2019 Health Care Premiums & Benefits

Episcopal Diocese of Michigan

Information for Treasurers, Vestries & Eligible Clergy and Lay Employees

2019 Insurance Premiums & Rates

Dear Congregational Leaders, Clergy and Lay Employees,

Enclosed is information regarding 2019 insurance rates and premiums for benefit plans offered to eligible clergy and lay employees in congregations and covered entities of the Diocese of Michigan. This information is intended to assist congregational leaders in budget preparation for 2019.

Medical Insurance

Our Episcopal Medical Trust plan selection continues as in 2018. All plans include vision and hearing care, and mental health benefits. The average increase in premiums for the medical plans is 6%.

Plan Name	2018 Rates			2019 Monthly Rates			% Change
	Single	Single Plus One	Family	Single	Single Plus One	Family	
Anthem BCBS BlueCard 100	923	1661	2584	978	1760	2738	+5.96
Anthem BCBS BlueCard 90	851	1532	2383	902	1624	2526	+6.00
Anthem BCBS Blue Card 80*	772	1390	2162	818*	1472	2290	+5.93
CDHP 20**	603	1085	1688	648	1166	1814	+7.46
CDHP 15**	682	1228	1910	733	1319	2052	+7.43

* Monthly contribution for annuity in lieu of medical coverage
** Enrollment must include contributions to a Health Savings Account (HSA)

Dental Insurance

Our coverage continues with Delta Dental. Rates for an employee plus spouse decreased slightly, while the rates for a single individual, employee plus child and employee plus family increased slightly.

Single	Employee + Spouse/Partner	Employee + Child	Employee + Family
$42.04	$79.41	$99.68	$154.00

Rates for 2018 (for comparison)

$39.81	*$79.68*	*$95.38*	*$149.11*

Amount of Change in Premium

+5.60%	*-.34%*	*+4.51%*	*+3.28%*

Lincoln Life Insurance (Group Life, Short & Long Term Disability)

Rates for the Lincoln Life products were locked in for 2018-2019 as follows. One small change has been made to raise the weekly benefit for Short-Term Disability from 1,000 per week to 1,100 per week (based on the employee's salary) The cost increase per congregation will minimal per employee. This additional amount will be calculated on the January 2019 statement for each congregation.

Coverage	Rate Basis	2019 Rates
Group Life	Per $1,000	**0.410**
Accidental Death/Dismemberment	Per $1,000	**0.020**
Short-Term Disability (Lay Only)*	$10 of weekly benefit	**0.495**
Long Term Disability (Lay Only)*	$100 of covered payroll	**0.400**
Dependent Life	Monthly premium	**2.89**

**Short and long term disability insurance for active clergy is provided through the Church Pension Fund*.*

Group Life Insurance/Accidental Death & Dismemberment

Full time employees (30 hours plus) are to be covered with a group life policy in the amount of twice their annual salary. Coverage for full time employees is effective on the first day of the month. Current carrier is Lincoln Life. Premiums are calculated based on salary.

Group Short Term and Long Term Disability

Short term disability benefits are based on 70% of salary. Long term disability benefits are based on 60% of salary. Premiums for both are calculated based on the employee's salary, with a maximum benefit of $1,100 per week.

Insurance Enrollment for New Clergy or Lay Employees

Please inform any non-enrolled, eligible clergy or lay employees that they may join a plan during November 2018. Please contact me for an enrollment form for medical insurance, life/disability or dental.

Do not hesitate to contact me as questions arise: 313.833.4422 or jhardy@edomi.org. I wish you well, and look forward to hearing from you.

Faithfully,

Jo Ann Hardy

Canon Jo Ann Hardy
Diocesan Administrator

For Your Information: Regarding the Denominational Health Plan and Lay Pension Contributions

In 2009, the 76th General Convention of the Episcopal Church passed two important resolutions (effective Jan. 1, 2013) that will impact benefits for clergy and lay employees in our congregations and covered diocesan agencies. These resolutions were affirmed at the 77th General Convention in 2012.

- **Denominational Health Plan (DHP):** General Convention Resolution A177 establishes a Church-wide Denominational Health Plan. Under the resolution, domestic dioceses, parishes, missions and other ecclesiastical organizations in the Episcopal Church with clergy and/or lay employees scheduled to work 1,500 (28.8 hours per week) compensated hours annually must participate in the DHP. That means that all clergy and lay employees who work at least 1,500 hours per year must be covered under the Denominational Health Plan. The resolution also calls for parity in coverage and premium cost sharing between clergy and lay employees.
- **Mandatory Lay Pension:** General Convention Resolution A138 required all Episcopal Church organizations in the U.S. to provide pension contributions for all lay employees scheduled for 1,000 hours or more of compensated work annually. The mandatory pension amount varies according to the plan selected:
    - **Defined Contribution Plan:** 5% of salary with up to an additional 4% if employee matches 1-4%.
    - **Defined Benefit Plan:** 9% of salary

November 2018
Contact: Canon Jo Ann Hardy
Diocesan Administrator
313.833.4422/jhardy@edomi.org

2019 Plan Comparisons & Descriptions

EPISCOPAL CHURCH
MEDICAL TRUST

Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS CDHP 15/HSA		Anthem BCBS CDHP 20/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	$0 per person $0 per family	$500 per person $1,000 per family	$500 per person $1,000 per family	$1,000 per person $2,000 per family	$1,000 per person $2,000 per family	$2,000 per person $4,000 per family	$1,400 per person $2,800 per family (deductible is non-embedded)	$2,800 per person $5,600 per family (deductible is non-embedded)	$2,700 per person $5,450 per family	$3,000 per person $6,000 per family
Annual Out-of-Pocket Limit	$2,000 per person $4,000 per family	$4,000 per person $8,,000 per family	$2,500 per person $5,000 per family	$5,000 per person $10,000 per family	$3,500 per person $7,000 per family	$7,000 per person $14,000 per family	$2,400 per person $4,800 per family (out-of-pocket limit is non-embedded)	$4,800 per person $9,600 per family (out-of-pocket limit is non-embedded)	$4,200 per person $8,450 per family	$7,000 per person $13,000 per family
Preventive Care										
Preventive Services & Well-Child Care	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	40% coinsurance	$0 copay	45% coinsurance
Physician Services										
Office Visit	$30 copay	50% coinsurance	$30 copay	50% coinsurance	$30 copay	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Diagnostic Services (outpatient)	$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Specialist Care	$45 copay	50% coinsurance	$45 copay	50% coinsurance	$45 copay	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Hospital Services										
Inpatient Services (including inpatient maternity services)	$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Outpatient Surgery	$200 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Emergency Room Care	$250 copay	$250 copay	$250 copay	$250 copay	$250 copay	$250 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance
Ambulance Services	$0 copay	$0 copay	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance

This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official Plan documents, the official Plan documents will govern.

EPISCOPAL CHURCH
MEDICAL TRUST

Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS CDHP 15/HSA		Anthem BCBS CDHP 20/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Mental Health/Substance Abuse										
Outpatient Services	$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Inpatient Services	$250 copay Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	10% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	20% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Other Medical Services										
Durable Medical Equipment	$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Home Health Care	$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Outpatient Therapy	$30 copay PCP/$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	$30 copay PCP/$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	$30 copay PCP/$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	15% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	45% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Urgent Care Services	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance

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EPISCOPAL CHURCH
MEDICAL TRUST

Prescription Drug Benefits

	Express Scripts			
	Standard		CDHP-15/HSA	CDHP-20/HSA
	Retail	Home Delivery	Retail and Home Delivery	Retail and Home Delivery
Annual Prescription Deductible (in-network)	None	None	$1,400 per person $2,800 per family (combined with medical deductible) (non-embedded deductible)	$2,700 per person $5,450 per family (combined with medical deductible)
Tier 1: Generic	Up to a $10 copay	Up to a $25 copay	You pay 15% after deductible	You pay 15% after deductible
Tier 2: Preferred Brand Name	Up to a $40 copay	Up to a $100 copay	You pay 25% after deductible	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	Up to a $80 copay	Up to a $200 copay	You pay 50% after deductible	You pay 50% after deductible
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)	Up to a 30-day supply (retail) or 90-day supply (mail order)

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EPISCOPAL CHURCH
MEDICAL TRUST

Vision Benefits		
	EyeMed	
	Network	Out-of-Network
Eye Examinations	$0 copay	Plan pays up to $30 for ophthalmologists or optometrists
Lenses (eligible once every calendar year)	$10 copay	Plan pays up to: $32 for single vision $46 for bifocal $57 for trifocal
Lens Options		
Standard Progressive (add-on to bifocal)	Up to $75 copay	Play pays up to $46
UV Coating	up to $15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers.
Tint (solid and Gradient)	up to $15 copay	
Standard Scratch Resistance	up to $15 copay	
Standard Polycarbonate	$0 copay	
Standard Anti-Reflective Coating	up to $45 copay	
Disposable	20% off retail price	
Frames (eligible once every calendar year)	$150 allowance, 20% off balance over $150	Plan pays up to $47
Contact Lenses (eligible once every calendar year)		
Conventional	$150 allowance, 15% off balance over $150	Plan pays up to $100
Disposable	$150 allowance, then you pay balance over $150	Plan pays up to $100

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