

DIOCESE OF MISSOURI HEALTH PLANS

	2025 Annual Rates				2026 Annual Rates			
Plan Name	Single	Plus One	Family		Single	Plus One	Family	Percent Increase
Anthem BCBS BlueCard PPO 90	\$13,896	\$25,008	\$38,904		\$14,868	\$26,760	\$41,628	7.00%
Anthem BCBS BlueCard PPO 80	\$11,904	\$21,432	\$33,336		\$12,624	\$22,728	\$35,352	6.05%
Anthem BCBS BlueCard PPO 70	\$10,704	\$19,272	\$29,976		\$11,352	\$20,436	\$31,788	6.05%
*Anthem BCBS CDHP-15/HSA	\$11,640	\$20,952	\$32,592		\$12,336	\$22,200	\$34,536	5.98%
*Anthem BCBS CDHP-20/HSA	\$9,840	\$17,712	\$27,552		\$10,428	\$18,768	\$29,196	5.98%
Cigna Open Access Plus PPO 90	\$13,896	\$25,008	\$38,904		\$14,868	\$26,760	\$41,628	7.00%
Cigna Open Access Plus PPO 80	\$11,904	\$21,432	\$33,336		\$12,624	\$22,728	\$35,352	6.05%
Cigna Open Access Plus PPO 70	\$10,704	\$19,272	\$29,976		\$11,352	\$20,436	\$31,788	6.05%
*Cigna CDHP-15/HSA	\$11,640	\$20,952	\$32,592		\$12,336	\$22,200	\$34,536	5.98%
*Cigna CDHP-20/HSA	\$9,840	\$17,712	\$27,552		\$10,428	\$18,768	\$29,196	5.98%
Cigna Employee Assistance Program	\$48	\$48	\$48		\$48	\$48	\$48	0.00%
Delta Dental Premium	\$864	\$1,560	\$2,424		\$876	\$1,572	\$2,448	1.06%
Delta Dental Comprehensive	\$648	\$1,164	\$1,812		\$660	\$1,188	\$1,848	1.98%
Delta Dental Basic	\$456	\$816	\$1,272		\$456	\$816	\$1,272	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.