

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.
- Benefits summaries can be found on the BWC website <http://www.bwcumc.org/administration/benefits/health-insurance/>

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 the front 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 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 contact the BWC Benefits Office for more information benefitoffice@bwcumc.org

**BALTIMORE-WASHINGTON CONFERENCE
2019 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-HRA	C3000-HRA	H1500-HSA	H2000-HSA	H3000-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
FLEXIBLE SPENDING ACCOUNTS: optional - payroll deduction						
- Medical Reimbursement Account (MRA)	\$300 - \$2650	\$300 - \$2650	\$300 - \$2650	\$300 - \$2650	\$300 - \$2650	\$300 - \$2650
- 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	\$3,450/\$6,900	\$3,450/\$6,900	\$3,450/\$6,900
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				

HealthFlex participants with a Participant/Child or Participant/Children coverage are grandfathered in the DEFAULT plan ONLY. If you terminate your dependent coverage and have to re-enroll, or switch to another plan you will be enrolled in the new tier type.

DENTAL PLANS - 2019 RATES			
DENTAL (CIGNA DENTAL) - optional	Participant	Participant +1	Participant + Family
Traditional Dental - Dental Passive 2000	\$20.00	\$45.00	\$63.00
Dental PPO	\$11.00	\$25.00	\$35.00
Dental Passive PPO 1000	\$7.00	\$15.00	\$21.00
VISION PLANS - 2019 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 (included in medical premium)	\$0.00	\$0.00	\$0.00
<small>DENTAL AND VISION BENEFITS ARE OPTIONAL RATES WILL BE ADDED TO THE MEDICAL RATE FOR PARTICIPANT TOTAL MONTHLY PREMIUMS</small>			

Acronyms
DC - Defined Contribution
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.