



Kentucky Conference

The United Methodist Church

HealthFlex Exchange 2021 Monthly Rates by Tier

Medical Plans

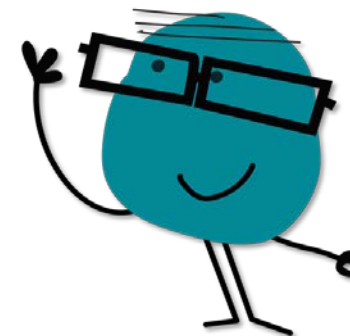
Coverage Tier		H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Participant Only	Premium	876.00	794.00	692.00	900.00	783.00	937.00
	Premium Credit	<u>794.00</u>	<u>794.00</u>	<u>794.00</u>	<u>794.00</u>	<u>794.00</u>	<u>794.00</u>
	Participant Cost	82.00	-	(102.00)	106.00	(11.00)	143.00
Participant + 1	Premium	1,665.00	1,508.00	1,314.00	1,709.00	1,488.00	1,780.00
	Premium Credit	<u>1,090.00</u>	<u>1,090.00</u>	<u>1,090.00</u>	<u>1,090.00</u>	<u>1,090.00</u>	<u>1,090.00</u>
	Participant Cost	575.00	418.00	224.00	619.00	398.00	690.00
Participant + Family	Premium	2,278.00	2,063.00	1,798.00	2,339.00	2,037.00	2,436.00
	Premium Credit	<u>1,450.00</u>	<u>1,450.00</u>	<u>1,450.00</u>	<u>1,450.00</u>	<u>1,450.00</u>	<u>1,450.00</u>
	Participant Cost	828.00	613.00	348.00	889.00	587.00	986.00

Dental & Vision Plans

Coverage Tier	Dental PPO	Dental Passive PPO 2000	Dental HMO	Vision Exam Core	Vision Full Service	Vision Premier
Participant Only	39.00	47.00	14.00	0.00	8.08	14.16
Participant + 1	77.00	94.00	26.00	0.00	13.06	22.94
Participant + Family	116.00	141.00	45.00	0.00	20.64	36.38

Church's Cost

Medical (monthly)	1,020.00
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 \$74,199 for 2021.