



The Episcopal Church in Colorado  
Health Plans coverage from January 1 through December 13, 2016.  
Open Enrollment October 21 through November 6, 2015

	2015 Monthly Premium			2016 Monthly Premium			
Health Plan Name	Single	Plus 1 Dependent	Family	Single	Plus 1 Dependent	Family	% Change
Anthem BCBS PPO 90/70 Annual Deductible is \$250 per person or \$500 per family.	\$787	\$1,417	\$2,204	\$786	\$1415	\$2201	-0.13%
Anthem BCBS PPO 75/50 Annual Deductible is \$900 per person or \$1800 per family.	\$669	\$1204	\$1873	\$671	\$1208	\$1879	0.32%
Anthem BCBS High Deductible Health Plan Annual Deductible is \$2700 per person or \$5450 per family.				\$592	\$1066	\$1658	
Kaiser Mid Option EPO Annual Deductible is \$0				\$899	\$1456	\$2265	
Kaiser EPO 80 Plan Annual Deductible is \$500 per person or \$1,000 per family	\$628	\$1130	\$1758	\$666	\$1199	\$1865	1.52%

Basic Dental 50/150	\$55	\$99	\$154	\$55	\$99	\$154	0.0%
Dental Orthodontia 25/75	\$75	\$131	\$204	\$73	\$131	\$204	0.0%

**THOSE ENROLLING IN THE ANTHEM HIGH DEDUCTIBLE HEALTH PLAN MUST OPEN A HEALTH SAVINGS ACCOUNT. FOR THE FIRST YEAR 100 % OF THE COVERAGE DEDUCTIBLE MUST BE COVERED BY THE PARISH. THE PARISH MUST COVER ONE THIRD OF THE DEDUCTIBLE AMOUNT FOR ALL SUBSEQUENT YEARS PER COLORADO DIOCESAN POLICY.**

Any and All questions please contact Dianne Draper at 303-837-1173 x2004 or email [ddraper@coloradodiocese.org](mailto:ddraper@coloradodiocese.org)