

	Anthem				
ledical 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 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
Employee 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
Employee 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
Employee Co-insurance		20%	20%	20%	20%
Deductible Type		Embedded	Embedded	Embedded	Embedded
Plan Year / Calendar Year	Plan 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%
Hospitalization - 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	Deductible then \$15 / \$30
	Tier 2	\$40 / \$80	\$40 / \$80	Deductible then \$40 / \$80	Deductible then \$40 / \$80
	Tier 3	\$75 / \$150	\$75 / \$150	Deductible then \$75 / \$150	Deductible then \$75 / \$150
-	Tier 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	\$14,000 / \$28,000
Co-insurance		60%	60%	80%	80%
Employee Monthly Rates					
Employee Only		\$46.72	\$6.38	\$0.00	\$0.00
Employee/Spouse		\$1,077.20	\$995.58	\$418.08	\$355.30
Employee/Child(ren)		\$886.78	\$812.40	\$286.20	\$228.46
Employee/Family		\$1,832.60	\$1,718.42	\$900.76	\$811.06
Premium & HRA cost to the College per Employee		\$911.32	\$911.32	\$911. 32	\$911.32

2022 Employee Insurance Benefits Rate Sheet

College Paid H.S.A.	H.S.A. BAC w/ BJC		H.S.A. BPS w/o BJC		
Employee	\$	222.98	\$	263.40	
**For Employees who enroll in additional coverage, the H.S.A. contribution will be applied to spouse, dependent, or family premium.					

2022 IRS H.S.A. Cor	ıtribu	tion Limit
Individual	\$	3,650.00
Family	\$	7,300.00
Age 55+ can contribu H.S.A.	te an	additional \$1,000 into an

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

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