

| 2023 Medical Trust Health Plan<br><br>0604 - Diocese of New York  | Anthem BCBS<br>BlueCard PPO 100  |  | Cigna OAP<br>PPO 100   |  | Anthem BCBS<br>BlueCard PPO 80   |  | Cigna OAP<br>PPO 80  |  | Anthem BCBS<br>CDHP 20/HSA   |  | Cigna<br>CDHP 20/HSA   |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
|   | Network  | Out-of-Network   | Network  | Out-of-Network   | Network  | Out-of-Network   | Network  | Out-of-Network   | Network  | Out-of-Network   | Network  | Out-of-Network   |
| Annual Deductible<br>(CDHPs have a combined<br>medical & Rx deductible)   | \$0 per person<br>\$0 per family   | \$500 per person<br>\$1,000 per family                                 | \$0 per person<br>\$0 per family   | \$500 per person<br>\$1,000 per family                                 | \$1,000 per person<br>\$2,000 per family   | \$2,000 per person<br>\$4,000 per family                               | \$1,000 per person<br>\$2,000 per family   | \$2,000 per person<br>\$4,000 per family                               | \$3,000 per person<br>\$5,450 per family                               | \$3,000 per person<br>\$6,000 per family                               | \$3,000 per person<br>\$5,450 per family                               | \$3,000 per person<br>\$6,000 per family                               |
| Annual Out-of-Pocket Limit  | \$2,000 per person<br>\$4,000 per family   | \$4,000 per person<br>\$8,000 per family                               | \$2,000 per person<br>\$4,000 per family   | \$4,000 per person<br>\$8,000 per family                               | \$3,500 per person<br>\$7,000 per family   | \$7,000 per person<br>\$14,000 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                              | \$4,200 per person<br>\$8,450 per family                               | \$7,000 per person<br>\$13,000 per family                              |
| <b>Preventive Care</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preventive Services & Well-Child<br>Care  | \$0 copay  | 50% coinsurance  | \$0 copay  | 45% coinsurance  | \$0 copay  | 45% coinsurance  |
| <b>Physician Services</b>   |  |  |  |  |  |  |  |  |  |  |  |  |
| Office Visit  | \$30 copay   | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Diagnostic Services (outpatient)  | \$0 copay  | 50% coinsurance  | \$0 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Specialist Care   | \$45 copay   | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| <b>Hospital Services</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient Services (including<br>inpatient maternity services)  | \$250 copay  | 50% coinsurance  | \$250 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Outpatient Surgery  | \$200 copay  | 50% coinsurance  | \$200 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Emergency Room Care   | \$250 copay  | \$250 copay  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  |
| Ambulance Services  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  |
| <b>Behavioral Health</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outpatient Services   | \$0 copay  | 30% coinsurance  | \$0 copay  | 30% coinsurance  | \$30 copay   | 30% coinsurance  | \$30 copay   | 30% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Inpatient Services  | \$250 copay  | 50% coinsurance  | \$250 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| <b>Other Medical Services</b>   |  |  |  |  |  |  |  |  |  |  |  |  |
| Durable Medical Equipment   | \$0 copay  | 50% coinsurance  | \$0 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Home Health Care<br>(210 visits per calendar year,<br>combined network and out-of-<br>network)                                | \$0 copay  | 50% coinsurance  | \$0 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Outpatient Therapy<br>(60 visits per calendar year per each<br>type of therapy, combined network<br>and out-of-network)       | \$30 copay PCP/\$45<br>copay specialist<br>(includes speech,<br>physical, and<br>occupational) | 50% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | \$30 copay PCP/\$45<br>copay specialist<br>(includes speech,<br>physical, and<br>occupational) | 50% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | \$30 copay PCP/\$45<br>copay specialist<br>(includes speech,<br>physical, and<br>occupational) | 50% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | \$30 copay PCP/\$45<br>copay specialist<br>(includes speech,<br>physical, and<br>occupational) | 50% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | 20% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | 45% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | 20% coinsurance<br>(includes speech,<br>physical, and<br>occupational) | 45% coinsurance<br>(includes speech,<br>physical, and<br>occupational) |
| Skilled Nursing / Acute Rehabilitation<br>Facility<br>(60 days per calendar year,<br>combined network and out-of-<br>network) | \$0 copay  | 50% coinsurance  | \$0 copay  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 50% coinsurance  | 20% coinsurance  | 45% coinsurance  | 20% coinsurance  | 45% coinsurance  |
| Urgent Care Services  | \$50 copay   | \$50 copay   | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  | 20% coinsurance  |

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|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|---|---|---|---|
|  | Pharmacy Benefits Administered by<br>Express Scripts |                                     | Pharmacy Benefits Administered by<br>Express Scripts |                                     | Pharmacy Benefits Administered by<br>Express Scripts |                                     | Pharmacy Benefits Administered by<br>Express Scripts |                                     | Pharmacy Benefits Administered by<br>Express Scripts                              |   | Pharmacy Benefits Administered by<br>Express Scripts                              |   |
| Prescription Drug Benefits                                       | Retail   | Home Delivery                       | Retail  | Home Delivery   | Retail  | Home Delivery   |
| <b>Annual Prescription Deductible<br/>(in-network)</b>           | None   | None                                | None   | None                                | None   | None                                | None   | None                                | \$3,000 per person<br>\$5,450 per family<br>(combined with<br>medical deductible) |
| <b>Tier 1: Generic</b>   | Up to a \$10 copay                                   | Up to a \$25 copay                  | Up to a \$10 copay                                   | Up to a \$25 copay                  | Up to a \$10 copay                                   | Up to a \$25 copay                  | Up to a \$10 copay                                   | Up to a \$25 copay                  | You pay 15% after<br>deductible   |
| <b>Tier 2: Preferred Brand Name</b>                              | 25%; up to<br>\$40 min / \$80 max                    | 25%; up to<br>\$100 min / \$200 max | 25%; up to<br>\$40 min / \$80 max                    | 25%; up to<br>\$100 min / \$200 max | 25%; up to<br>\$40 min / \$80 max                    | 25%; up to<br>\$100 min / \$200 max | 25%; up to<br>\$40 min / \$80 max                    | 25%; up to<br>\$100 min / \$200 max | You pay 25% after<br>deductible   |
| <b>Tier 3: Non-Preferred Brand Name</b>                          | 40%; up to<br>\$80 min / \$160 max                   | 40%; up to<br>\$200 min / \$400 max | 40%; up to<br>\$80 min / \$160 max                   | 40%; up to<br>\$200 min / \$400 max | 40%; up to<br>\$80 min / \$160 max                   | 40%; up to<br>\$200 min / \$400 max | 40%; up to<br>\$80 min / \$160 max                   | 40%; up to<br>\$200 min / \$400 max | You pay 50% after<br>deductible   |
| <b>Tier 4: Specialty Rx</b>                                      | 40%; up to<br>\$100 min / \$200 max                  | 40%; up to<br>\$250 min / \$500 max | 40%; up to<br>\$100 min / \$200 max                  | 40%; up to<br>\$250 min / \$500 max | 40%; up to<br>\$100 min / \$200 max                  | 40%; up to<br>\$250 min / \$500 max | 40%; up to<br>\$100 min / \$200 max                  | 40%; up to<br>\$250 min / \$500 max | You pay 50% after<br>deductible   |
| <b>Dispensing Limits Per Copayment</b>                           | 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               | Up to a 30-day supply<br>(retail) or<br>90-day supply                             | Up to a 30-day supply<br>(retail) or<br>90-day supply                             | Up to a 30-day supply<br>(retail) or<br>90-day supply                             | Up to a 30-day supply<br>(retail) or<br>90-day supply                             |



**Dental Benefits**

| 0604 - Diocese of New York  | Cigna Dental                                   |                                 |  |  |  |  |
|---|--|---------------------------------|--|--|--|--|
|   | Preventive Dental PPO Plan                     |                                 | Basic Dental PPO Plan                          |  | Dental & Orthodontia PPO Plan                  |  |
|   | <i>DPPO Advantage</i>                          | <i>DPPO and Out-of-Network</i>  | <i>DPPO Advantage</i>                          | <i>DPPO and Out-of-Network</i>           | <i>DPPO Advantage</i>                          | <i>DPPO and Out-of-Network</i>               |
| <i>Deductible</i>   | \$0 per person / \$0 per family                | \$0 per person / \$0 per family | \$0 per person / \$0 per family                | \$50 per person / \$150 per family       | \$0 per person / \$0 per family                | \$25 per person / \$75 per family            |
| <i>Annual Benefit Limit</i>   | \$1,500  |                                 | \$2,000  |  | \$2,000  |  |
| <i>Preventive and Diagnostic Services<br/>(e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)</i>                               | You pay \$0 (not subject to annual deductible) |                                 | You pay \$0 (not subject to annual deductible) |  | You pay \$0 (not subject to annual deductible) |  |
| <i>Basic Restorative Services<br/>(Includes fillings, root canal therapy, oral surgery, osseous surgery, and denture adjustments and repairs)</i> | You pay 20% coinsurance                        | You pay 20% coinsurance         | You pay 15% coinsurance                        | You pay 15% coinsurance after deductible | You pay 15% coinsurance                        | You pay 15% coinsurance after deductible     |
| <i>Major Restorative Services<br/>(Includes crowns, dentures, and bridges)</i>  | You pay 99% coinsurance                        | You pay 99% coinsurance         | You pay 50% coinsurance                        | You pay 50% coinsurance after deductible | You pay 15% coinsurance                        | You pay 15% coinsurance after deductible     |
| <i>Orthodontia Services</i>   | Not covered. You pay 100%.                     | Not covered. You pay 100%.      | Not covered. You pay 100%.                     | Not covered. You pay 100%.               | individual lifetime benefit limit of           | individual lifetime benefit limit of \$1,500 |

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' 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