

**BALTIMORE-WASHINGTON CONFERENCE
2021 HEALTHFLEX EXCHANGE RATE SHEET FOR CLERGY**

THESE ARE MEDICAL PLAN TYPE RATES ONLY. RATES DOES NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES						
	MEDICAL PLAN TYPE					
	BWC DEFAULT PLAN					
Health Account with Medical Plan Type	B1000	C2000 with HRA	C3000 with HRA	H1500 with HSA	H2000 with HSA	H3000 with HSA
DEDUCTIBLES	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$1500/\$3000	\$2000/\$4000	\$3000/\$6000
Co-Pays and Co-Insurance	(Co-Pays)	Co-Ins 80%/20%	Co-Ins 50%/50%	Co-Ins 80%/20%	Co-Ins 70%/30%	Co-Ins 40%/60%
Health Reimbursement Account (HRA)	Not applicable	\$1000/\$2000	\$250/\$500	Not applicable	Not applicable	Not applicable
Health Savings Account (HSA)	Not applicable	Not applicable	Not applicable	\$750/\$1500	\$500/\$1000	\$0/\$0
FLEXIBLE SPENDING ACCOUNTS: optional - payroll deduction						
- Medical Reimbursement Account (MRA)	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750	\$300 - \$2750
- 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	\$3,600/\$7,200	\$3,600/\$7,200	\$3,600/\$7,200
TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Clergy Participant Only	\$113.00	\$83.00	\$15.00	\$81.00	\$49.00	\$11.00
Clergy Participant + 1 (1+1=2)	\$385.00	\$330.00	\$181.00	\$317.00	\$251.00	\$59.00
Clergy Participant/Family (3 or more)	\$549.00	\$466.00	\$358.00	\$453.00	\$359.00	\$90.00
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only					
Clergy Participant + Child/Children		\$236.00				
Clergy Couples with Child/Children in the default plan - contact Benefits office		\$236.00 + \$83.00				
Prior to 1/1/2017, PARTICIPANTS with a Participant/Child or Participant/Children coverage were <u>grandfathered</u> in the <u>DEFAULT plan</u> . 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	\$860	\$860	\$860	\$860	\$860	\$860
DENTAL PLANS - 2021 RATES						
DENTAL (CIGNA DENTAL) - optional	Participant	Participant +1	Participant + Family			
Dental Passive 2000	\$20.00	\$45.00	\$63.00			
Dental PPO	\$11.00	\$25.00	\$35.00			
Dental HMO	\$7.00	\$15.00	\$21.00			
VISION PLANS - 2021 RATES						
VISION (VSP) - optional	Participant	Participant +1	Participant + Family			
Premier Vision	\$14.16	\$22.94	\$36.38			
Full Vision	\$8.08	\$13.06	\$20.64			
Exam Core	\$0.00	\$0.00	\$0.00			
DENTAL AND VISION BENEFITS ARE OPTIONAL. IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM						

Acronyms
CDHP - Consumer Driven Health Plan
HDHP - High Deductible Health Plan
HRA - Health Reimbursement Accounts
MRA - Medical Reimbursement Account
DCA - Dependent Care Account
HSA Health Savings Account