

HOLSTON CONFERENCE BLUE CROSS-BLUE SHIELD PREMIUM RATES
Effective January 1, 2006

ACTIVE MINISTER

	Individual Coverage			Family Coverage		
	Per Month	Per Quarter	Per Year	Per Month	Per Quarter	Per Year
Conference (25%)	\$115	\$345	\$1,380	\$294	\$882	\$3,528
Local Church (35%)	\$161	\$483	\$1,932	\$410	\$1,230	\$4,920
Minister (40%)	\$184	\$552	\$2,208	\$470	\$1,410	\$5,640
Total	\$460	\$1,380	\$5,520	\$1,174	\$3,522	\$14,088
Billing Amount (LC 35% + M 40%)	\$345	\$1,035	\$4,140	\$880	\$2,640	\$10,560

ACTIVE LAY EMPLOYEE

	Individual Coverage			Family Coverage		
	Per Month	Per Quarter	Per Year	Per Month	Per Quarter	Per Year
Employer (60%)	\$276	\$828	\$3,312	\$704	\$2,112	\$8,448
Employee (40%)	\$184	\$552	\$2,208	\$470	\$1,410	\$5,640
Total	\$460	\$1,380	\$5,520	\$1,174	\$3,522	\$14,088

RETIRED LAY EMPLOYEE

	Individual Coverage					
	Per Month	Per Quarter	Per Year			
Employer (60%) (if applicable)	\$228	\$684	\$2,736			
Employee (40%)	\$152	\$456	\$1,824			
Total	\$380	\$1,140	\$4,560			

RETIRED MINISTER & SPOUSE/DISABLED MINISTER & SPOUSE

With Medicare A & B Primary			Not Eligible for Medicare Under 65		
Individual Coverage	Per Month		Individual Coverage	Per Month	
Conference (70%)	\$266		Conference (60%)	\$276	
Claimant (30%)	\$114		Claimant (40%)	\$184	
Total	\$380		Total	\$460	
Family Coverage			Per Month		
Conference (60%)	\$704		Conference (60%)	\$704	
Claimant (40%)	\$470		Claimant (40%)	\$470	
Total	\$1,174		Total	\$1,174	

SURVIVING SPOUSE OF DECEASED MINISTER*

With Medicare A & B Primary			Not Eligible for Medicare Under 65		
Individual Coverage	Per Month		Individual Coverage	Per Month	
Conference (85%)	\$322		Conference (60%)	\$276	
Claimant (15%)	\$58		Claimant (40%)	\$184	
Total	\$380		Total	\$460	
Family Coverage			Per Month		
Conference (60%)	\$704		Conference (60%)	\$704	
Claimant (40%)	\$470		Claimant (40%)	\$470	
Total	\$1,174		Total	\$1,174	

*Surviving Spouse rate regardless of ministers years of service