

LOCAL CHURCH LAY EMPLOYEE BENEFITS

MEDICAL PLAN (HEALTHFLEX EXCHANGE)

HealthFlex Exchange is available to all Local Church Lay Employees working 30 hours or more per week.

- Local Church **must** “sponsor” by completing a Salary Paying Unit Sub Adoption Agreement and can require anywhere from 0 to 100% of the premium be paid by the employee.
- To determine if you have an Agreement on file, contact the BWC Benefits Office at (410) 309-3430.
- Plan benefits are the same as the active clergy plans.
- Plan Comparison documents can be found on the BWC website.
<http://www.bwcumc.org/administration/benefits/health-insurance/>

HealthFlex Exchange includes: -

Medical Plans – Administered by United Healthcare (a UHC ID card will be mailed to participant – www.uhc.com) (see Lay Employee rate sheet)

Prescription Drugs – Administered by OptumRx (no separate card - information can be found on the back of your UHC ID Card).

Flexible Spending Accounts and/or Health Savings Account

Dental “Optional” – Administered by Cigna Dental (No ID card – **PLAN ID 2464058** – www.Cignadental.com) – premiums - see rate sheet

Vision “Optional” – Administered by Vision Service Plan (No ID card – visit a VSP provider – www.VSP.com). – premiums - see rate sheet

Virgin Pulse, EAP, United Behavioral Health, MDLive Telemedicine

HealthFlex Enrollment/Change Form - is to be used for first time enrollees and be used for any type of change, such as termination of participant from the Plan and adding and deleting dependents of participants.

***Please note:** An employee contribution toward the cost of HealthFlex is at the sole discretion of the Local Church.

PENSION

In the 2016 Book of Discipline, ¶258.12 states that the PPRC/SPRC shall recommend 100% vested pension benefits of at least 3% of compensation for lay employees who work at least 1040 hours per year; please read the entire paragraph for more information.

- The United Methodist Personal Investment Plan (UMPIP) is available to local churches for this purpose. Please contact Wespath Benefits and Investments directly at 1-800-851-2201 for information about UMPIP.
- Local churches can utilize other options.

Church administrator can contact the BWC Benefits Office for more information benefitsoffice@bwcumc.org

BALTIMORE-WASHINGTON CONFERENCE
2020 HEALTHFLEX EXCHANGE RATE SHEET **FOR CHURCH LAY EMPLOYEES**

THESE ARE MEDICAL PLAN TYPE RATES ONLY. RATES DOES NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES						
Health Account with Medical Plan Type DEDUCTIBLES Co-Pays and Co-Insurance Health Reimbursement Account (HRA) Health Savings Account (HSA) FLEXIBLE SPENDING ACCOUNTS: <i>optional - payroll deduction</i> - Medical Reimbursement Account (MRA) - Dependent Care Account (DCA) HEALTH SAVINGS ACCOUNT (HSA) - <i>payroll deduction</i>	MEDICAL PLAN TYPE					
		BWC DEFAULT PLAN				
	B1000	C2000 with HRA	C3000 with HRA	H1500 with HSA	H2000 with HSA	H3000 with HSA
	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$1500/\$3000	\$2000/\$4000	\$3000/\$6000
	(Co-Pays)	Co-Ins 80%/20%	Co-Ins 50%/50%	Co-Ins 80%/20%	Co-Ins 70%/30%	Co-Ins 40%/60%
	Not applicable	\$1000/\$2000	\$250/\$500	Not applicable	Not applicable	Not applicable
	Not applicable	Not applicable	Not applicable	\$750/\$1500	\$500/\$1000	\$0/\$0
	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700
	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
	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
Lay Participant Only	\$973	\$943	\$875	\$941	\$909	\$871
Lay Participant + 1 (1+1=2)	\$1,245	\$1,190	\$1,041	\$1,177	\$1,111	\$919
Lay Participant/Family (3 or more)	\$1,409	\$1,326	\$1,218	\$1,313	\$1,219	\$950
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only					
Lay Participant + Child/Children	\$1,096.00					
Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were <u>grandfathered</u> in the <u>DEFAULT</u> 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.						
DENTAL PLANS - 2020 RATES				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		
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

CHURCH LAY EMPLOYEES: - Churches contribution and Lay employee's contribution towards the total premium is at the discretion/policy of each individual church or salary paying unit.