



Episcopal Diocese of the Central Gulf Coast

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TO: Clergy, Parish Administrators, Sr. Wardens, & Treasurers

FROM: Dwight C. Babcock, Diocesan Administrator

RE: 2017 Health Benefits Overview – Open Enrollment

DATE: September 23, 2016

This memo contains important information about our 2017 health benefit offerings and Open Enrollment for Active Clergy and Active Lay Employees. Please read and share this information with all your employees.

Online Open Enrollment for 2017 will run from October 24 – November 9, 2016.

This year we have developed a Diocesan “Open Enrollment Toolkit” to assist you with plan selections and where all supporting documents can be easily found in one location. It includes our premium rates, plan summaries, benefit summaries, and information on other benefits. Please visit: www.diocgc.org/benefits or visit the Administrative Resource section on our website. These will also be available on the CPG’s open enrollment website and at: www.cpg.org/mtdocs.

In 2017 we will have 6 plan options to choose from; 3 PPO Plans and 3 Consumer Directed Plans (with Health Savings Account). This allows for incremental tiered premiums / deductibles that should meet the needs of most member’s circumstances.

For those on PPO plans, I highly encourage you to look over the **Consumer Directed Health Plan** offerings. For example, the CDH Plan 15 / with HSA plan can provide substantial savings (as compared to the PPO 90/70) for both member and employer by leveraging the Health Savings Account (HSA) component. A reminder also that eligible, active clergy / employees that are age 65+ currently enrolled in a PPO plan should instead be on the equivalent Medical Secondary Payer (MSP) Plan.

Once you have reviewed your materials and have any questions, please don’t hesitate to reach out to Kim or Dwight at 850-434-7337. We want to ensure you select the right plan that meets your needs.

Medical Plans

The following medical plans are now available to our employees through The Episcopal Church Medical Trust (Medical Trust):

Medical Plans / Monthly Rates	Single	Employee plus 1	Family
Anthem PPO 90/70	\$792	\$1426	\$2218
Anthem PPO 80/60	\$734	\$1321	\$2055
Anthem PPO 75/50	\$661	\$1190	\$1851
Anthem BCBS Consumer Directed Health Plan 15 (with HSA)	\$548	\$986	\$1534
Anthem BCBS Consumer Directed Health Plan 20 (with HSA)	\$484	\$871	\$1355
Anthem BCBS Consumer Directed Health Plan 40 (with HSA)	\$438	\$788	\$1226

**In 2017 High-Deductible Health Plans have been renamed Consumer Directed Health Plans*

In addition, we offer a “Medicare Secondary Payer” plan that provide premium savings for eligible participants age 65 or older.

Medical Plan / Monthly Rates	Single	Employee plus 1	Family
Anthem PPO MS 90/70	\$633	\$1139	\$1772

*To participate in this program you must be age 65 or older, actively working for a church / agency, and enrolled in Medicare Part A. CPG will mail additional information to individual participants that select this option.

Dental Plans

We are offering the following Cigna dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee plus 1	Family
Preventive Dental	\$32	\$58	\$90
Basic Dental	\$54	\$97	\$151
Dental & Orthodontia	\$74	\$133	\$207

About Open Enrollment During the Medical Trusts Open Enrollment Period:

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

Currently Enrolled Employees

Please inform your currently enrolled employees (plan members) that they will receive a letter from the Medical Trust approximately one week before their Open Enrollment period (around October 17). This letter will provide them with information on when and how to access the Open Enrollment website, a benefits review, important legal notices and links to important plan resources. In your communications, encourage your employees to begin reviewing their options and to research plans early.

IMPORTANT REMINDER: Members will access the enrollment web page with the same credentials (user name and password) they created to access their benefits information on MyCPG Accounts (the same process in 2015). It is important for all currently participating employees to create an account on MyCPG Accounts prior to Open Enrollment, if they have not already done so. For assistance, employees may contact the Client Services Team at (800) 480-9967, Monday to Friday, 8:30AM – 8:00 PMET (excluding holidays), or email mtcustserv@cpg.org.

Non-participating Employees

Existing employees who qualify for health coverage but are not participating in one of the Medical Trust plans are eligible to enroll themselves and/or their dependents during Open Enrollment for the 2016 plan year. Please send a communication to all your employees informing them of this option as well as the plans and rates available to them. You may use the attached enrollment form for new member enrollments (also available at cpg.org) and mail them to Kim Weinstein in the Diocesan Office or email at Kim@diocgc.org. These must be postmarked by the close of open enrollment (November 9).

Plan Documents

2017 Summaries of Benefits and Coverage and 2016 Plan Handbooks containing more information about the available plans may be found on the Church Pension Group website at www.cpg.org/mtdocs (Plan Handbooks will be updated on the CPG website in January 2017.) We have also made them available on our “open enrollment toolkit” at www.diocgc.org.

Plan Changes

Please note that we are offering a new plan from the Medical Trust for the 2017 plan year: **Anthem BCBS Consumer Directed Health Plan 40**. Additional information about this plan design is available for your review on www.cpg.org as well as on the Open Enrollment page. We have also dropped the Medicare Secondary PPO 75/50 MS Plan and PPO 80/60 MS Plan due to lack of enrollment.

Please note that this document is provided for informational purposes only and should not be viewed as an offer of coverage, legal, medical, tax or other advice. Please consult with your own professional advisor for further guidance. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, for any reason and unless required by law, without notice.



Diocese of Central Gulf Coast

2017 Open Enrollment FAQ's (09/2016)

1. When will the "Open Enrollment" season begin this year for active clergy and lay employees?

Your online Open Enrollment will run from **October 24– November 09, 2016**. During open enrollment:

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

You will receive a letter from the Medical Trust with additional information (and how to log-in instructions) approximately one week before the Open Enrollment period begins.

2. Where can I get information about our plans and open season?

This year we have also put together an on-line "one stop" toolkit that provides 2017 supporting documentation such as our rates, FAQ's, summaries of benefits and coverage. Please visit our diocesan website at www.diocgc.org/benefits to learn more. Full plan information is always available on the Church Pension Group website at www.cpg.org/mtdocs. Plan Handbooks will be updated by January 2017.) Please be proactive and go online to learn more.

3. How do I sign up during Open Enrollment?

Current plan members must access the enrollment web page with the same credentials (user name and password) they created to access benefits information on MyCPG Accounts (the same process as the past few years). It is important for all participating plan members to create an account on MyCPG Accounts prior to Open Enrollment, if they have not already done so. For assistance, employees may contact the Client Services Team at (800) 480-9967, Monday to Friday, 8:30AM – 8:00 PMET (excluding holidays), or email mtcustserv@cpq.org.

If you are currently an eligible, non-participating employee and now wish to sign up for coverage, you may please complete (and sign) the enrollment form provided and submit to the Diocesan Office. If you have questions about signing up, please contact Kim Weinstein in the Diocesan Office (850-434-7337) or email her at kim@diocgc.org for a form.

4. What about Open Enrollment for Retiree Medicare Supplement plans?

Medicare Supplement Health Plan rates for Retirees will be available and communicated by CPG prior to open enrollment. 2017 Retiree Open Enrollment dates are October 13 to December 7.

5. What plans will be available for 2017 Active Clergy / Lay Employees?

Medical

- Anthem PPO 90/70
- Anthem PPO 80/60
- Anthem PPO 75/50
- Anthem BCBS CDH Plan 15 (with HSA)
- Anthem BCBS CDH Plan 20 (with HSA)
- Anthem BCBS CDH Plan 40 (with HSA)

Dental

- Preventative Dental
- Basic Dental
- Dental and Orthodontia

In addition, the following “Medicare Secondary Payee” (MSP) plan is available (and recommended) for active clergy / lay age 65 and over:

- Anthem PPO MSP 90/70

All of our plans have different levels of deductibles, copayments, and coinsurance so please make sure you look them over well.

6. What plan changes are there for 2017?

We’ve added an additional plan called the **Anthem BCBS CDH Plan 40**; all other regular plans we offered in 2016 will also be offered in 2017. The new CDH Plan 40 addition is a high deductible plan that has low monthly premiums but at a higher deductible level. In addition, we have eliminated the PPO 75/50 MSP & 80/60 MSP plans (Medicare Secondary Plans) due to lack of enrollment.

Having both PPO and CDHP’s allows us to provide the flexibility of tiered premiums and deductibles; you can choose the plan that best fits your circumstance. We have 3 CDHP’s (with HSA’s) with 15%, 20%, or 40% deductible levels and 3 PPO plans with 10%, 20%, 25% deductible levels.

7. What is a Consumer Directed Health Plan / Health Savings Account?

These plans are being utilized by many churches as a more affordable option for their participants. A Consumer Directed Health Plan (previously called “High Deductible Health Plan”) coupled with an interest bearing Health Savings Account (HSA) is a different approach to control your health costs. A qualified CDHP provides a HSA - a tax-free health savings account you can use to pay for qualified medical expenses. You and/or your employer can contribute to this tax free and pay for qualified medical expenses. Once money is deposited into your HSA, it’s yours until you spend it. If you don’t use the funds in the calendar year, they roll-over for use in future years. If you change employers or retire, you can take your HSA with you. Withdrawals from your HSA are tax-free as long as they are used to pay for qualified medical expenses. In 2017, the IRS has set the HSA contribution limit to \$3,350 single / \$6,750 family. There are many advantages for using a CDHP with HSA so please do look over this plan option.

8. How can I compare estimated out of pocket costs by a plan?

One way is by reviewing the Summary of Benefits document; go to the section (towards the end) that provides “Coverage Examples”. These examples show how a particular plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

For example, out of pocket for having a baby (a “normal” delivery) on the PPO 90/70 Plan may run you about \$710, whereas it may run \$2430 on the CDHP 15 with HSA Plan. However, that doesn’t show you entire picture. The single premiums on the PPO 90/70 are \$250 higher per month. If had instead redirected the premium difference into a Health Savings Account on the CDH Plan 15, your out-of-pocket expenses may actually be less, with added benefit of lower premiums. Of course these are only examples to estimate your actual costs. But it does allow you to do some comparisons as you determine which plan may be best for you.

9. What can we do to keep our premiums from rising so much each year?

Premium costs are impacted by a variety of variables including benefits, trends, and utilization. One of the most important steps you can do individually to help reduce one such cost-driver is to use your **preventative benefits** that are embedded in of all our health plans. In the past year, our utilization of preventative health services have not met established benchmarks, which in turn impacts our medical premiums. For example, according to the Medical Trust statistics, 35% of women aged 40-64 and 5% of men aged 40-64 utilized preventative medical care in our Diocese in the past 12 months. Please make the commitment to schedule and complete an annual physical (which is at no additional out-of-pocket cost to you).

10. What is a “Medicare Secondary Payer” plan?

The Diocese offers a “Medicare Secondary Payer” Small Employer Exemption plan which provide premium savings for eligible participants age 65 or older. This provides the same benefits of its Anthem plan counterpart but with premium savings. How does this work? Basically, Medicare will be the primary payer for Part A (hospitalization) services. Once Medicare has paid its share, the claims will be sent to Anthem, who will then pay the claims as it would for any active employee, minus the amounts paid by Medicare and your deductibles and cost shares. To participate in this program you must be age 65 or older, actively working for a church / agency, and enrolled in Medicare Part A. Please explore this option if you are eligible as the premium savings are substantial and the benefits the same.

11. What additional benefits do you receive with our medical plans?

When you enroll in one of our medical plans, you get a wide variety of benefits that you may not always find with many other plans including:

- Prescription drug benefits – multi-tier coverage through Express Scripts
- Behavioral health benefits - mental health and substance abuse benefits via the Cigna network
- Vision benefits – EyeMed national network coverage
- Hearing benefits* – hearing aid assistance thru the Amplifon network
- Travel assistance services* - via the UnitedHealthcare Global Assistance Program
- Employee Assistance Program - EAP offers an array of services designed to assist you with work, life, and family issues; free and confidential, 24/7
- Health Advocate – helps members navigate and facilitate medical and administrative issues within the healthcare system

12. What is the Employee Assistance Plan (EAP)?

The Employee Assistance Program (EAP), managed by Cigna, is an additional layer of coverage available to help members with work, life, and family issues. Licensed clinicians can provide resources and referrals on issues such as coping with stress, child and senior care, legal/financial matters, substance abuse, and emotional and physical health. EAP Services include:

- **24/7** phone and website access
- **In-person counseling** (up to 10 sessions per issue with \$0 copay)
- **Local resources** in your community on a wide range of topics, including elder and child care providers, support groups, and so much more
- **Guidance** to help balance work with family life, including a free legal or financial consultation
- **The Healthy Rewards® Member Discount Program**, offering discounts on weight management and nutrition programs; tobacco cessation programs; alternative medicine such as acupuncture, chiropractic, and massage therapy; and healthy lifestyle product discounts

13. How can I get additional assistance to resolve an insurance claim or billing issue?

Utilize your **Health Advocate** benefits. A professional advocate for you, typically a registered nurse backed by a team of experts, is just a phone call away to help you navigate the healthcare system. This complimentary, confidential service can help you:

- Find the best hospitals, doctors, and other healthcare providers
- Obtain second opinions
- Schedule appointments with hard-to-reach specialists
- Resolve benefits claims and issues
- Correct billing mistakes