Health Plan Renewal and Annual Enrollment 101: What It Is and What You Need to Do





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Annual Enrollment Webinar Series



WHAT'S NEW?

- Quantum Health
- Institution Sub-select



Today's Agenda

The Journey from Planning to Enrollment

- Health Plan Renewal Planning and Annual Enrollment Timeline
- Pricing and Renewals
 - Pricing and Trends
 - Annual Renewals
 - Group Plan Selection
- Annual Enrollment Communications
- Annual Enrollment Administration and Reports



E Overview of Our Seamless Annual Process



- Benchmarking
- Industry trends
- Client feedback
- Evolving needs of the Church

Pricing

- Identification and review of medical plan risk factors
- Detailed analysis of group experience
- Final plan pricing for the coming year

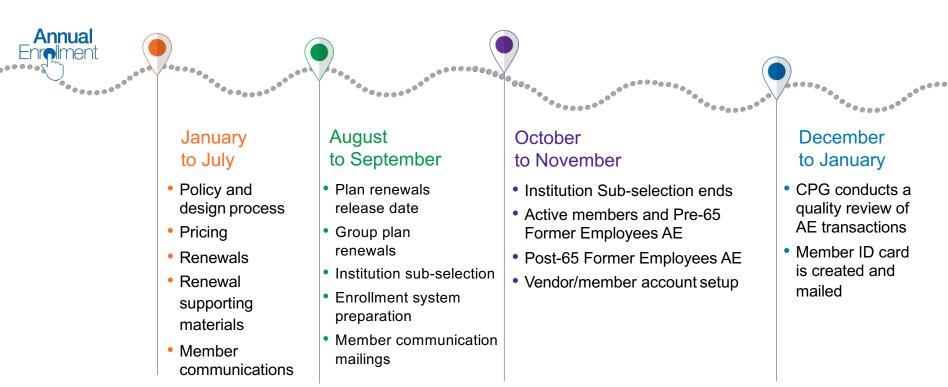
Plan Renewal

 Groups select plans that will be offered to employees.

Annual Enrallment

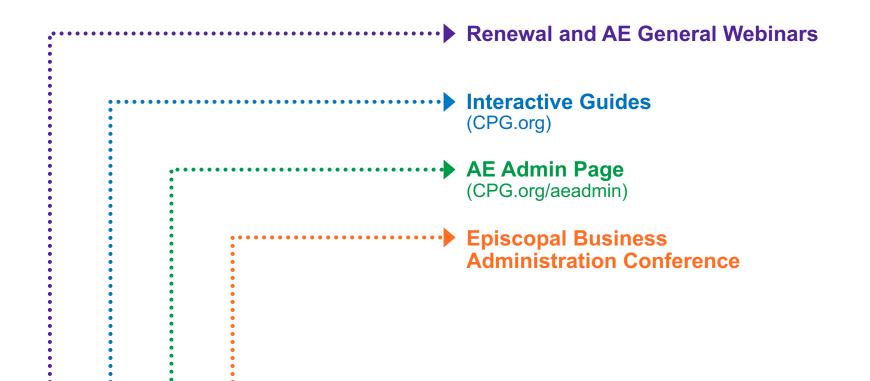
 Employees and their families review their choices and enroll or make changes.

— Health Plan Renewal and Annual Enrollment Timeline

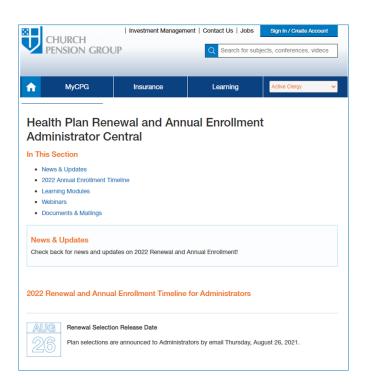


*Dates are subject to change.

Administrator Education Opportunities



Centralized AE Admin Information on CPG.org



CPG.org/aeadmin

- Health Plan Renewal and AE information
- AE Admin news and updates
- Education, documents, and mailings
- Calendar key dates and resources





Pricing: Overview – Key Factors

Overall

Actual versus expected

Large claims

Projected

- Cost trend assumptions
- Known/expected changes
- Stress testing

Group Specific

Group specific

- Demographic/geographic factors
- Experience
- Prior rate actions

E Pricing: Focus on Cost Trend Assumptions

What is a medical and pharmacy cost trend?

Projected percentage increase in the cost to treat patients from one year to the next, assuming that benefits remain the same



Cost trends used to estimate what the same health plan design will cost from year to year



Cost trend influencers

- Unit cost inflation of medical products and services
- Per capita utilization or changes in the number or intensity of service usage

□ Pricing: Focus on Cost Trend Assumptions

What are some factors that can affect healthcare trends?



Healthcare service utilization



Price inflation or deflation



Medical technology and drug therapies



Variations in provider treatment patterns



Impact of fixed deductibles and copays



Changing health of the covered population



Aging of the covered population



Healthcare provider consolidation



Cost-shifting from public to private plans



Changes in federal or state legislation



Renewal Package



Renewal Email

- Alerts administrator to go to My Admin Portal (MAP)/Medical Life Participant System (MLPS) for the Group's Plan offering and selections
- Provides a link to instructions for how to access information



Renewal Supporting Materials

- Medical Trust Renewal Letter
- Participating Group Agreement
- Administrative Policy Manual
- Medical Trust Compass Report and instructions
- AE Timeline and Letter Templates for Administrators
- Healthcare Compliance Notices
- Summaries of Benefits and Coverage (SBCs) on cpg.org
- Health Plan Comparison Chart
- The array of plans being offered

Active Renewals

Available in MAP/MLPS

- Review plans and rates, share accordingly with your key stakeholders
- Benefits Relationship
 Management Team resources
 will be available to assist you
 with questions
- Determine your Plan offering and make elections in MAP/MLPS

Plan Selection Timing

Plan Selection Deadlines

Communicating with Your Related Entities and Employees

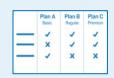
Letter Templates



Customizable templates to help facilitate communications with your group about plans, rates, dates, etc.

- Template #1: Memo to rectors, parish administrators, and other benefits personnel
- Template #2: Letter to employees (members and non-participating employees)

Plan Comparison Chart



Provides side-by-side benefit details to help members compare their options

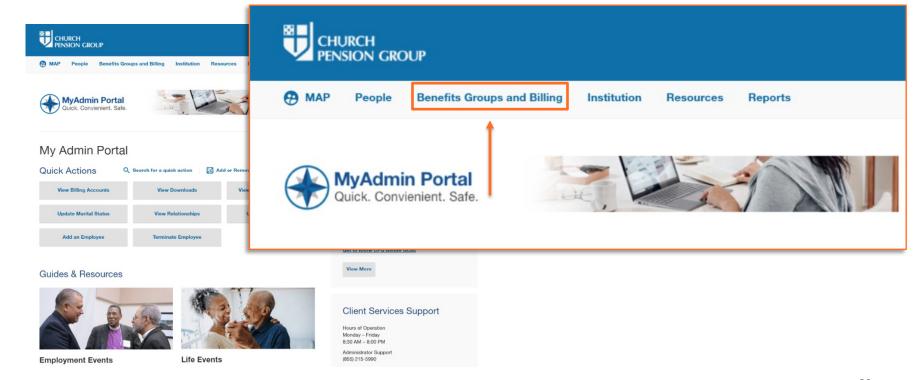
Annual Enrollment Guide



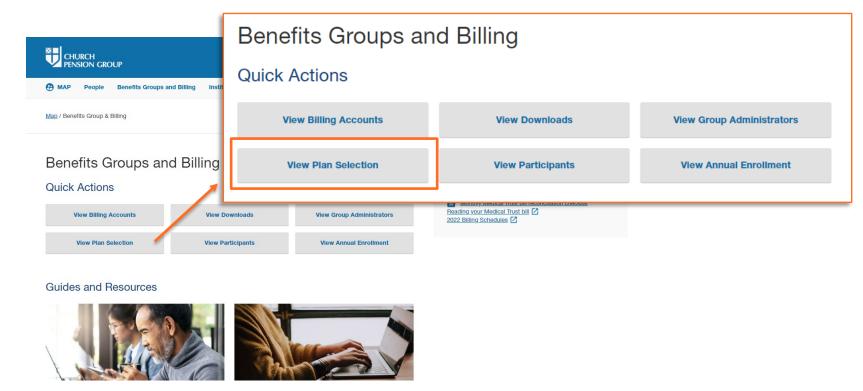
Helps employees make their annual plan elections



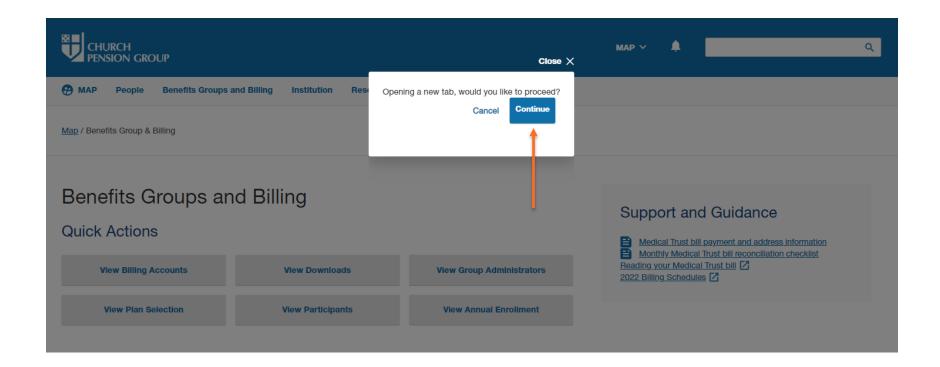
My Admin Portal (MAP)



Benefits Groups and Billing

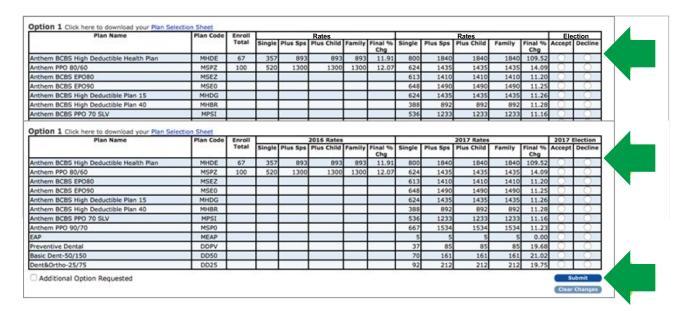


Entering MLPS



Plan Selection Page: Making Selections

Review your offering



To complete Plan Selections:

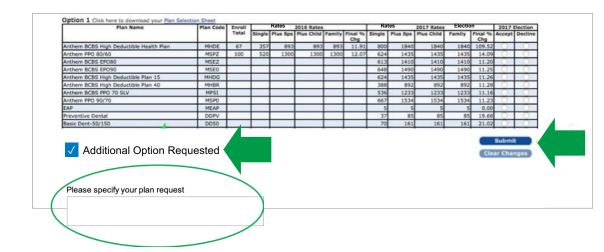
- Click Accept or Decline next to each plan (do not leave any blank radials).
- 2. Click Submit.
- 3. Finished!

== Plan Selection Page: Additional Option Requests

Submitting a request for additional options

To request an Additional Option:

- 1. Leave radial buttons blank.
- Click check mark in Additional Option Requested box.
- 3. Enter comments in the **Plan Request** box.
- 4. Click Submit.



E Plan Selection Page: Additional Option Requests

Viewing Tier and Rx Changes

If you request a multiple Tier and/or Rx pricing, upon receiving notice that your additional request is ready, you will need to review your new offering.

- Adjust values for Rate Tiers / Rx Options to desired changes.
- Click View Plans
 (to complete, use previous instructions).
- Finished!



Medicare Secondary Payer Small Employer Exception (MSP SEE) Status

Plan Name	Plan Code	Enroll Total	2023 Rates					2024 Rates						70.98		pl	2024	Election
			Single	Plus Sps	Plus Child	Famil	Final ly % Chg	Natl Single Rate	Natl % Diff	Single	Plus Sps	Plus Child	Family	Final % Chg	Rel Value	Plan Sel Load		Decline
Anthem BCBS BlueCard MSP PPO 90	MS10																0	0
Anthem BCBS BlueCard PPO 100	MPP1																0	0
Anthem BCBS BlueCard PPO 90	MPP2																	0
Anthem BCBS CDHP-20/HSA	MHDE																0	0
EAP	MEAP																	0
Anthem BCBS BlueCard MSP PPO 100	MSG9																0	0
Anthem BCBS BlueCard MSP PPO 70	MS12																	
Anthem BCBS BlueCard MSP PPO 80	MS11																0	
Anthem BCBS BlueCard PPO 70	MPP4																0	
Anthem BCBS BlueCard PPO 80	MPP3																0	0
Anthem BCBS CDHP-15/HSA	MHDG																0	
Anthem BCBS CDHP-40/HSA	MHBR																0	
Cigna Open Access Plus CDHP-15/HSA	MCDH																	
Cigna Open Access Plus CDHP-20/HSA	MHDC																0	
Cigna Open Access Plus CDHP-40/HSA	MCDG																0	0
Cigna Open Access Plus MSP PPO 100	MGM1																0	
Cigna Open Access Plus MSP PPO 70	MGM4																0	0
Cigna Open Access Plus MSP PPO 80	MGM3																0	
Cigna Open Access Plus MSP PPO 90	MGM2																	0
Cigna Open Access Plus PPO 100	MG01																0	
Cigna Open Access Plus PPO 70	MG04																0	0
Cigna Open Access Plus PPO 80	MG03																0	0
Cigna Open Access Plus PPO 90	MG02																	(0)

Plans Going Away

Should a Participating Group or Institution elect to no longer offer a medical plan that they currently offer

Employees are required to make a plan selection during Annual Enrollment or they will lose coverage.

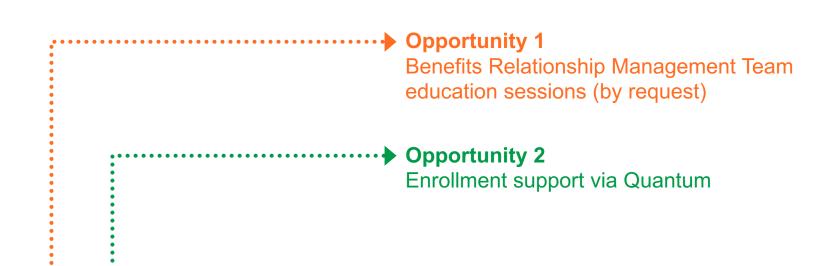
Tools and reports are available to help group administrators manage members in plans going away.



Changes to Participating Group or Institution plan selections may affect the plan types and networks available to members of the Participating Group or Institution.



Member Education Opportunities



Annual Enrollment Letter

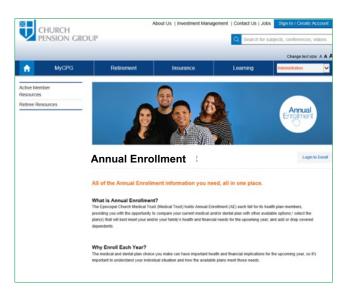


AE Member Letter Estimated Mail Dates

Active Members, Pre-65, and Post-65 Retirees: Approximately 2 Weeks Prior to when Annual Enrollment Session Commences

Annual Enrollment Communication and Member Education Materials





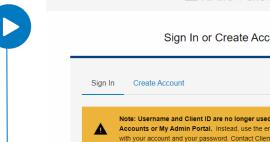
Show employees where to find materials, resources, and additional information.

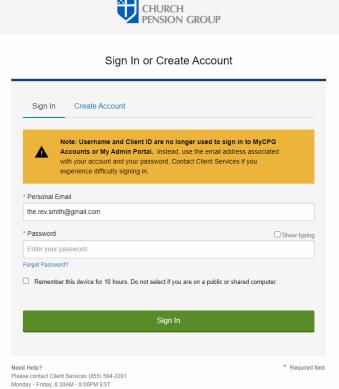






Member Annual Enrollment Website





Encourage employees to log into the AE website.

Check personal data, even if there is no intent to change coverage.

Helping Employees Prepare

Employee Cost



Explain any employee cost share toward monthly contributions.

Reminder



Remind employees about plans going away, if applicable, and the need to select another plan in order not to lose coverage.

- Explain your decisions to change plan(s)
- Remember to monitor your employees' AE activity to make sure they select another plan.

E Helping Employees Prepare



Explain the differences between

- Traditional plans and CDHPs, if applicable
- HealthEquity and other selected HSA custodian
- HSA funding rules and any employer contributions



- Explain network and out-of-network* deductibles and out-ofpocket maximums
- The plan comparison chart can help employees choose



Include reminders about benefits that form part of the plans**

Vision, Pharmacy, EAP, Telehealth, and Point Solutions

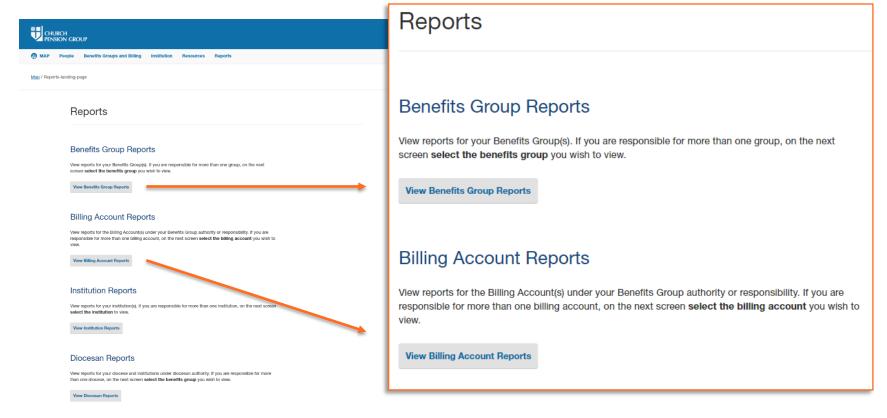
For all of the above, Quantum is the member first point of contact

^{*}Only network benefits are available under plans administered by Kaiser.

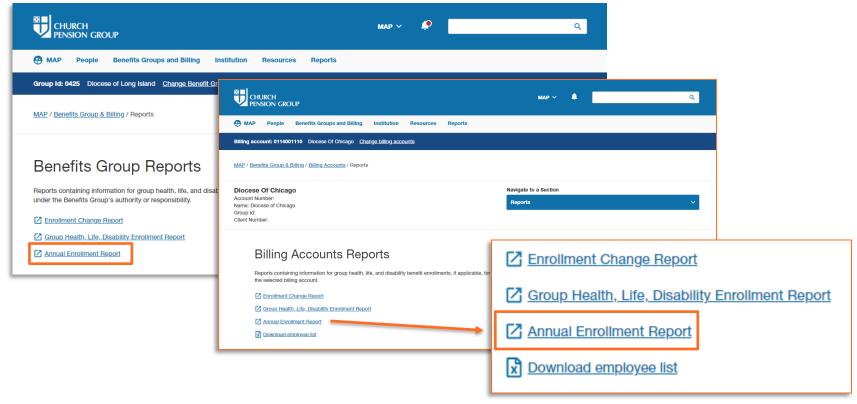
^{**}This does not apply for Stand-Alone EAP members.



Accessing AE Reports

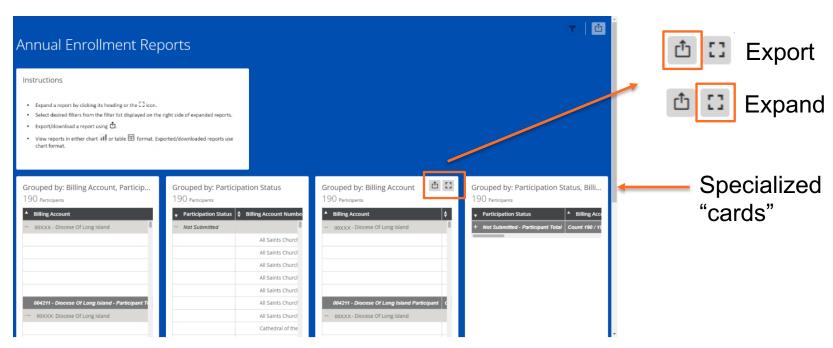


Assessing AE Reports, continued

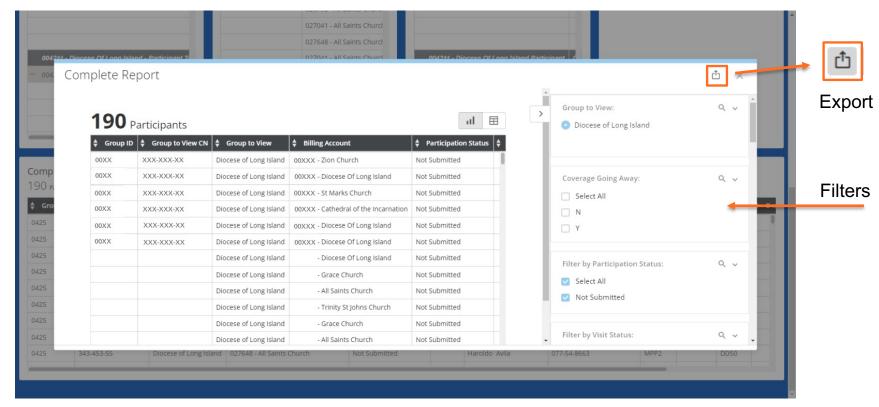


AE Reports-DOMO Dashboard

All AE institution and member information is now available on the DOMO Dashboard.

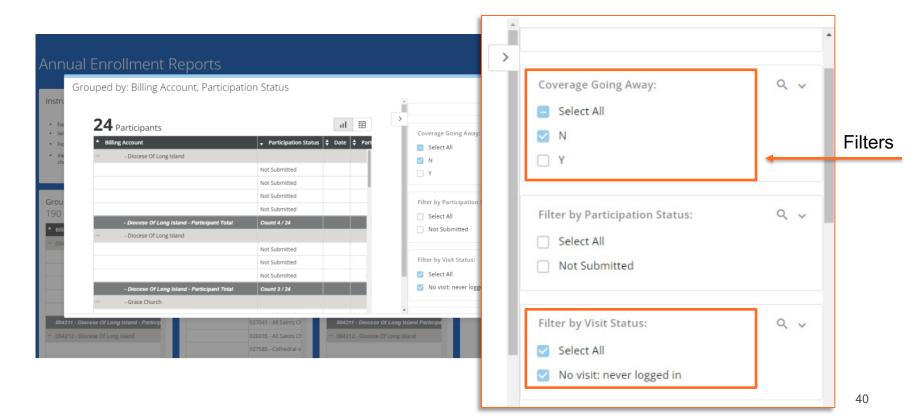


Expand a Card

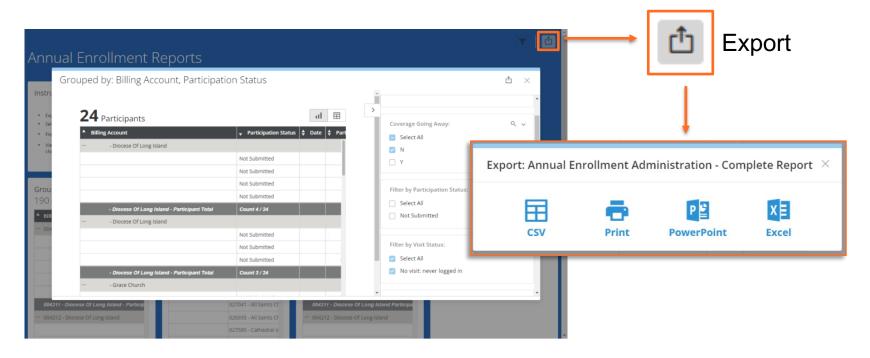


AE Reports—Expanded Card Filtering

You can filter information.



AE Reports-Export Data



Stay Tuned for More Information

Annual Enrollment Resources





Register for upcoming webinars on ARC at cpg.org/arc.

Important Disclosures

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