Geneva Benefits Group Insurance Rates for 2024

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	For New Hires: Enrollment within 30 days of hire allows Basic Term Life and Standard Term Life enrollments with no Statement of Health (SOH) Enhanced Term Life also has a Guarantee Issue amount for New Hires and their Spouse. See the New Hire note below. Basic Life is required for time employees within									ed for all full-			
		Enhanced Term	Life also has a Guara	ife also has a Guarantee Issue amount for New Hires and their Spouse. See the New Hire note below.									
		on this sheet are per month.		Age/Term	Ages 18 - 64	Ages 65 - 69	Age 70 - 74	Age 75 - 79 Age 80 +		participating organization.			
	Product	Enrollment	Full Face Amount	Face Amount:	\$ 25,000 \$ 16,250 \$ 12,500			\$ 8,750	\$ 5,000				
	Basic Life w AD&D	Full-time Staff	\$ 25,000	Premium:	\$ 6.56	\$ 4.26	\$ 3.28	\$ 2.30	\$ 1.31	electing Standard at Life.	nd/or Enhanced		
	Basic Term Life includes matching amount of AD&D. Face amount and premium decline with age/term.												
	Basic Life converts at 1E Retirement to 5K with no AD&D. Amount does not decline. Retirement must be reported to Geneva office. Monthly premium paid by Geneva Benefits Group. Honorably Retired TEs only.												
	Retiree Basic Life	Retirees (Ordained TE)		\$ 5,000		\$ -	\$ -	\$ -	\$ -	Honorably Retired	TE3 Offity.		
	Product	Enrollment	Monthly Cost	Ages 18 - 49	Ages 50 - 54	Ages 55 - 59	Ages 60 - 64	Ages 65 - 69	Ages 70 - 74	Ages 75 - 79	Age 80 +		
	Standard Life	Full-time Staff	\$ 25.71	\$ 250,000	\$ 150,000	\$ 100,000	\$ 60,000	\$ 38,000	\$ 30,000	\$ 21,000	\$ 15,000		
	Standard Term Life premium does not decline with the face amount per the Employee's age/term which differs from the Basic Life terms.												
	Standard Term Life and Enhanced Term Life insurance enrollment are subject to Statement of Health (SOH) if elected outside the 30-day New Hire window.												
MetLife Group Term	Product	Enrollment	EE Age on Jan. 1	Rate / \$1,000	For New Hires: F	nhanced Life amou	ints up to	Product	Enrollment	EE Age on Jan. 1	Rate / \$1,000		
Life and	Enhanced Life	Employee	Under 30	\$ 0.102		ilable for the Emplo		Dependent Life	Spouse	Under 30	\$ 0.119		
Accidental Death	Enhanced Life	Employee	30-34	\$ 0.136	Guarantee Issue	(GI) - and no Stater	ment of	Dependent Life	Spouse	30-34	\$ 0.119		
Insurance	Enhanced Life	Employee	35-39	\$ 0.153		equired for a GI am		Dependent Life	Spouse	35-39	\$ 0.119		
	Enhanced Life	Employee	40-44	\$ 0.255		rollments over \$10		Dependent Life	Spouse	40-44	\$ 0.187		
	Enhanced Life	Employee	45-49	\$ 0.408	outside the 30-day New Hire window will require			Dependent Life	Spouse	45-49	\$ 0.306		
	Enhanced Life	Employee	50-54	\$ 0.714	SOH for the full amount requested.			Dependent Life	Spouse	50-54	\$ 0.442		
	Enhanced Life	Employee	55-59	\$ 1.224	•	dent Life is available		Dependent Life	Spouse	55-59	\$ 0.714		
	Enhanced Life	Employee	60-64	\$ 1.683		<u>iildren</u> if the Emplo _j Douse GI amount (f		Dependent Life	Spouse	60-64	\$ 1.105		
	Enhanced Life	Employee	65-69	\$ 2.601		Ok. Spouse Enhance		Dependent Life	Spouse	65-69	\$ 2.091		
	Enhanced Life	Employee	70-74	\$ 3.995		the coverage electe		Dependent Life	Spouse	70-74	\$ 3.383		
	Enhanced Life	Employee	75+	\$ 6.154	Employee or a m	-	,	Dependent Life	Spouse	75+	\$ 5.202		
		Enhanced enrollments increase as note	d; value declines beginnin		Note that both th	ne employee and sp	OUSE age-		or Enhanced Life to add Spor		•		
	Product	Benefit Options	Age on Jan. 1	Rate / \$1,000		alculations are bas		Product	Eligible	Ages Covered	Rate / \$1,000		
	Voluntary AD&D	Single (Employee only)	All	\$ 0.068	Employee's age of	n January 1 of each	n year.	Dependent Life	Child(ren)	15 days - 18 yrs	\$ 0.255		
	Voluntary AD&D	Family (EE + All Dependents)	All	\$ 0.108				Dependent Children are not subject to SOH for enrollment approval.					
		and Vision plans are also available t			Call our office or visi	our website for add	ditional details.		bsite: www.genevabenefits.	_			
	Product	Benefit Options	Monthly Cost	Annual Cost				Product	Benefit Options	Monthly Cost	Annual Cost		
	Dental	Basic Employee only	\$ 34.95		Both the Dental P			Vision	Basic Employee only	\$ 3.43	\$ 41.16		
	Dental	Basic EE+Spouse	\$ 79.84		Plan offer Basic, E Voluntary plans.	nhanced, and		Vision	Basic EE+Spouse	\$ 6.80	\$ 81.60		
	Dental	Basic EE+Child	\$ 103.75	· · · · · · · · · · · · · · · · · · ·				Vision	Basic EE+Child	\$ 6.74	\$ 80.88		
	Dental	Basic Family	\$ 148.41		Family members of the Employee are enrolled in the same type of			Vision	Basic Family	\$ 10.11	\$ 121.32		
MetLife	Dental	Enhanced Employee only	\$ 60.48		plan as the Emplo		Ameritas Vision	Vision	Enhanced Employee only	\$ 15.29	\$ 183.48		
Dental	Dental	Enhanced EE+Spouse	\$ 130.80 \$ 166.76	\$ 1,569.60	match per family)			Vision Vision	Enhanced EE+Spouse	\$ 26.76 \$ 29.03	\$ 321.12 \$ 348.36		
	Dental Dental	Enhanced EE+Child Enhanced Family	\$ 237.08	· · · · · · · · · · · · · · · · · · ·	Dental or Vision p	lan enrollment is		Vision	Enhanced EE+Child Enhanced Family	\$ 29.03 \$ 44.32			
		,			for a full calendar				,				
	Dental Dental	Voluntary Employee only Voluntary EE+Spouse	\$ 48.56 \$ 105.09		changes may be n			Vision Vision	Voluntary Employee only Voluntary EE+Spouse	\$ 15.29 \$ 26.76	•		
	Dental	Voluntary EE+Child	\$ 130.24		unless due to a Lif	e Event.		Vision	Voluntary EE+Child	\$ 29.03	\$ 348.36		
	Dental	Voluntary Family	\$ 186.63					Vision	Voluntary Family	\$ 29.03	\$ 531.84		
	Dental		·		ided in the Enhance	l nlan The Volun	tary plans mirror			γ 11 .32	ÿ 331.04		
For both the Dental and the Vision products: The Basic plan benefits are included in the Enhanced plan. The Voluntary plans mirror the Enhanced plans with small exceptions. Product Benefit Options Rate per hundred of compensation. See example on reverse side for how to calculate LTD premium.													
	LTD 1	Enhanced	ć 0.70C	·	·			•					
Unum								option and/or decision to pro	ovide disability as LTD1, LTD	2, or LTD3 OR to incl	ide the option of		
Long Term Disability	LTD 5	Enhanced with Short Term		Short Term Disability	-								
and Long & Short Term	LTD 2	Basic						ered to the Eligible Class listed on and to establish the Group relat			zation		
Disability	LTD 6	Basic with Short Term	\$ 1.167	·	=		_	•		or the church or organi	LauUII.		
บเรลมแนง	LTD 3	Voluntary				•	•	on the reverse of this page.					
LTD 7 Voluntary with Short Term \$ 1.706 You will also find an example for calculating the disability premiums which are based on a percentage of the salary and housing and usually vary for each enrollee.													
· · · · · · · · · · · · · · · · · · ·		the document we require to esta	*	•					,	o o	more hours per		
week). The IAA for your church or organization must be completed and on file with our office before we process enrollment forms for the staff. Call our office or email benefits@genevabenefits.org with questions.													

Long Term Disability Insurance

	For definitions and details, refer to the policy certificate							
<u>Plan Type</u>	<u>Benefit</u>	RIP	COLA	Pre-Ex	Own-Occ.?	<u>Max</u>	WIB	Rate / \$100 in comp.
LTD 1 - Enhanced (taxable premium, tax-free benefit)	66.67%	9%	3%	3/12	to SSNRA	\$15,000 / mo.	12 mos.	\$0.796
LTD 2 - Basic (taxable premium, tax-free benefit)	66.67%	0%	0%	3/12	24 mos.	\$6,000 / mo.	12 mos.	\$0.605
LTD 3 - Voluntary (taxable premium, tax-free benefit)	60.00%	0%	0%	12/24	12 mos.	\$6,000 / mo.	12 mos.	\$0.777

Example

A pastor makes \$75,000 in taxable compensation of \$50,000 plus \$25,000 in non-taxable housing allowance. The rate is based on the combined total compensation and housing of \$75,000. He is provided with *LTD 1 Enhanced* coverage and these numbers are in the sample calculation.

Premium Calculation:

575,000 / 100 = 750 (to obtain 'hundreds' of compensation) 750 x 90.796 = 597.00 per year or 949.75 per month

Geneva life products are Term Life plans.

The life insurance plans and the terms associated with each plan below are intended to work in conjunction with the premiums and age groups/terms detailed on the current Annual Rate Sheet.

Term Life Plan	Insurance Premium Rate* Increase/Decrease/Fixed	Insurance Plan Benefit* Face Value Decrease/Fixed			
Basic Life – Provides a life benefit as well as an equal amount of Accidental Death & Disability coverage.	Decreases at same percentage as face value	Decreases to 65%, 50%, 35% and 20% beginning at age 65 in 5-year increments capping with the 80+ term			
Standard Life	Fixed premium rate	Decreases beginning at age 50 in 5-year increments to 80+			
Enhanced Life – Employee Employee must elect coverage to be eligible to add coverage for Spouse and/or Child.	Increases beginning at age 30 in five-year increments capping at age 75+	-Fixed enrollment level until age 65 -January following 65 th birthday, benefit reduces to 65% of the enrolled value -January following 70 th birthday, benefit reduces to 50% of the original enrolled value			
Enhanced Life – Dependent/Spouse Spouse may have half the amount selected by the employee but no more than \$50k.	Increases with Employee's age as listed on reverse side of this sheet.	-Spouse coverage will decrease as the Employee's coverage decreasesSpouse coverage may not exceed half the amount of coverage the Employee carries.			
Enhanced Life – Dependent/Child(ren) Maximum coverage amount is \$10k and is payable per each child.	-Fixed – no rate change while child remains eligible for coverage -One premium covers all eligible children	-Fixed value — no change for eligible child(ren) -Full enrolled value applies to each child			

^{*}For these Term Life plans, updated monthly premiums and/or face value changes are effective on *January 1* following the birthday when the age/term is reached.

Review the current Rate Sheet to see the specific terms and rates as they differ for each of these products.

Group insurance coverage is available to those who reside in the US and *are working 30 or more hours per week* for a PCA church or an approved church-related organization. Enrollment is based on the Employer/Employee relationship. Insurance plans are offered for enrollment when confirmation of benefits offered is communicated to our office through a completed Insurance Adoption Agreement. When enrollment is completed in SmartBen, monthly invoices will be generated and emailed to the Employer for payment.