2027 Health Plan Rates

EDSD
COURAGEOUS LOVE

For 2027, the diocese requires employers to contribute at least this amount towards eligible employee's premiums (and HSA plans, where applicable)

	Single	Plus One	Family
Employer Medical Contribution (monthly)	**1,279.40**	**1,744.84**	**2,292.33**
Employer Dental Contribution (monthly)	**68.00**	**68.00**	**68.00**

Note that the employer portion for the CDHP plans includes the monthly average of the semi-annual HSA contribution, below.

After the employer contribution, the remainder is paid by the employee. Monthly costs to employee depend on plan chosen and tier of coverage:

EDSD 2027 Employee Medical Plan (Monthly)	Single	Plus One	Family
Anthem CDHP 15 (base plan)	60.10	556.66	1,211.17
Anthem CDHP 20	-	260.66	751.17
Anthem BlueCard PPO 80	19.60	593.16	1,344.67
Anthem BlueCard MSP PPO 80*	-	123.16	613.67
Kaiser EPO 80	-	552.16	751.17

** MSP plans are for eligible employees over 65 where employers have less than 20 employees.*

CDHP plans also require a Health Savings Account (HSA). The employer contribution for HSAs in 2027 is below. It is funded in two semi-annual payments, as shown below.

EDSD 2027 HSA ER Contribution	Annual	January	July
CDHP 15 - all tiers	1,650.00	825.00	825.00
CDHP 20 - single	2,896.80	1,448.40	1,448.40
CDHP 20 - plus one, family	1,650.00	825.00	825.00

Employees in CDHP plans are encouraged to contribute additional contributions to their HSA plans to ensure they have enough funded to cover the deductible. The annual limit on HSA contributions (combined employer and employee) is:

2027 HSA Limits (Annual)	Single	Family
Under 55	4,500	9,000
55 and over	5,500	10,000

EDSD 2026 Employee Dental Plan (Monthly)	Single	Plus One	Family
Delta Dental Comprehensive (base plan)	(1.00)	53.00	120.00
Delta Dental Basic	-	26.00	78.00
Delta Dental Premium	22.00	94.00	184.00