

2027 Medical (ANTHEM and CIGNA)**Delta Dental****Monthly Premiums by Plan**

		Single	Plus One	Family	% Change over prior year
<u>CDHP PLANS</u>					
CDHP 20		1328	2390	3718	13.50
CDHP 15		1486	2675	4161	13.52
<u>PPO PLANS</u>					
PPO 80		1514	2725	4239	13.49
PPO 90		1801	3242	5043	13.48
PPO 100		2024	3643	5667	13.52
<u>MSP PLANS *</u>					
PPO MS 80		1212	2182	3394	13.48
PPO MS 90		1439	2590	4029	13.49
PPO MS 100		1619	2914	4533	13.52
EAP		4	4	4	0.00
<u>DENTAL</u>					
Delta Dental Basic		40	72	112	2.66
Delta Dental Comprehensive		56	101	157	1.88
Delta Dental Premium		75	135	210	1.39

* MSP Plans: for those over age 65 and employer has 19 or fewer employees

If your institution is eligible and you have employee or spouse of employee age 65 or over, Please contact Elaine Gilligan hr-finasst@diowestmo.org It could be a great savings on insurance premiums!