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TO: Rectors, Parish Administrators, or Other Benefits Personnel

FROM: Dwight Babcock, Diocesan Administrator

RE: 2026 Health Benefits Overview

DATE: September 30, 2025

I am pleased to provide you with these important details about The Episcopal Church Medical Trust (Medical Trust) 2026 health benefits offerings and Annual Enrollment process.

Annual Enrollment for 2026 will run from October 15 to November 7

You can visit CPG's Annual Enrollment homepage for in-depth information at www.cpg.org/annualenrollment. You can also visit our Diocesan Annual Enrollment webpage to assist you with plan selections and where most supporting documents can easily be found in one location. It includes our premium rates, plan / benefit summaries, and other helpful information. Please visit: www.diocgc.org/benefits or visit the Administrative Resource section on our website.

During Annual Enrollment, Quantum will be available (at 866-871-0629) to help both members and potential members (i.e., those 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.

In 2026 there are five plan options to choose from; 2 PPO-type plans and 3 Consumer Directed Health Plans (with Health Savings Account). For 2026, we will be dropping the EAP stand-alone plan (Employee Assistance Program) as no employer or member has signed up for this option over the past 3 years. It is already embedded in all medical plans we offer so there is no impact to any current members. There are no premium changes to our dental plans in 2026.

For those currently on PPO plans, I highly encourage you to look over the **Consumer Directed Health Plan** offerings. For example, the CDHP 15 with HSA plan can provide savings (as compared to the PPO 90 Plan) for both member and employer by leveraging the Health Savings Account (HSA) component. Also, for those actively working age 65+ there are 2 Medical Secondary Payer (MSP) plans available for those actively working age 65+ (**MSP PPO 90 Plan or MSP PPO 80**). These plans provide a fair amount of savings over their PPO counterparts but provide the same benefits.

We realize that selecting a plan can be confusing at times; we are here to assist you in understanding your plan options. Remember that members can contact Quantum (at 866-871-0629) for assistance in choosing a health plan. Once you have reviewed your materials and have any questions about our Annual Enrollment process, please don't hesitate to reach out to Kim or Dwight in the Diocesan Office at 850-434-7337.

Medical Plans

Medical Plan / Monthly Rates	Single	Employee + 1	Family
Consumer Directed Health Plans (CDHP) w/ Health Savings Account			
Anthem BCBS CDHP - 40 / HSA	\$746	\$1343	\$2089
Anthem BCBS CDHP - 20 / HSA	\$823	\$1481	\$2304
Anthem BCBS CDHP - 15 / HSA	\$922	\$1660	\$2582
Preferred Provider Plans (PPO)			
Anthem BCBS BlueCard PPO 80	\$1072	\$1930	\$3002
Anthem BCBS BlueCard PPO 90	\$1268	\$2282	\$3550
Medicare Secondary Payer*			
Anthem BCBS BlueCard MSP PPO 80	\$858	\$1544	\$2402
Anthem BCBS BlueCard MSP PPO 90	\$1013	\$1823	\$2836

To participate in the “Medicare Secondary Payer**” 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 participants that select this option.*

Dental Plans (Delta Dental)

Dental Plan / Monthly Rates	Single	Employee + 1	Family
Basic Dental	\$35	\$63	\$98
Comprehensive Dental	\$56	\$101	\$157
Premium Dental	\$76	\$137	\$213

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 or removed from a member's plan without the need to demonstrate a qualifying event.
- Ineligible employees' coverage should be terminated.

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 instruct them to save this letter.** It also includes their Annual Enrollment dates, what's changing for 2026, benefit reminders, and how to enroll. In your communications, please encourage your employees to begin reviewing their options and to research plans early. Remember, if an employee takes no action, their plan selections will automatically carry over to 2026, 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 letter mailing list is created will not receive an Annual Enrollment letter; however, they will be able to participate in Annual Enrollment through [MyCPG Accounts](#). Their plan selections will carry over into 2026 if they don't make a change during Annual Enrollment. If they wish to change their selections for 2026, 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. Client ID numbers are no longer being used to access these 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, or email mtcustserv@cpq.org.

Non-participating Employees

Eligible employees and dependents who are not currently enrolled in a Medical Trust plan may enroll during Annual Enrollment for the 2026 plan year. Their previous decision to decline coverage will carry over into 2026 if they do not enroll during Annual Enrollment. Please submit an enrollment form to the diocesan office as this enrollment process must be input by them. This form is available on the Diocesan website or can be provide by our office.

NOTE: As materials are not mailed to potential members, we ask church employers to send a communication to inform eligible employees that they and their eligible dependents may enroll, share the plans and rates available to them, and direct them to applicable legal notices and *Summaries of Benefits and Coverage* available at www.cpq.org/mtdocs. Blank enrollment forms have been made available or can be found on the diocesan website (www.diocgc.org/benefits); please return them to the Diocesan office **before Annual Enrollment closes**.

Plan Documents and Details About Benefits

2026 *Summaries of Benefits and Coverage* and Plan Document Handbooks containing plan details are available found on the Church Pension Group website at cpq.org/mtdocs or our diocesan website (www.diocgc.org/benefits).

Again, during Annual Enrollment, Quantum will be available at 866-871-0629 to Anthem members (and potential members) who want help reviewing existing benefits, understanding plan options, and choosing the right plan for themselves and their families.

Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify your personal information, dependent coverage, and plan selections, and to make changes if necessary.

Remember: Online Annual Enrollment will run Oct. 15 – Nov. 7

If you have any questions, please do not hesitate to contact Kim or Dwight in the Diocesan Office for assistance at 850-434-7337.

Notes about Benefit Changes in 2026

Deductible increase for Anthem CDHP-15	<p>The IRS increased the minimum amount that a high-deductible health plan (HDHP) must impose as a deductible.¹ (Note that the Medical Trust refers to HDHPs as CDHPs.)</p> <p>For 2026, the minimum amounts that must be imposed as deductibles under an HDHP are \$1,700 for self-only coverage and \$3,400 for family coverage. The amounts for 2025 were \$1,650 and \$3,300, respectively.</p> <p>Effective January 1, 2026, the Medical Trust's Anthem and Cigna CDHP-15 network deductibles will be \$1,700 for self-only coverage and \$3,400 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.</p>
Deductible Increase for Anthem CDHP-20	<p>Effective January 1, 2026, the Medical Trust's Anthem, Cigna, and Kaiser CDHP-20 network deductibles will be \$3,400 for self-only coverage and \$6,800 for family coverage. The out-of-network deductibles will be \$3,400 and \$6,800, respectively.</p>

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

This material is not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

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