

BALTIMORE-WASHINGTON CONFERENCE
2026 HEALTHFLEX EXCHANGE RATE SHEET **FOR CLERGY**

| THESE ARE MEDICAL PLAN RATES ONLY. RATES DO NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES. | | | | | | |
|--|---|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|
| MEDICAL NETWORK: BLUECROSS BLUESHIELD (BCBS) | 2026 MEDICAL PLAN TYPE (BlueCross BlueShield of Illinois) | | | | | |
| | | BWC DEFAULT PLAN | | | | |
| | PPO | HRA PLANS | | HSA PLANS | | |
| Medical Plan Type with Health Account | B1000 | C2000 with HRA | C3000 with HRA | H2000 with HSA | H2500 with HSA | H5000 with HSA |
| Annual Deductibles | \$1000/\$2000 | \$2000/\$4000 | \$3000/\$6000 | \$2000/\$4000 | \$2500/\$5000 | \$5000/\$10,000 |
| Co-Pays / Co-Insurance (after deductible is met) | (Co-Pays) | Co-Ins: 80% | Co-Ins: 50% | Co-Ins: 80% | Co-Ins: 70% | Co-Ins: N/A |
| Annual In-Network Out-of-Pocket Maximum | \$5000/\$10,000 | \$5000/\$10,000 | \$5000/\$10,000 | \$5000/\$10,000 | \$5000/\$10,000 | \$5000/\$10,000 |
| Health Reimbursement Account (HRA) Amount | Not applicable | \$1000/\$2000 | \$250/\$500 | Not applicable | Not applicable | Not applicable |
| Health Savings Account (HSA) Amount | Not applicable | Not applicable | Not applicable | \$1000/\$2000 | \$250/\$500 | \$0 |
| FLEXIBLE SPENDING ACCOUNTS: optional - payroll deduction | | | | | | |
| - Medical Reimbursement Account (MRA) | \$300 - \$TBD | \$300 - \$TBD | \$300 - \$TBD | \$300 - \$TBD | \$300 - \$TBD | \$300 - \$TBD |
| - Dependent Care Account (DCA) | \$300 - \$5000 | \$300 - \$5000 | \$300 - \$5000 | \$300 - \$5000 | \$300 - \$5000 | \$300 - \$5000 |
| HEALTH SAVINGS ACCOUNT (HSA) - payroll deduction | Not applicable | Not applicable | Not applicable | TBD | TBD | TBD |
| TIER TYPE | Participant Monthly Premium | Participant Monthly Premium | Participant Monthly Premium | Participant Monthly Premium | Participant Monthly Premium | Participant Monthly Premium |
| Clergy Participant Only | \$150.00 | \$117.00 | \$42.00 | \$107.00 | \$69.00 | \$19.00 |
| Clergy Participant + 1 | \$466.00 | \$389.00 | \$220.00 | \$380.00 | \$302.00 | \$103.00 |
| Clergy Participant/Family (3 or more) | \$637.00 | \$541.00 | \$422.00 | \$547.00 | \$433.00 | \$148.00 |
| GRANDFATHERED TIER TYPE prior to 1/1/2017 | GRANDFATHERED premium - default plan only | | | | | |
| Clergy Participant + Child/Children | | \$297.00 | | | | |
| Clergy Couples with Child/Children in the default plan only - contact Benefits office | | \$297.00 + \$117.00 | | | | |
| Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were grandfathered in the DEFAULT plan. If you terminate your dependent coverage and then have to re-enroll a dependent, or if you switch to another plan you will be enrolled in the new tier type. | | | | | | |
| Church Rate per eligible Clergy for All Plans | \$1,050 | \$1,050 | \$1,050 | \$1,050 | \$1,050 | \$1,050 |
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| DENTAL PLANS - 2026 RATES (by CIGNA DENTAL) | | | | <div>Acronyms</div> <div>HRA - Health Reimbursement Account</div> <div>MRA - Medical Reimbursement Account</div> <div>DCA - Dependent Care Account</div> <div>HSA Health Savings Account</div> | | |
| CIGNA DENTAL (a subsidized benefit) - optional | Dental HMO | Dental PPO | Dental Passive 2000 | | | |
| Participant | \$9.28 | \$17.50 | \$28.50 | | | |
| Participant +1 | \$16.50 | \$35.00 | \$57.00 | | | |
| Participant + Family | \$28.88 | \$52.50 | \$85.50 | | | |
| VISION PLANS - 2026 RATES (by VSP) | | | | | | |
| VSP VISION - optional | Exam Core | Full Vision | Premier Vision | | | |
| Participant | \$0.00 | \$9.00 | \$15.00 | | | |
| Participant +1 | \$0.00 | \$14.00 | \$25.00 | | | |
| Participant + Family | \$0.00 | \$22.00 | \$40.00 | | | |
| IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM | | | | | | |

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| Acronyms |
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| MRA - Medical Reimbursement Account |
| DCA - Dependent Care Account |
| HSA Health Savings Account |