

**BALTIMORE-WASHINGTON CONFERENCE
2020 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					
	B1000	C2000 with HRA	C3000 with HRA	H1500 with HSA	H2000 with HSA	H3000 with HSA
Health Account with Medical Plan Type	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$1500/\$3000	\$2000/\$4000	\$3000/\$6000
DEDUCTIBLES	(Co-Pays)	Co-Ins 80%/20%	Co-Ins 50%/50%	Co-Ins 80%/20%	Co-Ins 70%/30%	Co-Ins 40%/60%
Co-Pays and Co-Insurance	Not applicable	\$1000/\$2000	\$250/\$500	Not applicable	Not applicable	Not applicable
Health Reimbursement Account (HRA)	Not applicable	Not applicable	Not applicable	\$750/\$1500	\$500/\$1000	\$0/\$0
Health Savings Account (HSA)	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700	\$300 - \$2700
FLEXIBLE SPENDING ACCOUNTS: <i>optional - payroll deduction</i>	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
- Medical Reimbursement Account (MRA)	Not applicable	Not applicable	Not applicable	\$3,550/\$7,100	\$3,550/\$7,100	\$3,550/\$7,100
- Dependent Care Account (DCA)						
HEALTH SAVINGS ACCOUNT (HSA) - <i>payroll deduction</i>						
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 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	\$860	\$860	\$860	\$860	\$860	\$860
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DENTAL PLANS - 2020 RATES			
DENTAL (CIGNA DENTAL) - <i>optional</i>	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 - 2020 RATES			
VISION (VSP) - <i>optional</i>	Participant	Participant +1	Participant + Family
Premier Vision	\$14.38	\$23.32	\$37.02
Full Vision	\$5.62	\$9.06	\$14.32
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