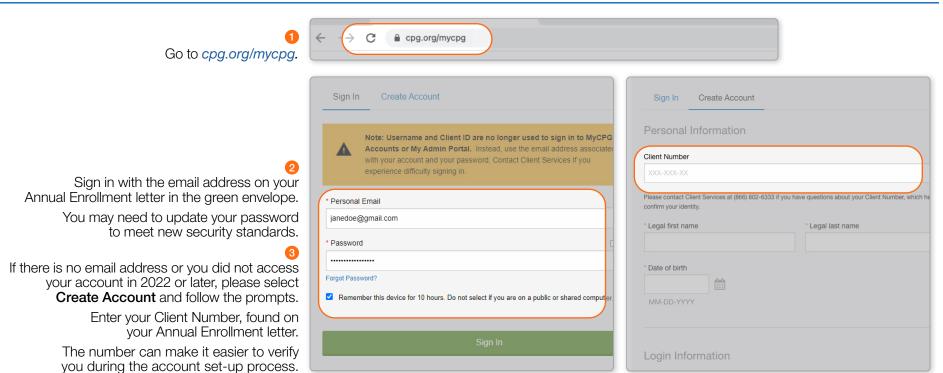
Plan Selection for Post-65 Former Employees

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

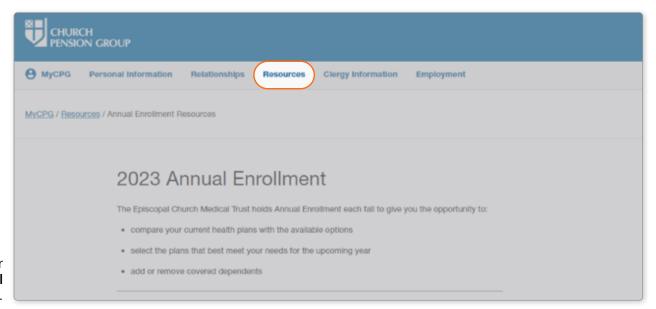
Annual Enrollment PLUS! Introducing Delta Dental, our new dental carrier

Delta Dental is our new dental vendor for 2024! If you are currently enrolled in a Cigna Dental plan through The Episcopal Church Medical Trust (Medical Trust), that coverage is going away. You don't have to do anything. We are enrolling you in a Delta Dental PPO + Premier™ (Delta Dental) plan option similar to your current Cigna Dental plan. See the table under Step 5 of these instructions. You'll enjoy richer benefits with no rate increase!

Step One: Log in

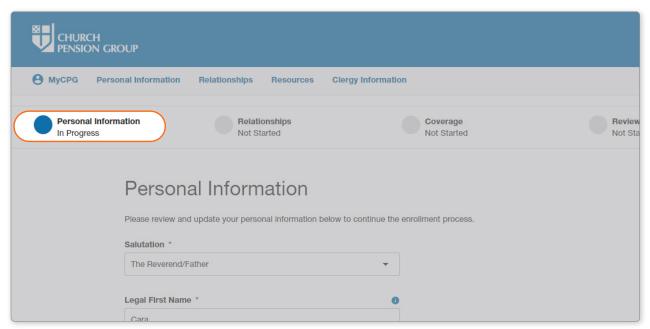


Need enrollment technical assistance? Call our Client Services Technical Support Team at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.



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

Step Three: Update your personal information



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

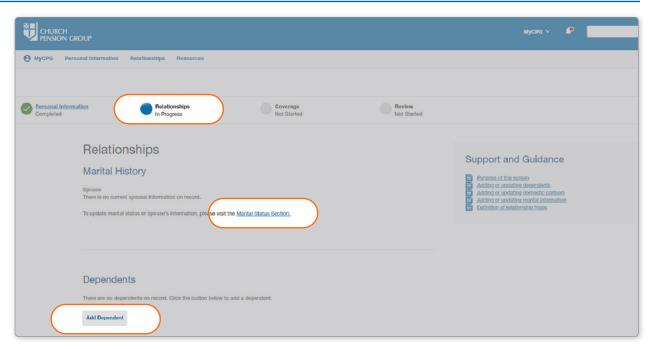
Make sure your spousal and dependent(s) information is current by making updates on the **Relationships** screen.

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

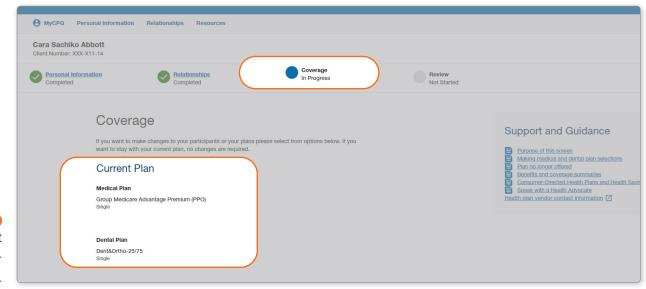
Add a new spouse or dependent only if you intend to provide them with health plan coverage.

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

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



Step Five: Make Your Health Plan Selections



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

Review your coverage.

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

2

Select who 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 or uncheck the boxes to discontinue coverage for the new plan year.

If you don't make a change to your current medical plan, your medical plan will continue in 2024, and any rate changes will apply.

For Dental Coverage

If you are currently enrolled in a Cigna Dental plan through the Medical Trust, that coverage is ending on December 31, 2023.

We are enrolling you in the Delta Dental PPO + Premier™ plan option that is most similar to your current Cigna Dental plan.

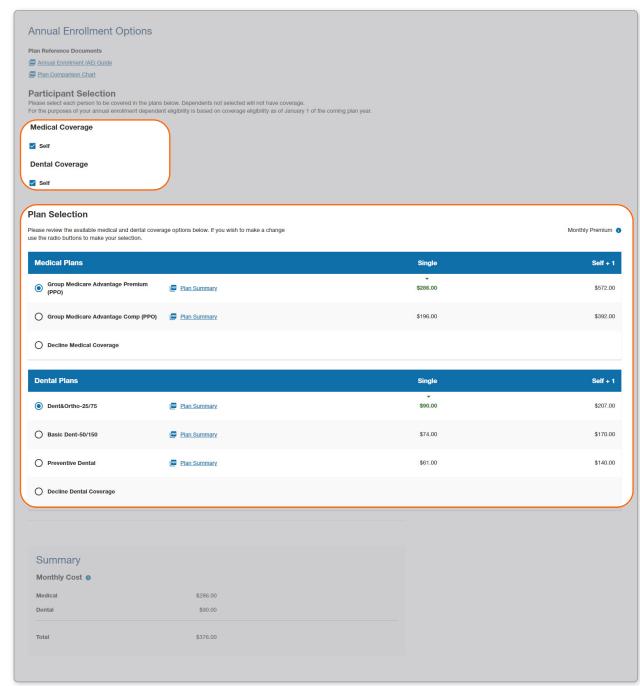
Review your Delta Dental plan selection and check the **Dental Coverage** boxes in front of dependents' names if they are to receive coverage for the new plan year.

2023 Cigna Plan Preventive Dental → Delta Dental Basic Basic Dental → Delta Dental Comprehensive Dental & Orthodontia → Delta Dental Premium

We encourage you to sign in to MyCPG Accounts, where you can view and change your Delta Dental plan selection. Making changes is optional, not mandatory.

If you are not enrolled in dental benefits through the Medical Trust but would like coverage in the new plan year, please make a Delta Dental plan selection.

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



CHURCH
PENSION GROUP

MyCPG Personal Information Relationships Resources

Personal Information
Completed

Review
Pending Submission
Progress

Review
In Progress

Support and Guidance
Personal Information
Submitting.

Personal Information
Personal Information
Submitting.

Personal Information
Personal I

When you are done, make a final review of your selected health plan choice(s).

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

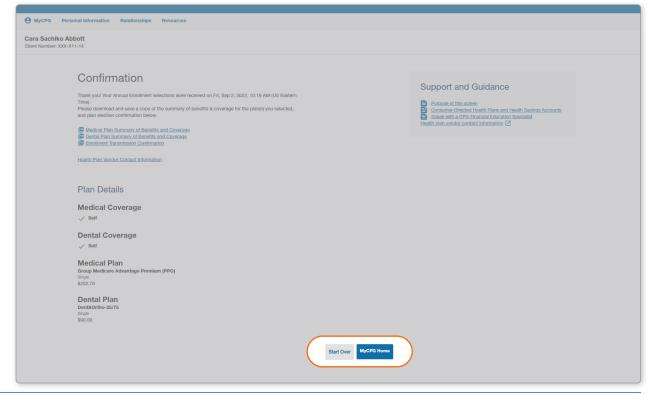
Follow the instructions to conclude the review of your plan selection process:

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

(1) I confirm the elections indicated above are accurate and agree to be bound by the terms of the Medical Trust's benefit plan(s) and the terms on which my employer has elected to participate in them, (2) I understand that my elections will remain in effect for the plan year and may be changed only due to a change of status, and (3) I certify that the information I have provided is true, complete and accurate.

Previous

After submitting you will receive confirmation of your plan coverage.



3

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

A message will ask if you are sure. Click **Start Over** to continue or **Cancel** to keep your previously submitted selection(s).

For enrollment technical assistance, 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 member assistance, information, and resources:

- Be on the lookout for the UnitedHealthcare Group Medicare Advantage (PPO) Annual Notice of Change in early 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 member 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 you and your dependents:

- Medical—Contact a Health Advocate representative for assistance at 866-695-8622 or answers@HealthAdvocate.com.
- Dental View cpg.org/deltadental to learn more about Delta Dental PPO + Premier™ plans, or call Delta Dental at 888-894-7059.

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

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

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 (and their eligible dependents) of The Episcopal Church (the "Church"). 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.

3573 CS 09/2023