

| Diocese of Central Florida | | | | | | | | | | | | | | |
|--|--------------------|--------------|------------------|--------|---|---------------------------------|-------------------------------------|--|----------------------|------------------|---------------------|---|----------------------------|--|
| 2016 Health & Dental Plan Options and Rates for Eligible ¹ Employees 2ND REVISION ¹² | | | | | | | | | | | | | | |
| Anthem BlueCross BlueShield Plans | 2016 Monthly Rates | | | | In Network Deductible | In Network Benefit ⁵ | Out of Network Benefit ⁵ | Annual Cost Difference vs Diocesan Standard Plan | | | | Website Information | | |
| | Single | Emp + Spouse | Emp + Child(ren) | Family | | | | Single | Emp + Spouse | Emp + Child(ren) | Family | | | |
| Anthem PPO⁶ 75/50⁷ DIOCESAN STANDARD PLAN | 666 | 1,332 | 1,199 | 1,998 | Yes Single-\$900 Others:\$1800 | 50-75% | YES 25-50% | NA | NA | NA | NA | www.anthem.com | | |
| Anthem HDHP²/HSA³ Employees that are enrolled in Medicare cannot contribute to a Health Savings Account; nor can their employer. For this reason, employees enrolled in Medicare should avoid this plan. | 551 | 1,102 | 992 | 1,653 | Yes Single \$2700 Others:\$5450 Med & RX | 80% | YES 55% | (1,380) | (2,760) | (2,484) | (4,140) | Click: "Find a Doctor" Select State: FL Select a plan/network: ↓ National PPO (Bluecard PPO) | | |
| | | | | | | | | Annual Employer Contribution to HSA⁴ | | | | | | |
| | | | | | | | | 1,380 | 2,740 | 2,484 | 4,137 | | | |
| | | | | | | | | Percentage of the deductible funded by these amounts | | | | | | |
| | | | | | | | | 51% | 50% | 46% | 76% | | | |
| Anthem PPO MS 75/50⁸ Only available through employers that have been pre-approved by Medicare and for employees enrolled in Medicare A. | 532 | 1,064 | 958 | 1,596 | Yes Single-\$900 Others:\$1800 | 50-75% | YES 25-50% | (1,608) | (3,216) | (2,892) | (4,824) | | | |
| Other Benefits Bundled with the Medical Plans detailed above: | | | | | CIGNA Dental Plan Options | | | | Monthly Rates | | | | Website Information | |
| Prescription benefits provided via a separate Rx plan through Express Scripts. You will receive a separate card for this. Vision benefits provided via a separate vision plan through Eyemed. You will receive a separate card for this. Medical Transport benefits provided via a separate plan through MEDEX. You will receive a separate card for this. Employee Assistance Program (EAP) ¹⁰ through Cigna Behavioral Health. There is no card for this. See footnote 10. Note: These benefits are included with the plans above and cannot be unbundled to achieve lower rates. | | | | | Plan Name | | | | | Single | Emp + Spouse | Emp + Child(ren) | Family | www.cigna.com |
| | | | | | Preventative Dental PPO | | | | | 30 | 60 | 54 | 90 | See instructions under footnote 11 to find Cigna In-network Dentists |
| | | | | | Basic Dental PPO | | | | | 52 | 104 | 94 | 156 | |
| | | | | | Dental & Orthodontia PPO | | | | | 70 | 140 | 126 | 210 | |

Disclaimer: This document was prepared by combining relevant information from the various Summary Plan Descriptions for each plan and the IRS website (www.irs.gov). The individual Summary Plan Description documents are available on the Church Pension Group's website (www.cpg.org). This document was developed to help you make an informed decision regarding your health and dental plans and to save you the time and effort it would take to find this information in the source documents and compile it in a format conducive for a comparative analysis. We have done our best to ensure its accuracy. However, in the event that there is a discrepancy between this document and the plan document or IRS documents, the Plan document and the IRS documents shall govern.

- Eligible Employees:** Employees who are scheduled to work at least 1000 hours per year (basically 20 hours per week) are eligible to enroll in these plans. The Denominational Health Plan (DHP) Canon requires that employers provide at least single level coverage to all employees who are scheduled to work at least 1500 hours per year (basically 30 hours per week) unless they are obtaining coverage through other authorized venues (i.e. spouses employer's plan, COBRA, Tri-Care, etc.). Employees who qualify for Medicare can also opt out of enrolling in these plans, however the employer is prohibited from providing any incentive to do so (i.e. reimbursing the employee for Medicare premiums or paying/reimbursing the employees for the cost of their medicare supplement, or Medicare D plan, etc.). See footnote 9 regarding Medicare eligible employees.
- HDHP=High Deductible Health Plan:** Note \$2700 individual & \$5450 family deductibles. These plans pay NOTHING until those deductibles are met; hence the lower premiums versus the Diocesan Standard Plan. Once deductible is met the plan operates as an 80/60 PPO. Generally speaking this means the plan pays 80% of in-network charges and 60% of out of network charges with employee paying 20% and 40% respectively. See footnote 5.
- HSA=Health Savings Account.** This is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). Employees who enroll in an HDHP/HSA will receive a debit card tied to their HSA that can be used (once funds have been deposited to the HSA) to pay their qualified medical expenses. Funds contributed to an HSA are not subject to federal income tax. 2016 Annual Contribution Limits from all sources (employer & employee) are \$3,350 for individuals and \$6,750 for families. Employees 55+ get an extra \$1,000 above those rates.
Employees that are enrolled in Medicare cannot contribute to an HSA; nor can their employer. The max amount that can be contributed in the year the employee enrolls for Medicare is prorated through the month before enrollment. Example: you enroll in Medicare in April: the max amount that can be deposited into your HSA for 2016 would be 3/12's of the annual max (3350*.25=\$837.50 with single level coverage or 6750*.25=\$1687.50 for those in levels above single). For this reason employees enrolled in Medicare should avoid this plan. Those who will enroll in Medicare during 2016 should consider the HSA contribution limits based on the month they will enroll.
- Annual Employer Contributions to HSA accounts:** Diocese recommends that annual amount an employer contributes to an HSA be limited such that the total amount paid by the employer for the HDHP Plan (including any compensation adjustments for Denominational Health Plan [DHP] parity reasons) doesn't exceed the total amount the employer would have paid if the employee were enrolled in the Diocesan Standard Plan; nor should it exceed the deductible of the HDHP Plan. In that scenario here are the maximum amounts for the employer to contribute to the HSA wherein the employee is receiving a compensation adjustment to address the DHP Canon's parity provision.

| Annual Figures | Single | | Employee + Spouse | | Employee + Child(ren) | | Family | |
|-------------------------------------|--------------|--------------|-------------------|--------------|-----------------------|--------------|--------------|--------------|
| | Dio Std Plan | HDHP Plan | Dio Std Plan | HDHP Plan | Dio Std Plan | HDHP Plan | Dio Std Plan | HDHP Plan |
| Single Coverage Premium | 7,992 | 6,612 | 7,992 | 6,612 | 7,992 | 6,612 | 7,992 | 6,612 |
| Compensation Adjustment* | - | - | 6,773 | 5,620 | 5,420 | 4,485 | 13,546 | 11,209 |
| Pension on Comp Adjustment | - | - | 1,219 | 1,012 | 976 | 807 | 2,438 | 2,018 |
| Employer contribution to HSA | - | 1,380 | - | 2,740 | - | 2,484 | - | 4,137 |
| Total Cost | 7,992 | 7,992 | 15,984 | 15,984 | 14,388 | 14,388 | 23,976 | 23,976 |

Note: figures rounded to preserve expense neutrality
Diocese recommends quarterly payments in the first month of quarter
= revised

* The DHP canon requires parity between all employees starting 1/1/2016 in regards to health benefits. For that reason, the Diocese adopted a policy that employers provide at least 100% of the premium for single level coverage for all employees who are scheduled to work at least 1500 hours/year. This compensation adjustment for health insurance above the single level helps employees who had insurance above the single level as a benefit prior to the parity provision to buy up to need while maintaining the same cost that their church would have incurred if the DHP Canon didn't include the parity provision. It is also useful to employees coming into the Diocese who need insurance above the single level and have such an adjustment included in their letter of agreement. The adjustment is basically equal to 85% of the difference between single level coverage and whatever higher level coverage the person needs.

Note: If the church has parity without using a compensation adjustment for their current employee(s) in order to comply with the parity provision of the DHP Canon, the amount to contribute to the HSA could be the annual difference between the HDHP Plan and the Diocesan Std Plan shown in the top right corner above. For example: there is only one employee working at least 1500 hours or all employees have the same level of coverage.

Employee Contributions to their HSA accounts: Employees of the Diocese and its institutions can sign up for the Diocesan Cafeteria Plan and have pre-tax dollars (pre FICA and pre Federal tax) withheld from their paychecks and deposited into their HSA subject to the annual limits from all sources mentioned above in footnote 3.

⁵ **In Network and Out of Network Benefits:** These are generalized percentages paid by the plan AFTER the insured pays any co-pays & deductibles. The actual percentage paid by the plan varies by procedure. Refer to plan documents for more details

⁶ **PPO** = Preferred Provider Organization (sometimes referred to as a participating provider organization or preferred provider option). This is a managed care organization of medical doctors, hospitals, and other health care providers who have agreed with an insurer or a third-party administrator to provide health care at reduced rates to the insurer's or administrator's clients. For this reason, your out of pocket expense will most likely be less if you stay within the Anthem network. However, you can choose to go to an out of network doctor and most likely you will have a higher out of pocket expense. Often the out of network doctor will submit a bill to Anthem and once a payment has been received you will be billed by the doctor for the balance. In some cases the doctor will require that you to pay the bill and it will be your responsibility to submit a claim to Anthem and receive their payment directly. Generally speaking it is always better (financially) to stay in the network.

⁷ **75/50:** This means that generally speaking the plan pays 75% of in-network claims (with the insured being responsible for the other 25%) and 50% of out-of-network claims (with the insured being responsible for the other 50%). As noted above in footnote 5 these are generalized percentages paid by the plan AFTER the the insured pays any co-pays & deductibles. The actual percentage paid by the plan varies by procedure. Refer to plan documents

⁸ **Anthem PPO MS 75/50: This is the exact same plan as the Anthem PPO 75/50. The premium is lower because in this plan Medicare pays first (rather than secondary, as is typical) for hospital claims (i.e. Medicare Part A) generated by employees and/or dependents that are enrolled in Medicare A.** In order to enroll in this plan the employee (**or their spouse**) must have a Medicare Card showing Part A and the employer must apply to Medicare via the Medical Trust exception (the basic requirement is to have 19 or fewer full and/or part time employees for each working day in each of the 20 or more calendar weeks for the preceding and current year). Contact the Diocese to initiate an application via the Medical Trust for this small employer exception.

Note that just the employee or their spouse needs to be enrolled in Medicare in order to enroll in this plan. The employee or spouse and any dependents that are not enrolled in Medicare Part A can still be enrolled in this plan; Medicare won't be a payer for any of their claims so for them the plan will operate just like the PPO 75/50 (Diocesan Standard Plan) plan but the employer can still enjoy the lower rate of the MS version of the plan.

⁹ **Medicare Eligible Employees and Employer Provided Health Plans**

People age 65 or older, who are citizens or permanent residents of the United States, are eligible for Medicare hospital insurance. Many are eligible for "Part A" at no cost at age 65 if they receive or are eligible to receive Social Security benefits. Many employees in this situation go ahead and enroll in Part A at no cost and receive a Medicare card showing the date they became enrolled in Medicare Part A.

Employees who have been enrolled into Medicare A will typically continue to be covered by their employers active health insurance plan because if they opt out of their employers plan they would need to enroll in Medicare B & D (which are not free) and most would also want to purchase a Medicare Supplement policy to address health expense exposures that Medicare doesn't cover. Employers are prohibited from inciting an employee to opt out of their active health plan in favor of Medicare (i.e. the employer cannot reimburse the employee for their Medicare B, D or Supplement premiums).

When employees are enrolled in an active health plan and also have Medicare A, the active plan is the primary payer of claims and Medicare is a secondary payer. Medicare Secondary Payer (MSP) is the term used when Medicare is not responsible for paying first. However, Medicare provides an exception from this general rule for small employers. A small employer may request Medicare to pay as primary for Medicare eligible beneficiaries by seeking a "small employer exception." This must be done through the employer's health plan provider (i.e. the Medical Trust in our case). If approved, Medicare becomes the primary payer of Part A medical benefits and the cost of providing medical coverage will be lower (hence the lower premiums).

¹⁰ **The Employee Assistance Program (EAP)** is bundled with all of the medical plans offered. Note that it is also available on its own at a price of \$5 per month for those eligible employees (see footnote 1) who have health insurance through authorized venues other than the Episcopal Church Medical Trust (i.e. spouses employer's plan COBRA, Tri-Care, etc).

¹¹ **Cigna Dental: How to research Cigna Network Dentists available in your area.**

1 Go to website: www.cigna.com

2 Click the orange box in the upper right section of the screen that says "**Find A Doctor**"

3 Click the second of 4 boxes (it is orange) that reads "**FOR PLANS OFFERED THROUGH WORK OR SCHOOL**" "work or school"

4 Click on the box marked "**DENTIST**"

5 Under box labeled "**SEARCH LOCATION:**" Input your city and state

6 Under "**SELECT A PLAN**" Click the purple box labeled "Pick"

Under "**DENTAL PLANS**" on the right side of the screen select "**Cigna Dental PPO or EPO**" by clicking on the radio button to the left of that text

Then click on the purple "**CHOOSE**" box on the bottom left of the screen to return to the previous screen

7 Click the purple "**SEARCH**" box on the right and you will get a list of in-network dentists

Note: If you want to search for a specific dentist by name or keyword enter that info in the box under "**LOOKING FOR**" prior to clicking on the purple "**SEARCH**" box

Note: all of these Cigna Dental Plans are PPO⁵ plans. Your out of pocket expense will most likely be less if you stay within the CIGNA network because the network doctors have agreed to a discount. However, you can choose to go to an out of network dentist. Often the out of network Dentist will submit a bill to CIGNA and once a payment has been received you will be billed by the dentist for the balance. In some cases the dentist will require that you to pay the bill and it will be your responsibility to submit a claim to CIGNA and receive their payment directly. Generally speaking it is usually better (financially) to stay in the network.

¹² Revision involves corrections to footnote 4. The Compensation adjustment and the Employer Contribution to HSA figures have been corrected to preserve expense neutrality. The revisions to these annual figures were in the range of 17 to 40. The figures that were revised are shaded.