

## 2011 Rate Schedule

		<b>Boon Chapman PPO</b>
<b>Traditional Plan</b>		
Church Contribution (with housing)		7.2%
<b>Clergy Contribution</b> (with housing)		
500 Deductible		8.35%
High Deductible Plan		6.68%
<b>Medicare Primary for Incorporated Churches with less than 20 employees</b>	<b>Humana MAP</b>	<b>Boon Chapman PPO</b>
<b>All clergy</b>		
Clergy over 65 with under 65 spouse	5.87%	5.87%
Clergy & Spouse over 65	3.93%	3.93%
<b>Monthly direct billing rates</b>	<b>High deductible PPO</b>	<b>\$500 Deductible PPO</b>
<b>Active Lay employee</b>		
Employee	\$568.00	\$710.00
Employee & Spouse	\$1,166.50	\$1,458.12
Employee & Children	\$800.30	\$1,000.37
Employee and Family	\$1,311.91	\$1,639.89
<b>Clergy - EM / CM</b>		
Single	\$568.00	\$710.00
Family	\$1,061.91	\$1,389.89
<b>Retirees</b>	<b>Humana MAP</b>	<b>Boon Chapman PPO</b>
40 + Years of Service		
Single & over 65	\$150.00	\$190.04
Family	Based on age of dependents	Based on age of dependents
<b>Retiree 65 with Medicare Primary</b>		
Single	\$150.00	\$190.04
Retiree & spouse age 65		
Family	\$300.00	\$360.08
Retiree with under age 65 dependent or – Retiree under age 65 with dependent on Medicare (Under age 65 individual on Boon Chapman)	\$599.95	\$652.44

<b>Retiree under 65</b>	<b>HUMANA MAP</b>	<b>Boon Chapman PPO</b>
Single	N/A	\$710.00
Family	N/A	\$1,639.89
<b>Surviving Spouse over 65</b>		
Single	\$150.00	\$190.04
Children not on Medicare	\$449.23	\$501.73
Surviving spouse under 65		
Single	N/A	\$447.91
Children	N/A	\$501.73
<b>Pre 92 Retirees with subsidy approved at 2007 Annual Conference</b>	<b>Humana MAP</b>	<b>Boon Chapman PPO</b>
Retiree and spouse over 65		
Single	\$95.00	\$135.04
Retiree & Spouse	\$245.00	\$305.08
Retiree with under age 65 dependent (Under age 65 dependent on Boon Chapman)	\$554.94	\$597.44
Contingent Annuitants over 65		
Single	\$108.75	\$148.79
With under 65 dependent	\$407.98	\$460.48
Contingent Annuitants under 65		
Single	N/A	\$406.66
With dependents	N/A	\$460.48
<b>Continuation of Coverage</b>	<b>High Deductible PPO</b>	<b>\$500 Deductible PPO</b>
<b>Active Lay employee</b>		
Single	\$581.09	\$725.93
Employee & Spouse	\$1191.56	\$1489.01
Employee & Children	\$818.04	\$1022.11
Employee & Family	\$1339.88	\$1674.42
<b>Clergy</b>		
Single	\$581.09	\$725.93
Family	\$1339.88	\$1674.42
<i>Rates include EAP cost</i>		

<b>Voluntary Dental &amp; Vision Plan</b>			
	<b>Dental</b>	<b>Vision Only</b>	<b>Dental &amp; Vision</b>
Employee only	<b>\$13.49</b>	<b>\$6.76</b>	<b>\$20.25</b>
Employee & Spouse	<b>\$24.64</b>	<b>\$13.50</b>	<b>\$38.14</b>
Employee & Children	<b>\$26.48</b>	<b>\$12.84</b>	<b>\$39.32</b>
Employee & Family	<b>\$35.15</b>	<b>\$20.18</b>	<b>\$55.33</b>