2026 West Ohio Conference HealthFlex Premium Credit

Monthly Premium Credit: The church or conference provided monthly premium credit, and the pension board subsidizes the remaining difference. Covered participants can use this credit to purchase their healthcare elections.

Key Terms:

- **Premium Overage:** The portion of a participant's healthcare premium that exceeds the Church/Conference-provided Premium Credit. This amount is deducted pre-tax from the participant's pay.

- **Excess Premium Credit:** The unused portion of the Church/Conference-provided Premium Credit when healthcare premium costs are lower. This excess is applied to the participant's HSA or HRA account.

Participant Tier-Level	Monthly Premium Credit	Church/Conference Share of Premium Credit*	Board of Pension Subsidy of Premium Credit
Participant	$1,226	$963	$263
Participant+1	$2,296	$2,003	$293
Family	$3,136	$2,631	$505

****The Church/Conference Share of the Premium Credit will remain unchanged from 2025 to 2026.***

Wespath
BENEFITS | INVESTMENTS

HealthFlex 2026 Rate Sheet

Plan Sponsor	West Ohio

Medical Plan Rates

Plan	Tier	2026 Rate
B1000		
B1000	Participant	$1,514
B1000	Participant+1	$2,877
B1000	Family	$3,936
C2000 with HRA		
C2000 with HRA	Participant	$1,453
C2000 with HRA	Participant+1	$2,762
C2000 with HRA	Family	$3,779
C3000 with HRA		
C3000 with HRA	Participant	$1,266
C3000 with HRA	Participant+1	$2,405
C3000 with HRA	Family	$3,291
New H2000 with HSA		
New H2000 with HSA	Participant	$1,417
New H2000 with HSA	Participant+1	$2,692
New H2000 with HSA	Family	$3,684
H2500 with HSA		
H2500 with HSA	Participant	$1,217
H2500 with HSA	Participant+1	$2,312
H2500 with HSA	Family	$3,164
H5000 with HSA		
H5000 with HSA	Participant	$1,142
H5000 with HSA	Participant+1	$2,170
H5000 with HSA	Family	$2,969

Dental Plan Rates

Plan	Tier	2026 Rate
Passive PPO 2000		
Passive PPO 2000	Participant	$51
Passive PPO 2000	Participant+1	$102
Passive PPO 2000	Family	$153
Dental PPO		
Dental PPO	Participant	$42
Dental PPO	Participant+1	$84
Dental PPO	Family	$126
Dental HMO		
Dental HMO	Participant	$18
Dental HMO	Participant+1	$32
Dental HMO	Family	$56

Vision Buy-Up Plan 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