



Living Our Faith Employer-Provided Health Insurance



Overview of today's workshop

- Where do we get health insurance now?
- What will your congregation offer to staff?
- How do you pay for it?
- How could Congress disrupt your strategy?
- Health Insurance Reality 101



Where do Americans get health insurance?

Source	Millions
Employer group Insurance	153.0
Medicaid/CHIP	63.0
Medicare	55.5
Exchanges - subsidized	9.6
Exchanges - unsubsidized	1.9
Other non-group	7.2
Student plans, etc	4.0
Uninsured	29.0
Source: LA Times, compilation from CBO, CDC, HHS, CMS, BLS, Census Bureau, KFF	



Employer % of non-Medicare,
non-Medicaid coverage is –

87%



What kind of plan will you offer your staff?

- Will you offer health insurance at all?
- What kind of plan?
- Will you make it affordable?
- Do you expect your staff to find coverage on the Exchanges? Get it from Medicaid?
- Will you reduce your contributions to allow staff to qualify for subsidies?



Beyond Finances

How do you balance church finances with the social justice (and IRS) requirement of health insurance for everyone?



And now that you have a strategy....

What are the chances that Congress will mess it up for you?

- The House Republicans, versus...
- The Senate Republicans
- Will insurance carriers be willing to stay in the Exchanges? At what price?
- Will premium and out-of-pocket subsidies continue?
- What will happen to Medicaid?



**What does all of this mean for
congregations?**



“Nobody knew health care could be so complicated.”



Not exactly....in fact, lots of us knew

- No single-payer on the horizon
- Exchanges are a mess
- IRS, DOL, and HHS continue to write regs
-while the administration tries to gut them
- Underlying costs are going up inexorably



We're all in this together, no matter what health plan you offer

- Commercial market rate increases will moderate
- Exchange benefits, rates, subsidies, and competition will deteriorate
- Rx will continue to evolve rapidly, with emphasis on specialty drug controls
- Watch for increasingly sophisticated provider networks



We're all in this together, no matter what health plan you offer

- Age curves are likely to shift
- HD plans will become the new normal
- The IRS will not back off reimbursement rules
- QSEHRA and why you need to watch it
- 1095 reporting is not going away
- The “Cadillac Tax” is deferred to at least 2020



How will the UUA Health Plan respond?

- Our plan does not exist in a vacuum
- We will continue offering benefits that reflect UU values
- We will not use AHCA changes to gut EHB's
- We will not use the AHCA or court decisions to eliminate free contraceptive care
- The 13:1 age curve conundrum



How will the UUA Health Plan respond?

- Close scrutiny of new specialty drugs
- More emphasis on high quality cost effective specialty centers
- Enhanced member outreach
- Diabetes prevention added to the Preventive Services schedule
- Move to a better HSA platform for HD support



What should you be asking right now?

- Where does your staff get insurance now?
- How many are thinking of coming back to your benefit plan?
- How soon will your health insurer tell you what they're planning for 2018?
- Should we join the UUA Health Plan?



What should you be asking right now?

- What is our health insurance budget?
- Can we afford adding new staff to the plan?
- Should we rethink our contribution policy?
- Should we add high deductible plans to our mix?
- Is QSEHRA an option for your congregation?



Where to go for help with all this

Rev. Richard Nugent, Director of the Office of Church Staff Finances

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