



## 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
<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>
<b>Employee Responsibility</b>	<b>\$2,100 / \$4,000</b>	<b>\$2,100 / \$4,000</b>	<b>\$3,000 / \$5,200</b>	<b>\$3,000 / \$5,200</b>
<b>HRA Paid By College</b>	<b>\$1,400 / \$3,000</b>	<b>\$1,400 / \$3,000</b>	<b>\$2,000 / \$4,800</b>	<b>\$2,000 / \$4,800</b>
<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>
<b>Employee Responsibility</b>	<b>\$3,500 / \$7,000</b>	<b>\$3,500 / \$7,000</b>	<b>\$3,900 / \$7,800</b>	<b>\$3,900 / \$7,800</b>
<b>HRA Paid By College</b>	<b>\$1,500 / \$3,000</b>	<b>\$1,400 / \$3,000</b>	<b>\$3,100 / \$6,200</b>	<b>\$3,100 / \$6,200</b>
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				
<b>Employee Only</b>	<b>\$85.04</b>	<b>\$40.58</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Employee/Spouse</b>	<b>\$1,215.40</b>	<b>\$1,126.04</b>	<b>\$469.48</b>	<b>\$402.44</b>
<b>Employee/Child(ren)</b>	<b>\$1,006.52</b>	<b>\$925.14</b>	<b>\$326.98</b>	<b>\$265.42</b>
<b>Employee/Family</b>	<b>\$2,043.76</b>	<b>\$1,918.92</b>	<b>\$990.32</b>	<b>\$894.82</b>
<b>Premium &amp; HRA cost to the College per Employee</b>	<b>\$966.50</b>	<b>\$966.50</b>	<b>\$966.50</b>	<b>\$966.50</b>

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	\$ 222.98	\$ 266.86
Yearly Amount	\$ 2,675.76	\$ 3,202.32
**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 - Rate Decrease		
Delta Dental	College Paid (monthly)	EE Paid (monthly)
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	