



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
Deductible Total	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000
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
Out-of-Pocket Plan Max	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,450 / \$12,900	\$6,450 / \$12,900
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 cost for medical services - employee paid	20% cost until Out of Pocket Limit is met	20% cost until Out of Pocket Limit is met	Provider cost until deductible is met. No cost afterwards	Provider cost then 0% cost after deductible is met
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	\$300	\$300	Deductible then 0%	Deductible then 0%
Urgent Care	\$50	\$50	Deductible then 0%	Deductible then 0%
Prescription Drug Coverage - 30 day supply (retail pharmacy / 90 day supply (home delivery)				
REVISED Tier 1 - Typically Generic	\$15 / \$30 Copay which applies to out of pocket limit. No cost after out of pocket limit met.	\$15 / \$30 Copay which applies to out of pocket limit. No cost after out of pocket limit met.	Pharmacy rate until deductible is met, then copays at \$15 / \$30 which applies toward out of pocket limit. No cost after out of pocket limit met.	Pharmacy rate until deductible is met, then copays at \$15 / \$30 which applies toward out of pocket limit. No cost after out of pocket limit met.
CURRENT Tier 2 - Typically Preferred Brand	\$40 / \$80 Copay	\$40 / \$80 Copay	Deductible then \$40 / \$80	Deductible then \$40 / \$80
Tier 3 - Typically Non-Preferred Brand	\$75 / \$150 Copay	\$75 / \$150 Copay	Deductible then \$75 / \$150	Deductible then \$75 / \$150
Employee Monthly Rates				
Employee Only	\$35.14	\$0.00	\$0.00	\$0.00
Employee/Spouse	\$1,009.02	\$932.94	\$363.56	\$298.14
Employee/Child(ren)	\$835.28	\$768.78	\$245.66	\$186.72
Employee/Family	\$1,696.08	\$1,581.56	\$787.82	\$698.92
Premium & HRA cost to the College per Employee	\$813.68	\$813.68	\$813.68	\$813.68

12/4/20 - Effective Date: January 1, 2021 - December 31, 2021

Medical Insurance Embedded Deductible

Individual Deductible applies to a single family member

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.

View Benefit Summaries:
Base Plan Blue Access Choice (BJC)
Base Plan Blue Preferred Select Non BJC.pdf
HSA Blue Access Choice (BJC).pdf
HSA Blue Preferred Select Non BJC.pdf