

2020 Monthly HealthFlex Rates Oregon-Idaho Annual Conference

Each participant is given a monthly Premium Credit to apply toward the premiums listed below according to the plan chosen by the participant. The amount of credit participants are given to "spend" are shown below.

Monthly Premium Credit			
	Participant Only	Participant+1	Participant+Family
2020 Allowance	\$810.17	\$1,498.67	\$2,092.75

Monthly Plan Premiums			
2020 Medical Plan Rate	Participant Only	Participant+1	Participant+Family
PPO B1000P1	\$892.00	\$1,696.00	\$2,320.00
CDHP C2000P2* w/ HRA	\$848.00	\$1,611.00	\$2,204.00
CDHP C3000P2 w/HRA	\$719.00	\$1,367.00	\$1,870.00
HDHP H1500P3 w/HSA	\$825.00	\$1,568.00	\$2,146.00
HDHP H2000P4 w/HSA	\$756.00	\$1,436.00	\$1,965.00
HDHP H3000P5 w/HSA	\$659.00	\$1,251.00	\$1,712.00

Subtracting the monthly plan premium amounts from the premium credit yields the amounts in the table below. The amounts assume that no additional dental or vision plan and the Exam core vision plan are selected. The amounts in parentheses are the tax-free monthly amounts the participant will pay as a result of withholding from the participant's monthly paychecks. Figures not in parentheses are the amounts that would be credited to a Health Savings or Health Reimbursement Account for use by the participant.

Monthly Billed Amounts (in parentheses) or HRA/HSA Deposits			
	Participant Only	Participant+1	Participant+Family
PPO B1000P1	(\$81.83)	(\$197.33)	(\$227.25)
CDHP C2000P2* w/ HRA	(\$37.83)	(\$112.33)	(\$111.25)
CDHP C3000P2 w/HRA	\$91.17	\$131.67	\$222.75
HDHP H1500P3 w/HSA	(\$14.83)	(\$69.33)	(\$53.25)
HDHP H2000P4 w/HSA	\$54.17	\$62.67	\$127.75
HDHP H3000P5 w/HSA	\$151.17	\$247.67	\$380.75

*OR-ID default medical plan

(Figures in parentheses are the monthly amounts the participant will pay)

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Participants can buy additional vision or dental coverage. The additional monthly premiums will either be deducted from any remaining credit or will be paid by withholding the additional amount from paychecks. The monthly premiums are:

	Participant Only	Participant+1	Participant+Family
Dental HMO	\$14.00	\$26.00	\$45.00
Dental Passive PPO 2000	\$52.00	\$105.00	\$146.00
PPO Dental	\$43.00	\$84.00	\$119.00
Exam Core**	\$0.00	\$0.00	\$0.00
Full Vision	\$5.96	\$9.60	\$15.16
Premier Vision	\$14.38	\$23.32	\$37.02

** included with medical

Behavioral Health	Included in all HealthFlex plans
Wellness Programs & Incentives	Included in all HealthFlex plans

Local Church

All local churches with eligible clergy participants appointed to that church will pay a "blended rate" of \$1200/month. This is a decrease of \$94/mo. from 2019.