

Dues Percentages

Dues are invoiced at a percentage of the greater of the member's total annual effective salary or the minimum salary basis for the benefit. However, the dues percentage is not applied to salary amounts that exceed the maximum basis for the benefit. Medical Plan dues only are based on equivalent full-time salary for part-time positions, subject to minimum and maximum provisions.

Dues Percentages	Medical	Pension	Death & Disability	Total
Active fully participating members	19.5%	11%	1%	31.5%
Active members with limited participation	19.5%		1%	20.5%
Seminary Students (on the minimum participation basis of \$31,135 for 2007):				
Member	11.1%			11.1%
Member/spouse	17.0%			17.0%
Member/children	17.0%			17.0%
Family	19.5%			19.5%

Both Vacancy and Post-Retirement Service Dues help subsidize the expense of the Medicare Supplement Program. Vacancy Dues are 12% of the former minister's effective salary and are charged for a maximum of 12 months. Post-Retirement Service Dues are 12% of the total annual effective salary paid to the retiree.

Medical, Pension, Death and Disability Dues

	Median Salary*	Maximum Basis	Minimum Basis	%	Minimum Salary Basis Dues	
					Monthly	Annually
Medical Plan	\$47,900	\$95,800	\$31,135	19.5%	\$505.94	\$6,071.28
Pension	\$47,900	\$225,000	\$11,975	11%	\$109.77	\$1,317.24
Death and Disability	\$47,900	\$225,000	\$11,975	1%	\$9.98	\$119.76

* For Pastors Serving Churches

Income Supplement Maximum Income

Single person	\$24,600
Married couple	\$29,520

Churchwide Median Salaries

Ordained ministers serving churches	\$47,900
Exempt lay members	\$35,000
Non-exempt lay members	\$26,000

403(b)(9) Retirement Savings Plan

Contribution limit	\$15,500
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Participants age 50 and over may be eligible to contribute an additional \$5,000 for a maximum contribution of \$20,500 in 2007.

Quick Facts

2007

Annual Healthcare Deductibles and Copays*

	Minimum Basis - \$31,135		Median Salary - \$47,900		Maximum Basis - \$71,851	
	Network Non-Network	Out-of-Network	Network Non-Network	Out-of-Network	Network Non-Network	Out-of-Network
Medical deductibles ¹	1%	1.5%	1%	1.5%	1%	1.5%
Member	\$310	\$465	\$470	\$710	\$675	\$1,015
Other family members	\$310	\$465	\$470	\$710	\$675	\$1,015
Maximum copayments	4%	8%	4%	8%	4%	8%
Member and family combined	\$1,245	\$2,490	\$1,890	\$3,780	\$2,710	\$5,420

* Deductible and copayment limits are rounded and based on a minimum salary of \$31,135 and a maximum salary of \$71,851.

¹ Members are responsible for two deductibles, one for the member and one applies to all other family members combined. These are not counted toward the copayment limits.

2007 Mental Health/Substance Abuse ¹

	Network	Out-of-Network
Outpatient office copay	\$25	50% ²
Inpatient member annual deductible	\$250	\$375
Inpatient family annual deductible	\$250	\$375
Inpatient copay after deductible	20%	40% ²
Inpatient maximum copayment limit ³	\$1,500	\$2,500

¹ The combined Mental Health/Substance Abuse and Healthcare deductibles and copays are capped at the maximum healthcare limit.

² of UCR reimbursement.

³ MH/SA deductibles and office visit copays do not count towards the copayment limit.

Medicare Supplement

Per person

Monthly subscription	\$174.00
Medicare Supplement coverage only	\$108.00*
Annual medical deductible	\$240.00
Annual prescription deductible	\$100.00
Annual maximum medical copayment (includes deductible)	\$1,916.00
Annual maximum prescription copayment (includes deductible)	\$2,000.00

* For Medicare Supplement coverage without prescription drug benefits for low-income Medicare beneficiaries enrolled for enhanced Medicare Part D coverage.

2007 Prescription Drug Benefits (After the deductible is satisfied)

Type of Drug	Retail, a month ¹			Mail, 90-day		
	Copay % ²	Minimum copay ³	Maximum copay	Copay % ²	Minimum copay	Maximum copay
Generic	20%	\$10	\$100	20%	\$25	\$300
Brand Name Formulary	30%	\$20	\$100	30%	\$50	\$300
Brand Name Non-formulary ⁴	40%	\$40	\$100	40%	\$100	\$300

¹ The lesser of 34 days or 100 units.

² The percentage the member pays of the pharmacy or mail order allowed charge; this is subject to minimum and maximum amounts.

³ Never more than the actual cost of the prescription.

⁴ These do not count toward the copayment limit.

Deductibles - \$100 member and \$100 family (applies to all other family members combined); \$100 for each subscriber to the Medicare Supplement.

Copayment Limit - \$2,000 for the member or member and family, excluding deductibles; \$2,000 for each subscriber to the Medicare Supplement, including the deductible.

Medical Continuation Monthly Subscription

(Deductibles and maximum copayments based on Median Salary)

	Member	Member and Family
Pre - 1987	\$280	\$560
After 1986	\$476	\$952