



# Benefit Enrollment Guide

Plan Year 2019

CLERGY



Welcome to Brentwood United Methodist Church and daughter campus insurance open enrollment. This is your opportunity to review the benefits available and then determine if you would like to enroll in any of the benefits available to you as an employee of Brentwood United Methodist family.

*Each employee is required to accept or decline benefit offerings.* Should you decide to “waive” the opportunity to enroll when you are initially eligible, then your next chance to enroll would be during the next open enrollment or within thirty-one (31) days of a qualifying event or change in status such as marriage, divorce, birth or adoption of a child, aging out of parent insurance coverage, spouse’s change in employment, change in residence that affects your eligibility for coverage or a dependent ceases to satisfy eligibility requirements. Other events that might affect your status: a significant change in cost or coverage, changes due to a judgment, decree or court order or entitlement to Medicare or Medicaid. You must notify the Human Resources Office within 31 days of a family status change event to update/change your benefit elections outside of your initial eligibility period or outside Open Enrollment.

## **ACTION IS REQUIRED BY ALL EMPLOYEES!**

All benefit eligible employees are required to elect or waive benefits and must complete the enrollment online via the enrollment portal.

We encourage you to read all the information provided carefully, print a copy of your election and retain this information in your files.

**Instructions will be given on how to enroll online.**

**Clergy medical coverage** is provided through the Tennessee Annual Conference Office with a plan year of January 1, 2019 through December 31, 2019. Enrollment occurs in July each year.

**Clergy dental and vision coverage** is provided by Brentwood United Methodist Church with a plan year of January 1, 2019 through December 31, 2019.

Brentwood United Methodist Church offers to clergy:

1. Medical and Dependent Care Flexible Spending Accounts
2. Dental Benefits
3. Vision Benefits

## Medical

Clergy medical benefits are offered through the Tennessee Annual Conference. For information regarding coverage visit <https://www.tnumc.org/admin/finance-administrative-services/clergy-benefits>. Refer questions regarding coverage to Melinda Parker, Tennessee Annual Conference Benefits Administrator at 615-327-1162 or [mparker@tnumc.org](mailto:mparker@tnumc.org).

## Dental

Your dental plan is provided by **Delta Dental of TN**. Below is a brief, non-binding summary of *in-network coverage* for the benefit plan. The full Summary of Benefits is available online when you enroll. Note that the certificate of coverage provided by the Delta Dental contract will dictate how benefits will be processed. Benefits will always be provided based on the contract and certificate of coverage in place. Please contact Delta Dental for more details.

<b>Delta Dental of Tennessee</b> <b>Dual Network Advantage Plan / Plan Year: January 1, 2019</b>		
<b>Deductible: Calendar Year</b> <ul style="list-style-type: none"><li>Applies to Coverage B and C Only</li></ul>	Individual: \$ 50      Family: \$150	
<b>Benefit Maximums</b> <ul style="list-style-type: none"><li>Applies to Coverage A, B and C</li><li>Coverage D</li></ul>	\$2,000 per Calendar Year \$1,500 per Lifetime	
<b>Covered Services</b>	<b>Benefit Percentages</b>	
<b>Coverage A</b> <ul style="list-style-type: none"><li>Exams, X-rays</li><li>Cleanings, Fluoride</li><li>Sealants, Space Maintainers</li></ul>	Co-Pay: None Network: 100% Non-Network: 100% (up to maximum benefit allowed)	
<b>Coverage B</b> <ul style="list-style-type: none"><li>Basic Restoration Services</li><li>Basic Major Endodontics</li><li>Basic and Major Periodontics</li><li>Basic and Major Oral Surgery</li></ul>	Network: 90% Non-Network – 80%	
<b>Coverage C</b> <ul style="list-style-type: none"><li>Major Restorative, Implants and Prosthodontics</li></ul>	Network: 60% Non-Network – 50%	
<b>Coverage D</b> <ul style="list-style-type: none"><li>Orthodontics</li><li>Child Only up to age 18</li></ul>	Network: 50% Non-Network – 50%	
<b>Rates</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Employee	\$ 0.00	\$ 0.00
Employee Plus Family	\$36.62	\$73.24

**NOTE:** The premiums for dental benefits are paid 100% by the employee.

## Vision

Your vision plan is offered through **United Healthcare** and is referred to as the **SPECTERA** plan. Below is a brief, non-binding summary of benefits for the plan. The full Summary of Benefits is available online when you enroll. The certificate of coverage and contract provided by United Healthcare will dictate your specific coverage and how benefits will be processed. Contact United Healthcare for more details.

Note: If you go out-of-network for services you will be responsible for more out-of-pocket costs.

Benefit	In-Network Member Cost	Out-of-Network Reimbursement	Notes
<b>VISION EXAMINATION –</b>			
Comprehensive Eye Examination	\$10 Co-Pay	Up to \$40	One exam within a 12-month period for each member covered under the plan.
Contact Lenses Fit and Follow-Up Standard Premium	\$55 Co-Pay 10% off retail	Up to \$0 Up to \$0	One exam within a 12-month period for each member covered under the plan.
<b>VISION MATERIALS –</b>			
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal	\$25 Co-Pay \$25 Co-Pay \$25 Co-Pay	Up to \$40 Up to \$60 Up to \$80	One set of lenses within a 12 month period for each member covered under the plan.
<b>Frames</b>	\$0 Co-Pay up to \$150 allowance; 20% off balance over allowance	Up to \$45	One pair of frames within a 24 month period for each member covered under the plan.
<b>Contacts</b> Conventional  Disposable  Medically Necessary  Standard Polycarbonate  Standard Polycarbonate (For covered dependent children Under 10 years of age)  UV Treatment  Tint  Standard Plastic Scratch Coating  Standard Progressive Lenses (Add on to Bifocal)  Premium Progressive Lenses (Add on to Bifocal)	\$0 copay up to \$150 allowance, 15% off balance over allowance  \$0 copay up to \$150 allowance  Paid in Full  \$25 Co-Pay  \$0 Co-Pay  \$25 Co-Pay  \$25 Co-Pay  \$25 Co-Pay  \$75 Additional Co-Pay  20% off retail price Less \$120 allowance	Out-of-network up to \$150  Out-of-network up to \$150  Up to \$210  Up to \$0  Up to \$0  Up to \$0  Up to \$0  Up to \$0  Up to \$45  Up to \$45	One set of lenses within a 12 month period for each member covered under the plan (In lieu of lenses + frames).

Benefit	In-Network Member Cost	Out-of-Network Reimbursement	Notes
Standard Anti-Reflective Coating	20% off Retail	Up to \$0	
Other Lens Options		N/A	

Vision Rates	Per Pay Period	Per Month
Employee	\$ 3.17	\$ 6.34
Employee Plus One	\$ 6.01	\$12.02
Employee Plus Child(ren)	\$ 7.02	\$14.04
Employee Plus Family	\$ 9.90	\$19.80

**NOTE:** The premiums for vision benefits are paid 100% by the employee.

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions from Covered Services, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable benefits are paid after the co-pay listed above and to the allowance listed, members are responsible for amounts above the allowance.
- Members may see any vision care provider. However, contracted providers in our network have agreed to limit certain charges and provide additional discounts once the allowance has been reached. Because we have no contract with non-network providers, members are responsible for all charges that exceed the out-of-network reimbursement.

## Other Benefits

### **Basic Life and Accidental Death and Dismemberment Insurance (40+ employees)**

To ensure that you and your family have life insurance coverage, Brentwood United Methodist Church provides each full-time employee with a Basic Life and Accidental Death and Dismemberment insurance policy from Unum that is equal to 1x your annual salary up to \$50,000 at no cost to you. This policy terminates on the date the employee terminates employment with BUMC or daughter campus.

### **Long-Term Disability (LTD) (40+ employees)**

Long Term Disability coverage is also provided at no cost.

### **Additional Voluntary Benefits (40+ employees)**

Additional voluntary benefits are available to you during open enrollment.

- Voluntary Life and AD&D (additional on the employee and/or spouse and children)
- Voluntary Short-Term Disability (employee only)
- Voluntary Long-Term Disability (available to 30-39 hour employees)

**NOTE:** Voluntary option availability for short-term and long-term disability is based on enrollment numbers and not a guarantee of coverage. Coverage will be confirmed by 12/21/2018 for 2019. Register for these benefits during open enrollment via Employee Navigator.

## **Medical Flexible Spending Account (FSA)**

A Medical FSA account is a tax-advantaged medical savings account where the funds contributed are not subject to federal income tax at the time of deposit. *Monies deposited into this account must be used during the plan year.* Any remaining balance in the account beyond December 31 will be forfeit. There is a 90-day period at the close of the plan year to submit claims for expenses incurred during the plan year. FSA accounts are used on a yearly basis and the employee must enroll every year to participate.

Employees enrolled in a PPO plan may use an FSA account for medical, dental, and vision reimbursement. Employees enrolled in the HDHP may use a limited FSA account for dental and vision reimbursement.

## **Dependent Care Flexible Spending Account (FSA)**

A Dependent Care FSA account is a tax-advantaged dependent care savings account where the funds contributed are not subject to federal income tax at the time of deposit. Employees enrolled in a PPO plan may use an FSA account. *Monies deposited into this account must be used during the plan year.* Any remaining balance in the account beyond December 31 will be forfeit. There is a 90-day period at the close of the plan year to submit claims for expenses incurred during the plan year. FSA accounts are used on a yearly basis and the employee must enroll every year to participate.

FSA Account Summary			
Account Type	Use For	Minimum Contribution	Maximum Contribution
Medical FSA (PPO Plan only)	Most medical expenses, dental, and vision care expenses that are not covered by your health plan through co-pays and deductibles.	\$100 each year	\$2,700 each year
Limited FSA (HDHP only)	Dental and vision care expenses that are not covered by your plans through co-pagys and deductibles.	\$100 each year	\$2,700 each year
Dependent Care FSA	Dependent care expenses (day care, after school program) so you and your spouse can work or attend school full-time	\$100 each year	\$5,000 each year (\$2,500 if married filing separate return)

### **PLAN CAREFULLY!!!!**

These FSA plans abide by the “use it or lose it” rule and are governed by IRS regularions.

### **INCOME TAX CONSIDERATIONS**

Consider carefully the tax consequences of your decision. You will receive an immediate tax advantage by using the FSAs because of your take-home pay will reflect your tax savings. However, if you use the dependent care spending account, your immediate tax savings may not be as great as the tax savings if you elect to take the credit for child and dependent care expenses on your income tax return.

Questions related to your income tax return should be directed to a tax advisor. For more information – you can get a listing of eligible expenses at the IRS website - [www.irs.gov](http://www.irs.gov).

### **SUBMITTING AN FSA CLAIM**

Claims for reimbursement may be submitted only after the expense has occurred. Contact the Human Resource Manager or the Director of Finance for instructions and forms.

All FSA accounts will be managed by LBMC Partners. E-mail claims to [claims@lbmc.com](mailto:claims@lbmc.com).

# LBMC EP ADVOCACY SERVICES

The LBMC EP Advocacy Services is designed to meet the rising complexity of benefit and coverage issues. The following are a few examples of the typical questions and issues that LBMC EP Advocacy Services can help you address/resolve:

## Questions regarding your health insurance coverage:

### **Help with Benefit and Coverage Clarification**

I had to see a doctor on vacation. How do I get reimbursed?  
I'm confused about referrals and pre-authorizations. Can you help?

### **Help Evaluate Health Insurance Plan Options**

I am covered under my spouse's plan as well as my employer's plan. How will benefits be coordinated?

### **Help Understand who is a Plan Provider**

My provider no longer accepts my plan. What do I do?  
My doctor referred me to a specialist not in the plan. What do I do?

## Resolving issues that arise with the health plan:

### **Handle Claims Issues**

I received an explanation of benefits (EOB), but do not understand it.  
I'm not sure if my deductible has been calculated correctly.  
I received an EOB for a doctor I have never seen.

### **File Outstanding Claims**

I visited a doctor while on vacation and was told that I need to file a claim.  
I received a bill from my doctor's office, but insurance has not been filed.  
I was hospitalized three months ago, insurance has yet to be filed, and I am being billed.

### **Investigate Denied Claims**

I received an EOB stating a doctor's visit was not covered.  
I received an EOB stating that my claim is part of a pre-existing condition.  
I received an EOB stating that outside lab work was denied, but I went to my primary care physician.

### **Resolve Provider Billing Issues**

I received a bill from the doctor, but paid the co-pay at the time of service.  
I received a bill from the doctor for more than my EOB stated I owed.  
I received a notice from a collection agency for a claim I thought I paid a long time ago.

## How LBMC EP Advocacy Services Works:

As questions arise, you or your covered dependent can contact the Advocacy Services (Margaret Smith)

<b>Phone</b>	615.386.1153 or 1.866.538.1153 (toll-free)
<b>Fax</b>	615.298.2123
<b>E-mail</b>	<a href="mailto:msmith@yesmam.com">msmith@yesmam.com</a>

All pertinent information will be obtained at the time your call is initiated. Your customer service representative will determine the best way to assist you. If the call is a question about plan coverage and benefits, you will be assisted at that time. If the call relates to a plan or provider problem, the appropriate information will be obtained (i.e., bill, claim, explanation of benefits) and assistance will be provided until the issue is resolved.

## **How do I enroll online for 2019 Insurance Coverage?**

- You will receive an e-mail from Employee Navigator notifying you of Open Enrollment. The e-mail will contain a link taking you to the website to enroll.
- Website is [www.employeenavigator.com](http://www.employeenavigator.com).
- Returning users – Login with ID and Password  
New users – Enter personal information plus company identifier – BUMC123.

### **Enrollment opens**

**Tuesday, December 4, 2018**

### **Enrollment ends**

**Wednesday, December 12, 2018**



The information in this Employee Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible.

In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact your Human Resources department.

## Still Have Questions?

Brentwood United Methodist Church  
Jennie Stockard  
615.577.7279  
[jstockard@bumc.com](mailto:jstockard@bumc.com)

LBMC Employment Partners, LLC  
Edvin Selimagic  
615.762.3113  
[edvin.selimagic@lbmc.com](mailto:edvin.selimagic@lbmc.com)

LBMC Advocacy Services  
Margaret Smith  
615.386.1153  
[msmith@yesmam.com](mailto:msmith@yesmam.com)



## Have Questions about Benefits?

Provider websites may have some terrific interactive and informational tools that can assist you with benefits. The website might include the following information:

- **Claims Information:** View expanded claims information and receive a report detailing your health care expenditures
- **Eligibility:** See who's covered under your plan and what benefits are available
- **ID Cards:** Request ID cards or print temporary ID cards for you and your covered family members
- **Provider Directory:** Look up doctors and facilities and find participating providers
- **Benefit Plan Design:** View your specific benefits summary
- **Forms:** Download and print necessary forms

### VENDOR INFORMATION

Type of Coverage	Carrier	Website
Medical/Vision	United Healthcare	<a href="http://www.uhc.com">www.uhc.com</a>
Dental	Delta Dental of TN	<a href="http://www.deltadentaltn.com">www.deltadentaltn.com</a>
HSA Accounts	OPTUM	<a href="http://www.unitedhealthcaremotion.com">www.unitedhealthcaremotion.com</a>
FSA Accounts	LBMC	<a href="mailto:tmangrum@lbmc.com">tmangrum@lbmc.com</a>
LBMC Advocacy Services	Margaret Smith	<a href="mailto:msmith@yesmam.com">msmith@yesmam.com</a>
Basic Life and ADD	UNUM	<a href="http://www.unum.com">www.unum.com</a>