# DIOCESE OF BETHLEHEM PLAN YEAR 2022

| Plan | Anthem BCBS BlueCard PPO 100 | | Anthem BCBS BlueCard PPO 90 | | Anthem BCBS CDHP 15/HSA | | Anthem BCBS CDHP 20/HSA | |
|---|---|---|---|---|---|---|---|---|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Annual Medical Deductible (CDHPs have a combined medical & RX 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 | $1,400 per person $2,800 per family (deductible is non-embedded) | $2,800 per person $5,600 per family (deductible is non-embedded) | $2,800 per person $5,450 per family (deductible is non-embedded) | $3,000 per person $6,000 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 | $2,400 per person $4,800 per family (out-of-pocket is non-embedded) | $4,800 per person $9,600 per family (out-of-pocket is non-embedded) | $4,200 per person $8,450 per family (out-of-pocket is non-embedded) | $7,000 per person $13,000 per family (out-of-pocket is non-embedded) |
| **Preventive Care** | | | | | | | | |
| Preventive Services & Well-Child | $0 copay | 50% coinsurance | $0 copay | 50% coinsurance | $0 copay | 40% coinsurance | $0 copay | 45% coinsurance |
| **Physician Services** | | | | | | | | |
| Office Visit | $30 copay | 50% coinsurance | $30 copay | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Diagnostic Services (outpatient) | $0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Specialist Care | $45 copay | 50% coinsurance | $45 copay | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| **Hospital Services** | | | | | | | | |
| Inpatient Services (including inpatient maternity services) | $250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Outpatient Surgery | $200 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Emergency Room Care | $250 copay | $250 copay | $250 copay | $250 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance |
| Ambulance Services | $0 copay | $0 copay | 10% coinsurance | 10% coinsurance | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance |
| **Behavioral Health** | | | | | | | | |
| Outpatient Services | $0 copay | 30% coinsurance | $30 copay | 30% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Inpatient Services | $250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| **Other Medical Services** | | | | | | | | |
| Durable Medical Equipment | $0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Home Health Care (210 visits per calendar year, combined network & out-of-network) | $0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Outpatient Therapy (60 visits per calendar year per each type of therapy, combined network & 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) | 15% coinsurance (includes speech, physical, and occupational) | 40% coinsurance (includes speech, physical, and occupational) | 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 & out-of-network | $0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance |
| Urgent Care Services | $50 copay | $50 copay | $50 copay | $50 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance |

| Prescription Drug Benefits | | | | |
|---|---|---|---|---|
| | Express Scripts | | | |
| | Standard | | CDHP-15/HSA | CDHP-20/HSA |
| | Retail | Home Delivery | Retail and Home Delivery | Retail and Home Delivery |
| **Annual Prescription Deductible (in-network)** | None | None | $1,400 per person<br>$2,800 per family<br>(combined with medical deductible)<br>(non-embedded deductible) | $2,800 per person<br>$5,450 per family<br>(combined with medical deductible)<br>(non-embedded deductible) |
| **Tier 1: Generic** | Up to a $10 copay | Up to a $25 copay | You pay 15% after deductible | You pay 15% after deductible |
| **Tier 2: Preferred Brand Name** | Up to a $40 copay | Up to a $100 copay | You pay 25% after deductible | You pay 25% after deductible |
| **Tier 3: Non-Preferred Brand Name** | Up to a $80 copay | Up to a $200 copay | You pay 50% after deductible | 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) | Up to a 30-day supply (retail) or 90-day supply (mail order) |

| Vision Benefits | | |
|---|---|---|
| This benefit is tied into the medical benefit and is not available independently. | 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:<br>$32 for single vision<br>$46 for bifocal<br>$57 for trifocal |
| **Lens Options** | | |
| Standard Progressive (add-on to bifocal) | Up to $75 copay | Play 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)** | $150 allowance, 20% off balance over $150 | Plan pays up to $47 |
| **Contact Lenses (eligible once every calendar year)** | | |
| Conventional | $150 allowance, 15% off balance over $150 | Plan pays up to $100 |
| Disposable | $150 allowance, then you pay balance over $150 | Plan pays up to $100 |

| Dental Benefits | Cigna Dental<br>Dental & Orthodontia PPO Plan | |
|---|---|---|
| | **DPPO Advantage** | **DPPO & Out-of-Network** |
| **Deductible** | $0 per person / $0 per family | $25 per person<br>$75 per family |
| **Annual Benefit Limit** | $2,000 | |
| **Preventive & Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)** | You pay $0<br>(not subject to annual deductible) | |
| **Basic Restorative Services (Includes fillings, root canal therapy, oral surgery, and denture adjustments & repairs)** | You pay 15% coinsurance | You pay 15% coinsurance after deductible |
| **Major Restorative Services (Includes crowns, dentures, and bridges)** | You pay 15% coinsurance | You pay 15% coinsurance after deductible |
| **Orthodontia Services** | You pay 50% coinsurance up to $1,500 individual lifetime benefit limit | You pay 50% coinsurance up to $1,500 individual lifetime benefit limit after deductible |

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.