General Clergy and Lay Benefits
Dear church leaders,

The Episcopal Diocese of Kentucky's Church Pension Fund Committee seeks your assistance. Each congregation is asked to designate a Senior or Administrative Officer to The ER (Employee Roster). As leaders to your parish you are asked to provide authorization to the Diocese to add him/her to the web-based application. Please speak with these individuals and make it clear how delicate this work is. After they accept the responsibilities of such duties, please write and sign this request:

Congregation: ________________________________(Name)

Leader(s) Names and Title: ________________________________(Print)

__________________________________________ (Sign)

__________________________________________ (Date)

Email: ________________________________ Phone #: ________________________________

Leader(s) Names and Title: ________________________________(Print)

__________________________________________ (Sign)

__________________________________________ (Date)

Email: ________________________________ Phone #: ________________________________

As leader(s) of this parish, I (We) authorize the following individual to oversee The Employee Roster web-based system.

Senior or Administrative Officer: ________________________________(Full name)

Email: ________________________________ Phone #: ________________________________
What is the Employee Roster? The CPG Employee Roster is a web-based application designed to help you manage the employee enrollment and benefit activities for your organization. After employees are entered into the ER, you can enroll them into Pension or Group Health, Life and Disability benefits.

Senior Officers are staff or volunteers at an institution who are responsible for administering the Employee Roster. They can also assign Administrative Officers to perform these duties, allowing them to view confidential employee information, add new employees and update existing records. Administrative Officers can perform the same tasks as Senior Officers except they cannot add other Officers.

The Employee Roster contains confidential employee information that the Senior Officer can access and change. Therefore, before designating Senior or Administrative Officers, you must confirm with this institution that he or she has been granted the authority to access and make changes to the Employee Roster.

Please note that if you have been granted this authority by this institution, you may designate yourself as the Senior Officer for this institution, and will be responsible for completing the list of employees at that institution or designating the person who performs this task.

NOTE-- Information required to set up individuals is as follows:

1. Salutation
2. First Name
3. Middle Name
4. Last Name
5. Business Email Address
6. Primary Phone Number, with Extension Number
7. Social Security Number
8. Date of Birth
Perspective
View Perspective, Fall 2018, an update from Mary Kate Wold, CEO and President. In this edition:
- Faith and Finance: Investing in Values
- A Gathering of Benefits Leaders
- Your Stories. Our Work.
- Turning Pages: Church Publishing and Social Responsibility
- Vermont Governor Phil Scott Visits The Church Insurance Companies
- Executive Spotlight: The Rev. Clayton Crawley, Chief Information Officer
- 79th General Convention Legislation Recap
- Church Pension Fund Trustees: Vision and Leadership

Observing a Century of Service
When the Church Pension Fund (CPF) began operations in 1917, Bishop William Lawrence set out to create a pension fund that would enable clergy to retire with dignity. Since then, our charter has expanded to include other products and services, and to cover lay employees who are critical to the Church’s ability to fulfill its mission.

A century later, Bishop Lawrence’s intention lives on in our vision, which is to provide our clients with the highest possible level of financial security in retirement consistent with exemplary financial stewardship on our part and with the evolving needs of the Church.

Learn more about how CPF continues to serve the changing needs of the Church.

2018 DHP Annual Report
Read the report summarizing record developments with the The Episcopal Church’s Denominational Health Plan (DHP).

Clergy Deployment Trends
Learn how clergy deployment trends have changed in the Episcopal Church.
- Podcast
- Webinar

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- Disability Insurance
- Health Plans
- Pensions
- Perspective
- Preventing Sexual Abuse
- Property & Casualty Insurance
- Research
- Retirement Savings
- Tax Publications
- Vintage Voice

As an individual:
(877) 432-9274 (fax)
web: www.cpg.org

Pension, Retirement Plans, & Individual Life Insurance
(866) 802-6333
e-mail: benefits@cpg.org

Medical, Dental, & Group Life/Disability
(800) 480-9967
e-mail: mtcustserv@cpg.org

Fidelity Member Customer Service
(877) 208-0092
web: www.netbenefits.com

Lincoln Financial Group (formerly Liberty Mutual)
(877) 225-1740 Claims
web: www.MyLincolnPortal.com

Company Code for Claims: CPG-EE
2019 Health Benefits Overview
From the Church Pension Fund Committee

This memo contains important information about our 2019 Health Benefits and Annual Enrollment. Please share this information with your employees.

Online Annual Enrollment for 2019 is open through November 16, 2018.

Medical Plans
We are offering the following medical plans to our employees through the Medical Trust. For more information, please visit the Church Medical Trust’s website.

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Monthly Rates:</th>
<th>Single</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHDE BCBS CDHP-20/HSA</td>
<td>$608</td>
<td>$1,094</td>
<td>$1,702</td>
<td></td>
</tr>
<tr>
<td>MPP3 PPO BCBS 80</td>
<td>$780</td>
<td>$1,404</td>
<td>$2,184</td>
<td></td>
</tr>
<tr>
<td>MPP2 PPO BCBS 90</td>
<td>$860</td>
<td>$1,548</td>
<td>$2,408</td>
<td></td>
</tr>
<tr>
<td>MEAP EAP</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>MS11 BCBS MSP PPO 80*</td>
<td>$624</td>
<td>$1,123</td>
<td>$1,747</td>
<td></td>
</tr>
<tr>
<td>MS10 BCBS MSP PPO 90*</td>
<td>$688</td>
<td>$1238</td>
<td>$1926</td>
<td></td>
</tr>
</tbody>
</table>

* These plans are offered as Medicare Supplements. When looking at the Plan Comparison Chart, MS11 receives the same benefits as MPP3; MS10 as MPP2.

Dental Plans
We are offering the following Cigna dental plans through the Medical Trust.

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Monthly Rates:</th>
<th>Single</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Dental</td>
<td>$28</td>
<td>$50</td>
<td>$73</td>
<td></td>
</tr>
<tr>
<td>Basic Dental 50/150</td>
<td>$54</td>
<td>$97</td>
<td>$151</td>
<td></td>
</tr>
<tr>
<td>Dental and Orthodontia 25/75</td>
<td>$73</td>
<td>$131</td>
<td>$204</td>
<td></td>
</tr>
</tbody>
</table>

What You Need to Know About Annual Enrollment
During the Medical Trust’s Annual 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 without the need of a qualifying event

Currently Enrolled Employees
Please inform your currently enrolled employees (plan members) that they will receive a letter from the Medical Trust. This letter will provide them with information on when and how to access the Annual Enrollment website, a benefits review, and links to important plan resources. In your communications, encourage your employees to begin reviewing their options and research plans early.

Non-participating Employees
Existing employees who qualify for health coverage but are not participating in one of our plans are eligible to enroll themselves and/or their dependents during Annual Enrollment, for the 2019 plan year. Please send communication to these employees informing them of this option, as well as the plans and rates available to them. Attached is the enrollment form for new members. Please complete form and return it to your parish Administrative Officer to The Employee Roster-- before the end of Annual Enrollment, November 16, 2018 (an authorization form for this position is available below). Administrative Officers, please contact the Diocese for assistance, Vicky Kaeser (Vicky@episcopalky.org).
A Plan Comparison Chart along with schedules of Prescription Drugs, Vision, and Dental Benefits are attached to assist you in choosing your 2019 coverage.

Please note, some 2018 plans are no longer available. It is important for you to log on to the Annual Enrollment website and make your selections, as well as checking your personal information and your dependents' information.

Employee Assistance Program (EAP) with Cigna Behavioral Health
In addition to the health plans, we offer a stand-alone EAP plan that parishes may elect to offer to their employees who opt out of medical benefits coverage. (The EAP is already included as part of every medical plan offering.) This will be billed in the same manner as the medical benefits. Your parish may elect to offer the EAP to all eligible employees who have opted out of medical coverage or to no one.

Designating an Administrator for your congregation’s Employee Roster
The Employee Roster (ER) is a web-based application that lets you manage the employee enrollment and benefit activities for your organization. After employees are entered into the ER, you can enroll them into various CPG benefit programs. Please review the attached memo for more information and complete and return the form included to authorize an officer for your organization’s ER.

Faithfully,

Church Pension Fund Committee

Resource Materials

- 2019 Group Enrollment Form for eligible non-current participating employees
- 2019 Plan Comparisons
- Administrative Officer to The Employee Roster authorization form
THE EPISCOPAL CHURCH MEDICAL TRUST

Listed below are the health plan choices offered by your group and the associated monthly rates for each, effective January 1, 2019. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2019 Health Plan Choices and indicate the Tier (Single, etc.).

Member Information

Name
Address
City, State, Zip
Date of Birth
Social Security No.
Hire Date
Gender

Diocese of Kentucky

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).

2019 Health Plan Choices

<table>
<thead>
<tr>
<th>Option</th>
<th>2019 Election (check one)</th>
<th>Code</th>
<th>Plan Name</th>
<th>Single</th>
<th>Emp+1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td></td>
<td>MHDE</td>
<td>Anthem BCBS CDHP-20/HSAA</td>
<td>$608</td>
<td>$1,094</td>
<td>$1,702</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPP2</td>
<td>Anthem BCBS BlueCard PPO 90</td>
<td>$860</td>
<td>$1,548</td>
<td>$2,408</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPP3</td>
<td>Anthem BCBS BlueCard PPO 80</td>
<td>$780</td>
<td>$1,404</td>
<td>$2,184</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS10</td>
<td>Anthem BCBS BlueCard MSP PPO 90</td>
<td>$688</td>
<td>$1,238</td>
<td>$1,926</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS11</td>
<td>Anthem BCBS BlueCard MSP PPO 80</td>
<td>$624</td>
<td>$1,123</td>
<td>$1,747</td>
</tr>
<tr>
<td></td>
<td>□ I decline medical coverage</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option</th>
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<th>Plan Name</th>
<th>Single</th>
<th>Emp+1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTAL</td>
<td></td>
<td>DD25</td>
<td>Dent&amp;Ortho-25/75</td>
<td>$73</td>
<td>$131</td>
<td>$204</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DD50</td>
<td>Basic Dent-50/150</td>
<td>$54</td>
<td>$97</td>
<td>$151</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DDPV</td>
<td>Preventive Dental</td>
<td>$28</td>
<td>$50</td>
<td>$78</td>
</tr>
<tr>
<td></td>
<td>□ I decline dental coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Bduligas Kaiser
Diocese of Kentucky
425 S 2nd St Ste 200
Louisville, KY 40202-1430

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
This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official plan documents, the official plan documents will govern.

<table>
<thead>
<tr>
<th>Ambulance Services</th>
<th>Emergency Room Care</th>
<th>Outpatient Surgery</th>
<th>Medically必要的 Services (Including Emergency Services)</th>
<th>Preventive Services &amp; Well-Child Care</th>
<th>Outpatient Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
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<td>20% coinsurance</td>
<td>100% coinsurance</td>
<td>100% coinsurance</td>
</tr>
</tbody>
</table>

Annual Out-Of-Pocket Limit: $5,000 per Person

Annual Maximum Deductible: $0
This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official plan document, the official plan document will govern.
<table>
<thead>
<tr>
<th>Name</th>
<th>Dependent Limit Per Person</th>
<th>Copayment</th>
<th>Prescription Drug Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay 100% after deductible</td>
<td>Up to a 90-day supply</td>
<td>$0 to a $50 copay</td>
<td>None</td>
</tr>
<tr>
<td>You pay 50% after deductible</td>
<td>Up to a 90-day supply</td>
<td>$0 to a $50 copay</td>
<td>None</td>
</tr>
<tr>
<td>You pay 25% after deductible</td>
<td>Up to a 90-day supply</td>
<td>$0 to a $50 copay</td>
<td>None</td>
</tr>
<tr>
<td>You pay 10% after deductible</td>
<td>Up to a 90-day supply</td>
<td>$0 to a $50 copay</td>
<td>None</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Plan Pays up to $100</th>
<th>Plan Pays up to $150 Above $100, then You Pay</th>
<th>Disposable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pays up to $100</td>
<td></td>
<td>Convetional</td>
</tr>
</tbody>
</table>

**Contact Lenses (eligible once every calendar year)**

<table>
<thead>
<tr>
<th>Frame (eligible once every calendar year)</th>
<th>Plan Pays up to $477 Over $150 Above $100, 20% of balance</th>
<th>Disposable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Due to $15 copay</td>
<td>Disposable</td>
</tr>
<tr>
<td></td>
<td>$40 copay</td>
<td>Disposable</td>
</tr>
<tr>
<td></td>
<td>$40 copay</td>
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<td>$40 copay</td>
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<td>Disposable</td>
</tr>
<tr>
<td></td>
<td>$40 copay</td>
<td>Disposable</td>
</tr>
<tr>
<td></td>
<td>$40 copay</td>
<td>Disposable</td>
</tr>
</tbody>
</table>

**Lens Options**

- $60 for bifocal
- $45 for progressive
- $22 for single vision

<table>
<thead>
<tr>
<th>Plan Pays up to $100</th>
<th>Disposable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disposable</td>
</tr>
</tbody>
</table>

**Eye Examinations**

**VISION BENEFITS**
### Dental Benefits

<table>
<thead>
<tr>
<th>Annual Benefit Maximum</th>
<th>1st $1,000</th>
<th>$2,000</th>
<th>$5,000</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontia</td>
<td>You pay 20%</td>
<td>You pay 50%</td>
<td>You pay 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Major Preventive Services</td>
<td>You pay 60%</td>
<td>You pay 20%</td>
<td>You pay 10%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Basic Preventive Care</td>
<td>You pay 70%</td>
<td>You pay 50%</td>
<td>You pay 15%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Dental Advantage Providers</td>
<td>Deductible 10%</td>
<td>Deductible 10%</td>
<td>Deductible 10%</td>
<td>Deductible 10%</td>
</tr>
</tbody>
</table>

This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official plan documents, the official plan documents will govern.
The Plans described in this document (collectively, the Plans) are sponsored and administered by the Church Pension Group Services Corporation (CPGSC), also known as The Episcopal Church Medical Trust (the Medical Trust). The Plans that are self-funded are funded by The Episcopal Church Clergy and Employees' Benefit Trust (ECCEBT), which is a voluntary employees' beneficiary association within the meaning of section 501(c)(9) of the Internal Revenue Code.

This document contains only a partial, general description of the Plans. It is provided for informational purposes only and should not be viewed as a contract, an offer of coverage, a confirmation of eligibility, or Investment, tax, medical or other advice. In the event of a conflict between this document and the official Plan documents (summary of benefits and coverage, Plan Document Handbook), the official Plan documents will govern. The Church Pension Fund and CPGSC (collectively, CPG), retain the right to amend, terminate or modify the terms of the Plans, as well as any post-retirement health subsidy, at any time, for any reason and, unless required by law, without notice.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act and section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States, and not all Plans are available on both a self-funded and fully insured basis. The Plans do not cover all healthcare expenses, and Plan participants should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations and procedures.

All benefits under the Plans are subject to applicable laws, regulations and policies.

Except for the Preventive Dental PPO Plan, all such benefits are subject to coordination of benefits. The Plans are subrogated to all of the rights of a Plan participant against any party liable for such participant's illness or injury, to the extent of the reasonable value of the benefits provided to such participant under the Plans. The Plans may assert this right independently of a Plan participant, and such participant is obligated to cooperate with the Medical Trust in order to protect the Plans' subrogation rights.

CPG does not provide any healthcare services and therefore cannot guarantee any results or outcomes. Healthcare providers and vendors are independent contractors in private practice and are neither employees nor agents of CPG. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.