

INSURANCE BENEFITS GUIDE

	Health: Church Portion	Health: Personal Portion	Dental	Basic Life	Supplemental Life	Medical Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
Contribution Type	Expense in the Church's budget	Pre-tax deduction from salary withheld and remitted by the Church		Expense in the Church's budget	After-tax deduction from salary withheld and remitted by the Church	Pre-tax deduction from salary withheld and remitted by the Church	
What is it?	Blue Cross Blue Shield (BCBS) Blue Options Preferred Provider Organization (PPO) offering a Base Plan (lower premiums/higher out-of-pocket expenses) or a Buy-Up Plan (higher premiums/lower out-of-pocket expenses) Benefit Summaries online at: https://nccumc.org/treasurer/downloads/#Insurance		Coverage provided through BCBS which may be purchased with or without Health Plan enrollment.	Provides a lump-sum benefit upon the passing of the insured to their beneficiary(ies) in addition to the Basic Life benefit. Benefit on Participant depends on personal election (increments of \$25,000 up to \$200,000). Benefit on spouse is \$10,000. Benefit on dependent dependents (under family coverage) is \$5,000.	Provides a lump-sum benefit upon the passing of the insured to their beneficiary(ies) in addition to the Basic Life benefit. Benefit on Participant depends on personal election (increments of \$25,000 up to \$200,000). Benefit on spouse is \$10,000. Benefit on dependent dependents (under family coverage) is \$5,000.	An account Participants contribute money into that they use to pay for certain out-of-pocket expenses for either health care costs (such as glasses, prescriptions, insurance co-pays, medical procedures, etc.) or the costs of dependent care services (such as preschool, day camps, child daycare). Participants do not pay taxes on their contributions therefore reducing their tax liability.	
How much does it cost in 2022?	\$1,439.79/month (\$17,277.48/year)	Monthly cost depends on personal elections: Base: Single = \$234.42 Parent/child = \$433.90 Family = \$597.20 Buy-Up: Single = \$272.08 Parent/child = \$503.62 Family = \$692.52	Monthly cost depends on personal elections: Single = \$39.40 Parent/child = \$70.81 Family = \$111.03	Monthly cost depends on personal elections: Single = \$16.50 Family = \$20.75	Monthly cost depends on personal elections: Participant = depends on age & coverage level (rates table online at https://nccumc.org/treasurer/insurance/) Spouse = \$2.43 Children = \$0.48	Monthly cost depends on personal elections. IRS sets maximum contribution amount each year. Medical FSA limit is \$2,850 and for Dependent Care FSA is \$5,000.	
Is it an expense to the Church?	✓	✗	✗	✓	✗	✗	✗
Is it an expense to the Pastor? (paid via paycheck withholding)	✗	✓	✓	✗	✓	✓	✓
Who MUST participate?	No one. All insurance plans are voluntary per the Participant's elections.						
Who is ELIGIBLE to participate?	Clergy must meet these criteria: <ul style="list-style-type: none"> Have an appointment time percentage of ½ time (50%) or greater, And make at least ½ of minimum salary (2022 criteria minimum = \$23,686) And work a minimum of 30 hours per week. 		Lay Employees (including Interim Supply Appointments) must: <ul style="list-style-type: none"> Work a minimum of 30 hours per week. 		Same criteria as for other insurance benefits, but also must be enrolled in the Health Plan		
Which forms are each clergyperson required to complete?	<u>If eligible and choosing to enroll:</u> BCBS Enrollment and Change Application <u>If eligible and choosing to NOT enroll:</u> Waiver/Declination of Health Insurance Coverage Form <u>If NOT eligible:</u> no form required			<u>If eligible and choosing to enroll:</u> MetLife Enrollment Form *Depending on coverage amount elected, may also require a Statement of Health. <u>If Not enrolling:</u> No form required	<u>If eligible and choosing to enroll:</u> MetLife Enrollment Form *Depending on coverage amount elected, may also require a Statement of Health. <u>If Not enrolling:</u> No form required	<u>If eligible and choosing to enroll:</u> Flexible Spending Accounts Election Form <u>If Not enrolling:</u> no form required	

Visit <https://nccumc.org/treasurer/insurance> for more details and wellness program information.

FOR QUESTIONS CONTACT JOANNA EZUKA, BENEFITS COORDINATOR (jezuka@nccumc.org or 984-207-6248)