



Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70		Anthem BCBS CDHP 15/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$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	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$1,400 per person \$2,800 per family (deductible is non-embedded)	\$2,800 per person \$5,600 per family (deductible is non-embedded)
Annual Out-of-Pocket Limit	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family	\$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	\$5,000 per person \$10,000 per family	\$10,000 per person \$20,000 per family	\$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)
<b>Preventive Care</b>										
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	40% coinsurance
<b>Physician Services</b>										
Office Visit	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	15% coinsurance	40% coinsurance
Diagnostic Services (outpatient)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	15% coinsurance	40% coinsurance
<b>Hospital Services</b>										
Inpatient Services (including inpatient maternity services)	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Outpatient Surgery	\$200 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	15% coinsurance	15% coinsurance
Ambulance Services	\$0 copay	\$0 copay	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	15% coinsurance	15% coinsurance

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Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70		Anthem BCBS CDHP 15/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>										
Outpatient Services	\$30 copay  Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay  Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay  Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay  Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance
Inpatient Services	\$250 copay  Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	10% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	20% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance  Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance
<b>Other Medical Services</b>										
Durable Medical Equipment	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Home Health Care	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% 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)	\$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)	15% coinsurance (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)
Skilled Nursing / Acute Rehabilitation Facility	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	15% coinsurance	15% coinsurance

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Plan	Cigna OAP PPO 100		Cigna OAP PPO 90		Cigna OAP PPO 80		Cigna OAP PPO 70		Cigna CDHP 15/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$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	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$1,400 per person \$2,800 per family (deductible is non-embedded)	\$2,800 per person \$5,600 per family (deductible is non-embedded)
Annual Out-of-Pocket Limit	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family	\$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	\$5,000 per person \$10,000 per family	\$10,000 per person \$20,000 per family	\$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)
<b>Preventive Care</b>										
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	40% coinsurance
<b>Physician Services</b>										
Office Visit	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	15% coinsurance	40% coinsurance
Diagnostic Services (outpatient)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	15% coinsurance	40% coinsurance
<b>Hospital Services</b>										
Inpatient Services (including inpatient maternity services)	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Outpatient Surgery	\$200 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	15% coinsurance	15% coinsurance
Ambulance Services	\$0 copay	\$0 copay	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	15% coinsurance	15% coinsurance

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Plan	Cigna OAP PPO 100		Cigna OAP PPO 90		Cigna OAP PPO 80		Cigna OAP PPO 70		Cigna CDHP 15/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>										
Outpatient Services	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	15% coinsurance	40% coinsurance
Inpatient Services	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
<b>Other Medical Services</b>										
Durable Medical Equipment	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Home Health Care	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% 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)	\$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)	15% coinsurance (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)
Skilled Nursing / Acute Rehabilitation Facility	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	15% coinsurance	15% coinsurance

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Plan	Kaiser EPO High	Kaiser EPO 80	Kaiser CDHP 20/HSA
	Network Only	Network Only	Network Only
Annual Medical Deductible	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$2,700 per person \$5,450 per family
Annual Out-of-Pocket Limit	\$1,750 per person \$3,500 per family	\$3,500 per person \$7,000 per family	\$4,200 per person \$8,450 per family
<b>Preventive Care</b>			
Preventive Services & Well-Child Care	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)
<b>Physician Services</b>			
Office Visit	\$25 copay	\$25 copay	20% coinsurance
Diagnostic Services (outpatient)	\$50 copay	20% coinsurance	20% coinsurance
Specialist Care	\$25 copay	\$35 copay	20% coinsurance
<b>Hospital Services</b>			
Inpatient Services (including inpatient maternity services)	\$100 per day copay to maximum of \$600	20% coinsurance	20% coinsurance
Outpatient Surgery	\$100 copay	20% coinsurance	20% coinsurance
Emergency Room Care	\$100 copay	20% coinsurance	20% coinsurance
Ambulance Services	\$0 copay	20% coinsurance	20% coinsurance

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Plan	Kaiser EPO High	Kaiser EPO 80	Kaiser CDHP 20/HSA
	Network Only	Network Only	Network Only
<b>Mental Health/Substance Abuse</b>			
Outpatient Services	\$25 copay per visit for individual visit; \$12 for group visit	\$25 copay per visit for individual visit; \$12 for group visit	20% coinsurance
Inpatient Services	\$100 per day copay to maximum of \$600	20% coinsurance	20% coinsurance
<b>Other Medical Services</b>			
Durable Medical Equipment	\$0 copay	20% coinsurance	20% coinsurance
Home Health Care	\$0 copay	\$0 copay	\$0 copay
Outpatient Therapy	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance
Skilled Nursing / Acute Rehabilitation Facility	\$0 copay	20% coinsurance	20% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	20% coinsurance

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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.