

**Desert Southwest Conference
2020 Health Insurance Premiums**

ANNUAL - 2020

	Single (2)					
	PPO B1000 (3)	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	11,136	10,572	8,976	10,296	9,432	8,220
Dental Passive PPO 1000 (4)	480	480	480	480	480	480
Vision Exam Core (5)	0	0	0	0	0	0
Total	11,616	11,052	9,456	10,776	9,912	8,700
Paid by Conference	11,124	11,124	11,124	11,124	11,124	11,124
Paid by Participant (1)	492	(72)	0	0	0	0
Paid by Church	15,576	15,576	15,576	15,576	15,576	15,576
Paid by Participant (1)	492	0	0	0	0	0
Total Billed to Church	16,068	15,576	15,576	15,576	15,576	15,576

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	Single					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	11,028	10,284	8,880	10,188	9,324	8,136
Dental Passive PPO 1000	420	420	420	420	420	420
Vision Exam Core	0	0	0	0	0	0
Total	11,448	10,704	9,300	10,608	9,744	8,556
Paid by Conference	10,644	10,644	10,644	10,644	10,644	10,644
Paid by Participant	804	60	0	0	0	0
Paid by Church	14,904	14,904	14,904	14,904	14,904	14,904
Paid by Participant	804	60	0	0	0	0
Total Billed to Church	15,708	14,964	14,904	14,904	14,904	14,904

CHANGE

	Single					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	108	288	96	108	108	84
Dental Passive PPO 1000	60	60	60	60	60	60
Vision Exam Core	0	0	0	0	0	0
Total	168	348	156	168	168	144
Paid by Conference	480	480	480	480	480	480
Paid by Participant	(312)	(132)	0	0	0	0
Paid by Church	672	672	672	672	672	672
Paid by Participant	(312)	(60)	0	0	0	0
Total Billed to Church	360	612	672	672	672	672

% CHANGE

	Single					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	0.98%	2.80%	1.08%	1.06%	1.16%	1.03%
Dental Passive PPO 1000	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%
Vision Exam Core	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	1.47%	3.25%	1.68%	1.58%	1.72%	1.68%
Paid by Conference	4.51%	4.51%	4.51%	4.51%	4.51%	4.51%
Paid by Participant	-38.81%	-220.00%	0.00%	#DIV/0!	0.00%	0.00%
Paid by Church	4.51%	4.51%	4.51%	4.51%	4.51%	4.51%
Paid by Participant	-38.81%	-100.00%	0.00%	#DIV/0!	0.00%	0.00%
Total Billed to Church	2.29%	4.09%	4.51%	4.51%	4.51%	4.51%

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	Participant + 1 (Couple) (2)					
	PPO B1000 (3)	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	21,144	20,088	17,052	19,560	17,916	15,612
Dental Passive PPO 1000 (4)	912	912	912	912	912	912
Vision Exam Core (5)	0	0	0	0	0	0
Total	22,056	21,000	17,964	20,472	18,828	16,524
Paid by Conference	18,540	18,540	18,540	18,540	18,540	18,540
Paid by Participant (1)	3,516	2,460	(576)	1,932	288	0
Paid by Church	15,576	15,576	15,576	15,576	15,576	15,576
Paid by Participant (1)	3,516	2,460	0	1,932	288	0
Total Billed to Church	19,092	18,036	15,576	17,508	15,864	15,576

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	Participant + 1 (Couple)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	20,964	19,536	16,908	19,368	17,724	15,468
Dental Passive PPO 1000	828	828	828	828	828	828
Vision Exam Core	0	0	0	0	0	0
Total	21,792	20,364	17,736	20,196	18,552	16,296
Paid by Conference	17,736	17,736	17,736	17,736	17,736	17,736
Paid by Participant	4,056	2,628	0	2,460	816	0
Paid by Church	14,904	14,904	14,904	14,904	14,904	14,904
Paid by Participant	4,056	2,628	0	2,460	816	0
Total Billed to Church	18,960	17,532	14,904	17,364	15,720	14,904

CHANGE

	Participant + 1 (Couple)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	180	552	144	192	192	144
Dental Passive PPO 1000	84	84	84	84	84	84
Vision Exam Core	0	0	0	0	0	0
Total	264	636	228	276	276	228
Paid by Conference	804	804	804	804	804	804
Paid by Participant	(540)	(168)	(576)	(528)	(528)	0
Paid by Church	672	672	672	672	672	672
Paid by Participant	(540)	(168)	0	(528)	(528)	0
Total Billed to Church	132	504	672	144	144	672

% CHANGE

	Participant + 1 (Couple)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	0.86%	2.83%	0.85%	0.99%	1.08%	0.93%
Dental Passive PPO 1000	10.14%	10.14%	10.14%	10.14%	10.14%	10.14%
Vision Exam Core	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	1.21%	3.12%	1.29%	1.37%	1.49%	1.40%
Paid by Conference	4.53%	4.53%	4.53%	4.53%	4.53%	4.53%
Paid by Participant	-13.31%	-6.39%	0.00%	-21.46%	0.00%	0.00%
Paid by Church	4.51%	4.51%	4.51%	4.51%	4.51%	4.51%
Paid by Participant	-13.31%	-6.39%	0.00%	-21.46%	0.00%	0.00%
Total Billed to Church	0.70%	2.87%	4.51%	0.83%	0.92%	4.51%

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	Participant + 2 or More (Family) (2)					
	PPO B1000 (3)	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	28,944	27,492	23,328	26,772	24,516	21,360
Dental Passive PPO 1000 (4)	1,128	1,128	1,128	1,128	1,128	1,128
Vision Exam Core (5)	0	0	0	0	0	0
Total	30,072	28,620	24,456	27,900	25,644	22,488
Paid by Conference	22,236	22,236	22,236	22,236	22,236	22,236
Paid by Participant (1)	7,836	6,384	2,220	5,664	3,408	0
Paid by Church	15,576	15,576	15,576	15,576	15,576	15,576
Paid by Participant (1)	7,836	6,384	2,220	5,664	3,408	252
Total Billed to Church	23,412	21,960	17,796	21,240	18,984	15,828

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	Participant + 2 or More (Family)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	26,508	24,684	21,360	24,480	22,392	19,524
Dental Passive PPO 1000	996	996	996	996	996	996
Vision Exam Core	0	0	0	0	0	0
Total	27,504	25,680	22,356	25,476	23,388	20,520
Paid by Conference	21,276	21,276	21,276	21,276	21,276	21,276
Paid by Participant	6,228	4,404	1,080	4,200	2,112	0
Paid by Church	14,904	14,904	14,904	14,904	14,904	14,904
Paid by Participant	6,228	4,404	1,080	4,200	2,112	0
Total Billed to Church	21,132	19,308	15,984	19,104	17,016	14,904

CHANGE

	Participant + 2 or More (Family)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	2,436	2,808	1,968	2,292	2,124	1,836
Dental Passive PPO 1000	132	132	132	132	132	132
Vision Exam Core	0	0	0	0	0	0
Total	2,568	2,940	2,100	2,424	2,256	1,968
Paid by Conference	960	960	960	960	960	960
Paid by Participant	1,608	1,980	1,140	1,464	1,296	0
Paid by Church	672	672	672	672	672	672
Paid by Participant	1,608	1,980	1,140	1,464	1,296	252
Total Billed to Church	2,280	2,652	1,812	2,136	1,968	924

% CHANGE

	Participant + 2 or More (Family)					
	PPO B1000	CDHP C2000	CDHP C3000	HDH H1500	HDH H2000	HDH H3000
Medical	9.19%	11.38%	9.21%	9.36%	9.49%	9.40%
Dental Passive PPO 1000	13.25%	13.25%	13.25%	13.25%	13.25%	13.25%
Vision Exam Core	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	9.34%	11.45%	9.39%	9.51%	9.65%	9.59%
Paid by Conference	4.51%	4.51%	4.51%	4.51%	4.51%	4.51%
Paid by Participant	25.82%	44.96%	0.00%	34.86%	0.00%	0.00%
Paid by Church	4.51%	4.51%	4.51%	4.51%	4.51%	4.51%
Paid by Participant	25.82%	44.96%	0.00%	34.86%	0.00%	0.00%
Total Billed to Church	10.79%	13.74%	11.34%	11.18%	11.57%	6.20%

1. Financial assistance is available upon request from the CBOPHB for the lesser of actual premium costs paid by participant or \$1,236 per year. Churches can also choose to pay some or all of these premium costs on behalf of the participant.
2. In cases of clergy couples or other situations where both spouses are plan participants, in order to not provide an incentive for these married participants to choose separate single coverage plans, employee participants in such cases will pay 1 times the single participant premium responsibility for single coverage, 2 times the single participant premium responsibility for couple coverage, or 3 times the single participant premium responsibility for family coverage.
3. If no active selection is made for 2020, the default medical plan will be the plan selected for 2019. For those with no plan coverage in 2019, the 2020 default medical plan will be the CDHP C2000 plan.
4. If no selection is made, the default dental plan will be the PPO plan. Rates for the other 2 dental plans are: (1) HMO = \$168.00 per year for single coverage, \$312.00 per year for couple coverage, and \$540.00 per year for family coverage; and (2) passive PPO 2000 = \$588.00 per year for single coverage, \$1,260.00 per year for couple coverage, and \$1,536.00 per year for family coverage.
5. If no selection is made, the default vision plan will be the exam core plan. Rates for the full service plan are \$71.52 per year for single coverage, \$115.20 per year for couple coverage, and \$181.92 per year for family coverage. Rates for the premier plan are \$172.56 per year for single coverage, \$279.84 per year for couple coverage, and \$444.24 per year for family coverage.