



# Baltimore-Washington Conference

The United Methodist Church

OFFICE OF HUMAN RESOURCES AND BENEFITS

WWW.BWCUMC.ORG

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

## Memorandum

**To:** Pastors, Finance Chairs, S/PPRC Chairs, and Treasurers  
**From:** Francess Tagoe, Director, Human Resources & Benefits  
**Date:** July 1, 2019  
**Re:** **2020 Pension Information and HealthFlex Premiums**

As you prepare for the annual church conference, this information is to help you calculate the pastor’s benefits for the 2020 fiscal year. The Pension formula for the year 2020 remains the same. The Denominational Average Compensation (DAC) for 2020 is **\$72,648**. Due to the increase in the DAC you will notice an increase in the CRSP-DB calculation for clergy whose total compensation is over the DAC.

**Clergy Retirement Security Plan (CRSP) and Comprehensive Protection Plan (CPP)** is based on a percentage of “plan compensation” (plan compensation is the “cash salary<sup>1</sup>” plus “other compensation items paid by the church on behalf of the Pastor<sup>2</sup>” plus either the housing allowance or 25% of cash salary for living in the parsonage). <sup>3</sup> **United Methodist Personal Investment Plan (UMPIP)** is an optional plan (personal savings). <sup>4</sup> Calculation/Billing for these pension plans is as follows:

CRSP - Defined Contribution (DC)	3% of Plan Compensation
CRSP - Defined Benefit (DB)	12% of Plan Compensation-- <b>limited by the Denominational Average Compensation (DAC) \$72,648 for 2020</b>
CPP (death & disability benefit)	Fulltime Members - 3% of Plan Compensation – <b>limited by 2xDAC=\$145,296</b> <i>Part Time Local Pastors – Not eligible</i>
UMLifeOptions	Death & disability benefits for Full Members appointed to 50% or 25% - 3% of Plan Compensation
UMPIP (personal savings - optional)	Clergy MUST contribute at least 1% of Plan Compensation to be eligible for the CRSP match.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> UMPIP is an optional benefit and we strongly encourage Pastor’s to participate.

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

**BALTIMORE-WASHINGTON CONFERENCE  
2020 HEALTHFLEX EXCHANGE RATE SHEET FOR CLERGY**

THESE ARE MEDICAL PLAN TYPE RATES ONLY. RATES DOES NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES						
	MEDICAL PLAN 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 ACCOUNTS: <i>optional - payroll deduction</i>						
- Medical Reimbursement Account (MRA)	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700
- Dependent Care Account (DCA)	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
HEALTH SAVINGS ACCOUNT (HSA) - <i>payroll deduction</i>	Not applicable	Not applicable	Not applicable	\$3,550/\$7,100	\$3,550/\$7,100	\$3,550/\$7,100
TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Clergy Participant Only	\$113.00	\$83.00	\$15.00	\$81.00	\$49.00	\$11.00
Clergy Participant + 1 (1+1=2)	\$385.00	\$330.00	\$181.00	\$317.00	\$251.00	\$59.00
Clergy Participant/Family (3 or more)	\$549.00	\$466.00	\$358.00	\$453.00	\$359.00	\$90.00
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only					
Clergy Participant + Child/Children		\$236.00				
Clergy Couples with Child/Children in the default plan - contact Benefits office		\$236.00 + \$83.00				
Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were grandfathered in the DEFAULT plan. If you terminate your dependent coverage and then have to re-enroll a dependent, or if you switch to another plan you will be enrolled in the new tier type.						
Church Rate per eligible Clergy for All Plans	\$860	\$860	\$860	\$860	\$860	\$860
DENTAL PLANS - 2020 RATES						
DENTAL (CIGNA DENTAL) - optional	Participant	Participant +1	Participant + Family			
Dental Passive 2000	\$20.00	\$45.00	\$63.00			
Dental PPO	\$11.00	\$25.00	\$35.00			
Dental HMO	\$7.00	\$15.00	\$21.00			
VISION PLANS - 2020 RATES						
VISION (VSP) - optional	Participant	Participant +1	Participant + Family			
Premier Vision	\$14.38	\$23.32	\$37.02			
Full Vision	\$5.62	\$9.06	\$14.32			
Exam Core	\$0.00	\$0.00	\$0.00			
DENTAL AND VISION BENEFITS ARE OPTIONAL. IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM						

Acronyms
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