**WISCONSIN ANNUAL CONFERENCE**
**March 2022**
**RETIREMENT AND HEALTH INSURANCE ELIGIBILITY – 2022**

To participate in the Medicare Supplement Insurance Plan offered through the Wisconsin Annual Conference a participant must have been enrolled as the eligible participant in the Conference health insurance plan for **the consecutive five years just prior to retirement.** If you meet this enrollment policy, you may qualify for a subsidy of **2% per qualified service year for 10 to 25 or more years of service (50% maximum).** *Note: If you have less than 10 years of service or* ***joined the Conference after 12/31/09****, you will not be eligible for a subsidy.*

**Retirement at age 65 or older:**

If you choose to enroll in the Conference Medicare Supplement Health Insurance Plan, your new plan will be a **United American Medicare supplemental plan**, along with an **Express Scripts Medicare Part D** pharmacy plan. The Conference may subsidize you and your spouse's health insurance premiums based on the number of qualified years of service you have with The United Methodist Church or other Methodist denominations.

Example: If you have 25 or more years of service, the Conference will pay a 50% subsidy of the premium for the Medicare supplemental plan. For single coverage in 2022 the Conference would pay $180 monthly and you would pay $180 to cover the total monthly premium of $360. If your spouse is Medicare eligible, the premium cost and subsidy for both of you is twice the single premium.

New policy – *If your spouse is under age 65 and not Medicare-eligible, they may remain in the active plan until they turn 65 or become Medicare-eligible. This is called split coverage. You will receive a subsidy based on your years of service (2%/year of service up to 25 years) toward the Conference-sponsored Medicare Supplement and your spouse will receive a 15% subsidy on the full premium cost of the active medical insurance premium only until they are eligible to enroll in the Medicare Supplement.*

**Vision Coverage: VSP** coverage is included with the Medicare Supplement Plan – see the flyer for a description of the coverage. Anyone remaining in the active plan will continue to pay the active rates for the vision coverage you selected for 2022 – whether you have split coverage or dual coverage as a couple. **TruHearing** coverage is also available through the VSP plan. To take advantage of VSP or Tru-Hearing coverage, you need to work with providers that are in network.

**Dental Coverage** – There is NO dental coverage included or available with the Medicare Supplement Plan. Anyone remaining in the active plan will continue to pay the active rates for the dental coverage you selected for 2022 – again, whether you have split coverage or dual coverage as a couple.

We do offer a Retiree **Delta Dental plan at a cost of $50/month** per person with coverage of up to $1,000 in benefits plus at least 2 cleanings and wellness exams/year. Retirees who do not qualify for the Medicare Supplement coverage or who choose not to participate in that plan may still enroll in the Delta Dental Plan. Open enrollment is as of July 1st at the time of your retirement or as of December 1st to begin coverage for the next year.

**Retirement before age 65:**

You may remain in the active plan (HealthFlex) that you currently have, but you will be *responsible for paying 100% of the full monthly premium until you reach age 65.* The 2022 Full Premium Rates are listed below. Note that the rate of 85% for Pre-65 Spouse rate is ONLY for spouses of clergy enrolled in the Medicare Supplement:

| Plan | Single | 85% for Pre-65 Spouse | Participant +1 | Family |
|---|---|---|---|---|
| B1000 | 963 | 819 | 1811 | 2478 |
| C2000 | 924 | 785 | 1738 | 2379 |
| C3000 | 805 | 684 | 1514 | 2071 |
| H1500 | 900 | 765 | 1693 | 2317 |
| H2000 | 816 | 694 | 1534 | 2099 |
| H3000 | 711 | 604 | 1336 | 1829 |

The coverage option you choose for the first half of the year in which you retire is the coverage you must continue to be enrolled in if you remain in the active plan the second half of the year. Coverage for spouses is available at the same rate for pre-65 retirees. However, if your spouse is age 65 or older, they would be eligible for the Conference Medicare supplemental plan. Then the retiree premium for B1000 would be $963 per month and the spouse premium would be ($360 – 2022 rate). Spouses receive a subsidy equal to what the participant receives only when the participant is Medicare eligible after age 65.

At the time you retire, whether before age 65 or at age 65 or older, you may choose to be covered under another health insurance plan. If you lose that coverage, <u>and if you signed a **waiver** at the time of retirement</u>, you may be eligible to come back into the Conference plan. If you decide at retirement that you do not want to remain in the Conference plan, you will need to maintain coverage under another health insurance plan if you wish to come back into the Conference Medicare Supplement plan later.

*NOTE: If you choose to remain in the Conference active plan when you retire, or return at a later time, then choose to opt out, **you can never come back into the Conference plan**. <u>Once you are enrolled in the Conference's group Medicare supplement, you cannot drop coverage and later return to the plan.</u>*

**Flexible Spending Account (FSA/MRA):** Note that if you have established a flexible spending Medical Reimbursement Account in the year you retire, you will only have 90 days from the date of your retirement to claim those funds for expenses incurred prior to your date of retirement. After that, the funds will no longer be available, unless you are continuing coverage under the active group health plan with HealthFlex/UHC.

Some things to remember:

1. The expenses you submit need to be eligible expenses you incurred prior to your retirement date.
2. The total amount you elected for your MRA account is available to you for eligible expenses you incur prior to your retirement date.
3. If you do not use the money in your MRA for eligible expenses within the timeframe listed, you will lose the money and it will revert to HealthFlex.
    - Example – if you think you will use $1200 on your MRA Account from January – June in the year you retire, sign up for a $2,400 MRA at $200/month. You will contribute $200/month from January – June and can use that amount. However, if you only use a portion of that – say $1,000 instead of $1,200 – you will lose the $200 you didn't spend.

**Health Reimbursement Account (HRA's)**: If you are enrolled in the C2000 or C3000 active HealthFlex/UHC plan prior to retirement and have funds remaining in the Health Reimbursement Account (HRA), the unused balance may be used in retirement for premiums (medical, dental, vision and long-term care) by the primary participant only.

**Health Savings Accounts (HSA's):** Money you have set aside in a Health Savings Account (HSA) will continue to be available to you into retirement. You will not be able to add to your HSA; but, any money you have accumulated in that account will continue to be available to you for eligible expenses until the account is depleted.

Special considerations must be taken into account by individuals approaching Medicare eligibility if you have an HSA plan and health savings account – H1500, H2000, H3000. This is because once you apply or are enrolled in Medicare Part A you will not be eligible for new HSA contributions that are included with the HealthFlex HSA plan designs, or eligible to make your own HSA contributions. However, you will still have access to any existing HSA balance you may already have, including using the HSA for Medicare premiums.

**Medicare Timeline** – Please contact your Social Security office for instructions regarding your enrollment in Medicare Part A and Part B – no later than March or April of the year in which you plan to retire June 30th. This will hopefully mean that you have your Medicare Part B number and card in time for you to apply for the Medicare Supplement no later than <u>**June 1st – preferably by May 15th**</u>. Applying for Medicare and Social Security benefits is the responsibility of the clergy participant and spouse and should be done during the window of 3 months prior to your 65th birthday, in the month of your 65th birthday or 3 months after your 65th birthday.

Prepared by Rev. Jean Ehnert Nicholas, Conference Benefits Officer
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