

UCC Pension Boards Health and Dental Plan Rates and Information for Massachusetts Conference - 2018

NOTES:

1. The Pension Boards reports that 2018 non-Medicare health insurance rates will increase an average of 7 % over 2017 levels. Dental plan rates will be unchanged in 2018.
2. In 2012, the Pension Boards introduced age-based rating (for health insurance only) for the first time. Please check the charts below carefully to determine which rates are relevant for your church.
3. Results of an actuarial study by the Pension Boards indicate that all forms of Plans B and C meet the standards for minimum creditable coverage under Mass. Law
4. Dental rates are listed in a separate table below health rates.

HEALTH INSURANCE RATES - ANNUAL, NON-MEDICARE

I. Members age 41 and over

Coverage Type	Plan A	Plan B	Plan C
One adult	11,628.00	9,885.00	7,947.00
Two adults	23,079.00	19,806.00	15,930.00
One adult and child(ren)	22,683.00	19,485.00	15,681.00
Two adults and child(ren)	24,855.00	20,913.00	16,791.00

II. Members age 40

Coverage Type	Plan A	Plan B	Plan C
One adult	8,721.00	7,413.00	5,961.00
Two adults	17,310.00	14,856.00	11,949.00
One adult and child(ren)	17,013.00	14,613.00	11,760.00
Two adults and child(ren)	18,642.00	15,684.00	12,594.00

III. Members age 35 through 39

Coverage Type	Plan A	Plan B	Plan C
One adult	6,162.00	5,238.00	4,092.00
Two adults	12,231.00	10,497.00	8,442.00
One adult and child(ren)	12,021.00	10,326.00	8,310.00
Two adults and child(ren)	13,173.00	11,085.00	8,898.00

IV. Members age 30 through 34

Coverage Type	Plan A	Plan B	Plan C
One adult	6,744.00	5,733.00	4,608.00
Two adults	13,386.00	11,487.00	9,240.00
One adult and child(ren)	13,155.00	11,301.00	9,096.00
Two adults and child(ren)	14,415.00	12,129.00	9,738.00

V. Members age 25 through 29

Coverage Type	Plan A	Plan B	Plan C
One adult	6,279.00	5,337.00	4,290.00
Two adults	12,462.00	10,695.00	8,601.00
One adult and child(ren)	12,249.00	10,521.00	8,469.00
Two adults and child(ren)	13,422.00	11,292.00	9,066.00

VI. Members under age 25

Coverage Type	Plan A	Plan B	Plan C
One adult	4,071.00	3,459.00	2,781.00
Two adults	8,079.00	6,933.00	5,577.00
One adult and child(ren)	7,938.00	6,819.00	5,487.00
Two adults and child(ren)	8,700.00	7,320.00	5,877.00

HEALTH PLAN DETAILS**I. Plan A**

Deductible, In-Network: \$300 individual; \$600 family
Deductible, Out-of-Network: \$600 individual; \$1,200 family
Out-of-pocket Maximum: \$2,000 individual; \$4,000 family
Coinsurance: 80% in network; 60% out of network

II. Plan B

Deductible, In-Network: \$500 individual; \$1,500 family
Deductible, Out-of-Network: \$1,500 individual; \$4,500 family
Out-of-pocket Maximum: \$5,000 individual; 15,000 family
Coinsurance: 80% in network; 60% out of network

III. Plan C (New in 2004)

Deductible, In-Network: \$1,000 individual; \$3,000 family
Deductible, Out-of-Network: \$3,000 individual; \$9,000 family
Out-of-pocket Maximum: \$6,000 individual; \$18,000 family
Coinsurance: 70% in network; 50% out of network

DENTAL RATES – ANNUAL

Coverage Type	Rate
<i>One adult</i>	489
<i>Two adults</i>	945
<i>One adult and child(ren)</i>	960
<i>Two adults and child(ren)</i>	1080