

2027 Plan Selection Sheet Plan Name	Plan Code	Enrolled Total	2026 Rates					2027 Rates				
			Single	Plus Sps	Plus Child	Family	Final % Chg	Single	Plus Sps	Plus Child	Family	Final % Chg
Anthem BCBS BlueCard MSP PPO 80	MS11	1	893	1,786	1,607	2,679	6.95	1,005	2,010	1,809	3,015	12.54
Anthem BCBS BlueCard MSP PPO 90	MS10	7	1,061	2,122	1,910	3,183	8.04	1,194	2,388	2,149	3,582	12.54
Anthem BCBS BlueCard PPO 80*	MPP3	86	1,116	2,232	2,009	3,348	7.01	1,256	2,512	2,261	3,768	12.54
Anthem BCBS BlueCard PPO 90	MPP2	62	1,327	2,654	2,389	3,981	7.98	1,493	2,986	2,687	4,479	12.51
Anthem BCBS CDHP-15/HSA	MHDG	18	1,045	2,090	1,881	3,135	6.96	1,176	2,352	2,117	3,528	12.54
Anthem BCBS CDHP-40/HSA	MHBR	6	845	1,690	1,521	2,535	6.96	959	1,918	1,726	2,877	13.49
EAP	MEAP		4	4	4	4	0.00	4	4	4	4	0.00
Delta Dental Premium	DPRE	74	63	126	113	189	1.52	64	128	115	192	1.61
Delta Dental Basic	DDBA	34	39	78	70	117	0.00	40	80	72	120	2.62
Delta Dental Comprehensive	DCOM	82	47	94	85	141	0.00	48	96	86	144	2.06

* Anthem BCBS BlueCard PPO 80 is the
Diocesan Base Plan



2027 Plan Design Changes - PPO Plans - Diocese of Pennsylvania

	2026		2027	
Plan Name	PPO 90	PPO 80	PPO 90	PPO 80
In-Network Design				
Deductible - Single/Family	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000
Out-Of-Pocket Maximum - Single/Family	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance	10%	20%	10%	20%
Primary Care/Specialist/Urgent Care	\$30/\$45/\$50	\$30/\$45/\$50	\$35/\$50/\$60	\$35/\$50/\$60
Emergency Room	\$250	\$250	\$250	\$250
Out-of-Network Design				
Deductible - Single/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-Of-Pocket Maximum - Single/Family	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$10,000 / \$20,000
Coinsurance	50%	50%	50%	50%
PCP/Specialist/ Urgent Care	50%/50%/\$50	50%/50%/\$50	50%/50%/\$60	50%/50%/\$60
Emergency Room	\$250	\$250	\$250	\$250



2027 Plan Design Changes - CDHP Plans - Diocese of Pennsylvania

	2026		2027	
Plan Name	CDHP 15	CDHP 40	CDHP 15	CDHP 40
In-Network Designs				
Deductible - Single/Family	\$1,700 / \$3,400	\$3,500 / \$7,000	\$2,200 / \$4,400	\$4,000 / \$8,000
Out-Of-Pocket Maximum - Single/Family	\$2,400 / \$4,800	\$6,000 / \$12,000	\$3,900 / \$7,800	\$7,500 / \$15,000
Coinsurance	15%	40%	15%	40%
Primary Care/Specialist/Urgent Care	15%	40%	15%	40%
Emergency Room	15%	40%	15%	40%
Out-of-Network Design				
Deductible - Single/Family	\$3,400 / \$6,800	\$7,000 / \$14,000	\$4,400 / \$8,800	\$8,000 / \$16,000
Out-Of-Pocket Maximum - Single/Family	\$4,800 / \$9,600	\$10,000 / \$20,000	\$7,800 / \$15,600	\$15,000 / \$30,000
Coinsurance	40%	60%	40%	60%
Primary Care/Specialist/Urgent Care	40%	60%	40%	60%
Emergency Room	40%	60%	40%	60%