

Plan Selections

Diocese of West Tennessee (1225)

Effective Date: 2025-01-01

Rate Tiers: 3

Rx Option: Premium

Last Modified: 2024-09-11 11:50:16

Option 1

Plan Name	Plan Code	2024 Rates					Final % Chg
		Single	Plus Sps	Plus Child	Family		
Anthem BCBS BlueCard MSP PPO 90	MS10	906	1631	1631	2537	N/A	
Anthem BCBS BlueCard PPO 90	MPP2	1133	2039	2039	3172	4.04	
Anthem BCBS CDHP-15/HSA	MHDG	916	1649	1649	2565	5.04	
Anthem BCBS CDHP-40/HSA	MHBR	740	1332	1332	2072	4.96	
Cigna Open Access Plus CDHP-15/HSA	MCDH	916	1649	1649	2565	5.05	
Cigna Open Access Plus CDHP-40/HSA	MCDG	740	1332	1332	2072	4.96	
Cigna Open Access Plus MSP PPO 90	MGM2	906	1631	1631	2537	N/A	
Cigna Open Access Plus PPO 90	MG02	1133	2039	2039	3172	4.04	
EAP	MEAP	4	4	4	4	0	
Delta Dental Premium	DPRE	61	110	110	171	N/A	
Delta Dental Basic	DDBA	32	58	58	90	N/A	
Delta Dental Comprehensive	DCOM	46	83	83	129	N/A	

2025 Rates				
Single	Plus Sps	Plus Child	Family	Final % Chg
966	1739	1739	2705	6.62
1208	2174	2174	3382	6.62
939	1690	1690	2629	2.51
759	1366	1366	2125	2.56
939	1690	1690	2629	2.51
759	1366	1366	2125	2.57
966	1739	1739	2705	6.62
1208	2174	2174	3382	6.62
4	4	4	4	0
62	112	112	174	1.72
33	59	59	92	2.40
47	85	85	132	2.29