Blue Cross/Blue Shield Medical Plan 2027 Rates				
Plan	Tier	2027 Monthly Rate	* 2027 Monthly Premium Credit	Clergy/Conf Staff Monthly Cost
B1000	Participant	$1,472	$999	$473.00
B1000	Participant+1	$2,797	$1,899	$898.00
B1000	Family	$3,827	$2,598	$1,229.00
C2000 with HRA	Participant	$1,369	$999	$370.00
C2000 with HRA	Participant+1	$2,601	$1,899	$702.00
C2000 with HRA	Family	$3,559	$2,598	$961.00
H2000 with HSA	Participant	$1,325	$999	$326.00
H2000 with HSA	Participant+1	$2,517	1,899	$618.00
H2000 with HSA	Family	$3,444	2,598	$846.00
H5000 with HSA	Participant	$1,110	$999	$111.00
H5000 with HSA	Participant+1	$2,110	$1,899	$211.00
H5000 with HSA	Family	$2,887	$2,598	$289.00

Cigna Dental Plan 2027 Rates		
Plan	Tier	2027 Rate
Passive PPO 2000	Participant	$58
Passive PPO 2000	Participant+1	$116
Passive PPO 2000	Family	$174
Dental PPO	Participant	$48
Dental PPO	Participant+1	$96
Dental PPO	Family	$144
Dental HMO	Participant	$18
Dental HMO	Participant+1	$32
Dental HMO	Family	$56

Vision (VSP) Buy-Up Plan2027 Rates		
Plan	Tier	2027 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.