

**Anglican Diocese of SC
2024 Insurance Rates Breakdown**

Choose
One Plan

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\$7500 Deductible HSA	Employee Portion		Church Portion	Total per month	Deductible	Out of Pocket	Coinsurance	RX co-pays
	Monthly	24pp						
Employee Only	\$74.48	\$37.24	\$670.30	\$744.78	\$7,500	\$7,500	0%	0%
Employee/Spouse	\$484.12	\$242.06	\$1,079.94	\$1,564.06	\$15,000	\$15,000	0%	0%
Employee/Dependent	\$409.49	\$204.75	\$1,005.31	\$1,414.80	\$15,000	\$15,000	0%	0%
Employee/Family	\$819.00	\$409.50	\$1,414.83	\$2,233.83	\$15,000	\$15,000	0%	0%

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\$5000 Deductible HSA	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						
Employee Only	\$134.06	\$67.03	\$670.30	\$804.36	\$5,000	\$6,500	20%	20%
Employee/Spouse	\$609.26	\$304.63	\$1,079.94	\$1,689.20	\$10,000	\$13,000	20%	20%
Employee/Dependent	\$522.69	\$261.34	\$1,005.31	\$1,528.00	\$10,000	\$13,000	20%	20%
Employee/Family	\$997.73	\$498.86	\$1,414.83	\$2,412.56	\$10,000	\$13,000	20%	20%

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\$0 Deductible	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						
Employee Only	\$289.74	\$144.87	\$670.30	\$960.04	\$0	\$8,500	varies	varies
Employee/Spouse	\$936.18	\$468.09	\$1,079.94	\$2,016.12	\$0	\$17,000	varies	varies
Employee/Dependent	\$818.42	\$409.21	\$1,005.31	\$1,823.73	\$0	\$17,000	varies	varies
Employee/Family	\$1464.64	\$732.32	\$1,414.83	\$2,879.47	\$0	\$17,000	varies	varies

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\$0 Deductible	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						
Employee Only	\$326.14	\$163.07	\$670.30	\$996.44	\$0	\$6,000	varies	varies
Employee/Spouse	\$1012.64	\$506.32	\$1,079.94	\$2,092.58	\$0	\$12,000	varies	varies
Employee/Dependent	\$887.55	\$443.77	\$1,005.31	\$1,892.86	\$0	\$12,000	varies	varies
Employee/Family	\$1573.82	\$786.91	\$1,414.83	\$2,988.65	\$0	\$12,000	varies	varies

Optional

Met Life Dental	Employee cost per month	
	Monthly	24pp
Employee only	\$34.67	\$17.34
Employee/Spouse	\$79.01	\$39.50
Employee/Dependent	\$90.34	\$45.17
Employee/Family	\$135.73	\$67.86
	Annual cleanings covered	
	100%	

Met Life Superior Vision	Employee cost per month	
	Monthly	24pp
Employee only	\$6.18	\$3.09
Employee/Spouse	\$11.80	\$5.90
Employee/Dependent	\$12.39	\$6.20
Employee/Family	\$18.19	\$9.10

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Medicare Advantage Plan	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						
Must have Part A and B								
Employee Only	\$33.02	\$16.51	\$297.21	\$330.20	\$0	\$3,400	varies	varies
Employee/Spouse	\$198.12	\$99.06	\$462.32	\$660.40	\$0	\$6,800	varies	varies