EPISCOPAL DIOCESE OF OHIO

2026 PARISH HEALTH INSURANCE RATES w/ HSA

COVERAGE TIER	MONTHLY		TOTAL MONTHLY COST	ANNUALLY		TOTAL ANNUAL COST
SINGLE	Paid to Medical Trust	Paid to Health Equity		Paid to Medical Trust	Paid to Health Equity	
Anthem BCBS CDHP 15 w HSA	$ 1,099.00	$ 141.67	$ 1,240.67	$ 13,188.00	$ 1,700.00	$ 14,888.00
Anthem BCBS CDHP 20 w HSA	$ 988.00	$ 283.33	$ 1,271.33	$ 11,856.00	$ 3,400.00	$ 15,256.00
Anthem BCBS PPO 90	$ 1,435.00		$ 1,435.00	$ 17,220.00		$ 17,220.00
Anthem BCBS PPO 90 MSP	$ 1,166.00		$ 1,166.00	$ 13,992.00		$ 13,992.00

	MONTHLY		TOTAL MONTHLY COST	ANNUALLY		TOTAL ANNUAL COST
EMPLOYEE + SPOUSE	Paid to Medical Trust	Paid to Health Equity		Paid to Medical Trust	Paid to Health Equity	
Anthem BCBS CDHP 15 w HSA	$ 2,198.00	$ 283.33	$ 2,481.33	$ 26,376.00	$ 3,400.00	$ 29,776.00
Anthem BCBS CDHP 20 w HSA	$ 1,976.00	$ 566.67	$ 2,542.67	$ 23,712.00	$ 6,800.00	$ 30,512.00
Anthem BCBS PPO 90	$ 2,870.00		$ 2,870.00	$ 34,440.00		$ 34,440.00
Anthem BCBS PPO 90 MSP	$ 2,332.00		$ 2,332.00	$ 27,984.00		$ 27,984.00

	MONTHLY		TOTAL MONTHLY COST	ANNUALLY		TOTAL ANNUAL COST
EMPLOYEE + CHILDREN	Paid to Medical Trust	Paid to Health Equity		Paid to Medical Trust	Paid to Health Equity	
Anthem BCBS CDHP 15 w HSA	$ 1,978.00	$ 283.33	$ 2,261.33	$ 23,736.00	$ 3,400.00	$ 27,136.00
Anthem BCBS CDHP 20 w HSA	$ 1,778.00	$ 566.67	$ 2,344.67	$ 21,336.00	$ 6,800.00	$ 28,136.00
Anthem BCBS PPO 90	$ 2,583.00		$ 2,583.00	$ 30,996.00		$ 30,996.00
Anthem BCBS PPO 90 MSP	$ 2,099.00		$ 2,099.00	$ 25,188.00		$ 25,188.00

	MONTHLY		TOTAL MONTHLY COST	ANNUALLY		TOTAL ANNUAL COST
FAMILY	Paid to Medical Trust	Paid to Health Equity		Paid to Medical Trust	Paid to Health Equity	
Anthem BCBS CDHP 15 w HSA	$ 3,297.00	$ 283.33	$ 3,580.33	$ 39,564.00	$ 3,400.00	$ 42,964.00
Anthem BCBS CDHP 20 w HSA	$ 2,964.00	$ 566.67	$ 3,530.67	$ 35,568.00	$ 6,800.00	$ 42,368.00
Anthem BCBS PPO 90	$ 4,305.00		$ 4,305.00	$ 51,660.00		$ 51,660.00
Anthem BCBS PPO 90 MSP	$ 3,498.00		$ 3,498.00	$ 41,976.00		$ 41,976.00

Dental Plan / Monthly Rates	Single	Employee + Spouse	Employee + Child/ren	Family
Delta Dental Premium	$ 76.00	$ 152.00	$ 137.00	$ 228.00
Delta Dental Comprehensive	$ 57.00	$ 114.00	$ 102.00	$ 171.00
Delta Dental Basic	$ 36.00	$ 72.00	$ 65.00	$ 108.00

MSP = Medicare Secondary Payer supplemental plan for those 65 and older and enrolled in Medicare

HIGHLIGHT = most cost effective plan