

**Episcopal Diocese of Southern Virginia  
2024 Medical and Dental Plan Monthly Rates**

<b>Cigna Open Access Plus Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
PPO 100	1478	2660	4138
PPO 90	1388	2498	3886
PPO 80	1218	2192	3410
PPO 70	1059	1906	2965
<b>Anthem BCBS BlueCard Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
PPO 100	1478	2660	4138
PPO 90	1388	2498	3886
PPO 80	1218	2192	3410
PPO 70	1059	1906	2965

<b>CDHP/HSA Medical Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
Cigna CDHP-15/HSA	1149	2068	3217
Cigna CDHP-20/HSA	940	1692	2632
Cigna CDHP-40/HSA	846	1523	2369
Anthem BCBS CDHP-15/HSA	1149	2068	3217
Anthem BCBS CDHP-20/HSA	940	1692	2632
Anthem BCBS CDHP-40/HSA	846	1523	2369

<b>Cigna Open Access Plus Medicare Secondary Payer (MSP) Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
PPO 100	1187	2137	3324
PPO 90	1036	1865	2901
PPO 80	987	1777	2764
PPO 70	856	1541	2397
<b>Anthem BCBS BlueCard Medicare Secondary Payer (MSP) Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
PPO 100	1187	2137	3324
PPO 90	1036	1865	2901
PPO 80	987	1777	2764
PPO 70	856	1541	2397

<b>Delta Dental Plans</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
Basic Dental	43	77	120
Comprehensive Dental	61	110	171
Premium Dental	82	148	230

<b>Employee Assistance Program (Included in all medical plans)</b>	<b>Single</b>	<b>Plus One</b>	<b>Family</b>
EAP purchased without a medical plan	4	4	4