Blue Cross/Blue Shield Medical Plan 2026 Rates				
Plan	Tier	2026 Monthly Rate	* 2026 Monthly Premium Credit	Clergy/Conf Staff Monthly Cost
B1000	Participant	$1,294	$882	$412.00
B1000	Participant+1	$2,459	$1,665	$794.00
B1000	Family	$3,364	$2,274	$1,090.00
C2000 with HRA	Participant	$1,242	$882	$360.00
C2000 with HRA	Participant+1	$2,360	$1,665	$695.00
C2000 with HRA	Family	$3,230	$2,274	$956.00
C3000 with HRA	Participant	$1,082	$882	$200.00
C3000 with HRA	Participant+1	$2,055	$1,665	$390.00
C3000 with HRA	Family	$2,813	$2,274	$539.00
New H2000 with HSA	Participant	$1,211	$882	$329.00
New H2000 with HSA	Participant+1	$2,301	$1,665	$636.00
New H2000 with HSA	Family	$3,149	$2,274	$875.00
H2500 with HSA	Participant	$1,040	$882	$158.00
H2500 with HSA	Participant+1	$1,976	$1,665	$311.00
H2500 with HSA	Family	$2,704	$2,274	$430.00
H5000 with HSA	Participant	$976	$882	$94.00
H5000 with HSA	Participant+1	$1,854	$1,665	$189.00
H5000 with HSA	Family	$2,538	$2,274	$264.00

Cigna Dental Plan 2026 Rates		
Plan	Tier	2026 Rate
Passive PPO 2000	Participant	$55
Passive PPO 2000	Participant+1	$110
Passive PPO 2000	Family	$165
Dental PPO	Participant	$45
Dental PPO	Participant+1	$90
Dental PPO	Family	$135
Dental HMO	Participant	$18
Dental HMO	Participant+1	$32
Dental HMO	Family	$56

Vision (VSP) Buy-Up Plan2026 Rates		
Plan	Tier	2026 Rate
Full Service	Participant	$9
Full Service	Participant+1	$14
Full Service	Family	$22
Premier	Participant	$15
Premier	Participant+1	$25
Premier	Family	$40

*Churches are required to pay at least $ 750 of each lay person premium.