

## UNY Health Plan Policies (updated 7/1/2021)

### 1. Policies developed by the Conference Board of Pension & Health Benefits:

This summary statement is provided to assist the clergy and employees of the Upper New York Annual Conference understand the eligibility guidelines and funding policies of the Health Care Program. The Health Care Program and its Policies are the responsibility of the Annual Conference and the Conference Board of Pension and Health Benefits and are subject to change. Eligibility guidelines are presented in summary; if there are any conflicts between the information in this summary and the terms of the Plan Document, the terms of the Plan Document shall control. Benefit information may be found at [www.unyumc.org](http://www.unyumc.org). Further information may also be obtained from the Benefits Office.

#### a. HEALTH CARE ELIGIBILITY

i. Full-time Active Clergy at Local Churches or appointed to staff positions.
ii. Conference or church lay employees working 30 hrs / week.
iii. Clergy on leave, enrolled prior to leave (18-month maximum).
iv. Retirees who were continuously enrolled 5 years immediately prior to retirement.
v. All enrolled persons must be in Medicare A & B, if eligible, and are responsible for that premium.
vi. Spouses and surviving spouses of enrolled retired participants, who were married prior to retirement date of clergyperson.
vii. New spouse of surviving spouse is NOT eligible.
viii. Dependents and surviving dependents of participants; children subject to age and status rules (up to age 26 regardless of student status).
ix. Break in coverage may affect eligibility.

#### b. HEALTH CARE FUNDING

x. Local churches are billed based on eligibility of clergy person, regardless of enrollment.
xi. Blended premiums to local churches with eligible pastors; blended rate being the average cost of all eligible clergy.
xii. Local church lay employees are billed 100% of actual premium elections; church contribution negotiated by employee.
xiii. A portion of retiree medical costs are billed to all churches based on a proportional basis as a direct bill item, i.e. Retiree Premium.
xiv. Conference Staff and DS costs paid through shared ministry budget; personal premiums on same basis as active clergy.
xv. All active participants - lay and clergy - pay (on a pre-tax basis) a portion of their health insurance, determined annually by CBOPHB.

xvi. Short term leave; salary paying unit continues to pay health insurance.
xvii. Long term disability; Conference pays full premium for pastor and family for year 1, then on a declining schedule for family members year 2-5. CBOPHB can consider special circumstances.
xviii. Persons on leave other than incapacity are not eligible for continuation of coverage.
xix. Retirees: The Conference's annual obligation is based on years of service: 3.33% of "fully funded HRA amount" per full-time equivalent year of service up to 30 years of service and 5-year vesting. CBOPHB determines the fully funded HRA amount annually.
xx. Retirees under age 65: Conference will pay 3% of actual premium credit based on Full-time equivalent years of service up to 30 years. Elections over the premium credit amount is the responsibility of the retiree plus, an additional amount of 5% of premium for each year under age 65, (up to a max 15%).
xxi. Retiree Health Insurance years of service include all full-time UMC church appointments or conference staff; adjusted for part-time.
xxii. Conference lay employee retirees pay on the same basis as Clergy retirees.
xxiii. Spouses and Surviving Spouses receive the same amount of the HRA (over 65) or pay premiums (under 65) as their clergy spouse.
xxiv. New spouses of retired participants pay 100% when under age 65 and receive no HRA when over age 65.
xxv. Premiums for legally dependent adult children determined by CBOPHB.
xxvi. Churches with clergy serving part-time should include in their salary support packages a "health Insurance allowance" in an amount that relates to the blended rate to enable the clergy person to obtain health insurance or fund a Health Savings Account.