

2023 Medical Trust Health Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS CDHP 20/HSA		Kaiser EPO 80
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network Only
Annual Deductible (CDHPs have a combined medical & Rx deductible)	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$2,800 per person \$5,450 per family	\$3,000 per person \$6,000 per family	\$500 per person \$1,000 per family
Annual Out-of-Pocket Limit	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family	\$3,500 per person \$7,000 per family
Preventive Care									
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	45% coinsurance	\$0 copay
Physician Services									
Office Visit	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	20% coinsurance	45% coinsurance	\$25 copay
Diagnostic Services (outpatient)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	20% coinsurance	45% coinsurance	\$35 copay
Hospital Services									
Inpatient Services (including inpatient maternity services)	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Outpatient Surgery	\$200 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	20% coinsurance	20% coinsurance	20% coinsurance
Ambulance Services	\$0 copay	\$0 copay	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Behavioral Health									
Outpatient Services	\$0 copay	30% coinsurance	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	20% coinsurance	45% coinsurance	\$25 copay per visit for individual visit
Inpatient Services	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Other Medical Services									
Durable Medical Equipment	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Home Health Care (210 visits per calendar year, combined network and out-of-network)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	\$0 copay
Outpatient Therapy (60 visits per calendar year per each type of therapy, combined network and out-of-network)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	20% coinsurance (includes speech, physical, and occupational)	45% coinsurance (includes speech, physical, and occupational)	\$25 copay (includes speech, physical, and occupational)
Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	20% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	20% coinsurance	20% coinsurance	\$50 copay

2023 Prescription Drug Benefits

	Express Scripts	
	Standard	
	Retail	Home Delivery
Annual Prescription Deductible (in-network)	None	None
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay
Tier 2: Preferred Brand Name	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max
Tier 3: Non-Preferred Brand Name	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max
Tier 4: Specialty Rx	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply

2023 Prescription Drug Benefits

	Express Scripts	
		CDHP-20/HSA
		Retail and Home Delivery
Annual Prescription Deductible (in-network)		\$2,800 per person \$5,450 per family (combined with medical deductible)
Tier 1: Generic		You pay 15% after deductible
Tier 2: Preferred Brand Name		You pay 25% after deductible
Tier 3: Non-Preferred Brand Name		You pay 50% after deductible
Tier 4: Specialty Rx		You pay 50% after deductible
Dispensing Limits Per Copayment		Up to a 30-day supply (retail) or 90-day supply (mail order)

2023 Vision Benefits

	EyeMed	
	Network	Out-of-Network
Eye Examinations	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists
Lenses (eligible once every calendar year)	\$10 copay	Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal
Lens Options		
Standard progressive (add-on to bifocal)	Up to \$75 copay	Plan pays up to \$46
UV Coating	Up to \$15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers,
Tint (solid and gradient)	Up to \$15 copay	
Standard Scratch Resistance	Up to \$15 copay	
Standard Polycarbonate	\$0 copay	
Standard Anti-Reflective Coating	Up to \$45 copay	
Disposable	20% off retail price	
Frames (eligible once every calendar year)	\$200 allowance, 20% off balance over \$200	Plan pays up to \$47
Contact Lenses (eligible once every calendar year)		
Conventional	\$200 allowance, 15% off balance over \$200	Plan pays up to \$100
Disposable	\$200 allowance, then you pay balance over \$200	Plan pays up to \$100

2023 Dental Benefits

	Cigna Dental			
	Basic Dental PPO Plan		Dental & Orthodontia PPO Plan	
	<i>DPPPO Advantage</i>	<i>DPPPO and Out-of-Network</i>	<i>DPPPO Advantage</i>	<i>DPPPO and Out-of-Network</i>
Deductible				
Annual Benefit Limit	\$0 per person / \$0 per family	\$50 per person / \$150 per family	\$0 per person / \$0 per family	\$25 per person / \$75 per family
Preventive and Diagnostic Services <i>(e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)</i>	\$2,000		\$2,000	
	You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible)	
Basic Restorative Services <i>(Includes fillings, root canal therapy, oral surgery, osseous surgery, and denture adjustments and repairs)</i>	You pay 15% coinsurance	You pay 15% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
Major Restorative Services <i>(Includes crowns, dentures, and bridges)</i>	You pay 50% coinsurance	You pay 50% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
Orthodontia Services	Not covered. You pay 100%.		You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500 after deductible

The Plans described in this document (collectively, the Plans) are sponsored and administered by the Church Pension Group Services Corporation ("CPGSC"), also known as The Episcopal Church Medical Trust ("the Medical Trust"). The Plans that are self-funded are funded by The Episcopal Church Clergy and Employees' Benefit Trust ("ECCEBT"), which is a voluntary employees' benefit association within the meaning of section 501(c)(9) of the Internal Revenue Code.

This document contains only a partial, general description of the Plans. It is provided for informational purposes only and should not be viewed as a contract, an offer of coverage, a confirmation of eligibility, or investment, tax, medical or other advice. In the event of a conflict between this document and the official Plan documents (summary of benefits and coverage, Plan Document Handbook), the official Plan documents will govern. The Church Pension Fund and CPGSC (collectively, CPG), retain the right to amend, terminate or modify the terms of the Plans, as well as any post-retirement health subsidy, at any time, for any reason, and, unless required by law, without notice.

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 (and their eligible dependents) of The Episcopal Church (the "Church"). 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.

All benefits under the Plans are subject to applicable laws, regulations and policies.

Except for the Preventive Dental PPO Plan, all such benefits are subject to coordination of benefits. The Plans are subrogated to all the rights of a Plan participant against any party liability for such participant's illness or injury, to the extent of the reasonable value of the benefits provided to such a participant under the Plans. The Plans may assert this right independently of a Plan participant, and 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