



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	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				
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

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.	

Dental Insurance		
Delta Dental	College Paid (monthly)	EE Paid (monthly)
Employee Only	\$ 35.88	\$ -
Employee/Spouse	\$ -	\$ 34.16
Employee/Child(ren)	\$ -	\$ 75.10
Employee/Family	\$ -	\$ 112.42

Vision Insurance		
EyeMed	College Paid (monthly)	EE Paid (monthly)
Employee Only	\$ 4.50	\$ -
Employee/Spouse	\$ -	\$ 4.04
Employee/Child(ren)	\$ -	\$ 4.50
Employee/Family	\$ -	\$ 8.72

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