

## Retirement Programs

### DEFINED BENEFIT PENSION PLAN

|                           | Dues amount                          | Minimum basis | Maximum basis | Minimum participation |             |
|---------------------------|--------------------------------------|---------------|---------------|-----------------------|-------------|
|                           |                                      |               |               | Monthly cost          | Annual cost |
| Annual cost               | 8.5% of Pension Participation Basis* | \$15,300      | \$290,000     | \$108.38              | \$1,300.50  |
| Contribution requirements | 100% paid by employer                |               |               |                       |             |

### 403(b)(9) RETIREMENT SAVINGS PLAN

|                           |                                       |
|---------------------------|---------------------------------------|
| Annual cost               | \$15 administrative fee               |
| Contribution requirements | Administrative fee 100% employee-paid |

#### Annual contribution limits\*\*

|  |                     |
|--|---------------------|
| Employee contributions                       | Announced fall 2021 |
| Employer and employee combined limit         | Announced fall 2021 |
| Additional catch-up for age 50 and older     | Announced fall 2021 |
| Additional church plan long-service catch-up | \$3,000             |

## Financial Protection Programs

### DEATH AND DISABILITY PLAN

|   | Dues amount                          | Minimum basis | Maximum basis       | Minimum participation |             |
|---|--------------------------------------|---------------|---------------------|-----------------------|-------------|
|   |                                      |               |                     | Monthly cost          | Annual cost |
| <b>With</b> Defined Benefit Pension Plan    | 1.0% of Pension Participation Basis* | \$15,525      | Announced fall 2021 | \$12.94               | \$155.25    |
| <b>Without</b> Defined Benefit Pension Plan | 2.5% of Pension Participation Basis* | \$15,525      | Announced fall 2021 | \$32.34               | \$388.13    |
| Contribution requirements                   | 100% paid by employer                |               |                     |                       |             |

### TERM LIFE PLAN

|                           |                            |
|---------------------------|----------------------------|
| Monthly cost              | \$0.20/\$1,000 of coverage |
| Contribution requirements | 100% paid by employer      |

### TEMPORARY DISABILITY PLAN

|                           |  |
|---------------------------|--|
| Monthly cost              | \$0.45/\$10 of weekly salary             |
| Contribution requirements | May be 100% paid by employer OR employee |

### LONG-TERM DISABILITY PLAN

|                           |                                |
|---------------------------|--------------------------------|
| Monthly cost              | \$0.35/\$100 of monthly salary |
| Contribution requirements | 100% paid by employer          |

Congregational ministers' median salary  
**\$62,100**

Employees' median salary  
**\$47,400**

\* The Pension Participation Basis is the greater of your effective salary or 25 percent of the congregational ministers' median salary, but no more than \$290,000, the IRS maximum for 2021. 2022 maximum announced fall 2021.

\*\* See IRS Publication 571 for more information.



## Financial Protection Programs (continued)

### SUPPLEMENTAL DEATH BENEFITS\*\*\*

| Cost                      | See chart below.                             |          |          |           |             |           |           |           |                  |          |          |           |             |           |           |           |
|---------------------------|--|----------|----------|-----------|-------------|-----------|-----------|-----------|------------------|----------|----------|-----------|-------------|-----------|-----------|-----------|
| Contribution requirements | May be paid by employer, employee, or shared |          |          |           |             |           |           |           |                  |          |          |           |             |           |           |           |
| Age                       | Annual costs                                 |          |          |           |             |           |           |           |                  |          |          |           |             |           |           |           |
|                           | Nicotine-free                                |          |          |           |             |           |           |           | Nicotine user    |          |          |           |             |           |           |           |
|                           | Member or Spouse                             |          |          |           | Member-only |           |           |           | Member or Spouse |          |          |           | Member-only |           |           |           |
|                           | \$25,000                                     | \$50,000 | \$75,000 | \$100,000 | \$150,000   | \$200,000 | \$250,000 | \$300,000 | \$25,000         | \$50,000 | \$75,000 | \$100,000 | \$150,000   | \$200,000 | \$250,000 | \$300,000 |
| To 29                     | \$13   | \$26     | \$38     | \$51      | \$77        | \$102     | \$128     | \$153     | \$20             | \$39     | \$59     | \$79      | \$118       | \$157     | \$196     | \$236     |
| 30 - 34                   | \$16   | \$32     | \$48     | \$64      | \$96        | \$129     | \$161     | \$193     | \$27             | \$55     | \$82     | \$109     | \$164       | \$218     | \$273     | \$327     |
| 35 - 39                   | \$20   | \$41     | \$61     | \$82      | \$122       | \$163     | \$204     | \$245     | \$36             | \$71     | \$107    | \$143     | \$214       | \$286     | \$357     | \$428     |
| 40 - 44                   | \$26   | \$51     | \$77     | \$102     | \$153       | \$204     | \$255     | \$306     | \$53             | \$106    | \$158    | \$211     | \$317       | \$422     | \$528     | \$634     |
| 45 - 49                   | \$38   | \$77     | \$115    | \$153     | \$230       | \$306     | \$383     | \$459     | \$91             | \$182    | \$273    | \$364     | \$546       | \$728     | \$910     | \$1,092   |
| 50 - 54                   | \$59   | \$117    | \$176    | \$235     | \$352       | \$469     | \$587     | \$704     | \$162            | \$325    | \$487    | \$650     | \$975       | \$1,299   | \$1,624   | \$1,949   |
| 55 - 59                   | \$110  | \$219    | \$329    | \$439     | \$658       | \$877     | \$1,097   | \$1,316   | \$280            | \$559    | \$839    | \$1,119   | \$1,678     | \$2,238   | \$2,797   | \$3,357   |
| 60 - 64                   | \$168  | \$337    | \$505    | \$673     | \$1,010     | \$1,346   | \$1,683   | \$2,020   | \$340            | \$680    | \$1,020  | \$1,360   | \$2,039     | \$2,719   | \$3,399   | \$4,079   |
| 65 - 69                   | \$268  | \$536    | \$803    | \$1,071   | \$1,607     | \$2,142   | \$2,678   | \$3,213   | \$447            | \$894    | \$1,341  | \$1,788   | \$2,682     | \$3,576   | \$4,470   | \$5,364   |
| 70 - 74                   | \$408  | \$816    | \$1,224  | \$1,632   | \$2,448     | \$3,264   | \$4,080   | \$4,896   | \$657            | \$1,314  | \$1,971  | \$2,629   | \$3,943     | \$5,257   | \$6,571   | \$7,886   |
| 75 - 79                   | \$497  | \$995    | \$1,492  | \$1,989   | \$2,984     | \$3,978   | \$4,973   | \$5,967   | \$745            | \$1,491  | \$2,236  | \$2,982   | \$4,472     | \$5,963   | \$7,454   | \$8,944   |
| 80 - 84                   | \$525  | \$1,051  | \$1,576  | \$2,101   | \$3,152     | \$4,202   | \$5,253   | \$6,304   | \$989            | \$1,977  | \$2,966  | \$3,955   | \$5,932     | \$7,909   | \$9,886   | \$11,864  |
| 85 - 89                   | \$525  | \$1,051  | \$1,576  | \$2,101   | \$3,152     | \$4,202   | \$5,253   | \$6,304   | \$1,309          | \$2,618  | \$3,927  | \$5,236   | \$7,854     | \$10,471  | \$13,089  | \$15,707  |
| 90 - 94                   | \$525  | \$1,051  | \$1,576  | \$2,101   | \$3,152     | \$4,202   | \$5,253   | \$6,304   | \$1,681          | \$3,362  | \$5,044  | \$6,725   | \$10,087    | \$13,450  | \$16,812  | \$20,175  |
| 95+                       | \$525  | \$1,051  | \$1,576  | \$2,101   | \$3,152     | \$4,202   | \$5,253   | \$6,304   | \$2,049          | \$4,099  | \$6,148  | \$8,198   | \$12,297    | \$16,395  | \$20,494  | \$24,593  |

\*\*\* Based on enrollee's age as of January 1 each year.

### CHILD(REN)'S SUPPLEMENTAL DEATH BENEFIT (covers all eligible children)

| Cost                      | See chart below.                             |  |
|---------------------------|--|--|
| Contribution requirements | May be paid by employer, employee, or shared |  |
| Coverage level            | Annual cost                                  |  |
| \$10,000                  | \$14   |  |
| \$20,000                  | \$27   |  |

### SUPPLEMENTAL DISABILITY BENEFITS

| Cost                      | See chart below.                             |                     |  |
|---------------------------|--|---------------------|--|
| Contribution requirements | May be paid by employer, employee, or shared |                     |  |
| Age as of January 1       | Monthly cost for each \$10,000 of coverage   | Age as of January 1 | Monthly cost for each \$10,000 of coverage |
| 30-34                     | \$1.36                                       | 55-59               | \$11.38                                    |
| 35-39                     | \$1.91                                       | 60-64               | \$8.35                                     |
| 40-44                     | \$3.06                                       | 65-69               | \$7.96                                     |
| 45-49                     | \$4.92                                       | 70-74               | \$8.34                                     |
| 50-54                     | \$8.08                                       | 75-79               | \$8.47                                     |



## Health Programs

### MEDICAL PLAN (PPO, EPO, HDHP)

|                           |   |
|---------------------------|---|
| Cost                      | Four-tier coverage options; monthly rates individually determined for each employer   |
| Contribution requirements | May be fully or partially paid by employer. Minimum contribution by employer of 50% of lowest coverage option member-only rate. |

### EMPLOYEE ASSISTANCE PLAN

|                                    |  |
|------------------------------------|--|
| Cost (included in medical options) | \$1.75/employee/month for eligible employees |
| Contribution requirements          | 100% paid by employer                        |

### POST-RETIREMENT MEDICAL PLAN

#### Medical Continuation

|                           |                       |
|---------------------------|-----------------------|
| Cost                      | Announced fall 2021   |
| Contribution requirements | 100% paid by employee |

| Coverage level      | PPO                 | EPO | HDHP |
|---------------------|---------------------|-----|------|
|                     | Monthly cost        |     |      |
| Member-only         | Announced fall 2021 |     |      |
| Member + Spouse     |                     |     |      |
| Member + Child(ren) |                     |     |      |
| Member + Family     |                     |     |      |

#### Medicare Supplement

|                           |                         |
|---------------------------|-------------------------|
| Cost                      | See chart below         |
| Contribution requirements | 100% paid by individual |

| Coverage level                      | Monthly cost |
|-------------------------------------|--------------|
| Member                              | \$275        |
| Member and Medicare-eligible spouse | \$550        |

### DENTAL PLAN

|                           |  |
|---------------------------|--|
| Cost                      | See chart below.                             |
| Contribution requirements | May be paid by employer, employee, or shared |

| Coverage level      | DMO                       | PPO/Passive PPO  |
|---------------------|---------------------------|--|
|                     | Monthly cost per employee | Monthly cost per employee  |
| Member-only         | \$25.87                   | Four-tier coverage rates individually determined for each employer |
| Member + Spouse     | \$52.79                   |  |
| Member + Child(ren) | \$69.24                   |  |
| Member + Family     | \$96.79                   |  |

### VISION EYEWEAR PLAN

|                           |  |
|---------------------------|--|
| Cost                      | See chart below.                             |
| Contribution requirements | May be paid by employer, employee, or shared |

| Coverage level      | Monthly cost per employee |
|---------------------|---------------------------|
| Member-only         | \$3.89                    |
| Member + Spouse     | \$7.69                    |
| Member + Child(ren) | \$8.17                    |
| Member + Family     | \$13.12                   |

## Benefits Packages for Ministers

|                           |                       |
|---------------------------|-----------------------|
| Cost                      | See below.            |
| Contribution requirements | 100% paid by employer |

### MINISTER'S CHOICE

|                              | Annual cost                          |
|------------------------------|--------------------------------------|
|                              | 10% of effective salary              |
| Defined Benefit Pension Plan | 8.5% of Pension Participation Basis* |
| Death and Disability Plan    | 1.0% of Pension Participation Basis* |
| Temporary Disability Plan    | 0.5% of effective salary             |
| Employee Assistance Plan     | No cost                              |

### PASTOR'S PARTICIPATION

|  | Annual cost   |
|--|---|
|  | 37% of effective salary   |
| Defined Benefit Pension Plan                                 | 8.5% of Pension Participation Basis*  |
| Death and Disability Plan                                    | 1.0% of Pension Participation Basis*  |
| Temporary Disability Plan                                    | 0.5% of effective salary  |
| Medical Plan (Family PPO), includes Employee Assistance Plan | 27% of effective salary, subject to minimum (\$11,000) and maximum (\$33,500) amounts |

**Note:** Employers are billed monthly for all plans.

\* The Pension Participation Basis is the greater of your effective salary or 25 percent of the congregational ministers' median salary, but no more than \$290,000, the IRS maximum for 2021. 2022 maximum announced fall 2021.

## Pathways to Renewal Dues

|                      | Maximum basis       | Minimum basis | Percentage | Minimum basis |            |
|----------------------|---------------------|---------------|------------|---------------|------------|
|                      |                     |               |            | Monthly       | Annual     |
| Medical <sup>†</sup> | \$0                 | \$33,333      | 18%        | \$500.00      | \$6,000.00 |
| Pension              | Announced fall 2021 | \$0           | 2.0%       | n/a           | n/a        |
| Death and Disability | \$0                 | \$0           | 1.0%       | n/a           | n/a        |
| Totals               |                     |               | 21%        | \$500.00      | \$6,000.00 |

<sup>†</sup> The minimum and maximum dues basis for medical coverage for members in Pastor's Participation are flat dollar amounts.

## Seminary Student Medical Dues

| Coverage level      | PPO      | EPO      | HDHP     |
|---------------------|----------|----------|----------|
|                     | Monthly  |          |          |
| Member-only         | \$351.25 | \$298.50 | \$275.75 |
| Member + Spouse     | \$723.50 | \$615.00 | \$567.91 |
| Member + Child(ren) | \$533.83 | \$453.75 | \$419.08 |
| Member + Family     | \$916.67 | \$779.17 | \$719.58 |

Seminarians enrolled in the HDHP option may be eligible to set up an individual health savings account (HSA) to pay for qualified healthcare expenses.



## Post-retirement Service Dues

Post-retirement service dues are 12% of the minister's total annual effective salary.

## Transitional Participation Coverage

Members in Pastor's Participation or Minister's Choice who are seeking another church position and graduated seminary students whose presbyteries verify that they are actively seeking church service may be eligible for transitional participation coverage. Dues will be billed based on the last effective salary (subject to the minimum and maximum dues rates, if applicable) or the congregational ministers' median salary.

## Assistance Program Target Level Guidelines

Eligibility, income, and asset criteria for Income and Housing Supplements for 2022 will be announced in fall 2021.

