



## Employee Rate Sheet

Effective Date: January 1, 2018 - December 31, 2018

		Anthem			
		2018			
		BAC PPO w/BJC Access	BPS w/o BJC Access	H.S.A BAC w/BJC Access	H.S.A BPS w/o BJC Access
<b>Benefit Highlights</b>		<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Deductible (Individual/Family)		\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000
HRA - EE Responsibility		\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,600 / \$5,200	\$2,600 / \$5,200
Out-of-Pocket Max		\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,450 / \$12,900	\$6,450 / \$12,900
HRA - EE Responsibility		\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,600 / \$7,200	\$3,600 / \$7,200
Co-insurance		80%	80%	100%	100%
Deductible Type		Embedded	Embedded	Embedded	Embedded
Plan Year / Calendar Year		Calendar Year	Calendar Year	Calendar Year	Calendar Year
PCP Office Visit / Specialist		\$20 / \$40	\$20 / \$40	Deductible then 0%	Deductible then 0%
Emergency Room		\$200	\$200	Deductible then 0%	Deductible then 0%
Urgent Care		\$50	\$50	Deductible then 0%	Deductible then 0%
Chiropractic Services		Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Hospitalization - Inpatient		Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
- Outpatient		Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Prescription Drugs					
Tier 1		\$15 / \$30	\$15 / \$30	Deductible then \$15 / \$30	Deductible then \$15 / \$30
Tier 2		\$40 / \$80	\$40 / \$80	Deductible then \$40 / \$80	Deductible then \$40 / \$80
Tier 3		\$75 / \$150	\$75 / \$150	Deductible then \$75 / \$150	Deductible then \$75 / \$150
Tier 4		N/A	N/A	N/A	N/A
<b>Benefit Highlights</b>		<b>Out-of-Network</b>	<b>Out-of-Network</b>	<b>Out-of-Network</b>	<b>Out-of-Network</b>
Deductible (Individual/Family)		\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-Pocket Max		\$10,000 / \$20,000	\$10,000 / \$20,000	\$12,900 / \$25,800	\$12,900 / \$25,800
Co-insurance		60%	60%	80%	80%
<b>Employee Monthly Rates</b>					
Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
Employee/Spouse		\$777.20	\$716.34	\$261.84	\$206.44
Employee/Child(ren)		\$639.80	\$587.04	\$168.90	\$118.96
Family		\$1,320.56	\$1,227.04	\$596.32	\$521.12

\*\*College Paid Monthly Premium for Employee - \$664.74

**Non-BJC Network Incentive - Base Plan**  
\$27.04/mo to be contributed to FSA

College Paid H.S.A Contributions		
	H.S.A BAC w/ BJC	H.S.A BPS w/o BJC
Employee	\$ 180.60	\$ 207.66

\*\*For Employees who enroll in additional coverage, the H.S.A. contribution will be applied to spouse, dependent, or family premium

2018 IRS Health Savings Account Contribution Limit Maximum		
Individual	\$	3,450.00
Family	\$	6,900.00

Delta Dental		
	College Paid	EE Paid
Employee	\$ 36.60	\$ -
Spouse	\$ -	\$ 34.84
Child(ren)	\$ -	\$ 76.60
Family	\$ -	\$ 114.66

Vision Service Plan (VSP)		
	College Paid (monthly)	EE Paid (monthly)
Employee	\$ 6.04	\$ -
Spouse	\$ -	\$ 3.64
Child(ren)	\$ -	\$ 3.84
Family	\$ -	\$ 9.88

**Embedded Deductible**  
Individual Deductible applies to a single family member