Anglican Diocese of SC
2026 Insurance Rates Breakdown

Choose One Plan

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Gravie 5000 HDHP	Employee Portion		Church Portion	Total per month	Deductible	Out of Pocket	Coinsurance	RX co-pays
	Monthly	24pp					after deductible	after med. deductible
Employee Only	$75.50	$37.75	$679.49	$754.99	$5,000	$6,550	See plan	See plan
Employee/Spouse	$531.89	$265.95	$1,135.88	$1,667.77	$10,000	$13,100		
Employee/Dependent	$368.90	$184.45	$972.88	$1,341.78	$10,000	$13,100		
Employee/Family	$890.49	$445.25	$1,494.48	$2,384.97	$10,000	$13,100		

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Gravie 4000	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp					after deductible	after med. deductible
Employee Only	$142.68	$71.34	$679.49	$822.17	$4,000	$9,100	See plan	See plan
Employee/Spouse	$693.13	$346.57	$1,135.88	$1,829.01	$8,000	$18,200		
Employee/Dependent	$496.55	$248.27	$972.88	$1,469.43	$8,000	$18,200		
Employee/Family	$1125.62	$562.81	$1,494.48	$2,620.10	$8,000	$18,200		

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Gravie 1500	Employee Portion		Church Portion	Total per month	Deductible	Max in Net	Coinsurance	RX co-pays
	Monthly	24pp						$0 Generic
Employee Only	$228.00	$114.00	$679.49	$907.49	$1,500	$5,000	See plan	See plan
Employee/Spouse	$897.90	$448.95	$1,135.88	$2,033.78	$3,000	$10,000		
Employee/Dependent	$658.66	$329.33	$972.88	$1,631.54	$3,000	$10,000		
Employee/Family	$1424.24	$712.12	$1,494.48	$2,918.72	$3,000	$10,000		

Optional Post-tax

Hospital Indemnity	Low Plan		High Plan		Accident Low		Accident High	
	Monthly	24pp	Monthly	24pp	Month	24pp	Month	24pp
Employee Only	$26.71	$13.36	$42.30	$21.15	$12.92	$6.46	$17.12	$8.56
Employee/Spouse	$47.10	$23.55	$80.28	$40.14	$21.31	$10.66	$29.39	$14.70
Employee/Dependent	$39.10	$19.55	$64.80	$32.40	$24.98	$12.49	$34.63	$17.32
Employee/Family	$59.49	$29.75	$102.78	$51.39	$33.70	$16.85	$46.90	$23.45

Dental	Employee cost per month	
	Monthly	24pp
Employee only	$29.97	$14.99
Employee/Spouse	$56.26	$28.13
Employee/Dependent	$76.49	$38.25
Employee/Family	$102.78	$51.39

Vision	Employee cost per month	
	Monthly	24pp
Employee only	$8.17	$4.09
Employee/Spouse	$15.35	$7.68
Employee/Dependent	$16.78	$8.39
Employee/Family	$23.95	$11.98