

**BALTIMORE-WASHINGTON CONFERENCE  
2025 HEALTHFLEX EXCHANGE RATE SHEET FOR CLERGY**

THESE ARE MEDICAL PLAN RATES ONLY. RATES DO NOT INCLUDE DENTAL AND/OR VISION. SEE BELOW FOR DENTAL AND VISION RATES.						
MEDICAL NETWORK: BLUECROSS BLUESHIELD (BCBS)	2025 MEDICAL PLAN TYPE (BlueCross BlueShield of Illinois)					
		BWC DEFAULT PLAN				
	PPO	HRA PLANS		HSA PLANS		
Medical Plan Type with Health Account	B1000	C2000 with HRA	C3000 with HRA	H2000 with HSA	H2500 with HSA	H5000 with HSA
Annual Deductibles	\$1000/\$2000	\$2000/\$4000	\$3000/\$6000	\$2000/\$4000	\$2500/\$5000	\$5000/\$10,000
Co-Pays / Co-Insurance (after deductible is met)	(Co-Pays)	Co-Ins: 80%	Co-Ins: 50%	Co-Ins: 80%	Co-Ins: 70%	Co-Ins: N/A
Annual In-Network Out-of-Pocket Maximum	\$5000/\$10,000	\$5000/\$10,000	\$5000/\$10,000	\$5000/\$10,000	\$5000/\$10,000	\$5000/\$10,000
Health Reimbursement Account (HRA) Amount	Not applicable	\$1000/\$2000	\$250/\$500	Not applicable	Not applicable	Not applicable
Health Savings Account (HSA) Amount	Not applicable	Not applicable	Not applicable	\$1000/\$2000	\$250/\$500	\$0
<b>FLEXIBLE SPENDING ACCOUNTS: <i>optional - payroll deduction</i></b>						
- Medical Reimbursement Account (MRA)	to be determined by IRS	to be determined by IRS	to be determined by IRS	to be determined by IRS	to be determined by IRS	to be determined by IRS
- Dependent Care Account (DCA)	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000	\$300 - \$5000
<b>HEALTH SAVINGS ACCOUNT (HSA) - <i>payroll deduction</i></b>	Not applicable	Not applicable	Not applicable	to be determined by IRS	to be determined by IRS	to be determined by IRS
TIER TYPE	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium
Clergy Participant Only	\$135.00	\$104.00	\$38.00	\$95.00	\$62.00	\$17.00
Clergy Participant + 1	\$424.00	\$360.00	\$200.00	\$352.00	\$274.00	\$93.00
Clergy Participant/Family (3 or more)	\$590.00	\$501.00	\$383.00	\$497.00	\$393.00	\$134.00
<b>GRANDFATHERED TIER TYPE prior to 1/1/2017</b>	GRANDFATHERED premium - default plan only					
Clergy Participant + Child/Children	\$270.00					
Clergy Couples with Child/Children in the default plan - contact Benefits office	\$270.00 + \$104.00					
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.						
<b>Church Rate per eligible Clergy for All Plans</b>	<b>\$950</b>	<b>\$950</b>	<b>\$950</b>	<b>\$950</b>	<b>\$950</b>	<b>\$915</b>
DENTAL PLANS - 2025 RATES (by CIGNA DENTAL)						
CIGNA DENTAL (a subsidized benefit) - optional	Dental HMO	Dental PPO	Dental Passive 2000			
Participant	\$8.00	\$16.00	\$26.00			
Participant +1	\$15.00	\$32.00	\$52.00			
Participant + Family	\$26.00	\$49.00	\$75.00			
VISION PLANS - 2025 RATES (by VSP)						
VSP VISION - optional	Exam Core	Full Vision	Premier Vision			
Participant	\$0.00	\$9.00	\$15.00			
Participant +1	\$0.00	\$14.00	\$25.00			
Participant + Family	\$0.00	\$22.00	\$40.00			
<b>IF SELECTED, THE DENTAL/VISION RATES WILL BE ADDED TO THE MEDICAL RATE FOR THE TOTAL MONTHLY HEALTHFLEX PREMIUM</b>						

<b>Acronyms</b>
HRA - Health Reimbursement Account
MRA - Medical Reimbursement Account
DCA - Dependent Care Account
HSA Health Savings Account