

2024 Rates						
Medical Plan Name	Plan Code Anthem	Plan Code Cigna	Single	Plus Spouse	Plus Child(rn)	Family
Anthem BCBS/Cigna PPO 70	MPP4	MG04	\$1,000	\$2,000	\$1,800	\$3,000
Anthem BCBS/Cigna PPO 80	MPP3	MG03	\$1,131	\$2,262	\$2,036	\$3,393
Anthem BCBS/Cigna PPO 90	MPP2	MG02	\$1,245	\$2,490	\$2,241	\$3,735
Anthem BCBS/Cigna CDHP- 20/ HSA	MHDE	MHDC	\$796	\$1,592	\$1,433	\$2,388
Anthem BCBS/Cigna CDHP- 40/HSA	MHBR	MCDG	\$704	\$1,408	\$1,267	\$2,112
Medicare Secondary Payer Plans for age 65+						
Anthem BCBS/Cigna MSP PPO 70	MS12	MGM4	\$814	\$1,628	\$1,465	\$2,242
Anthem BCBS/Cigna MSP PPO 80	MS11	MGM3	\$902	\$1,804	\$1,624	\$2,706
Anthem BCBS/Cigna MSP PPO 90	MS10	MGM2	\$995	\$1,990	\$1,791	\$2,985
Dental Plan Name	Plan Code Delta		Single	Plus Spouse	Plus Child(rn)	Family
Delta Dental Basic	DDBA		\$39.00	\$78.00	\$70.00	\$117.00
Delta Dental Comprehensive	DCOM		\$55.00	\$110.00	\$99.00	\$165.00
Delta Dental Premium	DPRE		\$74.00	\$148.00	\$133.00	\$222.00

2025 Rates						
Medical Plan Name	Plan Code Anthem	Plan Code Cigna	Single	Plus Spouse	Plus Child(rn)	Family
Anthem BCBS/Cigna PPO 70	MPP4	MG04	\$1,035	\$2,070	\$1,863	\$3,105
Anthem BCBS/Cigna PPO 80	MPP3	MG03	\$1,171	\$2,342	\$2,108	\$3,513
Anthem BCBS/Cigna PPO 90	MPP2	MG02	\$1,363	\$2,726	\$2,453	\$4,089
Anthem BCBS/Cigna CDHP- 20/ HSA	MHDE	MHDC	\$824	\$1,648	\$1,483	\$2,472
Anthem BCBS/Cigna CDHP- 40/HSA	MHBR	MCDG	\$729	\$1,458	\$1,312	\$2,187
Medicare Secondary Payer Plans for age 65+						
Anthem BCBS/Cigna MSP PPO 70	MS12	MGM4	\$842	\$1,684	\$1,516	\$2,526
Anthem BCBS/Cigna MSP PPO 80	MS11	MGM3	\$934	\$1,868	\$1,681	\$2,802
Anthem BCBS/Cigna MSP PPO 90	MS10	MGM2	\$1,090	\$2,180	\$1,962	\$3,270
Dental Plan Name	Plan Code Delta		Single	Plus Spouse	Plus Child(rn)	Family
Delta Dental Basic	DDBA		\$39.00	\$78.00	\$70.00	\$117.00
Delta Dental Comprehensive	DCOM		\$55.00	\$110.00	\$99.00	\$165.00
Delta Dental Premium	DPRE		\$74.00	\$148.00	\$133.00	\$222.00

Minimum Standard - Single coverage to all eligible employees under the Consumer Directed Health Plan – 20 offered by the diocese through the Episcopal Medical Trust/Church Pension Group (CPG).

The MINIMUM medical funding per employee for 2025 equates to \$824 (medical premium at single level on CDHP-20) +\$220 (monthly HSA contribution= \$1,044

Each parish or institution must also fund 80% of the CDHP-20 deductible at the single tier into your employee's Health Savings Account (HSA), for 2025 that amount is, \$2640 annually or \$220 monthly.