

## 2012 Dues Schedule

<b>Medical, Pension, Death and Disability Dues</b>						
	Pastors' Median Salary	Maximum Basis*	Minimum Basis*	%	Dues on Minimum Bases	
					Monthly	Annual
<b>Medical**</b>	53,300	117,000	38,000	20.25	641.25	7,695.00
<b>Pension</b>		250,000	13,325	11	122.15	1,465.75
<b>Death and Disability</b>		250,000	13,325	1	11.10	133.25
Annual minimum totals				32.25	774.50	9,294.00
<p>*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.</p>						
<p>**Medical Plan dues for members scheduled to work fewer than 35 hours a week are based on the full-time equivalent salary; see calculation below,</p>						
<p><b>Full-time equivalent salary for medical dues:</b></p> <p>1. <b>Divide</b> the current year's salary basis by actual hours a week worked</p> <p>2. <b>Multiply</b> the result by 35 hours.</p> <p>Example: 22,000 annual effective salary working 20 hours a week:  <math>22,000/20 \text{ hours} = 1,100</math>  <math>1,100 \times 35 \text{ hours} = 38,500</math></p> <p>If the total of the full-time equivalent salary falls below the medical minimum basis the minimum applies</p>				<p><b>Minimum salary requirement for part-time workers:</b></p> <p>1. <b>Divide</b> the current year's minimum pension participation basis by 35 hours a week.</p> <p>2. <b>Multiply</b> the results by the number of hours a week the employee is scheduled to work.</p> <p>Example: for 20 hour/week non-installed employee:  <math>13,325/35 \text{ hours} = 380.71</math>  <math>380.71 \times 20 = 7,614</math> Minimum effective annual salary a 20-hour employee must earn to be eligible for Benefits Plan participation in 2012.</p>		

<b>Seminary Student Medical Dues</b>		
<b>Coverage Level</b>	<b>Monthly</b>	<b>Annual</b>
Member Only	364.17	4,370.04
Member & Spouse	560.50	6,726.00
Member & Child(ren) Only	560.50	6,726.00
Member & Family	641.25	7,695.00

<b>Monthly Dues for Continuing Coverage at Termination of Eligible Service for Members with Traditional Coverage</b>	
Members with traditional coverage who are seeking another church position may be eligible for the <b>Transitional Participation Coverage</b> ; please see the Board information provided at termination.	
<b>Medical Continuation Program</b>	
Member	645.00
Member and family	1,290.00
<b>Medicare Supplement Program</b>	
Member	215.00
Member and Medicare Eligible Spouse	430.00
Limited Income Member*	142.00
Limited Income Member and Medicare Eligible Spouse*	284.00
* The Federal government has designated these members as having limited income and resources and automatically enrolled them into a separate Medicare prescription drug plan.	

<b>Affiliated Benefits Program</b>		
<b>Active Medical</b>		
<b>Coverage Level</b>	<b>Monthly</b>	<b>Annual</b>
Member Only	583.00	6,996.00
Member & Child(ren) Only	865.00	10,380.00
Member & Spouse	1,197.00	14,364.00
Member & Family	1,559.00	18,708.00
<b>Death and Disability</b>		
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.		
	<b>Monthly</b>	<b>Annual</b>
<b>Minimum Basis:</b> 13,325	38.87	466.44
<b>Maximum Basis:</b> 250,000	729.17	8,750.00

<b>Monthly Dues for Continuing Coverage at Termination of Eligible Service for members with Affiliated Benefits Program Coverage</b>	
<b>Affiliated Medical Continuation and Early Retiree Continuation</b>	
Member	594.00
Member & Child(ren) Only	882.00
Member & Spouse	1,220.00
Member & Family	1,590.00
<b>Affiliated Medicare Supplement</b>	
Member	301.00
Member and Medicare Eligible Spouse	602.00

### Optional Benefits

<b>Dental Benefits Subscription Costs</b>				
<b>Coverage Level</b>	<b>DMO</b>		<b>PPO/INDEMNITY</b>	
	<b>Monthly</b>	<b>Annually</b>	<b>Monthly</b>	<b>Annually</b>
Member Only	23.78	285.36	30.03	360.36
Member & Spouse	48.57	582.84	61.31	735.72
Member & Child(ren) Only	63.87	766.44	79.13	949.56
Member & Family	89.23	1,070.76	110.55	1,326.60

SUPPLEMENTAL DEATH BENEFIT RATES (ANNUAL)									
RATES BASED ON ENROLLEE'S AGE AS OF JANUARY 1 EACH YEAR									
TOBACCO FREE RATES									
COVERAGE AT AGES	MEMBER AND SPOUSE				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	1290	1548	
60-64	198	396	594	792	1,188	1,584	1980	2376	
65-69	315	630	945	1,260	1,890	2,520	3150	3780	
70-74	480	960	1,440	1,920	2,880	3,840	4800	5760	
75-79	585	1,170	1,755	2,340	3,510	4,680	5850	7020	
80-95+	618	1,236	1,854	2,472	3,708	4,944	6180	7416	

TOBACCO USER RATES									
COVERAGE AT AGES	MEMBER AND SPOUSE				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	1070	1284	
50-54	191	382	573	764	1,146	1,528	1910	2292	
55-59	329	658	987	1,316	1,974	2,632	3290	3948	
60-64	400	800	1,200	1,600	2,400	3,200	4000	4800	
65-69	526	1,052	1,578	2,104	3,156	4,208	5260	6312	
70-74	773	1,546	2,319	3,092	4,638	6,184	7730	9276	
75-79	877	1,754	2,631	3,508	5,262	7,016	8770	10524	
80-84	1,163	2,326	3,489	4,652	6,978	9,304	11630	13956	
85-89	1,540	3,080	4,620	6,160	9,240	12,320	15400	18480	
90-94	1,978	3,956	5,934	7,912	11,868	15,824	19780	23736	
95+	2,411	4,822	7,233	9,644	14,466	19,288	24110	28932	

CHILD(REN)'S SUPPLEMENTAL DEATH BENEFIT		Medical underwriting is
COVERAGE LEVEL	ANNUAL RATE	
\$5,000	\$16	-never required for Plan member electing coverage of \$50,000 or less at first eligibility.
\$10,000	\$32	-never required for dependent children coverage.
Rate shown is cost of enrolling all eligible dependent children regardless of number enrolled, that is, the rate is the same for five eligible children as it is for one eligible child.		-always required for spousal coverage.
		-always required for Plan members electing any level of coverage or increasing coverage during the open enrollment.

\*\* Eligibility differs for retired members and members with grandfather alta coverage.

NOTE: Displayed rates may be rounded