



2022 Health Care Premiums & Benefits

Information for Congregational
Leaders & Eligible Clergy
and Lay Employees

Episcopal Diocese of Michigan





2022 Insurance Premiums & Rates

Dear Congregational Leaders, Clergy and Lay Employees,

Enclosed is information regarding 2022 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 2022. Open Enrollment information will be communicated to all clergy and lay employees later in October.

Diocesan Minimum Coverage for Medical Insurance

An array of medical plans is offered for eligible clergy and lay employees through the Episcopal Medical Trust. The diocesan minimum health care plans are the **Anthem BCBS BlueCard 80** or the **Consumer Driven Health Care Plan (CDHP) 20**. Congregations can opt to pay the full premium for a more benefit-rich plan offered, or clergy and lay employees may “buy up” at their own expense via payroll deduction (premium sharing). **Note regarding parity:** Clergy and lay employees within a congregation who work at least 1500 hours annually must be offered the same medical plans at the same rate of premium sharing.

Consumer Driven Health Plans (CDHP), require employer contributions to a health savings account (HSA). More information regarding CDHP coverage and the formula for determining an equitable contribution to a HSA can be obtained from the diocesan office.

All consideration must be given to all existing Letters of Agreements and Covenants of Call when discussing implementation of premium cost sharing for your clergy and lay employees.

The rates for the 2022 medical plans are as follows. All plans include vision and hearing care, and mental health benefits. The approximate increase in premiums for the medical plans is 5%.

Plan Name	2021 Rates			2022 Monthly Rates			Average % of Change
	Single	Single Plus One	Family	Single	Single Plus One	Family	
Anthem BCBS BlueCard 100	1078	1940	3018	1127	2029	3156	+4.57%
Anthem BCBS BlueCard 90	994	1789	2783	1039	1870	2909	+4.53%
Anthem BCBS Blue Card 80	902	1624	2526	943	1697	2640	+4.52%

Plan Name	2021 Rates			2022 Monthly Rates			Average % of Change
	Single	Single Plus One	Family	Single	Single Plus One	Family	
CDHP 20**	725	1305	2030	761	1370	2131	+4.98%
CDHP 15**	820	1476	2296	861	1550	2411	+5.01%

* 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. The rates are the same for 2022 as in 2021

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

Group Life, Short & Long Term Disability Insurance

The rates are the same for 2022 as in 2021. For more information on how the premiums are calculated, please contact Kara Chapman, Diocesan Accountant at 313.833.4407 or kchapman@edomi.org

Coverage	Rate Basis	2022 Rates
Group Life	Per \$1,000 of salary (max 100k salary)	0.410
Accidental Death/Dismemberment	Per \$1,000 of salary (max 100k salary)	0.020
Short-Term Disability (Lay Only)*	Calculation based on salary	0.482
Long Term Disability (Lay Only)*	Calculation based on salary	0.363
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, up to \$100,000. Coverage for full time employees is effective on the first day of the month.

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 salary.

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 the Open Enrollment period. 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

Jo Ann Hardy

Canon to the Ordinary

313.833.4422 or jhardy@edomi.org

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 impacted 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 established 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



2022 Medical Plan Comparisons & Descriptions



DIocese of MICHIGAN - PLAN YEAR 2022

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 Deductible (CDHPs have a combined medical & Rx 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)	\$2,800 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
Behavioral Health										
Outpatient Services	\$0 copay	30% coinsurance	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Inpatient Services	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	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 (210 visits per calendar year, combined network and out-of-network)	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance
Outpatient Therapy (60 visits per calendar year per each type of therapy, combined network and out-of-network)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	\$30 copay PCP/\$45 copay specialist (includes speech, physical, and occupational)	50% coinsurance (includes speech, physical, and occupational)	15% coinsurance (includes speech, physical, and occupational)	40% coinsurance (includes speech, physical, and occupational)	20% coinsurance (includes speech, physical, and occupational)	45% coinsurance (includes speech, physical, and occupational)
Skilled Nursing / Acute Rehabilitation Facility (60 days per calendar year, combined network and out-of-network)	\$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

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.



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)	\$2,800 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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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	Plan pays up to \$46
UV Coating	up to \$15 copay	
Tint (solid and Gradient)	up to \$15 copay	
Standard Scratch Resistance	up to \$15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers.
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

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.

The Plans described in this document (collectively, the Plans) are sponsored and administered by the Church Pension Group Services Corporation (CPGSC), also known as The Episcopal Church Medical Trust (the Medical Trust). The Plans that are self-funded are funded by The Episcopal Church Clergy and Employees' Benefit Trust (ECCEBT), which is a voluntary employees' beneficiary association within the meaning of section 501(c)(9) of the Internal Revenue Code.

This document contains only a partial, general description of the Plans. It is provided for informational purposes only and should not be viewed as a contract, an offer of coverage, a confirmation of eligibility, or investment, tax, medical or other advice. In the event of a conflict between this document and the official Plan documents (summary of benefits and coverage, Plan Document Handbook), the official Plan documents will govern. The Church Pension Fund and CPGSC (collectively, CPG), retain the right to amend, terminate or modify the terms of the Plans, as well as any post-retirement health subsidy, at any time, for any reason and, unless required by law, without notice.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act and section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States, and not all Plans are available on both a self-funded and fully insured basis. The Plans do not cover all healthcare expenses, and Plan participants should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations and procedures.

All benefits under the Plans are subject to applicable laws, regulations and policies.

Except for the Preventive Dental PPO Plan, all such benefits are subject to coordination of benefits. The Plans are subrogated to all of the rights of a Plan participant against any party liable for such participant's illness or injury, to the extent of the reasonable value of the benefits provided to such participant under the Plans. The Plans may assert this right independently of a Plan participant, and such participant is obligated to cooperate with the Medical Trust in order to protect the Plans' subrogation rights.

CPG does not provide any healthcare services and therefore cannot guarantee any results or outcomes. Healthcare providers and vendors are independent contractors in private practice and are neither employees nor agents of CPG. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.



The Episcopal Diocese of Michigan
4800 Woodward Avenue
Detroit, MI 48201
www.edomi.org