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 <u>must</u> "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 - six (6) plan options – Administered by UnitedHealthcare (a UHC ID card will be mailed to participant – 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** - see Lay Employee rate sheet)

Vision "Optional" – Administered by Vision Service Plan (No ID card – see Lay Employee 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.
- Employers in Maryland with an automatic payroll system are required to establish a payroll deposit retirement savings arrangement for employees through a state-run trust. This means that employers that use an automated payroll system must offer a retirement plan, such as UMPIP or sign their employees up for MarylandSaves.

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

BALTIMORE-WASHINGTON CONFERENCE

2023 HEALTHFLEX EXCHANGE RATE SHEET FOR CHURCH LAY EMPLOYEES

THESE ARE MEDICAL PLAN TYPE RATES ONLY. RATES DOES N	OT INCLUDE DENTAL AI	ND/OR V SION. SEE BE	LOW FOR DENTAL ANI	VISION RATES	1	1
		BWC DE AULT PLAN				1
	PPO	HRA PLANS		HSA PLANS		
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						
- Medical Reimbursement Account (MRA)	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050
- 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	\$3850/\$7750	\$3850/\$7750	\$3850/\$7750
	Participant Monthly	Participant Monthly	Participant Monthly	Participant Monthly	Participant Monthly	Participant Monthly
TIER TYPE	Premium	Premium	Premium	Premium	Premium	Premium
Lay Participant Only	\$1,013.00	\$983.00	\$915.00	\$978.00	\$946.00	\$906.00
Lay Participant + 1	\$1,285.00	\$1,230.00	\$1,081.00	\$1,217.00	\$1,148.00	\$956.00
Lay Participant/Family (3 or more)	\$1,449.00	\$1,366.00	\$1,258.00	\$1,353.00	\$1,259.00	\$990.00
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED prem	ium - default plan only				
Lay Participant + Child/Children		\$1,136.00				

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.

DENTAL PLANS - 2023 RATES							
CIGNA DENTAL (a subsidized benefits) - optional	Dental HMO	Dental PPO	Dental Passive 2000				
Participant	\$8.00	\$16.00	\$25.00				
Participant +1	\$15.00	\$32.00	\$49.00				
Participant + Family	\$26.00	\$49.00	\$74.00				
VISION PI	ANS - 2023 RATES	5					
VSP VISION - optional	Exam Core	Full Vision	Premier Vision				
Participant	\$0.00	\$7.96	\$14.16				
Participant +1	\$0.00	\$12.86	\$22.94				
Participant + Family	\$0.00	\$20.34	\$36.38				

<u>Acronyms</u>

HRA - Health Reimbursement Accounts MRA - Medical Reimbursement Account

DCA - Dependent Care Account

HSA Health Savings Account