



The United Methodist Church
Tennessee Conference
Office of Administrative Services

304 S. Perimeter Park Drive, Suite 4
Nashville, Tennessee 37211
(615) 327-1162 or (800) 359-1162

James R. Allen, Director
treasurer@tnumc.org

TO: Tennessee Conference Annual Benefits Open Enrollment

FROM: Melinda Parker, Assistant Benefits Officer
Jim Allen, Treasurer

DATE: June 2014

SUBJECT: **2014 Benefits Open Enrollment Information**

The time has come again for members who are eligible for benefits under the Tennessee Conference's benefit plan to review their current benefit elections in order to make changes for the upcoming plan year.

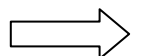
In an effort to save on the cost paper and postage we are placing **all open enrollment documents on our website: <http://www.tnumc.org/administration-and-finance/clergy-benefits.html>**

- | | |
|---|---|
| ➤ Health Plan Premium & Eligibility | ➤ Required PPACA Notice & Health Plan Privacy Policy Reminder |
| ➤ Dependent Premium Discount Guidelines | ➤ Optional Dental Plan Benefit Information |
| ➤ Summary of Benefits and Coverage | ➤ GBOPHB Before & After Tax Contribution Agreement |
| ➤ Enrollment/Change Form | |

If you are unable to access the information on the website and need to make changes, please contact Melinda Parker to request a packet be mailed to you.

Open Enrollment is your annual opportunity to review or change your benefit elections. Your current benefit selections (medical and dental) will carry over if you do not make any changes. If you have waived coverage in the medical and dental plans in the past and would like to enroll for this plan year (based on eligibility) or would like to add/change your dependent coverage now is the time. Changes must be made during our Annual Benefits Open Enrollment period which will begin July 1, 2014 and end July 31, 2014.

- Changes made during Open Enrollment become effective July 1, 2014.
- The IRS requires that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined change in status. A change in family status, such as the birth of a child, allows you to make a corresponding change to your elections, but only within 31 days of the event.
- The member is responsible for notifying the Office of Administrative Services in writing within 31 days of any change that affects dependent eligibility, such as marriage or divorce or when a medical or dental plan member ceases to be a covered dependent on the date the member no longer meets the definition of a dependent.



IF YOU ARE CHANGING APPOINTMENTS:

- If you need to update your home mailing address only, please send an email to Melinda at mparker@tnumc.org so the information with UMR & the General Board of Pension can be updated.

- If you are currently participating in the UMPIP program you will need to submit a billing change form to the General Board of Pension and Health Benefits in order for that contribution to begin at your new church. Once we update your appointment with the General Board, the UMPIP billing will stop. These forms are also on the website.

- It is important to keep you beneficiary information up to date. If you need to make any changes to this information, please complete a Change of Beneficiaries form which can be found on the website.

<http://www.tnumc.org/administration-and-finance/clergy-benefits.html>

As always, please don't hesitate to contact our office if you have any question concerning clergy benefits.

2014 HEALTH PLAN PREMIUMS AND ELIGIBILITY

	<u>Monthly</u>	<u>Yearly</u>
Single (participant)	\$720	\$8,640
Spouse (dependent)	\$800	\$9,600
Family (dependent spouse and children)	\$1,045	\$12,540
Children (dependents)	\$430	\$5,160

Persons Eligible to Enroll in the Health Plan *

- a) All Clergy under Full-Time Episcopal appointment to a local church within the bounds of the Tennessee Conference; all part-time Local Pastors who are designated by the Tennessee Conference Board of Ordained Ministry as full time students (formerly, student local pastors); and all Full-Time Conference Staff. These participants' individual premiums will be paid by the Conference.

- b) Eligible Early Retirees: all Retired Clergy, Retired Conference Staff under age 65 who (1) have attained age 62 and have 10 years of service in the Tennessee Conference or (2) have 35 years of full time service. These participants' individual premiums will be paid by the Conference.

- c) Each spouse of a Retiree will remain eligible for all benefits under the Plan until the spouse attains age 65, provided he or she was enrolled at the time of the Retiree's retirement and he or she continued to be an Eligible Dependent as described in the Plan. Spouses who were enrolled at the time of the participant's retirement will have 1/3 of their individual premium paid by the Conference, until they reach age 65.
Retired Clergy under age 65 – Spouse is covered as a dependent
Retired Clergy age 65 and older – Spouse is covered as an individual until the spouse reaches age 65

- d) All surviving spouses of deceased Full-Time Clergy, including Conference Staff can continue enrollment for all benefits under the Plan until age 65, provided they were enrolled under the Plan at the time of the decedent's death.

- e) Disabled Participants whose premiums were paid in full by the Conference apportionment prior to their disability remain eligible for up to 24 months, with premiums paid by the Conference.

- f) Participants whose eligibility ends may elect Optional Continuation of Coverage for up to 18 additional months.

- g) Dependents of Participants. A dependent premium discount is provided for the following clergy who are enrolled and are appointed to local churches. If 2014 plan compensation is \$46,870 or below, the premium for dependent coverage will be reduced by one-half. If 2014 plan compensation is between \$46,870 and \$56,870, the premium for dependent coverage will be reduced by one-third. For pastors with parsonages, "plan compensation" is 125% of base compensation. For pastors without parsonages, "plan compensation" is base compensation plus housing allowance.

* **An enrollment form must be completed and submitted to the Conference on or before the effective date of coverage.** See the Tennessee Conference Health Plan Summary Plan Document for a complete definition of eligibility. In case of inconsistency, the Plan Document controls.

Premiums: Standard premium rates for 2014 are set as follows:

	Monthly	Yearly
Single (participant)	\$ 720.00	\$ 8,640.00 (Clergy premium is paid through apportionments)
Spouse (dependent)	\$ 800.00	\$ 9,600.00
Family (dependent spouse and children)	\$1,045.00	\$12,540.00
Children (dependent)	\$ 430.00	\$ 5,160.00

2014 Dependent Health Plan Premiums Supplement Guidelines:

A dependent premium supplement will be provided to elders, deacons, commission probationers, associate members and local pastors who are eligible to be enrolled and are appointed to local churches; and whose plan compensation for 2014 is below \$56,870. (Formula: Minimum Salary for full member x 125% + \$10,000)

Plan compensations: For pastors with parsonages, "plan compensation" will be defined as 125% of base compensation. For pastors without parsonages, "plan compensation" will be base compensation plus housing allowance. The plan compensation at which the dependent premium supplement is provided is tied to the minimum salary for elders set by the Equitable Compensation Commission.

Dependent Premium Supplement Information:

If plan compensation is \$46,870 or below, the premium for dependent coverage will be reduced by one-half.

The premium schedule is:

Dependent spouse	\$ 522.50	\$ 6,270.00
with/without children		
Children only	215.00	2,580.00

If plan compensation is between \$46,870 and \$56,870 the premium for dependent coverage will be reduced by one-third.

The premium schedule is:

Dependent spouse	\$ 689.70	\$ 8,276.40
with/without children		
Children only	283.80	3,405.60

Retired Clergy Spouse Coverage:

Spouses who were enrolled at the time of the participant's retirement will have one-third of their coverage funded by the Clergy Health Insurance apportionment, until they reach age 65.

The premium schedule is:

Individual	\$ 475.20	\$ 5,702.40
Dependents	689.70	\$ 8,276.40

Note: Retired Clergy under age 65 – Spouse is covered as a dependent

Retired Clergy age 65 and older – Spouse is covered as an individual until the spouse reaches age 65

Premiums must be paid by the first of each month for that month. Premiums for dependent coverage are the responsibility of the participant whether paid by the participant or by the church.

Each participant is responsible for reporting in writing, any change in insurance status immediately to the Office of Administrative Services. Changes effecting coverage that should be reported include, but are not limited to: births, deaths, marriages, divorces, and children who cease to qualify as dependents.




This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.tnumc.org/administration-and-finance/clergy-benefits.html> or by calling 615-327-1162.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<p>\$500 person / \$1,000 family In-network</p> <p>\$1,000 person / \$2,000 family Out-of-network</p> <p>Copayments do not apply to the <u>deductible</u>.</p>	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	\$50 Per Person RX Deductible.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	<p>Yes. \$2,000 person / \$5,500 family In-network</p> <p>\$5,800 person / \$11,600 family Out-of-network</p>	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Penalties, premiums, balance-billed charges, co-payments for Rx and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>preferred providers</u> , see www.umar.com . United Healthcare Options PPO. If you questions, please call 1-800-826-9781.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the terms in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

If you aren't clear about any of the underscored terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov or call 615-327-1162 to request a copy.

Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

-  **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network	Out-of-network	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% Coinsurance	40% Coinsurance	—————none—————
	Specialist visit	20% Coinsurance	40% Coinsurance	—————none—————
	Other practitioner office visit	20% Coinsurance Chiropractic care; Acupuncture is Not covered	20% Coinsurance Chiropractic care; Acupuncture is not covered	25 Maximum visits per calendar year Chiropractic care
	Preventive care/screening/immunization	No charge up to \$300 Maximum benefit; 20% Coinsurance after Maximum benefit	Not covered Flu Shots Only	Deductible Waived up to \$300 Maximum benefit per calendar year then Deductible applies In-network. Out of network covers flu shots only
If you have a test	Diagnostic test (x-ray, blood work)	20% Coinsurance	40% Coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	40% Coinsurance	—————none—————

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network	Out-of-network	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.caremark.com	Generic drugs	\$10 (Retail) \$30 (90 day Mail Order)	\$10 (Retail) \$30 (90 day Mail Order)	\$50 annual prescription drug deductible
	Preferred brand drugs	\$30 (Retail) \$75 (90 day Mail Order)	\$30 (Retail) \$75 (90 day Mail Order)	
	Non-preferred brand drugs	\$60 (Retail) \$150 (90 day Mail Order)	\$30 (Retail) \$75 (90 day Mail Order)	
	Specialty drugs	Benefits are applied by outside vendor	Benefits are applied by outside vendor	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	40% Coinsurance	—————none—————
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	20% Coinsurance	20% Coinsurance True ER; 40% Coinsurance Non-true ER	In-network deductible applies to Out-of-network benefits True ER
	Emergency medical transportation	20% Coinsurance	20% Coinsurance	In-network deductible applies to Out-of-network benefits
	Urgent care	20% Coinsurance	20% Coinsurance True urgent care; 40% Non-True urgent care	In-network deductible applies to Out-of-network benefits True urgent care
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	Prior authorization is required or benefit reduces by \$500 per admission
	Physician/surgeon fee	20% Coinsurance	40% Coinsurance	—————none—————

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

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TN CONFERENCE OF THE UNITED METHODIST: 76-410524 001 Coverage Period:01/01/2014 – 12/31/2014
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Family | Plan Type:PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network	Out-of-network	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% Coinsurance	40% Coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% Coinsurance	40% Coinsurance	Prior authorization is required or benefit reduces by \$500 per admission
	Substance use disorder outpatient services	Not covered	Not covered	—————none—————
	Substance use disorder inpatient services	Not covered	Not covered	Prior authorization is required or benefit reduces by \$500 per admission
If you are pregnant	Prenatal and postnatal care	20% Coinsurance	40% Coinsurance	—————none—————
	Delivery and all inpatient services	20% Coinsurance	40% Coinsurance	—————none—————
If you need help recovering or have other special health needs	Home health care	No charge	No charge	Deductible Waived; 60 Maximum visits per calendar year; Prior authorization is required
	Rehabilitation services	20% Coinsurance	40% Coinsurance	—————none—————
	Habilitation services	Not covered	Not covered	—————none—————
	Skilled nursing care	No charge	No charge	Deductible Waived; 120 Maximum days per calendar year; Prior authorization is required or benefit reduces by \$500 per admission
	Durable medical equipment	20% Coinsurance	40% Coinsurance	Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases
	Hospice service	20% Coinsurance facility; No charge home care	40% Coinsurance facility; No charge home care	Deductible Waived home care
If your child needs dental or eye care	Eye exam	Not covered	Not covered	—————none—————
	Glasses	Not covered	Not covered	—————none—————
	Dental check-up	Not covered	Not covered	—————none—————

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

If you aren't clear about any of the underscored terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov or call 615-327-1162 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)

- Bariatric surgery
- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-615-327-1162. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/ebsa/>, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Tennessee Conference Health Plan at 1-615-327-1162. Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.dol.gov/ebsa/healthreform and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

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Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Service:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-826-9781.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-826-9781.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-826-9781.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-826-9781.

This is only a summary. It in no way modifies your benefits as described in your plan documents. Please refer to your plan documents provided by your employer for complete terms of this plan.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

If you aren't clear about any of the underscored terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov or call 615-327-1162 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,520
- Patient pays \$2,020

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$520
Copays	\$0
Coinsurance	\$1,350
Limits or exclusions	\$150
Total	\$2,020

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,990
- Patient pays \$1,410

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$550
Copays	\$400
Coinsurance	\$380
Limits or exclusions	\$80
Total	\$1,410

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

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Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Costs are based on individual coverage benefit levels.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- Prescription drug costs (Prescriptions) shown in the Coverage Examples reflect information provided by the Plan's Prescription Benefits Manager.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 615-327-1162 or visit us at www.tnumc.org.

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Patient Protection and Affordable Care Act (the Affordable Care Act)

Required Notice: Grandfathered health plan status notification

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Jim Allen, treasurer@tnumc.org or 615-327-1162. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Privacy notice reminder

Tennessee Conference Health Plan
June 2014

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Tennessee Conference Health Plan (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice or for more information on the Plan’s privacy policies or your rights under HIPAA, contact the Office of Administrative Services at 615 327-1162. You may also view the Privacy Notice online at:

<http://www.tnumc.org/administration-and-finance/clergy-benefits.html>

TENNESSEE CONFERENCE HEALTH PLAN ENROLLMENT FORM

<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> ADDRESS CHANGE ONLY	<input type="checkbox"/> Special Enrollee	<input type="checkbox"/> Change (indicate event requiring contract change below)			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Late Enrollee					
Name (Last) ▼ (First) ▼ (M) ▼		Social Security No. ▼	Soc. Sec. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date ▼	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Address ►		EMAIL ADDRESS ▼		Telephone No. ▼	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
City, State, Zip ►						
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Approved Student Pastors Only) <input type="checkbox"/> COBRA		Date of Hire:	Medical Coverage for: <input type="checkbox"/> Employee Only <input type="checkbox"/> Spouse Only <input type="checkbox"/> Family		Effective Date of Coverage:	
Dependent Name (First, MI, Last)		Social Security No.	Birth Date	Gender	Full-Time Student?	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Requiring Contract Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Divorce <input type="checkbox"/> Other						
I HEREBY REQUEST to be covered and authorize deductions, if any, from my wages for my share of the benefits for which I am eligible or may be entitled, under the coverage elected on this form.						
► Signature _____ Date _____						
Other Coverage Information – If your spouse or anyone named on this application has medical coverage through another company where the employer pays any portion of the cost or makes payroll deductions, please complete the following:						
Name (First, MI, Last)			Employer			
Insurance Company Name			Policy No.			
Insurance Company Address (City, State, Zip)			Contract Type <input type="checkbox"/> Medical Single <input type="checkbox"/> Medical Family			
WAIVER OF COVERAGE						
I, the undersigned, hereby certify that I have been given an opportunity to enroll in the group plan sponsored by my employer. After careful consideration, I have elected not to participate in the following coverage(s). I further understand that should I decided to participate at a future date, I may have to furnish satisfactory evidence of insurability for myself and, if applicable, any eligible dependents. If I am declining enrollment for myself or my dependents (including my spouse) because of other insurance coverage, I understand that I may, in the future, be able to enroll myself or my dependents in this plan, provided that I request enrollment within 30 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.						
<input type="checkbox"/> Employee Medical			<input type="checkbox"/> Dependent Medical			
Signature			Date			

▲ SIGN HERE IF YOU ARE WAIVING COVERAGE

TENNESSEE CONFERENCE DENTAL BENEFITS

administered through Assurant Employee Benefits

OPTION # 1 - Voluntary Dental PPO –

Monthly Premiums effective 7/1/2013 – 6/30/2015

Employee	\$50.47
Employee + 1 Dependent	\$96.08
Employee + 2 or more Dependents	\$160.49

Plan Features:

- Freedom to choose any dentist, including specialists
- PPO options available
- 12-month rate guarantee
- No referrals required
- Vision care program includes access to discounts (including contact lens exams)

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer. You may find a DHA provider by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com - Select "For Members" - "Find a dentist" - "Dental Health Alliance". Or call customer service at 800.442.7742.

OPTION #2 - Prepaid Dental Plan –

Monthly Premiums effective 7/1/2013 – 6/30/2015

Employee	\$12.07
Employee + 1 Dependent	\$19.53
Employee + 2 or more Dependents	\$29.91

Plan Features

- No Deductibles
- No Waiting Periods
- Coverage for Pre-existing Conditions
- No Claim Forms to File for Plan Dentist and Plan Specialist Services
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan Specialist Services

How the Plan Works

This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. You can find a dental provider in the Heritage Series Provider Network by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com – Select “For Members” – “Find a dentist” – “Heritage Series”. Or call customer service at 800.443.2995. Availability of Plan Dentist and Plan Specialist varies depending on location.



IMPORTANT:

Contact Melinda Parker in the Office of Administrative Services to receive an Enrollment Packet. Email: mparker@tnumc.org or call 615-327-1162

Coverage for eligible employees will begin the first day of the month following the eligibility period. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date (July 2014).



Before-Tax and After-Tax Contributions Agreement

United Methodist Personal Investment Plan (UMPIP), Puerto Rico Personal Investment Plan (PRPIP)

Part I – Participant Information

Name _____ Social Security # _____

Mailing Address _____ Primary phone # () _____

_____ E-mail _____

Country of Citizenship _____

Part 2 – Limits on Contributions

UMPIP

UMPIP is a 403(b) plan, subject to contribution limits under Internal Revenue Code sections 402(g) and 415(c). Your total before-tax contributions for the year to UMPIP (and any other qualified retirement plan) cannot exceed the lesser of your cash salary or the annual elective deferral limit (\$17,500 for 2014). If you are age 50 or older by December 31, you may make additional catch-up contributions (up to \$5,500 for 2014). If you have at least 15 years of service with all United Methodist-related organizations, you may make additional catch-up contributions. Call the General Board for further details.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions to UMPIP (and any other qualified retirement plan sponsored by your plan sponsor), cannot exceed your compensation for the plan year or \$52,000 (for 2014), whichever is less. For this purpose, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

PRPIP

Your total before-tax contributions for the year cannot exceed the lesser of your cash salary or the annual deferral limit (\$15,000 for 2014). If you are age 50 or older by December 31, you may make additional catch-up contributions (up to \$1,500 in 2014). After-tax contributions to PRPIP generally cannot exceed 10% of your compensation.

Your total before-tax and after-tax contributions plus any plan sponsor contributions to PRPIP cannot exceed your compensation for the plan year or \$52,000 (for 2014), whichever is less. For this purpose, compensation includes the value of any parsonage or housing allowance.

Part 3 – Before-Tax Participant Contributions

Indicate the dollar amount or percentage by which you elect to have your compensation reduced and contributed to UMPIP or PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from UMPIP or PRPIP, your contributions and earnings are taxable. Before-tax contributions cannot exceed the limits outlined in Part 2.

Choose one:

- Percentage of compensation: _____ % of compensation
- Dollar amount: \$ _____ per month (cannot exceed your monthly compensation)
- I elect not to make before-tax contributions

Part 4 – After-Tax Participant Contributions

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to UMPIP or PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be deducted after withholding taxes are calculated. At the time of distribution from UMPIP or PRPIP, your after-tax contributions are non-taxable and earnings thereon are taxable. After-tax contributions cannot exceed the limits outlined in Part 2. Note that this after-tax contribution feature is not the same as a Roth account.

Choose one:

- Percentage of compensation: _____ % of compensation
- Dollar amount: \$ _____ per month (cannot exceed your monthly compensation)
- I elect **not** to make after-tax contributions
-

Part 5 – Participant Signature

You cannot withdraw contributions from UMPIP or PRPIP unless you have a financial hardship as defined under UMPIP or PRPIP, attain age 59½, are disabled as defined under UMPIP or PRPIP, retire, terminate employment and/or terminate your relationship with the annual conference.

Requested effective date of this contribution _____

This agreement will remain in effect with your current plan sponsor until you complete a new form.

Signature _____ Date _____

Part 6 – Acceptance by the Plan Sponsor/Salary-Paying Unit

Effective date of this contribution _____, 20____.

This date must be the first day of a month on or after the participant signed this form.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please complete this form and send it by:

- E-mail (scanned copy) to prcwebteam@gbophb.org or
- Fax to **1-847-866-5195** or
- Mail to General Board of Pension and Health Benefits
1901 Chestnut Avenue, Glenview, IL 60025

The plan sponsor/salary-paying unit should keep the original form for its payroll records.