2026 Health Benefits Premiums

Medical coverage Monthly Premium

Plan	One Person	Two Persons	Family
Anthem BlueCard PPO 80 *Diocesan Base plan* includes standard drug plan	$1,169	$2,104	$3,273
Anthem BlueCard PPO 100 includes standard drug plan	$1,549	$2,788	$4,337
Anthem CDHP 15 *plus* required Health Savings Account contribution	$1,032 +$850	$1,858 +$1,700	$2,890 +$1,700
The High Deductible Health Plan requires ***an annual*** contribution to a Health Savings Account (HSA) by the employer. The contribution is 50% of the annual deductible to be paid by March 31, 2026.			
Kaiser EPO 80	$1,124	$2,023	$3,147
Kaiser EPO High Option	$1,490	$2,682	$4,172

Dental coverage Monthly Premiums

Plan	One Person	Two Persons	Family
Delta Comprehensive	$55	$99	$154
Delta Premium	$68	$122	$190

Employee Assistance Program-only plan

$4 per month per eligible employee and is offered as a stand-alone benefit. EAP benefits include ten free in-person or telephonic counseling sessions, child care and elder care referrals, discount wellness services.
Employees enrolled in a medical plan receive this EAP as part of their package.

Medicare Secondary Payer plans for post-65 year old employees receiving employer-paid health benefits

Parishes within the Diocese of Washington with fewer than 20 employees are eligible to participate in a program that helps reduce plan premiums. Any employee and/or their spouse who is over age 65 years, who has submitted an application and been approved by the Centers for Medicare and Medicaid Services (CMS) may select one of these plans and have Medicare as the primary payer for Part A, or hospitalization coverage. If you believe an employee is eligible, please contact swright@edow.org or the Medical Trust.

Plan	Single Premium	Two-Person	Family
Anthem BlueCard MSP PPO 100	$1,241	$2,234	$3,475
Anthem MSP BlueCard PPO 80	$933	$1,679	$2,612