Plan Selections

Diocese of West Tennessee (1225)

Effective Date: 2027-01-01
Rate Tiers: 3
Rx Option: Premium
Last Modified: 2026-09-15 16:50:51
Option 1

		2026 Rates					2027 Rates				
Plan Name	**Plan Code**	**Single**	**Plus Sps**	**Plus Child**	**Family**	**Final % Chg**	**Single**	**Plus Sps**	**Plus Child**	**Family**	**Final % Chg**
Anthem BCBS BlueCard MSP PPO 90	MS10	1034	1861	1861	2895	7.02	1132	2038	2038	3170	9.50
Anthem BCBS BlueCard PPO 90	MPP2	1293	2327	2327	3620	7.04	1416	2549	2549	3965	9.52
Anthem BCBS CDHP-15/HSA	MHDG	995	1791	1791	2786	5.97	1090	1962	1962	3052	9.55
Anthem BCBS CDHP-40/HSA	MHBR	805	1449	1449	2254	6.07	881	1586	1586	2467	9.45
Cigna Open Access Plus CDHP-15/HSA	MCDH	995	1791	1791	2786	5.96	1090	1962	1962	3052	9.55
Cigna Open Access Plus CDHP-40/HSA	MCDG	805	1449	1449	2254	6.07	881	1586	1586	2467	9.45
Cigna Open Access Plus MSP PPO 90	MGM2	1034	1861	1861	2895	7.02	1132	2038	2038	3170	9.50
Cigna Open Access Plus PPO 90	MG02	1293	2327	2327	3620	7.04	1416	2549	2549	3965	9.52
EAP	MEAP	4	4	4	4	0	4	4	4	4	0
Delta Dental Premium	DPRE	63	113	113	176	1.30	64	115	115	179	1.67
Delta Dental Basic	DDBA	33	59	59	92	0.00	34	61	61	95	3.20
Delta Dental Comprehensive	DCOM	47	85	85	132	0.00	48	86	86	134	1.77