



Kentucky Conference

The United Methodist Church

HealthFlex Exchange Monthly Rates by Tier

Medical Plans

Coverage Tier		H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Participant Only	Premium	852.51	780.62	680.17	875.55	742.84	921.63
	Premium Credit	780.62	780.62	780.62	780.62	780.62	780.62
	Participant Cost	71.89	-	(100.45)	94.93	(37.78)	141.01
Participant + 1	Premium	1,619.77	1,483.18	1,292.31	1,663.55	1,411.39	1,751.10
	Premium Credit	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00
	Participant Cost	549.77	413.18	222.31	593.55	341.39	681.10
Participant + Family	Premium	2,216.53	2,029.62	1,768.43	2,276.43	1,931.37	2,396.25
	Premium Credit	1,424.50	1,424.50	1,424.50	1,424.50	1,424.50	1,424.50
	Participant Cost	792.03	605.12	343.93	851.93	506.87	971.75

Dental & Vision Plans

Coverage Tier	Dental PPO	Dental Passive PPO 2000	Dental HMO	Vision Exam Core	Vision Full Service	Vision Premier
Participant Only	40.00	49.00	14.00	0.00	5.96	14.38
Participant + 1	80.00	98.00	26.00	0.00	9.60	23.32
Participant + Family	112.00	138.00	45.00	0.00	15.16	37.02

Church's Cost

Medical (monthly)	1,000.00
CRSP DB*	11.0%
CRSP DC	3.0%
CPP	3.0%

CRSP & CPP rates are based on *total* plan compensation

*Total plan compensation for CRSP DB is capped at the DAC, which is \$72,648 for 2020.

