

Introducing Quantum Health, our new healthcare coordinator

Dear Friend:

Annual Enrollment will soon be underway, and this year our new vendor, Quantum Health, will be providing additional support.

Quantum will be available (at 866-871-0629) to help members whose plans use the Anthem and Cigna networks understand plan options and choose the right ones for themselves and their dependents.

Quantum will know the full array of 2025 Medical Trust plans that use the Anthem and Cigna networks but not the specific subset being made available to any one individual. Therefore, if you require assistance selecting a plan, you'll need to know from which options you can choose before calling Quantum.

Please note that next year you will have ONLY ONE ID card (with a NEW ID NUMBER) for medical, prescription, vision, and behavioral health services. You will receive the new card by **December 31, 2024, and must share it with healthcare providers beginning January 1, 2025, as your old card will no longer work.**

Full Suite of Services Next Year

On January 1, 2025, the services of Quantum's care coordinators—nurses, benefits experts, and claims specialists familiar with our membership and our plans—will become an integral part of the medical, prescription, vision, and behavioral health coverage (including the Employee Assistance Program) of our **members enrolled in a plan that uses the Anthem or Cigna network.*** As a single point of contact for benefit and claim information, Quantum will

- find in-network physicians;
- verify coverage and, if necessary, get prior approval;
- answer claims, billing, and benefits questions;
- help members prepare for a hospital stay;
- contact doctors to coordinate treatment;
- review care options;
- provide information on health issues;
- help members save on out-of-pocket costs;
- replace ID cards—and much more!

**Members covered by Kaiser Permanente and by the Hawaii Medical Service Association have comprehensive services as part of their plans and will not use the services of Quantum Health. Neither will members enrolled only in a dental plan (through Delta Dental), a disability policy (through Aflac), and/or the standalone EAP.*

What You Need to Do Today

Make sure that you can [log in to your MyCPG Account](#), where you'll make medical and dental plan selections during Annual Enrollment. And look out for a green envelope from us in your mailbox.

We will share more information about Quantum after Annual Enrollment. If you have any questions in the meantime, please call CPG Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

Faithfully,
Your Annual Enrollment Team

[MyCPG Accounts](#)

Quick, convenient, safe.



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Church Pension Group Services Corporation ("CPGSC"), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the "Plans") for eligible employees of The Episcopal Church (the "Church") and their eligible dependents. The Medical Trust serves only eligible Episcopal employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees' Benefit Trust, a voluntary employees' beneficiary association within the meaning of Section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and Section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.