

**Anglican Diocese of SC
2022 Insurance Rates Breakdown**

Choose
One Plan

*

\$5000 HDHP	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	24pp/26pp						after deductible	after med. deductible
Employee Only	\$69.66	(\$34.83/\$32.15)	\$626.94	\$696.60	\$5,000	\$6,650	30%	30%
Employee/Spouse	\$452.89	(\$226.45/\$209.03)	\$1,010.17	\$1,463.06	\$10,000	\$13,300	30%	30%
Employee/Dependent	\$383.16	(\$191.58/\$176.84)	\$940.43	\$1,323.59	\$10,000	\$13,300	30%	30%
Employee/Family	\$766.26	(\$383.13/\$353.66)	\$1,323.54	\$2,089.80	\$10,000	\$13,300	30%	30%

*

\$3500 HDHP	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	24pp/26pp						after deductible	after med. deductible
Employee Only	\$111.93	(\$55.97/\$51.66)	\$626.94	\$738.87	\$3,500	\$6,000	20%	20%
Employee/Spouse	\$541.49	(\$270.75/\$249.92)	\$1,010.17	\$1,551.66	\$7,000	\$12,000	20%	20%
Employee/Dependent	\$463.15	(\$231.58/\$213.76)	\$940.43	\$1,403.58	\$7,000	\$12,000	20%	20%
Employee/Family	\$892.57	(\$446.28/\$411.95)	\$1,323.54	\$2,216.11	\$7,000	\$12,000	20%	20%

*

\$2500 Copay	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	24pp/26pp						after deductible	after \$250 deductible
Employee Only	\$215.71	(\$107.86/\$99.56)	\$626.94	\$842.65	\$2,500	\$7,350	varies	varies
Employee/Spouse	\$759.43	(\$379.72/\$350.51)	\$1,010.17	\$1,769.60	\$5,000	\$14,700	varies	varies
Employee/Dependent	\$660.33	(\$330.17/\$304.77)	\$940.43	\$1,600.76	\$5,000	\$14,700	varies	varies
Employee/Family	\$1204.17	(\$602.08/\$555.77)	\$1,323.54	\$2,527.71	\$5,000	\$14,700	varies	varies

Optional

Met Life Dental	Employee cost per month	
	24pp/26pp	
Employee only	\$33.02	(\$16.51/\$15.24)
Employee/Spouse	\$75.25	(\$37.63/\$34.73)
Employee/Dependent	\$86.04	(\$43.02/\$39.71)
Employee/Family	\$129.27	(\$64.64/\$59.66)
	Annual cleanings covered	
	100%	

Met Life Superior Vision	Employee cost per month	
	24pp/26pp	
Employee only	\$6.18	(\$3.09/\$2.85)
Employee/Spouse	\$11.80	(\$5.90/\$5.45)
Employee/Dependent	\$12.39	(\$6.20/\$5.72)
Employee/Family	\$18.19	(\$9.10/\$8.40)