2027 Benefit Billing Abbreviations Updated – PNW Conference

Abbreviation	Description	Annual/Monthly Cost and further explanation
For All Full-Time Pastors; Church Responsibility		
CRP PAYDEP	Compass Retirement Plan Pay Dependent	3% of plan compensation
CRP FLAT$	Compass Retirement Plan Flat $ amount	$37.50 per month (board of pensions covers the remaining $112.50)
CRP MATCH	Compass Retirement Plan Matching	4% of plan compensation
CPP	Comprehensive Protection Plan	3% of plan compensation; provides disability/death benefit
Hlth Empr Shr	Mandatory Health Cost for Full Time Pastor	$8,700/$725
For ½ & ¾ Time Pastors; Church Responsibility		
CRP PAYDEP	Compass Retirement Plan Pay Dependent	3% of plan compensation
CRP FLAT$	Compass Retirement Plan Flat $ amount	$18.75 per month ½ time and $28.13 ¾ time
CRP MATCH	Compass Retirement Plan Matching	4% of plan compensation
UMLO	UMLife Options for certain appt. status	2% of plan compensation; provides disability/death benefit
For ¼ Time Pastors; Church Responsibility		
UMPIP Base	Retirement Contribution for ¼ appointments	6% of plan compensation to Pastor's UMPIP account
UMPIP EMPRMATCH	Contribution that is matches up to 2%	Matches contribution of pastor up to 2% of plan compensation
Retirement Contribution to UMPIP; Pastor responsible through salary reduction		
UMPIP-AFTER	UMPIP – after tax 403(b) contribution	Pastor elects amount; not reduced from taxable compensation
UMPIP-BEFORE	UMPIP – before tax 403(b) contribution	Pastor elects amount; reduced from taxable compensation
UMPIP-ROTH	UMPIP – Roth 403(b) contribution	Pastor elects amount; not reduced from taxable compensation
HealthFlex Exchange Election; Participant responsible through salary reduction; Does not apply to part-timers, those that have waived coverage or covered through Medicare with Via Benefits. Only net amount owed by pastor shows up on billing statement as Hlth Part Shar **(Health Participant Share)**		
Participant Only (P)		
Medical – abbreviation of **MED**		
B1000 P	Preferred Provider Organization B1000	$16,932/$1,411; $1,000 deductible
C2000 P	Consumer Driven Health Plan C2000	$15,744/$1,312; $2,000 deductible
H2000 P	High Deductible Health Plan H2000	$15,240/$1,270; $2,000 deductible
H5000 P	High Deductible Health Plan H5000	$12,768/$1,064; $5,000 deductible/out-of-pocket maximum
Dental – abbreviation of **DEN**		
D 2000 P	Passive PPO Dental Plan $2,000 limit	$720/$60
D PPO P	Preferred Provider Organization Dental Plan	$600/$50
D HMO P	Health Maintenance Organization, Dental Plan	$216/$18
Vision – abbreviation of **VIS**		
V FULL P	Full Vision Plan	$108/$9
V PREM P	Premier Vision Plan	$180/$15
Premium Credit		
Health PC	Premium Credit for Participant	($14,748)/(1,229); used to pay health insurance elections

Abbreviation	Description	Annual/Monthly Cost and further explanation
Participant plus One (P+1)		
Medical - MED		
B1000 P+1	Preferred Provider Organization B1000	$32,172/$2,681; $1,000 deductible
C2000 P+1	Consumer Driven Health Plan C2000	$29,916/$2,493; $2,000 deductible
H2000 P+1	High Deductible Health Plan H2000	$28,956/$2,413; $2,000 deductible
H5000 P+1	High Deductible Health Plan H5000	$24,264/$2,022; $5,000/$10,000 deductible/out-of-pocket maximum
Dental - DEN		
D 2000 P+1	Passive PPO Dental Plan $2,000 limit	$1,440/$120
D PPO P+1	Preferred Provider Organization Dental Plan	$1,200/$100
D HMO P+1	Health Maintenance Organization, Dental Plan	$384/$32
Vision -VIS		
V FULL P+1	Full Vision Plan	$168/$14
V PREM P+1	Premier Vision Plan	$300/$25
Premium Credit		
Health PC	Premium Credit for Participant	($14,748)/($1,229); used to pay health insurance elections
Participant plus Family (P+F)		
Medical - MED		
B1000 P+F	Preferred Provider Organization B1000	$44,028/$3,669; $1,000 deductible
C2000 P+F	Consumer Driven Health Plan C2000	$40,944/$3,412; $2,000 deductible
H2000 P+F	High Deductible Health Plan H2000	$39,624/$3,302; $2,000 deductible
H5000 P+F	High Deductible Health Plan H5000	$33,204/$2,767; $5,000/$10,000 deductible/out-of-pocket maximum
Dental - DEN		
D 2000 P+F	Passive PPO Dental Plan $2,000 limit	$2,160/$180
D PPO P+F	Preferred Provider Organization Dental Plan	$1,800/$150
D HMO P+F	Health Maintenance Organization, Dental Plan	$672/$56
Vision - VIS		
V FULL P+F	Full Vision Plan	$264/$22
V PREM P+F	Premier Vision Plan	$480/$40
Premium Credit		
Health PC	Premium Credit for Participant & Family	($25,248)/($2,104); used to pay health insurance elections
Other Health Elections paid by participant through salary reduction		
MRA	Medical Reimbursement Account	Participant elects; it is a salary reduction not taxable
DCA	Dependent Care Account	Participant elects; it is a salary reduction not taxable
HSA	Health Saving Account	Participant elects; it is a salary reduction not taxable
Other Defined Contribution		
Health PC	Premium Credit for Clergy Couples	($29,496)/($2,458); if covered as a family or plus one.
PC-HSA/HRA	Excess Premium credit to either HSA or HRA	If the premium credit is greater than the cost of elections