

**Anglican Diocese of SC  
2025 Insurance Rates Breakdown**

Choose  
One Plan

\*

\$7500 Deductible HSA	Employee Portion		Church Portion	Total per month	Deductible	Out of Pocket	Coinsurance	RX co-pays
	Monthly	24pp						after deductible
Employee Only	\$81.78	\$40.89	\$736.05	\$817.83	\$7,500	\$7,500	0%	0%
Employee/Spouse	\$531.60	\$265.80	\$1,185.87	\$1,717.47	\$15,000	\$15,000	0%	0%
Employee/Dependent	\$449.65	\$224.83	\$1,103.92	\$1,553.57	\$15,000	\$15,000	0%	0%
Employee/Family	\$899.33	\$449.67	\$1,553.60	\$2,452.93	\$15,000	\$15,000	0%	0%

\*

\$5000 Deductible HSA	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						after deductible
Employee Only	\$154.14	\$77.07	\$736.05	\$890.19	\$5,000	\$6,500	20%	20%
Employee/Spouse	\$683.58	\$341.79	\$1,185.87	\$1,869.45	\$10,000	\$13,000	20%	20%
Employee/Dependent	\$587.13	\$293.57	\$1,103.92	\$1,691.05	\$10,000	\$13,000	20%	20%
Employee/Family	\$1116.39	\$558.20	\$1,553.60	\$2,669.99	\$10,000	\$13,000	20%	20%

\*

ComforFit \$8500 OOPM	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						\$0 Generic
Employee Only	\$255.89	\$127.95	\$736.05	\$991.94	\$0	\$8,500	varies	varies
Employee/Spouse	\$897.24	\$448.62	\$1,185.87	\$2,083.11	\$0	\$17,000	varies	varies
Employee/Dependent	\$780.41	\$390.21	\$1,103.92	\$1,884.33	\$0	\$17,000	varies	varies
Employee/Family	\$1421.55	\$710.78	\$1,553.60	\$2,975.15	\$0	\$17,000	varies	varies

\*

ComfortFit \$6000 OOPM	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						\$0 Generic
Employee Only	\$311.28	\$155.64	\$736.05	\$1,047.33	\$0	\$6,000	varies	varies
Employee/Spouse	\$1013.59	\$506.80	\$1,185.87	\$2,199.46	\$0	\$12,000	varies	varies
Employee/Dependent	\$885.62	\$442.81	\$1,103.92	\$1,989.54	\$0	\$12,000	varies	varies
Employee/Family	\$1587.70	\$793.85	\$1,553.60	\$3,141.30	\$0	\$12,000	varies	varies

Optional

Met Life Dental	Employee cost per month	
	Monthly	24pp
Employee only	\$39.87	\$19.94
Employee/Spouse	\$90.86	\$45.43
Employee/Dependent	\$103.89	\$51.95
Employee/Family	\$156.09	\$78.05
	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

\*

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	\$42.56	\$21.28	\$383.06	\$425.62	\$0	\$3,400	varies	varies
Employee/Spouse	\$255.37	\$127.69	\$595.87	\$851.24	\$0	\$6,800	varies	varies