

| <b>2023 Vision Benefits</b>                               |  |  |
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|   | <b>EyeMed</b>                                    |  |
|   | <b>Network</b>                                   | <b>Out-of-Network</b>  |
| <b>Eye Examinations</b>                                   | \$0 copay  | Plan pays up to \$30 for ophthalmologists or optometrists  |
| <b>Lenses (eligible once every calendar year)</b>         | \$10 copay                                       | Plan pays up to:<br>\$32 for single vision<br>\$46 for bifocal<br>\$57 for trifocal  |
| <b>Lens Options</b>                                       |  |  |
| Standard progressive (add-on to bifocal)                  | Up to \$75 copay                                 | Plan pays up to \$46<br><br>You are responsible for the cost of any lens options that you elect from out-of-network providers, |
| UV Coating  | Up to \$15 copay                                 |  |
| 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                             |  |
| <b>Frames (eligible once every calendar year)</b>         | \$200 allowance, 20% off balance over \$200      | Plan pays up to \$47   |
| <b>Contact Lenses (eligible once every calendar year)</b> |  |  |
| Conventional  | \$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  |

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