

**Reformed Benefits Association
2027 Rate Sheet
MICHIGAN PLANS**

COPAY PLAN (HMA/Priority Health)

AGE	EE	EE+SP	EE+CH	EE+FAM
< 30	\$637.24	\$1,433.79	\$1,274.48	\$1,911.72
30 - 34	\$686.49	\$1,544.60	\$1,372.98	\$2,059.47
35 - 39	\$739.54	\$1,663.97	\$1,479.09	\$2,218.63
40 - 44	\$796.70	\$1,792.57	\$1,593.40	\$2,390.09
45 - 49	\$858.27	\$1,931.11	\$1,716.54	\$2,574.81
50 - 54	\$924.60	\$2,080.35	\$1,849.20	\$2,773.80
55 - 59	\$996.06	\$2,241.13	\$1,992.12	\$2,988.17
60 - 64	\$1,073.04	\$2,414.33	\$2,146.07	\$3,219.11
65 +	\$1,155.97	\$2,600.92	\$2,311.93	\$3,467.90

**CONSUMER 8000 HDHP PLAN
(HMA/Priority Health)**

AGE	EE	EE+SP	EE+CH	EE+FAM
< 30	\$581.61	\$1,308.63	\$1,163.23	\$1,744.84
30 - 34	\$626.56	\$1,409.76	\$1,253.12	\$1,879.69
35 - 39	\$674.99	\$1,518.72	\$1,349.97	\$2,024.96
40 - 44	\$727.15	\$1,636.09	\$1,454.30	\$2,181.45
45 - 49	\$783.35	\$1,762.53	\$1,566.70	\$2,350.04
50 - 54	\$843.89	\$1,898.75	\$1,687.78	\$2,531.66
55 - 59	\$909.11	\$2,045.49	\$1,818.21	\$2,727.32
60 - 64	\$979.37	\$2,203.57	\$1,958.73	\$2,938.10
65 +	\$1,055.06	\$2,373.88	\$2,110.11	\$3,165.17

CONSUMER 4000 PLAN (HMA/Priority Health)

MONTHLY

Employee Only	\$906.73
Employee & Spouse	\$2,040.14
Employee & Child(ren)	\$1,813.46
Employee + Family	\$2,720.19

CONSUMER 2000 PLAN (HMA/Priority Health)

MONTHLY

Employee Only	\$1,071.24
Employee & Spouse	\$2,410.29
Employee & Child(ren)	\$2,142.48
Employee + Family	\$3,213.72

PREMIUM PLAN (HMA/Priority Health)

MONTHLY

Employee Only	\$1,505.72
Employee & Spouse	\$3,387.86
Employee & Child(ren)	\$3,011.44
Employee & Family	\$4,517.14

DELTA DENTAL

Employee Only	\$44.00	<u>EyeMed Vision</u>	<u>MONTHLY</u>
Employee + One	\$88.00	Employee Only	\$6.64
Employee + Family	\$164.00	Employee + One	\$14.07
		Employee + Family	\$20.15

Group Life and AD&D Insurance

<u>Reliance Standard</u>	<u>Monthly</u>
Coverage \$175,000	\$46.50
Coverage \$75,000	\$20.50

Supplemental Life Insurance**Supplemental Child(ren) Life Insurance**

Coverage \$10,000	Monthly
	\$3.90

Employee & Spouse Age-banded
Monthly Rate per \$1,000

0-25	\$0.08
25-29	\$0.08
30-34	\$0.09
35-39	\$0.10
40-44	\$0.12
45-49	\$0.22
50-54	\$0.39
55-59	\$0.62
60-64	\$0.69
65-69	\$1.38
**70+	\$2.42

***Coverage reduced 50% at age 70*

Supplemental AD&D Insurance

Coverage \$10,000 increments	Monthly
	\$0.29

Voluntary Long Term Disability

available to NON-
ordained participants

*Per \$100 Covered Monthly Payroll \$0.39

Voluntary Insurance

<u>Accident Insurance</u>	<u>Monthly</u>
Employee	\$14.60
Employee + Spouse	\$21.98
Employee + Child(ren)	\$29.90
Employee + Family	\$37.88

<u>Hospital Insurance</u>	<u>Monthly</u>
Employee	\$25.45
Employee + Spouse	\$48.51
Employee + Child(ren)	\$37.16
Employee + Family	\$59.54

Critical Illness Insurance--per \$1,000 benefit; Employee and Spouse**Tobacco User Monthly Rates** **Non-Tobacco Monthly Rates**

Age	Monthly
0-29	\$0.45
30-39	\$0.91
40-49	\$2.18
50-59	\$4.53
60-69	\$7.78
70+	\$17.15

Age	Monthly
0-29	\$0.36
30-39	\$0.60
40-49	\$1.18
50-59	\$2.41
60-69	\$3.84
70+	\$12.76

Critical Illness insurance Child(ren)--
per \$1,000 benefit

Monthly
\$0.93