West Virginia Annual Conference
The United Methodist Church

*Conference Treasurer*
*Executive Secretary Conference Board of Pensions*
*Director of Administrative Services*

***James M. Berner***

To: Participants in WV Annual Conference Health Care Program

From: Jim Berner

Subject: Changes to Health Care Plan Approved At Annual Conference

Date: June 14, 2010

Several health care plan changes were approved at the 2010 Annual Conference session June 10 – 13, 2010 at Buckhannon. This is a summary to assist you (if necessary) to comply with these changes as well as provide information concerning changes in the plan.

**For active participants:**

1. Effective January 1, 2011, premiums for participation in the conference health care program will be as follows:
   Single coverage: Annual premium $6,576 Monthly premium: $548
   Family coverage: Annual premium $15,792 Monthly premium: $1,316
2. Effective January 1, 2011, minimum funding levels for churches with participants in the conference health care program will be:
   Church Funding 70% Participant Funding 30%
   Special circumstances may necessitate "blended premiums". Please contact the Conference Treasurers office to see if this is the case in your situation.
3. Effective August 1, 2010, if you are eligible to enroll in the conference health care plan (months of June and July enrollment period) and fail to exercise that option, you will be required to wait two (2) years before you will again be eligible to enroll. The exception to this rule will be if you or an eligible Dependent experience what is termed as a "qualifying event" listed below under Special Enrollment Procedures:

**The United Methodist Center**
**P.O. Box 2469, Charleston, WV 25329**
Phone: 1-800-788-3746 or 304-344-8331 ext 35
Fax: 304-344-9584 email:tresrr@aol.com

**SPECIAL ENROLLMENT PROCEDURE**

***Individuals Losing Other Coverage***. The Plan permits an Eligible Employee who is not enrolled (or a Dependent of such an Eligible Employee if the Dependent is eligible for coverage under the Plan but not enrolled) to enroll for coverage under the Plan if **each** of the following conditions is met:

1. The Eligible Employee or Dependent was covered under a Group Health Plan or Health Insurance Coverage at the time coverage under the Plan was previously offered to the Eligible Employee or Dependent;

2. The Eligible Employee stated in writing at such time that coverage under a Group Health Plan or Health Insurance Coverage was the reason for declining enrollment; provided, however, this condition shall apply only if the Employer required such a statement at the time coverage under the Plan was offered and provided the Eligible Employee with notice of such requirement and the consequences of failing to enroll at such time;

3. The Eligible Employee's or Dependent's coverage was: (a) under a COBRA Continuation Provision and the coverage under that provision was exhausted; or (b) not under a COBRA Continuation Provision and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment or reduction in the number of hours of employment) or employer contributions toward such coverage were terminated; and

4. The Eligible Employee requests special enrollment not later than thirty-one (31) days after the date of exhaustion of coverage described in subparagraph 3. above or termination of coverage or employer contribution described in subparagraph 3. Above;

5. The Eligible Employee or Dependent requests special enrollment not later than sixty (60) days after the date of termination of the Eligible Employee's coverage under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act resulting from a loss of eligibility for such coverage;

6. The Eligible Employee or Dependent requests special enrollment not later than sixty (60) days after the date the Eligible Employee or Dependent is determined to be eligible for assistance with respect to coverage under the Plan under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act.

***Dependent Beneficiaries***

1. If an Eligible Employee is a Participant or has met any Waiting Period applicable to becoming a Participant and is eligible to be enrolled under the Plan but for a failure to previously enroll, and he acquires a Dependent through marriage, birth, adoption or Placement for Adoption, the following special enrollment period will apply during which period the Eligible Employee and Dependent may be enrolled under the Plan, and in the case of the birth or adoption of a child, the spouse of the Eligible Employee may also be enrolled as a Dependent if otherwise eligible.

2. The Dependent special enrollment period shall be a period of **thirty (30) days** and shall begin on the date of the marriage, birth or adoption or Placement for Adoption, as the case may be, as described in subparagraph 1 above. The coverage of the Dependent will become effective: (a) in the case of marriage, the first day of the month beginning after the date the completed request for enrollment is received; (b) in the case of a Dependent's birth, as of the date of such birth; or (c) in the case of a Dependent's adoption or Placement for Adoption, the date of such adoption or Placement for Adoption.

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**For Medicare eligible participants:**

1. Effective January 1, 2011, prescription drug coverage will be through the Medicare Part D program administered by the Federal government.

   Steps to accomplish this transfer are as follows:
   1. Upon receiving a Medicare and You 2011 booklet, you should call West Virginia State Health Insurance Assistance Program (WV SHIP) at 1-877-987-4463. If you reside out of state, you can call the above number to get the toll-free number for your state of residence or visit the website www.shiptalk.org. The receipt of this book is your "trigger" to begin this process. If for some reason you do not receive a book in the mail, then begin this process no later than *November 1, 2010*.
   2. Have a written list of all medications taken including the dosage/quantity.
   3. Have your Medicare card in front of you when you make the call or if you visit one of the WV SHIP offices.
   4. Remember, the earliest you can enroll is November 1, 2010.

2. Effective January 1, 2011, Medicare Supplement premiums for the conference health care plan are as follows:

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   | Single coverage: | Annual premium $1,620 | Monthly premium $135 |
   | Family coverage: | Annual premium $3,240 | Monthly premium $270 |

   **This is the monthly premium that will be charged to your account.**

3. Effective January 1, 2011, the conference health care plan will coordinate prescription drug claims as if the participant is a Medicare Part D participant and will subsidize reimbursements at 50% of the first dollar of the Medicare Part D "donut hole" prescription drug expense of $2,250 to $5,850 up to a maximum reimbursement of $1,800 per calendar year per participant.

If you have any questions concerning these items, please feel free to contact me at the numbers listed below.

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