2027 Health Insurance Premiums and Minimum Compensation- CLERGY

Northern Illinois Group Health Benefit Plan - Updated July 17, 2026

Clergy Rates

	Monthly Premiums			Annual Premiums		
	Flat Rate Monthly	**CLERGY** Portion Monthly	Total Monthly Premium	Flat Rate Annual	**CLERGY** Portion Annual	Total Annual Premium
B1000						
Single	$2,000	$266	$2,266	$24,000	$3,192	$27,192
Employee + 1	$2,000	$505	$2,505	$24,000	$6,060	$30,060
Family	$2,000	$692	$2,692	$24,000	$8,304	$32,304
C2000 w/HRA						
Single	$2,000	$211	$2,211	$24,000	$2,532	$26,532
Employee + 1	$2,000	$410	$2,410	$24,000	$4,920	$28,920
Family	$2,000	$560	$2,560	$24,000	$6,720	$30,720
H2000 w/HSA						
Single	$2,000	$165	$2,165	$24,000	$1,980	$25,980
Employee + 1	$2,000	$312	$2,312	$24,000	$3,744	$27,744
Family	$2,000	$427	$2,427	$24,000	$5,124	$29,124
H5000 w/HSA						
Single	$2,000	$60	$2,060	$24,000	$720	$24,720
Employee + 1	$2,000	$100	$2,100	$24,000	$1,200	$25,200
Family	$2,000	$150	$2,150	$24,000	$1,800	$25,800

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 2027 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.

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.

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

Note: The coverage for Full Service - Glasses or Contacts may be used differently for each family member. The vision coverage now allows for new frames and lenses for glasses every 12 months.

2027 Minimum Compensation	
Below is the minimun compensation approved at Annual Conference in June 2026:	
Elders	$49,936
Licensed Local Pastors	$45,869