

November 14, 2023

TO: All Participants of the Diocese of Baker Health Insurance Plan
FROM: Hope Burke
RE: 2024 Renewal

Health Insurance Renewal Rates for 2024

	Employee Only	Employee & Children	Employee & Spouse	Employee & Family	Retired Clergy Supplement
Employee Premium (Church Paid Portion)	\$1,220.00	\$1,220.00	\$1,220.00	\$1,220.00	\$690.00
Employee Premium (Employee Co-pay)*	\$5.00	\$5.00	\$5.00	\$5.00	\$0.00
Dependent Related Premium	\$0.00	\$345.00	\$670.00	\$795.00	\$0.00
Total Premium Cost	\$1,225.00	\$1,570.00	\$1,895.00	\$2,020.00	\$690.00

* Please note the employee co-pay toward the individual portion of the premium will remain in effect at the rate of \$5 per month.