

BALTIMORE-WASHINGTON CONFERENCE
2017 HEALTHFLEX EXCHANGE RATE SHEET FOR "ACTIVE" CLERGY AND LAY EMPLOYEES

These medical rates include: Dental Plan type - Passive PPO 1000 and Vision type - Exam Core	MEDICAL PLAN TYPE					
	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Health Account with Medical Plan Type	B1000/P1 - equivalent to current plan type without HRA	BWC DEFAULT PLAN CDHP C2000/P2 "GOLD"	CDHP C3000/P2 "SILVER"	HDHP H1500/P3 "GOLD"	HDHP H2000/P4 "SILVER"	HDHP H3000/P5 "BRONZE"
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 - \$2550	\$300 - \$2550	\$300 - \$2550	\$300 - \$2550	\$300 - \$2550	\$300 - \$2550
- 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	\$3,350/\$6,750	\$3,350/\$6,750	\$3,350/\$6,750
NEW TIER TYPE AS OF 1/1/2017	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium	Participant Monthly Premium*
Clergy Participant Only	\$109.00	\$80.00	\$12.00	\$77.00	\$46.00	-\$39.00
Clergy Participant + 1 (1+1=2)	\$384.00	\$326.00	\$180.00	\$316.00	\$250.00	\$69.00
Clergy Participant/Family (3 or more)	\$550.00	\$467.00	\$259.00	\$454.00	\$360.00	\$101.00

Any "overages" based on participant's election will be credited to the health account (HRA/HSA) associated with the plan type. Any additional premiums over the monthly premium shown on the plan type will be billed to the church

CHURCH LAY EMPLOYEES: monthly premium - \$840 will be added to each plan type premiums for the total bill to the church. Churches contribution and Lay employee's contribution towards the total premium is at the discretion/policy of each individual church or salary paying unit.

CURRENT TIER TYPE	GRANDFATHERED premium on DEFAULT PLAN only
Clergy Participant Only	\$80.00
Clergy Participant + Child/Children - "GRANDFATHERED"	\$235.00
Clergy Participant/Spouse	\$326.00
Clergy Participant/Family (3 or more)	\$467.00

Church Rate per eligible Clergy for All Plans	\$840	\$840	\$840	\$840	\$840	\$840
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Current HealthFlex participants with a Participant/Child and Participant/Children coverage will be grandfathered in the DEFAULT plan ONLY. If you terminate your dependent coverage and have to re-enroll, you will be enrolled in the new tier type.

OPTIONAL DENTAL AND VISION PLANS			
DENTAL - optional	Participant	Participant +1	Participant + Family
<i>Dental Passive PPO 1000 (included in medical premium)</i>	\$34.00	\$72.00	\$104.00
Dental PPO 2000	\$47.00	\$102.00	\$147.00
Dental PPO	\$37.00	\$80.00	\$115.00
FULL VISION - optional	Participant	Participant +1	Participant + Family
<i>Exam Core (included in medical premium)</i>	\$0.00	\$0.00	\$0.00
Full Vision	\$5.62	\$9.06	\$14.32
Premier Vision	\$14.38	\$23.32	\$37.02

if you elect to upgrade your dental and vision plans, the difference will be added to your premium

Acronyms
Defined Contribution (DC)
Consumer Driven Health Plan (CDHP)
High Deductible Health Plan (HDHP)
Health Reimbursement Accounts (HRA)
Medical Reimbursement Account (MRA)
Dependent Care Account (DCA)
Health Savings Account (HSA)