

**To:** Clergy Members, Spouses, and Health Insurance Plan Sponsors  
**From:** BeLinda B. Carnegie *BBC*  
**Date:** August 17, 2017  
**RE:** 2018 Clergy and Lay Insurance Premium Equivalents Rates & Plan Changes

One of the missions of the Alabama-West Florida Conference Board of Pension and Health Benefits is to provide an affordable and sustainable health insurance plan. To that end, the Board made the following plan changes beginning January 1, 2018.

The following will remain in effect for January 1, 2018.

- Maximum out of pocket: Individual: \$4,000 Family: \$8,000
- Physician Co-pay: Primary: \$40 Specialist: \$60
- Facility/Hospital Co-Pay: \$300
- Prescription Co-pay: Generic: \$10 Preferred Brand: \$50  
Non-Preferred Drugs: \$75

The Board established the following premium equivalent rates for Active Clergy participants. The premium equivalents rates include health and dental coverage. The church will continue to be responsible for paying individual Clergy coverage. If the clergy member chooses dependent coverage, it will appear on the church's billing; however, the payment is the clergy's responsibility.

**Active Clergy Coverage Premium Equivalent Rates per month**

- Individual Coverage \$875.00
- Dependent Coverage \$875.00
- Spouse Age 65 & older of Active Clergy \$210.00 *(Medicare Supplement)*  
*(Active clergy spouses who are age 65 will be transferred from the active plan to the Medicare Supplement Plan.)*

**Retired Clergy under 65 appointed - Premium Equivalent Rates per month:**

The church will pay the church's Premium Equivalent payment of:

- Under age 65 on Active Plan \$875.00
- Age 65 & older on Medicare Supplement Plan \$168.00
- Spouse under age 65 of retired Clergy \$875.00

**Retired Clergy not under appointed Premium Equivalent Rates per month:**

- Under age 65 on Active Plan \$875.00
- Age 65 & older on Medicare Supplement plan \$210.00
- Clergy Spouse under age 65 of retired Clergy \$875.00



The Board established the following premium equivalent rates for Laity coverage.

**Laity Coverage Premium Equivalent Rates per month**

- Individual Coverage \$800.00
- Dependent Family Coverage \$1,210.00
- Laity Medicare Supplement\* \$210.00

\*Laity must be retired, over age 65 with 20 years of service and enrolled in conference health insurance program continuously 5 years prior to retirement. Also, the church will be responsible for remitting the payment to Benefit Development on a church's check. Lay persons are **not** eligible for the premium reduction.

**Reminders:**

- Gallagher Benefits Services, generally, will invoice on the 20<sup>th</sup> of each month. Payments not made to Gallagher by the 5<sup>th</sup> of each month will be reported to the Conference and District Office as late payments.
- When a lay employee's employment is TERMINATED, a Laity Health Termination Form must be completed and faxed it to 877-529-3860 to the terminate coverage. Coverage will be terminated at the end of that month and cannot be extended beyond that month. The Conference will not honor any claims or agreements made by local churches with employees. (The form is located on the Conference website, under health insurance tab)

The Board established the following premium equivalent rates for **Clergy on Medical Leave receiving CPP Benefits**. Clergy on Medical Leave must qualify for Social Security Disability and elect Medicare within 24 months of effective date of CPP disability benefits.

- On Active Plan \$175.00 (20% of Current Premium Equivalent)
- On Medicare Supplement Plan \$210.00 (Pays 2.9% reduction based on Years of service as recorded by Wespath Benefits & Investments)
- Not eligible for Medicare \$875.00 (May continue on Active plan, paying the full premium equivalent)

If you have any questions, please do not hesitate to call. The numbers are listed below.

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| <p>Eligibility of Coverage &amp; Clergy Health Coverage</p> <p><b>ALABAMA-WEST FLORIDA CONFERENCE:</b><br/><b>Health Benefits Office</b><br/>BeLinda Carnegie (<a href="mailto:belinda@awfumc.org">belinda@awfumc.org</a>)<br/>Frank Dunnewind (<a href="mailto:frank@awfumc.org">frank@awfumc.org</a>)<br/>Toll Free 888-873-3127<br/>Fax Number 334-274-1052</p> | <p>For Invoice Billing &amp; Receipt of Payment, Lay employee Health Coverage</p> <p><b>GALLAGHER BENEFIT GROUP</b><br/>PO Box 190, Selma, AL 36702<br/>Toll Free 800-752-2569<br/>Fax Number 877-529-3860</p> |
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