

# Welcome



**The Rev. Canon  
Arette Benoit Joseph**  
Senior Vice President  
Church Relations Officer

**Laurie Kazilionis**  
Senior Vice President  
Benefits Relationship Management



October 9, 2024

# Opening Prayer

# Healthcare Planning and Enhancements



**John Servais**  
Senior Vice President  
Benefits Policy and Design

October 9, 2024





# Today's Agenda



01

Healthcare Navigator: Quantum Health

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02

Strategy for Active Employees

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03

Plan Array for Retirees

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01

# Healthcare Navigator

Quantum Health

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# Healthcare Navigator – When, Who, What

## When?

### October 2024: AE Support

### January 2025: Full Launch

## Who is Included?

- Members enrolled in Cigna and Anthem plans
- Non-Cigna and non-Anthem members eligible to enroll in Cigna and Anthem plans

- Members enrolled in plans using Cigna and Anthem networks

## What Services?

### Telephone-Only Support for Individuals Mentioned Above

- Help them understand the plan options available to them
- Help them choose the right plan for themselves and their dependents

### Telephone, Web, and App Support (Primary Access Point for all Medical & Rx Plans)

- Member and provider services
- ID cards and Explanations of Benefits
- Claims authorizations
- Clinical services
- Claims resolutions

# Healthcare Navigator—Overview\*



\*Members covered by Kaiser Permanente and by the Hawaii Medical Service Association will not use the services of Quantum Health.



# Quantum Health

## Creator and leader of healthcare navigation



### Unmatched Experience

### Unmatched Scale

### Financially Strong

**25+ Years**

since Quantum founded the category

**2M+**

consumers

**20+ Years**

positive EBITDA

**18 Years**

of positive third-party validated ROI

**2,000**

care coordinators

**95%**

client retention rate

**450+**

clients across industries

WARBURG PINCUS  
Great Hill  
PARTNERS

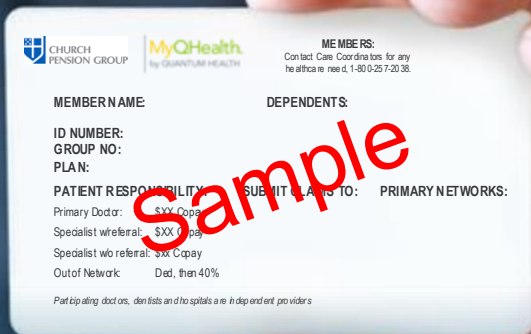
### Industry and Workplace Recognition





# Simplifying the Consumer's Experience

A single healthcare navigation platform



## Connecting resources and curating the experience:

- Member services
- Provider services
- Clinical/care coordination services



CLAIMS ADMINISTRATOR AND NETWORK



PHARMACY BENEFITS MANAGER



POINT SOLUTIONS



ECMT CALL CENTER AND COMMUNITY RESOURCES



ALL BENEFITS AND BENEFITS ADMINISTRATIVE PLATFORM

# Annual Enrollment Support 2024

For members whose plans use Anthem and Cigna networks



During the 2025 Annual Enrollment period, **Quantum care coordinators** will be available to help members understand plan options and choose the right plans for themselves and their families.



## New Cards and New Policy Numbers for 2025

- In December 2024, members will receive NEW ID cards with a NEW plan NUMBER.
- Beginning January 1, 2025, members MUST use the new cards for medical, prescription (Express Scripts), and behavioral health (including EAP).
- Old ID cards will not work after December 31, 2024.

# Three-Phased Approach to Engagement

## Announce

Introduce Quantum as a partner in healthcare, helping people make smart healthcare choices.

April 2024 to  
September 2024

## Support

Highlight Quantum's support during Annual Enrollment and let members know how they can use Quantum's comprehensive health services in 2025.

September 2024 to  
December 2024

## Activate

Generate successful member conversations with Quantum via ongoing education and outreach.

January 2025 to  
December 2025

02

Strategy for Active Employees

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# Medical Plans Offered for 2025



## Seven plan options using each network – Anthem and Cigna

- PPO 100
- PPO 90
- PPO 80
- PPO 70
- CDHP 15
- CDHP 20
- CDHP 40



## Three plan options with Kaiser

- EPO High
- EPO 80
- CDHP 20

# 2025 Health Plan Updates

Point Solutions



EncircleRx



CDHP-15 & CDHP-20  
Deductible Increases



# Factors That Inform Plan Array Strategy

## GC Resolution 2018-C023

Asked CPG to make at least two health insurance carriers available in each diocese.

## Plan Benchmarking

Evaluate effectiveness of Medical Trust plans versus industry standards and plans offered by other denominations.

## GC Resolution 2022-D023

Established task force to review Denominational Health Plan and report back with options to reduce healthcare costs across the Church.

## GC Resolution 2024-A101

Asked CPG to

- Make plans self-sufficient and self-funding at each benefit level
- Adopt equitable churchwide pricing based on the ability of each community to pay and the prevailing cost of comparable plans within each area
- Ensure that the Episcopal Church in Navajoland and the Dioceses of Alaska, North Dakota, and South Dakota are able to offer MT plans

# DHP Task Force Findings



High-value plans  
are too generous

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Increase enrollment  
in Medicare Small  
Employer Exception  
(SEE) program



DHP designs  
provide meaningful  
differences

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Review  
rating tiers



# Benchmark Findings



**Most employers offer three options**



**Highest-Value PPO and CDHP plans exceed benchmarks**



**Four tiers of premium rates is most equitable approach**

# 2026 Plan Array Considerations



Create better  
choice



MSP Small  
Employer  
Exception (SEE)  
Plans



Adjust overall  
richness of  
designs

# 03

## Plan Array for Retirees

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# Retiree Medical Design Structure

## Group Medicare Advantage (GMA) Plan Overview

- Two primary UnitedHealthcare GMA plans\*
  - GMA Comprehensive (PPO)
  - GMA Premium (PPO)
- GMA plans will be available to eligible clergy and lay former employees enrolled in Medicare Parts A and B
- Costs of plans are increasing due to the Inflation Reduction Act (IRA)
- The CPF health subsidy will be \$431/month

\*Kaiser Plans available in certain regions.

# IRA Impact – Standard Medicare Design

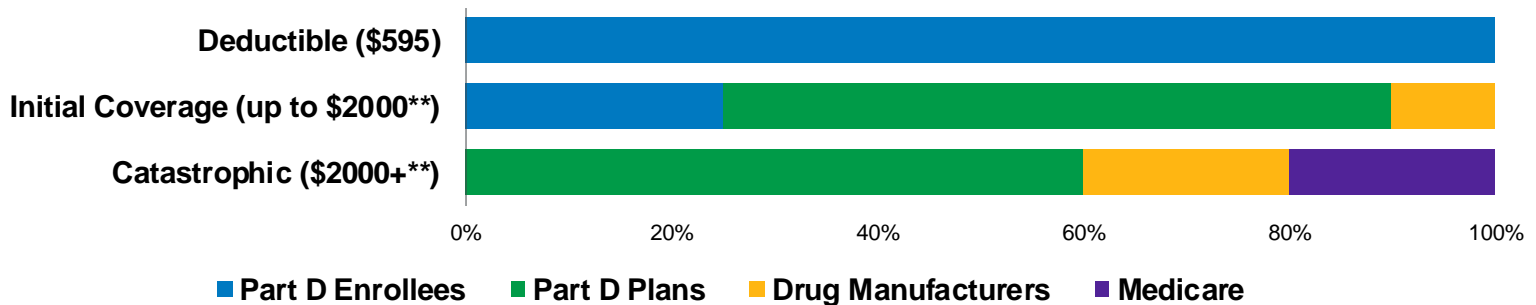
## Shifts Rx cost from Medicare to health plans and retirees

### Share of Medicare Part D Cost\*

2024



2025



\*Source: KFF April 20, 2023

\*\*Represents OOP levels.

# IRA Impact – Medical Trust GMA Plans



Retiree Rx OOP maximum calculation reduced from \$8k to \$2k

- Based on standard Medicare design
- MT GMA Plans pay 100% above maximum
- Richer benefit for higher utilizers



Lower OOP maximum shifts cost to UnitedHealthcare

- Traditional Medicare Supplemental Plans also impacted



Increases to MT GMA Plan premium rates

# Quantum Support for Retirees in 2025

Beginning January 1, 2025, Quantum will replace Health Advocate and take over all its services.



Quantum will connect retirees with UnitedHealthcare or with a specialist who will help them:

- understand health benefits
- schedule appointments and transfer records
- resolve insurance and billing issues
- find nursing homes, assisted living facilities, and hospice centers
- craft an advanced directive, and more

# Questions & Answers

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CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.

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.

# Behavioral Health



**Anthony Cota**  
Vice President,  
Policy and Plan Administration  
Benefits Policy

October 9, 2024





# Today's Agenda



01

Cigna Employee Assistance Program (EAP)

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02

Magellan Healthcare

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03

Teladoc Health

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01

Cigna Employee Assistance Program  
(EAP)

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# Current EAP Benefits...



Face-to-face and virtual sessions with an EAP counselor



Unlimited telephonic consultations with a clinical professional



Immediate support in times of crisis



Home/life referral support, such as elder, child, and pet care



Legal and financial services



Help with identity theft



Consultations for managers and HR staff about employee behavior/ performance

## The benefits are...

Confidential

Available 24/7/365 to everyone in the member's household

Accessible by individuals enrolled in Anthem, Cigna, Kaiser, and UnitedHealthcare® GMA plans—and those with an EAP-only plan



## Talkspace Online Therapy Service

- EAP members can use their EAP benefits to connect with Talkspace therapists via messaging or live video sessions
- Engaging with a Talkspace therapist is subject to the same session limits and requires an EAP code\* just as other EAP network counseling sessions do
- There is no additional cost

\*An EAP code can be obtained by calling your EAP toll-free program number or through the Emotional Health tile, under “Visit an EAP counselor” on the EAP Coverage Page on [myCigna.com](https://myCigna.com).

# The EAP Also Grants Free Access to...



**Wellness  
webcasts**



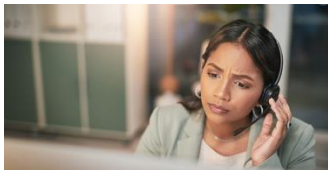
**Mental health  
seminars**



**Disaster  
resources**



**Guided  
meditations**



**Suicide awareness  
and prevention  
hotline**

## to get started...

- Call Quantum at 866-871-0629 (starting January 1, 2025) **OR**
- Register at *myCigna.com* (employer ID: episcopal) for access to Talkspace virtual behavioral health, **OR**
- Call Cigna at 866-395-7794

02

## Magellan Healthcare

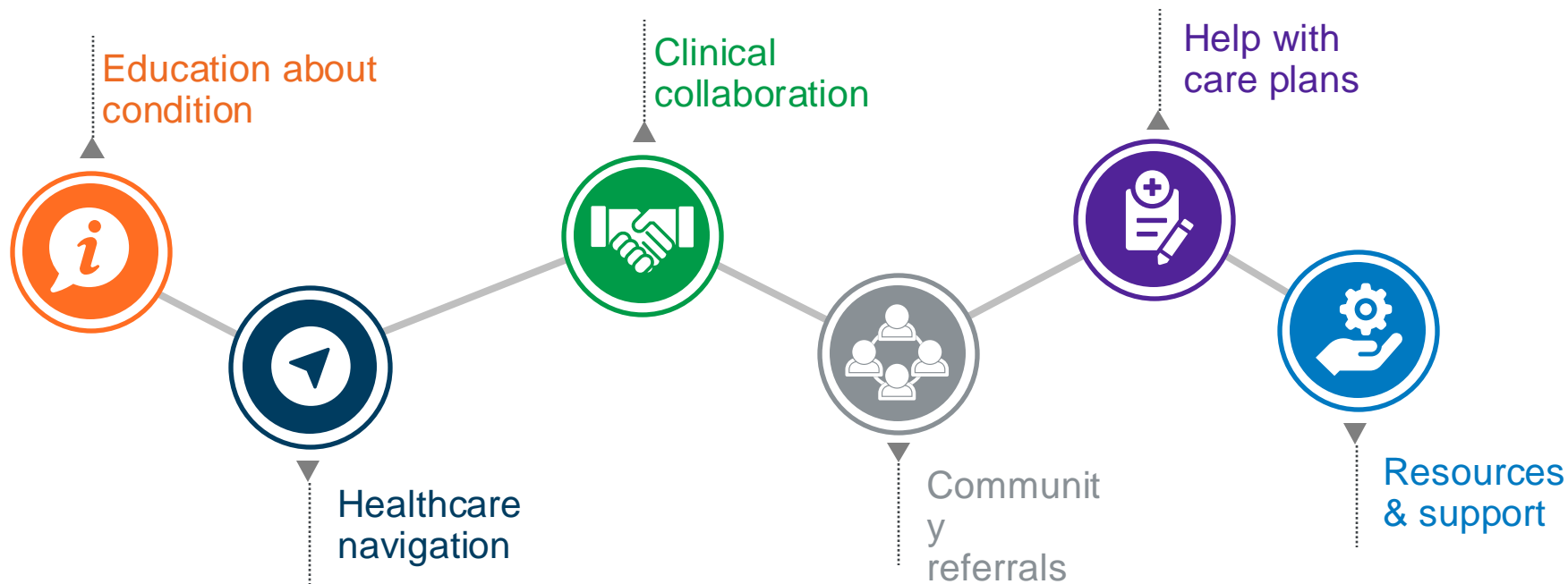
Complex Care Management for Behavioral Health

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# Magellan's Integrated Behavioral Healthcare Management Solution



03

Teladoc Health

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# ≡ New Vendor for 2025: Teladoc Health ≡

Behavioral health benefits are included in all medical plans offered by the Medical Trust.

Beginning January 1, 2025, Anthem's LiveHealth Online and Cigna's MDLIVE will be replaced by Teladoc Health





# Teledoc Health

## Fully Integrated via Quantum

- A personalized plan of care
- Counseling sessions with licensed therapists
- Rx evaluation and Rx management\*
- Choice of mental health professionals
- Appointments 7 days a week via website/app

\*Please note that Teledoc is unable to prescribe or provide refills for DEA-controlled substances such as stimulants (e.g., Adderall, Concerta), benzodiazepines (e.g., Xanax, Klonopin), pain medications (e.g., OxyContin) and medications used for treating substance use (e.g., Suboxone).

# Questions & Answers

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This material is not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

CPF currently offers a post-retirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the post-retirement health subsidy at any time.



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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.

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# Break



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# Breakout: Let's Talk About Benefits: Focus on Disability



**John Servais**  
Senior Vice President  
Benefits Policy and Design

**Jeff Hamilton**  
Relationship Manager  
Benefits Relationship Management

**Kirk Mason**  
Vice President  
Benefits Relationship Management

October 9, 2024



# Today's Agenda



**01**

Disability Coverage

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**02**

CPF Clergy STD and LTD Plans and Lay Defined Benefit Plan Disability Retirement Benefit

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**03**

Employer- and Employee-Paid Fully Insured Disability Policies

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**04**

Initiating Disability Claims

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**05**

Paid Family Leave

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01

Disability Coverage

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# What Is Disability Coverage?



- Replaces a portion of earnings if disabled prior to retirement
- Short-term (STD) and long-term (LTD) coverage
- Helps pay bills and preserve long-term savings

# 02

CPF Clergy STD and LTD Plans and  
Lay Defined Benefit Plan  
Disability Retirement Benefits

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# Disability Benefits for DB Plan Participants



Available to eligible **Active** participants in:

- The Clergy Pension Plan, through two separate plans:
  - The Church Pension Fund Clergy Short-Term Disability Plan
  - The Church Pension Fund Clergy Long-Term Disability Plan
- The Episcopal Church Lay Employees' Retirement Plan (Lay Defined Benefit Plan), through its Disability Retirement benefit

# The Church Pension Fund Clergy STD Plan

- Clergy must be **Active** at the time of disability to be eligible
- Disability benefit is offset by earnings (on a 1:1 basis), as well as any fully insured, group disability benefits, workers' compensation or state paid leave benefits (only if total received from all sources exceeds 100% of pre-disability comp)



Weekly benefit is 70% of disabled cleric's weekly compensation\*

Benefit is paid to **employer**, *if* employer continues to pay 100% of cleric's pre-disability comp and benefits\*\*



Maximum benefit is \$1,500 per week\*\*\*



Benefit is paid after 14-day elimination period



Benefit continues up to 24 weeks (after elimination period)



Notice of disability must be provided within 60 days of onset for benefit to be retroactive to date of disability



Maternity leave immediately after birth, no elimination period, and benefit duration of 12 weeks

\*Total Assessable Compensation in which Assessments were last paid on behalf of and/or by the Eligible Participant immediately prior to the date of Disability.

\*\*If the cleric is receiving fully insured group disability benefits, workers' compensation and/or state paid leave benefits, the employer may reduce the amount it is paying the cleric, so that such benefits plus such continued pay does not exceed 100% of the cleric's pre-disability compensation. The employer must continue paying assessments on the cleric's full pre-disability compensation. If the employer does not meet these requirements, the benefit is instead paid directly to the cleric.

\*\*\*If disabled prior to January 1, 2024, weekly maximum is \$1,000.

# The Church Pension Fund Clergy LTD Plan

- Clergy must be Active at the time of disability to be eligible
- Disabilities longer than 26 weeks will transition to Long Term Disability (LTD)



26-week elimination period (i.e., equal to the maximum STD period)



Monthly benefit equals 70% of monthly Highest Average Compensation (HAC)\* for so long as you remain disabled, up to age 65\*\*/\*\*



If covered by a Medical Trust plan when become disabled, 100% medical subsidy, at same coverage level, for the first 23 months on LTD or until Medicare eligible, whichever occurs first – allows cleric to stay on Medical Trust plan



Apply offsets for earned compensation, workers' compensation, CPF pension benefits, fully insured group disability benefits, Social Security benefits, and other government benefits such that total annual income does not exceed 100% of HAC\*



Possible COLA adjustments



After 24 months, LTD benefit ends if a cleric is able to earn 80% or more of their HAC from any occupation

\* Highest Average Compensation as determined immediately prior to the date of Disability.

\*\*If a clergy person becomes disabled after age 63, LTD benefits may be payable for up to 23 months (even if beyond age 65, but in no event beyond age 72).

\*\*\*LTD benefits will also end if a clergy person dies or retires under the Clergy Pension Plan.



# ≡ Lay Defined Benefit Plan – Disability Retirement ≡



Must be active  
and under age 65



Disability expected to result  
in death or be of long-  
continued indefinite duration



Disability payments begin  
after Aflac has determined  
that you are disabled and  
entitled to disability payments



Disability payments end  
when the first of several  
circumstances occur\*

## ■ Once approved for disability:

- Payments determined using the formula for normal retirement, using Highest Average Compensation (HAC) and Credited Service (CS) earned through the date of disability\*\*
- Choose a form of payment and, if applicable, designate a beneficiary

\*Disability payments will end when the first of the following occurs:

- When the member is no longer disabled, or when the member dies, or if the member fails to submit proof of your continuing disability, or when the member turns age 65.
- If the member is receiving disability payments when they reach age 65, the disability payments will automatically be considered to be a normal retirement benefit, payable in the same amount and in the same form of payment as the disability payments.

\*\*If the member earned less than 10 years of CS through the date of disability, they will be deemed to have earned 10 years of CS for this purpose.

# 03

## Employer- and Employee-Paid Fully Insured Disability Policies

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# Employer- and Employee-Paid Fully Insured Disability Policies\*

## Decisions for employers and/or employees

### Premiums

Decide if the employer or the employee will pay the premiums

### Income replacement

**Short-term:** 13 or 26 weeks (max benefit duration)

- Employer-paid: 60% or 66.67 %; enhanced maternity benefit: 66.67%
- Employee-paid: 60% or 66.67 %

**Long-term:** 90 or 180 days (elimination period)

- Employer-paid: 40%, 60%, or 66.67 %
- Employee-paid: 50%

### Can offer

**Employer-paid:**

Employer must select between “Lay Only” and “Lay and Clergy”

**Employee-paid:**

Employer must offer to all eligible “Lay and Clergy”

\*Administrative services are provided by Continental American Insurance Company (CAIC) in all states but New York. In New York, administrative services are provided by American Family Life Assurance Company of New York. In California, CAIC does business as Continental American Life Insurance Company.

# Employer- and Employee-Paid Fully Insured Disability Policies\* (cont'd)

Decisions for employers and/or employees

## Tax Considerations

- Either mandate payment of benefit on pre-tax or post tax basis or provide employee with option
- Impacts the taxation of the benefit when paid to the employee
  - If paid on pre-tax basis – benefit is taxable when paid
  - If paid on post-tax basis- benefit is non-taxable when paid

\*Administrative services are provided by Continental American Insurance Company (CAIC) in all states but New York. In New York, administrative services are provided by American Family Life Assurance Company of New York. In California, CAIC does business as Continental American Life Insurance Company.



# Short-Term Disability Plans (STD)



- Elimination period—14 consecutive days
  - Elimination period begins on the first day of your disability
  - Benefits begin the day after the elimination period is completed
- Enhanced maternity benefit for select employer-paid short-term disability plans – Elimination period removed due to the birth of a child



# Long-Term Disability Plans (LTD)



- Elimination period—A period of continuous disability that must be satisfied before you are eligible to receive benefits from this plan.
- Employer groups that plan to offer both STD and LTD coverage must select policies whose elimination periods coordinate
  - 13 weeks of STD coverage connects to 90 days LTD elimination period
  - 26 weeks of STD coverage connects to 180 days LTD elimination period

# Employer- and Employee- Paid Fully Insured Disability Policies



## Keep in mind

- Benefit paid to the insured
- Fully insured—Aflac
- Benefit may be reduced by offsets, including (but not limited to):
  - Workers Compensation
  - Statutory state offsets such as Paid Family Leave
  - Other income/benefits that you may earn or receive
- Limitations and exclusions apply



# Select Employer-Paid Short-Term Disability Plans

## Enhanced Maternity Benefit



- Enhanced maternity short-term disability benefit
  - Elimination period removed due to the birth of a child
  - 13- and 26-week employer-paid plans
  - 66.67% income replacement
- Eligibility
  - Active 1,000 hours per year



# 04

## Initiating Disability Claims

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# Initiating a Disability Claim



- Clergy STD plans: generally within 60 days of disability
- Employer- and employee-paid Aflac disability plans: within 90 days
  - Written notice of a claim should be sent to Aflac within 20 days after the disability begins
- Contact Aflac's Customer Care Center at [800-206-8826](tel:800-206-8826)
- Initiate a claim online: [mygrouplifedisability.aflac.com](https://mygrouplifedisability.aflac.com)
- Aflac will assign a case manager

05

Paid Family Leave

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# ≡ Paid Family Leave (PFL) ≡

## Time Off for Qualifying Reasons While Receiving a Portion of Wages

- Task Force developed Churchwide paid family leave model policy
- Resolution 2022-A003 urges dioceses to adopt uniform paid family leave policy for all employees as soon as practicable
- Continuing to monitor federal and state law proposals and insurance market developments




**1: COMPLETE FORM PFL-1**

Complete PFL-1, Part A. PFL-1 to employer. Employer completes PFL-1, Part B and returns to you within 3 days.

**2: GATHER SUPPORTING DOCUMENTATION**

**CARE**



**CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION**


**Complete Form PFL-3**

Care recipient completes PFL-3 and provides to health care provider. Care recipient's health care provider keeps PFL-3 on file.

**Complete Form PFL-4**

Complete "Employee" information at the top of PFL-4. Provide PFL-4 to care recipient's health care provider. Care recipient's health care provider completes PFL-4 and returns to you.

**ASSIST**



**TO ASSIST FAMILY MEMBERS DUE TO ANOTHER FAMILY MEMBER'S ACTIVE MILITARY DUTY OR IMPENDING ACTIVE DUTY ABROAD**

**Complete Form PFL-5**

Complete PFL-5 and collect supporting documentation.

**3: SEND FORMS AND DOCUMENTS**

Submit completed forms and supporting documentation to insurance carrier. Insurance carrier accepts or denies claim within 18 days. You do not need to wait for this decision to start your leave.

Please keep a copy of all pages for your records. For more information, forms, and instructions, visit [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave) or call (844) 337-6303.

**DO NOT SCAN FORMS**  
 NYS Paid Family Leave • PO Box 9030, Endicott NY 13761  
 PFL Helpline: (844) 337-6303 • [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave)

[www.ny.gov/paidfamilyleave](http://www.ny.gov/paidfamilyleave)  
 (s/week) are eligible after 26 con  
 (0 hours/week) are eligible after  
 "used" for PFL eligibility purposes,  
 over to another. If you separate fr  
 tently, in increments as small  
 ve (if it is foreseeable); otherw

**REQUIRED DOCUMENTATION**  
**PRINT** clearly. Make a c  
 nt, in full, makes a copy fo  
 ch supporting documentat  
 uest.

**Bonding**  
 complete the entire PFL  
 Bonding Certification fo

attach proof document(s)  
 supporting the leave. Pr  
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# Paid Family Leave (PFL)

## Current state

- Administrative complexities
- No federal PFL mandate
  - Significant differences in state mandates
- Immature insurance marketplace



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The Lay DB Plan's financial condition is disclosed in the Church Pension Group Annual Report, which is located on our website at [cpg.org](http://cpg.org). Like many defined benefit plans, there may be times when the Lay DB Plan is not fully funded. CPF, as sponsor of the Lay DB Plan, continues to monitor the plan's funding status and reserves the right to change the employer assessment rate at any time.

Short-term disability and long-term disability insurance products and services are offered by American Family Life Assurance Company of New York, NAIC No. 60526. The information provided here is a summary of the group disability income insurance coverage and is for illustrative purposes only. A certificate with more complete policy information is available upon request. Please refer to the certificate or the group policy for a complete description of coverage, terms, conditions, exclusions, and limitations. If any conflict exists between the certificate and/or policy and the information described here, the terms of the certificate and policy will govern. Other self-funded disability benefits may be provided by The Church Pension Fund.

# Retirement Plan Updates Effective January 1, 2025



**Mike Eisner**  
Director  
Benefits Policy

**Anthony Cota**  
Vice President,  
Policy and Plan Administration  
Benefits Policy



October 9, 2024



# Agenda



**01**

SECURE 2.0 Act New Provisions

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**02**

Changes to Fund for Special Assistance

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**03**

Questions

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# 01

## SECURE 2.0 Act New Provisions for Defined Contribution Plans

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# SECURE 2.0 – Higher Catchup Limits

Effective 1/1/25, higher catchup limits for participants 60 to 63 years old.



For participants who will attain age 60 but have not yet attained age 64 before the end of each calendar year beginning with 2025, the catch-up limit for defined contribution plans is increased to the greater of

\$10,000\*, or

An amount equal to 150% of the regular catch-up limit in effect for that calendar year.

\*Beginning with 2026, this \$10,000 amount will be adjusted for cost-of-living adjustments (COLA).

# SECURE 2.0 – Three New Options

Effective 1/1/25 – Withdrawals for Special Circumstances



Qualified Declared Disaster Withdrawals  
up to \$22,000



Victims of Domestic Abuse up to \$10,000



Personal or Family Emergency  
Expenses up to \$1,000



# Withdrawals for Qualified Federally Declared Disasters



- \$22,000 max withdrawal\* (not subject to 10% Federal tax penalty if under age 59 1/2)
- Principal place of residence must be in the disaster area
- Must have sustained an economic loss due to the disaster
- Disaster must be declared by FEMA and withdrawals taken within 180 days
- If still active, can fully repay amount to Lay DC or RSVP account within three years

\*Aggregate limit is applied across all retirement plans and IRAs.



# Withdrawals for Domestic Abuse Victims



- Withdrawal up to lesser of \$10,000 or 50% of vested account balance\* (not subject to 10% Federal tax penalty if under age 59 1/2)
- One-year limit to withdraw after date the participant experiences domestic abuse (from their spouse or domestic partner)
- If still active, can fully repay amount to Lay DC or RSVP account within three years
- Employee can self-certify

\*Aggregate limit is applied across all retirement plans and IRAs.



# Withdrawals for Personal or Family Emergency Expenses



- \$1,000 max withdrawal\* (not subject to 10% Federal tax penalty if under age 59 1/2)
- Withdrawal must not reduce remaining balance below \$1,000
- One withdrawal allowed per calendar year\*\*
- If still active, can fully repay amount to Lay DC or RSVP account within three years
- Employee can self-certify

\*Aggregate limit is applied across all retirement plans and IRAs.

\*\*If fully repaid or contributions are made to the plan equal to the withdrawal amount; otherwise, another withdrawal cannot be taken for the next three calendar years.

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## Changes to Fund for Special Assistance

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# Fund for Special Assistance (FSA)



- Provides grants to retired Episcopal clergy, surviving spouses, and dependents when they are experiencing a specific financial challenge, provided they are also receiving benefits from certain plans administered by The Church Pension Fund\*
- Grants are not intended to pay for education expenses or for long-term care expenses addressed by Medicaid or Medicare

\*Includes Clergy Pension Plan, Clergy Child Benefit, Clergy Long-Term Disability, and International Clergy Pension Plan (TEC only). Retired clergy, surviving spouses, and dependents in Cuba are eligible for FSA grants, provided that CPF is authorized to pay such grants under applicable law.



# Changes to Fund for Special Assistance

Effective January 1, 2025



Simplifying application forms and approval process



Removing the separate limit for an individual grant (not to exceed the lifetime limit)



Increasing individual lifetime limit from \$20,000 to \$50,000



Removing annual limit awarded to a diocese



Will now permit more than one grant in a 12-month period (not to exceed the lifetime limit)



Developing a communication plan to raise awareness and set clear expectations on the purpose of this Fund

## More Information



- My Admin Portal (MAP), MyCPG Accounts, Administrators' Resource Center (ARC)
- *The RSVP and Lay DC Employee Plan Guide* on [cpg.org](http://cpg.org)
- Benefit Relationship Managers
- Administrative Support:  
[\(855\) 215-5990](tel:8552155990)  
[admin-assist@cpg.org](mailto:admin-assist@cpg.org)

Join us on Linktree

Scan QR code or use link

***[linktr.ee/CPG2024\\_Benefits\\_Beneficios](https://linktr.ee/CPG2024_Benefits_Beneficios)***

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# Questions & Answers

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**2024 Virtual Benefits Check-In**  
Thank you for joining us!

