

The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), offering retirement, healthcare, death, and disability benefits to qualifying members. The Board also provides financial and vocational grants through the Assistance Program.

Summary

Benefits Plan members who are married to each other and are both enrolled in the Medical Plan PPO option may qualify as a *member couple*. Because of their unique status and coverage requirements, member couples receive enhanced medical and prescription drug benefits. Member couple status does not apply to dental coverage. Member couple status ends if one member terminates eligible service or the couple divorces. If either member is enrolled in the EPO option, they are not a member couple.

Eligibility

Any two members married to each other and enrolled in the Medical Plan PPO option are considered a member couple. The couple can be two ministers of the Word and Sacrament, a minister and other employee, or two other employees. They can work for the same employer or different employers, and can be enrolled in Pastor's Participation, menu options, or a combination of both. If both are enrolled in menu options, one member must be enrolled for Member + Spouse coverage; if both are enrolled in Member-only coverage, they are not considered a member couple.

If one member is eligible for and enrolls in PPO medical coverage through transitional participation, member couple status continues. If one member becomes disabled, member couple status may be maintained for up to three years or until the disabled member turns 65, whichever occurs first. If one member dies, the surviving member retains member couple status for one year.

A minister couple sharing a pastoral position at the same church, each regularly scheduled to work fewer than 35 hours a week, is known as a *14-09 couple*. In a 14-09 couple, only one member needs to be enrolled in medical benefits; therefore, they will not be eligible for member couple enhanced benefits.

Enrollment

Enrollment in the PPO option is by coverage level — Member-only, Member + Spouse, Member + Child(ren), and Member + Family. Following are enrollment scenarios for member couples:

- both Pastor's Participation members — automatically a member couple
- one Pastor's Participation member, one menu options member — menu options member elects, at minimum, Member-only coverage
- both menu options members, with no eligible children — one member elects Member + Spouse; the other, at minimum, Member-only
- both menu options members, with eligible children — one member elects Member + Family; the other, at minimum, Member-only

Costs

Under Pastor's Participation, members do not contribute to the cost of medical coverage. Employers pay 100 percent of medical dues — 25 percent of effective salary, subject to the minimum and maximum dues bases — regardless of how many family members are covered.

Under menu options, the cost of medical coverage is based on the coverage level the member elects and on the employer's contribution toward the cost of coverage. Employers must pay at least 50 percent of the Member-only cost of the lowest medical option they offer under menu options. (Employers may, but are not required to, contribute to the cost of coverage for family members.)

Deductibles, Office Copays, and Copayments

Medical deductibles, office copays, and copayments are out-of-pocket expenses that a member is responsible for paying when the member or eligible family member receives medical care or services. Following is how these expenses apply to those with member couple status.

Medical deductible is the amount a member pays annually before the Medical Plan pays its portion for certain services. The deductible for member couple individuals is based on the minimum participation basis, regardless of either member's effective salary. Each member in a member couple meets a deductible; there are no additional deductibles for eligible children. The plan pays 100 percent of the allowed amount for all eligible expenses for children.

Copays are the flat-dollar amounts a member pays for office visits. There are no copays for network or non-network office visits by member couples and their covered children.

Copayment is the percentage of the cost for certain services a member pays, up to a maximum annual amount. Member couples are not responsible for copayments. After a member of the member couple meets his or her deductible, the plan pays 100 percent of all eligible expenses he or she incurs for the rest of the year.

Claims

For a member couple, claims are processed just once for each member, under his or her account, with no secondary calculation under the spouse. Children's claims are processed under the coverage of the parent whose birthday falls first in the calendar year. (This is the *birthday rule*.)

Member couples may receive bills from providers for out-of-network services and services not covered by the plan.

Prescription Drug Program

Member couples have no copays for generic or brand-name formulary prescriptions for themselves or their children. They are subject to copays for non-formulary drugs. Drugs that are excluded from the plan are not covered for any members.

This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.

