

# 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)
<b>Contribution Type</b>	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	
<b>What is it?</b>	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: <a href="https://nccumc.org/treasurer/downloads/#Insurance">https://nccumc.org/treasurer/downloads/#Insurance</a>		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). Benefit = \$25,000 on Participant and \$10,000 on eligible dependents (under family coverage)	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 children 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.	
<b>How much does it cost in 2022?</b>	\$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 <a href="https://nccumc.org/treasurer/insurance/">https://nccumc.org/treasurer/insurance/</a> ) 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.	
<b>Is it an expense to the Church?</b>							
<b>Is it an expense to the Pastor? (paid via paycheck withholding)</b>							
<b>Who MUST participate?</b>	No one. All insurance plans are voluntary per the Participant's elections.						
<b>Who is ELIGIBLE to participate?</b>	<b>Clergy must meet these criteria:</b> <ul style="list-style-type: none"> <li>• Have an appointment time percentage of ½ <b>time</b> (50%) or greater,</li> <li>• And make at least ½ <b>of minimum salary</b> (2022 criteria minimum = \$23,686)</li> <li>• And work a minimum of <b>30 hours</b> per week.</li> </ul>			<b>Lay Employees (including Interim Supply Appointments) must:</b> <ul style="list-style-type: none"> <li>• Work a minimum of <b>30 hours</b> per week.</li> </ul>		Same criteria as for other insurance benefits, but also must be enrolled in the Health Plan	
<b>Which forms are each clergyperson required to complete?</b>	<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 <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.**

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