MEMORANDUM

REVISED

9-30-2026

TO CLERGY & TREASURERS

FROM JOAN T. DECELLES, Finance Director

SUBJECT HEALTHCARE & DENTAL RATES

Effective January 1, 2027, the new monthly & yearly healthcare & dental rates are listed below

ANTHEM BLUE CROSS PPO 100

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 1,406.00	$ 1,561.00	$ 18,732.00	$ 1,296.00	$ 265.00	$ 15,552.00	$ 3,180.00
Family	$ 3,234.00	$ 3,590.00	$ 43,080.00	$ 2,980.00	$ 610.00	$ 35,760.00	$ 7,320.00

ANTHEM BCBS PPO 90

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 1,243.00	$ 1,380.00	$ 16,560.00	$ 1,145.00	$ 235.00	$ 13,740.00	$ 2,820.00
Family	$ 2,859.00	$ 3,174.00	$ 38,088.00	$ 2,634.00	$ 540.00	$ 31,608.00	$ 6,480.00

ANTHEM BCBS PPO 80

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 1,059.00	$ 1,175.00	$ 14,100.00	$ 975.00	$ 200.00	$ 11,700.00	$ 2,400.00
Family	$ 2,436.00	$ 2,703.00	$ 32,436.00	$ 2,243.00	$ 460.00	$ 26,916.00	$ 5,520.00

ANTHEM BCBS 20/HEALTH SAVINGS ACCOUNT*

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 915.00	$ 1,016.00	$ 12,192.00	$ 843.00	$ 173.00	$ 10,116.00	$ 2,076.00
Family	$ 2,105.00	$ 2,337.00	$ 28,044.00	$ 1,940.00	$ 397.00	$ 23,280.00	$ 4,764.00

ANTHEM BCPS PPO 100 MEDICARE SECONDARY**

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 1,125.00	$ 1,249.00	$ 14,988.00	$ 1,037.00	$ 212.00	$ 12,444.00	$ 2,544.00
Family	$ 2,588.00	$ 2,873.00	$ 34,476.00	$ 2,385.00	$ 488.00	$ 28,620.00	$ 5,856.00

ANTHEM BCBS PPO 90 MEDICARE SECONDARY**

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 996.00	$ 1,106.00	$ 13,272.00	$ 918.00	$ 188.00	$ 11,016.00	$ 2,256.00
Family	$ 2,291.00	$ 2,544.00	$ 30,528.00	$ 2,112.00	$ 432.00	$ 25,344.00	$ 5,184.00

ANTHEM PPO 80 MEDICARE SECONDARY**

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 846.00	$ 939.00	$ 11,268.00	$ 779.00	$ 160.00	$ 9,348.00	$ 1,920.00
Family	$ 1,946.00	$ 2,160.00	$ 25,920.00	$ 1,793.00	$ 367.00	$ 21,516.00	$ 4,404.00

DELTA DENTAL COMPREHENSIVE

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 62.00	$ 62.00	$ 744.00	$ 51.00	$ 11.00	$ 612.00	$ 132.00
Family	$ 143.00	$ 143.00	$ 1,716.00	$ 119.00	$ 24.00	$ 1,428.00	$ 288.00

DELTA DENTAL PREMIUM

				Church	Participant	Church	Particpant
	2026 Rate	2027 Rate	2027 Rate	Pays	Pays	Pays	Pays
	(monthly)	(monthly)	(annually)	(monthly)	(monthly)	(annually)	(annually)
Individual	$ 83.00	$ 83.00	$ 996.00	$ 69.00	$ 14.00	$ 828.00	$ 168.00
Family	$ 191.00	$ 191.00	$ 2,292.00	$ 159.00	$ 32.00	$ 1,908.00	$ 384.00

*The Church deposits the difference between the ANTHEM BCBS PPO 100
and the ANTHEM BCBS HSA premium into the employees' Health Savings Acccount (HSA)
For the Individual Plan the amount is $4,500 and for the Family Plan the amount is $9,000

The maximum allowable HSA contribution for the single plan is $4,500 and the maximum allowable annual HSA contribution for a family plan is $9,000.

**Subscriber must be Medicare eligible.