



ANGLICAN CHURCH  
IN NORTH AMERICA

# 2019 Church Benefits Guide

*Powered by the ECO VEBA Trust*

January 1, 2019 through December 31, 2019



# Employee Benefit Program

Powered by the ECO VEBA Trust

The leadership of the ECO VEBA Trust (“ECO”) has approved a plan of employee health and welfare benefits (Employee Benefits Plan).

Submission of a completed Benefits Application will serve as the Church’s request to adopt the employee benefits of the Plan under the terms of the Flourish Appendix.

## Member Church Participation

A primary objective for the ECO VEBA Trust Committee is to offer Pastors and Church Staff a comprehensive, cost effective health insurance program. In order to accomplish this goal, it is essential for all Churches to support the ECO Employee Benefits Plan initiative. From the extensive research, it was identified health insurance to be a key benefit provided by all major denominations in the United States today with a majority of these programs requiring full participation from their member Churches. By implementing this full participation requirement, it provides the ECO with a larger membership base which contributes to competitive premium costs and a more stable employee benefits program.

ECO’s goal is to provide quality, affordable health insurance for Pastors and Church Staff. It’s critical that all Churches support the ECO insurance program.

The health of our leaders and church staff is a good indicator of our strength as an emergent organization within the Presbyterian denomination. The ECO leadership is committed to instilling a sense of health and wellness within its member churches; pursuing a health-focused membership with the tools available to assist each individual in achieving a life of good health and healthy habits.

## Eligible Employees – All Benefits

For purposes of identifying Pastors and Full Time Employees eligible for Plan benefits, the Pastor and Full Time Employees classifications used by each Church will be the following:

- **Full Time Employees (“FT Church Staff”):** These are employees and pastors customarily scheduled to work a minimum of 30 hours per week.
- **Part Time Employees (“PT Church Staff”):** These are employees customarily scheduled to work less than 30 hours per week, but not less than 20 hours per week. PT staff is not eligible for coverage.
- **Retirees (“Retirees”):** An employee can achieve a Retiree status through satisfying a minimum age and participation requirement to be eligible for selected benefits in the Table of Benefit Offerings, below, under the ECO Plan. In meeting the definition for “Retiree” status, the employee has to satisfy the *Rule of Seventy*. The *Rule of Seventy* states the employee must have:
  - 1) Participated as an active employee member of the ECO Medical Benefit for at least five (5) continuous years\* ending on the date of termination of active employee status (i.e., when the individual is indefinitely removed from the active employee payroll);
  - 2) Attained at least age fifty-five (55) at the time he or she ceased being an active employee;
  - 3) A combined result of seventy (70) when the individual’s age and years of participation\* (both rounded down to whole integers) as an active employee of the ECO Medical Benefit at the time of termination of service are added together.

A Retiree will receive coverage through the end of the month of his or her 65<sup>th</sup> birthday and thereafter will no longer be eligible for the ECO Plan (including continuation of coverage).

# Benefits At-A-Glance

This chart provides a snapshot of the available Plan benefits, coverage dates and the source of the premium payment, whether it is the Church, the Employee or both.

TABLE OF BENEFIT OFFERINGS				
BENEFIT PLAN	COVERAGE BEGINS	CHURCH SPONSORED Church Pays a Portion of Benefit	VOLUNTARY Employee Pays for Benefit	WHO PAYS
<b>Core Benefits</b>				Pastor   Church Staff
<b>Medical/Rx</b>	Date of Hire	✓		See Medical Plan Contribution Requirements below
<b>Vision</b>	Date of Hire		✓	Offered on a Voluntary basis

## Medical Plan Contribution Requirements

To meet regulatory guidelines, the church may elect to contribute a **minimum** of 50% towards the monthly Employee Only Medical premium for the lowest Medical plan offered to Pastors and Church Staff.

\*Churches that qualify as “applicable large employers” under PPACA (because of having on average at least 50 FTEs in the prior calendar year) are subject to a potential tax penalty if they do not offer medical coverage that is affordable to each employee that qualifies as a “full time” employee under the 30 hour/week definition (or 130 hour/month alternative definition) under PPACA. If your church on average has at least 50 Full-Time and Part-Time employees, please contact The Solomon Benefits Group/ACNA Benefits for additional information on minimum contribution requirements for your church.

# Medical Coverage – Network Access

## Network Offering through Anthem BC/BS and Cigna

The three (3) medical plans currently offered are available through the Anthem BC/BS network. The Anthem BC/BS is the preferred network utilized by ACNA. If there are network challenges in your area, there is a “Secondary” network available which is Cigna. Upon request, a disruption analysis will be completed of both the Anthem BC/BS and Cigna Networks. If the Cigna network provides a more comprehensive level of providers, the Cigna network will be made available to your area.

### Preferred Network -

#### Finding A Provider – Anthem BC/BS

- Go to [anthem.com/ca](http://anthem.com/ca)
- Select Employers tab on the top Menu.
- Under *Resources*, select **Find a Doctor**.
- Under *Search as a Guest* click **Search by Selecting a Plan or Network**.
- Choose “**Medical**” from the drop down box for “What type of care are you searching for”
- Select your State from the drop down box in the next section
- To select a plan/network:
  - **For California:**

Under **Select a plan/network**, you can enter the name of your plan/network **Blue Cross PPO (Prudent Buyer) – Large Group** or select it from the drop-down list then choose **Continue**.

- **For All Other States:**

Under **Select a plan/network**, you can enter the name of your plan/network **National PPO/BlueCard PPO** or select it from the drop-down list then choose **Continue**.

Using the drop-down boxes, select what type of doctor and the location you’re looking for, then select **Search**.

### Network Available Upon Approval -

#### Finding A Provider – Cigna

- Go to [cigna.com](http://cigna.com)
- Select **Find a Doctor**
- Under *Select a Directory*, go to **If your insurance plan is offered through work or school**
- **Enter Search Location**
- Under *Select a Plan*, select the **PPO, Choice Fund PPO Network option**

Using the drop-down boxes, select what type of doctor or search by name, then select **Search**



# Medical Coverage – Anthem BC/BS

Eligible Employees must be offered at least one of the three (3) Anthem BC/BS medical plan options below, from which the Church can select.

Summary of Medical Benefits	Plan #1 \$1,500 Deductible Plan <sup>1</sup>	
	SILVER	
Benefit	In-Network	Out- of-Network
<b>Covered Services</b>		
<b>Office Visits</b>		
Primary Care Physician	\$30 Copay	No Coverage
Specialist	\$60 Copay	
Preventive Care	Covered at 100%	No Coverage
Diagnostic Laboratory	Deductible then 20%	No Coverage
X-Rays, including Therapeutic MRI/CAT/PET Scans	Deductible then 20%	No Coverage
<b>Emergency Medical Care</b>		
Emergency Room	\$250 Copay Lab/X-Ray at Deductible then 20%	
<b>Hospital Services</b>		
Inpatient Services	Deductible then 20%	No Coverage
Outpatient Services	Deductible then 20%	No Coverage
<b>Prescription Plan</b>		
Value Formulary		
Annual Brand Pharmacy Deductible <sup>2</sup>	\$200/Individual \$400/Family	No Coverage
Tier 1 - Generic	\$15 Copay	No Coverage
Tier 2 – Brand/Formulary <sup>2</sup>	Pharmacy Deductible then 20% up to \$45	
Tier 3 – Brand Non- Formulary <sup>2</sup>	Pharmacy Deductible then 20% up to \$75	
Tier 4 – Specialty <sup>2</sup>	Pharmacy Deductible then 20% up to \$200	
Mail Order (90 Day Supply)	2.5X Retail Copay	No Coverage
<b>Deductibles and Maximums</b>		
<b>Calendar Year Deductible (January 1 – December 31)</b>		
Individual	\$1,500	No Coverage
Family	\$3,000	No Coverage
Coinsurance	80%	No Coverage
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>		
Individual	\$6,000	No Coverage
Family	\$12,000	No Coverage
Lifetime Benefit Max.	Unlimited	No Coverage

<sup>1</sup>Plan #1 is an In-Network Only Plan with no Out-of-Network Benefits. Emergency and Urgent Care services will be covered as In-Network regardless of the provider’s network status.

<sup>2</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

*This summary of benefits is provided for informational purposes only. In the event of a conflict between this benefits summary and the Certificate of Coverage or Policy, the legal documents (Certificate of Coverage or Policy) will prevail.*

# Medical Coverage – Anthem BC/BS

Summary of Medical Benefits	Plan #3 \$2,000 Deductible Plan	
	BRONZE	
Benefit	In-Network	Out- of-Network
<b>Covered Services</b>		
<b>Office Visits</b>		
Primary Care Physician	\$30 Copay	Deductible then 50%
Specialist	\$60 Copay	
Preventive Care	Covered at 100%	Deductible then 50%
Diagnostic Laboratory	Deductible then 20%	Deductible then 50%
X-Rays, including Therapeutic MRI/CAT/PET Scans	Deductible then 20%	Deductible then 50%
<b>Emergency Medical Care</b>		
Emergency Room	\$250 Copay Lab/X-Ray at Deductible then 20%	
<b>Hospital Services</b>		
Inpatient Services	Deductible then 20%	Deductible then 50%
Outpatient Services	Deductible then 20%	Deductible then 50%
Prescription Plan	Value Formulary	
Annual Brand Pharmacy Deductible <sup>1</sup>	\$200/Individual \$400/Family	
Tier 1 - Generic	\$15 Copay	50%
Tier 2 – Brand/Formulary <sup>1</sup>	Pharmacy Deductible then 20% up to \$45	
Tier 3 – Brand Non- Formulary <sup>1</sup>	Pharmacy Deductible then 20% up to \$75	
Tier 4 – Specialty <sup>1</sup>	Pharmacy Deductible then 20% up to \$200	
Mail Order (90 Day Supply)	2.5X Retail Copay	Not Covered
<b>Deductibles and Maximums</b>		
<b>Calendar Year Deductible (January 1 – December 31)</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	80%	50%
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>		
Individual	\$7,000	\$8,000
Family	\$14,000	\$16,000
Lifetime Benefit Max.	Unlimited	

<sup>1</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

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# Medical Coverage – Anthem BC/BS

Summary of Medical Benefits	Plan #4 HSA Qualified Plan <sup>1</sup>	
	HSA	
Benefit	In-Network	Out- of-Network
<b>Covered Services</b>		
<b>Office Visits</b>		
Primary Care Physician	Deductible then 20%	Deductible then 50%
Specialist		
Preventive Care	Covered at 100%	Deductible then 50%
Diagnostic Laboratory	Deductible then 20%	Deductible then 50%
X-Rays, including Therapeutic MRI/CAT/PET Scans	Deductible then 20%	Deductible then 50%
<b>Emergency Medical Care</b>		
Emergency Room	In-Network Deductible then 20%	
<b>Hospital Services</b>		
Inpatient Services	Deductible then 20%	Deductible then 50%
Outpatient Services	Deductible then 20%	Deductible then 50%
Prescription Plan	Value Formulary	
Annual Brand Pharmacy Deductible <sup>3</sup>	None	
Tier 1 - Generic	Deductible then 20%	50%
Tier 2 – Brand/Formulary <sup>3</sup>	Deductible then 20%	
Tier 3 – Brand Non- Formulary <sup>3</sup>	Deductible then 20%	
Tier 4 – Specialty <sup>3</sup>	Deductible then 20%	
Mail Order (90 Day Supply)	2.5X Retail	Not Covered
<b>Deductibles and Maximums</b>		
<b>Calendar Year Deductible (January 1 – December 31)</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$11,000
Coinsurance	80%	50%
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>		
Individual	\$6,000	\$11,000
Family	\$12,000	\$22,000
Lifetime Benefit Max.	Unlimited	

<sup>1</sup>**HEALTH SAVINGS ACCOUNT (HSA):** For any Church electing to include the CIGNA or Anthem BC/BS high deductible Medical option compatible for HSA participation, there will be a HSA arrangement available to participating employees so employee HSA contributions can be made pre-tax.

<sup>2</sup>The HSA plan, Plan #4, will cover certain prescriptions at 100% (no deductible) if they are listed as preventive in nature.

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# Vision Coverage

## Vision Coverage - EyeMed

Eligible Employees must be offered the EyeMed voluntary (100% employee paid) Vision benefit.



Summary of Vision Benefits <sup>1</sup>		
Benefit	In-Network	Out-of-Network
<b>Eye Exams</b>	\$10 Copay, Once every 12 Months	Reimbursement, Once every 12 Months
<b>Lenses</b>	\$25 Copay, Once every 12 Months	Reimbursement, Once every 12 Months
<b>Frames</b>	\$130 Allowance, Once every 24 Months	Reimbursement, Once every 24 Months
<b>Contacts Lenses</b>	\$130 Allowance, Once every 12 Months	Reimbursement, Once every 12 Months

<sup>1</sup>The frequency of services is based on the date the service is received.

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# Monthly Program Rates

## Medical Coverage – Anthem BC/BS Network

Medical Rates (Anthem BC/BS Network) – Region #1			
Plan Name	Plan #1	Plan #3	Plan #4
	(\$1,500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)
Employee Only	\$749.66	\$669.94	\$445.22
EE & Spouse	\$1,574.28	\$1,406.86	\$1,037.38
EE & Child(ren)	\$1,424.37	\$1,272.87	\$894.89
EE & Family	\$2,248.99	\$2,009.79	\$1,420.27

Medical Rates (Anthem BC/BS Network) – Region #2			
Plan Name	Plan #1	Plan #3	Plan #4
	(\$1,500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)
Employee Only	\$731.38	\$653.60	\$434.36
EE & Spouse	\$1,535.88	\$1,372.55	\$1,012.08
EE & Child(ren)	\$1,389.63	\$1,241.82	\$873.06
EE & Family	\$2,194.14	\$1,960.77	\$1,385.63

Medical Rates (Anthem BC/BS Network) – Region #3			
Plan Name	Plan #1	Plan #3	Plan #4
	(\$1,500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)
Employee Only	\$713.96	\$638.04	\$424.02
EE & Spouse	\$1,499.31	\$1,339.87	\$987.98
EE & Child(ren)	\$1,356.54	\$1,212.26	\$852.28
EE & Family	\$2,141.90	\$1,914.09	\$1,352.64

**States Included in Region #1:** Alabama, Alaska, Arizona, California, Connecticut, Florida, Illinois, Louisiana, Massachusetts, Minnesota, Nevada, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, Texas, Virginia, Washington and Wisconsin

**States Included in Region #2:** Colorado, Delaware, District of Columbia, Georgia, Indiana, Kansas, Kentucky, Mississippi, Missouri, North Carolina, Nebraska, New Hampshire, New Mexico, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Vermont and Wyoming

**States Included in Region #3:** Arkansas, Hawaii, Idaho, Iowa, Maine, Maryland, Michigan, Montana, North Dakota, Ohio, Utah, and West Virginia

## Vision Coverage – EyeMed

Vision Rates (EyeMed)	
Plan Name	Voluntary Vision
Employee Only	\$6.65
EE & Spouse	\$12.63
EE & Child(ren)	\$13.29
EE & Family	\$19.54

# Regions by State and/or Zip Code

Regions:

Region 1	Region 2	Region 3	Texas	Region
CA	CO	MD	Zip Code- starting with	
CT	GA	OH	767	2
FL	KY		797	2
IL	NC		733	1
MA	NH		750	1
NJ	OR		751	1
NY	TX		752	1
PA			753	1
SC			754	1
TN			755	1
TX			756	1
VA			758	1
WA			759	1
			760	1
			761	1
			762	1
			763	1
			764	1
			765	1
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			790	1
			791	1
			792	1
			793	1
			795	1
			796	1
			798	1
			757	1
			770	1
			772	1
			775	1
			794	1
			799	1
			885	1

# Administrative Support – ACNA Benefits/ NFP

Employee benefits are more complex than ever. Making benefits decisions from a wide array of increasingly complicated and costly health care programs and plan designs can be overwhelming for many employees. Different employees have different needs based on their lifestyles. They need somewhere to turn to help them make complex decisions about their benefits, their family health care, and other life events. This is where NFP can help.

NFP is one of the region's leading employee benefits specialists, offering an array of services from retirement solutions to employee wellness programs, as well as full service employee benefits management and on-going support. As a privately held company headquartered in Colorado, our mission is to create and implement strategic benefit solutions designed to meet the unique needs of employees supported by a concrete service commitment to assist you and your company as you navigate through the complex world of health and welfare benefits.

The Solomon Benefits Group/ACNA Benefits has been and will continue to be your administrative resource and point of contact for all your healthcare questions and concerns.

The Solomon Benefits Group/ACNA Benefits (supported by NFP) will be your resource for designing and implementing your employee benefit plans, facilitating open enrollment meetings, renewing benefits on an annual basis and supporting your employees and management with claims questions and other benefit related functions.

