

OFFICE OF HUMAN RESOURCES AND BENEFITS

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TEL. 410-309-3400 | 800-492-2525

Memorandum

To: Pastors, Finance Chairs, S/PPRC Chairs, and Treasurers

From: Francess Tagoe, Director of Human Resources & Benefits

Date: July 11, 2022

Re: **2023 Pension Information and HealthFlex Premiums**

As you begin to prepare your budgets for the 2023 fiscal year, the following information for pension and health benefits may be helpful to calculate the pastor's benefits. If you have any questions, please call the benefits office at 410-309-3430.

Clergy Retirement Security Plan (CRSP) and Comprehensive Protection Plan (CPP) is based on a percentage of "plan compensation" (plan compensation is the "cash salary1" plus "other compensation items paid by the church on behalf of the Pastor2" plus either the housing allowance or 25% of cash salary for living in the parsonage). ³ United Methodist Personal Investment Plan (UMPIP) is an optional plan (personal savings). ⁴ Calculation/Billing for these pension plans is as follows:

CRSP - Defined Contribution (DC) 3% of Plan Compensation

CRSP - Defined Benefit (DB) 11% of Plan Compensation--limited by the Denominational

Average Compensation (DAC) 2023 = \$76,221

CPP (death & disability benefit) 3% of Plan Compensation – Fulltime Members limited by

2xDAC=\$152,442. Part Time Local Pastors – Not eliqible

UMLifeOptions 3% of Plan Compensation--Death & disability benefits for Full

Members appointed to 50% or 25%

UMPIP (personal savings - optional) Clergy MUST contribute at least 1% of Plan Compensation to

be eligible for the CRSP match.

¹ Cash Salary = Cash salary plus these optional items: Self Employment Tax payments, Other Cash Compensation (bonuses or gifts), Equitable Compensation support (Unified Funding Task Force), Compensation Support from the Conference.

² Other Compensation items paid by the Church on behalf of the Pastor = Optional benefits such as: Before-tax or after-tax United Methodist Personal Investment Plan (UMPIP), Flexible Spending accounts (Medical Reimbursement or Dependent Care), Pastor's portion of Health Insurance Premium and other medical contribution.

³ UMPIP is an optional benefit, and we strongly encourage Pastors to participate.

⁴ Funding for CRSP (DC/DB) CPP/UMLife Option is the responsibility of the Church.

BALTIMORE-WASHINGTON CONFERENCE

2023 HEALTHFLEX EXCHANGE RATE SHEET FOR CLERGY

			MEDICAL PLAN	N TYPE		
		BWC DEFAULT PLAN				
Health Account with Medical Plan Type	B1000	C2000 with HRA	C3000 with HRA	H1500 with HSA	H2000 with HSA	H3000 with HSA
DEDUCTIBLES	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$1500/\$3000	\$2000/\$4000	\$3000/\$6000
Co-Pays and Co-Insurance	(Co-Pays)	Co-Ins 80%/20%	Co-Ins 50%/50%	Co-Ins 80%/20%	Co-Ins 70%/30%	Co-Ins 40%/60%
Health Reimbursement Account (HRA)	Not applicable	\$1000/\$2000	\$250/\$500	Not applicable	Not applicable	Not applicable
Health Savings Account (HSA)	Not applicable	Not applicable	Not applicable	\$750/\$1500	\$500/\$1000	\$0/\$0
FLEXIBLE SPENDING ACOUNTS: optional - payroll deduction		1.	3200			
- Medical Reimbursement Account (MRA)	\$300 - \$2850	\$300 - \$2850	\$300 - \$2850	\$300 - \$2850	\$300 - \$2850	\$300 - \$2850
- Dependent Care Account (DCA)	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
HEALTH SAVINGS ACCOUNT (HSA) - payroll deduction	Not applicable	Not applicable	Not applicable	\$3,650/\$7,300	\$3,650/\$7,300	\$3,650/\$7,300
	Participant Monthly	Participant Monthly	Participant Monthly	Participant Monthly	Participant Monthly	Participant Month
TIER TYPE	Premium	Premium	Premium	Premium	Premium	Premium
Clergy Participant Only	\$123.00	\$93.00	\$25.00	\$88.00	\$56.00	\$16.00
Clergy Participant + 1	\$395.00	\$340.00	\$191.00	\$327.00	\$258.00	\$66.00
Clergy Participant/Family (3 or more)	\$559.00	\$476.00	\$368.00	\$463.00	\$369.00	\$100.00
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED prem	ium - default plan only				
Clergy Participant + Child/Children		\$246.00				
Clergy Couples with Child/Children in the default plan - contact Benefits office		\$246.00 + \$93.00				
Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or P			in the <u>DEFAULT plan.</u> If I be enrolled in the new t		endent coverage and the	n have to re-enroll a
	ependent, of it you switch					

CIGNA DENTAL (a subsidized benefits) - optional	Dental Passive 2000	Dental PPO	Dental HMO	
Participant Participant	\$25.00	\$16.00	\$8.00	
Participant +1	\$49.00	\$32.00	\$15.00	
Participant + Family	\$74.00	\$49.00	\$26.00	
VISION PI	ANS - 2023 RATES	:		
VSP VISION - optional	Premier Vision	Full Vision	Exam Core	
		1		
MONTH AND TO A CONTROL OF CONTROL	\$14.16	\$7.96	\$0.00	
Participant Participant +1	\$14.16 \$22.94	\$7.96 \$12.86	\$0.00	

<u>Acronyms</u>

CDHP - Consumer Driven Health Plan HDHP - High Deductible Health Plan

HRA - Health Reimbursement Accounts

MRA - Medical Reimbursement Account

DCA - Dependent Care Account

HSA Health Savings Account