



Retiree 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%	
Retiree Monthly Rates					
Retiree Only	\$710.64	\$681.58	\$516.50	\$487.42	
Retiree/Spouse	\$1,536.88	\$1,472.24	\$989.08	\$931.18	
Retiree/Child(ren)	\$1,390.42	\$1,334.24	\$889.92	\$837.74	
Retiree Family	\$2,116.08	\$2,017.32	\$1,345.96	\$1,267.36	

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

Delta Dental	
	Retiree Paid (monthly)
Retiree	\$ 35.88
Spouse	\$ 70.04
Child(ren)	\$ 110.98
Family	\$ 148.30

Delta Vision	
	Retiree Paid (monthly)
Retiree	\$ 5.22
Spouse	\$ 8.34
Child(ren)	\$ 8.50
Family	\$ 13.74

Embedded Deductible	
Individual Deductible applies to a single family member	