| 2024 Medical Trust Heath Plan | Anthem BCBS BlueCard PPO 90 |  | $\begin{aligned} & \text { Cigna oap } \\ & \hline \text { Pro } 90 \end{aligned}$ |  | $\begin{aligned} & \text { Anthem BCBS } \\ & \text { BlueCard PPO } 80 \end{aligned}$ |  | $\begin{aligned} & \text { Cigna oAP } \\ & \hline \text { Pro so } \end{aligned}$ |  | Anthem BCBS CDHP 20/HSA |  | CignaCDHP 20/HSA |  | Anthem BCBS CDHP 15/HSA |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Annual Deductible <br> (CDHPs have a combined <br> medical \& Rx deductible) | $$ | $\|$Out-of:Network <br> s1,000 per ersorn <br> s2,00 per family | $$ |  | $$ | Out-of-Network <br> s2, oteo persorn <br> s4,000 per family | $$ |  | $\mid c$Network <br> $\$ 3,200$ per person <br> $\$ 5,450$ per family |  | $\begin{array}{\|c\|} \hline \text { Network } \\ \hline \$ 3,200 \text { per person } \\ \$ 5,450 \text { per family } \\ \hline \end{array}$ | $\begin{aligned} & \text { Out-of-Network } \\ & \begin{array}{l} 53,2,200 \text { per eprsonn } \\ \$ 6,000 \text { per family } \end{array} \end{aligned}$ |  |  |  |  |
| Annual Outorfococket Limit | $\begin{aligned} & \$ 2,500 \text { per person } \\ & \$ 5,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 5,000 \text { per person } \\ & \$ 10,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 2,500 \text { per person } \\ & \$ 5,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 5,000 \text { per person } \\ & \$ 10,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 3,500 \text { per person } \\ & \$ 7,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 7,000 \text { per person } \\ & \$ 14,000 \text { per family } \end{aligned}$ |  | $\begin{aligned} & \$ 7,000 \text { per person } \\ & \$ 14,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 4,200 \text { per person } \\ & \$ 8,450 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 7,000 \text { per person } \\ & \$ 13,000 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 4,200 \text { per person } \\ & \$ 8,450 \text { per family } \end{aligned}$ | $\begin{aligned} & \$ 7,000 \text { per person } \\ & \$ 13,000 \text { per family } \end{aligned}$ | $\$ 2,400$ per person $\$ 4,800$ per family (out-of-pocket limit is non-embedded) |  | $\$ 2,400$ per person $\$ 4,800$ per family (out-of-pocket limit is non-embedded) |  |
| Preventive Care <br> Preventive Services \& Well-Child Care | so copay | 50\% coinsurance plus any balance billing | so copay | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | so copay | $50 \%$ coinsurance plus any balance billing | ${ }^{\text {so copay }}$ | $50 \%$ coinsurance plus any balance billing | so copay | 45\% coinsurance plus any balance billing | so copay | 45\% coinsurance plus any balance billing | so copay | 40\% coinsurance plus any balance billing | So copay | 40\% coinsurance plus any balance billing |
| $\begin{aligned} & \text { Physician Sevicess } \\ & \hline \text { Office Vist } \end{aligned}$ | ${ }^{\text {s30 copay }}$ |  | \$30 copay |  | ${ }^{\text {s30 copay }}$ | ${ }^{\text {and }}$ (5a\% coinsurance plus | ${ }^{530}$ copay | $50 \%$ coinsurance plus any balance billing | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $45 \%$ coinsurance plus any balance billing | 15\% coinsurance | 40\% coinsurance plus any balance billing | 15\% coinsurance | ${ }^{40 \% \text { coinsurace plus }}$ any balance biling |
| $\begin{array}{l}\text { Diagnostic Services (outpatient) } \\ \text { (non-routine) }\end{array}$ | 10\% cainsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 10\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & \text { 45\% coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| Specilisis Care | \$45 copay | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | ${ }^{\text {S45 copay }}$ | 50\% cainsurance | \$45 copay | $50 \%$ coinsurance plus any balance billing | ${ }^{\text {S45 copay }}$ | 50\% coinsurance | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | 45\% coinsurance plus any balance billing | 15\% cainsurance | 40\% coinsurance plus any balance billing | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| spital Services <br> inpatient Services (including inpatient maternity services) | 10\% cainsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 10\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| Outpaient Surgery | 10\% cainsurance | $\begin{array}{l\|l} 50 \% \text { coinsurance plus } \\ \text { any balance billing } \end{array}$ | 10\% coinsurance | $\begin{aligned} & \text { 50\%\% coinsurance pis } \\ & \text { any balance biling } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & \text { 50\% coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & \text { 50\% coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% cainsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & \text { anov coinsurace plus } \\ & \text { any balance biling } \end{aligned}$ |
| Emergency Room Care | \$250 copay | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level } \end{aligned}$ | S250 copay | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level } \end{aligned}$ | \$250 copay | Covered at in-network benefit level | S250 copay | Covered at in-network benefit level | 20\% coinsurance | Covered at in-network benefit level | 20\% coinsurance | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level } \end{aligned}$ | 15\% cainsurance | Covered at in-network benefit level | 15\% coinsurance | ${ }^{\text {cosen }}$ covera a atini-nelwork |
| Ambulance Services | 10\% cainsurance | Covered at in-network benefit level for emergency transport | 10\% coinsurance | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level for } \\ & \text { emergency transport } \end{aligned}$ | 20\% coinsurance | Covered at in-network benefit level for emergency transport | 20\% coinsurance | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level for } \\ & \text { emergency transport } \end{aligned}$ | 20\% coinsurance | Covered at in-network benefit level for emergency transport | 20\% coinsurance | $\begin{aligned} & \text { Covered at in-network } \\ & \text { benefit level for } \\ & \text { emergency transport } \end{aligned}$ | 15\% cainsurance | Covered at in-network benefit level for emergency transport | 15\% coinsurance | Covered at in-network benefit level for emergency transport |
| Behavioral Health <br> Outpatient Services | ${ }^{\text {S30 copay }}$ | $\begin{aligned} & 30 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | ${ }^{530}$ copay | $\begin{aligned} & 30 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | ${ }^{830}$ copay | $\begin{aligned} & 30 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | ${ }^{530}$ copay | $30 \%$ coinsurance plus any balance billing | 20\% coinsurance | $\begin{aligned} & \text { 45\% coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| Inpaient Serices | 10\% cainsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 10\% coinsurance | $\begin{aligned} & \text { 50\%\% coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 0\% coinsuranc | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| Other Medical Services <br> Durable Medical Equipment | 10\% cainsurance | $50 \%$ coinsurance plus any balance billing | 10\% coinsurance | $50 \%$ coinsurance plus <br> any balance billing | 20\% coinsurace | $50 \%$ coinsurance plus any balance billing | 20\% coinsurance | $50 \%$ coinsurance plus any balance billing | 20\% coinsurance |  | \% coinsurance | $45 \%$ coinsurance plus any balance billing | 15\% coinsurance | ${ }^{40 \% \text { coinsurane plus }}$ any balance biling | 15\% coinsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ |
| Home Health Care <br> (210 visits per calendar year, combined network and out-of-network) | ${ }^{10 \% \text { coinsurance }}$ | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 10\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 45 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% cainsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & \begin{array}{l} 40 \% \text { coinsurance plus } \\ \text { any balance biling } \end{array} \end{aligned}$ |
|  |  |  | S30 copay PCP/\$45 copas specials (inald physes speech, occial and occupational |  |  |  |  |  | 20\% coinsurance (includes speech, physical, and occupational) |  | 20\% coinsurance (includes speech, physical, and occupational) |  | $15 \%$ coinsurance (includes speech, physical, and occupational) |  |  |  |
|  | 10\% coinsurance | $\begin{aligned} & \text { So\% coinsurance plus } \\ & \text { any baanace biling } \end{aligned}$ | 10\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ | oinsurance | $\begin{aligned} & \text { 50\%\% coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 50 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 20\% coinsurance | $\left\|\begin{array}{l} 45 \% \text { an coinsuracee plus } \\ \text { any balance biling } \end{array}\right\|$ | \% coinsurance | $\left\lvert\, \begin{array}{\|l\|l\|} \hline 45 \% \text { coinsurance plus } \\ \text { any baiance biling } \end{array}\right.$ | 15\% cainsurance | $\begin{aligned} & 40 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | \% coinsurance | $\begin{aligned} & \text { 40\%\% coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ |
| Urgent Care Serices | ${ }^{\text {s50 copay }}$ | $\begin{aligned} & \$ 50 \text { copay plus any } \\ & \text { balance billing } \end{aligned}$ | S50 copay | $\begin{aligned} & \$ 50 \text { copay plus any } \\ & \text { balance billing } \end{aligned}$ | ${ }^{\text {S50 copay }}$ | $\begin{aligned} & \$ 50 \text { copay plus any } \\ & \text { balance billing } \end{aligned}$ | ${ }^{\text {S50 copay }}$ | $\begin{aligned} & \$ 50 \text { copay plus any } \\ & \text { balance billing } \end{aligned}$ | 20\% coinsurance | $\begin{aligned} & 20 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | coinsurance | $\begin{aligned} & 20 \% \text { coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & 15 \% \text { coinsurance plus } \\ & \text { any balance billing } \end{aligned}$ | 15\% coinsurance | $\begin{aligned} & \text { 15\%\% coinsurance plus } \\ & \text { any balance biling } \end{aligned}$ |

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|  | Anthem BCBSBlueCard PPO 90 |  | Cigna oAPPpo 90 |  | Anthem BCBS BlueCard PPO 80 |  | $\begin{gathered} \text { Cigna oAP } \\ \text { PPo } 80 \\ \hline \end{gathered}$ |  | Anthem BCBSCDHP 20/HSA |  | $\begin{gathered} \text { Cigna } \\ \text { CDHP 20/HSA } \end{gathered}$ |  | Anthem BCBSCDHP 15/HSA |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Vision Benefits Administered by Eyemed |  | Vision Benefits Administered by Eyemed |  | Vision Benefitis Administered by Eyemed |  | Vision Benefits Administered by EyeMed |  | Vision Benefitis Administerect by Eyemed |  | Network $\quad$ Out-of-Network |  | Vision Benefits Administered by EyeMed |  | Vision Benefitis Administered by Eyemed |  |
| Vision Benefits | N0 copay |  | So oopay |  | ${ }_{\text {So }}$ Nopay ${ }^{\text {Network }}$ |  | So oopay |  | Socopay |  |  | $\|$Out-of-Network <br> Plan pays <br> fop to <br> Oophthalmologists or <br> optometrists | Socopay |  | $$ |  |
| Lenses (eligible once every calendar year) | s10 copay | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{110}$ copay | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{\text {siocopay }}$ | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{\text {s10 copay }}$ | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{\text {s10 copay }}$ | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{\text {s10 copay }}$ | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal | ${ }^{\text {s10 copay }}$ | Plan pays up to: $\$ 32$ for single vision $\$ 46$ for bifocal $\$ 57$ for trifocal | ${ }^{\text {s10 copay }}$ | Plan pays up to: <br> $\$ 32$ for single vision <br> $\$ 46$ for bifocal <br> $\$ 57$ for trifocal |
| Lens options |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Standard progressive (add-on to <br> bifocal) | Up to S77 copay | Plan pays up to 446 | Up to 8 77 copay | Plan pays up to 846 | Up to 875 copay | Plan pays up tos46 | Up to 9775 copay | Plan pays up tos46 | pp tos75 copay | Plan pays up to s46 | Up to 775 copay | Plan pays up to 546 | Up to $\mathrm{S7} 7$ copay | Plan pays up tos 46 | up to 8575 copay | Plan pays up to s46 |
| uv coating | Up to S15 copay |  | to 115 copay |  | Pto 115 copay |  | tos 15 copay |  | jp tos 15 copay |  | Pto 115 copay |  | Up tos 15 copay |  | Up tos 15 copay |  |
| Tint (solid and gradient) | Up tos 15 copay |  | Up tos S15 copay |  | Up to 115 copay |  | Up tos 15 copay |  | Up to S 15 copay |  | Up to 1515 copay |  | Up tos 15 copay |  | Up tos 15 copay |  |
| Standard Scratch Resistance | Up to \$15 copay |  | Up tos S15 copay |  | Up to S 115 copay |  | Up to S 15 copay |  | Up to St15 copay |  | Up tos 115 copay |  | Up tos S15 copay |  | Up tos 15 copay |  |
| Standard Polyeatonate | so copay |  | socopay |  | So copay |  | So copay |  | Socopay |  | So copay |  | so copay |  | So copay |  |
| Standard Ant-Reflective Coaing | Up to 845 copay |  | Up tos 845 copay |  | Up to S44 copay |  | Up to 445 copay |  | Up tos 45 copay |  | Up to S 45 copay $^{\text {a }}$ |  | Up to \$45 copay |  | Up tos 45 copay |  |
| Disposable | 20\% off retal price |  | $20 \%$ off reail price |  | 20\% off retail price |  | 20\% off retail price |  | 20\% off retail price |  | 20\% off retail price |  | 20\% off retail price |  | $20 \%$ off retail price |  |
| Frames (eligible once every calendar year) | $\begin{aligned} & \$ 200 \text { allowance, } 20 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up to 547 | $\begin{aligned} & \$ 200 \text { allowance, } 20 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up to 547 | $\begin{aligned} & \$ 200 \text { allowance, } 20 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Pan pays up to S $^{\text {a }}$ |  | Pan pays up to 847 |  | Plan pays up to ${ }^{\text {S } 47}$ |  | Pan pays up to 847 | $\begin{aligned} & \$ 200 \text { allowance, } 20 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Paa pays up to 547 |  | Pan pays up to 547 |
| Contact Lenses (eligible once every c <br>  <br> Conventional | $\begin{aligned} & \text { calendar year) } \\ & \hline \begin{array}{l} \text { \$200 allowance, 15\% } \\ \text { off balance } \\ \text { over } \$ 200 \end{array} \end{aligned}$ | Plan pays up to sioo | $\begin{aligned} & \$ 200 \text { allowance, } 15 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up to sion | $\begin{aligned} & \$ 200 \text { allowance, } 15 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up tos100 | $\begin{aligned} & \$ 200 \text { allowance, } 15 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up to 100 | $\begin{aligned} & \$ 200 \text { allowance, } 15 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | Plan pays up to 8100 | $\begin{aligned} & \text { \$200 allowance, } 15 \% \\ & \text { off balance } \\ & \text { over \$200 } \end{aligned}$ | Plan pays up to S100 | $\$ 200$ allowance, $15 \%$ off balance over $\$ 200$ | Pan pays up to S100 | $\begin{aligned} & \$ 200 \text { allowance, } 15 \% \\ & \text { off balance } \\ & \text { over } \$ 200 \end{aligned}$ | an pays up to S 100 |
| Disposable | $\begin{aligned} & \$ 200 \text { allance over } \\ & \text { you pay balance, } \\ & \$ 200 \end{aligned}$ | Plan pays up to s 100 | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to s100 | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to 100 | $\begin{aligned} & \$ 200 \text { allowance, uen } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to sioo | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to sioo | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up tos 100 | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to s100 | $\begin{aligned} & \$ 200 \text { allowance, then } \\ & \text { you pay balance over } \\ & \$ 200 \end{aligned}$ | Plan pays up to si00 |


| 0619 - Diocese of Newark | Dental Benefits |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Delta Dental |  |  |  |  |  |  |  |  |
|  | Premium PPO Plan |  |  | Comprehensive PPO Plan |  |  | Basic PPO Plan |  |  |
|  | PPO Network | Premier Network | Out-of-Network | PPO Network | Premier Network | Out-of-Network | PPO Network | Premier Network | Out-of-Network |
| Annual Deductible | \$0 per person / $\$ 0$ per family | \$0 per person / $\$ 0$ per family | $\$ 50$ per person / $\$ 150$ per family | \$0 per person/ <br> \$0 per family | $\begin{aligned} & \$ 0 \text { per person / } \\ & \$ 0 \text { per family } \end{aligned}$ | $\$ 100$ per person / $\$ 300$ per family | $\$ 0$ per person/ $\$ 0$ per family | \$0 per person/ $\$ 0$ per family | \$0 per person / $\$ 0$ per family |
|  |  |  |  |  |  |  |  |  |  |
| Annual Benefit Maximum (Plan maximums cross-accumulate between the PPO Network, Premier Network, and out-ofnetwork dentists) | \$3,000 | \$2,500 | \$2,000 | \$2,500 | \$2,000 | \$1,500 | \$2,000 | \$1,500 | \$1,000 |
| 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 | You pay \$0 (not subject to annual deductible) |  | You pay $\$ 0$ (not subject to annual deductible) plus any balance billing | 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 | $\begin{aligned} & \text { You pay 15\% } \\ & \text { coinsurance } \end{aligned}$ | You pay 25\% coinsurance plus any balance billing | You pay 15\% coinsurance | $\begin{aligned} & \text { You pay 15\% } \\ & \text { coinsurance } \end{aligned}$ | You pay 25\% coinsurance plus any balance billing | You pay 20\% coinsurance | You pay 20\% coinsurance | You pay 30\% coinsurance plus any balance billing |
| Major Services (Includes crowns, bridges, and dentures) | You pay 15\% coinsurance | You pay 15\% coinsurance | You pay 25\% coinsurance plus any balance billing | You pay 50\% coinsurance | $\begin{aligned} & \text { You pay 50\% } \\ & \text { coinsurance } \end{aligned}$ | You pay 60\% coinsurance plus any balance billing | You pay 60\% coinsurance | You pay 60\% coinsurance | You pay 99\% coinsurance plus any balance billing |
| Orthodontic Services | You pay 50\% coinsurance up to individual lifetime benefit limit of $\$ 2,000$ | 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 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 | Not covered. You pay 100\%. | Not covered. You pay 100\%. | Not covered. You pay $100 \%$. |

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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.

