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

2026 Rates

Medical Plan Name	Plan Code Anthem	Plan Code Cigna	Single	Plus Spouse	Plus Child(rn)	Family
Anthem BCBS/Cigna PPO 70	MPP4	MG04	$1,097	$2,194	$1,975	$3,291
Anthem BCBS/Cigna PPO 80	MPP3	MG03	$1,241	$2,482	$2,234	$3,723
Anthem BCBS/Cigna PPO 90	MPP2	MG02	$1,458	$2,916	$2,624	$4,374
Anthem BCBS/Cigna CDHP- 20/ HSA	MHDE	MHDC	$873	$1,746	$1,571	$2,619
Anthem BCBS/Cigna CDHP- 40/HSA	MHBR	MCDG	$773	$1,546	$1,391	$2,319
Medicare Secondary Payer Plans for age 65+						
Anthem BCBS/Cigna MSP PPO 70	MS12	MGM4	$893	$1,786	$1,607	$2,679
Anthem BCBS/Cigna MSP PPO 80	MS11	MGM3	$990	$1,980	$1,782	$2,970
Anthem BCBS/Cigna MSP PPO 90	MS10	MGM2	$1,166	$2,332	$2,099	$3,498

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 2026 equates to $873 (medical premium at single level on CDHP-20) +$227 (monthly HSA contribution= $1,100

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 2026 that amount is, $2,720 annually or $227 monthly.