EPISCOPAL CHURCH MEDICAL TRUST

2026 Medical Trust Health Plan 0015 - Diocese of Alabama	Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70		Anthem BCBS CDHP 20/HSA	
	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	$3,500 per person $7,000 per family	$7,000 per person $14,000 per family	$3,400 per person $6,800 per family	$3,400 per person $6,800 per family
Annual Out-of-Pocket Limit	$3,500 per person $7,000 per family	$7,000 per person $14,000 per family	$5,000 per person $10,000 per family	$10,000 per person $20,000 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	50% coinsurance	$0 copay	50% coinsurance	$0 copay	45% coinsurance
Physician Services						
Office Visit	$30 copay	50% coinsurance	$30 copay	50% coinsurance	20% coinsurance	45% coinsurance
Diagnostic Services (outpatient)	20% coinsurance	50% coinsurance (Deductible does not apply)	30% coinsurance	50% coinsurance (Deductible does not apply)	20% coinsurance	45% coinsurance
Specialist Care	$45 copay	50% coinsurance	$45 copay	50% coinsurance	20% coinsurance	45% coinsurance
Hospital Services						
Inpatient Services (including inpatient maternity services)	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Surgery	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Emergency Room Care	$250 copay	$250 copay	$250 copay	$250 copay	20% coinsurance	20% coinsurance
Ambulance Services	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance
Behavioral Health						
Outpatient Services	$30 copay	30% coinsurance	$30 copay	30% coinsurance	20% coinsurance	45% coinsurance
Inpatient Services	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Other Medical Services						
Durable Medical Equipment	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance

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Home Health Care (210 visits per calendar year, combined network and out-of-network)	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient 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 (includes speech, physical, and occupational)	$30 copay PCP/$45 copay specialist (includes speech, physical, and occupational)	50% 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 and out-of-network)	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Urgent Care Services	$50 copay	$50 copay	$50 copay	$50 copay	20% coinsurance	45% coinsurance

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	Pharmacy Benefits Administered by Express Scripts		Pharmacy Benefits Administered by Express Scripts		Pharmacy Benefits Administered by Express Scripts	
Prescription Drug Benefits	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (in-network)	None	None	None	None	$3,300 per person $6,600 per family (combined with medical deductible)	$3,300 per person $6,600 per family (combined with medical deductible)
Tier 1: Generic	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
Tier 2: Preferred Brand Name	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
Tier 3: Non-Preferred Brand Name	40%; up to $80 min / $160 max	40%; up to $200 min / $400 max	40%; up to $80 min / $160 max	40%; up to $200 min / $400 max	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	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	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)

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	Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed		Vision Benefits Administered by EyeMed	
Vision Benefits	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Eye Examinations	$0 copay	Plan pays up to $30 for ophthalmologists or optometrists	$0 copay	Plan pays up to $30 for ophthalmologists or optometrists	$0 copay	Plan pays up to $30 for ophthalmologists or optometrists
Lenses (eligible once every calendar year)	$10 copay	Plan pays up to: $32 for single vision $46 for bifocal $57 for trifocal	$10 copay	Plan pays up to: $32 for single vision $46 for bifocal $57 for trifocal	$10 copay	Plan pays up to: $32 for single vision $46 for bifocal $57 for trifocal
Lens Options						
Standard progressive (add-on to bifocal)	Up to $75 copay	Plan pays up to $46	Up to $75 copay	Plan pays up to $46	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,	Up to $15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers,	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		Up to $15 copay		Up to $15 copay	
Standard Scratch Resistance	Up to $15 copay		Up to $15 copay		Up to $15 copay	
Standard Polycarbonate	$0 copay		$0 copay		$0 copay	
Standard Anti-Reflective Coating	Up to $45 copay		Up to $45 copay		Up to $45 copay	
Disposable	20% off retail price		20% off retail price		20% off retail price	
Frames (eligible once every calendar year)	$200 allowance, 20% off balance over $200	Plan pays up to $47	$200 allowance, 20% off balance over $200	Plan pays up to $47	$200 allowance, 20% off balance over $200	Plan pays up to $47
Contact Lenses (eligible once every calendar year)						
Conventional	$200 allowance, 15% off balance over $200	Plan pays up to $133	$200 allowance, 15% off balance over $200	Plan pays up to $133	$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 $133	$200 allowance, then you pay balance over $200	Plan pays up to $133	$200 allowance, then you pay balance over $200	Plan pays up to $133

Vision Benefits

	EyeMed	
	Network	Out-of-Network
Eye Examinations	$0 copay	Plan pays up to $30 for ophthalmologists or optometrists
Lenses (eligible once every calendar year)	$10 copay	Plan pays up to: $32 for single vision $46 for bifocal $57 for trifocal
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	
Disposable	20% off retail price	
Frames (eligible once every calendar year)	$200 allowance, 20% off balance over $200	Plan pays up to $47
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 $133

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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.