

| 2025 Medical Trust Health Plan 1018 - Disease of West Missouri | Anthem BCBS BlueCard PPO 100 | | Anthem BCBS BlueCard PPO 90 | | Anthem BCBS BlueCard PPO 80 | | Anthem BCBS CDHP 16/HSA | | Anthem BCBS CDHP 20/HSA | | Oigna OAP PPO 100 | | Oigna OAP PPO 90 | | Oigna OAP PPO 80 | | Oigna CDHP 16/HSA | | Oigna CDHP 20/HSA | | |
|---|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|---|---|--|--|--|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | |
| | Annual Deductible (CDHPs have a combined medical & Rx deductible) | \$0 per person \$0 per family | \$500 per person \$1,000 per family | \$500 per person \$1,000 per family | \$1,000 per person \$2,000 per family | \$1,000 per person \$2,000 per family | \$2,000 per person \$4,000 per family | \$1,650 per person \$3,300 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family | \$3,300 per person \$6,600 per family | \$0 per person \$0 per family | \$500 per person \$1,000 per family | \$500 per person \$1,000 per family | \$1,000 per person \$2,000 per family | \$1,000 per person \$2,000 per family | \$2,000 per person \$4,000 per family | \$1,650 per person \$3,300 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family (deductible is non- embedded) | \$3,300 per person \$6,600 per family | \$3,300 per person \$6,600 per family |
| Annual Out-of-Pocket Limit | \$2,200 per person \$4,000 per family | \$4,000 per person \$8,000 per family | \$2,200 per person \$5,000 per family | \$5,000 per person \$10,000 per family | \$3,500 per person \$7,000 per family | \$7,000 per person \$14,000 per family | \$2,400 per person \$4,800 per family (but of-pocket limit is non- embedded) | \$4,800 per person \$9,600 per family (but of-pocket limit is non- embedded) | \$4,200 per person \$8,450 per family | \$7,000 per person \$13,000 per family | \$2,000 per person \$4,000 per family | \$4,000 per person \$8,000 per family | \$2,500 per person \$5,000 per family | \$5,000 per person \$10,000 per family | \$3,500 per person \$7,000 per family | \$7,000 per person \$14,000 per family | \$2,400 per person \$4,800 per family (but of-pocket limit is non- embedded) | \$4,800 per person \$9,600 per family (but 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 | \$0 copay | 50% coinsurance | \$0 copay | 50% coinsurance | \$0 copay | 40% coinsurance | \$0 copay | 45% coinsurance | \$0 copay | 50% coinsurance | \$0 copay | 50% coinsurance | \$0 copay | 50% coinsurance | \$0 copay | 40% coinsurance | \$0 copay | 45% coinsurance | |
| Physician Services | | | | | | | | | | | | | | | | | | | | | |
| Office Visit | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 40% coinsurance | \$30 copay | 45% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 40% coinsurance | \$30 copay | 45% coinsurance | |
| Hospital Services | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Services (including inpatient maternity services) | \$250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Outpatient Surgery | \$200 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$200 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Emergency Room Care | \$250 copay | \$250 copay | \$250 copay | \$250 copay | \$250 copay | \$250 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | \$250 copay | \$250 copay | \$250 copay | \$250 copay | \$250 copay | \$250 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | |
| Ambulance Services | \$0 copay | \$0 copay | 10% coinsurance | 10% coinsurance | 20% coinsurance | 20% coinsurance | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | \$0 copay | \$0 copay | 10% coinsurance | 10% coinsurance | 20% coinsurance | 20% coinsurance | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | |
| Dental Health | | | | | | | | | | | | | | | | | | | | | |
| Dentist Services | \$0 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$0 copay | 50% coinsurance | \$30 copay | 50% coinsurance | \$30 copay | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Implant Services | \$250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$250 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Other Medical Services | | | | | | | | | | | | | | | | | | | | | |
| Durable Medical Equipment | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Home Health Care (10 visits per calendar year, combined network and out-of-network) | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Outpatient Therapy (80 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) | \$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational) | 50% coinsurance (includes speech, physical, and occupational) | 15% coinsurance (includes speech, physical, and occupational) | 40% coinsurance (includes speech, physical, and occupational) | 20% coinsurance (includes speech, physical, and occupational) | 45% coinsurance (includes speech, physical, and occupational) | \$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) | \$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational) | 50% coinsurance (includes speech, physical, and occupational) | 15% coinsurance (includes speech, physical, and occupational) | 40% 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 (80 days per calendar year, combined network and out-of-network) | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | \$0 copay | 50% coinsurance | 10% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 15% coinsurance | 40% coinsurance | 20% coinsurance | 45% coinsurance | |
| Urgent Care Services | \$50 copay | \$50 copay | \$50 copay | \$50 copay | \$50 copay | \$50 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | \$50 copay | \$50 copay | \$50 copay | \$50 copay | \$50 copay | \$50 copay | 15% coinsurance | 15% coinsurance | 20% coinsurance | 20% coinsurance | |

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|---|---|-----------------------|---|-----------------------|---|-----------------------|---|---|--|--|---|-----------------------|---|-----------------------|---|-----------------------|---|---|--|--|
| | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | Pharmacy Benefits Administered by Express Scripts | | 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 | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery | Retail | Home Delivery |
| Annual Prescription Deductible (In-network) | None | None | None | None | None | None | \$1,650 per person \$3,300 per family (combined with medical deductible) (non-embedded deductible) | \$1,650 per person \$3,300 per family (combined with medical deductible) (non-embedded deductible) | \$3,300 per person \$6,600 per family (combined with medical deductible) | \$3,300 per person \$6,600 per family (combined with medical deductible) | None | None | None | None | None | None | \$1,650 per person \$3,300 per family (combined with medical deductible) (non-embedded deductible) | \$1,650 per person \$3,300 per family (combined with medical deductible) (non-embedded deductible) | \$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 \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | Up to a \$5 copay | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible | You pay 15% after deductible |
| Tier 2: Preferred Brand Name | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | Up to a \$35 copay | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible |
| Tier 3: Non-Preferred Brand Name | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | Up to a \$70 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Tier 4: Specialty Rx | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | Up to a \$90 copay | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Dispensing Limits Per Copayment | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or | Up to a 30-day supply (retail) or |

| 1013 - Diocese of West Missouri | Delta Dental | | | | | | | | |
|--|--|---------------------------------|---------------------------------|--|--|--|--|--|---|
| | Basic PPO Plan | | | Comprehensive PPO Plan | | | Premium PPO Plan | | |
| | <i>PPO Network</i> | <i>Premier Network</i> | <i>Out-of-Network</i> | <i>PPO Network</i> | <i>Premier Network</i> | <i>Out-of-Network</i> | <i>PPO Network</i> | <i>Premier Network</i> | <i>Out-of-Network</i> |
| Annual Deductible | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$100 per person / \$300 per family | \$0 per person / \$0 per family | \$0 per person / \$0 per family | \$50 per person / \$150 per family |
| Annual Benefit Maximum <i>(Maximum cross applies across networks)</i> | \$2,000 | \$1,500 | \$1,000 | \$2,500 | \$2,000 | \$1,500 | \$3,000 | \$2,500 | \$2,000 |
| Diagnostic and Preventive Services <i>(e.g., exams, cleanings, x-rays, sealants and space maintainers)</i> | You pay \$0 (not subject to annual deductible) | | | You pay \$0 (not subject to annual deductible) | | | You pay \$0 (not subject to annual deductible) | | |
| Basic Services <i>(Includes fillings, simple extractions, root canals, oral surgery, and denture reline/repair/rebase)</i> | You pay 20% coinsurance | You pay 20% coinsurance | You pay 30% coinsurance | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance |
| Major Services <i>(Includes crowns, bridges, and dentures)</i> | You pay 60% coinsurance | You pay 60% coinsurance | You pay 99% coinsurance | You pay 50% coinsurance | You pay 50% coinsurance | You pay 60% coinsurance | You pay 15% coinsurance | You pay 15% coinsurance | You pay 25% coinsurance |
| Orthodontic Services | Not covered. You pay 100%. | Not covered. You pay 100%. | Not covered. You pay 100%. | 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 | 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 |

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