

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 an agreement (“Salary Paying Unit” Sub Adoption Agreement) and can require anywhere from 0 to 100% 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 plan.

HealthFlex Exchange includes: -

Medical Plans – Administered by United Health Care (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 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 1st 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 email the BWC Benefits Office for more information at benefitsoffice@bwcumc.org

BALTIMORE-WASHINGTON CONFERENCE
2021 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						
	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 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750
- 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	\$3,600/\$7,200	\$3,600/\$7,200	\$3,600/\$7,200
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		\$1,126.00				
Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were <u>grandfathered</u> in the <u>DEFAULT plan</u> . 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 - 2021 RATES						
DENTAL (CIGNA DENTAL) - <i>optional</i>	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 - 2021 RATES						
VISION (VSP) - <i>optional</i>	Participant	Participant +1	Participant + Family			
Premier Vision	\$14.16	\$22.94	\$36.38			
Full Vision	\$8.08	\$13.06	\$20.64			
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		

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.