

EPISCOPAL HEALTH PLANS 2022

Medical and Dental Insurance

provided by the Diocese of Fond du Lac through the Episcopal Church Medical Trust (ECMT)
Annual Enrollment – Active Clergy and Lay Employees: October 27 – November 17



Eligibility

Clergy and lay employee are eligible to participate who are scheduled to work at least 1,000 hours (1/2 time) per year. Dependents (i.e. spouse or child up to age 30) are also eligible. Those eligible may decline coverage. Anyone not currently enrolled should contact the Diocesan Office at (920) 830-8866 to discuss.

Medicare Eligible Note: any participant becoming Medicare eligible is to contact the Diocesan Office prior to enrolling to discuss this impact for the participant and plan premium.

Cost Sharing

The total cost of health care is shared by the employer and employee. The employer pays the premium and contributes to a Health Savings Account (HSA). The employee pays the deductible (before the plan pays) and co-insurance (percentage after deductible) up to a maximum out-of-pocket amount (after which the plan pays 100%). An employee may contribute to an HSA, if available. An employee may be required to pay a portion of the premium (*see Table IA*).

Design

Two medical insurance designs are offered in the Anthem BCBS network. Dental insurance has one design in the CIGNA Network. Services received in-network will receive discounts. Preventative services are covered 100%. Emergency services are always covered. Once services are received, an Explanation of Benefits (“EOB”) is provided which details charges, discounts, credits, co-insurance and amount owed to the provider.

- **PPO 80** [Preferred Provider Organization]. Plan pays 80% after deductible until out-of-pocket maximum is met. Co-pays and prescription costs are separate from deductible, co-insurance and out-of-pocket limits. This design has a higher premium but lower out-of-pocket costs.
- **CDHP 15** or **CDHP 20** [Consumer Driven Health Plan] **with HSA** [Health Savings Account]. Plan pays 85% or 80% after deductible until out-of-pocket maximum is met. There are no co-pays and prescription costs count towards deductible and out-of-pocket maximum. This design has a lower premium but higher out-of-pocket costs. The greater out-of-pocket costs as compared to the PPO plan are met through a paired HSA.

Annual Enrollment Process

Step ❶ A green envelope from the Church Pension Group provides instruction to access the Annual Enrollment Portal website. New participants are to contact the Diocesan Office.

Step ❷ Review plan options linked at diofdl.org/ae.

- explore medical and dentals plan in detail, including plan documents
- learn about enhancements (vision, hearing, mental health, EAP, Health Advocate)
- discover if providers are in-network (decreases out-of-pocket costs)

Step ❸ Visit CPG’s Annual Enrollment Portal. PLEASE VISIT even if you will keep the current plan.

- review/update contact information such as email, phone, address
- review/update plan selections
- remember to click the final SUBMIT button to receive a confirmation message

Step ❹ Register for anthem.com and express-scripts.com to assist managing your care and records.

Your Choice, Same Exposure

The plan you select is to be based on your need, not cost. Diocesan policy requires employer HSA contributions which equalize out-of-pocket cost exposure for all plan designs.

TABLE 1 - PLAN SUMMARIES Annual Rates

	PPO 80	CDHP-20/HSA	CDHP-15/HSA
Annual Premium (employer)	Single: 13,128 Employee+1: 23,628 Family: 36,756	Single: 10,824 Employee+1: 19,488 Family: 30,312	Single: 12,156 Employee+1: 21,876 Family: 34,032
Deductible (employee before coinsurance)	<i>In-Network</i> Single: 1,000 +1/Family: 2,000 <i>Out-of-Network</i> 2,000/4,000	<i>In-Network</i> Single: 2,700 +1/Family: 5,450 <i>Out-of-Network</i> 3,000 / 6,000	<i>In-Network</i> Single: 1,400 +1/Family: 2,800 <i>Out-of-Network</i> 2,800/5,600
Coinsurance (% plan pays after deductible)	<i>In-Network</i> 80% (you 20%) <i>Out-of-Network</i> 50% (you 50%)	<i>In-Network</i> 80% (you 20%) <i>Out-of-Network</i> 55% (you 45%)	<i>In-Network</i> 85% (you 15%) <i>Out-of-Network</i> 60% (you 40%)
Out-of-Pocket Max (maximum employee, including deductible, before plan pays 100%)	<i>In-Network</i> Single: 3,500 +1/Family: 7,000 <i>Out-of-Network</i> 7,000/14,000	<i>In-Network</i> Single: 4,200 +1/Family: 8,450 <i>Out-of-Network</i> 7,000/13,000	<i>In-Network</i> Single: 2,400 +1/Family: 4,800 <i>Out-of-Network</i> 4,800/9,600
Doctor Copay, (each visit, separate from deductible, coinsurance or out-of-pocket)	<i>In-Network</i> Visit: 30 Specialist: 45 <i>Out-of-Network</i> 50% (you pay 50%)	None	None

TABLE 1A – PREMIUM SHARE & HSA CONTRIBUTION Annual Rates

Diocesan policy requires employer contributions to employee HSA for CDHP plans.

HealthEquity is no-cost vendor. To set-up HSA with HealthEquity, contact the Diocesan Office

Employment status threshold	Employer Premium %	Employee Premium %	Employer required HSA contribution*	
			<u>CDHP-20</u>	<u>CDHP-15</u>
Full-time	100%	0%	Single: 1,700 +1 / Family 3,450	Single: 400 +1/Family: 800
¾ time	75%	25%	Single: 1,275 +1/Family: 2,588	Single: 300 +1/Family: 600
½ time	50%	50%	Single: 850 +1 / Family 1,725	Single: 200 +1/Family: 400

* may contribute more if done equally for all eligible employees

Example: priest working full-time, with spouse

Level	Premium (employer)	HSA contribution (employer)	Total Employer	Employee deductible (after HSA)
PPO80	23,628	0	23,628	2,000
CDHP-20	19,488	3,450	22,938	2,000
CDHP-15	21,876	800	22,676	2,000

Example: lay employee working ½ time, single

Level	Premium (employer)	Premium (employee)	HSA contribution (employer)	Total Employer	Employee deductible (after HSA)
PPO80	6,564	6,564	0	6,564	1,000
CDHP-20	5,412	5,412	850	6,262	1,850
CDHP-15	6,078	6,078	200	6,278	1,200

Pre-Tax Deductions

The diocese has established a Section 125 Premium-Only-Plan to all for the employee contribution to premium costs to be made on a pre-tax basis. If this is your situation, contact the Diocesan Office.

TABLE 1B - PRESCRIPTION BENEFIT (included with plans)

Administered by Express Scripts express-scripts.com

PPO 80	<i>Retail Pharmacy</i>	<i>Home Delivery</i>
Deductible	None	None
How it Works	Fill at pharmacy. After second refill of same medication, use mail-order or pay full cost.	Fill through Express Scripts. For maintenance, not immediate need medications.
Limit	Up to a 30-day supply	Up to a 90-day supply
Co-pay (each prescription or refill)	\$10 Generic \$40 Preferred Brand \$80 Non-Preferred Brand. Generic available & Brand used, you pay difference	\$25 Generic \$100 Preferred Brand \$200 Non-Preferred Brand Generic available & Brand used, you pay difference

CDHP20 & CDHP15	<i>Retail Pharmacy</i>	<i>Mail-Order</i>
Deductible	Combined with in-network deductible.	
How It Works	Fill at pharmacy. After second refill of same medication, use mail-order or pay full cost.	Fill through Express Scripts. For maintenance, not immediate need medications.
Dispensing Limit	Up to a 30-day supply	Up to a 90-day supply
Coinsurance (% insurance pays after deductible)	Generic Preferred Brand Non-Preferred Brand <i>If generic available & brand used, you pay the difference</i>	85% (you pay 15%) 75% (you pay 25%) 50% (you pay 50%)

TABLE 1C - MENTAL HEALTH/ SUBSTANCE ABUSE BENEFIT (included with plans)

All services through Anthem Behavioral Health

Benefit	PPO 80		CDHP-20		CDHP-15	
	<i>In-Network</i>	<i>Out of Network</i>	<i>In-Network</i>	<i>Out of Network</i>	<i>In-Network</i>	<i>Out of Network</i>
Outpatient services	\$30 copay	30% coinsurance	20% coinsurance	45% coinsurance	15% coinsurance	40% coinsurance
Inpatient services	20% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance	15% coinsurance	40% coinsurance

TABLE 1D - VISION BENEFIT (included with plans)

	<i>In-Network</i>	<i>Out of Network</i>
How it works	Annual benefit. Visit any provider. Plan pays more for in-network. eyemedvisioncare.com/ecmt	
Eye Exam	\$0 copay	Plan pays up to \$30
Lenses	\$10 copay	Plan pays \$32-\$57, varies with lens
Lenses Options	\$15-\$75 copay on option	Progressive only, up to \$46
Frames	\$150 allowed, 20% off balance > \$150	Plan pays up to \$47
Contacts	\$150 allowed, 15% off balance > \$150	Plan pays up to \$100

New in 2021 – **Hearing Benefit** – Maximum benefit of \$1,500 per ear every three years

TABLE 2 - DENTAL PLANS

HSA may be used for out of pocket dental expense

	<i>Dental & Orthodontia PPO</i>	<i>Basic Dental PPO</i>	<i>Preventative Dental PPO</i>
How Plan Works	Any provider. Richer benefits in CIGNA network. cigna.com		
Total Annual Premium (employer pays)	Single: 936 Employee+1: 1,680 Family: 2,616	Single: 708 Employee+1: 1,272 Family: 1,980	Single: 540 Employee+1: 972 Family: 1,512
Deductible (employee pays before coinsurance)	<i>In-Network</i> 0 <i>Out-of-Network</i> Single: 25 +1/Family: 75	<i>In Network</i> 0 <i>Out-of-Network</i> Single: 50 +1/Family: 100	None
Coinsurance (% insurance pays after deductible)	Preventive/Diagnostic	You pay \$0	You pay \$0
	Basic Restorative ¹	85% (you pay 15%)	85% (you pay 15%)
	Major Restorative ²	85% (you pay 15%)	50% (you pay 50%)
	Orthodontia	50% (you pay 50%) 1,500 lifetime limit	Not covered
Annual Benefit Maximum (employee responsible for expense after being met)	2,000	2,000	1,500

¹ Fillings, root canal therapy, periodontal scaling and root planing, denture adjustments and repairs, extractions

² crowns, dentures, oral surgery, osseous surgery, dental implants, night guards, anesthetics, and bridges

Employee Assistance Program (EAP)

EAP includes 24/7 phone access for help with behavioral health issues; referrals; immediate help during a crisis; local resources on a range of topics; guidance to balance work with family life; in person counseling by referral. Call anytime, any day or go online for confidential assistance, information or resources to help resolve life's challenges. Call **(866) 395-7794** and identify yourself as with the Episcopal Church. Online at myCigna.com, employer ID: episcopalPSN

Health Advocate Service

The Health Advocate helps navigate and facilitate medical and administrative issues within the healthcare system. Health Advocate's services are typically registered nurses, backed by a team of medical directors and benefits and claims specialists. Who is covered? You, your spouse, dependent children, parents and parents-in-law. Visit members.healthadvocate.com (password episcopal) or call (866) 695-8622.

Travel Assistance Service

UnitedHealthcare Global Assistance can help with emergency medical or travel needs you may encounter when you are 100 or more miles away from home or outside the US. For details on the plan, visit cpg.org/active-clergy/insurance/health-and-wellness/additional-benefits/travel-medical-assistance. If you need to access this benefit, call (800) 527-0218.

What Drives Our Rates?

Average insurance premiums for not-for-profit entities are \$8,000 single/\$22,000 family. You probably noticed our plans are above the industry average and have increased each year over the past few years. Many factors impact our premiums, but three are the most significant.

Our average age of participants is higher than the general population. Older persons tend to have more health care costs. Our participants use medical services more often than the general population. This results in higher costs but is a good thing because we want people to be well to serve. Finally, Episcopal Church participants have demographic factors resulting in higher health costs. These are being more sedentary and having higher stress jobs than the general population. Combined these factors result in more medical costs and higher premiums.

We are thankful to participate in the denominational health plan which includes clergy and lay employees from each diocese, along with schools, camps and other Episcopal organizations. Because we are part of this national plan, premiums are better than they would be through other vendors. Our diocesan experience over the past three years, excluding high-cost claims (covered by re-insurance), was \$1.32 paid for each \$1.00 received in premiums. In other words, to "break even" our premiums should be even higher! However, as part of a national plan with some having claims less than premiums, our extra costs are spread out which limits our premium increase.

The diocese is bound by canon to provide plans through the Episcopal Health Plan. Even if could shop around, with our experience, anyone taking our business would significantly increase premiums or decrease our already average benefits. Either way, there would be additional hardship for the congregation, the cleric and the lay employee.

Questions?

Sometime the words on the page may cause more confusion than clarity. Have a question? Need clarification? Have an idea? Contact Lay Canon Matthew Payne at (920) 830-8866.

Because of complexities of issues, a telephone call is preferred.

For additional detailed and in-depth information, visit diofdl.org/ae.