Baltimore-Washington Conference
The United Methodist Church

OFFICE OF HUMAN RESOURCES AND BENEFITS
WWW.BWCUMC.ORG
TEL. 410-309-3400 | 800-492-2525

Memorandum

To: Pastors, Finance Chairs, S/PPRC Chairs, and Treasurers

From: Francess Spaine, Director of Human Resources & Benefits

Date: July 1, 2025

Re: 2026 Clergy Benefits Calculation

As you begin to prepare your budgets for the 2026 fiscal year, the following information for calculating clergy benefits may be helpful to you in your preparation. If you have any questions, please call the Benefits Office at 410-309-3430.

Compass Retirement Plan: New in 2026 - Compass is an account-based, defined contribution (DC) plan. Compass is funded by the church and the clergy's personal contributions.

Comprehensive Protection Plan (CPP) and UMLife Options provides death and disability benefits for all eligible participants.

United Methodist Personal Investment Plan (UMPIP) is a clergy personal savings account.

HealthFlex Exchange (Blue-Cross Blue-Shield) is the medical plan for clergy.

Calculation/Billing for these benefit plans is as follows:

Total Plan compensation (TPC) is the "cash salary[i]" plus "other compensation" items paid by the church on behalf of the Pastor plus either the housing allowance or 35% of cash salary for living in the parsonage.

Benefit Plans:	Appointment Type	Conference Billing
Compass – Fixed dollar	**Full-Time appointment (100%)** **Three-Quarter Time appointment (75%)** **Half-Time appointment (50%)**	**$150 = $1800** **$112.50 = $1350** **$75 = $900**
Compass (Includes Match)	**Same as above**	**3%+4% = 7% of TPC**
UMPIP - *Optional*	**25% appointment** ***(not eligible for Compass)***	**Payroll Deduction** ***(Clergy Contribution only – Wespath bill to church)***
UMPIP - *Optional* ***Waiver Form must be on file***	**75% & 50% appointment** ***have the option to waive out of compass***	**Payroll Deduction** ***(Clergy Contribution only – Conference Bill)***
CPP (Death & Disability Benefit)	**100% appointment** **Full Member – 75% appointment**	**3% of TPC**
UMLife (Death & Disability Benefit)	**Full Member 50% & 25% appointment**	**3% of TPC**
HEALTHFLEX (Health Ins.)	**100% & 75% appointment** ***(Clergy have the option to waive if they are covered under their spouse medical plan – the church will be billed the monthly premium for this benefit.)***	**$1050 = $12,600**

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 BlueSheild 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 ACOUNTS: *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

DENTAL PLANS - 2026 RATES (by CIGNA DENTAL)

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

Acronyms

HRA - Health Reimbursement Account
MRA - Medical Reimbursement Account
DCA - Dependent Care Account

HSA Health Savings Account