

2023 Medical Trust Health Plan 0087 - Diocese of California-Schools	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Kaiser EPO 80		Kaiser EPO High	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible (CDHPs have a combined medical & Rx deductible)	\$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	\$500 per person \$1,000 per family	Not Applicable	\$0 per person \$0 per family	Not Applicable
Annual Out-of-Pocket Limit	\$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	\$3,500 per person \$7,000 per family	Not Applicable	\$1,750 per person \$3,500 per family	Not Applicable
Preventive Care								
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	Not Applicable	\$0 copay	Not Applicable
Physician Services								
Office Visit	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$25 copay	Not Applicable	\$25 copay	Not Applicable
Diagnostic Services (outpatient)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$50 copay	Not Applicable
Specialist Care	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$35 copay	Not Applicable	\$25 copay	Not Applicable
Hospital Services								
Inpatient Services (including inpatient maternity services)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$100 per day copay to maximum of \$600	Not Applicable
Outpatient Surgery	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$100 copay	Not Applicable
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	20% coinsurance	Not Applicable	\$100 copay	Not Applicable
Ambulance Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Not Applicable	\$0 copay	Not Applicable
Behavioral Health								
Outpatient Services	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	\$25 copay per visit for individual visit	Not Applicable	\$25 copay per visit for individual visit	Not Applicable
Inpatient Services	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$100 per day copay to maximum of \$600	Not Applicable
Other Medical Services								
Durable Medical Equipment	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$0 copay	Not Applicable
Home Health Care (210 visits per calendar year, combined network and out-of-network)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	\$0 copay	Not Applicable	\$0 copay	Not Applicable
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)	\$25 copay (includes speech, physical, and occupational)	Not Applicable	\$25 copay (includes speech, physical, and occupational)	Not Applicable
Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	Not Applicable	\$0 copay	Not Applicable
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	Not Applicable	\$50 copay	Not Applicable

2023 Medical Trust Health Plan 0087 - Diocese of California-Schools	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Kaiser EPO 80		Kaiser EPO High	
	Pharmacy Benefits Administered by Express Scripts		Pharmacy Benefits Administered by Express Scripts		Pharmacy Benefits Administered by Kaiser		Pharmacy Benefits Administered by Kaiser	
Prescription Drug Benefits	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (In-network)	None	None	None	None	None	None	None	None
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay	Up to a \$10 copay	Up to a \$25 copay	Up to a \$5 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply	Up to a \$5 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply
Tier 2: Preferred Brand Name	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply
Tier 3: Non-Preferred Brand Name	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max	Up to a \$70 copay	Up to a \$70 copay for a 30-day supply or \$140 for up to a 90-day supply	Up to a \$70 copay	Up to a \$70 copay for a 30-day supply or \$140 for up to a 90-day supply
Tier 4: Specialty Rx	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	Up to a \$90 copay	Up to a \$90 copay for a 30-day supply or \$180 for up to a 90-day supply	Up to a \$90 copay	Up to a \$90 copay for a 30-day supply or \$180 for up to a 90-day supply
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply

2023 Medical Trust Health Plan 0087 - Diocese of California-Schools	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Kaiser EPO 80		Kaiser EPO High	
	Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed	
Vision Benefits	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Eye Examinations	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists	\$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	\$10 copay	Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal	\$10 copay	Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal	\$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	Up to \$75 copay	Plan pays up to \$46	Up to \$75 copay	Plan pays up to \$46	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,	Up to \$15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers,	Up to \$15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers,	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		Up to \$15 copay		Up to \$15 copay		Up to \$15 copay	
Standard Scratch Resistance	Up to \$15 copay		Up to \$15 copay		Up to \$15 copay		Up to \$15 copay	
Standard Polycarbonate	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Standard Anti-Reflective Coating	Up to \$45 copay		Up to \$45 copay		Up to \$45 copay		Up to \$45 copay	
Disposable	20% off retail price		20% off retail price		20% off retail price		20% off retail price	
Frames (eligible once every calendar year)	\$200 allowance, 20% off balance over \$200	Plan pays up to \$47	\$200 allowance, 20% off balance over \$200	Plan pays up to \$47	\$200 allowance, 20% off balance over \$200	Plan pays up to \$47	\$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	\$200 allowance, 15% off balance over \$200	Plan pays up to \$100	\$200 allowance, 15% off balance over \$200	Plan pays up to \$100	\$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	\$200 allowance, then you pay balance over \$200	Plan pays up to \$100	\$200 allowance, then you pay balance over \$200	Plan pays up to \$100	\$200 allowance, then you pay balance over \$200	Plan pays up to \$100



Dental Benefits

Dental Benefits		
0087 - Diocese of California-Schools	Cigna Dental	
	Dental & Orthodontia PPO Plan	
	<i>DPPPO Advantage</i>	<i>DPPPO and Out-of-Network</i>
<i>Deductible</i>	\$0 per person / \$0 per family	\$25 per person / \$75 per family
<i>Annual Benefit Limit</i>	\$2,000	
<i>Preventive and Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)</i>	You pay \$0 (not subject to annual deductible)	
<i>Basic Restorative Services (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
<i>Major Restorative Services (Includes crowns, dentures, and bridges)</i>	You pay 15% coinsurance	You pay 15% coinsurance after deductible
<i>Orthodontia Services</i>	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 such participant is obligated to cooperate with the Medical Trust in order to protect the Plans' subrogation rights.

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.