

The Corinthian Plan

Together, providing health care for pastors and church workers

Plan overview

The following plan design summary describes The Corinthian Plan. Key features of the plan include:

- Health coverage (Congregational Employee Plan) with
 - Choice of deductibles from the minimum permitted of \$1,300* for single coverage/\$2,600 for family coverage to a maximum of \$3,000 for single coverage/\$6,000 for family coverage.
 - Comprehensive health benefits.
 - Emphasis on prevention
 - Access to the Highmark Blue Cross/Blue Shield nationwide PPO network and related cost-control procedures.
 - Coverage for both credentialed pastors and other non-credentialed employees and their families.
- Flexibility for the congregation to offer either a health savings account (HSA) or a health reimbursement arrangement (HRA) to complement the health plan for employees.
- Wellness program with incentives
- Life insurance, accidental death and disability, and long-term disability as mandatory benefits of the plan.
- Vision and dental coverage as optional benefits of the plan.
- A funding mechanism to provide health coverage for pastors whose congregations are unable to afford it. The rating for the health plan is explained at the end.

For more information contact:

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**Please note that this is the lowest deductible allowed in 2016 to open and contribute to a health savings account.*



Health plan

The four goals of the health coverage are to:

- Provide coverage for catastrophic, high-cost medical needs,
- Encourage prevention,
- Manage costs, and
- Cover families.

Deductible choices

Congregations may choose from among the following four deductible options:

- A. \$3,000 for single (self-only) coverage
\$6,000 for family coverage (aggregate)
- B. \$2,000 for single (self-only) coverage
\$4,000 for family coverage (aggregate)
- C. \$1,300 for single (self-only) coverage
\$2,600 for family coverage (aggregate)
- D. \$1,300 per individual
\$2,600 per family (embedded). Note that this deductible is available with the health reimbursement arrangement, but not health savings accounts.

The difference between an aggregate deductible and an embedded deductible applies only to family coverage. An aggregate deductible means that the entire family deductible must be met before anyone in the family receives benefits payable by the plan.

In Option C above, the family would need to accumulate over \$2,600 in eligible expenses before receiving benefits payable by the plan for any family member. In Option D, the family deductible (\$2,600) has embedded within it an individual deductible of \$1,300 so that benefits would be paid for one family member as soon as that individual accumulated over \$1,300 of eligible expenses.

For all deductible options, once the deductibles are met, the plan pays 100 percent of eligible expenses for the remainder of the calendar year.

Expenses covered

The following expenses are eligible:

- Inpatient hospital
 - Major medical
 - Mental health
 - Substance abuse
- Maternity
- Outpatient
 - Major medical
 - Mental health
 - Substance abuse
- Prescription drugs
- Physician office visits
- Diagnostic x-ray and lab
- Home health services
- Spinal manipulations
- Therapy and rehabilitation services, including occupational therapy, speech therapy, and physical medicine

First-dollar preventive care

To encourage plan participants to practice prevention, the health plan pays 100 percent of some expenses immediately – without requiring the person to have met the deductible. The routine preventive services that are paid in this way are as follows:

- Immunizations
- Physical exams
- Mammograms
- Gynecological exams and pap tests
- Selected diagnostic screenings

Covering families

The health plan includes coverage for all eligible family members. Spouses and unmarried dependent children under the age of 26 are eligible for coverage.

How the health plan is administered

Menonite Church USA is the plan sponsor and delegates the administrative functions for the entire plan. The denomination will determine premium subsidy payments for congregations who are unable to pay the full cost of coverage for their pastor(s).

Everence and Highmark Blue Cross Blue Shield will administer the plan. This allows the health plan to receive larger discounts on medical care than Everence could deliver by itself.

Everence recommends rates and reserves for the plan, handles enrollments, billing, Continuation of coverage, and disenrollments, as well as all the non-health plan claims processing. Everence will also administer the wellness incentive features of The Corinthian Plan. Highmark provides claims administration, as well as cost controlling measures such as:

- Reviewing hospital bills,
- Negotiating fees,
- Managing large claims, and
- Precertification.

All of these services help to keep the cost of health care lower. Plan participants can help by using physicians and hospitals who participate in the Highmark Blue Cross Blue Shield PPO network.

No health plan covers everything

Today, health plans are very detailed. So what's covered (or not covered) under the plan can be extremely complex. We strongly suggest that before plan participants receive care, they call Highmark to see if that service is covered. The health plan will pay for expenses above the deductible for:

- Care that is listed as covered in the summary plan description.
- Care that is medically necessary and appropriate to treat an injury or sickness.
- Allowable charges for similar treatment in a given geographic area.

Not every service of every doctor or medical facility will always be paid by the health plan – even after the deductible is met. Plan participants are responsible for payment of ineligible services, so they should call Highmark first to find out if an expense is covered.

Health coverage options for terminating employees and dependents

If an employee or dependent loses eligibility for health plan coverage, they may choose to continue on the plan for up to 18 months but will need to pay the entire cost of the coverage.

Health savings account or health reimbursement arrangement

Congregations are encouraged to provide funding of \$500 for single health plan coverage and \$1,000 for family health plan coverage for their employees to help offset the cost of meeting the deductible requirement. If the congregation offers a health savings account, then the employee can also make contributions. If the congregation provides a health reimbursement arrangement, they must also fund it because employees are not permitted to make contributions.

Simply stated, both of these provide funds for medical expenses, when the need arises. Both also offer tax advantages.

A health savings account is owned by the employee. It can be used for qualified medical expenses, including meeting the plan's deductible or paying for dental or vision care, for example. Both the employer and the employee can make contributions, and the account balance carries over from year to year.

Eligibility requirements for HSAs

To open and contribute to an HSA, participants must:

- Be covered under a qualified high-deductible health plan,
- Not be covered under any other plan that reimburses medical expenses (including a health reimbursement arrangement or a medical reimbursement account) unless it is also a qualified high-deductible health plan,
- Not be enrolled in Medicare Part A or B, and
- Not be eligible to be claimed as a dependent on another person's tax return.

More details are available on the eligibility worksheet accompanying the HSA application.

A health reimbursement arrangement is a notational account, not a true account. It can be used for any qualified medical expenses, as determined by the plan sponsor. MCUSA has designated that the HRA can be used only for reimbursement of deductible expenses.

The employer makes a specific amount of money available, in case the employee has deductible expenses. The employee cannot add to the funding available, nor does the balance carryover to the next year.

Wellness program

To support healthy lifestyles for individuals, this program encourages each employee and spouse to complete the Highmark Wellness profile and document a plan to improve his or her health. Incentives will be offered for completing the wellness profile and engaging in a one-time wellness coaching session with an Everence Wellness Coach.

This program is also included as a tool to help manage costs associated with unhealthy habits.

Life and disability insurance

All eligible employees in The Corinthian Plan will receive life insurance coverage equal to their annual salary (up to \$65,000 maximum). In addition, an equal amount of coverage for accidental death and dismemberment is included.

In addition, eligible employees will receive disability income (based on the pastor's salary) in the event of a long-term disability. This pays two-thirds of a monthly salary to an employee who becomes disabled.

Additional benefits

Pastors and other employees may choose to participate in FlexChoice, the flexible benefits (cafeteria) plan provided by The Corinthian Plan. If the employee pays any portion of the premiums for the health, dental or vision plans, these are automatically processed through FlexChoice to enable the employee to receive tax benefits. In general, Flex-Choice allows employees to use before-tax dollars for

- Funding a health savings account; or, if they have a health reimbursement arrangement, paying for unreimbursed medical expenses;
- Paying their share of their health, dental, and vision plan premiums; and
- Paying for their work-related child (or dependent) care.

Eligibility requirements

For pastors

To be eligible to participate in The Corinthian Plan, they must

- Be credentialed for ministry (ordained, licensed toward ordination, licensed for specialized ministry) by an area conference that is a member of Mennonite Church USA.
- Have been called to serve in a pastoral ministry role in a congregation that is a member of an area conference of Mennonite Church USA.
- Be giving at least 20 hours per week on average to the ministry of the congregation to which they have been called.

For other church employees

Non-credentialed employees of congregations that are members of an area conference of Mennonite Church USA and who are working and paid for at least 30 hours per week will be eligible to participate in The Corinthian Plan.

Non-credentialed employees who are working at least 20 hours per week who were previously enrolled in the COMB plan are allowed to continue in The Corinthian Plan until their employment ends or drops below 20 hours per week.

If pastors and other church staff have health coverage elsewhere

Depending on the type of coverage, they may be waived from enrolling in the health plan but will need to participate in the life and disability plans.

Guaranteed enrollment for new pastors and church employees – time constraints

As long as pastors and church employees enroll within the time period Mennonite Church USA has allowed, they are guaranteed coverage in the health plan.

Special provisions for transferring employees

Pastors and church employees who are enrolled in the health plan with one congregation can easily transfer their coverage to another participating congregation (although there may be differences in the benefit package).

They will benefit by receiving credit for the deductible they've met in their previous plan. To ensure continuous coverage, it is important for pastors and church employees to transfer within the enrollment period established by Mennonite Church USA. If they don't, they could be declined coverage.

Rating structure for the health plan

Background

Most congregations have few employees. When they look for health coverage, they quickly learn that in the current health insurance environment, the rates reflect the health risk of the applicants. Insurance prices are generally quoted for healthy individuals without pre-existing health conditions. In larger group plans, a significant amount of the health insurance cost comes from employees with chronic conditions requiring ongoing treatment.

Rates for congregations

Actuarial analysis determined that if this plan were in effect for 2008, the pure insurance cost (A = insurance) was slightly less than the cost of covering what would have been pre-existing conditions (B = mutual aid). This B component is the cost of guaranteed coverage. Rates for congregations will be prepared showing both the A and B costs for each employee. Congregations may choose to include the B (mutual aid) cost in a different part of their budget from their employee benefit expenses.

Please note that if congregations pay only a portion of the premium for their employees (and covered family members), they will need to pay no less than 50 percent of the cost of A and B for the employee or the employee's family, depending on what coverage was selected.

Access

An additional rate component is needed to raise funds for pastors without health coverage whose congregations cannot afford to provide it. This rate component (C = access) applies to the congregation as a whole, not to individual congregational employees. The annual amount of C will be equal to \$10 per congregational attendee.

Waived pastors

Congregations are asked to pay a fee for pastors who have coverage provided through another source (e.g. spouse coverage or another group plan) to retain their guaranteed coverage in the plan in the future. The fee for a waived pastor is equal to that pastor's share of one-quarter of the mutual aid cost of the plan, multiplied by the percent of full-time equivalent the pastor is working, but no less than \$276. For 2016, the annual waive fee for a full-time pastor will be \$1,800. This cost may be adjusted at renewal.