2027 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% of the 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 Plans - four (4) plan options (new in 2027)– Administered by BlueCross BlueShield of Illinois (a BCBS ID card will be mailed to participant – see Lay Employee rate sheet for plan types)

Prescription Drugs – Administered by OPTUMRx (NO SEPARATE CARD - information can be found on your BCBS ID card).

Flexible Spending Accounts and/or Health Savings Account

Dental "Optional" – Administered by CIGNA Dental (No ID Card –**PLAN ID 2464058** - see Lay Employee rate sheet)

Vision "Optional" – Administered by Vision Service Plan (No ID card – see Lay Employee rate sheet)

Virgin Pulse, EAP, Behavioral Health, MDLive Telemedicine and Care Coordinators (contact information will be on BCBS ID card)

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 or 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.
- Employers in Maryland **with an automatic payroll system are required to establish a payroll deposit retirement savings arrangement for employees through a state-run trust**. This means that employers that use an automated payroll system must offer a retirement plan, such as UMPIP or sign their employees up for MarylandSaves.

Church administrator can email the BWC Benefits Office for more information at HR-Benefitsoffice@bwcumc.org.

BALTIMORE-WASHINGTON CONFERENCE

2027 HEALTHFLEX EXCHANGE RATE SHEET FOR CHURCH LAY

THESE ARE MEDICAL PLAN RATES ONLY. RATES DO NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES.

MEDICAL NETWORK: BLUECROSS BLUESHIELD (BCBS)	2027 MEDICAL PLAN TYPE (BlueCross BlueSheild of Illinois)			
		BWC DEFAULT PLAN		
	PPO	HRA PLAN	HSA PLANS	
Medical Plan Type with Health Account	B1000	C2000 with HRA	H2000 with HSA	H5000 with HSA
Annual Deductibles	$1000/$2000	$2000/$4000	$2000/$4000	$5000/$10,000
Co-Pays / Co-Insurance (after deductible is met)	(Co-Pays) 80%-20%	Co-Ins: 80%/20%	Co-Ins: 80%/20%	Co-Ins: N/A
Annual In-Network Out-of-Pocket Maximum	$5000/$10000	$5000/$10000	$5000/$10000	$5000/$10000
Health Reimbursement Account (HRA) Amount	Not applicable	$500/$1000	Not applicable	Not applicable
Health Savings Account (HSA) Amount	Not applicable	Not applicable	$500-$1000	$0
FLEXIBLE SPENDING ACOUNTS: *optional - payroll deduction*				
- Medical Reimbursement Account (MRA)	*$300 - $3,500*	*$300 - $3,500*	*$300 - $3,500*	*$300 - $3,500*
- Dependent Care Account (DCA)	*$300 - $7,500*	*$300 - $7,500*	*$300 - $7,500*	*$300 - $7,500*
HEALTH SAVINGS ACCOUNT (HSA) - *payroll deduction*	*Not applicable*	*Not applicable*	*$4,500 - $9,000*	*$4,500 - $9,000*

TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Church Lay Participant Only	$1,327.50	$1,283.70	$1,272.70	$1,176.85
Church Lay Participant + 1	$1,690.90	$1,582.90	$1,573.00	$1,273.45
Church Lay Participant/Family (3 or more)	$1,887.55	$1,750.10	$1,756.70	$1,325.20
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only			
Church Lay Participant + Child/Children		$1,481.70		

Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were grandfathered in the DEFAULT plan. If you terminate your dependent coverage and then have to re-enroll a dependent, or if you switch to another plan you will be enrolled in the new tier type.

DENTAL PLANS - 2027 RATES (by CIGNA DENTAL)			
CIGNA DENTAL *(a subsidized benefit) - optional*	Dental HMO	Dental PPO	Dental Passive 2000
Participant	$9.00	$18.00	$32.00
Participant +1	$16.00	$36.00	$64.00
Participant + Family	$28.00	$54.00	$99.00

VISION PLANS - 2027 RATES (by VSP)			
VSP VISION - *optional*	Exam Core	Full Vision	Premier Vision
Participant	$0.00	$9.00	$15.00
Participant +1	$0.00	$14.00	$25.00
Participant + Family	$0.00	$22.00	$40.00

IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM

Acronyms

HRA - Health Reimbursement Account

HSA - Health Savings Account

FSA - Flexible Spending Account

- MRA - Medical Reimbursement Account

- DCA - Dependent Care Account