R10-1 Health Insurance Coverage

Resolved, in accordance with Resolution A177 adopted by the 76th General Convention of the Episcopal Church and with Title I, Canon 8 of the Episcopal Church, and no later than January 1, 2013:

- The Episcopal Diocese of Atlanta and all of its congregations shall participate in health insurance coverage administered by the Church Pension Group for all qualified employees not otherwise covered (those employed to work 1500 hours or more per year).
- Employees may opt out of Diocese of Atlanta medical coverage if they have health care benefits through other approved sources (i.e., coverage under spouse's or domestic partner's insurance, former employer, Tricare, Medicare, etc.)
- As a minimum, qualified clergy and lay employees, on an equal basis, must be provided single medical coverage and access to expanded (i.e., household members, including domestic partners, dental insurance) coverage provided through the Diocese of Atlanta health plan. Cost sharing for insurance coverage must be the same percentage for all qualified employees.
- Schools, day care facilities and other congregational and diocesan institutions, whether or not they operate under a separate tax ID from the sponsoring institution, *are encouraged to* participate in the diocesan plan of the Church Medical Trust on the same basis as congregations, and *must* request a bid for services from the Church Medical Trust every time medical coverage is renewed; and be it further

Resolved, that the Bishop of Atlanta shall appoint a permanent committee to advise and assist congregations with understanding and achieving parity in medical coverage for their qualified employees.

Explanation

The Task Force on Diocesan Health Care Policy was charged with the limited task of developing specific policies for our diocese as a result of the action of General Convention to create a single insurance pool for the Episcopal Church under Title I, Canon 8 as amended in 2009.

Specifically we were asked to consider (a) the status of domestic partners in our diocese; (b) the status of Episcopal schools and other "affiliated institutions" in our diocese; and (c) a minimum requirement for all participants that ensures parity between clergy and lay in any congregation or other institution.

We considered positive and negative effects of various policy options. We propose a policy with minimal negative financial impact for current participants in Church Medical Trust plans. Additionally, this is a generous time frame for congregations with alternative insurance arrangements to meet the requirement to switch to plans administered by Church Medical Trust.

In addition we have, by establishing a minimum basis for the provision of insurance and access to insurance for lay and clergy employees in our diocese, provided maximum flexibility for parish vestries and finance committees to move forward in ways most consistent with their own priorities and values.

Submitted by the Task Force on Diocesan Health Care Policy