Episcopal Diocese of Northwest Texas

Open Enrollment Dates
Medical Insurance Open Enrollment for the 2018 Plan Year begins November 8, 2017 and ends November 22, 2017.

Existing Employees Currently Enrolled in a Medical Insurance Plan through the Medical Trust
Beginning November 8, 2017, employees currently enrolled in medical insurance through the Medical Trust may make changes to their plan selection for the 2018 plan year. Without a qualifying event, employees will NOT be able to make any changes to their existing plan after November 22, 2017.

Currently enrolled employees (plan members) that they will receive a letter from the Medical Trust approximately one week before their Open Enrollment period. This letter will provide them with information on when and how to access the Open Enrollment website, and links to important benefits information and plan resources

Plan members can access the enrollment web page with the same credentials (user name and password) they created to access their benefits information on MyCPG Accounts

It is important for all 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 PM ET (excluding holidays), or email **mtcustserv@cpg.org**.

Existing Eligible Employees Currently NOT Enrolled in Medical Insurance through the Medical Trust
Employees who qualify for medical 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 2018 plan year.

CPG does not mail materials to these potential members, so they should request information from their employer or the Diocesan office. The Summaries of Benefits and Coverage are available at *www.cpg.org/mtdocs*.

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Eligible Non-Participating Dependents

During open enrollment, eligible Non-Participating Dependents may be added to or removed from a member's plan at any time without the need to demonstrate a qualifying event.

Medical Plans Offered in 2018

Three levels of coverage under two types of Plans – TRADITIONAL or HIGH DEDUCTIBLE W/HEALTH SAVINGS ACCOUNTS – will be offered in 2018. Individual plan information is accessible by clicking on the plan names listed below.

A Plan Comparison Chart is available by clicking here.

Traditional Plans					
Plan Name	***Monthly Rates:***	***Single***	***Employee + Spouse***	***Employee + Child/ren***	***Family***
Anthem PPO 90/70		*$903*	*$1,806*	*$1,625*	*$2,709*
Anthem PPO 80/60		*$867*	*$1,734*	*$1,561*	*$2,601*
Anthem PPO 75/50		*$748*	*$1,496*	*$1,346*	*$2,244*

High Deductible Plans with Health Savings Accounts					
Plan Name	***Monthly Rates:***	***Single***	***Employee + Spouse***	***Employee + Child/ren***	***Family***
Anthem BCBS CDHP-15/HSA		*$692*	*$1,384*	*$1,246*	*$2,076*
Anthem BCBS CDHP-20/HSA		*$620*	*$1,240*	*$1,116*	*$1,860*
Anthem BCBS CDHP-40/HSA		*$561*	*$1,122*	*$1,010*	*$1,683*

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Employee Assistance Program (EAP)
The monthly rate for enrolling in the EAP is only $5 per month. The Employee Assistance Program (EAP), managed by Cigna Behavioral Health (CBH), is available to all members and their dependents enrolled in any active Medical Trust medical plan. The EAP offers an array of services designed to assist members with work, life, and family issues. EAP services are free, confidential, and available 24/7, through the CBH website or by phone.

Click on this link for the EAP Brochure and 100 Reasons to Call.

Click on this link for the Health Advocate Program available for free.

EyeMed Vision Care
New for 2018, you'll receive vision benefits through EyeMed Vision Care's Insight Network. The Insight Network offers a more generous frame and contact lenses allowance as well as enhanced benefits for progressive lenses.
Click on this link for the EyeMed Vision Benefits Chart and informational flyer.

Enrollment Documents
Current plan members should access enrollment documents by signing in to their MyCPG Account or by downloading the documents listed below.

- *Please sign and email, fax, or mail all completed forms for new member enrollments to Anna Mora* ***before November 17, 2017****.*
- *Attached to this document is a fillable pdf of the New Member Medical Insurance Enrollment Form.*
- *Attached to this document is a fillable pdf of the Medical Insurance Change Form for changes and terminations.*
- *Contact Anna Mora if employees age 65 or older require information about Medicare Secondary Payer Plans.*

Listed below are the health plan choices offered by your group and the associated monthly rates for each. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2017 Health Plan Choices and indicate the Tier (Single, etc.)

Member Information

Name

Address

City,State Zip

Date of Birth *Social Security No.*

Hire Date M ☐ F ☐ *Gender*

Diocese of Northwest Texas

0680 *Group #* *Medical Billing Unit*

Employer's Name

Employer's Address

Dependent Information

You may obtain coverage for your eligible children who are age 30 or younger. If your group offers domestic partnership coverage, attach supporting documentation with this form. If you wish to enroll one or more dependents, please attach an additional sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

2018 Health Plan Choices

MEDICAL

Option Code	2018 Election (check one) Plan Name	Single	Emp+1	Emp+chd	Family
MEA	☐ EAP	$5	$5	$5	$5
MHBR	☐ Anthem BCBS CDHP-40/HSA	$561	$1,122	$1,010	$1,683
MHDE	☐ Anthem BCBS CDHP-20/HSA	$620	$1,240	$1,116	$1,860
MHDG	☐ Anthem BCBS CDHP-15/HSA	$692	$1,384	$1,246	$2,076
MSP0	☐ Anthem PPO 90/70	$903	$1,806	$1,625	$2,709
MSPZ	☐ Anthem PPO 80/60	$867	$1,734	$1,561	$2,601
MSPV	☐ Anthem PPO 75/50	$748	$1,496	$1,346	$2,244

MEDICAL (check one)

☐ Single
☐ Emp+1
☐ Emp+chd
☐ Family

☐ I decline medical coverage

When you have made your decision, sign and return this form to your administrator as indicated below.

Employee's Signature *Date*

MAIL THIS FORM TO:

Anna Mora
Diocese of Northwest Texas
1802 Broadway
Lubbock, TX 79401-3016

TO BE COMPLETED BY THE GROUP ADMINISTRATOR

I hereby certify that this applicant is eligible for coverage and, to the best of my knowledge, all the information provided above is correct.

Administrator's Signature *Date*

CHURCH PENSION GROUP

19 East 34th Street
New York, NY 10016
Active Member Services: 800.480.9967
Fax (both): 212.592.9499
www.cpg.org

The Episcopal Church Medical Trust

Employee Group Medical Change Form

1 Information About the Employee

Title First Name M.I. Last Name
(The Rev., Mr., Mrs., Ms., etc.)

Soc. Sec. No. _____

Date Hired _____

_____ Years of credited service (retirees only)

2 Reasons for and Date of Change

- ☐ Terminated
- ☐ Deceased member
- ☐ Deceased dependent
- ☐ Change of Address
- ☐ Early Retirement
- ☐ Age 65+ retirement
- ☐ Change in billing information
- ☐ Change in eligibility of dependent
- ☐ Transferred from another parish in same diocese
- ☐ Marriage*
- ☐ Divorce*

***Include copies of legal marriage documents**

☐ Other significant life change

_____

Change Effective _____ Mo/Day/Yr

3 Employee's New Addresss (if applicable)

Residence

Street

City TX State Zip

Home Phone E-mail

Mailing Address (if different)

Street

City TX State Zip

4 Changes in Billing Information (if applicable)

Name of Episcopal Organization

Phone E-mail List Bill ID

Street

City TX State Zip

◯ Bill to Episcopal Organization ◯ Bill directly to Member (Retirees only) ◯ Pension deduction (Retirees only)*

If billing for retiree and spouse is different, please provide instructions for spouse on a separate sheet.

***If checked, please attach Pension Deduction Form.**

5 Change in Active Medical Coverage (if applicable)

◯ Terminate Medical Coverage

◯ Change Medical coverage from

(Tier) _____ to (Tier) _____

(see section 10 for list of tiers; complete section 8 if appropriate)

◯ Add or change Medical Plan

From _____
Name of Current Plan Type of Plan (HMO, PPO, etc.)

To _____
Name of New Plan Type of Plan

DO NOT COMPLETE SECTION 6 - DENTAL COVERAGE OFFERED THROUGH DENTAL SELECT

6 Change in Active Dental Coverage (if applicable)

○ Terminate Dental Coverage

○ Change Dental coverage from

(Tier) _____ to (Tier) _____

(see section 10 for list of tiers; complete section 8 if appropriate)

○ Add or change Dental Plan

From _____
Name of Current Plan Type of Plan (Basic, Preventive)

To _____
Name of New Plan Type of Plan

7 Change in Retiree Medical Coverage (if applicable)

○ Terminate Retiree Medical Coverage

○ Change Retiree Medical coverage from

(Tier) _____ to (Tier) _____

(see section 10 for list of tiers; complete section 8 if appropriate)

If Active Medical Plan chose, please complete Section 5.

○ Add or change Retiree Medical Plan

From _____
Name of Current Plan

To _____
Name of New Plan

8 Change Dependents (if applicable)*

Change	Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Gender
○ Add ○ Cancel			- -	/ /	○ M ○ F
○ Add ○ Cancel			- -	/ /	○ M ○ F
○ Add ○ Cancel			- -	/ /	○ M ○ F

If you need more space, attach an additional Enrollment Form.
*Dependents 19 and over (full-time students, etc.) may be eligible—check Administrative Guidelines for your diocese or organization. If your group offers domestic partnership coverage, attach supporting documentaion with this form.

9 Signatures—Employee, Employer, and Sponsoring Diocese or Organization

The employee, employer, and an officer of the sponsoring diocese or organization must sign this form. By signing, the Employer certifies the employee is eligible for all coverages applied for, and, to the best of the employer's knowledge, all information provided is correct.

Employee's Signature* Date

Employer's Signature Date

Name of Sponsoring Diocese or Organization

Officer's Signature Date

Street City State TX Zip Phone E-mail

***Include Power of Attorney documentation if applicable.**

10 Explanation of Tiers of Coverage

Tiers for Active Medical Coverage:*
Single, employee + 1 (spouse), employee + child, Employee + children, Family

***All tiers may not be available in your diocese or organization. Contact The Medical Trust with questions.**

Tiers for Retiree Medical Coverage:*
Single, employee + 1, One Medicare/One Non-Medicare