

**BALTIMORE-WASHINGTON CONFERENCE
2023 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					
	PPO	HRA PLANS		HSA PLANS		
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 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050	\$300 - \$3050
- 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	\$3850/\$7750	\$3850/\$7750	\$3850/\$7750
TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Clergy Participant Only	\$123.00	\$93.00	\$25.00	\$88.00	\$56.00	\$16.00
Clergy Participant + 1	\$395.00	\$340.00	\$191.00	\$327.00	\$258.00	\$66.00
Clergy Participant/Family (3 or more)	\$559.00	\$476.00	\$368.00	\$463.00	\$369.00	\$100.00
GRANDFATHERED TIER TYPE prior to 1/1/2017	GRANDFATHERED premium - default plan only					
Clergy Participant + Child/Children	\$246.00					
Clergy Couples with Child/Children in the default plan - contact Benefits office	\$246.00 + \$93.00					
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	\$890	\$890	\$890	\$890	\$890	\$890

DENTAL PLANS - 2023 RATES			
CIGNA DENTAL (a subsidized benefits) - optional	Dental HMO	Dental PPO	Dental Passive 2000
Participant	\$8.00	\$16.00	\$25.00
Participant +1	\$15.00	\$32.00	\$49.00
Participant + Family	\$26.00	\$49.00	\$74.00
VISION PLANS - 2023 RATES			
VSP VISION - optional	Exam Core	Full Vision	Premier Vision
Participant	\$0.00	\$7.96	\$14.16
Participant +1	\$0.00	\$12.86	\$22.94
Participant + Family	\$0.00	\$20.34	\$36.38
IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM			

Acronyms

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

HSA Health Savings Account