



# Presbytery of San Gabriel

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Rev. Wendy S. Tajima, Executive Presbyter

Elder Carrie Kohler, Stated Clerk for Administration

Elder Steve Salyards, Stated Clerk for Judicial Process

## Presbytery of San Gabriel Policy on Minimum Healthcare Benefits for Presbytery Pastors and Congregations

Dear Pastors and Clerks of Session,

From **August 28 through October 3, 2025**, churches are asked to review their Employee Agreements through Benefits Connect. You may visit <https://pensions.org> for more information and to log in to Benefits Connect.

Regarding benefits, all teaching elders in installed pastoral positions with our churches are currently enrolled in either the **Congregational Pastor's Package** or the **Transitional Pastor's Participation**. As a reminder, Transitional Pastor's Participation is a continuation of the former "Pastor's Participation" package that the Board of Pensions (BOP) offered prior to 2025. It includes medical coverage, retirement pension, and other benefits, covering the pastor and family regardless of dependents. This plan remains available only to those already enrolled, and will end on December 31, 2027.

The Congregational Pastor's Package provides baseline coverage for the individual pastor only. Coverage for a spouse and/or children is available at an additional cost. In addition to installed pastors, those eligible for this package include CRE pastors and pastors of new worshipping communities, as authorized by the Presbytery.

### Benefit Details for 2026

- **Congregational Pastor's Package**
  - Baseline dues for an individual pastor: **27.5% of salary and housing** (26% in 2025) for medical benefits and pension contributions
  - Additional dependent coverage costs for 2026:
    - Children: \$9,950/year (\$8,950 in 2025)
    - Spouse: \$12,250/year (\$11,000 in 2025)
    - Family: \$22,200/year (\$20,600 in 2025)

- **Transitional Pastor's Participation**
  - Available only to pastors already using Transitional Pastor's package (automatic continuation if no action is taken)
  - Includes family coverage
  - 2026 dues: **47% of salary and housing** (43% in 2025)
  
- **Covenant Package**
  - Available to any church employee working at least half-time (20+ hours per week)
  - Dues: **10% of salary and housing**
  - Includes pension, disability, and wellness benefits
  - Already included in the Congregational Pastor's Package

You can find the costs for various coverage scenarios if you use the [BOP decision guide](#).

## **Presbytery Requirements**

San Gabriel Presbytery's minimum compensation requires church-paid medical coverage for pastors **and families**, regardless of status (installed, temporary, or CRE). Churches must ensure medical coverage is provided but it does not have to be from Board of Pensions. If the pastor has coverage through another source (e.g., a spouse), or there is another vehicle for providing coverage such as Covered California, that is acceptable. If the pastor's dependents do not have coverage, the church is expected to contribute up to the cost that the BOP would have charged.

Key requirements:

1. BOP mandates the Congregational Pastor's Package for all installed teaching elders.
2. Pastors currently in Transitional Pastor's Participation may continue in 2026.
3. Exceptions are allowed for temporary pastors and CREs.
4. COM can make an exception to benefits coverage for temporary pastors if Session writes a request with a rationale, especially if the pastor requests the exception.
5. If the exception is granted, COM requires that enrollment in the Covenant Package (10% of effective salary) is still given for retirement.
6. Spouses and dependents must have coverage paid by the congregation or another source equivalent to BOP's Congregational Pastor's Package. BOP coverage is optional, but congregation should cover up to the cost of BOP coverage for the family as a whole.

## **Next Steps for Churches and Pastors**

1. Review options for medical coverage based on family needs. Use the [BOP decision guide](#) to calculate the cost of various options. (*The 2026 full-time minimum is \$72,025 salary and housing.*)

2. If your pastor moves into the Congregational Pastor's Package, they cannot return to Transitional Pastor's Participation. Pastors starting after December 31, 2024, are not eligible for Transitional Participation.
3. If dependent coverage is needed, churches may explore alternative providers. Many use the Covered California exchange, where churches can set up group accounts. You may consult with a couple of licensed agents familiar with our situation:

**Martha E. Gonzales, President**

Corporation for Healthcare Marketing / CHM Insurance Services

CA Lic. 0B79057

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4. A PDF file with a summary of the BOP medical plan highlights for 2025/2026 is included with this letter to help compare options.
5. Reminder: Installed pastors must be enrolled in at least the individual Congregational Pastor's Package.
6. Once decisions are made, ensure Employer Agreement information is updated in Benefits Connect. If terms of call change, report to COM. The update window is **August 28 – October 3, 2025**.
7. If no action is taken, pastors in the Transitional Pastor's Participation will remain in that plan for 2026 at 47% of salary and housing.

**For questions please contact:**

- Kristin Leucht, BOP Regional Representative – [kleucht@pensions.org](mailto:kleucht@pensions.org) or (267) 815-1329
- Cyndie Crowell, COM Chair – [cwcrowell1001@gmail.com](mailto:cwcrowell1001@gmail.com)
- Wendy Tajima, Executive Presbyter – [wendytajima@sangabpres.org](mailto:wendytajima@sangabpres.org)
- Peter Tan-Gatue, Associate Executive Presbyter – [peter@sangabpres.org](mailto:peter@sangabpres.org)

# Medical Plan Highlights 2025/2026



THE BOARD OF PENSIONS  
OF THE PRESBYTERIAN CHURCH (U.S.A.)

## Preferred provider organization (PPO)

Plan Provision/Covered Service	Member Pays	
	Lowest salary band	Highest salary band
Network deductible (standard)	\$660/member <sup>1</sup> \$660/all other family members <sup>1,2</sup>	\$1,305/member <sup>1</sup> \$1,305/all other family members <sup>1,2</sup>
Network deductible (Call to Health)	\$440/member <sup>1</sup> \$440/all other family members <sup>1,2</sup>	\$870/member <sup>1</sup> \$870/all other family members <sup>1,2</sup>
Spending account compatibility	Healthcare FSA	
Medical coverage after deductible (coinsurance)	Member pays 20%	
Preventive care <sup>3</sup>	Covered 100%	
Teladoc	\$10 copay	
Primary office visit	\$25 copay	
Behavioral health office visit	\$25 copay <sup>4</sup>	
Specialist office visit	\$45 copay	
Urgent care visit	\$45 copay	
Basic diagnostic services (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible	
Advanced imaging (MRI, CAT, PET, etc.)	Member pays 20%, after deductible	
Physical, speech, and occupational therapy	Member pays 20%, after deductible	
Spinal manipulations	Member pays 20%, after deductible	
Hearing aid (device, fitting, and repair) (plan maximum of \$2,500 every 3 years)	Member pays 20%, after deductible	
Hospital inpatient and outpatient	Member pays 20%, after deductible	
Emergency room	Member pays 20%, after deductible	
Infertility treatment (3 attempts/lifetime maximum)	Member pays 20%, after deductible	
ABA therapy	Member pays 20%, after deductible	
Select surgeries	Member pays 0% after deductible for allowable facility charges when these select surgeries are performed in a BCBS Blue Distinction Center: bariatric surgery, knee replacement surgery, hip replacement surgery, spinal surgery, and transplants. Travel benefit also available depending upon distance.	
Out-of-network deductible	\$1,100/member <sup>1</sup> \$1,100/family <sup>1,2</sup>	\$2,170/member <sup>1</sup> \$2,170/family <sup>1,2</sup>
Out-of-network after-deductible coverage	Member pays 40% (50% with no deductible for doctor's office visits)	

# Medical Plan Highlights 2025/2026



THE BOARD OF PENSIONS  
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## Prescription drugs

Plan Provision/Covered Service	Member Pays	
	Lowest salary band	Highest salary band
Preventive prescription drugs generic retail (30/90)/mail (90)	\$5 / \$15 / \$12.50	
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$20 / \$60 / \$50	
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$25	
Formulary brand retail (30/90)	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	
Formulary brand mail (90)	30% of cost; \$50 min to \$250 max	
Non-formulary brand retail (30/90)	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	
Non-formulary brand mail (90)	50% of cost; \$125 min to \$375 max	
Specialty drugs	Same percentages and min/max amounts as above for formulary and non-formulary brands; no max applies for certain nonessential specialty pharmacy drugs	
<b>ANNUAL MAXIMUMS</b>		
Medical coinsurance out-of-pocket maximum (member and family combined)	\$2,200/family - network <sup>1</sup> \$6,600/family - out-of-network <sup>1</sup>	\$4,340/family - network <sup>1</sup> \$13,020/family - out-of-network <sup>1</sup>
Prescription out-of-pocket maximum	\$3,000 <sup>5</sup> (member & family combined)	
Total maximum out-of-pocket	\$5,000/member <sup>6</sup> \$10,000/family <sup>6</sup>	

## Vision exam benefits

Plan Provision/Covered Service	Member Pays
Vision exam	\$25 copay at VSP provider

## References

- <sup>1</sup> See PPO Deductibles and Medical Out-of-Pocket Maximums at [pensions.org/medical](https://pensions.org/medical) for specific amounts at all effective salary levels. The medical out-of-pocket maximum is the most a member will pay in a year in the form of coinsurance. It does not include copays, deductibles, or prescription drug costs.
- <sup>2</sup> Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.
- <sup>3</sup> Coverage for preventive services exceeds ACA definition.
- <sup>4</sup> Up to six therapy sessions per year with a Spring Health provider covered 100% (no copay, deductible, or coinsurance).
- <sup>5</sup> Any costs for non-formulary brand-name drugs and certain nonessential specialty pharmacy drugs do not count toward the prescription out-of-pocket maximum.
- <sup>6</sup> The total maximum out-of-pocket includes network deductibles and coinsurance, copays, and prescription drug copays (certain nonessential specialty pharmacy drugs and non-formulary brand drugs excluded).