### 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 Benefits** – Administered by United Health Care (a UHC ID card will be mailed to participant – <a href="https://www.uhc.com">www.uhc.com</a>)

**Prescription Drugs** – Administered by OPTUMRx (NO SEPARATE CARD - information can be found on the front of your UHC ID Card).

## Virgin Pulse, EAP, United Behavioral Health MDLive Telemedicine, 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 – <a href="https://www.VSP.com">www.VSP.com</a>). – premiums - see rate sheet

**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 benefitsoffice@bwcumc.org

# BWC HEALTHFLEX EXCHANGE 2017 RATE SHEET for LAY EMPLOYEES

### **HealthFlex Exchange Medical Plan type information and Premiums**

MEDICAL PLAN RATES ONLY	
OPTION 1 - B1000/P1	Dani'sin sudla
1104/1104	Participant's
HRA/HSA-NOT APPLICABLE	Monthly Premium
HRA/HSA-NOT APPLICABLE  BWC Participant Only	Monthly Premium \$915.00
•	•
BWC Participant Only	\$915.00

BWC DEFAULT PLAN	
OPTION 2 - CDHP C2000/P2 "GOLD"	
HRA: \$1000/\$2000	
HSA-NOT APPLICABLE	Participant's Monthly Premium
HSA-NOT APPLICABLE  BWC Participant Only	•
	Monthly Premium

OPTION 3 - CDHP C3000/P2 "SILVER" HRA: \$250/\$500 HSA-NOT APPLICABLE	Participant's Monthly Premium
BWC Participant Only	\$840.00
BWC Participant + 1 (1+1=2)	\$948.00
BWC Participant/Family (3 or more)	\$995.00

OPTION 4 - HDHP H1500/P3 "GOLD"	
HRA: NOT APPLICABLE	
HSA- \$750/\$1500	Participant's Monthly Premium
BWC Participant Only	\$883.00

BWC Participant Only \$883.00
BWC Participant + 1 (1+1=2) \$1,084.00
BWC Participant/Family (3 or more) \$1,190.00

OPTION 5 - HDHP H2000/P4 "SILVER"	
HRA: NOT APPLICABLE	
HSA- \$500/\$1000	Participant's Monthly Premium
BWC Participant Only	\$852.00
BWC Participant + 1 (1+1=2)	\$1,018.00

**BWC Participant/Family (3 or more)** 

OPTION 6 - HDHP H3000/P5 "BRONZE" HRA: NOT APPLICABLE HSA- \$0/\$0	Participant's Monthly Premium
BWC Participant Only	\$840.00
BWC Participant + 1 (1+1=2)	\$840.00
BWC Participant/Family (3 or more)	\$840.00

see benefits office

\$1,096.00

"OPTIONAL" DENTAL AND VISION PLANS				
DENTAL - optional	Participant	P +	articipant 1	Participant + Family
Dental Passive PPO 1000	\$3	4.00	\$72.00	\$104.00
Dental PPO 2000	\$47	7.00	\$102.00	\$147.00
Dental PPO	\$37	7.00	\$80.00	\$115.00
	<u> </u>			
		Р	articipant	Participant +
FULL VISION - optional	Participant	P +	•	Participant + Family
FULL VISION - optional Exam Core	•		•	•
·	\$	+	1	Family
Exam Core	\$ \$5	<b>+</b> 0.00	\$0.00	Family \$0.00

Any "overages" based on participant's election will be credited to the health account (HRA/HSA) associated with the plan type. Any additional premiums over the monthly premium shown on the plan type will be billed to the church

**2017 HealthFlex Exchange Plan Comparison** for more information on the Six (6) Medical Plan Types that are available.