

## 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*	\$15,525	\$305,000	\$109.97	\$1,319.63
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	\$20,500
Employer and employee combined limit	\$61,000
Additional catch-up for age 50 and older	\$6,500
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	\$305,000	\$12.94	\$155.25
<b>Without</b> Defined Benefit Pension Plan	2.5% of Pension Participation Basis*	\$15,525	\$305,000	\$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 \$305,000.

\*\* 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	See chart below
Contribution requirements	100% paid by employee

Coverage level	PPO	EPO	HDHP
	Monthly cost		
Member-only	\$965	\$820	\$758
Member + Spouse	\$1,960	\$1,667	\$1,539
Member + Child(ren)	\$1,496	\$1,272	\$1,175
Member + Family	\$2,670	\$2,269	\$2,097

#### 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 the minimum annual dues amount of \$11,000 and the maximum annual dues amount of \$33,500

**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 \$305,000.

## Pathways to Renewal Dues

	Maximum basis	Minimum basis	Percentage	Minimum basis	
				Monthly	Annual
Medical Plan, includes Employee Assistance Plan <sup>†</sup>	\$0	\$33,333	18%	\$500.00	\$6,000.00
Defined Benefit Pension Plan	\$305,000	\$0	2.0%	n/a	n/a
Death and Disability Plan	\$0	\$0	1.0%	n/a	n/a
Temporary Disability Plan	\$0	\$0	0.0%	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

### INCOME SUPPLEMENT

The Income Supplement grant is the percentage of congregational ministers' median effective salary that a recipient may have when the supplement is added to all other income, including Social Security. In addition to eligibility as described on pensions.org, years of Defined Benefit Pension Plan participation and marital status determine the target (maximum annual) income.

Years of Defined Benefit Pension Plan participation	2022 Income Supplement maximum annual income	
	Retired single members	Retired members with spouses
15 to < 25*	\$34,155	\$40,365
25 to < 30	\$37,260	\$43,470
30 or >	\$40,365	\$46,575

\* Certain members may meet eligibility criteria with a minimum of five years of pension participation plus 10 years of eligible service.

### HOUSING SUPPLEMENT

The Housing Supplement amount depends on total income, assets, and marital status. In addition to monthly Housing Supplements, members may be eligible to receive a lump-sum Housing Supplement of up to \$20,000 to help pay the entrance fee to a continuing care retirement community (as well as an additional one-time matching grant of up to \$3,000 with a CCRC for entry fees for Presbyterian homes and communities). In addition to eligibility as described on pensions.org, to qualify, members must have a total annual income from all sources of less than \$46,575 or less than \$68,310 for assisted living and have assets that do not exceed the maximums in the chart below.

Your living situation	Maximum total assets allowed		Maximum monthly housing expenses considered by Assistance Program	Percentage of your income to be contributed toward housing expenses
	Single	Couple		
Home or apartment in the general community	\$35,000	\$50,000	\$1,300	40%
Independent living unit in a retirement community	\$25,000	\$40,000	\$1,800	40%
Assisted living unit in a retirement community	\$20,000	\$35,000	\$4,400 per individual	67%/single 75%/couple
Custodial care at home	\$20,000	\$35,000	\$4,400	67%

