

MSP/SEE rates listed on P. 6-7 of Standards & Plan Offerings PDF.

Plan	Anthem BCBS PPO 75/50		Anthem BCBS EPO 80	Anthem BCBS CDHP 20/HSA	
Cost	Employee only: \$8,604	Family coverage: \$19,788	Employee only: \$9,120	Family coverage: \$20,976	Employee only: 5,988 (premium) 2,700 (HSA fund) \$8,688 Family coverage: 13,776 (premium) 5,450 (HSA fund) \$19,226
	Network	Out-of-Network	Network Only	Network	Out-of-Network
Annual Medical Deductible	\$900 per person \$1,800 per family	\$1,800 per person \$3,600 per family	\$350 per person \$700 per family	\$2,700 per person \$5,450 per family (deductible includes medical & prescripts)	\$3,000 per person \$6,000 per family (deductible includes medical & prescripts)
Annual Out-of-Pocket Maximum	\$4,100 per person \$8,200 per family	\$8,200 per person \$16,400 per family	\$2,350 per person \$4,700 per family	\$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 (both PCP and specialist)	50% coinsurance	\$0 copay	\$0 copay	You pay 45%
Physician Services					
Office Visit	\$35 copay	50% coinsurance	\$25 copay	20% coinsurance	You pay 45%
Diagnostic Services	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$25 copay	20% coinsurance	You pay 45%
Hospital Services					
Inpatient Services (including inpatient maternity services)	Copay of \$100 per day not to exceed \$600, then 25% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	You pay 45%
Outpatient Surgery	25% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	You pay 45%
Emergency Room Care	\$100 copay	\$100 copay	\$100 copay	20% coinsurance	20% coinsurance
Ambulance Services	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	You pay 45%
Mental Health/Substance Abuse					
Outpatient Services	\$20 copay	30% coinsurance	Network - \$20 copay Out-of-Network - 30% coinsurance	20% coinsurance	You pay 45%
	Services provided through Cigna Behavioral Health not Anthem				
Inpatient Services	Covered at 100% after \$100 per day copay/ \$600 maximum	30% coinsurance	Network - 20% coinsurance Out-of-Network - 30% coinsurance	20% coinsurance	You pay 45%
	Services provided through Cigna Behavioral Health not Anthem				
Other Medical Services					
Durable Medical Equipment	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Home Health Care	25% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	You pay 45%
Outpatient Therapy	\$35 copay (PCP) \$45 copay (specialist) (includes hearing/speech, physical, occupational) (60 visits/year per type)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 45% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	25% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	You pay 45%
Urgent Care Services	25% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	You pay 45%

This chart is a general description and is provided for informational purposes only. It should not be viewed as a

<p>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.</p> <p>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.</p>	
<p>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.</p> <p>All benefits under the Plans are subject to applicable laws, regulations and policies.</p> <p>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.</p>	
<p>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.</p>	