

2018 OPEN ENROLLMENT



The Eastern Pennsylvania Conference
The United Methodist Church



January 1, 2018 Healthcare Choices



- To assist local churches with the increase in premium for 2018, The Conference Board of Pension and Health Benefits approved the use of \$500,000 from their healthcare reserves toward the cost of the composite rate for clergy.
- Healthcare Grants are available on an “as needed” basis while funds allow through the EPA Cabinet.



November 2017 Open Enrollment

What you Need to Know

Open Enrollment for your 2018 health benefit programs will take place *online* from November 15 through December 1, 2017. You **MUST** participate in Open Enrollment in order to have coverage in 2018.

No current elections will continue next year unless you choose them when you enroll online.

Churches will be billed a composite rate based upon their 3 year AGTP. Participants will contribute 8.5% of premium cost as a tax-free salary salary reduction.

Churches will be billed the actual rate for laity participants and cannot pass on any more than 8.5% of the lowest cost single rate premium to those enrolled in order to keep our plan a safe haven per Health Care Reform requirements. The church can pass along the cost for additional family coverage.

Medical Leave Members: Participants who are on medical leave through the EPAUMC will be enrolled in the Silver PPO plan at no cost.

This year you have a choice of three levels of health care coverage in addition to your other benefits (vision, dental, life insurance, etc.) in which to enroll. A summary of the Silver PPO, Silver HSA and Bronze HSA plans are included with this mailing. There will also be details for every benefit option for your review on www.epaumcbenefits.bswift.com.

Our Dental Plan for 2018 will continue to be through MetLife with no cost increase. In addition to the voluntary Dental and Vision plans, we are continuing to offer Critical Illness insurance through Voya, in \$5,000 increments, and the indemnity product, which is designed to subsidize some of the deductible (specifically for hospitalizations). A separate listing is enclosed with this brochure.

We understand that deciding which health plan option is the best fit for you may be difficult. To help you choose your plan with confidence, please use the decision making tool in BSwift when reviewing your options. This tool will ask you for some general information on your current health care utilization and expected usage in 2018. By answering a few questions, it will be able to suggest the best plan for you!

DENTAL AND VISION

Dental: MetLife will continue to administer the Dental plan in 2018, with no changes to our current dental plan design or cost.

Employee Only: \$44.82

Employee Plus Dependent: \$76.79

Full Family: \$110.79

Vision: VBA will continue to administer the Vision plan in 2018, with no changes to our current vision plan design or cost.

Employee Only: \$2.32

Employee Plus Spouse: \$4.53

Employee Plus Child(ren): \$4.30

Full Family: \$6.16

LAY ACA GUIDELINES

To maintain a safe harbor from penalties for ACA guidelines, a church must pay at least 8.5% of the lowest employee only rate for a lay member. If the staff member selects to cover other dependents in their family, that cost may be passed along to the employee.



Church Cost for Clergy

3 Year Average AGTP	Annual Church Composite Rate
Over \$1 M	\$ 16,000.00
Over \$350 K	\$ 15,000.00
Over \$275 K	\$ 14,000.00
Over \$250 K	\$ 13,000.00
Over \$225 K	\$ 12,000.00
Over \$200 K	\$ 11,000.00
Over \$125 K	\$ 10,000.00
Over \$75 K	\$ 9,000.00
Under \$75 K	\$ 8,000.00

Church Cost for Laity

Annual	Silver +	Silver	Bronze
Employee Only	\$ 7,922.07	\$ 7,767.80	\$ 6,486.11
Employee Plus Dependent(s)	\$ 14,120.28	\$ 13,849.44	\$ 11,564.90
Employee Plus Spouse	\$ 18,226.80	\$ 17,873.79	\$ 14,924.57
Full Family	\$ 23,244.66	\$ 22,790.86	\$ 19,030.32

Church Lay Employee Participants

Annual	Silver +	Silver	Bronze
Employee Only	\$ 735.93	\$ 721.60	\$ 602.53
Employee Plus Dependent(s)	\$ 1,311.72	\$ 1,286.56	\$ 1,074.34
Employee Plus Spouse	\$ 1,693.20	\$ 1,660.41	\$ 1,386.44
Full Family	\$ 2,159.34	\$ 2,117.18	\$ 1,767.84

Clergy and Conference Staff Participants

Annual	Silver +	Silver	Bronze
Employee Only	\$ 700.00	\$ 500.00	\$ -
Employee Plus Dependent(s)	\$ 1,200.00	\$ 1,000.00	\$ -
Employee Plus Spouse	\$ 1,500.00	\$ 1,200.00	\$ -
Full Family	\$ 1,900.00	\$ 1,500.00	\$ -

Early Retiree and Extension Ministers

Annual	Silver +	Silver	Bronze
Employee Only	\$ 8,658.00	\$ 8,489.40	\$ 7,088.64
Employee Plus Dependent(s)	\$ 15,432.00	\$ 15,136.00	\$ 12,639.24
Employee Plus Spouse	\$ 19,920.00	\$ 19,534.20	\$ 16,311.00
Full Family	\$ 25,404.00	\$ 24,908.04	\$ 20,798.16

COBRA-Like Participants

Annual	Silver +	Silver	Bronze
Employee Only	\$ 8,744.58	\$ 8,574.29	\$ 7,159.53
Employee Plus Dependent(s)	\$ 15,586.32	\$ 15,287.36	\$ 12,765.63
Employee Plus Spouse	\$ 20,119.20	\$ 19,729.54	\$ 16,474.11
Full Family	\$ 25,658.04	\$ 25,157.12	\$ 21,006.14

Health Plan Designs

Plan Name	Open Access Managed Choice POS HAS		Open Access Managed Choice		Bronze HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
deductible						
Individual	\$2,000	\$6,000	\$2,000	\$6,000	\$6,450	\$10,000
Family	\$4,000	\$12,000	\$4,000	\$12,000	\$12,900	\$20,000
Out-of-pocket max						
Individual	\$6,450	\$15,000	\$6,450	\$15,000	\$6,450	\$20,000
Family	\$12,900	\$45,000	\$12,900	\$45,000	\$12,900	\$40,000
HRA/HAS Funding						
Copay						
PCP	20% after ded.	50% after ded.	\$30 copay; ded. waived	50% after ded.	0% after ded.	50% after ded.
SCP	20% after ded.	50% after ded.	\$70 copay; ded. waived	50% after ded.	0% after ded.	50% after ded.
Preventive	0% ded. waived	50% after ded.	0% ded. waived	50% after ded.	0% after ded.	50% after ded.
Inpatient Services	20% after ded.	50% after ded.	25% after ded.	50% after ded.	0% after ded.	50%, after ded.
Outpatient Services						
Outpatient Facility Services	20% after ded.	50% after ded.	25% after ded.	50% after ded.	0% after ded.	50% after ded.
ER copay	20% after ded.	same as In-Network	25% after ded.	same as In-Network	0% after ded.	50% after ded.
Rx						
Retail	Generic: \$20 copay Preferred Brand \$40 copay Non-Preferred Generic and Brand \$60 copay	50% of submitted cost; after copay 50% of submitted cost; after copay 50% of submitted cost; after copay	Generic: \$20 copay Preferred Brand \$40 copay Non-Preferred Generic and Brand \$60 copay	50% of submitted cost; after copay 50% of submitted cost; after copay	Generic Covered 100% Brand-Name Covered 100%	50% of submitted cost after copay
Mail	Generic \$40 copay Preferred Brand \$80 copay	N/A	Generic \$40 copay Preferred Brand \$80 copay	N/A	Generic Covered 100% Brand Name Covered 100%	N/A

Please keep in mind the following limits if you enroll in the Silver HDHP with HSA Plan.
The annual contribution limits, inclusive of employer contributions, for 2018 are as follows:

- HSA Contributions for Single HDHP coverage - \$3,450
- HSA Contributions for Family HDHP coverage - \$6,900
- HSA Catch-up for anyone age 55 or over by December 31, 2018 – \$1,000



Vendor Contacts

MEDICAL

Aetna

1-800-364-2386 Member Services

1-800-238-6279 Retail Rx

www.aetna.com

DENTAL

MetLife

1-800-638-5433

www.unitedconcordia.com/dental-insurance

VISION

Vision Benefits of America

1-800-432-4966

www.visionbenefits.com

EAP

Magellan Health Services

1-800-523-5668

www.magellanassist.com

HEALTHCARE ASSISTANCE

Health Advocate

1-866-941-4201

<https://members.healthadvocate.com>

CRITICAL ILLNESS AND INDEMNITY

Voya

1- 877- 236-7564

OPEN ENROLLMENT RESOURCES

You can log on to **www.epaumcbenefits.bswift.com** beginning November 15th to review your benefit options for 2018. Your changes and open enrollment elections for 2018 will be processed once the official enrollment period ends on December 1, 2017.

Using **www.epaumcbenefits.bswift.com** is easy:

After logging on, click on "Change my Elections."

Review and update personal information, including address, email, dependents, life insurance beneficiaries, emergency contacts, etc.

Review and confirm your 2018 elections. If you have entered an email address in your profile, you will have the option to have your confirmation emailed to you.

If you do not make any election changes in the system, your benefits will be terminated at year-end 2017. Also, we strongly encourage you to visit the website to review the accuracy of your record and to understand the programs offered to you.

This website is your key to ongoing information regarding benefits, and provides an easy resource for making any necessary changes throughout the year.

Log on at any time to:

Add, delete or change your dependents and/or elections due to a life event. Be sure to do so with 31 days of the event and provide appropriate, supporting documentation to the benefits department.

Change your personal contact information, beneficiary for life insurance, etc.

Check the library for information regarding your health care providers, wellness information, etc.

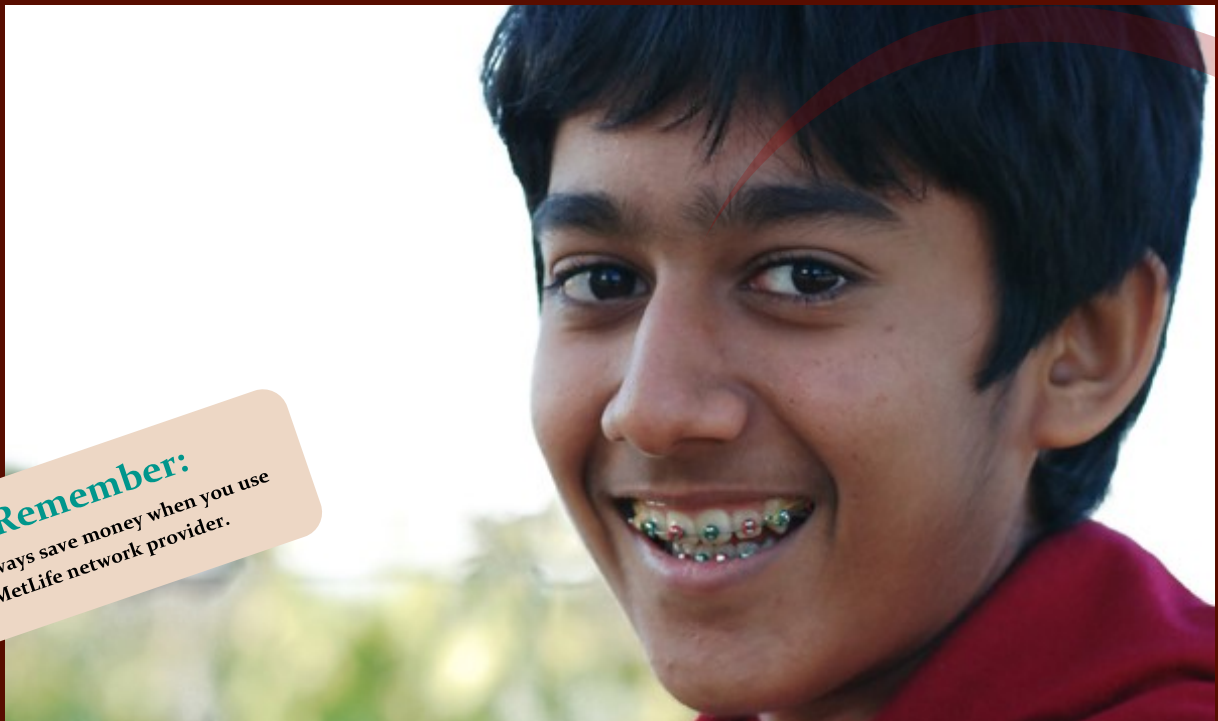
Reminder

Username: First initial last name (i.e. Jane Doe= jdoe)

Password: Your date of birth (mmddyyyy) or the password you created upon initial login

If you do not remember your password from last year, please use the "Forgot Password" link on the log-in screen to reset your password.

DENTAL PLAN



Remember:

You always save money when you use MetLife network provider.

YOUR DENTAL COVERAGE

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is more basic and costs are much lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

Metlife Benefit Summary	In Network	Out Of Network
Annual deductible Individual/Family	\$50/\$100	
Annual maximum per person	\$1,700	\$1,500
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays	100%	100%
Basic Services to include fillings, periodontics, scaling and root planning, oral surgery	80%	80%
Major Services to include crowns, bridges, full and partial dentures	60%	60%
Orthodontia (Child only up to age 19)	50%	50%

VISION PLAN

YOUR VISION COVERAGE

EPAUMC offers you a vision plan provided through Vision Benefits of America (VBA).

Coverage is for routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them. You can see in- or out-of-network providers, however, keep in mind that you always save more money if you stay in-network.



BENEFIT	In Network	Out of Network
Exam	Covered 100% after \$20 co-pay	\$40 reimbursement
Frames	Covered 100% after \$20 co-pay	\$50 reimbursement
Frequency Exams Lenses Frames	Every 24 months <i>*(Children under 26 – every 12 months for Exams and Lenses, every 24 months for frames)</i>	
Frames	Covered 100% within the \$50 Wholesale (\$125-\$150 retail) allowance	\$50 Wholesale (\$125-150 retail)
Lenses Single Vision Lenses Bifocal Lenses	Covered 100% after \$20 co-pay	\$40 reimbursement \$60 reimbursement
Medically necessary contact lenses	Reasonable and customary charges	\$320 reimbursement
Elective Contact Lenses in lieu of glasses	Up to \$160 including contact lens exam, fitting and materials	

CRITICAL ILLNESS

You have the option to elect critical illness insurance to meet your needs – Up \$20,000 in coverage. Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You also have the option to elect additional critical illness insurance to meet your needs. Critical illness insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Critical Illness coverage will pay you a lump sum benefit if you experience one of the following conditions in 2017:

- Heart attack
- Stroke
- End stage renal (kidney) failure
- Coronary artery bypass (25% of the Maximum Critical Illness Benefit)
- Coma
- Skin Cancer (10% of the Maximum Critical Illness Benefit)
- Carcinoma (25% of the Maximum Critical Illness Benefit)

INDEMNITY PROGRAM

You have the option to elect Hospital Confinement Indemnity Insurance, which pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. The Initial Confinement Benefit pays you an additional benefit of 10x the daily benefit for the first day you spend in a hospital, critical care unit or rehabilitation center. The daily benefit is \$100.

Hospital Confinement Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Below are a few examples of how your Hospital Confinement Indemnity Insurance benefit could be used:

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care