



2022 Retiree 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	\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Retiree Responsibility	\$2,000 / \$4,000	\$2,000 / \$4,000	\$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	\$7,000 / \$14,000	\$7,000 / \$14,000
Retiree Responsibility	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,900 / \$7,800	\$3,900 / \$7,800
HRA Paid By College	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,100 / \$6,200	\$3,100 / \$6,200
Co-insurance	80%	80%	80%	80%
Deductible Type	Embedded	Embedded	Embedded	Embedded
Plan Year / Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
PCP Office Visit / Specialist Visit	\$40 / \$60	\$40 / \$60	Deductible then \$25 / \$50	Deductible then \$25 / \$50
Emergency Room	\$350	\$350	Deductible then \$300	Deductible then \$300
Urgent Care	\$75	\$75	Deductible then \$50	Deductible then \$50
Chiropractic Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Hospitalization - Inpatient	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
- Outpatient	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
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	25% to \$350	25% to \$350	Deductible then 25% to \$350
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	\$14,000 / \$28,000	\$14,000 / \$28,000
Co-insurance	60%	60%	70%	70%
Retiree Monthly Rates				
Retiree Only	\$958.04	\$917.70	\$688.34	\$647.92
Retiree/Spouse	\$1,988.52	\$1,906.90	\$1,329.40	\$1,266.62
Retiree/Child(ren)	\$1,798.10	\$1,723.72	\$1,197.52	\$1,139.78
Retiree/Family	\$2,743.92	\$2,629.74	\$1,812.08	\$1,722.38

11/9/21 - Effective Date: January 1, 2022 - December 31, 2022

2022 IRS H.S.A. Contribution Limit	
Individual	\$ 3,650.00
Family	\$ 7,300.00
Age 55+ can contribute an additional \$1,000 into an H.S.A.	

Dental Insurance	
Delta Dental	Retiree Paid (monthly)
Retiree	\$ 34.44
Retiree/Spouse	\$ 67.24
Retiree/Child(ren)	\$ 106.54
Retiree/Family	\$ 142.36

Vision Insurance	
EyeMed	Retiree Paid (monthly)
Retiree Only	\$ 4.50
Retiree/Spouse	\$ 8.54
Retiree/Child(ren)	\$ 9.00
Retiree/Family	\$ 13.22

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