

MEDICAL & DENTAL OPEN ENROLLMENT INFORMATION

For plans through the Diocese of Fond du Lac and the Episcopal Church Medical Trust (ECMT)

Benefits in Force January 1, 2012 – December 31, 2012



This information will assist eligible clergy and lay employees to consider health & dental plans and select what best meets your needs for the next year. All information provided should be considered before making a decision. Expect at least three to four hours of homework before making a decision.

Who Is Eligible?

All active clergy and lay employees working at least 1,000 hours/year (1/2 time) are eligible. Eligible employees who decline coverage and are covered by another source (such as a spouse) should enter into a Health Reimbursement Arrangement. For assistance, contact the Diocesan Office

Who Pays?

Costs of coverage include both the participant and congregation: the congregation pays the premium and the participant pays out-of-pocket expenses (co-pays, deductibles) up to an out-of-pocket maximum. The congregation pays the full premium of those working full-time. A sliding scale may be used to determine the portion of premium paid by the congregation and by the participant for those working between ½ and full-time. For example, for a ½ time position the congregation pays ½ the premium; the participant pays ½ the premium. The participants portion is best made as a pre-tax payroll deduction.

Contact the Diocesan Office for assistance to avoid possible tax consequences.

Open Enrollment Steps To Take (November 7th – December 4th).

All plans in 2011 continue for 2012. If you take no action, you will continue on your current plan.

Step 1 (15-30 minutes) Read this informational sheet.

Step 2 (15-30 minutes) Read the “2012 Open Enrollment Guide” at diofdl.org/oe.

NOTE: It may take a few seconds to load the page.

Step 3 (30-60 minutes) Read the plan handbook(s) which have most interest at diofdl.org/oe. *NOTE:* Handbooks are for 2011. Differences are highlighted in the Open Enrollment Guide.

Step 4 (30-60 minutes) Check if your current providers are in the network you might select.

Step 5 (15-30 minutes) Visit the Open Enrollment website at <https://openenrollment.cpg.org>.

- Currently enrolled? You will receive a letter with a username, password and instructions on how to make your selection.
- Currently NOT enrolled, but considering enrollment for 2012? Contact the Diocesan Office as soon as possible for assistance.

Why Does The Church Offer Coverage?

Business offers insurance for competitive advantage, recruiting and tax benefits. The Church offers insurance to helping clergy and lay employees to be “**Well to Serve**”. Some studies show when religious entities provide insurance, worldly concerns an employee may have decrease and their ability to provide for the spiritual well-being of members in the pews increases. Diocesan Canon 4.6(1) also requires insurance for clergy working full-time at a level that meets or exceeds that offered through ECMT plans.

Well to Serve

As most are aware, health care costs continue to increase causing premium increases. ECMT premiums will increase about 5.5% from last year, well below the national average increase for not-for-profits of 10%. ECMT premiums tend to be higher than the general population because of a greater average age, more use of medical services and other demographic factors. An important and simple way to combat increasing premiums is for clergy and lay employees to eat right and exercise regularly.

DID YOU KNOW?

- In the health insurance industry, only 70-80% of premium dollars are used for benefits.
- In the Episcopal Church Medical Trust, 89% of premium dollars are used for benefits. 10% cover administrative costs and 1% are reserved for future financial stability.

Implementation of a Denominational Health Plan (DHP) beginning in 2009 continues to contain premium increases as new dioceses and other Episcopal entities come on board. Health Care Reform has had little impact on premiums since ECMT plans are already substantially in compliance with its provisions.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Networks

Care is offered through networks of doctors, dentists, hospitals, pharmacies, laboratories, and other providers who offer services at reduced rates. If you currently have a provider you wish to continue with, check what networks they participate in. Some providers are in multiple networks. Receiving in-network care saves money from discounts, lower deductibles and lower out-of-pocket maximums. Follow these directions to determine which providers are in-network in your geographical area.

Empire Blue Cross Blue Shield (BCBS)	CIGNA	UnitedHealthcare
<ol style="list-style-type: none"> empireblue.com/medicaltrust - 'Find a Doctor' (middle) 'Across the Country National Provider Search' (middle) Under 'Guests' choose 'PPO/EPO' Follow directions. 	<ol style="list-style-type: none"> cigna.com - 'Find a Doctor' enter ZIP Code then click 'Next' Choose 'Open Access Plus' Follow directions. 	<ol style="list-style-type: none"> myuhc.com - 'Links & Tools' (top right) select 'Find a Physician, Laboratory or Facility' 'Search for a Physician' and click 'Continue' Select a search type and select 'UnitedHealthcare Choice Plus' for the plan. Make selections and click 'Continue'.

Medical Plans

Each plan functions a bit differently. When evaluating plan options, it is important to understand trade-offs that differentiate plans. Premiums and out-of-pocket costs have an inverse relationship. Receiving care from in-network providers have discounts. Emergency services are covered regardless of network.

Plan Premiums Lower < -----> Higher
Out-of-Pocket Higher < -----> Lower

	BCBS HDHP ¹ <i>(details on next page)</i>	BCBS 75/50	BCBS 80	UnitedHealthcare Choice Plus 80/60	CIGNA Open Access Plus
How plan works	Any provider. Plan pays more for in-network.	Any provider. Plan pays more for in-network.	Only network providers. NO coverage for out-of-network.	Only network providers. NO coverage for out-of-network.	Any provider. Plan pays more for in-network.
Annual premium <i>(paid by church)</i>	Single: 7,464 ¹ Employee+1: 13,428 ¹ Family: 20,892 ¹	Single: 10,164 Employee+1: 18,300 Family: 28,464	Single: 10,788 Employee+1: 19,440 Family: 30,216	Single: 11,328 Employee+1: 20,364 Family: 31,692	Single: 11,328 Employee+1: 20,388 Family: 31,716
Deductible <i>(paid by you before plan pays)</i>	<i>In-Network</i> Single: 2,700 +1/Family: 5,450 <i>Out-of-Network</i> Single: 3,000 +1/Family: 6,000	<i>In-Network</i> Single: 900 +1/Family: 1,800 <i>Out-of-Network</i> Single: 1,800 +1/Family: 3,600	<i>In-Network</i> Single: 350 +1/Family: 700 No Out-of-Network coverage	<i>In-Network</i> Single: 500 +1/Family: 1,000 <i>Out-of-Network</i> Single: 1,000 +1/Family: 2,000	<i>In-Network</i> Single: 500 +1/Family: 1,000 <i>Out-of-Network</i> Single: 1,000 +1/Family: 2,000
Coverage Levels <i>(after deductible is met)</i>	<i>In-Network</i> 80% (you pay 20%) <i>Out-of-Network</i> 55% (you pay 45%)	<i>In-Network</i> 75% (you pay 25%) <i>Out-of-Network</i> 50% (you pay 50%)	<i>In-Network</i> 80% (you pay 20%) No Out-of-Network coverage	<i>In-Network</i> 80% (you pay 20%) No Out-of-Network coverage	<i>In-Network</i> 80% (you pay 20%) <i>Out-of-Network</i> 60% (you pay 40%)
Out-of-Pocket Max Limit <i>(most you pay after deductible)</i>	<i>In-Network</i> Single: 1,500 +1/Family: 3,000 <i>Out-of-Network</i> Single: 4,000 +1/Family: 7,000	<i>In-Network</i> Single: 3,200 +1/Family: 6,400 <i>Out-of-Network</i> Single: 6,400 +1/Family: 12,800	<i>In-Network</i> Single: 2,000 +1/Family: 4,000 No Out-of-Network coverage	<i>In-Network</i> Single: 2,000 +1/Family: 4,000 <i>Out-of-Network</i> Single: 5,500 +1/Family: 11,000	<i>In-Network</i> Single: 2,000 +1/Family: 4,000 <i>Out-of-Network</i> Single: 5,500 +1/Family: 11,000
Doctor Co-pay per visit.	Discounted charges applied to deductible and/or out-of-pocket max. No co-pays.	<i>In-Network Office</i> Office 35 Specialist 45 <i>Out-of-Network</i> 50% (you pay 50%)	<i>In-Network Office & Specialist</i> 25 No Out-of-Network coverage	<i>In-Network Office</i> Office 25 Specialist 25 <i>Out-of-Network</i> 30% (you pay 0%)	<i>In-Network Office & Specialist</i> 25 <i>Out-of-Network</i> 60% (you pay 40%)

Intended as a one summary. For more detail consult full length plan summaries and handbooks.

¹ The High Deductible Health Plan (HDHP) also requires an HSA (Health Savings Account) with funding by the employer.

² Most preventative services are covered 100% by the plan.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA) – A one-two punch

The High Deductible Health Plan (HDHP) with Health Savings Account (HSA) is a recommended way to reduce congregational expense while providing benefits to clergy and lay employees. There are two components: a health plan (HDHP) and a tax-advantaged savings vehicle (HSA). With the HDHP, payments begin after an annual deductible is fully met (most preventative services covered 100%). You may use in- and out-of-network providers; but financial incentives are for in-network. The HSA, is a savings account with tax-favored status. Funds added when enrolled in a qualified HDHP. Can pay qualified medical expenses, tax-free. Unlike flexible spending arrangements (FSA), HSA funds not used remain and grow tax-free. Funds deposited stays until spent, are portable and go with you if you change employers or retire. Because of tax issues, maintaining good medical records is vital.

Diocesan policy requires each congregation to fund an HSA for at least 80% of the HDHP's deductible (i.e. \$2,160-single; \$4,360 +1/Family). At this level participants have funds to pay most of the deductible with little or no change in overall financial exposure compared to other plans and congregations save compared to premiums of other ECMT plans. The first year of HSA funding is the most difficult, especially if there are significant medical expenses. After the first year there is often a balance from previous years that is available to meet current medical expenses. A congregation must fully fund the HSA at the beginning of the year or fund ¼ at the beginning of each quarter. Participants may agree, in writing, to monthly funding.

The current maximum annual HSA contribution is \$3,100 (single) and \$6,250 (+1/Family). Participants are also encouraged to contribute to their HSA. Participants over age 55 can contribute an additional \$1,000. Those enrolled for Medicare Part A and not yet retired do not have the HDHP/HSA option available to them.

Prescription Drug Benefits

Included with all medical plans.

	<i>Retail Pharmacy</i>	<i>Medco Mail-Order</i>
How the Plan Works	Fill prescriptions at a local pharmacy. After a second refill, must use mail-order for same medication or pay entire cost.	Fill prescriptions through Medco mail-order pharmacy. Intended for maintenance medications, not immediate need medications (like antibiotics).
Dispensing Limit	Maximum 30 day supply	Maximum 90 day supply
Co-pay (for each prescription or refill)	\$10 for generic drugs \$35 for Formulary drugs \$60 for Non-Formulary drugs When generic available and Formulary or Non-formulary drugs used, you pay the difference.	\$25 Generic \$90 Formulary \$150 Non-Formulary When generic available and Formulary or Non-formulary drugs used, you pay the difference.
High Deductible Health Plans	HDHP does not have co-pays - you pay total cost however it applies to your deductible and out-of-pocket maximum. Once deductible met, 15% generic, 25% formulary and 50% non-formulary.	
Annual Deductible	\$50 per person (HDHP does not have a prescription deductible)	

Vision Plan

Included with all medical plans. Vision expenses do excluded from HDHP deductible/out-of-pocket.

	<i>In-Network</i>	<i>Out of Network</i>
How the Vision plan works	Any provider but plan pays greater benefits for in-network. Visit enrollwiththeyemed.com/access to find providers. In-network includes LensCrafters, Sears Optical, Target Optical, Pearle Vision, JCPenney Optical.	
Eye Exam Co-pay	\$10	\$30
Lenses Co-pay	\$10	Up to \$57, varies with lenses
Lenses Options Co-pay	\$15-\$65 depending on option	N/A (plan doesn't pay)
Frames	\$130 allowance, 20% off balance > \$130	Up to \$47
Contacts Co-Pay	\$0 up to \$130 allowed, 15% > \$130	Up to \$100
Vision Correction Procedure	15% off retail	N/A (plan doesn't pay)
Frequency	Exam, Frames and Lenses eligible once every calendar year	

Mental Health / Substance Abuse Benefit

Included with all medical plans. Care subject to medical necessity. Preauthorization for inpatient, partial hospitalization, residential, intensive outpatient and face-to-face EAP services. Emergency admissions must notify within 48 hours.

<i>Benefit</i>	<i>In-Network</i>	<i>Out of Network</i>
Employee Assistance Program <i>(details below)</i>	Unlimited telephonic and work / life services. Up to 10 face-to-face sessions per issue. No deductible or co-payment.	Not Applicable.
Inpatient Mental Health/Substance Abuse: Detoxification, Residential, Partial Hospitalization	Copayments: \$100/day (\$600 max per admission). Unlimited annual limit (fully managed). Coverage reduced 50% if not pre-certified.	No Out-of-Network benefits
Intensive Outpatient Mental Health/Substance Abuse Program	Copayment: \$100 per program, payable at admission. Unlimited annual limit (fully managed). Coverage reduced 50% if not pre-certified.	No Out-of-Network benefits
Outpatient Mental Health/ Substance Abuse	\$130 allowance, 20% off balance above \$130. Unlimited annual limit. Copayment \$25 for individual or group. Colleague groups with approved facilitators are also covered	Plan pays 70% up to maximum reimbursable fee.

Employee Assistance Program (EAP)

Included with all medical plans NEW – EAP available even if coverage is from another source

Need someone to talk to about a family matter, stress at work, or a personal problem of any kind? Call the Employee Assistance Program (EAP) at any hour, day or night. Reach a compassionate ear and connect with helpful resources. Call **(866) 395-7794** with your insurance card ready. If you are enrolled in an ECMT plan, EAP services are provided at no additional cost to you. If you enroll for an EAP Only plan, the cost is only \$5 per month. EAP assistance can reduce overall medical costs directly (dealing with or solving a problem immediately with no office visit) or indirectly (reduced stress, averting a future crisis) and keeps medical expenses in check.

EAP services include 24/7 phone access for help with behavioral health issues; discounts and referrals on acupuncture, massage therapy, vitamins, and more; immediate help during a crisis; local resources in your community on a wide range of topics; tips and guidance to help balance work with family life; counseling in person by online referral or through your EAP. There are also a number of online support services, including Emotional Well-Being and Life Events services; Family and Caregiving Resources; Health and Wellness Resources; Daily Living Resources.

EVEN IF YOU WON'T ENROLL IN A MEDICAL OR DENTAL PLAN, YOU CAN ENROLL IN AN EAP ONLY PLAN FOR ONLY \$5.00 PER MONTH (\$60 per year).

Dental Benefits

Eligibility for dental plans is the same as for medical plans.

	<i>Dental & Orthodontia</i>	<i>Basic</i>	<i>Preventative</i>
How the Plan Works	Any provider but plan pays greater benefits for in-network provides. Visit www.cigna.com to search a providers' directory.		
Annual Premium	Single: 744 Employee+1: 1,332 Family: 2,016	Single: 612 Employee+1: 1,116 Family: 1,752	Single: 252 Employee+1: 420 Family: 660
Preventive/Diagnostic Co-pay	0%	0%	0%
Basic Restorative Co-pay	You pay 15%	You pay 15%	You pay 20%
Major Restorative Co-pay	You pay 15%	You pay 50%	You pay 99%
Orthodontia Co-pay	You pay 50%	Not covered	You pay 99%
Deductible	In-Network: Zero Out-of-Network: Single: 25 +1/Family: 75	In Network: Zero Out-of-Network: Single: 50 1/Family: 100	None
Annual Benefit Maximum	1,500: Orthodontia 1,500 lifetime.	1,500	1,500

Questions?

Contact Lay Canon
Matthew Payne at
(920) 830-8866.

Due to complexities of issues, a telephone call is preferred.