

2026 Health Insurance Premiums and Minimum Compensation
Northern Illinois Group Health Benefit Plan - Updated July 18, 2025

Clergy Rates							
	Flat Rate Monthly	Monthly Premiums		Flat Rate Annual	Annual Premiums		
		CLERGY Portion Monthly	Total Monthly Premium		CLERGY Portion Annual	Total Annual Premium	
<u>B1000</u>							
Single	\$1,850	\$222	\$2,072	\$22,200	\$2,664	\$24,864	
Employee + 1	\$1,850	\$421	\$2,271	\$22,200	\$5,052	\$27,252	
Family	\$1,850	\$577	\$2,427	\$22,200	\$6,924	\$29,124	
<u>C2000 w/HRA</u>							
Single	\$1,850	\$176	\$2,026	\$22,200	\$2,112	\$24,312	
Employee + 1	\$1,850	\$335	\$2,185	\$22,200	\$4,020	\$26,220	
Family	\$1,850	\$459	\$2,309	\$22,200	\$5,508	\$27,708	
<u>C3000 w/HRA</u>							
Single	\$1,850	\$79	\$1,929	\$22,200	\$948	\$23,148	
Employee + 1	\$1,850	\$152	\$2,002	\$22,200	\$1,824	\$24,024	
Family	\$1,850	\$207	\$2,057	\$22,200	\$2,484	\$24,684	
<u>H2000 w/HSA</u>							
Single	\$1,850	\$149	\$1,999	\$22,200	\$1,788	\$23,988	
Employee + 1	\$1,850	\$284	\$2,134	\$22,200	\$3,408	\$25,608	
Family	\$1,850	\$388	\$2,238	\$22,200	\$4,656	\$26,856	
<u>H2500 w/HSA</u>							
Single	\$1,850	\$58	\$1,908	\$22,200	\$696	\$22,896	
Employee + 1	\$1,850	\$109	\$1,959	\$22,200	\$1,308	\$23,508	
Family	\$1,850	\$150	\$2,000	\$22,200	\$1,800	\$24,000	
<u>H5000 w/HSA</u>							
Single	\$1,850	\$0	\$1,850	\$22,200	\$0	\$22,200	
Employee + 1	\$1,850	\$50	\$1,900	\$22,200	\$600	\$22,800	
Family	\$1,850	\$75	\$1,925	\$22,200	\$900	\$23,100	

*Clergy Couple - for clergy participants married to another clergy participant they choose one health plan.
Clergy flat rate is split between churches.*

Note: The **Default Plan is the H5000** - High Deductible Plan. Participants may choose a plan during open enrollment.
Note: These rates do NOT include any Flex Spending or Health Savings account options chosen by the clergy.

These rates are applicable to active clergy who are covered by the Northern Illinois Group Health Benefit Plan. These rates are subject to change and do not apply to local church lay staff covered under the plan.

Northern Illinois Annual Conference Dental and Vision Insurance 2026 Rates

Additional Optional Coverage Premiums

DENTAL Premiums		
	Monthly Premiums Personal Portion	Total Annual Premiums Personal Portion
Dental PPO		
5a. Single	\$47	\$564
5b. Participant +1	\$94	\$1,128
5c. Family	\$141	\$1,692
Dental Passive PPO 2000		
6a. Single	\$57	\$684
6b. Participant +1	\$114	\$1,368
6c. Family	\$171	\$2,052
HMO **		
7a. Single	\$18	\$216
7b. Participant +1	\$32	\$384
7c. Family	\$56	\$672
** This dental option requires patient status with an HMO-enrolled dentist with CIGNA.		
There are very few in network providers with the DHMO in Wisconsin.		
<i>If you are considering this plan, check if there is a DHMO provider in your area and that they are accepting new patients. Call 800-244-6224.</i>		

VISION Premiums		
	Monthly Premiums Personal Portion	Total Annual Premiums Personal Portion
8. Exam Core - included in medical premium	\$0	\$0
Full Service - Covers Glasses OR Contacts		
9a. Single	\$9	\$108
9b. Participant +1	\$14	\$168
9c. Family	\$22	\$264
Premier - Covers Glasses AND Contacts		
9d. Single	\$15	\$180
9e. Participant +1	\$25	\$300
9f. Family	\$40	\$480
<i>Note: The coverage for Full Service - Glasses or Contacts may be used differently for each family member.</i>		
<i>The vision coverage now allows for new frames and lenses for glasses every 12 months.</i>		

2026 Minimum Compensation	
Below is the minimum compensation approved at Annual Conference in June 2025:	
Elders	\$46,669
Licensed Local Pastors	\$42,868