

BALTIMORE-WASHINGTON CONFERENCE

2027 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)	2027 MEDICAL PLAN TYPE (BlueCross BlueShield of Illinois)			
		BWC DEFAULT PLAN		
	PPO	HRA PLAN	HSA PLANS	
Medical Plan Type with Health Account	B1000	C2000 with HRA	H2000 with HSA	H5000 with HSA
Annual Deductibles	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000
Co-Pays / Co-Insurance (after deductible is met)	(Co-Pays) 80%-20%	Co-Ins: 80%/20%	Co-Ins: 80%/20%	Co-Ins: N/A
Annual In-Network Out-of-Pocket Maximum	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Health Reimbursement Account (HRA) Amount	Not applicable	\$500/\$1,000	Not applicable	Not applicable
Health Savings Account (HSA) Amount	Not applicable	Not applicable	\$500-\$1,000	\$0
FLEXIBLE SPENDING ACCOUNTS: <i>optional - payroll deduction</i>				
- Medical Reimbursement Account (MRA)	\$300 - TBD	\$300 - TBD	\$300 - TBD	\$300 - TBD
- Dependent Care Account (DCA)	\$300 - TBD	\$300 - TBD	\$300 - TBD	\$300 - TBD
HEALTH SAVINGS ACCOUNT (HSA) - <i>payroll deduction</i>	Not applicable	Not applicable	TBD	TBD
TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Clergy Participant Only	\$172.50	\$128.70	\$117.70	\$21.85
Clergy Participant + 1	\$535.90	\$427.90	\$418.00	\$114.45
Clergy Participant/Family (3 or more)	\$732.55	\$595.10	\$601.70	\$170.20
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only			
Clergy Participant + Child/Children		\$326.70		
Clergy Couples with Child/Children in the default plan only - contact Benefits office		\$326.70+\$128.70 = \$455.40		
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	\$1,155	\$1,155	\$1,155	\$1,155
DENTAL PLANS - 2027 RATES (by CIGNA DENTAL)				
CIGNA DENTAL (a subsidized benefit) - optional	Dental HMO	Dental PPO	Dental Passive 2000	
Participant	\$9.00	\$18.00	\$32.00	
Participant +1	\$16.00	\$36.00	\$64.00	
Participant + Family	\$28.00	\$54.00	\$99.00	
VISION PLANS - 2027 RATES (by VSP)				Acronyms
VSP VISION - optional	Exam Core	Full Vision	Premier Vision	
Participant	\$0.00	\$9.00	\$15.00	HRA - Health Reimbursement Account
Participant +1	\$0.00	\$14.00	\$25.00	HSA - Health Savings Account
Participant + Family	\$0.00	\$22.00	\$40.00	FSA - Flexible Spending Account
IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM				
				- MRA - Medical Reimbursement Account
				- DCA - Dependent Care Account