

**2024 WV United Methodist Conference Health, Dental, and Vision Costs**

**ALL PREMIUMS ARE COLLECTED THROUGH BANK DRAFT THE SECOND WEDNESDAY OF EACH MONTH**

**HealthFlex Health Insurance 2024 Participant Premiums\***

Plan / Tier	2024 Total Monthly Premium	Premium Credit (Amount Paid by Church and Conference)			Participant Monthly Premium	Participant Annual Premium	Retiree Pre 65 Monthly Premium (Retired prior to 7/1/21)	Retiree Pre 65 Premium Credit (Retired prior to 7/1/21)	Retiree Pre 65 Monthly Premium (Retired after 7/1/21)
		Premium Credit Funded by Local Church	Premium Credit Funded Through Fair Share	Total Monthly Premium Credit					
<b>B1000</b>									
Participant Only	\$ 1,991.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ 474.00	\$ 5,688.00	\$ 582.33	\$ 1,383.60	\$ 1,141.00
Participant + 1	\$ 3,783.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 1,091.00	\$ 13,092.00	\$ 1,199.33	\$ 2,558.60	\$ 1,758.00
Participant + 2 or more	\$ 5,177.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 1,530.00	\$ 18,360.00	\$ 1,638.33	\$ 3,513.60	\$ 2,197.00
<b>C2000 w/ HRA</b>									
Participant Only	\$ 1,911.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ 394.00	\$ 4,728.00	\$ 502.33	\$ 1,383.60	\$ 1,061.00
Participant + 1	\$ 3,632.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 940.00	\$ 11,280.00	\$ 1,048.33	\$ 2,558.60	\$ 1,607.00
Participant + 2 or more	\$ 4,970.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 1,323.00	\$ 15,876.00	\$ 1,431.33	\$ 3,513.60	\$ 1,990.00
<b>C3000 w/ HRA</b>									
Participant Only	\$ 1,664.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ 147.00	\$ 1,764.00	\$ 255.33	\$ 1,383.60	\$ 814.00
Participant + 1	\$ 3,163.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 471.00	\$ 5,652.00	\$ 579.33	\$ 2,558.60	\$ 1,138.00
Participant + 2 or more	\$ 4,328.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 681.00	\$ 8,172.00	\$ 789.33	\$ 3,513.60	\$ 1,348.00
<b>H2000 w/ HSA</b>									
Participant Only	\$ 1,864.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ 347.00	\$ 4,164.00	\$ 455.33	\$ 1,383.60	\$ 1,014.00
Participant + 1	\$ 3,541.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 849.00	\$ 10,188.00	\$ 957.33	\$ 2,558.60	\$ 1,516.00
Participant + 2 or more	\$ 4,845.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 1,198.00	\$ 14,376.00	\$ 1,306.33	\$ 3,513.60	\$ 1,865.00
<b>H2500 w/ HSA</b>									
Participant Only	\$ 1,600.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ 83.00	\$ 996.00	\$ 191.33	\$ 1,383.60	\$ 750.00
Participant + 1	\$ 3,041.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 349.00	\$ 4,188.00	\$ 457.33	\$ 2,558.60	\$ 1,016.00
Participant + 2 or more	\$ 4,161.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 514.00	\$ 6,168.00	\$ 622.33	\$ 3,513.60	\$ 1,181.00
<b>H5000 w/ HSA</b>									
Participant Only	\$ 1,502.00	\$ 667.00	\$ 850.00	\$ 1,517.00	\$ (15.00)	\$ (180.00)	\$ 93.33	\$ 1,383.60	\$ 652.00
Participant + 1	\$ 2,853.00	\$ 667.00	\$ 2,025.00	\$ 2,692.00	\$ 161.00	\$ 1,932.00	\$ 269.33	\$ 2,558.60	\$ 828.00
Participant + 2 or more	\$ 3,905.00	\$ 667.00	\$ 2,980.00	\$ 3,647.00	\$ 258.00	\$ 3,096.00	\$ 366.33	\$ 3,513.60	\$ 925.00

**2024 WV United Methodist Conference Health, Dental, and Vision Costs**

**HealthFlex Dental Plan Premiums (Participant Responsibility)\*\***

Monthly Cost by Tier	Passive PPO 2000	Dental PPO	Dental HMO
Participant Only	\$ 50	\$ 41	\$ 16
Participant + 1	\$ 100	\$ 82	\$ 30
Participant + 2 or more	\$ 150	\$ 124	\$ 53

**HealthFlex Vision Plan Premiums (Participant Responsibility)\*\***

Monthly Cost by Tier	Full Service	Premier
Participant Only	\$ 8	\$ 14
Participant + 1	\$ 13	\$ 23
Participant + 2 or more	\$ 20	\$ 36

**WV United Methodist Conference 2024 Medicare Supplement**

<b>Monthly Premium Per Covered Individual</b>	<b>\$170</b>
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ACTIVE – Actively appointed at least 75% or employed at least 30 hours a week and not Medicare eligible, including through small employer exception. Also, those retired and not yet Medicare eligible.

\* Retirees not yet 65, will continue to be eligible for coverage through the Conference health insurance plan. Those retiring between January 1, 2004 and July 1, 2021 and not yet 65 will be billed the participant amount per their elections and 20% of the rate normally billed to a charge per participant (\$8,004 annually for 2024). Individuals retiring after July 1, 2021 and being younger than 65, will be bill the participant rate according to their plan elections and the full rate normally billed to a charge per participant (\$8,004 annually for 2024).

\*\* Participant can use excess premium credit to pay dental and vision premiums

**CPP INCAPACITY LEAVE** – (Clergy with conference relationship of incapacity leave) Will be billed the participant amount per their elections and 20% of the rate normally billed to a charge per participant (\$8,004 annually for 2024). This provides a means for a discounted premium for these individuals since they no longer have a church to help defray the cost.