

2024 Medical Trust Health Plans

Anthem Blue Cross Blue Shield

	PPO 80 & PPO 80 MSP <i>(Medicare Secondary Payer)</i>		CDHP 15 with Employer HSA contribution		CDHP 20 with Employer HSA contribution	
	Single	Family	Single	Family	Single	Family
Costs						
Active Insurance Premium-Annual	\$11,016	\$25,332	\$10,320	\$23,736	\$9,156	\$21,060
Employer HSA Contribution-Annual			\$696	\$1,596	\$1,860	\$4,272
MSP Insurance Premium-Annual	\$8,808	\$20,256				
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible (CDHPs have a combined medical & Rx deductible)	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$1,600 per person \$3,200 per family (deductible is non-embedded)	\$3,200 per person \$6,400 per family (deductible is non-embedded)	\$3,200 per person \$5,450 per family	\$3,200 per person \$6,000 per family
Annual Out-of-Pocket Limit	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$2,400 per person \$4,800 per family (out-of-pocket limit is non-embedded)	\$4,800 per person \$9,600 per family (out-of-pocket limit is non-embedded)	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family
Preventive Care						
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance plus any balance billing	\$0 copay	40% coinsurance plus any balance billing	\$0 copay	45% coinsurance plus any balance billing
Physician Services						
Office Visit	\$30 copay	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Diagnostic Services (outpatient) (non-routine)	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Specialist Care	\$45 copay	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Hospital Services						
Inpatient Services (including inpatient maternity services)	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Outpatient Surgery	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Emergency Room Care	\$250 copay	Covered at in-network benefit level	15% coinsurance	Covered at in-network benefit level	20% coinsurance	Covered at in-network
Ambulance Services	20% coinsurance	Covered at in-network benefit level for emergency transport	15% coinsurance	Covered at in-network benefit level for emergency transport	20% coinsurance	Covered at in-network benefit level for emergency transport
Behavioral Health						
Outpatient Services	\$30 copay	30% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Inpatient Services	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Other Medical Services						
Durable Medical Equipment	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing

Medical Trust Health Plans *(continued)*

	Anthem Blue Cross Blue Shield					
	PPO 80		CDHP 15 with Employer HSA contribution		CDHP 20 with Employer HSA contribution	
	Single	Family	Single	Family	Single	Family
Home Health Care (210 visits per calendar year, combined network and out-of-network)	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Outpatient Therapy (Physical, Occupational and Speech Therapy) (60 visits per calendar year per each type of therapy, combined network and out-of-network)	\$30 copay PCP \$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance plus any balance billing (includes speech, physical, and occupational)	15% coinsurance (includes speech, physical, and occupational)	40% coinsurance plus any balance billing (includes speech, physical, and occupational)	20% coinsurance (includes speech, physical, and occupational)	45% coinsurance plus any balance billing (includes speech, physical, and occupational)
Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined)	20% coinsurance	50% coinsurance plus any balance billing	15% coinsurance	40% coinsurance plus any balance billing	20% coinsurance	45% coinsurance plus any balance billing
Urgent Care Services	\$50 copay	\$50 copay plus any balance billing	15% coinsurance	15% coinsurance plus any balance billing	20% coinsurance	20% coinsurance plus any balance billing

Prescription Drug Benefits

(Included in Medical Plan)

	Express Scripts					
	PPO 80		CDHP 15 with Employer HSA contribution		CDHP 20 with Employer HSA contribution	
	Retail	Home Delivery	Retail and Home Delivery		Retail and Home Delivery	
Annual Prescription Deductible (in-network)	None	None	\$1,600 per person \$3,200 per family (combined with medical deductible) (non-embedded)		\$3,200 per person \$5,450 per family (combined with medical 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	
Tier 4: Specialty Rx	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	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)		Up to a 30-day supply (retail) or 90-day supply (mail)	

Vision Benefits

(Included in Medical Plan)

EyeMed		
	Network	Out-of-Network Member Reimbursement
Exam Services (eligible once every calendar year)		
Exam	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists
Retinal Imaging	Up to \$39	Not covered
Lenses (eligible once every calendar year)		
Plan pays up to:		
Single vision	\$10 copay	Up to \$32
Bifocal	\$10 copay	Up to \$46
Trifocal	\$10 copay	Up to \$57
Progressive-Standard	\$75 copay	Up to \$46
Progressive-Premium Tiers 1-3	\$95-\$120 copay	Up to \$46
Lens Options		
Standard progressive (add-on to bifocal)	Up to \$75 copay	Plan 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	
Frames (eligible once every calendar year)		
Frame	\$200 allowance, 20% off balance over \$200	Plan pays up to \$63
Contact Lenses (eligible once every calendar year)		
Conventional	\$200 allowance, 15% off balance over \$200	Plan pays up to \$133
Disposable	\$200 allowance, then you pay balance over \$200	Plan pays up to \$210

Additional Benefits *(included in Medical Plan)*

Employee Assistance Program

The EAP offers an array of services designed to assist you with work, life, and family issues. EAP services are free, confidential, and available 24/.Services include:

- In-person counseling (up to 10 sessions per issue with \$0 Copayment)
- Immediate help during a crisis
- Local resources in your community on a wide range of topics, including elder- and child-care providers, support groups, and so much more
- Tips and guidance to help balance work with family life, including a free legal or financial consultation

Pastoral Support Network (PSN) offers counseling and support services with a particular sensitivity to the unique issues priests and their families may experience. If there's an issue with which you'd like assistance, you can talk with a PSN counselor over the phone or get a referral for a counseling professional in your area. The PSN is part of your EAP benefit and is completely confidential. Neither your congregation/employer nor the Episcopal Church Medical Trust will be notified when you use the services.

The EAP and PSN is offered at no cost and is available to all the family members in your household. To access the Cigna EAP services, register on the EAP website at mycigna.com and use the employer ID "Episcopal" or call 866-395-7794.

Additional Benefits *(continued)*

<p>Health Advocate</p>	<p>Health Advocate is like having your own healthcare navigator at no cost to you! Health Advocate offers help when you have questions about your medical care—from finding a doctor and scheduling an appointment to understanding treatment options for a medical condition to understanding your benefits or resolving a claim.</p> <p>Call as often as you need and speak toll-free with a health advocate about your healthcare options. Your information is confidential. Your employer does not receive and does not have access to any of your confidential information. You will be asked to complete and submit forms to protect your privacy.</p> <p>To access Health Advocate, visit healthadvocate.com/ecmt or call 866-695-8622, Monday to Friday, 8:00 AM to 7:00 PM ET.</p>
<p>UHC Global Travel Medical Assistance</p>	<p>This travel assistance program can help you with travel needs you encounter while you are outside the United States or 100 or more miles away from home.</p> <p>The program includes these features:</p> <ul style="list-style-type: none"> ▪ Assistance in obtaining medical treatment—whether you need a local referral for treatment or evacuation due to a medical emergency, UnitedHealthcare Global Assistance staff will help make the arrangements ▪ Assistance with providing insurance information and medical records for treatment ▪ Assistance with replacement of prescriptions, medical devices, and corrective lenses ▪ Assistance procuring emergency travel arrangements and replacement of lost or stolen travel documents ▪ Emergency fund transfers ▪ Destination profiles, which include health and security risks for more than 170 countries <p>IMPORTANT NOTE: UnitedHealthcare Global Assistance is not travel insurance. It does not cover your medical or other costs while you are traveling. If you incur costs, and depending on where you travel, you may be required to pay for your healthcare services. UnitedHealthcare Global Assistance’s role is solely to arrange for care and other services.</p> <p>If you have an emergency medical event while traveling, contact your health plan carrier using the number on your member ID card.</p> <p>For more information about UnitedHealthcare Global Assistance services, please visit members.uhcglobal.com or call 800-527-0218.</p>
<p>Hinge Health</p>	<p>Through the Hinge Health Digital Musculoskeletal (MSK) Clinic, participants have access to personalized MSK care programs depending on their specific MSK needs.</p> <ul style="list-style-type: none"> ▪ Prevention – Program designed to increase education with regard to key strengthening and stretching activities around healthy habits. The Prevention program is software-based and offered through the Hinge Health app. ▪ Chronic – Program designed to address long-term back and joint pain. It includes personalized app-guided exercise therapy sessions, one-on-one access to a personalized health coach, personalized education content, and behavioral health support. Participants in the chronic program may also be offered access to virtual sessions with a licensed physical therapist and/or the non-invasive ENSO High Frequency Impulse Therapy™ pain management device and service, as appropriate, for symptomatic relief. ▪ Acute – Program designed to address recent injuries. It includes live virtual sessions with a dedicated licensed physical therapist along with software-guided rehabilitation and education. ▪ Surgery – Program designed to address pre/post-surgery rehab for the most common MSK Surgeries. It includes personalized app-guided exercise therapy sessions, 1:1 access to a personalized health coach and physical therapist, personalized education content, and behavioral health support. ▪ Expert Medical Opinion – Service offering second opinions for elective MSK procedures. <p>To get started with Hinge Health, visit hingehealth.com/ecmt to enroll. If you have any questions regarding Hinge Health, email help@hingehealth.com or call 855-902-2777.</p>

Dental Benefits

Dental Benefits	Delta Dental					
	Premium PPO Plan			Comprehensive PPO Plan		
	Single			Family		
Insurance Premium-Annual	\$552			\$1,272		
	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network
Annual Deductible	\$0 per person / \$0 per family			\$50 per person / \$150 per family		
Annual Benefit Maximum (Plan maximums cross-accumulate between the PPO Network, Premier Network, and out-of-network dentists)	\$3,000	\$2,500	\$2,000	\$2,500	\$2,000	\$1,500
Diagnostic and Preventive Services (e.g., exams, cleanings, x-rays, sealants and space maintainers)	You pay \$0 (not subject to annual deductible)			You pay \$0 (not subject to annual deductible) plus any balance billing		
Basic Services (Includes fillings, simple extractions, root canals, oral surgery, and denture reline/repair/rebase)	You pay 15% coinsurance			You pay 25% coinsurance plus any balance billing		
Major Services (Includes crowns, bridges, dentures and implants)	You pay 15% coinsurance			You pay 25% coinsurance plus any balance billing		
Orthodontic Services (Adults and dependent children)	You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000			You pay 60% coinsurance up to individual lifetime benefit limit of \$1,500 after \$50 lifetime deductible, plus any balance billing		
				You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500		
				You pay 60% coinsurance up to individual lifetime benefit limit of \$1,000 after \$100 lifetime deductible plus any balance billing		