

**RETIRED STIPENDIARY MEMBER OF THE CLERGY
AND PAID DIOCESAN STAFF LAY EMPLOYEES
RETIREE HEALTH CARE BENEFITS POLICY**

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I. Purpose and Scope

The Diocese of Central Florida hereby establishes this Plan for payment of Premiums for Retiree Health Care Benefits for its retired stipendiary members of the clergy and diocesan staff employees. The Diocese, acting through the Diocesan Board, reserves the right to amend its provisions in any respect and at any time, and to terminate this program entirely at any time, effective as to any or all persons, whether or not already retired at the date of amendment or termination.

The Plan Administrator is responsible for interpreting the provisions of this document, including all questions of eligibility for benefits, at his or her sole discretion. To the extent not superseded by any applicable federal law, the provisions of this document shall be governed by the laws of the State of Florida.

II. DEFINITIONS

The following terms shall have the meaning given in this section, when used in this document:

Beneficiary shall mean any retired stipendiary member of the clergy or diocesan staff who at the time of his or her retirement is a full time employee of this Diocese, a congregation in this Diocese, or a church related organization under the authority of the Bishop; who is eligible for and is enrolled for the retiree Health Care Benefits described in this document according to the provisions of Section III and the applicable provisions of the Medical Trust.

Church Pension Fund shall mean The Church Pension Fund of the Episcopal Church who administers the Church's clergy pension system, as now in effect or as in effect at any relevant time in the future.

(1) for stipendiary clergy, full time service in ministry:

- a) in congregations of the Diocese of Central Florida,
- b) on the Diocesan Staff, or
- c) in church related organizations under the authority of the Bishop and approved by the Diocesan Board,

(2) for stipendiary diocesan lay staff, paid service in the Diocesan office of 20 or more regularly scheduled hours per week, except that the 20 hour requirement may be waived at the discretion of the Diocesan Board on a case by case basis.

Credited Service shall include all such service, whether or not continuous.

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II. DEFINITIONS (Continued)

Medical Trust shall mean The Episcopal Church Clergy and Employees' Benefit Trust, as now in effect or as in effect at any relevant time in the future.

Plan Administrator shall mean the Administrator for the Diocese of Central Florida. The Plan Administrator shall serve in this capacity at the pleasure of the Bishop. The Plan Administrator shall have the power and discretion to construe the terms of the Plan and determine all questions arising in connection with the administration, interpretation, and application of the Plan. The Plan Administrator may establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan. The Plan Administrator shall have all powers necessary or appropriate to accomplish his duties under this Plan.

The Plan Administrator shall be charged with the duties of the general administration of the Plan, included but not limited to, the following:

- (a) the discretion to determine all questions relating to the eligibility of persons to participate or remain a Beneficiary hereunder and to receive benefits under the Plan;
- (b) to compute, certify, and direct the Diocese with respect to the amount and the kind of benefits to which any Beneficiary shall be entitled hereunder;
- (c) to maintain all necessary records for the administration of the Plan;
- (d) to interpret the provisions of the Plan and to make and publish such rules for regulation of the Plan as are consistent with the terms hereof; and
- (e) to assist Beneficiaries regarding their rights, benefits, or elections available under the Plan.

Premium shall mean an amount equal to the premium cost as determined by the Medical Trust of the Medicare Supplement referred to as the Plus Plan. The amount of such premium cost is subject to change at any time and from time to time, according to the provisions of the Medical Trust. The Premium shall be paid directly to the Beneficiary unless other arrangements are made with the Plan Administrator.

Retiree Health Care Benefit(s) shall mean the Premiums for the Plus Plan available through Medical Trust.

Spouse, in regards to Retiree Health Care Benefits provided for a spouse, shall be defined in accordance with the definition maintained by the Church Pension Fund (whether or not the person is covered by the Church Pension Program) for spousal medical benefits through the Church Pension program.

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Total Disability shall be determined and certified by the Church Pension Fund. In the case of a person who has no benefit under the Church Pension Fund, Total Disability shall mean total disability as prescribed at the relevant time by the Church Pension Fund as if the individual had a benefit under the Church Pension Fund,

III. BENEFITS - PAYMENT OF RETIREE HEALTH CARE BENEFIT PREMIUMS

Beneficiaries and Spouses shall be eligible for Retiree Health Care Benefits, the Premiums for which shall be paid by the Beneficiary or Spouse except as paid by the Diocese pursuant to the terms of this section. Note that coverage is provided to Spouses only in those instances where coverage is unavailable through their employer.

Beneficiaries may enroll in Plus Plan available through the Medical Trust and the Premium shall be paid by the Diocese in accordance with the years of Credited Service schedule as published in Section III A of this policy. **Any Beneficiary or Spouse who elects not to participate in the Plus Plan which is available through the Medical Trust shall be responsible for any additional Retiree Health Care Benefit Premiums beyond the cost of the Plus Plan available through the Medical Trust except as herein provided under Section V.**

All Premiums not paid by the Diocese pursuant to the terms of this section must be paid by the Beneficiary or Spouse.

A. Normal Retirement (age 65 and over)

1. A Beneficiary and their Spouse (provided the Spouse does not have coverage available through their employer) shall be eligible for Retiree Health Care Benefits only if:
 - a) the Beneficiary's Credited Service terminates on or after the date the Beneficiary reaches age 65;
 - b) the Beneficiary is enrolled for Medicare benefits.

The Diocese shall pay 100% of the Premium for the Retiree Health Care Benefits for those beneficiaries (and their Spouses) who have at least 10 years of Credited Service.

The Diocese shall pay 0% of the Premium For the Retiree Health Care Benefits for those beneficiaries (and their Spouses) who have less than 10 years of Credited Service.

In those instances where a Spouse does not have coverage available through their employer and has not yet reached age 65 at the time the Beneficiary becomes eligible for this Retiree Health Care Benefit, and who therefore is not yet eligible for Medicare, the Diocese shall pay the above scheduled portion of the Premium for Retiree Health Care Benefits determined as if the Spouse were in fact age 65 and enrolled for Medicare benefits.

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III. BENEFITS - PAYMENT OF RETIREE HEALTH CARE BENEFIT PREMIUMS (Continued)

2. A Beneficiary whose Credited Service terminates at or after age 65 and who is not enrolled for Medicare benefits (for example, because the Beneficiary is not eligible for Medicare or because the Beneficiary has waived those benefits) shall not be eligible for this Retiree Health Care Benefit. To assist such a Beneficiary in obtaining alternative health care coverage, the Diocese shall pay to such a Beneficiary cash in an amount and at such times as would be paid on the beneficiaries behalf (if any) towards the Premium for Retiree Health Care Benefits for the Beneficiary and their Spouse according to the schedule set in paragraph (1) above, as if the Beneficiary were enrolled for Medicare benefits.

B. Disability Retirement

In the event a Beneficiary's Credited Service terminates because of Total Disability before the Beneficiary reaches age 65, the Diocese shall pay Premiums for the Beneficiary and their Spouse in accordance with the provisions and schedules set forth in Section III. A. above, as if the Beneficiary's Credited Service had terminated on or after the date the Beneficiary reached age 65 and the Beneficiary were enrolled for Medicare.

C. Early Retirement (at or after age 55)

A Beneficiary whose Credited Service terminates after the Beneficiary reaches age 55 but before they reach age 65 shall be eligible for Retiree Health Care Benefits once they reach age 65 and are enrolled for Medicare. The Diocese shall not pay any Premiums for such Beneficiary nor for their Spouse until such time as the Beneficiary reaches age 65, at which time the Diocese shall pay Retiree Health Care Benefit Premiums only in accordance with Section III. A. above, determined according to the Beneficiary's years of Credited Service at the time of his or her retirement.

A Beneficiary whose Credited Service terminates before he or she reaches age 55 shall not be eligible for Retiree Health Care Benefits except as provided in Section III. B. above.

D. Death of Beneficiary

In the event a Beneficiary dies while receiving Retiree Health Care Benefits under Section III. A. or B., the Diocese shall continue to pay Premiums for Retiree Health Care Benefits for the surviving Spouse, provided they have no coverage available through their employer, according to the applicable provisions of Sections III. A., B., and C. until the Spouse remarries.

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III. BENEFITS - PAYMENT OF RETIREE HEALTH CARE BENEFIT PREMIUMS (Continued)

If a Beneficiary who is eligible for Retiree Health Care Benefits dies before reaching age 65, the Spouse shall be eligible for Retiree Health Care Benefits, provided he/she has no coverage available through his/her employer, on the date the Beneficiary would have reached age 65, but only until the Spouse remarries.

E. Renunciation of Vows

Clergy who are deposed or removed or who renounce the ministry of this church lose their Retiree Health Care Benefits for themselves and their Spouses.

F. Divorce of Beneficiary and Spouse

The availability of Retiree Health Care Benefits for divorced Spouses shall be in accordance with the policies of the Medical Trust.

G. Canonical Residence

Clergy who change their canonical residence from the Diocese of Central Florida lose their Retiree Health Care Benefits for themselves and their Spouses.

IV. REQUESTS FOR BENEFITS

An applicant must contact the Plan Administrator in writing to request Retiree Health Care Benefits. Such a request should be made several months before the applicant retires, in accordance with such forms and procedures as may be prescribed by the Plan Administrator in order to be able to begin benefit payments on time.

The Plan Administrator shall respond in writing to the applicants' request within 60 days. If the applicant does not receive a response from the Plan Administrator within 60 days, he or she is entitled to presume that the request has been denied (hereafter referred to as deemed denied).

If an applicant's request is denied (or deemed denied), the applicant shall be entitled to request in writing that the Plan Administrator reconsider the denial. Such a request must be made in writing no later than 60 days after the denial (or the deemed denial).

The address for the Plan Administrator is as follows:

Diocesan Administrator
Diocese of Central Florida
1017 East Robinson St.
Orlando, FL 32801-2023

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V. EXCEPTIONS AND APPEALS BOARD

The Florida Dioceses' Retiree Health Care Benefits Exceptions and Appeals Board, hereafter referred to as the Exceptions and Appeals Board, shall have the authority to review a denial by the Plan Administrator of an applicant's request for benefits, but only if the applicant has timely requested the Plan Administrator to reconsider the denial and either:

- (i) the Plan Administrator has affirmed in writing the denial, or
- (ii) at least 60 days have elapsed since the applicant requested reconsideration.

The Appeals and Exceptions Board may reverse the Plan Administrators denial if it determines that:

- (1) the Plan Administrator has abused any discretion granted to him or her by this Plan (hereafter referred to as an "Appeal"), or
- (2) the Plan Administrator properly exercised his or her discretion under this Plan but the Appeals and Exceptions Board finds, in its discretion, that under the applicant's particular facts and circumstances an exception is in order to one or more of the provisions of this Plan (hereafter referred to as an "Exception").

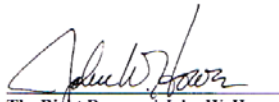
A reversal of the Plan Administrators denial by the Appeals and Exceptions Board that is due to an Appeal shall be automatically respected for purposes of this Plan. A reversal that is due to an Exception shall be respected for purposes of this Plan upon approval by the Diocesan Board.

VI. EFFECTIVE DATE

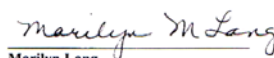
The provisions of this Retiree Health Care Benefits policy, as stated in this document, become effective June 1, 2004.

VII. DENTAL AND LIFE BENEFIT COVERAGE

Dental and life benefit coverage may be continued by the Beneficiary or Spouse in accordance with the provisions of the dental and life benefit plans of the Diocese and/or the Medical Trust. The Premiums for this coverage must be paid by the Beneficiary or Spouse.


The Right Reverend John W. Howe
President
Diocese of Central Florida, Inc.

June 17, 2004
Date


Marilyn Lang
Secretary
Diocese of Central Florida, Inc.

June 17, 2004
Date