Denominational Health Plan (DHP) Policies

Adopted by the Executive Council Diocese of Western North Carolina

Background *(Adoption Date: August 8, 2019)*

In 2009, the 76th General Convention of The Episcopal Church (TEC or Church) passed Resolution A177 requiring all domestic dioceses, parishes, missions, and other ecclesiastical organizations or bodies subject to the authority of the Church to provide medical benefits solely through the Episcopal Church Medical Trust (the Medical Trust), which is administered by Church Pension Fund.

On August 8, 2019, and effective CY 2023, the Executive Council Diocese of Western North Carolina adopted by Resolution and implemented Denominational Health Plan (DHP) Policies. These policies supersede and update those policies.

This policy is to be used in conjunction with the Episcopal Church Medical Trust plan terms and conditions.

DHP Policies effective CY2027

Eligibility:

- Clergy and lay employees of Episcopal Diocese of Western North Carolina including parishes, missions, conference centers and other ecclesiastical organizations or bodies subject to the authority of TEC within this Diocese who are regularly scheduled to work 1,500 hours or more per year or 30 hours per week, on average, are required to offer DHP medical plan coverage and Group Life Insurance at the employer paid minimum noted below (80% of the Target Plan).
- Clergy and lay employees that are regularly scheduled to work between 1,000 and 1,499 hours per year (20 to 29 hours per week on average) are eligible to participate voluntarily at the employees' expense.
- Employers sharing clergy or lay employees should coordinate enrollment and cost-sharing if the total number of hours worked for both employers exceeds the requirement for mandatory coverage.
- Clergy and lay employees who have healthcare benefits through Diocesan approved sources will be allowed to waive healthcare coverage under the DHP ("opt out") and may choose to maintain their healthcare benefits through an approved source. Examples of approved sources include:
  - coverage through a spouse's or partner's employment,
  - healthcare benefits through a government sponsored program such as Medicaid or TRICARE,
- Declaration of the individual waiver will occur on an annual basis and should be filed with the Diocesan Office.

Pre-existing Conditions:

- When an eligible employee enrolls in the plan during either an open enrollment period, or as the result of a qualified family status change, pre-existing conditions will not apply to payment of benefits.

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Parity:

- Within each Episcopal Diocese of Western North Carolina organization, all eligible clergy and lay employees must be treated equally and be offered the same minimum level of coverage and funding for all medical benefits offered.
    - The same contribution percentage of the premium cost or flat dollar amount.
    - The same coverage level (i.e., single, family, etc.).
    - The same benefit plan designs.

Required Minimum Employer Healthcare Contribution:

- Each Episcopal Diocese of Western North Carolina organization must provide a minimum dollar contribution for all eligible employees equal to 80% of the Single coverage for the Target Plan (see Attachment A)
- Parishes and covered institutions are free to offer higher coverage, as long as parity is maintained.
- Lay and clergy employees who work 20-29 hours per week may, but are not required to, participate in the DHP. However, the employer is not required to fund any of the premium or deductible. If the employer does contribute to the premium, it becomes taxable income to the employee. In each parish or covered institution, parity must be maintained in this group.

Pre-tax Employee Contributions:

- Employees are permitted to use pre-tax dollars to pay their share of the cost of group health plan coverage if their employer has adopted and established a "cafeteria plan." The employer, not the Medical Trust, must establish and maintain the cafeteria plan for covered employees,
- An employer-sponsored cafeteria plan is a written document that satisfies the requirements of section 125 of the Internal Revenue Code and gives employees a choice between receiving compensation in cash or paying for group health plan coverage on a pre-tax basis.

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2027 Attachment A (See Annual Enrollment Guide for other offered benefits.)

Medical Plan Type	Anthem BCBS OR CIGNA CDHP-15/HSA Target Plan	Anthem BCBS OR CIGNA CDHP- 20/HSA
In-Network Coinsurance	**15%**	**20%**
Individual Deductible	$2,200	$3,600
Family Deductible	$4,400	$7,200
Individual OOP**	$3,900	$5,000
Family OOP**	$7,800	$10,000
PCP Coinsurance	15%	20%
Specialist Coinsurance	15%	20%
Emergency Room Coinsurance	15%	20%
Urgent care Coinsurance	15%	20%
Outpatient Coinsurance	15%	20%
Inpatient Coinsurance	15%	20%
Non-Network Coinsurance	**40%**	**45%**
Individual Deductible*	$4,400	$7,200
Family Deductible*	$8,800	$14,400
Individual OOP**	$7,800	$10,000
Family OOP**	$15,600	$20,000
Pharmacy Retail - 30-day dispensing per copay	**Subject to above Annual Deductible**	
Tier 1 (Generic)	15%	15%
Tier 2 (Formulary)	25%	25%
Tier 3 (non-formulary)	50%	50%
Tier 4 Specialty Rx	50%	50%
Pharmacy Mail Order – 90-day dispensing per copay	**Subject to above Annual Deductible**	
Tier 1 (Generic)	15%	15%
Tier 2 (Formulary)	25%	25%
Tier 3 (non-formulary)	50%	50%
Tier 4 Specialty Rx	50%	50%
***Out of Pocket Maximum combines medical, behavioral and pharmacy*		
	Monthly Rates	
Single (EE)	$1,170	$1,046
EE+ Spouse	$2,340	$2,092
EE+ Child(ren)	$2,106	$1,883
EE+ Family	$3,510	$3,138
Minimum Required Employer Monthly Contribution	**$936** ***80% of Single Target Plan Cost***	

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Medical Plan Type		Anthem BCBS OR CIGNA PPO 80	
In-Network Coinsurance		**20%**	
Individual Deductible		$1,500	
Family Deductible		$3,000	
Individual OOP**		$5,000	
Family OOP**		$10,000	
PCP/Outpatient Copay		$35	
Specialist Copay		$50	
Emergency Room Copay		$250	
Urgent care Copay		$60	
Outpatient Coinsurance		20%	
Inpatient Coinsurance		20%	
Non-Network Coinsurance		**50%**	
Individual Deductible*		$3,000	
Family Deductible*		$6,000	
Individual OOP**		$10,000	
Family OOP**		$20,000	
Pharmacy Retail Copay - 30-day	**Up to:**		
Tier 1 (Generic)		$5	
Tier 2 (Formulary)		$35	
Tier 3 (non-formulary)		$70	
Tier 4 (Specialty Rx)		$90	
Pharmacy Mail Order Copay-90 day	**Up to:**		
Tier 1 (Generic)		$12	
Tier 2 (Formulary)		$87	
Tier 3 (non-formulary)		$175	
Tier 4 (Specialty Rx)		$90	
	***Out of Pocket Maximum combines medical, behavioral and pharmacy*		
	Monthly Rates		
Single		$1,214	
EE + Spouse		$2,4,28	
EE + Child(ren)		$2,185	
EE + Family		$3,642	