



Plan Selections
Diocese of West Virginia

- **Diocese of West Virginia (1032)**
- Effective Date: 2024-01-01
- Rate Tiers: 3
- Rx Option: Standard
- Last Modified: 2023-09-28 15:06:43

Option 1 [Click here to download your Plan Selection Sheet](#)

Plan Name	Plan Code	Enroll Total	2023 Rates				Final % Chg	2024 Rates				2024 Election		
			Single	Plus	SpsPlus	Child Family		Single	Plus	SpsPlus	Child Family	Final % Chg	Accept	Decline
Anthem BCBS BlueCard MSP PPO 100	MSG9	5	1085	1953	1953	3038	2.25	1145	2061	2061	3206	5.53	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard MSP PPO 90	MS10	4	993	1787	1787	2780	2.23	1048	1886	1886	2934	5.54	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard PPO 100	MPP1	11	1341	2414	2414	3755	2.29	1415	2547	2547	3962	5.51	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard PPO 80	MPP3	2	1112	2002	2002	3114	2.30	1173	2111	2111	3284	5.49	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard PPO 90	MPP2	5	1227	2209	2209	3436	2.35	1294	2329	2329	3623	5.45	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS CDHP-20/HSA	MHDE	1	907	1633	1633	2540	2.25	957	1723	1723	2680	5.51	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard MSP PPO 70	MS12							852	1534	1534	2386	5.49	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard MSP PPO 80	MS11							948	1706	1706	2654	5.44	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS BlueCard PPO 70	MPP4							1055	1899	1899	2954	5.50	<input checked="" type="radio"/>	<input type="radio"/>
Anthem BCBS CDHP-15/HSA	MHDG							1064	1915	1915	2979	5.45	<input type="radio"/>	<input checked="" type="radio"/>
Anthem BCBS CDHP-40/HSA	MHBR							867	1561	1561	2428	5.47	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus CDHP-15/HSAMCDH								1064	1915	1915	2979	5.45	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus CDHP-20/HSAMHDC								957	1723	1723	2680	5.51	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus CDHP-40/HSAMCDG								867	1561	1561	2428	5.47	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus MSP PPO 100	MGM1							1145	2061	2061	3206	5.53	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus MSP PPO 70	MGM4							852	1534	1534	2386	5.49	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus MSP PPO 80	MGM3							948	1706	1706	2654	5.44	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus MSP PPO 90	MGM2							1048	1886	1886	2934	5.54	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus PPO 100	MG01							1415	2547	2547	3962	5.51	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus PPO 70	MG04							1055	1899	1899	2954	5.50	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus PPO 80	MG03							1173	2111	2111	3284	5.46	<input type="radio"/>	<input checked="" type="radio"/>
Cigna Open Access Plus PPO 90	MG02							1294	2329	2329	3623	5.44	<input type="radio"/>	<input checked="" type="radio"/>
EAP	MEAP		4	4	4	4	0.00	4	4	4	4	0.00	<input type="radio"/>	<input checked="" type="radio"/>
Delta Dental Premium	DPRE						N/A	65	117	117	182	N/A	<input checked="" type="radio"/>	<input type="radio"/>
Delta Dental Basic	DDBA						N/A	37	67	67	104	N/A	<input type="radio"/>	<input checked="" type="radio"/>
Delta Dental Comprehensive	DCOM						N/A	49	88	88	137	N/A	<input checked="" type="radio"/>	<input type="radio"/>
Preventive Dental	DDPV		37	67	67	104	0.00	Option not offered in 2024				0.00	<input type="radio"/>	<input checked="" type="radio"/>
Basic Dent-50/150	DD50	27	49	88	88	137	0.00	Option not offered in 2024				0.00	<input type="radio"/>	<input checked="" type="radio"/>
Dent&Ortho-25/75	DD25		65	117	117	182	0.00	Option not offered in 2024				0.00	<input type="radio"/>	<input checked="" type="radio"/>

Legal Consent

By clicking the checkbox below, I acknowledge that I am authorized by my parish, diocese, school or other organization ('Participating Group') to act on its behalf. I understand and a act of clicking the checkbox will constitute an electronic signature. I understand and agree that electronic records and/or electronic signatures have the same legal effect, validity, and enforceability as paper records and written signatures. I acknowledge receipt of the [User Consent Agreement](#), which explains my rights and responsibilities. I acknowledge that I have reviewed the User Consent Agreement and consent to its terms.

I acknowledge that the Medical Trust plan offering includes multiple vendors and an array of plan design choices that my Participating Group may select from in order to offer the best members and related entities. Finally, I, on behalf of the Participating Group, hereby agree that: (a) the Participating Group has received and read the Participating Group Agreement current version of the Administrative Policy Manual, which is available at www.cpg.org/apm; (b) the Participating Group has reviewed and agrees to be bound by the terms and conditions of the Participating Group Agreement; (c) the Participating Group acknowledges that the Administrative Policy Manual may be updated by the Medical Trust from time to time, in the Medical sole discretion and with or without notice, and agrees to be bound by the terms and conditions of the Administrative Policy Manual as may be in effect from time to time; and (d) the Group accepts the Plan(s) and Rates which have been selected on this completed Medical and/or Dental Renewal Exhibit.

I have read and agree to the above Legal Consent.

Plan Documents:

- [AE Timeline for Administrators 2024.pdf](#)
- [User Consent Agreement 2024.pdf](#)
- [Medical Trust National Compass.pdf](#)
- [Healthcare Compliance Notices.pdf](#)
- [How to Read Your Compass Report.pdf](#)
- [Medical Trust Administrative Policy Manual 2024.pdf](#)
- [Renewal Information Memo 2024.pdf](#)
- [Administrator Letter Templates 2024.docx](#)
- [Renewal Letter 2024.pdf](#)
- [Plan Comparison Chart 2024.pdf](#)

