EPISCOPAL CHURCH MEDICAL TRUST

Plan	Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS CDHP 20/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	$500 per person $1,000 per family	$1,000 per person $2,000 per family	$900 per person $1,800 per family	$1,800 per person $3,600 per family	$2,700 per person $5,450 per family (deductible includes medical & prescriptions)	$3,000 per person $6,000 per family (deductible includes medical & prescriptions)
Annual Out-of-Pocket Maximum	$2,500 per person $5,000 per family	$6,500 per person $13,000 per family	$4,100 per person $8,200 per family	$8,200 per person $16,400 per family	$4,200 per person $8,450 per family	$7,000 per person $13,000 per family
Preventive Care						
Preventive Services & Well-Child Care	$0 copay	40% coinsurance	$0 copay	50% coinsurance	$0 copay	45% coinsurance
Physician Services						
Office Visit	$25 copay	40% coinsurance	$35 copay	50% coinsurance	20% coinsurance	45% coinsurance
Diagnostic Services (outpatient)	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Specialist Care	$25 copay	40% coinsurance	$45 copay	50% coinsurance	20% coinsurance	45% coinsurance
Hospital Services						
Inpatient Services (including inpatient maternity services)	Copay of $100 per day not to exceed $600 per admission, and 20% coinsurance	40% coinsurance	Copay of $100 per day not to exceed $600, and 25% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Surgery	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Emergency Room Care	$100 copay	$100 copay	$100 copay	$100 copay	20% coinsurance	20% coinsurance
Ambulance Services	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance

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EPISCOPAL CHURCH MEDICAL TRUST

Plan	Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS CDHP 20/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Mental Health/Substance Abuse						
Outpatient Services	$20 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	$20 copay Services are provided through Cigna Behavioral Health not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	20% coinsurance	45% coinsurance
Inpatient Services	Covered at 100% after $100 per day copay/$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after $100 per day copay/$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	20% coinsurance	45% coinsurance
Other Medical Services						
Durable Medical Equipment	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance
Home Health Care	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Therapy	$25 copay (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	$35 copay (PCP) $45 copay (specialist) (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	45% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Urgent Care Services	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance

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EPISCOPAL CHURCH MEDICAL TRUST

Prescription Drug Benefits

	Express Scripts		
	Premium		CDHP-20/HSA
	Retail	Home Delivery	Retail and Home Delivery
Annual Prescription Deductible (in-network)	None	None	$2,700 per person $5,450 per family (combined with medical deductible)
Tier 1: Generic	Up to a $5 copay	Up to a $12 copay	You pay 15% after deductible
Tier 2: Preferred Brand Name	Up to a $30 copay	Up to a $75 copay	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	Up to a $60 copay	Up to a $150 copay	You pay 50% after deductible
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)

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EPISCOPAL CHURCH MEDICAL TRUST

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	Play 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)	$150 allowance, 20% off balance over $150	Plan pays up to $47
Contact Lenses (eligible once every calendar year)		
Conventional	$150 allowance, 15% off balance over $150	Plan pays up to $100
Disposable	$150 allowance, then you pay balance over $150	Plan pays up to $100

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EPISCOPAL CHURCH MEDICAL TRUST

Dental Benefits			
	Cigna Dental		
	Dental & Orthodontia PPO Plan	Basic Dental PPO Plan	Preventive Dental PPO Plan
Annual DPPO & Out-of-Network Deductible	$25 per person $75 per family	$50 per person $150 per family	None
Preventive & Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)	You pay $0 (not subject to annual deductible)	You pay $0 (not subject to annual deductible)	You pay $0 (includes sealants to age 14 in addition to all other preventive and emergency care)
Basic Restorative Care	You pay 15% Includes fillings, root canal therapy, periodontal scaling and root planing, denture adjustments and repairs, extractions	You pay 15% Includes fillings, root canal therapy, periodontal scaling and root planing, denture adjustments and repairs, extractions	You pay 20% Includes only fillings, denture adjustments and repairs, root canal therapy
Major Restorative Services	You pay 15% Includes crowns, dentures, oral surgery, osseous surgery, dental implants, night guards, anesthetics, and bridges	You pay 50% Includes crowns, dentures, oral surgery, osseous surgery, dental implants, night guards, anestheetics, and bridges	You pay 99% Includes crowns, dentures, oral surgery, osseous surgery, and bridges
Orthodontia	You pay 50% ($1,500 individual lifetime limit)	Not covered	You pay 99%
Annual Benefit Maximum	$2,000	$2,000	$1,500

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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' beneficiary 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.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act and section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States, and not all Plans are available on both a self-funded and fully insured basis. The Plans do not cover all healthcare expenses, and Plan participants 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 of the rights of a Plan participant against any party liable for such participant's illness or injury, to the extent of the reasonable value of the benefits provided to such 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.

CPG does not provide any healthcare services and therefore cannot guarantee any results or outcomes. Healthcare providers and vendors are independent contractors in private practice and are neither employees nor agents of CPG. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.