



## 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
<b>Deductible Total</b>	<b>\$3,500 / \$7,000</b>	<b>\$3,500 / \$7,000</b>	<b>\$5,000 / \$10,000</b>	<b>\$5,000 / \$10,000</b>
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
<b>Out-of-Pocket Plan Max</b>	<b>\$5,000 / \$10,000</b>	<b>\$5,000 / \$10,000</b>	<b>\$7,000 / \$14,000</b>	<b>\$7,000 / \$14,000</b>
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	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				
<b>Retiree Only</b>	<b>\$958.04</b>	<b>\$917.70</b>	<b>\$688.34</b>	<b>\$647.92</b>
<b>Retiree/Spouse</b>	<b>\$1,988.52</b>	<b>\$1,906.90</b>	<b>\$1,329.40</b>	<b>\$1,266.62</b>
<b>Retiree/Child(ren)</b>	<b>\$1,798.10</b>	<b>\$1,723.72</b>	<b>\$1,197.52</b>	<b>\$1,139.78</b>
<b>Retiree/Family</b>	<b>\$2,743.92</b>	<b>\$2,629.74</b>	<b>\$1,812.08</b>	<b>\$1,722.38</b>

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	