

The Corinthian Plan

Together, providing health care for pastors and church workers

Plan overview

The Corinthian Plan is pleased to provide important health and other coverage to pastors and staff in Mennonite Church USA congregations. Key features of the plan include:

- Health coverage
 - Choice of two qualified high-deductible health plans.
 - Comprehensive health benefits.
 - Emphasis on prevention.
 - Access to the Highmark Blue Cross/Blue Shield nationwide PPO network and related cost-control benefits.
 - Coverage for both credentialed pastors and other non-credentialed employees and their families.
- Flexibility for the congregation to offer either a health savings account (HSA) or a health reimbursement arrangement (HRA) to complement the health plan for employees.
- Wellness program with incentives.
- Life, accidental death and dismemberment, and long-term disability insurance coverages are mandatory benefits of the plan.
- Vision and dental coverage are optional benefits of the plan.
- A mutual aid funding structure to provide health coverage for pastors whose congregations are unable to afford it.

Read the following Corinthian Plan summary to learn the details about the plan. For more information, contact:

The Corinthian Plan
Mennonite Church USA
718 N. Main Street
Newton, KS 67114-1703
(316) 283-5100
www.CorinthianPlan.com



The Corinthian Plan Summary

Health plan (called the Congregational Employee Plan)

The five goals of the health coverage are to:

- Provide coverage for pastors, church employees, and their families
- Provide coverage for catastrophic, high-cost medical needs
- Encourage healthy and preventive self-care
- Practice mutual aid and cost-sharing, and
- Manage costs for congregations and their staff

Deductible choices

Congregations may choose from the following deductible options:

- A. **\$3,000 Individual (self-only) Ded.** (non-embedded)*
90%/10% of \$10,000 Coinsurance
\$4,000 Out of Pocket Limit (includes Ded & Coins)

\$6,000 Family Deductible (non-embedded)*
90%/10% of \$20,000 Coinsurance
\$8,000 Out of Pocket Limit (includes Ded & Coins)

- B. **\$5,000 Individual Deductible** (embedded)**
90%/10% of \$10,000 Coinsurance
\$6,000 Out of Pocket Limit (includes Ded & Coins)

\$10,000 Family Deductible (embedded)**
90%/10% of \$20,000 Coinsurance
\$12,000 Out of Pocket Limit (includes Ded & Coins)

***Non-Embedded Deductible:** If you are enrolled in a "Family plan", with your non-embedded deductible, the entire family deductible must be satisfied before claims reimbursement begins.

***Non-Embedded Out-of-Pocket and Total Maximum Out-of-Pocket Limit:** With your non-embedded out-of-pocket limit, the entire family's out-of-pocket limit must be satisfied before additional claims reimbursement begins.

****Embedded Deductible:** If you are enrolled in a "Family plan", with your embedded deductible, once an individual's deductible is satisfied, claim reimbursement for covered services will begin for that member. Once the family deductible is satisfied collectively by covered family members, claim reimbursement will begin for all covered family members.

****Embedded Out-of-Pocket and Total Maximum Out-of-Pocket Limit:** With your embedded out-of-pocket limit, once an individual's out-of-pocket is satisfied, claim reimbursement for covered services will increase to 100% for that member. Once the family's out-of-pocket is satisfied collectively by covered family members, then 100% claim reimbursement for covered services will begin for all covered family members.

Expenses covered

The following medical care and treatment are eligible for coverage:

- Inpatient hospital stays
 - Major medical
 - Mental health
 - Substance abuse
- Maternity care
- Outpatient care
 - Major medical
 - Mental health
 - Substance abuse

- Prescription drugs
- Physician office visits
- Diagnostic x-ray and lab work
- Home health services
- Spinal manipulations
- Therapy and rehabilitation services, including occupational therapy, speech therapy, and physical medicine

First-dollar preventive care (Plan pays 100%)

To encourage plan participants to practice prevention and be knowledgeable about their health, the plan pays 100 percent of some services immediately – without requiring the person to meet the deductible. These preventive services include:

- Immunizations
- Physical exams
- Mammograms
- Gynecological exams and pap tests
- Selected routine diagnostic screenings

Covering families

The plan includes coverage for all eligible family members, spouses, and children under the age of 26.

How the health plan is administered

Mennonite Church USA is the plan sponsor and determines premium subsidy payments for congregations who are unable to pay the full cost of coverage for their staff. Mennonite Church USA also determines all benefits that the plan covers.

Everence and Highmark Blue Cross Blue Shield are the plan's administrators. Highmark's PPO (a network of providers) allows plan participants to receive significant discounts on medical care.

Everence recommends rates and reserves for the health plan, which handles enrollments, billing, continuation of coverage, and disenrollment.

Highmark provides claims administration, as well as cost control measures such as:

- Reviewing hospital bills,
- Negotiating fees,
- Managing large claims, and
- Precertification.

All of these services help to keep the cost of health care more affordable for everyone. Plan participants can help by using physicians and hospitals that are in the Highmark Blue Cross Blue Shield PPO network.

No health plan covers everything

Today, health plans are very detailed, so what's covered (or not covered) under the plan can be extremely complex. Not every service of every doctor or medical facility will always be paid by the health plan – even after the deductible is met. Plan participants are responsible for payment of ineligible services, so we strongly suggest that before plan participants receive care, they call Highmark to see if that service is covered.

The health plan will pay for expenses above the deductible for:

- Care that is listed as covered in the summary plan description.
- Care that is medically necessary and appropriate to treat an injury or sickness.
- Allowable charges for similar treatment in a given geographic area.

Health coverage options for terminating employees and dependents

If an employee or dependent loses eligibility for health plan coverage, they may choose to continue on the plan for up to 18 months but will need to pay the entire cost of the coverage. This is called continuation of coverage.

Health savings account and health reimbursement arrangement

Congregations are encouraged to provide funding of \$500 for single health plan coverage and \$1,000 for family health plan coverage for their employees to help offset the cost of meeting the deductible requirement.

With a health savings account, the congregation can make funding contributions to the account, and employees can also make contributions to the account. Under a health reimbursement arrangement, only the congregation can fund it because employees are not permitted to make contributions.

Simply stated, both of these options provide funds for medical expenses when the need arises. Both also offer tax advantages.

A health savings account is owned by the employee. Account funds can be used for any qualified medical expenses, including meeting the plan's deductible or paying for dental or vision care, for example. The account balance carries over from year to year. HRA funds can only be used for deductible expenses.

Eligibility requirements for HSAs

To open and contribute to an HSA, participants must:

- Be covered under a qualified high-deductible health plan,
- Not be covered under any other plan that reimburses medical expenses (including a health reimbursement arrangement or a medical reimbursement account) unless it is also coordinated with a qualified high-deductible health plan,
- Not be enrolled in Medicare Part A or B, and
- Not be eligible to be claimed as a dependent on another person's tax return.

More details are available on the eligibility worksheet accompanying the HSA application.

Health reimbursement arrangement features

A health reimbursement arrangement has "notational" record-keeping accounts for all participants, meaning no real account holding funds is established, but the funds available for reimbursement are tracked for each participant. It can be used for any qualified medical expenses, as determined by the plan sponsor.

MC USA has designated that the HRA can be used only for reimbursement of deductible expenses. The employer makes a specific amount of money available in case the employee has deductible expenses. The employee cannot add to the funding available, nor does the balance carry over to the next year.

Wellness Program

To support healthy lifestyles for individuals, this program encourages each employee and spouse to see their primary medical provider for their annual or wellness exam. One part of the Incentive (\$150) is offered after sending in a signed form confirming the exam. Another part of the Incentive (also \$150) is offered after either engaging in a one-time wellbeing conversation session with a wellbeing specialist, creating a personal Well-being Plan, or a

wellbeing retreat day. Along with these financial Incentives, basic practices of wellness and wellbeing will be encouraged for your own health. This program also helps manage costs associated with unhealthy habits. Everence administers the plan.

Reminder: MC USA Pastors and their spouses who aren't on the health plan (waived coverage) are eligible to participate in the Wellness Program. They can receive cash incentives of up to \$600 for the pastor and spouse. Additional wellness information is mailed to pastors in the first quarter of each year.

Life and disability insurance

All eligible employees in The Corinthian Plan will receive life insurance coverage equal to their annual salary (up to \$100,000 maximum). In addition, an equal amount of coverage for accidental death and dismemberment is included.

In addition, eligible employees will receive disability income insurance (based on the pastor's salary) to help pay for a qualified long-term disability. The insurance benefits pay two-thirds of a monthly salary to an employee who becomes disabled.

Additional benefits

Pastors and other employees may choose to participate in the Section 125 plan, a flexible benefits (cafeteria) plan provided by The Corinthian Plan.

If the employee pays any portion of the premiums for the health, dental, or vision plans, it is automatically processed through the Section 125 plan to give the employee automatic tax benefits. In general, this plan allows employees to use before-tax dollars for:

- Funding a health savings account
- Paying for unreimbursed qualified medical expenses for participants who aren't eligible to contribute to an HSA;
- Paying their share of their health, dental, and vision plan premiums; and
- Paying for their work-related child (or dependent) care.

Dental coverage

The Corinthian Plan offers dental coverage for pastors, staff, and their families. If a congregation (or conference) chooses dental coverage, all employees and their family members will be enrolled.

If an employee of that congregation waives health coverage, they will still be enrolled in this dental coverage. They and their family members are required to enroll unless they have alternative dental coverage. Details about this coverage are available from The Corinthian Plan staff.

Vision coverage

The Corinthian Plan offers vision coverage for pastors, staff, and their families through the Vision Service Plan (VSP). If a congregation (or conference) offers vision coverage, it is not mandatory for eligible employees and their families. Each employee may choose whether to enroll in the vision coverage or waive coverage. Details about this coverage are available from The Corinthian Plan staff.

Eligibility requirements

For pastors

To be eligible to participate in The Corinthian Plan, they must:

- Be credentialed for ministry (ordained or licensed by an area conference that is a member of Mennonite Church USA or for other congregations that meet eligibility criteria by a recognized organization).
- Have been called to serve in a pastoral ministry role in a congregation that is a member of an area conference of Mennonite Church USA.
- Be giving at least 20 hours per week on average to the ministry of that congregation.

For other church employees

To be eligible, non-credentialed employees must be working and paid for at least 30 hours per week in an MC USA congregation.

Non-credentialed employees who are working at least 20 hours per week and who were previously enrolled in the COMB plan are allowed to continue in The Corinthian Plan until their employment ends or drops below 20 hours per week.

Should a congregation or conference have a differing benefits policy, please contact The Corinthian Plan Director at 316-281-4255.

If pastors and other church staff have health coverage elsewhere

Depending on the type of coverage, they may be waived from enrolling in the health plan but are required to participate in the mandatory life and disability plans.

Enrollment

New pastors and church employees may enroll in The Corinthian Plan during the 90-day enrollment period that follows their first day of employment. Coverage will begin on their first day of employment. This enrollment period also applies to other events, such as birth or marriage.

New congregations may enroll during the 90-day enrollment period that follows the date they are recognized by their area conference or during the open enrollment periods as outlined by Mennonite Church USA.

Non-participating congregations may also enroll during these open enrollment periods. If a non-participating congregation wishes to enroll outside of the open enrollment period, it would be required to go through underwriting. (Non-participating but eligible congregations through the grandfather guidelines have no open enrollment period and must go through underwriting.)

Special provisions for transferring employees

Pastors and church employees who are enrolled in the health plan with one congregation can easily transfer their coverage to another participating congregation (although there may be differences in the benefit package).

One benefit of the health plan is that employees will receive credit for deductible expenses accumulated during the current plan year if there is continuous coverage. This may include a period of continuation of coverage during a time between employers (congregations) of Mennonite Church USA.

Transitional pastors

For transitional pastors, please see the Transitional Pastors Policy document found on the MC USA website under [Ministerial Transitions – Committee Packet link of Leadership Development](#).

Funding structure for the health plan

Rates for congregations

Rates are calculated using a “community rating” methodology. This means the claims (medical expenses paid by the health plan) are shared by all participating congregation members in the group. All member churches share the benefit of low claims and the impact of high claims.

Since its creation, The Corinthian Plan has allowed congregations/conferences to practice our belief of stewardship and mutual aid among our participating members through this cost-sharing practice.

Congregations are encouraged to pay all or as much as they are able of their staff's premiums. If the congregation pays only a portion of the premium for their employees (and covered family members) they are required to pay no less than 50 percent of the cost of the total health premium.

This is for the employee or the employee's family, depending on which coverage was selected. The congregation is expected to pay 100% of life, long-term disability and accidental death & dismemberment premiums and contribution to the Fair Balance Fund.

Fair Balance Fund to subsidize increased access

As a practice of mutual aid and stewardship, each Corinthian Plan congregation is helping to provide health coverage for the employees of congregations that otherwise could not afford to do so.

To achieve this goal, each congregation contributes an amount equal to \$10 per average congregational attendee, which goes directly to the Fair Balance Fund. The funds are distributed directly to qualifying Corinthian Plan congregations by subsidizing their premium. Guidelines and applications are available on request or on [The Corinthian Plan website](#).

Waived pastors

Congregations are asked to pay a fee for credentialed pastors who have coverage provided through another source (e.g. spouse coverage or another group plan) as a part of The Corinthian Plan's participation fee. This also means that congregations participating in this way can have their staff join at any time outside of open enrollment, without going through underwriting.

For 2026, the annual waive fee for a full-time pastor will be \$1,800 and is pro-rated down to a half-time FTE. For congregations with no eligible employees, the minimum waive fee is \$276. This cost may be adjusted at renewal.

The Corinthian Plan status

The Corinthian Plan is a self-funded church plan that complies with the Affordable Care Act, as required.

Plan board and staff

The Corinthian Plan is overseen by the Church Benefits Board, (whose members are appointed by Mennonite Church USA) and the Plan Director. A Wellness Coordinator and Area Advocates also staff the Plan.