



2020 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	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Retiree 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
Retiree 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%
-	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%
Retiree Monthly Rates				
Retiree Only	\$776.44	\$744.48	\$562.90	\$530.90
Retiree/Spouse	\$1,672.98	\$1,602.90	\$1,078.68	\$1,017.20
Retiree/Child(ren)	\$1,513.54	\$1,452.44	\$970.60	\$915.20
Retiree/Family	\$2,303.54	\$2,197.28	\$1,467.64	\$1,384.10

2020 IRS H.S.A. Contribution Limit	
Individual	\$ 3,550.00
Family	\$ 7,100.00
Age 55+ can contribute an additional \$1,000 into an H.S.A.	

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

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	

11/13/19 - Effective Date: January 1, 2020 - December 31, 2020