



Retiree 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
Benefit Highlights	In-Network	In-Network	In-Network	In-Network	
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	
Benefit Highlights	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	
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%	
Retiree Monthly Rates					
Retiree Only	\$664.74	\$637.70	\$484.14	\$457.08	
Retiree/Spouse	\$1,441.94	\$1,381.08	\$926.58	\$871.18	
Retiree/Child(ren)	\$1,304.54	\$1,251.78	\$833.64	\$783.70	
Retiree Family	\$1,985.30	\$1,891.78	\$1,261.06	\$1,185.86	

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

Delta Dental	
	Retiree Paid (monthly)
Retiree	\$ 36.60
Spouse	\$ 71.44
Child(ren)	\$ 113.20
Family	\$ 151.26

Vision Service Plan (VSP)	
	Retiree Paid (monthly)
Retiree	\$ 6.04
Spouse	\$ 9.68
Child(ren)	\$ 9.88
Family	\$ 15.92

Embedded Deductible	
Individual Deductible applies to a single family member	