

Episcopal Diocese of Iowa
2023 Episcopal Health Plan Summaries

Health Insurance - Anthem BCBS www.anthem.com							Medicare Secondary Payer (MSP) PPO 80 <small>for employees actively employed AND enrolled in Medicare Part A</small>	
	PPO 80		CDHP 20		CDHP 15			
Costs	Single	Family	Single	Family	Single	Family	Single	Family
Annual Medical Premium	\$10,392	\$23,904	\$8,556	\$19,680	\$9,732	\$22,380	\$8,304	\$19,104
Employer Health Savings Account (HSA) Contribution	--	--	\$1,836	\$4,224	\$660	\$1,524	--	--
Dental Premium	\$552	\$1,272	\$552	\$1,272	\$552	\$1,272	\$552	\$1,272
Total Annual Cost per Plan	\$10,944	\$25,176	\$10,944	\$25,176	\$10,944	\$25,176	\$8,856	\$20,376
Plan Summaries	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$2,800/person \$5,450/family	\$3,000/person \$6,000/family	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family <i>Deductible is non-embedded</i>	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family
Annual Out-of-Pocket Maximum	\$3,500/person \$7,000/family	\$7,000/person \$14,000/family	\$4,200/person \$8,450/family	\$7,000/person \$13,000/family	\$2,400/person \$4,800/family	\$4,800/person \$9,600/family <i>Out-of-pocket maximum is non-embedded</i>	\$3,500/person \$7,000/family	\$7,000/person \$14,000/family
			<i>Coinsurance applies after deductible is met</i>		<i>Coinsurance applies after deductible is met</i>			
Preventative Services & Well-Child Care	\$0 copay	50% coinsurance	\$0	45%	\$0	40%	\$0 copay	50% coinsurance
Physicians Services								
Office Visit	\$30 copay	50% coinsurance	20%	45%	15%	40%	\$30 copay	50% coinsurance
Diagnostic Services (outpatient)	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Specialist Care	\$45 copay	50% coinsurance	20%	45%	15%	40%	\$45 copay	50% coinsurance
Hospital Services								
Inpatient	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Outpatient surgery	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	20%	20%	15%	15%	\$250 copay	\$250 copay
Ambulance Service	20% coinsurance	20% coinsurance	20%	20%	15%	15%	20% coinsurance	20% coinsurance
Other Medical Services								
Durable Medical Equipment	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Home Health Care	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Outpatient Therapy	\$30 copay PCP	50% coinsurance	20%	45%	15%	40%	\$30 copay PCP	50% coinsurance
Specialist Outpatient Therapy	\$45 copay specialist	50% coinsurance	20%	45%	15%	40%	\$45 copay specialist	50% coinsurance
Skilled Nursing/Rehab Facility	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	20%	20%	15%	15%	\$50 copay	\$50 copay
Mental Health/Substance Abuse	Benefits through ANTHEM BCBS		Benefits through ANTHEM BCBS		Benefits through ANTHEM BCBS		Benefits through ANTHEM BCBS	
Outpatient	\$30 copay	30% coinsurance	20%	45%	15%	40%	\$30 copay	30% coinsurance
Inpatient	20% coinsurance	50% coinsurance	20%	45%	15%	40%	20% coinsurance	50% coinsurance

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Prescription Drugs - Express Scripts www.express-scripts.com	Medicare Secondary Payer (MSP) PPO 80 <small>for employees actively employed AND enrolled in Medicare Part A</small>					
	PPO 80		CDHP 20		CDHP 15	
	<u>Retail</u> <i>up to 30 day supply</i>	<u>Mail Order</u> <i>up to 90 day supply</i>	<u>Retail</u> <i>up to 30 day supply</i>	<u>Mail Order</u> <i>up to 90 day supply</i>	<u>Retail</u> <i>up to 30 day supply</i>	<u>Mail Order</u> <i>up to 90 day supply</i>
Deductible	None	None	<i>combined with medical deductible</i>		<i>combined with medical deductible non-embedded deductible</i>	
Tier 1: Generic	up to a \$10 copay	up to a \$25 copay	15% after deductible		15% after deductible	
Tier 2: Preferred Brand Name	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	25% after deductible		25% after deductible	
Tier 3: Non-Preferred Brand Name	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max	50% after deductible		50% after deductible	
Tier 4: Speciality	40%; up to \$100 min / \$200 max	40% up to \$250 min / \$500 max	50% after deductible		50% after deductible	

Vision - EyeMed Insight Plan www.eyemedvisioncare.com/ecmt	All Plans	
	<u>Network</u>	<u>Out-of-Network</u>
Eye Exams Eye Exam with dilation	\$0 copay	plan pays up to \$30
Frames	\$200 Allowance; 20% off balance over \$200	plan pays up to \$47
Lenses Single Vision Bifocal Trifocal Standard Progressive (add-on to bifocal)	\$10 copay \$10 copay \$10 copay up to \$75 copay	plan pays up to \$32 plan pays up to \$46 plan pays up to \$57 plan pays up to \$46
Lens Options: Standard Polycarbonate UV coating, tint, standard scratch resistance Standard Anti-reflective coating Other Add-Ons & Services	\$0 copay up to \$15 copay each up to \$45 copay 20% off retail	plan pays up to \$28 N/A N/A N/A
Contact Lens Standard Fit & Follow-up	plan pays up to \$40	N/A
Contact Lenses: Conventional Disposable	\$200 allowance; 15% off balance \$200 allowance	Plan pays up to \$100 Plan pays up to \$100
Frequency	One exam and glasses or contacts every calendar year	

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Employee Assistance Program (EAP) - Cigna Behavioral Health			
www.mycigna.com	All Plans		
<ul style="list-style-type: none"> ● Services available for your entire household ● Phone & website support access 24/7 ● Immediate help during a crisis 	<ul style="list-style-type: none"> ● In-person counseling--up to 10 sessions at \$0 ● Local resources for providers & support groups ● Free legal, financial & work/family consultations 	<ul style="list-style-type: none"> ● Healthy Rewards® Member Discount Program--discounts on nutrition, weight loss & tobacco cessation programs; and acupuncture, chiropractic & massage treatments 	

Health Advocate			
www.healthadvocate.com/ecmt	All Plans		
<ul style="list-style-type: none"> ● Help with choosing a health plan ● Finding qualified providers in your area 	<ul style="list-style-type: none"> ● Resolving insurance claim or billing issues ● Finding elder-care services 	<ul style="list-style-type: none"> ● Expediting appointments ● Negotiating billing/payment arrangements 	

Hearing Aids - Amplifon Discount Program			
www.amplifonusa.com	All Plans		
<ul style="list-style-type: none"> ● Discounts for hearing aids and supplies 	<ul style="list-style-type: none"> ● Discounts available for extended family members 		

United Healthcare Global Assistance - Travel Assistance			
https://members.uhcglobal.com	All Plans		
<ul style="list-style-type: none"> ● Available 24/7 for critical assistance when traveling 100 or more miles from home ● Assists obtaining medical treatment 	<ul style="list-style-type: none"> ● Assists providing insurance and medical information ● Assists replacing prescriptions, medical devices, corrective lenses & lost or stolen travel documents 	<ul style="list-style-type: none"> ● Assists with emergency travel arrangements & fund ● Does not cover medical costs (submit covered costs to BCBS) 	

Dental - Cigna Dental		<i>Optional buy-up</i> Dental & Orthodontia Plan		
www.mycigna.com	Basic Dental Plan			
Annual Dental Premium	<u>Single</u> \$600	<u>Family</u> \$1,680	<u>Single</u> \$816	<u>Family</u> \$2,280
Plan Summaries	<u>DPPO Advantage Network</u>	<u>DPPO & Non-Network</u>	<u>DPPO Advantage Network</u>	<u>DPPO & Non-Network</u>
Deductible	\$0	\$50 single/\$150 family	\$0	\$25 single/\$75 family
Annual Benefit Maximum	\$2,000	2000	\$2,000	2000
Preventative & Diagnostic services	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Basic Restorative services	You pay 15%	You pay 15% (after deductible)	You pay 15%	You pay 15% (after deductible)
Major Restorative services	You pay 50%	You pay 50% (after deductible)	You pay 15%	Yo pay 15% (after deductible)
Orthodontia	N/A	N/A	You pay 50%; up to individual lifetime benefit limit of \$1,500	You pay 50% (after deductible); up to individual lifetime benefit limit of \$1,500