

DUES SCHEDULE

2016

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MEDICAL, PENSION, DEATH AND DISABILITY DUES

	Pastor's Median Salary	Maximum Basis ¹	Minimum Basis ¹	Percentage	Dues on Minimum Basis	
					Monthly	Annual
Medical ^{2,3}	\$56,200	\$124,000	\$44,000	24.5%	\$898.33	\$10,779.96
Medical (Member Only) ^{2,3}				23.0%	\$843.33	\$10,119.96
Pension		\$265,000	\$14,050	11.0%	\$128.79	\$1,545.50
Death and Disability		\$265,000	\$14,050	1.0%	\$11.71	\$140.50
Annual Minimum Totals				36.5%	\$1,038.83	\$12,465.96

¹For 2016, the Directors approved flat dollar amounts for the minimum and maximum dues bases for the Medical Plan. A non-installed employee working 35 hours a week must have a salary equal to the minimum pension basis to be eligible for Benefits Plan participation. The minimum salary requirement is pro-rated for employees working less than 35 hours a week; see calculation below. The maximums for pension and death and disability are set by federal law and will not be available until December 2015.

²For 2016, certain employing organizations that provide Traditional Program coverage to employees who are not in installed positions may use an alternative method of paying medical dues for those employees. For more information, call the Board of Pensions at 800-773-7752 (800-PRESPLAN).

³Medical Plan dues for members scheduled to work fewer than 35 hours a week are based on the full-time equivalent salary; see calculation below.

FULL-TIME EQUIVALENT SALARY FOR MEDICAL DUES AND DEDUCTIBLE:

1. Divide the current year's salary basis by actual hours worked a week.
2. Multiply the result by 35 hours.

EXAMPLE:

\$22,000 annual effective salary; working 20 hours/week
 $\$22,000 / 20 \text{ hours} = \$1,100$
 $\$1,100 \times 35 \text{ hours} = \$38,500$

If the total of the full-time equivalent salary falls below the medical minimum basis the minimum applies.

MINIMUM SALARY REQUIREMENT FOR PART-TIME WORKERS:

1. Divide the current year's minimum pension participation basis by 35 hours a week.
2. Multiply the results by the number of hours a week the employee is scheduled to work.

EXAMPLE:

20 hours/week; a non-installed employee
 $\$14,050 / 35 \text{ hours} = \401.43
 $\$401.43 \times 20 = \8028.57^4

⁴Minimum effective annual salary a 20-hour employee must earn to be eligible for Benefits Plan participation in 2016.

SEMINARY STUDENT MEDICAL DUES

Coverage Level	Monthly	Annual
Member Only	\$503.00	\$6,036.00
Member and Covered Partner	\$781.00	\$9,372.00
Member and Child(ren) Only	\$781.00	\$9,372.00
Member and Family	\$889.00	\$10,668.00

MONTHLY DUES FOR CONTINUING COVERAGE AT TERMINATION OF ELIGIBLE SERVICE FOR MEMBERS WITH TRADITIONAL COVERAGE

Members with traditional coverage who are seeking another church position may be eligible for transitional participation coverage; see the information provided by the Board of Pensions at time of termination of coverage.

MEDICAL CONTINUATION PROGRAM

Member	\$827.00
Member and Family	\$1,654.00

MEDICARE SUPPLEMENT PLAN

Member	\$259.00
Member and Medicare-Eligible Covered Partner	\$518.00

AFFILIATED BENEFITS PROGRAM

ACTIVE MEDICAL

Coverage Level	Monthly	Annual
Member Only	\$675.00	\$8,100.00
Member and Child(ren) Only	\$1,002.00	\$12,024.00
Member and Covered Partner	\$1,385.00	\$16,620.00
Member and Family	\$1,804.00	\$21,648.00

DEATH AND DISABILITY

Dues are 3.5% of whichever is greater: the enrolled member's total annual effective salary or the minimum participation basis, subject to maximum established by federal law. The minimum participation basis is 25% of the median.

		Monthly	Annual
Minimum Basis:	\$14,050	\$40.98	\$491.75
Maximum Basis:	\$265,000	\$772.92	\$9,275.04

MONTHLY DUES FOR CONTINUING COVERAGE AT TERMINATION OF ELIGIBLE SERVICE FOR MEMBERS WITH AFFILIATED BENEFITS PLAN COVERAGE

AFFILIATED MEDICAL CONTINUATION AND EARLY RETIREE CONTINUATION

Member	\$689.00
Member and Child(ren) Only	\$1,022.00
Member and Covered Partner	\$1,413.00
Member and Family	\$1,840.00

AFFILIATED MEDICARE SUPPLEMENT

Member	\$314.00
Member and Medicare-Eligible Covered Partner	\$628.00

OPTIONAL BENEFITS

DENTAL BENEFITS SUBSCRIPTION COSTS

Coverage Level	DMO		PPO/Indemnity	
	Monthly	Annual	Monthly	Annual
Member Only	\$25.87	\$310.44	\$36.95	\$443.40
Member and Covered Partner	\$52.79	\$633.48	\$75.44	\$905.28
Member and Child(ren) Only	\$69.24	\$830.88	\$97.37	\$1,168.44
Member and Family	\$96.79	\$1,161.48	\$136.03	\$1,632.36

OPTIONAL BENEFITS (CONTINUED)

SUPPLEMENTAL DEATH BENEFITS ANNUAL RATES BASED ON ENROLLEE'S AGE AS OF JANUARY 1 EACH YEAR

TOBACCO FREE RATES

Coverage at Ages	Member or Covered Partner				Member Only			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
To 29	\$15	\$30	\$45	\$60	\$90	\$120	\$150	\$180
30 – 34	\$19	\$38	\$57	\$76	\$114	\$152	\$190	\$228
35 – 39	\$24	\$48	\$72	\$96	\$144	\$192	\$240	\$288
40 – 44	\$30	\$60	\$90	\$120	\$180	\$240	\$300	\$360
45 – 49	\$45	\$90	\$135	\$180	\$270	\$360	\$450	\$540
50 – 54	\$69	\$138	\$207	\$276	\$414	\$552	\$690	\$828
55 – 59	\$129	\$258	\$387	\$516	\$774	\$1,032	\$1,290	\$1,548
60 – 64	\$198	\$396	\$594	\$792	\$1,188	\$1,584	\$1,980	\$2,376
65 – 69	\$315	\$630	\$945	\$1,260	\$1,890	\$2,520	\$3,150	\$3,780
70 – 74	\$480	\$960	\$1,440	\$1,920	\$2,880	\$3,840	\$4,800	\$5,760
75 – 79	\$585	\$1,170	\$1,755	\$2,340	\$3,510	\$4,680	\$5,850	\$7,020
80 – 95+	\$618	\$1,236	\$1,854	\$2,472	\$3,708	\$4,944	\$6,180	\$7,416

TOBACCO USER RATES

Coverage at Ages	Member or Covered Partner				Member Only			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
To 29	\$23	\$46	\$69	\$92	\$138	\$184	\$230	\$276
30 – 34	\$32	\$64	\$96	\$128	\$192	\$256	\$320	\$384
35 – 39	\$42	\$84	\$126	\$168	\$252	\$336	\$420	\$504
40 – 44	\$62	\$124	\$186	\$248	\$372	\$496	\$620	\$744
45 – 49	\$107	\$214	\$321	\$428	\$642	\$856	\$1,070	\$1,284
50 – 54	\$191	\$382	\$573	\$764	\$1,146	\$1,528	\$1,910	\$2,292
55 – 59	\$329	\$658	\$987	\$1,316	\$1,974	\$2,632	\$3,290	\$3,948
60 – 64	\$400	\$800	\$1,200	\$1,600	\$2,400	\$3,200	\$4,000	\$4,800
65 – 69	\$526	\$1,050	\$1,578	\$2,104	\$3,156	\$4,208	\$5,260	\$6,312
70 – 74	\$773	\$1,546	\$2,319	\$3,092	\$4,638	\$6,184	\$7,730	\$9,276
75 – 79	\$877	\$1,754	\$2,631	\$3,508	\$5,262	\$7,016	\$8,770	\$10,524
80 – 84	\$1,163	\$2,326	\$3,489	\$4,652	\$6,978	\$9,304	\$11,630	\$13,956
85 – 89	\$1,540	\$3,080	\$4,620	\$6,160	\$9,240	\$12,320	\$15,400	\$18,480
90 – 94	\$1,978	\$3,956	\$5,934	\$7,912	\$11,868	\$15,824	\$19,780	\$23,736
95+	\$2,411	\$4,822	\$7,233	\$9,644	\$14,466	\$19,288	\$24,110	\$28,932

CHILD(REN)'S SUPPLEMENTAL DEATH BENEFIT*

Coverage Level	Annual Rate
\$5,000	\$16
\$10,000	\$32

*Dues cover all eligible children in the family as defined by the Benefits Plan.

NOTE: DISPLAYED RATES MAY BE ROUNDED.

11/16/2015