



Prescription Drug Benefits												
	Express Scripts						Kaiser Health Plans					
	Standard		Premium		CDHP-15/HSA	CDHP-20/HSA	CDHP-40/HSA	EPO High		CDHP-20/HSA	EPO 80	
	Retail	Home Delivery	Retail	Home Delivery	Retail and Home Delivery	Retail and Home Delivery	Retail and Home Delivery	Retail	Home Delivery	Retail and Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (in-network)	None	None	None	None	\$1,400 per person \$2,800 per family (combined with medical deductible) (non-embedded deductible)	\$2,800 per person \$5,450 per family (combined with medical deductible)	\$3,500 per person \$7,000 per family (combined with medical deductible)	None	None	\$2,800 per person \$5,450 per family (combined with medical deductible)	None	None
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	Up to a \$10 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply	You pay 15% after deductible	Up to a \$10 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply
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	Up to a \$25 copay	Up to a \$25 copay for a 30-day supply or \$50 for up to a 90-day supply	You pay 25% after deductible	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply
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	Not Applicable	Not Applicable	You pay 50% after deductible	Not Applicable	Not Applicable
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	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)	Up to a 30-day supply (retail) or 90-day supply (mail order)	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)	Up to a 30-day supply	Up to a 90-day supply

This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official Plan documents, the official Plan documents will govern.

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.