



**THE EPISCOPAL DIOCESE OF NORTH CAROLINA**  
4800 SIX FORKS RD, SUITE 300 RALEIGH, NORTH CAROLINA 27609 TELEPHONE 919-834-7474

September 15, 2025

**TO:** RECTORS/VICARS, SR. WARDENS, TREASURERS, AND ADMINISTRATORS

**FROM:** MARIA GILLESPIE, CHIEF FINANCIAL OFFICER

**SUBJECT:** 2026 HEALTHCARE INSURANCE RATES

This letter provides important information regarding the 2026 health benefit offerings and the Annual Enrollment process. We have included an employee handout in this letter, please share **only page 4** with your employees. [episdionc.org/insurance](https://episdionc.org/insurance)

**THE 2026 ANNUAL ENROLLMENT PERIOD WILL RUN FROM OCTOBER 15 - NOVEMBER 7, 2025**

For 2026, the Episcopal Church Medical Trust is increasing medical plan rates for our diocesan group by an average of approximately 7.2%. More information on the Denominational Health Plan (DHP) and how the Medical Trust sets its plan rates can be found [here at cpg.org](https://cpg.org).

**MEDICAL & DENTAL PLANS**

The Diocese will offer the following plans for active employees through the Episcopal Church Medical Trust.

**2026 MONTHLY HEALTH INSURANCE RATES:**

**ALL MEDICAL INSURANCE PLANS INCLUDE VISION, HEARING, HEALTHCARE NAVIGATOR, TRAVEL ASSISTANCE, AND EAP COVERAGE**

Plan Name <i>Select Plan Name for Summary of Benefits</i>	Single	Employee + 1	Family (2 + Dependents)	% Increase
<b>Medical Plans</b>				
<a href="#">Anthem BCBS High Deductible 40/HSA</a>	\$902.00	\$1,624.00	\$2,526.00	7.02%
<a href="#">Anthem BCBS High Deductible 20/HSA</a>	\$966.00	\$1,739.00	\$2,705.00	6.99%
<a href="#">Anthem BCBS High Deductible 15/HSA</a>	\$1,238.00	\$2,228.00	\$3,466.00	6.98%
<a href="#">Anthem BCBS BlueCard PPO 70</a>	\$1,146.00	\$2,063.00	\$3,209.00	7.00%
<a href="#">Anthem BCBS BlueCard PPO 80</a>	\$1,281.00	\$2,306.00	\$3,587.00	7.01%
<a href="#">Anthem BCBS BlueCard PPO 90</a>	\$1,511.00	\$2,720.00	\$4,231.00	8.01%
<a href="#">Anthem BCBS BlueCard MSP SEE PPO 70 *</a>	\$931.00	\$1,676.00	\$2,607.00	7.01%
<a href="#">Anthem BCBS BlueCard MSP SEE PPO 80 *</a>	\$1,025.00	\$1,845.00	\$2,870.00	6.99%
<a href="#">Anthem BCBS BlueCard MSP SEE PPO 90 *</a>	\$1,204.00	\$2,167.00	\$3,371.00	7.98%
<a href="#">Cigna EAP Only **</a>	\$4.00	\$4.00	\$4.00	0.00%
<b>Dental Plans</b>				
<a href="#">Delta Dental Basic</a>	\$38.00	\$68.00	\$106.00	0.00%
<a href="#">Delta Dental Comprehensive</a>	\$66.00	\$119.00	\$185.00	1.60%
<a href="#">Delta Dental Premium</a>	\$85.00	\$153.00	\$238.00	1.24%

**\*MSP SEE Plans:** Eligibility requirements; Employee 65+ and enrolled in Medicare, AND Employer has a total of 19 or fewer employees.

**\*\*EAP Only Plan Note:** The Diocese offers a stand-alone EAP plan that you may choose to offer to all eligible employees who opt out of medical coverage. (The EAP benefit is included with the medical plans) If offered, the employer must pay for the plan. Employee cost share of the stand-alone EAP violates the ACA, and the employer could be subject to significant penalties. Eligibility for the stand-alone EAP is limited to qualified non-members.

## ADDITIONAL INFORMATION

---

**LIFE INSURANCE AND PENSION** are mandatory for all eligible employees (*regularly scheduled to work at least 1,000 hours a year*). The monthly rate for life insurance is \$0.25/1,000 coverage. The volume of coverage equals the employee's annual pension-based compensation with a maximum of \$150,000 for clergy and lay employees. The benefits eligibility guidelines are available on our website.

[episditionc.org/benefits-eligibility-and-resources](https://episditionc.org/benefits-eligibility-and-resources)

**QUANTUM HEALTH** will issue members a single ID card for the 2026 Plan Year. The Quantum ID card should be presented for medical, prescription, and behavioral health services. *Vision & Dental ID Cards are issued separately by EyeMed, Delta Dental. Members will not receive ID cards from Anthem or Express Scripts.*

**During Annual Enrollment, Quantum will be available at 866-871-0629** to assist current and potential members in reviewing existing benefits, understanding plan options, and choosing the right plan for their healthcare needs.

**NEW FROM CPG! ONLINE BENEFITS BILLING AND PAYMENTS** Beginning October 1, 2025, CPG is transitioning to a new, streamlined way to manage your institution's benefits invoices. Through Benefits Bill Pay, an upcoming new feature in My Admin Portal (MAP), you will be able to view and pay your institution's pension, group health, group life, and disability invoices online using a bank transfer or debit card.

**CPG will no longer mail paper invoices or accept payments by paper check after October 2025.**

Anyone responsible for viewing, approving, or paying benefits invoices will need to have access to MAP as either an Institution Administrator or a Benefits Bill Payer. If someone with your church/organization needs access to MAP as a Benefits Bill Payer, please submit a request to the diocesan benefits office using the [form provided here](https://episditionc.formstack.com/forms/cpg_map_admin_request). ([episditionc.formstack.com/forms/cpg\\_map\\_admin\\_request](https://episditionc.formstack.com/forms/cpg_map_admin_request))

- [Visit the resource webpage on cpq.org](https://cpg.org) to learn more about Online Benefits Bill Pay.
- [Register for the Paying Your Bills Online webinar](#) taking place Tuesday, September 23, 3:00 PM ET.

### 2026 DEDUCTIBLE INCREASES FOR CDHP-HSA/20 & CDHP-HSA/15 PLANS

The IRS increased the minimum amounts that a high-deductible health plan (HDHP) must impose as a deductible. (Note that the Medical Trust refers to HDHP as CDHP) For 2026, the minimum deductible amount for self-only coverage is \$1,700. The minimum deductible amount for family coverage is \$3,400. The amounts for 2025 were \$1,650 and \$3,300, respectively.

#### Annual Deductible Amounts Effective January 1, 2026

2026 CDHP-HSA/20 Plan Deductibles		2026 CDHP-HSA/15 Plan Deductibles	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$3,400 Single Coverage	\$3,400 Single Coverage	\$1,700 Single Coverage	\$3,400 Single Coverage
\$6,800 Family Coverage	\$6,800 Family Coverage	\$3,400 Family Coverage	\$6,800 Family Coverage

---

Email your Annual Enrollment questions and enrollment requests to our Benefits and Finance Coordinator, Erin Sweeney at [benefits@episditionc.org](mailto:benefits@episditionc.org)

---

## EMPLOYERS: WHAT YOU NEED TO KNOW ABOUT ANNUAL ENROLLMENT

---

### DURING THE ANNUAL ENROLLMENT PERIOD

- Current plan members may change their plan selections for the following year.
- If an employee plans to remain on their current medical and/or dental plan, no action is required.
- Eligible non-participating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without a qualifying event.

### ANNUAL ENROLLMENT LETTERS AND MATERIALS

- **Currently enrolled employees** will receive an Annual Enrollment letter in a green envelope from the Medical Trust approximately one week before Annual Enrollment begins. This letter will include instructions for accessing the enrollment site. Please instruct employees to save this letter when it arrives.
- **New or newly enrolled employees** who enroll in a Medical Trust plan after mid-September will not receive an Annual Enrollment letter. However, they will be able to participate through the Annual Enrollment site. If the employee wishes to make a change to their enrollment for 2026, they will need to log in to the Annual Enrollment site or contact us at [benefits@episdionc.org](mailto:benefits@episdionc.org) for assistance.
- **Non-participating eligible employees** will not receive an Annual Enrollment letter from the Medical Trust, but they do have the option to enroll during Annual Enrollment for the 2026 plan year. If a current employee wishes to enroll please submit a completed [Medical and Dental Enrollment Form](#) to the Diocese, as these enrollments must be processed by the diocesan administrator. Submit all new enrollment forms to the diocesan benefits office email [benefits@episdionc.org](mailto:benefits@episdionc.org) by October 31, 2025.

### PLAN DOCUMENTS

2026 Summaries of Benefits and Coverage and Plan Document Handbooks containing plan details can be found on the Church Pension Group website at [cpg.org/mtdocs](http://cpg.org/mtdocs). Please remember that employers are responsible for providing newly eligible employees with a copy of all applicable Regulatory Notices and Summaries of Benefits and Coverage.

### EMPLOYEE COST SHARING

The Episcopal Church Medical Trust encourages employee cost sharing as a way of managing rising insurance costs. Any cost-sharing policy implemented must ensure parity for all employees regularly scheduled to work at least 1,500 hours annually, regardless of their clergy or lay status, or coverage tier.

As an example, the Diocese funds 88% of the CDHP-HSA/20 medical plan and 100% of the Basic dental plan for its employees, across all coverage tiers. Additionally, the Diocese contributes \$3,000 annually to each employee's Health Savings Account (HSA).

If you are interested in developing a cost-sharing plan that suits your congregation's needs and would like to learn more, please email us at [benefits@episdionc.org](mailto:benefits@episdionc.org).

*Employer HSA contributions are optional in the Diocese. Eligibility for HSA participation is limited to members enrolled in a High-Deductible Health Plan (CDHP-HSA plans) and not yet enrolled in Medicare.*

*Bear in mind the annual IRS contribution limits, which include both employer and employee contributions, when setting employer policies. [healthequity.com/hsa-contribution-limits](http://healthequity.com/hsa-contribution-limits)*

---

## EMPLOYEES: WHAT YOU NEED TO KNOW ABOUT ANNUAL ENROLLMENT

---

### **THE ANNUAL ENROLLMENT PERIOD FOR 2026 WILL RUN FROM OCTOBER 15 - NOVEMBER 7, 2025**

Your employer should communicate which plans they will be offering to their employees in 2026.

Visit the diocesan website for more information: [episditionc.org/insurance](https://episditionc.org/insurance)

#### **DURING THE ANNUAL ENROLLMENT PERIOD**

- Current plan members may change their plan selections for the following year.
- If you plan to remain on your current medical and/or dental plan, no action is required.
- Eligible non-participating employees have the option to enroll in a Medical Trust plan.
- Eligible dependents may be added or removed from a member's plan without a qualifying event.

#### **ANNUAL ENROLLMENT LETTERS AND MATERIALS**

- **Currently enrolled employees** will receive an Annual Enrollment letter in a green envelope from the Medical Trust approximately one week before Annual Enrollment begins. This letter will include instructions for accessing the enrollment site. Please save this letter when it arrives.
- **New or newly enrolled employees** who enroll in a Medical Trust plan after mid-September will not receive an Annual Enrollment letter. However, they will be able to participate through the Annual Enrollment site. If the employee wishes to make a change to their enrollment for 2026, they will need to log in to the enrollment site or contact us at [benefits@episditionc.org](mailto:benefits@episditionc.org) for assistance.
- **Non-participating eligible employees** will not receive an Annual Enrollment letter from the Medical Trust, but they do have the option to enroll during Annual Enrollment for the 2026 plan year. If a current employee wishes to enroll, please submit a [Medical and Dental Enrollment Form](#) to your employer. The employer must submit all new enrollment forms to the diocesan benefits office by October 31, 2025.

#### **ACCESSING THE ANNUAL ENROLLMENT WEBSITE**

Members will make their plan selections online at [MyCPG Accounts](#) using the email address and password associated with their MyCPG Account. If they have not already done so, members must create an account before Annual Enrollment.

- **For assistance accessing the site**, call CPG Client Services at 800-480-9967 (Mon-Fri, 8:30 AM to 8:00 PM ET) or email [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org)
- **For assistance after plan selections have been submitted**, contact the Diocesan benefits office. [benefits@episditionc.org](mailto:benefits@episditionc.org)

#### **FOR ADVICE SELECTING A PLAN, CONTACT QUANTUM HEALTH AT 1-866-871-0629**

During Annual Enrollment, Quantum will be available to assist current and potential members in reviewing existing benefits, understanding plan options, and choosing the right plan for their healthcare needs.

**Quantum Health** will issue members a single ID card for the 2026 Plan Year. The Quantum ID card should be presented for medical, prescription, and behavioral health services. *Vision & Dental ID Cards are issued separately by EyeMed, Delta Dental. Members will not receive ID cards from Anthem or Express Scripts.*

As a single point of contact for benefit and claim information, Quantum can assist members:

- Find in-network physicians
- Verify coverage and, if necessary, get prior approval
- Answer claims, billing, and benefits questions
- Replace ID cards—and much more!

\* Quantum Health is not available to members with dental-only (Delta) plans, disability-only (Aflac) plans or the stand-alone EAP.

#### **NEED ADDITIONAL INFORMATION OR ASSISTANCE?**

Contact the Diocesan Benefits and Finance Coordinator: [benefits@episditionc.org](mailto:benefits@episditionc.org)