

**DIOCESE OF BETHLEHEM PLAN YEAR 2023**

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	\$1,500 per person \$3,000 per family (deductible is non-embedded)	\$3000 per person \$6,000 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)
<b>Preventive Care</b>								
Preventive Services & Well-Child	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	40% coinsurance	\$0 copay	45% coinsurance
<b>Physician Services</b>								
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
<b>Hospital Services</b>								
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
<b>Behavioral Health</b>								
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
<b>Other Medical Services</b>								
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

**DIOCESE OF BETHLEHEM PLAN YEAR 2023, continued**

<b>Prescription Drug Benefits</b>						
<b>Pharmacy Benefits Administered by Express Scripts</b>						
	<b>Anthem BCBS PPO 100</b>		<b>Anthem BCBS PPO 90</b>		<b>CDHP-15/HSA</b>	<b>CDHP-20/HSA</b>
	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail and Home Delivery</b>	<b>Retail and Home Delivery</b>
<b>Annual Prescription Deductible (in-network)</b>	None	None	None	None	\$1,500 per person \$3,000 per family (combined with medical deductible) (non-embedded deductible)	\$2,800 per person \$5,450 per family (combined with medical deductible) (non-embedded deductible)
<b>Tier 1: Generic</b>	Up to a \$10 copay	Up to a \$25 copay	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible	You pay 15% after deductible
<b>Tier 2: Preferred Brand Name</b>	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	You pay 25% after deductible	You pay 25% after deductible
<b>Tier 3: Non-Preferred Brand Name</b>	40%; up to a \$80 min / \$160 max	40%; up to a \$200 min / \$400 max	40%; up to a \$80 min / \$160 max	40%; up to a \$200 min / \$400 max	You pay 50% after deductible	You pay 50% after deductible
<b>Tier 4: Specialty Rx</b>	40%; up to a \$100 min / \$200 max	40%; up to a \$250 min / \$500 max	40%; up to a \$100 min / \$200 max	40%; up to a \$250 min / \$500 max	You pay 50% after deductible	You pay 50% after deductible
<b>Dispensing Limits Per Copayment</b>	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)

<b>Vision Benefits - (Tied to all above plans)</b>		
This benefit is tied into the medical benefit and is not available independently.	<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: \$32 for single vision \$46 for bifocal \$57 for trifocal
<b>Lens Options</b>		
Standard Progressive (add-on to bifocal)	Up to \$75 copay	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

DIOCESE OF BETHLEHEM PLAN YEAR 2023, continued

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

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