



Retirees		
Without Medicare (< 65)	\$ 1,060	\$ 12,720
Medicare prior to 1/1/2003	\$ 95	\$ 1,140
Retiree > 65 after 1/1/2003		
With less than 10 yrs of service	\$ 159	\$ 1,908
With 11 to 49 yrs of service	\$ 157 - \$ 97 *	\$ 1,889 - \$ 1,164 *

\* This range is based on a sliding scale with years of service, from 99% to 61% of the premium.

For retirees, this premium is based on the number of years of service in Western North Carolina Conference. The Medicare Supplement premium is \$1,908. A retiree prior to 1/1/2003 is billed 60% of the total premium. This is based on the action of the 2002 Annual Conference, incorporating a sliding scale rate for health benefits in conjunction with the years of service.

- At the 2009 Annual Conference, it was approved that clergy would contribute a percentage of the health benefit rate to the plan, thereby reducing the cost of health benefits to the local church. At that time, this contribution percentage was a sliding scale of the percentage (starting at 1%) to the pastor's salary (beginning at any amount less than \$40,000). The Health Benefit Committee has approved an increase to this scale such that an additional 1% has been added to the clergy contribution. With this change, a pastor with a salary less than \$40,000 would contribute 2% of his/her premium, less than \$50,000 would contribute 3%, less than \$60,000 would contribute 4%, etc. The following table illustrates the various percentages and salary combinations, including the monthly and annual premiums representing the clergy contribution.

Salary Range		Percentage of Premium	Pastor's Mo Prem	Pastor's Ann Prem	Church Ann Prem
\$ -	\$ 49,999	2%	\$ 21	\$ 254	\$ 12,466
50,000	59,999	3%	32	382	12,338
60,000	69,999	4%	42	509	12,211
70,000	79,999	5%	53	636	12,084
80,000	89,999	6%	64	763	11,957
90,000	99,999	7%	74	890	11,830
100,000	109,999	8%	85	1,018	11,702
110,000	119,999	9%	95	1,145	11,575
120,000	129,999	10%	106	1,272	11,448
130,000	139,999	11%	117	1,399	11,321
140,000	149,999	12%	127	1,526	11,194
150,000	159,999	13%	138	1,654	11,066
160,000	169,999	14%	148	1,781	10,939
170,000	179,999	15%	159	1,908	10,812
180,000	189,999	16%	170	2,035	10,685
190,000	199,999	17%	180	2,162	10,558
200,000	209,999	18%	191	2,290	10,430

- In order to combat escalating health care costs within the plan, the Committee also voted to make certain changes within the plan regarding participant and plan costs for **non-emergency** surgeries and/or procedures performed in hospital and/or ambulatory facilities. These changes are as follows (the attached PPC explanation sheet describe the current (2011) plan and the approved (2012) plan changes also):

- For charges of a procedure performed in a hospital (facility) for outpatient or inpatient treatment, an additional per-occurrence deductible will be applied of \$250 for in-network facilities and \$1,000 for out-of-network facilities. This deductible would not apply against the calendar deductible for each participant.
- For charges of a procedure performed in an ambulatory surgery center, the deductible currently charged would be waived. This applies for in-network services only.
- For routine colonoscopy, sigmoidoscopy, or bone density testing, if the procedure is performed outside of a hospital setting, the currently charged deductible would be waived. For those procedures performed inside a hospital setting, an additional per-occurrence deductible will be applied of \$100 for in-network services, \$250 for out-of-network services. Again, this deductible would not apply against the calendar deductible for each participant.

To clarify for what procedures these changes are applicable, the following are some of the most prevalent procedures or types of procedures performed that would fall into this **non-emergency** category. Examples of procedures that can be performed at an ambulatory surgery or endoscopy center rather than regular outpatient hospital setting would include:

Anesthesiology	Foot and ankle Surgery
General Surgery	Gynecology
Hand Surgery	Ophthalmology
Orthopedic Surgery	Otolaryngology/ENT
Pain Management	Plastic Surgery
Podiatry	Gastric banding

Examples of specific procedures that do not always need to be in hospital would include (but may require a hospital setting due to complicating medical situations):

Colonoscopy	Endoscopy
Knee arthroscopy	Cataract removal
Carpal tunnel	Trigger finger
Pain injections	

These plan changes have been implemented for the 2012 benefit year due to the rising costs of health care. While these are minimal additional costs to the participant, these changes also are made to strongly encourage each and every participant to utilize the Care Coordination group established by our administrator, Primary Physicians Care, through discussion. This allows for each participant to be informed of choices, some of which may be advantageous to both the participant and the plan, in determination of their medical care and its location. Therefore, if you as a participant are going to have a “planned procedure that involves cutting”, participants should call PPC’s Care Coordination Group to discuss the options available for where to have this procedure in the participant’s area. In this manner, the participant can make an informed choice for costs related to this procedure for both the participant and the Plan, becoming aware and accountable for the true costs of health care.

The Committee has been made aware of savings which can be realized by moving certain procedures from hospital facilities to other ambulatory surgery centers or doctors’ offices, all as appropriate for the level of care needed. As we realize these future savings within the plan, with the additional accountability on the participants to be aware of these savings and to make choices to achieve these savings, our health care costs can begin to diminish, in turn reducing future rates to our churches and participants after these savings have been realized and sustained.

If you have any questions regarding the above items, these changes have been discussed with our Connectional Leadership Team (formerly known as the Cabinet) to increase their knowledge and ability to educate as we proceed through Charge Conference season. As always, Dale Bryant, the Conference benefits administrator, and myself as your Conference Treasurer are available via phone or email for your questions or comments.

JB/EOM

## Plan Recommendations (WNCCUMC effective 1/1/12)

- Apply a per-occurrence deductible for hospital services:

- Before:**

Charges of a hospital (facility) for outpatient treatment	Payable at 80% after deductible	Payable at 70% after deductible
Charges of a hospital (facility) for inpatient treatment	Payable at 80% after deductible	Payable at 70% after deductible

- After:**

Charges of a hospital (facility) for outpatient treatment	Payable at 80% after deductible. An additional per occurrence deductible of \$250 will apply.	Payable at 70% after deductible. An additional per occurrence deductible of \$1,000 will apply.
Charges of a hospital (facility) for inpatient treatment	Payable at 80% after deductible. An additional per occurrence deductible of \$250 will apply.	Payable at 70% after deductible. An additional per occurrence deductible of \$1,000 will apply.

- Waive the deductible for in-network Ambulatory Surgery Centers:

- Before:**

Charges of an ambulatory surgery center	Payable at 80% after deductible	Payable at 70% after deductible
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- After:**

Charges of an ambulatory surgery center	Payable at 80%; deductible waived	Payable at 70% after deductible
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- Apply a per-occurrence deductible for colonoscopies performed in a hospital setting:

- Before:**

Routine Colonoscopy/ Sigmoidoscopy/ Bone Density Testing	Payable at 100% deductible waived	Payable at 70% after deductible
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- After:**

Routine Colonoscopy/ Sigmoidoscopy/ Bone Density Testing	Payable at 100% deductible waived	Payable at 70% after deductible
Routine Colonoscopy/ Sigmoidoscopy/ Bone Density Testing <i>If performed in a hospital setting</i>	Payable at 100% An additional per occurrence deductible of \$100 applies.	Payable at 70% after deductible. An additional per occurrence deductible of \$250 applies.