EPISCOPAL CHURCH MEDICAL TRUST

| Plan | Anthem BCBS BlueCard PPO 90 | | Anthem BCBS BlueCard PPO 80 | | Anthem BCBS CDHP 20/HSA | |
|---|---|---|---|---|---|---|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Annual Medical Deductible | $500 per person<br>$1,000 per family | $1,000 per person<br>$2,000 per family | $1,000 per person<br>$2,000 per family | $2,000 per person<br>$4,000 per family | $2,700 per person<br>$5,450 per family | $3,000 per person<br>$6,000 per family |
| Annual Out-of-Pocket Limit | $2,500 per person<br>$5,000 per family | $5,000 per person<br>$10,000 per family | $3,500 per person<br>$7,000 per family | $7,000 per person<br>$14,000 per family | $4,200 per person<br>$8,450 per family | $7,000 per person<br>$13,000 per family |
| **Preventive Care** | | | | | | |
| Preventive Services & Well-Child Care | $0 copay | 50% coinsurance | $0 copay | 50% coinsurance | $0 copay | 45% coinsurance |
| **Physician Services** | | | | | | |
| Office Visit | $30 copay | 50% coinsurance | $30 copay | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Diagnostic Services (outpatient) | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Specialist Care | $45 copay | 50% coinsurance | $45 copay | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| **Hospital Services** | | | | | | |
| Inpatient Services (including inpatient maternity services) | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Outpatient Surgery | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Emergency Room Care | $250 copay | $250 copay | $250 copay | $250 copay | 20% coinsurance | 20% coinsurance |
| Ambulance Services | 10% coinsurance | 10% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance |
| **Mental Health/Substance Abuse** | | | | | | |
| Outpatient Services | $30 copay | 30% coinsurance | $30 copay | 30% coinsurance | 20% coinsurance | 45% coinsurance |
| Inpatient Services | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| **Other Medical Services** | | | | | | |
| Durable Medical Equipment | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Home Health Care | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Outpatient Therapy | $30 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) | $30 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 | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 45% coinsurance |
| Urgent Care Services | $50 copay | $50 copay | $50 copay | $50 copay | 20% coinsurance | 20% coinsurance |

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EPISCOPAL CHURCH MEDICAL TRUST

# Prescription Drug Benefits

| | Premium | | CDHP-20/HSA |
|---|---|---|---|
| | Retail | Home Delivery | Retail and Home Delivery |
| Annual Prescription Deductible (in-network) | None | None | $2,700 per person<br>$5,450 per family<br>(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<br>90-day supply<br>(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:<br>$32 for single vision<br>$46 for bifocal<br>$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 (No deductible for DPPO Advantage providers) | $25 per person<br>$75 per family | $50 per person<br>$150 per family | None |
| Preventive & Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain) | You pay $0<br><br>(not subject to annual deductible) | You pay $0<br><br>(not subject to annual deductible) | You pay $0<br><br>(includes sealants to age 14 in addition to all other preventive and emergency care) |
| Basic Restorative Care | You pay 15%<br>Includes fillings, root canal therapy, periodontal scaling and root planing, denture adjustments and repairs, extractions | You pay 15%<br>Includes fillings, root canal therapy, periodontal scaling and root planing, denture adjustments and repairs, extractions | You pay 20%<br>Includes only fillings, denture adjustments and repairs, root canal therapy |
| Major Restorative Services | You pay 15%<br>Includes crowns, dentures, oral surgery, osseous surgery, dental implants, night guards, anesthetics, and bridges | You pay 50%<br>Includes crowns, dentures, oral surgery, osseous surgery, dental implants, night guards, anestheetics, and bridges | You pay 99%<br>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.