



2023 Employee Insurance Benefits Rate Sheet

Medical Insurance	Anthem			
	BAC PPO	BPS PPO	BAC H.S.A.	BPS H.S.A.
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	\$2,100 / \$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
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	\$1,400 / \$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	Calendar Year	Calendar Year	Calendar Year	Calendar Year
PCP Office Visit / Specialist Visit	\$50 / \$70	\$50 / \$70	Deductible then \$35 / \$60	Deductible then \$25 / \$50
Emergency Room	\$450	\$450	Deductible then \$400	Deductible then \$300
Urgent Care	\$100	\$100	Deductible then \$100	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
	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	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	50%	50%	50%	50%
Employee Monthly Rates				
Employee Only	\$69.92	\$26.12	\$0.00	\$0.00
Employee/Spouse	\$1,184.14	\$1,096.04	\$449.20	\$382.98
Employee/Child(ren)	\$978.24	\$898.00	\$308.74	\$247.90
Employee/Family	\$2,000.72	\$1,877.60	\$962.80	\$868.40
Premium & HRA cost to the College per Employee	\$966.50	\$966.50	\$966.50	\$966.50

11/3/22 - Effective Date: January 1, 2023 - December 31, 2023

2023 College Paid H.S.A. Contribution		
	H.S.A. BAC	H.S.A. BPS
Monthly Amount	\$ 233.46	\$ 276.70
Yearly Amount	\$ 2,801.52	\$ 3,320.40
**For Employees who enroll in additional coverage, the H.S.A. contribution will be applied to spouse, dependent, or family premium.		

2023 IRS H.S.A. Contribution Limit	
Individual	\$ 3,850.00
Family	\$ 7,750.00
Age 55+ can contribute an additional \$1,000 into an H.S.A.	

Dental Insurance	College Paid (monthly)	EE Paid (monthly)
Delta Dental		
Employee Only	\$ 34.44	\$ -
Employee/Spouse	\$ -	\$ 32.80
Employee/Child(ren)	\$ -	\$ 72.10
Employee/Family	\$ -	\$ 107.92

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