

| | Ant | them BCBS | Anthem BCBS | | |
|---|--|--|---|---|--|
| 2025 Medical Trust Health Plan | BlueCard PPO 90 | | BlueCard PPO 80 | | |
| | 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 | |
| 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 | |
| Preventive Care Preventive Services & Well-Child Care | \$0 copay | 50% coinsurance | \$0 copay | 50% coinsurance | |
| Physician Services Office Visit | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | |
| Diagnostic Services (outpatient) | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Specialist Care | \$45 copay | 50% coinsurance | \$45 copay | 50% coinsurance | |
| Hospital Services Inpatient Services (including inpatient maternity services) | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Outpatient Surgery | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Emergency Room Care | \$250 copay | \$250 copay | \$250 copay | \$250 copay | |
| Ambulance Services | 10% coinsurance | 10% coinsurance | 20% coinsurance | 20% coinsurance | |
| Behavioral Health Outpatient Services | \$30 copay | 30% coinsurance | \$30 copay | 30% coinsurance | |
| Inpatient Services | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Other Medical Services Durable Medical Equipment | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Home Health Care (210 visits per calendar year, combined | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| network and out-of- network) 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) | |
| 2025 Medical Trust Health Plan | | them BCBS | Anthem I BlueCard | | |
| Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network) | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | |
| Urgent Care Services | \$50 copay | \$50 copay | \$50 copay | \$50 copay | |
| 2025 Medical Trust Health Plan | Anthem BCBS | | Anthem I | | |
| | BlueCard PPO 90 | | BlueCard PPO 80 | | |
| December 1 December 1 | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered b | | |
| Prescription Drug Benefits Annual Prescription Deductible (in- | Retail None | Home Delivery None | Retail None | Home Delivery None | |
| network) | | | | | |
| Tier 1: Generic | Up to a \$10 copay | Up to a \$10 copay | Up to a \$10 copay | Up to a \$10 copay | |
| Tier 2: Preferred Brand Name | 25%; up to | 25%; up to | 25%; up to | | |
| | \$40 min / \$80 max | \$40 min / \$80 max | \$40 min / \$80 max | 25%; up to \$40 min / \$80 max | |
| Tier 3: Non-Preferred Brand Name | 40%; up to \$80 min / \$160 max | \$40 min / \$80 max 40%; up to \$80 min / \$160 max | \$40 min / \$80 max 40%; up to \$80 min / \$160 max | | |
| Tier 3: Non-Preferred Brand Name Tier 4: Specialty Rx | 40%; up to | 40%; up to | 40%; up to | \$40 min / \$80 max 40%; up to | |
| Tier 4: Specialty Rx | 40%; up to \$80 min / \$160 max 40%; up to | 40%; up to \$80 min / \$160 max 40%; up to | 40%; up to \$80 min / \$160 max 40%; up to | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to | |
| Tier 4: Specialty Rx | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits . | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard I Vision Benefits Admin | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3GBS PPO 80 istered by EyeMed | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits . | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard I Vision Benefits Admin | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits . | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard I Vision Benefits Admin | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) | 40%: up to \$80 min / \$160 max 40%: up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits . Network | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem In BlueCard In Vision Benefits Admin | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3GBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options | 40%: up to \$80 min / \$160 max 40%: up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits . Network | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem In BlueCard In Vision Benefits Admin | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3GBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Ant Blue Vision Benefits Network \$0 copay | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem In BlueCard In Vision Benefits Admin Network \$0 copay | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) | 40%: up to \$80 min / \$160 max 40%: up to \$100 min / \$200 max Up to a 30-day supply Vision Benefits Network \$0 copay Up to \$75 copay Up to \$15 copay | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem In SueCard Vision Benefits Admin Network \$0 copay Up to \$75 copay Up to \$15 copay | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for triflocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from out-of-network | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) Standard Scratch Resistance Standard Polyarbonate | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Vision Benefits . Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) Standard Scratch Resistance | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Vision Benefits . Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard I Vision Benefits Admin Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for triflocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from out-of-network | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) Standard Scratch Resistance Standard Anti-Reflective Coating Disposable Frames (eligible once every calendar | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Anthem I BlueCard I Vision Benefits Admin Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$45 copay Up to \$45 copay | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from out-of-network | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) Standard Scratch Resistance Standard Polycarbonate Standard Polycarbonate Standard Arth. Feflective Coating | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Vision Benefits . Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay 20% off retail price \$200 allowance, 20% off balance | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max 40%; up to \$100 min / \$200 max 40%; up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed 10ut-of-Network 400 min supply to \$30 for ophthalmologists or optometrists 400 plan pays up to \$32 for single vision \$46 for bifocal \$57 for trifocal 400 min supply to \$46 min pays up to \$46 | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from out-of-network providers, | |
| Tier 4: Specialty Rx Dispensing Limits Per Copayment 2025 Medical Trust Health Plan Vision Benefits Eye Examinations Lenses (eligible once every calendar year) Lens Options Standard progressive (add-on to bifocal) UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Disposable Frames (eligible once every calendar year) Contact Lenses (eligible | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply Vision Benefits . Network \$0 copay Up to \$75 copay Up to \$15 copay Up to \$15 copay Up to \$15 copay 20% off retail price \$200 allowance, 20% off balance | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max 40%; up to \$100 min / \$200 max 40%; up to a 30-day supply them BCBS Card PPO 90 Administered by EyeMed 10ut-of-Network 400 min supply to \$30 for ophthalmologists or optometrists 400 plan pays up to \$32 for single vision \$46 for bifocal \$57 for trifocal 400 min supply to \$46 min pays up to \$46 | 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply | \$40 min / \$80 max 40%; up to \$80 min / \$160 max 40%; up to \$100 min / \$200 max Up to a 30-day supply 3CBS PPO 80 istered by EyeMed Out-of-Network Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal Plan pays up to \$46 You are responsible for the cost of any lens options that you elect from out-of-network providers, | |



| PPSCOPAL CHURCH MEDICAL TRUST | | | | | | | |
|---|--|--|---|---|---|---|--|
| | Anthem BCBS CDHP 15/HSA | | Anthem BCBS | | Anthem BCBS | | |
| 2025 Medical Trust Health Plan | Network CDHP | 15/HSA Out-of-Network | CDHP Network | 20/HSA Out-of-Network | CDHP Network | 40/HSA Out-of-Network | |
| Annual Deductible (CDHPs have a combined medical & Rx deductible) | \$1,650 per person \$3,300 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family | \$3,300 per person \$6,600 per family | \$3,500 per person \$7,000 per family | \$7,000 per person \$14,000 per family | |
| Annual Out-of-Pocket Limit | \$2,400 per person \$4,800 per family (out-of-pocket limit is non-embedded) | \$4,800 per person \$9,600 per family (out-of-pocket limit is non-embedded) | \$4,200 per person \$8,450 per family | \$7,000 per person \$13,000 per family | \$6,000 per person \$12,000 per family | \$10,000 per person \$20,000 per family | |
| Preventive Care | | | | | | | |
| Preventive Services & Well-Child Care Physician Services | \$0 copay | 40% coinsurance | \$0 copay | 45% coinsurance | \$0 copay | 60% coinsurance | |
| Office Visit | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Diagnostic Services (outpatient) | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Specialist Care | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Hospital Services Inpatient Services (including inpatient | | 400/ | 000/ | 450/ | 400/ | 000/i | |
| maternity services) | 15% coinsurance | 40% coinsurance 40% coinsurance | 20% coinsurance 20% coinsurance | 45% coinsurance 45% coinsurance | 40% coinsurance 40% coinsurance | 60% coinsurance 60% coinsurance | |
| Outpatient Surgery Emergency Room Care | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | 40% coinsurance | 40% coinsurance | |
| Ambulance Services | 15% coinsurance 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | 40% coinsurance | 40% coinsurance | |
| Behavioral Health | 15% Comsurance | 1070 comsulance | | 2070 CONSULATION | 40 % Collisularioc | | |
| Outpatient Services Inpatient Services | 15% coinsurance 15% coinsurance | 40% coinsurance 40% coinsurance | 20% coinsurance 20% coinsurance | 45% coinsurance 45% coinsurance | 40% coinsurance 40% coinsurance | 60% coinsurance 60% coinsurance | |
| Other Medical Services | | | | | | | |
| Durable Medical Equipment | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Home Health Care (210 visits per calendar year, combined network and out-of- network) | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Outpatient Therapy (60 visits per calendar year per each type | 15% coinsurance (includes | 40% coinsurance (includes | 20% coinsurance (includes speech, | 45% coinsurance (includes speech, | 40% coinsurance (includes speech, | 60% coinsurance (includes speech, | |
| of therapy, combined network and out-of- network) | speech, physical, and occupational) | speech, physical, and occupational) | physical, and occupational) | physical, and occupational) | physical, and occupational) | physical, and occupational) | |
| 2025 Medical Trust Health Plan | Anthem | BCBS | | m BCBS | | n BCBS | |
| | CDHP | 15/HSA | CDHP | 20/HSA | CDHP | 40/HSA | |
| Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network) | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | 40% coinsurance | 60% coinsurance | |
| Urgent Care Services | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | 40% coinsurance | 40% coinsurance | |
| 2025 Medical Trust Health Plan | 5 Medical Trust Health Plan Anthem BCBS | | Anthem BCBS | S CDHP 20/HSA | Anthem BCBS CDHP 40/HSA | | |
| | Pharmacy Benefits Administer | | Pharmacy Benefits Adr Scripts | ministered by Express | Pharmacy Benefits Administered by Express Scripts | | |
| Prescription Drug Benefits | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery | |
| Annual Prescription Deductible (innetwork) | \$1,650 per person \$3,300 per family (combined with medical deductible) (non- embedded deductible) | \$1,650 per person \$3,300 per family (combined with medical deductible) (non- embedded deductible) | \$3,300 per person \$6,600 per family (combined with medical deductible) | \$3,300 per person \$6,600 per family (combined with medical deductible) | \$3,500 per person \$7,000 per family (combined with medical deductible) | \$3,500 per person \$7,000 per family (combined with medical deductible) | |
| Tier 1: Generic | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | |
| Tier 2: Preferred Brand Name | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | |
| Tier 3: Non-Preferred Brand Name | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | |
| Tier 4: Specialty Rx | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | |
| Dispensing Limits Per Copayment | Up to a 30-day supply (retail) or 90-day supply | Up to a 30-day supply (retail) or 90-day supply | Up to a 30-day supply (retail) or 90-day supply | Up to a 30-day supply (retail) or 90-day supply | Up to a 30-day supply (retail) or 90-day supply | Up to a 30-day supply (retail) or 90-day supply | |
| 2025 Medical Trust Health Plan | Anthem CDHP | 15/HSA | Anthem BCBS CDHP 20/HSA Vision Benefits Administered by EyeMed | | Anthem BCBS CDHP 40/HSA Vision Benefits Administered by EyeMed | | |
| Vision Benefits | Vision Benefits Administered b Network | y EyeMed Out-of-Network | Vision Benefits Admini- Network | Stered by EyeMed Out-of-Network | Vision Benefits Administ Network | out-of-Network | |
| Eye Examinations | \$0 copay | Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: | \$0 copay | Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: | \$0 copay | Plan pays up to \$30 for ophthalmologists or optometrists Plan pays up to: | |
| Lenses (eligible once every calendar year) Lens Options | \$10 copay | \$32 for single vision \$46 for bifocal \$57 for trifocal | \$10 copay | \$32 for single vision \$46 for bifocal \$57 for trifocal | \$10 copay | \$32 for single vision \$46 for bifocal \$57 for trifocal | |
| 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 | |
| UV Coating | Up to \$15 copay | You are responsible for the cost of any lens options that you | Up to \$15 copay | 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 | |
| Tint (solid and gradient) Standard Scratch Resistance | Up to \$15 copay Up to \$15 copay | providers, | Up to \$15 copay Up to \$15 copay | | Up to \$15 copay Up to \$15 copay | from out-of-network providers, | |
| Standard Polycarbonate Standard Anti-Reflective Coating | \$0 copay Up to \$45 copay | | \$0 copay Up to \$45 copay | | \$0 copay Up to \$45 copay | | |
| Disposable | 20% off retail price \$200 allowance, 20% off | | 20% off retail price \$200 allowance, 20% | | 20% off retail price \$200 allowance, 20% off | | |
| Frames (eligible once every calendar year) | balance over \$200 | Plan pays up to \$47 | off balance over \$200 | Plan pays up to \$47 | balance over \$200 | Plan pays up to \$47 | |
| Contact Lenses (eligible once every | 5.5. \$250 | | 2.3. 42.00 | | | | |
| 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 | |
| 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 | |



| MEDICAL TROST | 2025 Dental Benefits | | | | | | | | | |
|---|--|--|---------------------------------------|--|--|--|--|---------------------------------|---------------------------------|--|
| | Delta Dental | | | | | | | | | |
| | Premium PPO Plan | | | Comprehensive PPO Plan | | | Basic PPO Plan | | | |
| | PPO Network | Premier Network | Out-of-Network | PPO Network | Premier Network | Out-of-Network | PPO Network | Premier Network | Out-of-Network | |
| Annual Deductible | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$50 per person / \$150 per family | | \$0 per person / \$0 per family | \$100 per person / \$300 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | |
| Annual Benefit Maximum (Maxmium cross applies across networks) | \$3,000 | \$2,500 | \$2,000 | \$2,500 | \$2,000 | \$1,500 | \$2,000 | \$1,500 | \$1,000 | |
| Diagnostic and Preventive Services (e.g., exams, cleanings, x-rays, sealants and space maintainers) | You pay \$0 (not subject to annual deductible) | | | You pay \$0 (not subject to annual deductible) | | | You pay \$0 (not subject to annual deductible) | | | |
| Basic Services (Includes fillings, simple extractions, root canals, oral surgery, and denture reline/repair/rebase) | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance | You pay 20% coinsurance | You pay 20% coinsurance | You pay 30% coinsurance | |
| Major Services (Includes crowns, bridges, and dentures) | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance | You pay 50% coinsurance | You pay 50% coinsurance | You pay 60% coinsurance | You pay 60% coinsurance | You pay 60% coinsurance | You pay 99% coinsurance | |
| Orthodontic Services | individual lifetime | You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000 | limit of \$1 500 after \$50 | limit of | You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500 | You pay 60% coinsurance up to individual lifetime benefit limit of \$1,000 after \$100 lifetime deductible | Not covered. You pay 100%. | Not covered. You pay 100%. | Not covered. You pay 100%. | |



| 2025 Procedintion Drug Benefits | | | | | | | | | |
|---|-------------------------------------|--|-----------------------|-----------------------|------------------------------|--|--|--|--|
| 2025 Prescription Drug Benefits | | | | | | | | | |
| | Express Scripts | | | | | | | | |
| | Standard | | Premium | | | | CDHP-40/HSA | | |
| | Retail | Home Delivery | Retail | Home Delivery | Retail and Home Delivery | Retail and Home Delivery | Retail and Home Delivery | | |
| Annual Prescription Deductible (in-network) | None | None | None | | | \$3,300 per person \$6,600 per family (combined with medical deductible) | \$3,500 per person \$7,000 per family (combined with medical deductible) | | |
| Tier 1: Generic | Up to a \$10 copay | Up to a \$25 copay | Up to a \$5 copay | Up to a \$12 copay | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | | |
| Tier 2: Preferred Brand Name | Up to a \$40 copay | Up to a \$100 copay | Up to a \$30 copay | Up to a \$75 copay | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | | |
| Tier 3: Non-Preferred Brand Name | Up to a \$80 copay | Up to a \$200 copay | Up to a \$60 copay | Up to a \$150 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | | |
| Tier 4: Specialty Rx | 40%; up to \$100 min / \$200 max | 40%; up to \$250 min / \$500 max | Up to a \$90 copay | Up to a \$225 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | | |
| Dispensing Limits Per Copayment | | Up to a 90-day supply | 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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