



Employee Rate Sheet

Effective Date: January 1, 2019 - December 31, 2019

		Anthem			
		2019			
		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	
	Tier 2	\$40 / \$80	\$40 / \$80	Deductible then \$40 / \$80	
	Tier 3	\$75 / \$150	\$75 / \$150	Deductible then \$75 / \$150	
	Tier 4	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%	
Employee Monthly Rates					
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	
Employee/Spouse	\$826.24	\$761.60	\$278.44	\$220.54	
Employee/Child(ren)	\$679.78	\$623.60	\$179.28	\$127.10	
Family	\$1,405.44	\$1,306.68	\$635.32	\$556.72	

****College Paid Monthly Premium for Employee - \$710.64 (includes employee HRA component)**

Non-BJC Network Incentive - Base Plan
\$29.06/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 Access
Employee	\$ 194.14	\$ 223.22
**For Employees who enroll in additional coverage, the H.S.A. contribution will be applied to spouse, dependent, or family premium		

2019 IRS Health Savings Account Contribution Limit Maximum		
Individual	\$	3,500.00
Family	\$	7,000.00

Delta Dental		
	College Paid	EE Paid
Employee	\$ 35.88	\$ -
Spouse	\$ -	\$ 34.16
Child(ren)	\$ -	\$ 75.10
Family	\$ -	\$ 112.42

Delta Vision		
	College Paid (monthly)	EE Paid (monthly)
Employee	\$ 5.22	\$ -
Spouse	\$ -	\$ 3.12
Child(ren)	\$ -	\$ 3.28
Family	\$ -	\$ 8.52

Embedded Deductible	
Individual Deductible applies to a single family member	