



## 2021 Employee Insurance Benefits Rate Sheet

Medical Insurance	Anthem			
	BAC PPO w/BJC Access	BPS PPO w/o BJC Access	BAC H.S.A. w/BJC Access	BPS H.S.A. w/o BJC Access
Benefit Highlights	In-Network Individual/Family	In-Network Individual/Family	In-Network Individual/Family	In-Network Individual/Family
<b>Deductible Total</b>	<b>\$2,500 / \$5,000</b>	<b>\$2,500 / \$5,000</b>	<b>\$5,000 / \$10,000</b>	<b>\$5,000 / \$10,000</b>
Employee Responsibility	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,600 / \$5,200	\$2,600 / \$5,200
HRA Paid By College	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,400 / \$4,800	\$2,400 / \$4,800
<b>Out-of-Pocket Plan Max</b>	<b>\$5,000 / \$10,000</b>	<b>\$5,000 / \$10,000</b>	<b>\$6,450 / \$12,900</b>	<b>\$6,450 / \$12,900</b>
Employee Responsibility	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,600 / \$7,200	\$3,600 / \$7,200
HRA Paid By College	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,850 / \$5,700	\$2,850 / \$5,700
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 Visit	\$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%
Hospitalization - 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
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 (Individual/Family)	\$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				
<b>Employee Only</b>	<b>\$35.14</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Employee/Spouse</b>	<b>\$1,009.02</b>	<b>\$932.94</b>	<b>\$363.56</b>	<b>\$298.14</b>
<b>Employee/Child(ren)</b>	<b>\$835.28</b>	<b>\$768.78</b>	<b>\$245.66</b>	<b>\$186.72</b>
<b>Employee/Family</b>	<b>\$1,696.08</b>	<b>\$1,581.56</b>	<b>\$787.82</b>	<b>\$698.92</b>
<b>Premium &amp; HRA cost to the College per Employee</b>	<b>\$813.68</b>	<b>\$813.68</b>	<b>\$813.68</b>	<b>\$813.68</b>

9/23/20 - Effective Date: January 1, 2021 - December 31, 2021

College Paid H.S.A. Contribution		
	H.S.A. BAC w/ BJC	H.S.A. BPS w/o BJC
Employee	\$ 199.74	\$ 234.94
**For Employees who enroll in additional coverage, the H.S.A. contribution will be applied to spouse, dependent, or family premium.		

2021 IRS H.S.A. Contribution Limit	
Individual	\$ 3,600.00
Family	\$ 7,200.00
Age 55+ can contribute an additional \$1,000 into an H.S.A.	

Medical Insurance Embedded Deductible	
Individual Deductible applies to a single family member	

View Benefit Summaries:

[Base Plan Blue Access Choice \(BJC\)](#)

[Base Plan Blue Preferred Select Non BJC.pdf](#)

[HSA Blue Access Choice \(BJC\).pdf](#)

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