

**Diocese of of the Great Lakes  
2025 Medical/Dental Plan Offerings & Rates**

Medical Plan/Monthly Rates	Employee	Employee and Spouse	Employee and Child	Family	Required Annual Deductible Per Person (Individual)	Required Annual Deductible Per Family	
Anthem BC/BS CDHP 20/HAS	\$824	\$1,483	\$1,483	\$2,307	\$3,300	\$6,600	<b>Base Plan</b>
Anthem BC/BS CDHP 15/HAS	\$932	\$1,678	\$1,678	\$2,610	\$1,600	\$3,200	
Anthem BC/BS BlueCard PPO 70	\$919	\$1,654	\$1,654	\$2,573	n/a	n/a	<b>Base Plan</b>
Anthem BC/BS BlueCard PPO 80	\$1,021	\$1,838	\$1,838	\$2,859	n/a	n/a	
Anthen BC/BS BlueCard PPO 90	\$1,192	\$2,146	\$2,146	\$3,338	n/a	n/a	
EAP	\$4	\$4	\$4	\$4	n/a	n/a	
<b>Medicare Secondary Payer Plans</b>							
<i>(Contact Sara Philo for details)</i>							
Anthem BC/BS BlueCard MSP 90	\$952	\$1,714	\$1,714	\$2,666	n/a	n/a	
Anthem BC/BS BlueCard MSP 100	\$1,066	\$1,919	\$1,919	\$2,985	n/a	n/a	
<b>Dental Plans</b>							
Delta Dental Basic	\$50	\$90	\$90	\$140	n/a	n/a	<b>Base Plan</b>
Delta Dental Comprehensive	\$61	\$110	\$110	\$171	n/a	n/a	
Delta Dental Premium	\$85	\$153	\$153	\$238	n/a	n/a	