

DIOCESE OF MISSOURI HEALTH PLANS

Plan Name	2024 Annual Rates				2025 Annual Rates			Percent Increase
	Single	Plus One	Family		Single	Plus One	Family	
Anthem BCBS BlueCard PPO 100	\$13,800	\$24,840	\$38,640		NOT OFFERED			0.00%
Anthem BCBS BlueCard PPO 90	\$12,744	\$22,944	\$35,688		\$13,896	\$25,008	\$38,904	9.01%
Anthem BCBS BlueCard PPO 80	\$11,556	\$20,796	\$32,352		\$11,904	\$21,432	\$33,336	3.03%
Anthem BCBS BlueCard PPO 70	\$10,392	\$18,708	\$29,100		\$10,704	\$19,272	\$29,976	3.01%
*Anthem BCBS CDHP-15/HSA	\$11,304	\$20,352	\$31,656		\$11,640	\$20,952	\$32,592	2.96%
*Anthem BCBS CDHP-20/HSA	\$9,552	\$17,196	\$26,748		\$9,840	\$17,712	\$27,552	3.01%
Cigna Open Access Plus PPO 100	\$13,800	\$24,840	\$38,640		NOT OFFERED			0.00%
Cigna Open Access Plus PPO 90	\$12,744	\$22,944	\$35,688		\$13,896	\$25,008	\$38,904	9.01%
Cigna Open Access Plus PPO 80	\$11,556	\$20,796	\$32,352		\$11,904	\$21,432	\$33,336	3.03%
Cigna Open Access Plus PPO 70	\$10,392	\$18,708	\$29,100		\$10,704	\$19,272	\$29,976	3.01%
*Cigna CDHP-15/HSA	\$11,304	\$20,352	\$31,656		\$11,640	\$20,952	\$32,592	2.96%
*Cigna CDHP-20/HSA	\$9,552	\$17,196	\$26,748		\$9,840	\$17,712	\$27,552	3.01%
Cigna Employee Assistance Program	\$48	\$48	\$48		\$48	\$48	\$48	0.00%
Delta Dental Premium	\$852	\$1,536	\$2,388		\$864	\$1,560	\$2,424	1.49%
Delta Dental Comprehensive	\$636	\$1,140	\$1,776		\$648	\$1,164	\$1,812	2.02%
Delta Dental Basic	\$456	\$816	\$1,272		\$456	\$816	\$1,272	0.00%
Cigna Dental & Orthodontia PPO	NOT OFFERED				NOT OFFERED			0.00%
Cigna Basic Dental PPO	NOT OFFERED				NOT OFFERED			0.00%

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

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