

PREMIUMS FOR HEALTH-FLEX MEDICAL INSURANCE PROGRAM

Effective January 1, 2005

(premiums are per month)

Category	PPO	EPO
Lay Single Coverage	\$536	\$448
Lay Family Coverage	\$1,378	\$1,234
Eligible Clergy/Deacons Single	\$268	\$224
Eligible Clergy/Deacons Family	\$689	\$617
"Pre-65" Retirees who retired after 6/1/2002		
Single	\$431	\$343
Family	\$1,168	\$1,024
Special category for clergy receiving Equitable Compensation Support		
Single	\$215	\$179
Family	\$551	\$494
Surviving Spouses and Spouses (under age 65) of Retired Clergy		
Single	\$268	\$224
Family	\$689	\$617

PPO: Deductibles, Co-Insurance, Co-Pays, Out of Network (paid at a lower percentage)

*Network Plan (HMO) will be replaced by Exclusive Provider Organization (EPO)
available to ALL Conference-wide HealthFlex participants*

EPO: Co-Pays

*Same Network of Providers as PPO, there is **NO** Out of Network Benefit
available under the EPO Plan. Out of Network - participant pays 100%*