

| 2023 Prescription Drug Benefits | | | |
|--|----------------------------------|----------------------------------|---|
| | Express Scripts | | Express Scripts |
| | Standard | | CDHP-15/HSA |
| | Retail | Home Delivery | Retail and Home Delivery |
| Annual Prescription Deductible (in-network) | None | None | \$1,500 per person \$3,000 per family (combined w/ medical deductible)(non-embedded deductible) |
| Tier 1: Generic | Up to a \$10 copay | Up to a \$25 copay | You pay 15% after deductible |
| Tier 2: Preferred Brand Name | 25%; up to \$40 min / \$80 max | 25%; up to \$100 min / \$200 max | You pay 25% after deductible |
| Tier 3: Non-Preferred Brand Name | 40%; up to \$80 min / \$160 max | 40%; up to \$200 min / \$400 max | You pay 50% after deductible |
| Tier 4: Specialty Rx | 40%; up to \$100 min / \$200 max | 40%; up to \$250 min / \$500 max | You pay 50% after deductible |
| Dispensing Limits Per Copayment | 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) |

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.

| 2023 Prescription Drug Benefits | | | |
|--|----------------------------|---|--|
| | Kaiser Health Plans | | |
| | EPO High and EPO 80 | | CDHP-20/HSA |
| | Retail | Home Delivery | Retail and Home Delivery |
| Annual Prescription Deductible (in-network) | None | None | \$2,800 per person \$5,450 per family (combined with medical deductible) |
| Tier 1: Generic | Up to a \$5 copay | Up to a \$5 copay for a 30-day supply or \$10 for up to a 90-day supply | You pay 15% after deductible |
| Tier 2: Preferred Brand Name | Up to a \$30 copay | Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply | You pay 25% after deductible |
| Tier 3: Non-Preferred Brand Name | Up to a \$70 copay | Up to a \$70 copay for a 30-day supply or \$140 for up to a 90-day supply | You pay 50% after deductible |
| Tier 4: Specialty Rx | Up to a \$90 copay | Up to a \$90 copay for a 30-day supply or \$180 for up to a 90-day supply | You pay 50% after deductible |
| Dispensing Limits Per Copayment | 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) |

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 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