



The Board of Pensions
of the Presbyterian Church (U.S.A.)



Comparing the
**Affiliated
Benefits
Program**

To Your Current Plan 2012



Dues, terms, and conditions

Comparing the Affiliated Benefits Program To Your Current Plan

Dues, terms, and conditions. See plan descriptions for complete details on each benefit.

Affiliated Benefits Program	Your Current Plan
Eligibility	
Ordained	Eligible to enroll if in a non-installed position.
Lay	Participation by employment classification, at the option of the employer. The same benefits must be offered to each class of employees, in compliance with IRS non-discrimination rules. See Administrative Rule 105 at Pensions.org, or IRS regulations at www.irs.gov.
Medical, Death, and Disability	Employers may offer medical benefits only or medical, death, and disability benefits. Member contributions may be required for medical coverage. Death and disability coverage is only available on an employer-paid basis.
Retirement	All church workers, including Affiliated Benefits Program-eligible members, may enroll in the Board's Retirement Savings Plan, a 403(b)(9) defined contribution plan. It may be contributed to by the employer, member, or both.
Optional Coverages	If medical coverage offered, employer has the option to offer Optional Dental coverage. If death and disability coverage offered, employer may offer Supplemental Death and/or Supplemental Disability Benefits. A participating Affiliated Benefits Program employer has the option to offer Long-Term Care insurance.
Waiting Period	Employers can establish waiting periods of up to one year.
Hours	Minimum of 20 hours/week; employer can set higher threshold.

Affiliated Benefits Program		Your Current Plan	
Medical Benefits			
Provider Options	PPO coverage only: members choose their doctors and hospitals and enjoy economic incentives when they select in-network providers.		
PPO Coverage	<ul style="list-style-type: none"> • Comprehensive medical benefits • Prescription drug program • Disease management programs for those with chronic illnesses 		
Other Benefits	<ul style="list-style-type: none"> • Employee assistance program • Vision Benefit • 24-hour nurse hotline See the <i>Guide to Your Healthcare Benefits</i> for further details.		
Medical Office Copays and Copayments		Network	Out-of-Network
	Preventive care	\$0	50%
	Doctors/ Specialists	\$25/\$45	50%
	Office Visit		
	Other (Hospitals, Labs, etc.)	20%	50%
Medical Annual Deductibles	Minimum	1.25% of Salary	2.5% of Salary
	Employee	\$475	\$950
	Spouse &/or Children	\$475	\$950
	Maximum		
	Employee	\$970	\$1,940
	Spouse &/or Children	\$970	\$1,940
Medical Annual Copayment Maximums		4% of Salary	12% of Salary
	Minimum	\$1,520	\$4,550
	Maximum	\$3,100	\$9,300
	Minimum Salary is \$38,000 Maximum Salary is \$81,900		
Prescription Drug Copayments	See chart on page 9.		
Prescription Drug Annual Deductibles	N/A		

Affiliated Benefits Program		Your Current Plan										
Employer Contribution	Employer must contribute at least 50% of the cost of covering the employee, but may contribute 0% to 100% toward spouse and dependent coverage.											
Option to Waive Coverage	Employees may waive medical coverage for themselves and/or their families (e.g., if covered under a spouse's plan, or not willing to pay a portion of the cost). Coverage may not be waived if employer pays 100% of dues.											
Medical Plan Dues (Active)	<table border="0"> <tr> <td>Member</td> <td>\$583/mo.</td> </tr> <tr> <td>Member+Child/Children</td> <td>\$865/mo.</td> </tr> <tr> <td>Member+Spouse</td> <td>\$1,197/mo.</td> </tr> <tr> <td>Family</td> <td>\$1,559/mo.</td> </tr> </table>	Member	\$583/mo.	Member+Child/Children	\$865/mo.	Member+Spouse	\$1,197/mo.	Family	\$1,559/mo.			
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Continued Coverage After Termination	<p>Available on a subscription basis, for specified durations, to some categories of employees. Call 800-773-7752 (800-PRESPLAN) for details.</p> <p>Monthly dues:</p> <table border="0"> <tr> <td>Member</td> <td>\$594/mo.</td> </tr> <tr> <td>Member+Child/Children</td> <td>\$882/mo.</td> </tr> <tr> <td>Member+Spouse</td> <td>\$1,220/mo.</td> </tr> <tr> <td>Family</td> <td>\$1,590/mo.</td> </tr> </table> <p>* No continuation of coverage option available if an employing organization withdraws its employees or a class of its employees from Plan participation. Also, if an organization elects to leave the Affiliated Benefits Program, all active, retired, and inactive members with that coverage will also be terminated from the Affiliated Benefits Program.</p>	Member	\$594/mo.	Member+Child/Children	\$882/mo.	Member+Spouse	\$1,220/mo.	Family	\$1,590/mo.			
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Retiree Coverage	<p>Medical Continuation:</p> <table border="0"> <tr> <td>Member</td> <td>\$594/mo.</td> </tr> <tr> <td>Member+Spouse</td> <td>\$882/mo.</td> </tr> <tr> <td>Member+Child/Children</td> <td>\$1,220/mo.</td> </tr> <tr> <td>Family</td> <td>\$1,590/mo.</td> </tr> <tr> <td>Medicare Supplement (person)</td> <td>\$301/mo.</td> </tr> </table>	Member	\$594/mo.	Member+Spouse	\$882/mo.	Member+Child/Children	\$1,220/mo.	Family	\$1,590/mo.	Medicare Supplement (person)	\$301/mo.	
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Free Coverage upon Termination of Employment	Not available.											

Affiliated Benefits Program		Your Current Plan
Notice of Termination from Plan	The Board requires 45 days notice in writing prior to an employing organization withdrawing all or an entire class of its employees from the Affiliated Benefits Program.	
Death and Disability Benefit		
Death Benefits	<p>Members who die while active or disabled are eligible for:</p> <p>1-Lump sum payment – for a member with dependents, this is a multiple (varies with age at death) of the member’s salary. For a member without dependents, the benefit is one times the covered salary. The maximum covered salary is \$90,000.</p> <p>2-One year of salary continuation – based on member’s salary, as calculated for purposes of pension participation up to \$245,000.</p> <p>For both the benefits above, for a member earning below the median for the employment classification, benefits are based on the median for the employment classification, pro-rated for part-time employment.</p> <p>3-Children’s Education benefit – each child of a deceased member can receive up to \$9,000 a year for each of the first four years of post-high school study (\$36,000 total) if under age 25 and a full-time student.</p>	
Living Needs Benefits	Active, disabled, and retired members whose physicians certify them as being terminally ill with a life expectancy of 24 months or less may request prepayment of part of their death benefits.	
Disability Benefits	<p>The member must be:</p> <ul style="list-style-type: none"> • Medically certified as unable to perform regular work/comparable work for the first 24 months of disability. • Unable to do any type of work for which trained or skilled after 24 months. <p>Coverage will not apply for any disability that arises from a pre-existing condition during the first 12 months of coverage</p>	

	Affiliated Benefits Program	Your Current Plan
<p>Disability Payment Amount</p>	<p>60% of greater of:</p> <ul style="list-style-type: none"> • Effective salary (cash, deferred compensation, housing/manse, and other allowances, capped at \$90,000), or • Churchwide median effective salary for that employment classification, pro-rated for part-time employment. Initial benefit cannot exceed 100% of the member's effective salary prior to disability. • Offset by Primary Social Security and Workers' Compensation • Minimum benefit: \$600/year • Maximum benefit: \$54,000/year 	
<p>Benefit Duration</p>	<p>The disability benefit begins:</p> <ul style="list-style-type: none"> • On the 91st day of total disability, or when the employer's salary payments end, if later. <p>The disability benefits continue until the earlier of:</p> <ul style="list-style-type: none"> • The first day of the month following the date on which the disabled member attains age 65, • No longer disabled • Death • If the disability benefit commenced on or after age 62, the benefit continues until the earlier of: <ul style="list-style-type: none"> • Disabled at 62: benefits for 3.5 years • Disabled at 63: benefits for 3 years • Disabled at 64: benefits for 2.5 years • Disabled at 65: benefits for 2 years • Disabled at 66: benefits for 1.75 years • Disabled at 67: benefits for 1.5 years • Disabled at 68: benefits for 1.25 years • Disabled at 69 or above: benefits for 1 year • No longer disabled <p>Benefits may be suspended if the member fails to follow treatment plan, rehabilitation programs, or is incarcerated for a felony.</p>	

	Affiliated Benefits Program	Your Current Plan																		
Other Benefits During Disability	<p>While receiving benefits, disabled members also:</p> <ul style="list-style-type: none"> • Receive continued medical/death coverage at no cost (if enrolled for these benefits prior to disability) • Must participate in appropriate rehabilitation and vocational retraining programs • Receive disability benefit increases as approved by the Board of Directors. 																			
Death and Disability Dues	<p>3.5% of covered effective salary Minimum salary basis: \$13,325 Maximum salary basis: \$250,000 Non-contributory; Employer must pay 100%</p>																			
Optional Benefits																				
Supplemental Death Benefits	<p>If enrolled for death and disability, the employing organization may offer members the option of applying to increase their death coverage.</p> <p>Available amounts are:</p> <table data-bbox="454 1050 893 1155"> <tr> <td>\$25,000</td> <td>\$100,000</td> <td>\$250,000</td> </tr> <tr> <td>\$50,000</td> <td>\$150,000</td> <td>\$300,000</td> </tr> <tr> <td>\$75,000</td> <td>\$200,000</td> <td></td> </tr> </table> <p>All coverage is subject to medical underwriting except that \$25,000 or \$50,000 is available subject to actively at work requirements but not medical underwriting at initial eligibility only.</p> <p>Coverage also is available for family members</p> <p>Spouse: \$25,000, \$50,000, \$75,000, or \$100,000</p> <p>Child(ren) \$5,000 or \$10,000</p> <p>Monthly Dues: See enclosed rate sheet.</p> <p>Member coverage may be paid for by employee, employer, or both.</p> <p>Coverage for spouse and/or children must be paid for by member with after-tax dollars.</p> <p>Member & Spouse: By five year age brackets (tobacco user/non-tobacco user)</p> <table data-bbox="454 1701 941 1806"> <thead> <tr> <th>Children:</th> <th>Benefit</th> <th>Monthly Cost</th> </tr> </thead> <tbody> <tr> <td>(on each child for \$5,000 one dues charge)</td> <td>\$5,000</td> <td>\$1.34</td> </tr> <tr> <td></td> <td>\$10,000</td> <td>\$2.67</td> </tr> </tbody> </table>	\$25,000	\$100,000	\$250,000	\$50,000	\$150,000	\$300,000	\$75,000	\$200,000		Children:	Benefit	Monthly Cost	(on each child for \$5,000 one dues charge)	\$5,000	\$1.34		\$10,000	\$2.67	
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Affiliated Benefits Program	Your Current Plan															
<p>Optional Dental</p>	<p>For employees eligible to enroll in medical coverage, an employing organization may offer members dental coverage. Dues may be paid by the member, the employing organization, or both.</p> <p>Depending on where the member lives, dental coverage may be provided through</p> <ul style="list-style-type: none"> • a DMO or PPO • a PPO only • a passive PPO. <p>Monthly dues:</p> <table border="1"> <thead> <tr> <th></th> <th>DMO</th> <th>PPO/Indemnity</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>\$23.78</td> <td>\$30.03</td> </tr> <tr> <td>Member+Spouse</td> <td>48.57</td> <td>61.31</td> </tr> <tr> <td>Member+Child/Children</td> <td>63.87</td> <td>79.13</td> </tr> <tr> <td>Family</td> <td>89.23</td> <td>110.55</td> </tr> </tbody> </table>		DMO	PPO/Indemnity	Member	\$23.78	\$30.03	Member+Spouse	48.57	61.31	Member+Child/Children	63.87	79.13	Family	89.23	110.55
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<p>Optional Supplemental Disability Benefit</p>	<ul style="list-style-type: none"> • Additional protection available in increments of \$10,000, up to a \$250,000 maximum* • Available only with death and disability coverage • Available only to employees with effective salary of \$100,000 or more • Subject to pre-existing condition or medical underwriting • Paid for by the employing organization, the member, or both • Initial monthly cost based on the employee's age as of January 1 in the year enrolled • Rates in five year age brackets <p>See enclosed materials.</p> <p>No coverage for disability commencing during first year of coverage and caused by a pre-existing condition (dues refunded).</p>															
<p>Long-Term Care Insurance</p>	<p>Call CNA at (800) 528-4582.</p> <p>Member typically pays 100%.</p> <ul style="list-style-type: none"> • Coverage subject to medical underwriting except for actively working members during first 60 days of initial enrollment in Benefits Plan. 															

* Maximum is based on effective salary rounded to the lower \$10,000.

Affiliated Benefits Program		Your Current Plan
Pension Benefits (Defined Benefit Plan)		
Eligibility	Not available. See Optional 403(b)(9) Retirement Savings Plan.	
Accumulation of Pension Benefits	N/A	
Pension Credit Accrual Formula	N/A	
Vesting	N/A	
Dues	N/A	
Optional 403(b)(9) Retirement Savings Plan		
Eligibility	Ordained ministers, missionaries, and lay employees of the Presbyterian Church (U.S.A.) and its related entities are eligible. They must be employed in eligible church service, but they need not be members of the Benefits Plan.	
Contribution Limits	<p>Employer:</p> <ul style="list-style-type: none"> • 100% vested, regardless of source • Up to 100% of taxable salary or \$50,000, plus \$5,500 for employees age 50 or older. <p>Employee:</p> <ul style="list-style-type: none"> • The lesser of 100% of pay or \$17,000, plus \$5,500 for employees age 50 or older. 	
Cost	Account fee of \$3.75 per quarter.	

2012 Healthcare Deductibles and Copayment Maximums¹

Salary Range ²	Deductible ³		Copayment Maximum ⁴	
	Network 1.25%	Out of Network 2.50%	Network 4%	Out of Network 12%
\$0 - 42,299	\$475	\$950	\$1,520	\$4,550
\$42,300 - \$46,699	\$530	\$1,060	\$1,690	\$5,075
\$46,700 - \$51,099	\$585	\$1,170	\$1,870	\$5,605
\$51,100 - \$55,499	\$640	\$1,280	\$2,045	\$6,130
\$55,500 - \$59,899	\$695	\$1,390	\$2,220	\$6,660
\$59,900 - \$64,299	\$750	\$1,500	\$2,400	\$7,190
\$64,300 - \$68,699	\$805	\$1,610	\$2,570	\$7,715
\$68,700 - \$73,099	\$860	\$1,720	\$2,750	\$8,245
\$73,100 - \$77,499	\$915	\$1,830	\$2,925	\$8,775
\$77,500 or more	\$970	\$1,940	\$3,100	\$9,300

¹ For covered inpatient and outpatient medically necessary services, not counting prescription drug costs and office visit copays

² Deductibles and copayment maximums are rounded and based on the medical minimum salary basis of \$38,000 and the maximum of \$81,900

³ Members with dependents are responsible for two deductibles, one for the member and one for all other family members combined. These are not counted toward the copayment maximum.

⁴ After a member reaches the annual copayment maximum, the Medical Plan pays 100% of eligible expenses up to the plan allowance, except for office visits. The copayment maximum applies to the entire family combined.

Type of Pharmacy	Maximum fill	Your cost per prescription*		
		Generic	Formulary	Non-Formulary
Retail pharmacy	Up to a 30-day supply	\$8	30% of cost; min \$20 to max \$100	50% of cost; min \$50 to max \$150
Mail-order service	Up to a 90-day supply	\$20	30% of cost; min \$50 to max \$300	50% of cost; min \$125 to max \$450

* The maximum amount you pay each year in out-of-pocket prescription costs is \$2,500. This does not apply to non-formulary drugs or surcharges.



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