



West Ohio Conference  
The United Methodist Church

## 2027 West Ohio Conference HealthFlex Premium Credit and Funding

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### Monthly Premium Credit & Funding Split

Tier	Total Premium Credit	Church/Conference Share	Board of Pension (BOP) Subsidy
Participant	\$1,360	\$963	\$397
Fam2	\$2,597	\$2,003	\$594
Fam3 or more	\$3,452	\$2,631	\$821

### How the Monthly Premium Credit Works

The Monthly Premium Credit is a fixed amount provided to participants to offset the cost of HealthFlex medical, dental, and vision coverage. It is jointly funded by the Church/Conference and the Board of Pension and applied directly to the participant's selected benefits based on coverage tier.

### Premium Overage

If the cost of coverage **exceeds** the Monthly Premium Credit, the difference is a premium overage. This amount is the **responsibility of the participant** and is typically deducted from pay on a pre-tax basis.

### Excess Premium Credit

If the cost of **coverage is less** than the Monthly Premium Credit, the remaining balance is an excess premium credit. This excess is **applied to** the participant's Health Savings Account (**HSA**) or Health Reimbursement Account (**HRA**), as applicable.

### Key Notes

- The Church/Conference share has **remained unchanged or lower for the past 4 years.**
- The BOP subsidizes the balance, resulting in an approximate 74% / 26% split (Church/BOP) in 2027.
- The 2027 premium credit reflects an increase of approximately 10–13% over 2026.



5 Dimensions of Well-Being

# HealthFlex 2027 Rate Sheet

Plan Sponsor: West Ohio

## Medical Plan Rates

Plan	Tier	2027 Rate
<b>B1000</b>	Participant	<b>\$1,620</b>
<b>B1000</b>	Participant +1	<b>\$3,078</b>
<b>B1000</b>	Family	<b>\$4,212</b>
<b>C2000 with HRA</b>	Participant	<b>\$1,507</b>
<b>C2000 with HRA</b>	Participant +1	<b>\$2,863</b>
<b>C2000 with HRA</b>	Family	<b>\$3,917</b>
<b>H2000 with HSA</b>	Participant	<b>\$1,458</b>
<b>H2000 with HSA</b>	Participant +1	<b>\$2,770</b>
<b>H2000 with HSA</b>	Family	<b>\$3,791</b>
<b>H5000 with HSA</b>	Participant	<b>\$1,222</b>
<b>H5000 with HSA</b>	Participant +1	<b>\$2,322</b>
<b>H5000 with HSA</b>	Family	<b>\$3,177</b>

### Dental Plan Rates

Plan	Tier	2027 Rate
Passive PPO 2000	Participant	\$56
Passive PPO 2000	Participant +1	\$112
Passive PPO 2000	Family	\$168
Dental PPO	Participant	\$46
Dental PPO	Participant +1	\$92
Dental PPO	Family	\$138
Dental HMO	Participant	\$18
Dental HMO	Participant +1	\$32
Dental HMO	Family	\$56

### Vision Buy-Up Plan 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