The Episcopal Diocese of Olympia
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TO: Employees (members & non-participating employees)

FROM: Charles Thorne, Canon for Finance
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RE: **2027 Health Benefits Overview**

This letter contains important information about the 2027 health benefits available from The Episcopal Church Medical Trust (Medical Trust). Please read it carefully and contact me with any questions. Online Annual Enrollment for your 2027 Medical Trust health benefits takes place from October 14 to November 6.

Medical Plans
You will be able to choose from the following medical plans through the Medical Trust:

2027 Medical Plans

We will offer the following medical plans to our employees through the Medical Trust.

Medical Plan / Monthly Rates	Single	Employee + 1 (spouse or child)	Family	% increase over 2026
Anthem BCBS BlueCard PPO 80 (**base plan***)	$1139	$2050	$3189	10.5%
Anthem BCBS BlueCard PPO 90	$1341	$2414	$3755	10.5%
Anthem BCBS BlueCard PPO 100	$1514	$2725	$4239	10.5%
Anthem BCBS CDHP-20/HSA **	$915 / $224	$1647 / $403	$2562 / $627	11.4%
Kaiser Permanente EPO 80 HMO	$1222	$2200	$3422	10.5%
Kaiser Permanente EPO High HMO	$1749	$3148	$4897	10.5%
Kaiser Permanente CDHP 20/HSA **	$1024 / $115	$1843 / $207	$2867 / $322	10.5%

**The base plan is identified each year by the diocesan Personnel Commission. The current minimum standard employer contribution is 100% of the base plan premium for an employee and 75% of the base plan premium for dependents of the employee.*

***If an employee selects a Consumer Directed Health Plan (CDHP) the employer is required to contribute the monthly rate difference between the CDHP plan and the designated base plan to the employees' Health Savings Account (HSA). The table shows Premium / HSA Contribution for these plans.*

2027 Delta Dental Plans

Delta Dental, the Medical Trust's dental vendor, has the largest network of dentists nationwide. In 2027, members will continue to be able to access services in two of its networks (PPO and Premier) or use out-of-network dentists. Member coinsurance, deductible, and maximum annual benefit will vary based on the network they use for a covered dental service.

We will offer the following Delta Dental plans through the Medical Trust:

Dental Plan / Monthly Rates	Single	Employee + 1 (spouse or child)	Family	% increase over 2026
Delta Basic Dental	$49	$88	$137	2.2%
Delta Comprehensive (**base plan***)	$64	$115	$179	1.7%
Delta Premium	$88	$158	$246	1.7%

** The current minimum standard employer contribution is 100% of the base dental premium for an employee and 75% of the base dental premium for dependents of the employee.*

To maintain parity, minimums and premium sharing for both medical and dental insurance must be the same for all eligible lay and clergy employees of an employing unit.

Changes for 2027

Deductible and out-of-pocket maximum increases for PPO plan options using the Anthem networks and EPO plan options using the Kaiser network	Deductibles and out-of-pocket maximums will increase for 2027. **Anthem PPO 100** Network individual deductibles will increase from $0 to $500, and network family deductibles will increase from $0 to $1,000. Out-of-network individual deductibles will increase from $500 to $1,000, and out-of-network family deductibles will increase from $1,000 to $2,000.

	Network individual out-of-pocket maximums will increase from $2,000 to $3,500, and network family out-of-pocket maximums will increase from $4,000 to $7,000. Out-of-network individual out-of-pocket maximums will increase from $4,000 to $7,000, and out-of-network family out-of-pocket maximums will increase from $8,000 to $14,000. **Anthem PPO 90** Network individual deductibles will increase from $500 to $1,000, and network family deductibles will increase from $1,000 to $2,000. Out-of-network individual deductibles will increase from $1,000 to $2,000, and out-of-network family deductibles will increase from $2,000 to $4,000. Network individual out-of-pocket maximums will increase from $2,500 to $4,000, and network family out-of-pocket maximums will increase from $5,000 to $8,000. Out-of-network individual out-of-pocket maximums will increase from $5,000 to $8,000, and out-of-network family out-of-pocket maximums will increase from $10,000 to $16,000. **Anthem PPO 80** Network individual deductibles will increase from $1,000 to $1,500, and network family deductibles will increase from $2,000 to $3,000. Out-of-network individual deductibles will increase from $2,000 to $3,000, and out-of-network family deductibles will increase from $4,000 to $6,000. Network individual out-of-pocket maximums will increase from $3,500 to $5,000, and network family out-of-pocket maximums will increase from $7,000 to $10,000. Out-of-network individual out-of-pocket maximums will increase from $7,000 to $10,000, and out-of-network family out-of-pocket maximums will increase from $14,000 to $20,000.

	Kaiser EPO High Network individual deductibles will increase from $0 to $500, and network family deductibles will increase from $0 to $1,000. Network individual out-of-pocket maximums will increase from $1,750 to $3,500, and network family out-of-pocket maximums will increase from $3,500 to $7,000. **Kaiser EPO 80** Network individual deductibles will increase from $500 to $1,000, and network family deductibles will increase from $1,000 to $2,000. Network individual out-of-pocket maximums will increase from $3,500 to $5,000, and network family out-of-pocket maximums will increase from $7,000 to $10,000.
Deductible and out-of-pocket maximum increases for CDHPs using the Anthem and Kaiser networks	**Anthem CDHP-20** Network individual deductibles will increase from $3,400 to $3,600, and network family deductibles will increase from $6,800 to $7,200. Out-of-network individual deductibles will increase from $3,400 to $7,200 and out-of-network family deductibles will increase from $6,800 to $14,400. Network individual out-of-pocket maximums will increase from $4,200 to $5,000, and network family out-of-pocket maximums will increase from $8,450 to $10,000. Out-of-network individual out-of-pocket maximums will increase from $7,000 to $10,000, and out-of-network family out-of-pocket maximums will increase from $13,000 to $20,000. **Kaiser CDHP-20** Network individual deductibles will increase from $3,400 to $3,600, and network family deductibles will increase from $6,800 to $7,200. Network individual out-of-pocket maximums will increase from $4,200 to $5,000, and network family out-of-pocket maximums will increase from $8,450 to $10,000.

Primary care, specialty visit, and urgent care copay increases for PPO plan options using the Anthem networks	**Anthem PPO** Primary care visit copays will increase from $30 to $35, and specialist visit copays will increase from $45 to $50. Urgent care visit copays will increase from $50 to $60.
Primary care, specialty visit and urgent care copay increases for EPO plan options using the Kaiser network	**Kaiser EPO High and 80** Primary care visit copays will increase from $25 to $30. Urgent care visit copays will increase $50 to $60. **Kaiser EPO High** Specialist visit copays will increase from $25 to $45. **Kaiser EPO 80** Specialist visit copays will increase from $35 to $45.
Rx copay increases	PPO Standard Rx and EPO Rx copays for plan options using the Anthem and Kaiser networks will increase. PPO Standard Rx specialty drug coinsurance for plan options using the Anthem networks will increase. For details, consult the 2027 Summary of Benefit and Coverage (SBC) documents on cpg.org.
GLP-1 coverage changes and new weight-management vendor	GLP-1s for weight loss, with or without co-morbidities, will not be covered by our medical plans. GLP-1s will continue to be covered for type 2 diabetes treatment (subject to applicable utilization management requirements, prior authorization requirements, and other plan terms). To provide weight-loss support, the Medical Trust will be making Digbi available to members enrolled in plan options using the Anthem networks at no cost, thus offering personalized support for glucose health, digestive wellness, and weight reduction (with or without GLP-1s), with personalized guidance based on individual coaching and optional genetic and gut microbiome testing data. Quantum Health can provide guidance to members enrolled in plan options using the Anthem networks on how to obtain GLP-1 medications directly from their manufacturers, at direct-to-consumer prices. Members will be responsible for the full cost of these drugs. In connection with purchases through these platforms, Members must continue receiving

	GLP-1 prescriptions from their own healthcare providers (Digbi does not prescribe GLP-1s).

Details About Your Benefits

Details about your benefits, including 2027 *Summaries of Benefits and Coverage,* the *Annual Enrollment Guide*, and Plan Document Handbooks, are available at *cpg.org/mtdocs*. To receive a free paper copy of the *Summaries of Benefits and Coverage*, use the "Mail It to Me" option at *cpg.org/mtdocs* or call CPG's Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

No Changes to Current Medical or Dental Plan Choices

The same medical and dental plan options will be available to you in 2027. Whether or not you plan to make a change, we strongly encourage you to go online during Annual Enrollment and verify/make the necessary changes to your personal information, dependent coverage, and plan selections.

If You Are Enrolled in a Medical Trust Plan

Approximately one week before your Annual Enrollment session, you will receive an Annual Enrollment email with information about your Annual Enrollment dates and how to access the enrollment site. Please save this email. Whether or not you plan to make a change, be sure to log in to MyCPG Accounts and check that your personal information and that of your dependents is correct. You can submit any corrections through MyCPG Accounts and/or by notifying me.

Please note that if you take no action and your current plan(s) are being offered for 2027, your current plan selections will automatically carry over to 2027, and any applicable rate increases will apply.

New Hires After Annual Enrollment Begins

If you enrolled in a Medical Trust plan for the first time after the Annual Enrollment email list is created (generally in early September), you will not receive an Annual Enrollment email; however, you will be able to participate in the Medical Trust's Annual Enrollment through MyCPG Accounts. If you do not make a change during Annual Enrollment, your plan selections will carry over into 2027. If you wish to make a change to your medical or dental plan enrollment for 2027 you must log in to MyCPG Accounts and make plan selections or contact me for assistance. You may contact CPG Client Services for assistance accessing your login credentials.

IMPORTANT NOTE: For 2027, you will use the same credentials (associated email address and password) you created on MyCPG Accounts to access the Annual Enrollment page. If you have not already created an account on MyCPG Accounts, please do so before Annual Enrollment begins. For assistance, contact TECH at 855-594-2201, Monday to Friday, 8:30 AM to 8:00 PM ET.

If you plan to make a change or enroll for the first time in a Medical Trust plan, begin to review your options now so that you'll have enough time to make an informed decision. This is also the time of year when you may add or remove eligible dependents without a qualifying event.

Not a Member and Want to Enroll?

If you are not currently participating in a Medical Trust plan and would like to enroll, please review the plan options in this letter. To further explore plans and benefits, visit *cpg.org*, hover over **Benefits**, select **Active Clergy** or **Lay**, then select **Health**. You will not receive an email from the Medical Trust or be able to access Annual Enrollment through MyCPG, so please contact me with any questions and/or to request an enrollment form and a copy of the *Summaries of Benefits and Coverage* and other important notices. If you take no action, your previous decision to decline coverage will remain in effect for 2027.

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

Employee Assistance Program (EAP) with Cigna Behavioral Health

In addition to the Medical Trust health plans, your employer also offers a standalone EAP through Cigna for eligible employees who have spousal or qualified coverage through an entity other than the Medical Trust. This program covers your entire household and is paid for by your employer.