

2023 Retiree Insurance Benefits Rate Sheet

Medical Insurance		Anthem			
ivieuicai insurance	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	In-Network	In-Network	In-Network	
Delient rightights	Individual/Family	Individual/Family	Individual/Family	Individual/Family	
Deductible Total	\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000	
Retiree Responsibility	\$2,100 / \$4,000	\$2,100 / \$4,000	\$3,000 / \$5,200	\$3,000 / \$5,200	
HRA Paid By College	\$1,400 / \$3,000	\$1,400 / \$3,000	\$2,000 / \$4,800	\$2,000 / \$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	\$1,400 / \$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	\$50 / \$70	\$50 / \$70	Deductible then \$35 / \$60	Deductible then \$35 / \$60	
Emergency Room	\$450	\$450	Deductible then \$400	Deductible then \$400	
Urgent Care	\$100	\$100	Deductible then \$100	Deductible then \$100	
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	ć15 / ć20	\$15 / \$30	Deductible then	Deductible then	
	\$15 / \$30		\$15 / \$30	\$15 / \$30	
Tio	2 \$40 / \$80	\$40 / \$80	Deductible then	Deductible then	
l le	Tier 2 \$40 / \$80 \$40 / \$80	\$40 / \$60	\$40 / \$80	\$40 / \$80	
Tie	Tier 3 \$75 / \$150 \$75 / \$150	\$75 / \$150	Deductible then	Deductible then	
Tier 3	3 3/3/3130	\$75 / \$150	\$75 / \$150	\$75 / \$150	
Tie	4 25% to \$350	25% to \$350	Deductible then 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	\$14,00 / \$28,000	
Co-insurance	50%	50%	50%	50%	
Retiree Monthly Rates					
Retiree Only	\$1,036.42	\$992.62	\$733.04	\$689.80	
Retiree/Spouse	\$2,150.64	\$2,062.54	\$1,415.70	\$1,349.48	
Retiree/Child(ren)	\$1,944.74	\$1,864.50	\$1,275.24	\$1,214.40	
Retiree/Family	\$2,967.22	\$2,844.10	\$1,929.30	\$1,834.90	

2023 IRS H.S.A. Contribution Limit					
Individual	\$	3,850.00			
Family	\$	7,750.00			
Age 55+ can contribue 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

Individual Deductible applies to a single family member