EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	Anthem BCBS BlueCard PPO 90		Anthem BCBS 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 (Deductible does not apply)	50% coinsurance	20% coinsurance (Deductible does not apply)	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 network and out-of-network)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance

EPISCOPAL CHURCH
MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		[redacted]
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)	
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	

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		[redacted]
		Pharmacy Benefits Administered by Express Scripts		Pharmacy Benefits Administered by Express Scripts		
Prescription Drug Benefits		Retail	Home Delivery	Retail	Home Delivery	
Annual Prescription Deductible (in-network)		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	
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	
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	
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	
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	

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		[redacted]
		Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed		
Vision Benefits		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	
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	
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	
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,	
Tint (solid and gradient)		Up to $15 copay		Up to $15 copay		
Standard Scratch Resistance		Up to $15 copay		Up to $15 copay		
Standard Polycarbonate		$0 copay		$0 copay		
Standard Anti-Reflective Coating		Up to $45 copay		Up to $45 copay		
Disposable		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	
Contact Lenses (eligible once every c						
Conventional		$200 allowance, 15% off balance over $200	Plan pays up to $133	$200 allowance, 15% off balance over $200	Plan pays up to $133	
Disposable		$200 allowance, then you pay balance over $200	Plan pays up to $133	$200 allowance, then you pay balance over $200	Plan pays up to $133	

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS CDHP 20/HSA		[redacted]
		Network	Out-of-Network	
Annual Deductible (CDHPs have a combined medical & Rx deductible)		$3,400 per person $6,800 per family	$3,400 per person $6,800 per family	
Annual Out-of-Pocket Limit		$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	45% coinsurance	
Physician Services				
Office Visit		20% coinsurance	45% coinsurance	
Diagnostic Services (outpatient)		20% coinsurance	45% coinsurance	
Specialist Care		20% coinsurance	45% coinsurance	
Hospital Services				
Inpatient Services (including inpatient maternity services)		20% coinsurance	45% coinsurance	
Outpatient Surgery		20% coinsurance	45% coinsurance	
Emergency Room Care		20% coinsurance	20% coinsurance	
Ambulance Services		20% coinsurance	20% coinsurance	
Behavioral Health				
Outpatient Services		20% coinsurance	45% coinsurance	
Inpatient Services		20% coinsurance	45% coinsurance	
Other Medical Services				
Durable Medical Equipment		20% coinsurance	45% coinsurance	
Home Health Care (210 visits per calendar year, combined network and out-of-network)		20% coinsurance	45% coinsurance	

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS CDHP 20/HSA		[redacted]
Outpatient Therapy (60 visits per calendar year per each type of therapy, combined network and out-of-network)		20% coinsurance (includes speech, physical, and occupational)	45% coinsurance (includes speech, physical, and occupational)	
Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network)		20% coinsurance	45% coinsurance	
Urgent Care Services		20% coinsurance	45% coinsurance	

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS CDHP 20/HSA	[redacted]
		Pharmacy Benefits Administered by Express Scripts	
Prescription Drug Benefits		Retail	Home Delivery
Annual Prescription Deductible (in-network)		$3,400 per person $6,800 per family (combined with medical deductible)	$3,400 per person $6,800 per family (combined with medical deductible)
Tier 1: Generic		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
Tier 3: Non-Preferred Brand Name		You pay 50% after deductible	You pay 50% after deductible
Tier 4: Specialty Rx		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 (mail order)	Up to a 30-day supply (retail) or 90-day supply (mail order)

EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan	[redacted]	Anthem BCBS CDHP 20/HSA	[redacted]
		Vision Benefits Administered by EyeMed	
Vision Benefits		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	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,
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)		$200 allowance, 20% off balance over $200	Plan pays up to $47
Contact Lenses (eligible once every c			
Conventional		$200 allowance, 15% off balance over $200	Plan pays up to $133
Disposable		$200 allowance, then you pay balance over $200	Plan pays up to $133

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	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,
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)	$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 $133
Disposable	$200 allowance, then you pay balance over $200	Plan pays up to $133

EPISCOPAL CHURCH MEDICAL TRUST

General -	Delta Dental				
	Basic PPO Plan			Comprehensive PPO Plan	
	PPO Network	*Premier Network*	*Out-of-Network*	*PPO Network*	*Premier Network*
Annual Deductible	$0 per person / $0 per family	$0 per person / $0 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)	$2,000	$1,500	$1,000	$2,500	$2,000
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 deduc	
Basic Services (Includes fillings, simple extractions, root canals, oral surgery, and denture reline/repair/rebase)	You pay 20% coinsurance	You pay 20% coinsurance	You pay 30% coinsurance	You pay 15% coinsurance	You pay 15% coinsurance
Major Services (Includes crowns, bridges, and dentures)	You pay 60% coinsurance	You pay 60% coinsurance	You pay 99% coinsurance	You pay 50% coinsurance	You pay 50% coinsurance
Orthodontic Services	Not covered. You pay 100%.	Not covered. You pay 100%.	Not covered. You pay 100%.	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

EPISCOPAL CHURCH MEDICAL TRUST

	Premium PPO Plan		
Out-of-Network	*PPO Network*	*Premier Network*	*Out-of-Network*
$100 per person / $300 per family	$0 per person / $0 per family	$0 per person / $0 per family	$50 per person / $150 per family
$1,500	$3,000	$2,500	$2,000
tible)	You pay $0 (not subject to annual deductible)		
You pay 25% coinsurance	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance
You pay 60% coinsurance	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance
You pay 60% coinsurance up to individual lifetime benefit limit of $1,000 after $100 lifetime deductible	You pay 50% coinsurance up to individual lifetime benefit limit of $2,000	You pay 50% coinsurance up to individual lifetime benefit limit of $2,000	You pay 60% coinsurance up to individual lifetime benefit limit of $1,500 after $50 lifetime deductible

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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.