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

2027 Rates

Medical Plan Name	Plan Code Anthem	Plan Code Cigna	Single	Plus Spouse	Plus Child(rn)	Family
Anthem BCBS/Cigna PPO 70	MPP4	MG04	$1,229	$2,458	$2,212	$3,687
Anthem BCBS/Cigna PPO 80	MPP3	MG03	$1,384	$2,768	$2,491	$4,152
Anthem BCBS/Cigna PPO 90	MPP2	MG02	$1,626	$3,252	$2,927	$4,878
Anthem BCBS/Cigna CDHP- 20/ HSA	MHDE	MHDC	$982	$1,964	$1,768	$2,946
Anthem BCBS/Cigna CDHP- 40/HSA	MHBR	MCDG	$870	$1,740	$1,566	$2,610
Medicare Secondary Payer Plans for age 65+						
Anthem BCBS/Cigna MSP PPO 70	MS12	MGM4	$1,000	$2,000	$1,800	$3,000
Anthem BCBS/Cigna MSP PPO 80	MS11	MGM3	$1,104	$2,208	$1,987	$3,312
Anthem BCBS/Cigna MSP PPO 90	MS10	MGM2	$1,300	$2,600	$2,340	$3,900

Dental Plan Name	Plan Code Delta		Single	Plus Spouse	Plus Child(rn)	Family
Delta Dental Basic	DDBA		$40.00	$80.00	$72.00	$120.00
Delta Dental Comprehensive	DCOM		$56.00	$112.00	$101.00	$168.00
Delta Dental Premium	DPRE		$75.00	$150.00	$135.00	$225.00

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 2027 equates to $982 (medical premium at single level on CDHP-20) +$240 (monthly HSA contribution= $1,222

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 2027 that amount is, $2,880 annually or $240 monthly.