

**BALTIMORE-WASHINGTON CONFERENCE  
2022 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	<b>B1000</b>	<b>C2000 with HRA</b>	<b>C3000 with HRA</b>	<b>H1500 with HSA</b>	<b>H2000 with HSA</b>	<b>H3000 with HSA</b>
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
<b>FLEXIBLE SPENDING ACCOUNTS: optional - payroll deduction</b>						
- Medical Reimbursement Account (MRA)	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700
- Dependent Care Account (DCA)	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
<b>HEALTH SAVINGS ACCOUNT (HSA) - payroll deduction</b>	Not applicable	Not applicable	Not applicable	\$3,650/\$7,300	\$3,650/\$7,300	\$3,650/\$7,300
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
<b>GRANDFATHERED TIER TYPE prior to 1/1/2017</b>	<b>GRANDFATHERED premium - default plan only</b>					
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 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.						
<b>Church Rate per eligible Clergy for All Plans</b>	<b>\$860</b>	<b>\$860</b>	<b>\$860</b>	<b>\$860</b>	<b>\$860</b>	<b>\$860</b>

DENTAL PLANS - 2022 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 - 2022 RATES			
VISION (VSP) - optional	Participant	Participant +1	Participant + Family
Premier Vision	\$14.16	\$22.94	\$36.38
Full Vision	\$7.96	\$12.86	\$20.34
Exam Core	\$0.00	\$0.00	\$0.00
<b>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</b>			

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