



**2009 VIRGINIA CONFERENCE HEALTH PLAN  
MONTHLY CONTRIBUTIONS FOR LAY EMPLOYEES**

MEDICAL					
	OPTION 1				OPTION 2
	HMO				PPO
<i>Individual</i>	\$436				\$397
<i>Family</i>	\$1177				\$1054
DENTAL					
		CORE		MAJOR	
				Includes Major & Orthodontic Services	
<i>Individual</i>		\$29		\$56	
<i>Family</i>		\$49		\$123	

These rates represent total monthly cost. The employer or church is responsible to share in the cost of the program.

**Recommendation:** For Individual coverage, the employer should consider contributing 70% to 100% of Medical Option 1 or 2. For Family coverage, the employer should consider contributing 30% to 50% of Medical Option 1 or 2.