

2021 Proposed Health Plan – FAQ

- 1. Are retirees impacted by the recommendation to move active health insurance coverage to HealthFlex?**
 - a. The Medicare Supplement Plan offered through the Conference is not changing and will continue to be administered by Benefit Assistance (BAC). Therefore, as long as Medicare is an individual's primary coverage, retirees and active clergy falling under the small employer exception will not be impacted by the recommended change.

- 2. Under HealthFlex, should a clergy have two single plans or one participant +1 dependent plan?**
 - a. It would be recommended for a clergy couple to have one participant +1 plan to be most cost efficient for the participant, charge, and Conference.

- 3. What is a Health Saving Account (HSA) and a Health Reimbursement Account (HRA)?**
 - a. Both accounts are opportunities for participants to take advantage of tax savings vehicles to save for out-of-pocket healthcare costs. The balance in an HSA or HRA rolls over from year to year, so they are NOT a "use it or lose it" account. For more detailed information, please review page 11 & 12 or the HealthFlex 2021 Plan Comparison document included on the proposal website.

- 4. What would be the Charge/Church responsibility under HealthFlex?**
 - a. A charge/church would be responsible for \$6,500 in 2022 for each participant employed by the charge/church; therefore, if a charge/church has two participants employed, the amount would be \$13,000 for 2022. The remainder of the monthly billed sent to charge/church from the Treasurer's Office would be the participant's responsibility, and this amount would need to be deducted from the participant's payroll. However, if a charge/church elects to cover more than the \$6,500 per participant, that decision is up to the charge/church, and the change to HealthFlex would not prevent it from doing so.

5. Will the plan eligibility change for under HealthFlex?

- a. No, the Board of Pension did not change any of the eligibility requirements, and HealthFlex allows for all the Conference's historic qualifications to participate in the plan. A church employee must work on average at least 30 hours a week or pastor must be appointed at least 75% to be eligible to participate in the plan.

6. Can a retiree on the Conference supplement elect vision coverage through HealthFlex?

- a. Currently, HealthFlex does not offer dental/vision for those participants or spouses who are on Medicare.

7. Is Quest the only lab that Healthflex uses, or will WV BCBS labs be considered in-network?

- a. Quest is the only lab HealthFlex uses for Blueprint for Wellness. However, there is a doctor's form that can also be used for Blueprint for Wellness to still earn the \$100. For other lab tests, there are more options than just Quest in-network with BCBS.

8. Is the ER copay \$200 if the patient is admitted? Most insurances waive that copay upon admission from the ER. Is the urgent care copay still \$200?

- a. Yes, if the individual is admitted, the ER copay is waived. The urgent care copay is \$100. Only the B1000 has copays for these services. In all other plans, the deductible must be met and then coinsurance applies.

9. Is the Conference going to fund a HRA for those plans that list having an HRA?

- a. No, the conference does not need to send any funds for the HRAs included with the C2000 and C3000. Those funds are built into the cost of the plans. However, they are referred to as "Plan Sponsor-Funded Contributions." The same is true for the HSA contributions that are built into the H1500 and H2000.