

Benefits Dues and Costs 2025



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Retirement Plans

DEFINED BENEFIT PENSION PLAN

100% employer-paid

	Dues amount	Minimum basis	Maximum basis	Minimum participation	
				Monthly cost	Annual cost
Annual cost	8.5% of pension participation basis*	\$17,500	Announced fall 2024	\$123.96	\$1,487.50

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

Administrative fee 100% employee-paid (deducted quarterly from participant's RSP account)

Annual cost	\$15 administrative fee
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Death, Disability & Life Plans

DEATH AND DISABILITY PLAN

100% employer-paid

	Dues amount	Minimum basis	Maximum basis	Minimum participation	
				Monthly cost	Annual cost
With Defined Benefit Pension Plan	1.0% of pension participation basis*	\$17,500	Announced fall 2024	\$14.58	\$175.00
Without Defined Benefit Pension Plan	2.5% of pension participation basis*	\$17,500	Announced fall 2024	\$36.46	\$437.50

TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT PLAN

100% employer-paid

Monthly cost	\$0.20/\$1,000 of coverage
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TEMPORARY DISABILITY PLAN

May be 100% employer- OR employee-paid

Monthly cost	\$0.45/\$10 of weekly salary
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LONG-TERM DISABILITY PLAN

100% employer-paid

Monthly cost	\$0.35/\$100 of monthly salary
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*The pension participation basis is the greater of member's effective salary or 25% of the median effective salary but no more than the IRS annual compensation maximum.

**Annual contribution limits are announced in the fall each year. See IRS Publication 571 for more information.

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

May be employer- or employee-paid, or shared

Coverage level	Annual cost
\$10,000	\$14
\$20,000	\$27

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Death, Disability & Life Plans (continued)

SUPPLEMENTAL DEATH BENEFITS***

May be employer- or employee-paid, or shared

2025 Supplemental Death Benefits																
Rates based on enrollee's age as of Jan. 1 each year.																
Tobacco-Free Monthly / Annual Dues																
Age	Member and Spouse								Member-only							
	\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
Up to 29	0.96	11	1.91	23	2.87	34	3.83	46	5.74	69	7.65	92	9.56	115	11.48	138
30 - 34	1.20	14	2.41	29	3.61	43	4.82	58	7.23	87	9.64	116	12.05	145	14.46	174
35 - 39	1.53	18	3.06	37	4.59	55	6.12	73	9.18	110	12.24	147	15.30	184	18.36	220
40 - 44	1.91	23	3.83	46	5.74	69	7.65	92	11.48	138	15.30	184	19.13	230	22.95	275
45 - 49	2.87	34	5.74	69	8.61	103	11.48	138	17.21	207	22.95	275	28.69	344	34.43	413
50 - 54	4.40	53	8.80	106	13.20	158	17.60	211	26.39	317	35.19	422	43.99	528	52.79	633
55 - 59	8.22	99	16.45	197	24.67	296	32.90	395	49.34	592	65.79	789	82.24	987	98.69	1,184
60 - 64	12.62	151	25.25	303	37.87	454	50.49	606	75.74	909	100.98	1,212	126.23	1,515	151.47	1,818
65 - 69	20.08	241	40.16	482	60.24	723	80.33	964	120.49	1,446	160.65	1,928	200.81	2,410	240.98	2,892
70 - 74	30.60	367	61.20	734	91.80	1,102	122.40	1,469	183.60	2,203	244.80	2,938	306.00	3,672	367.20	4,406
75 - 79	37.29	448	74.59	895	111.88	1,343	149.18	1,790	223.76	2,685	298.35	3,580	372.94	4,475	447.53	5,370
80 - 84	39.40	473	78.80	946	118.19	1,418	157.59	1,891	236.39	2,837	315.18	3,782	393.98	4,728	472.77	5,673
85 - 89	39.40	473	78.80	946	118.19	1,418	157.59	1,891	236.39	2,837	315.18	3,782	393.98	4,728	472.77	5,673
90 - 94	39.40	473	78.80	946	118.19	1,418	157.59	1,891	236.39	2,837	315.18	3,782	393.98	4,728	472.77	5,673
95+	39.40	473	78.80	946	118.19	1,418	157.59	1,891	236.39	2,837	315.18	3,782	393.98	4,728	472.77	5,673
Tobacco-User Monthly / Annual Dues																
Age	Member and Spouse								Member-only							
	\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
Up to 29	1.47	18	2.95	35	4.42	53	5.89	71	8.84	106	11.78	141	14.73	177	17.67	212
30 - 34	2.05	25	4.09	49	6.14	74	8.19	98	12.28	147	16.37	196	20.46	246	24.56	295
35 - 39	2.68	32	5.36	64	8.03	96	10.71	129	16.07	193	21.42	257	26.78	321	32.13	386
40 - 44	3.96	48	7.92	95	11.88	143	15.84	190	23.75	285	31.67	380	39.59	475	47.51	570
45 - 49	6.83	82	13.66	164	20.48	246	27.31	328	40.97	492	54.62	655	68.28	819	81.93	983
50 - 54	12.18	146	24.37	292	36.55	439	48.73	585	73.10	877	97.46	1,170	121.83	1,462	146.19	1,754
55 - 59	20.98	252	41.96	504	62.94	755	83.92	1,007	125.88	1,511	167.84	2,014	209.80	2,518	251.76	3,021
60 - 64	25.49	306	50.99	612	76.48	918	101.97	1,224	152.96	1,836	203.95	2,447	254.94	3,059	305.92	3,671
65 - 69	33.53	402	67.05	805	100.58	1,207	134.10	1,609	201.16	2,414	268.21	3,219	335.26	4,023	402.31	4,828
70 - 74	49.29	591	98.57	1,183	147.86	1,774	197.14	2,366	295.71	3,549	394.28	4,731	492.85	5,914	591.42	7,097
75 - 79	55.90	671	111.80	1,342	167.71	2,012	223.61	2,683	335.41	4,025	447.22	5,367	559.02	6,708	670.83	8,050
80 - 84	74.15	890	148.30	1,780	222.44	2,669	296.59	3,559	444.89	5,339	593.18	7,118	741.48	8,898	889.77	10,677
85 - 89	98.17	1,178	196.34	2,356	294.51	3,534	392.67	4,712	589.01	7,068	785.35	9,424	981.69	11,780	1178.02	14,136
90 - 94	126.09	1,513	252.18	3,026	378.27	4,539	504.36	6,052	756.55	9,079	1,008.73	12,105	1,260.91	15,131	1,513.09	18,157
95+	153.71	1,844	307.42	3,689	461.12	5,533	614.83	7,378	922.25	11,067	1,229.66	14,756	1,537.08	18,445	1,844.49	22,134

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

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Health & Wellness Plans

MEDICAL PLAN (PPO, EPO, HDHP)

May be fully or partially employer-paid

Cost	Four-tier coverage options; monthly rates individually determined for each employer
Contribution requirements	Minimum contribution by employer of 50% of lowest-cost coverage option Member-only rate

EMPLOYEE ASSISTANCE PLAN

100% employer-paid

Cost (included in medical options)	\$1.75/employee/month for eligible employees
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MEDICAL CONTINUATION

100% employee-paid

Monthly costs for each medical option and coverage level are available in the fall each year
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HUMANA GROUP MEDICARE ADVANTAGE PPO PLAN

100% paid by individual

Coverage level	Monthly cost
Member	\$0
Member and Medicare-eligible spouse	\$0

DENTAL PLAN

May be employer- or employee-paid, or shared

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

VISION PLAN

May be employer- or employee-paid, 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

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Dues Packages

COVENANT PACKAGE

100% paid by employer

	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

TRANSITIONAL PASTOR'S PARTICIPATION

100% paid by employer

	Annual cost
	43% 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 fully integrated mental health benefits	33% of effective salary, subject to the minimum annual dues amount of \$15,000 and the maximum annual dues amount of \$43,000

CONGREGATIONAL PASTORS PACKAGE

100% paid by congregation; congregation may choose to pay all, some, or none of the cost of dependent medical coverage

	Annual cost
	26% 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
Member-only PPO medical coverage, includes fully integrated mental health benefits (coverage for spouses and children may be offered)	16% of effective salary, subject to the minimum annual dues amount of \$6,000 and the maximum annual dues amount of \$17,000

Note: Employers are billed monthly for all plans.

*The pension participation basis is the greater of member's effective salary or 25% of the median effective salary but no more than the IRS annual compensation maximum.

DEPENDENT COVERAGE

May be employer- or employee-paid, or shared

	Dues
Child(ren)	\$8,950
Spouse	\$11,000
Family	\$20,600

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Seminary Student Medical Dues

	PPO	EPO	HDHP
Coverage level	Monthly		
Member-only	\$435.25	\$369.83	\$341.67
Member + Spouse	\$884.67	\$751.92	\$694.58
Member + Child(ren)	\$675.17	\$573.83	\$530
Member + Family	\$1,135.83	\$965.50	\$891.67

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.