

2024 MONTHLY HEALTHFLEX RATES
South Georgia Annual Conference

Please note: the lowest rate plan may not be the lowest cost plan to you. Please use the Alex app on the Benefits Access Website to see what the total cost of each plan will be for you before selecting a plan. Most of our pastors are paying for more insurance than they need, when they could be saving those funds in an HRA or HSA.

Individual Coverage					
Medical Plan	Premium	CBOP pmt	Cost to Church	Additional monthly cost to Participant	Excess Premium Credits for Participant
B1000	\$1,201.00	\$118.50	\$1,034.50	\$48.00	
C2000	\$1,153.00	\$118.50	\$1,034.50		\$0.00
C3000	\$1,004.00	\$118.50	\$1,034.50		\$149.00
H2000	\$1,124.00	\$118.50	\$1,034.50		\$29.00
H2500	\$965.00	\$118.50	\$1,034.50		\$188.00
H5000	\$906.00	\$118.50	\$1,034.50		\$247.00

+1 Coverage		
+1 Premium (after applying premium credits)	CBOP pmt +1 Rebate	Additional monthly cost to Participant
\$1,081.00	\$158.00	\$923.00
\$1,038.00	\$158.00	\$880.00
\$755.00	\$158.00	\$597.00
\$983.00	\$158.00	\$825.00
\$681.00	\$158.00	\$523.00
\$568.00	\$158.00	\$410.00

Family Coverage		
Family Premium (after applying credits)	CBOP pmt Family Rebate	Additional monthly cost to Participant
\$1,922.00	\$259.00	\$1,663.00
\$1,845.00	\$259.00	\$1,586.00
\$1,457.00	\$259.00	\$1,198.00
\$1,770.00	\$259.00	\$1,511.00
\$1,357.00	\$259.00	\$1,098.00
\$1,202.00	\$259.00	\$943.00

	Individual	+1	Family
Dental Passive PPO 2000	\$51.00	\$102.00	\$153.00
Dental PPO	\$42.00	\$84.00	\$126.00
Dental HMO	\$16.00	\$30.00	\$53.00
Exam Core	\$0.00	\$0.00	\$0.00
Full Service	\$8.00	\$13.00	\$20.00
Premier	\$14.00	\$23.00	\$36.00

10/31/2023