November 18, 2025

TO: All Participants of the Diocese of Baker Health Insurance Plan
FROM: Hope Burke
RE: 2026 Renewal

****

Health Insurance Renewal Rates for 2026

	Employee Only	Employee & Children	Employee & Spouse	Employee & Family	Retired Clergy Supplement
Employee Premium (Church Paid Portion)	$1,335.00	$1,335.00	$1,335.00	$1,335.00	$720.00
Employee Premium (Employee Co-pay)*	$5.00	$5.00	$5.00	$5.00	$5.00
Dependent Related Premium	$0.00	$370.00	$720.00	$855.00	$0.00
Total Premium Cost	**$1,340.00**	**$1,710.00**	**$2,060.00**	**$2,195.00**	**$725.00**

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