



**2010 VIRGINIA CONFERENCE HEALTH PLAN
MONTHLY CONTRIBUTIONS FOR LAY EMPLOYEES**

MEDICAL					
	OPTION 1				OPTION 2
	HMO				PPO
<i>Individual</i>	\$484				\$441
<i>Family</i>	\$1306				\$1170
DENTAL					
		CORE		MAJOR	
				Includes Major & Orthodontic Services	
<i>Individual</i>		\$29		\$56	
<i>Family</i>		\$54		\$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.