From: Compensation and Benefits Committee  
Date: May 11, 2020

Coronavirus Frequently Asked Questions (FAQ) – A Resource for Congregation Leaders

In view of the COVID-19 pandemic the Compensation and Benefits Committee anticipates that there will be both immediate and longer-term questions relating to the maintenance of health insurance and pension benefits for both clergypersons and lay staff. The following FAQ has been prepared based upon what we anticipate to be the most likely questions people will have at the moment, with responses based on information we have obtained from the Church Pension Group (CPG) and Medical Trust. As more questions arise or we receive additional information we will update this FAQ.

Health Insurance

Q1.: How is Eligibility determined given a reduction in hours worked due to the stay-at-home advisory?

A1.: According to the Medical Trust, Health Insurance Eligibility is based upon a clergy or lay person’s being scheduled to work 1,500 compensated hours, with those usually scheduled to work 1,000 or more hours eligible to participate on a pro-rata basis. If a person is usually scheduled to work 1,000 hours or more but has had their hours reduced, and is expected to return to work, they can remain on the plan during their stay-at-home period.

Furloughs & Layoffs

Key Point: A key point for “furloughed” employees regarding health insurance is whether there is an expectation of an actual return to work.

Q2.: If we do furlough employees, how long can the furlough last before the employees become ineligible for health benefits?

A2.: Assuming that the employee furlough is a mandatory suspension from work without pay:

• The length of the furlough may be as brief or as long as the employer wants.

• This further assumes that the furloughed employee is not engaging in any form of work on behalf of their employer whatsoever.

• Also note: A furloughed employee may be eligible for or receiving unemployment benefits, subject to the applicable state laws.
Q3.: What if someone experiences a permanent reduction in hours?

A3a.: In the case of someone who returns post-emergency at something less than 1,000 hours, they will no longer be eligible at that point.

A3b.: If there is no expectation that the employee will return to work at all, then the action should be considered a termination, and extension of benefits should be offered.

Q4.: How long may someone continue benefits if they are no longer eligible (i.e., permanent reduction or formal termination as above)?

A4.: The Medical Trust allows for extension of benefits (similar to “COBRA”) for a period of 36 months.

Q5.: Has the Medical Trust provided a premium grace period?

A5a.: YES – A 90-day grace period has already been established for both employee benefit and property and casualty type coverage. Full and partial payments are encouraged in the meantime if you can maintain them.

A5b.: Further, NO cancellations will be issued, and NO interest will be charged on late premiums.

Q6.: How have plan benefits been modified in response to federal legislation such as the CARES Act?

A6a.: 1) Cost-sharing for COVID-related services (copays, coinsurance and deductibles) has been eliminated.

A6b.: 2) Non-network emergency care for COVID-related services will be covered at network levels with no cost-share as well.

A6c.: 3) Telemedicine interactions with your personal network and non-network providers are now covered for non-COVID-related services on the same cost-sharing basis as if the consultation had taken place face-to-face. The Compensation and Benefits Committee encourages everyone to continue with their regular care routines for any ongoing or chronic health conditions. DO NOT defer other care out of concern that the health care system cannot provide those services.

A6d.: 4) Further, telemedicine that is provided through the plan’s contracted third-party vendor will be provided with no cost-share until the end of the year. Anthem’s vendor, “Live Health Online,” can be reached at livehealthonline.com. There is also a mobile phone app available. Registration for the service is required, so we encourage you to create an account for yourself before you actually need services.

A6e.: 5) Updated Summaries of Benefits that outline all of these changes have been posted by all of the Medical Trust’s vendors.
Quarantines, Self-isolations and Disability Income Claims

Q7.: What if a healthcare professional quarantines me?

A7.: If you are NOT symptomatic, being quarantined (or self-isolating) would not in itself qualify you for disability income payments. However, any days during the 14-day Benefit Waiting (or “Elimination Period”) that you are symptomatic would qualify towards the satisfaction of the 14-day “EP.” Claims for bona fide illnesses can be directed to:  **Zurich Insurance, (800) 206-8826.**

Pension Considerations

Q8.: May we suspend pension contributions?

A8.: CPG has established a contribution deferral procedure for congregations experiencing financial difficulties. These are subject to approval by the bishop. Please contact the bishop’s office to make your request.

Q9. Will deferred pension contributions have an impact on my pension benefit calculation?

A9.: NO, they will not. Further, approved Hardship 90-Day Grace Periods will NOT be charged interest for those periods.

Additional Resources

You may also find the following links useful:

https://www.cpg.org/administrators/resources/arc/

Again, the Compensation and Benefits Committee will continue to monitor this situation, and issue further guidance as appropriate. In the meantime, if you have any questions or need to process any enrollments, terminations, changes, etc., please feel free to contact our diocesan human resource administrators:

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Thanks, and be well!
The Compensation and Benefits Committee