DIOCESE OF MISSOURI HEALTH PLANS

	2026 Annual Rates				2027 Annual Rates			
Plan Name	**Single**	**Plus One**	**Family**		**Single**	**Plus One**	**Family**	**Percent Increase**
Anthem BCBS BlueCard PPO 90	$14,868	$26,760	$41,628		$16,428	$29,568	$45,996	10.49%
Anthem BCBS BlueCard PPO 80	$12,624	$22,728	$35,352		$13,944	$25,104	$39,048	10.46%
Anthem BCBS BlueCard PPO 70	$11,352	$20,436	$31,788		$12,660	$22,788	$35,448	11.51%
*Anthem BCBS CDHP-15/HSA	$12,336	$22,200	$34,536		$13,632	$24,540	$38,172	10.53%
*Anthem BCBS CDHP-20/HSA	$10,428	$18,768	$29,196		$11,628	$20,928	$32,556	11.51%
Cigna Open Access Plus PPO 90	$14,868	$26,760	$41,628		$16,428	$29,568	$45,996	10.49%
Cigna Open Access Plus PPO 80	$12,624	$22,728	$35,352		$13,944	$25,104	$39,048	10.46%
Cigna Open Access Plus PPO 70	$11,352	$20,436	$31,788		$12,660	$22,788	$35,448	11.51%
*Cigna CDHP-15/HSA	$12,336	$22,200	$34,536		$13,632	$24,540	$38,172	10.53%
*Cigna CDHP-20/HSA	$10,428	$18,768	$29,196		$11,628	$20,928	$32,556	11.51%
Cigna Employee Assistance Program	$48	$48	$48		$48	$48	$48	0.00%
Delta Dental Premium	$876	$1,572	$2,448		$888	$1,596	$2,484	1.46%
Delta Dental Comprehensive	$660	$1,188	$1,848		$672	$1,212	$1,884	1.93%
Delta Dental Basic	$456	$816	$1,272		$468	$840	$1,308	2.75%

*** Special Note**: Diocesan policy requires the employer to contribute 100% of the applicable (single or family) CDHP deductible to a Health Savings Account.