

## 2022 HealthFlex Rates

Rio Texas Conference of the United Methodist Church

Effective January 1, 2022

Blue Cross Blue Shield (BCBS) National Provider Network

### 2022 HEALTHFLEX INDIVIDUAL PREMIUM CREDIT

#### 2022 Individual Premium Credit (PC)

	Monthly Contribution	Annual Direct Bill
Active Clergy	\$ 925	\$ 11,100
Pre-65 Retiree or Spouse	\$ 925	\$ 11,100
Medical Leave with CPP (Max 24 Months)	\$ 925	\$ 11,100
Conference Lay Employees	\$ 925	\$ 11,100

Each eligible active full-time clergy will receive a monthly individual Premium Credit in the HealthFlex plan of \$925 (funded through their Rio Texas Conference church) and will choose from six HealthFlex plan options.

Participants who choose a plan costing more than the PC credit amount or who choose to cover dependents will contribute the additional amount by a payroll deduction from their church to cover the cost difference between the PC amount they receive and their higher cost for monthly premiums (the participant's share of the premium cost). Covered dependents will be enrolled in the same plan selections chosen by the primary clergy or lay participant.

Lay employees of HealthFlex Church Plan Sponsors do not receive a premium credit, allowing churches to set the employee/employer cost-sharing. The church elects cost-sharing and will be billed on plan selections. A church must be a HealthFlex Plan Sponsor to offer HealthFlex to its eligible full-time lay employees. Please contact the Conference benefit office at 210-408-4500 for information and requirements on plan sponsorship.

#### 2022 HEALTHFLEX RATES – Blue Cross Blue Shield National PPO Network

#### 2022 HealthFlex Plan Options

MEDICAL PLANS	B1000	C2000	C3000	H1500	H2000	H3000
Participant	\$ 935	\$ 898	\$ 782	\$ 874	\$ 792	\$ 690
Participant + 1	\$ 1,777	\$ 1,706	\$ 1,486	\$ 1,661	\$ 1,505	\$ 1,311
Participant + Family	\$ 2,431	\$ 2,334	\$ 2,033	\$ 2,272	\$ 2,060	\$ 1,793

DENTAL PLANS	HMO	Passive PPO	Dental PPO
Participant	\$ 14	\$ 41	\$ 34
Participant + 1	\$ 26	\$ 82	\$ 67
Participant + Family	\$ 45	\$ 123	\$ 101

VISION PLANS	Exam Core	Full Service	Premier
Participant	\$ 0	\$ 7.96	\$ 14.16
Participant + 1	\$ 0	\$ 12.86	\$ 22.94
Participant + Family	\$ 0	\$ 20.34	\$ 36.38