

HealthFlex 2024 Rate Sheet

Plan Sponsor

West Ohio Annual Conference

Medical Plan Rates (Blue Cross Blue Shield Network)				
Plan	Tier	2024 Rate		
B1000	Participant	\$1,392		
B1000	Participant+1	\$2,645		
B1000	Family	\$3,619		
C2000 with HRA	Participant	\$1,362		
C2000 with HRA	Participant+1	\$2,588		
C2000 with HRA	Family	\$3,541		
C3000 with HRA	Participant	\$1,188		
C3000 with HRA	Participant+1	\$2,257		
C3000 with HRA	Family	\$3,089		
New H2000 with HSA	Participant	\$1,299		
New H2000 with HSA	Participant+1	\$2,467		
New H2000 with HSA	Family	\$3,376		
H2500 with HSA	Participant	\$1,125		
H2500 with HSA	Participant+1	\$2,137		
H2500 with HSA	Family	\$2,924		
H5000 with HSA	Participant	\$1,034		
H5000 with HSA	Participant+1	\$1,964		
H5000 with HSA	Family	\$2,687		

Dental Plan Rates (Cigna)

Plan	Tier	2024 Rate
Passive PPO 2000	Participant	\$50
Passive PPO 2000	Participant+1	\$100
Passive PPO 2000	Family	\$150
Dental PPO	Participant	\$41
Dental PPO	Participant+1	\$82
Dental PPO	Family	\$124
Dental HMO	Participant	\$16
Dental HMO	Participant+1	\$30
Dental HMO	Family	\$53

Vision Buy-Up Plan Rates (VSP)				
Plan	Tier	2024 Rate		
Full Service	Participant	\$8		
Full Service	Participant+1	\$13		
Full Service	Family	\$20		
Premier	Participant	\$14		
Premier	Participant+1	\$23		
Premier	Family	\$36		