

## 2023 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 medical plan chosen by the participant. The amount of credit the participant is given to "spend" on medical, dental and vision coverage is shown below.

<b>Monthly Premium Credit</b>			
	Participant Only	Participant+1	Participant + Family
2023 Allowance	\$886.00	\$1,637.00	\$2,286.00

<b>Monthly Plan</b>			
2023 Medical Plan Rate	Participant Only	Participant+1	Participant + Family
PPO B1000P1	\$984.00	\$1,870.00	\$2,558.00
CDHP C2000P2* w/ HRA	\$945.00	\$1,795.00	\$2,455.00
CDHP C3000P2 w/HRA	\$823.00	\$1,562.00	\$2,136.00
HDHP H1500P3 w/HSA	\$920.00	\$1,747.00	\$2,391.00
HDHP H2000P4 w/HSA	\$833.00	\$1,583.00	\$2,167.00
HDHP H3000P5 w/HSA	\$726.00	\$1,380.00	\$1,890.00

Subtracting the monthly plan premium amounts from the premium credit yields the amounts in the table below. The amounts assume the participant waives dental and the Exam Core vision plan is selected. The amounts not in parentheses below are the tax-free monthly amounts the participant will pay, to be withheld from the participant's paycheck. Figures in parentheses are the tax-free amounts that would be credited to a Health Savings or Health Reimbursement Account for use by the participant.

<b>Monthly Participant Premium Amounts or (Credits)</b>			
	Participant Only	Participant+1	Participant +Family
PPO B1000P1	\$98.00	\$233.00	\$272.00
CDHP C2000P2* w/ HRA	\$59.00	\$158.00	\$169.00
CDHP C3000P2 w/HRA	(\$63.00)	(\$75.00)	(\$150.00)
HDHP H1500P3 w/HSA	\$34.00	\$110.00	\$105.00
HDHP H2000P4 w/HSA	(\$53.00)	(\$54.00)	(\$119.00)
HDHP H3000P5 w/HSA	(\$160.00)	(\$257.00)	(\$396.00)

\*OR-ID default medical plan

(Figures in parentheses are the credits to be used for dental and vision coverage. Any remaining balance will be deposited into an HRA or HSA health reimbursement account on behalf of the participant)

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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 pre-tax amount from the participant's paycheck.

Dental and/or vision coverage levels do not have to be at the same coverage level as medical. For instance, a participant can enroll in Participant +1 for medical and Participant Only for dental and/or vision.

The monthly participant premiums are:

	<b>Participant Only</b>	<b>Participant+1</b>	<b>Participant + Family</b>
Dental HMO	\$16.00	\$28.00	\$50.00
PPO Dental	\$42.00	\$84.00	\$125.00
PPO Dental 2000	\$51.00	\$102.00	\$153.00
Exam Core**	\$0.00	\$0.00	\$0.00
Full Vision	\$8.00	\$13.00	\$20.00
Premier Vision	\$14.00	\$23.00	\$36.00

\*\* eye exam only

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 \$1,200/month. This is the same as it is in 2022.