

INTRODUCTION

The **Medical Wrap-Around Plan (WAP)** assists active members of the Board of Pensions Medical Plan (BOP) cope with medical expenses.

The WAP reimburses individuals for expenses that qualified as “eligible expenses” (including prescriptions) under the BOP medical plan but were not paid due to deductible or co-insurance thresholds.

HISTORY

The intent of this plan has always been to make essential and preventative health care affordable.

In 1987, the Presbytery Pensions Committee studied how the presbytery could continue to provide a way of reducing the impact of the increasing medical deductible and developed the Medical Wrap-Around Plan (WAP).

BASIC CONCEPTS

The basic concepts of the plan are:

- Ministers and lay church employees who participate in the BOP medical plans are subject to a deductible equivalent to 1% of effective salary.
- Churches pay 2% of those employees' salaries to the presbytery which creates a **shared pool** of money used to reimburse qualified medical and RX expenses above the 1% of salary deductible level. *It is important to understand this is not a personal flex-spending plan.*

TERMS AND DEFINITIONS

The WAP operates on the same guidelines as determined by the BOP and looks to that plan for definitions and determinations of such terms. These terms may be found in the BOP “Benefits at a Glance” (www.pensions.org/what-we-offer/health/medical).

WHO IS COVERED?

All active minister members of the Benefit Plan enrolled in the Board of Pensions Benefits Program participate in the WAP. **Church staff members may participate if they are enrolled in the Board of Pensions Benefits Program AND the church pays applicable Medwrap dues to the Presbytery.**

POSITION, NOT PERSON

The 2% contributed by the church is paid on the position rather than the person. So, for example, an Interim Pastor who started in September would be covered by the same 2% that was paid on the salary of a pastor who left at the end of July.

COVERED EXPENSES

During a plan year, the WAP will reimburse a member for **medical expenses (including prescriptions and mental health paid through the medical plan)** that exceed a deductible of 1% of effective annual salary but were not reimbursed by the Board of Pension Plan as detailed on the BOP Explanation of Benefits forms (EOB). Medical expenses *and* prescription costs are considered eligible expenses in meeting the 1% deductible. **Expenses not covered by the BOP plan and therefore also not covered by the WAP plan include and are not limited to:**

- Dental claims
- Vision claims
- Alternative medical treatments such as medical massages, acupuncture, etc.

For further information, please refer to current Board of Pensions coverages and provisions (http://www.pensions.org/file/what-we-offer/benefits-guidance/forms-documents/Documents/pln-624_2021.pdf/).

FILING CLAIMS

To receive medical claim information:

- Contact Highmark BCBS directly (888-835-2959) and request a **Claim Calculation Report** for a given period to be sent directly to you. If dependents are included on the policy, you must request a report for *each* participant, to include with your Medwrap submission.

Prescription claim information:

- Is included in the **Claim Calculation Report** received from Highmark. If you assess and feel the report is not complete, establish an on-line account at: www.optumrx.com/. Click on Manage my Prescriptions, then Medical History. Specify a date range (commencing January 1st through the current date) and select either print to receive a hardcopy or download for an Excel spreadsheet. Delete the column for RX names or print and blackout the names. OR, call Optum (800-356-3477) and request a hardcopy for a specified period.



Please allow sufficient time for arrival to meet NCP submission deadline for submission
(March 1st).

Submit your Highmark/RX claim reports to:

- ncpmedwrap@gmail.com

Your claim will be processed for applicable reimbursement. **Please allow an average of 4 weeks for processing.**

EXPENSES NOT COVERED

The WAP will *not* reimburse for medical deductible expenses not covered by the Board of Pensions Medical Plan such as:

- Medical expenses incurred beyond “usual, customary, reasonable” expenses.
- Expenses incurred by failure to follow procedures such as pre-authorization penalties.

DUPLICATE MEDICAL PLANS

When a spouse or family member has other medical coverage, the WAP is intended to provide reimbursement up to the limits of the deductible, but is not designed to reimburse anyone in excess of 100% of costs incurred.

PLAN YEAR

The Med-Wrap Plan is based on the calendar year. Coverage by the plan in the first year is effective on the start date of the minister or church employee in New Castle Presbytery. Similarly, the plan ceases to apply to medical expenses incurred after the person leaves church employment, transfers to another presbytery, or retires.

TIMELY SUBMISSION OF FORMS

All requests for reimbursement under the WAP must be received by the Treasurer **by March 1st** after the end of the calendar year in which the services were provided.

For example: Services received in 2020 must be submitted by March 1, 2021.



USE OF NON-PARTICIPATING PROVIDER (Hospital or Physician)

If prior approval by Blue Cross Blue Shield (when service cannot be rendered by a network provider) has been obtained, member should not incur an additional liability, and accordingly, the expense is eligible.

If no prior approval by Blue Cross Blue Shield, and it is the member’s choice to use a non-participating provider, the WAP program **will not cover** any additional liability incurred by the member.

REIMBURSEMENT EXAMPLE

Member Effective Salary	\$47,900
<i>Eligible</i> Expenses not reimbursed due to BOP deductible or co-payments:	\$2,800
Eligible prescription expenses not reimbursed by BOP:	\$100
Total:	\$2,900
Less WAP deductible (1%):	(\$479)
Net paid to member by plan:	\$2,421

QUESTIONS? NEED HELP?

Email the NCP Treasurer at (ncpmedwrap@gmail.com).

Medical Wrap-Around Plan



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