Episcopal Diocese of Alabama
Medical Benefit Premiums for 2027

Anthem PPO 80 with Premium Cost Sharing

Single Coverage / Employer Pays	$1,055.00
Single Coverage / Employee Pays	$142.00
Family Coverage / Employer Pays	$2,391.00
Family Coverage / Employee Pays	$ 357.00

Anthem PPO 70 with Premium Cost Sharing*

Single Coverage / Employer Pays	$1,055.00
Single Coverage / Employee Pays	$ 19.00
Family Coverage / Employer Pays	$2,391.00
Family Coverage / Employee Pays	$ 74.00

Anthem CDHP 20 – Fully "Paid" Benefit (No Premium Cost Sharing)*

Single Coverage / Employer Pays	$1,055.00
Single Coverage / Employee Pays	$ 0.00
Family Coverage / Employer Pays	$2,391.00
Family Coverage / Employee Pays	$ 0.00

Anthem MSP PPO 80 (For Parishes & Schools with a MSP Exemption & a Medicare-Eligible Employee)

Single Coverage / Employer Pays	$ 962.00
Family Coverage / Employer Pays	$2,207.00

Anthem MSP PPO 70 (For Parishes & Schools with a MSP Exemption & a Medicare-Eligible Employee)

Single Coverage / Employer Pays	$ 864.00
Family Coverage / Employer Pays	$1,982.00

* Note that these two plans include higher deductibles and co-pays