

City of Hammond

Group Plan Analysis

2014

| | Current Plan 1 Blue Cross Blue Shield of LA Blue Saver \$1900 100% | | Renewal Plan 1 Blue Cross Blue Shield of LA Blue Saver \$1900 100% | | UHC Option1 UHC Option1 433 w/ J9 \$1900 | |
|--|--|-----------------|--|-----------------|--|-----------------|
| Benefits | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | | | | | | |
| Individual | \$1,900 | Same As Network | \$1,900 | Same As Network | \$1,900 | \$3,800 |
| Family | \$3,800 | Same As Network | \$3,800 | Same As Network | \$3,800 | \$7,600 |
| Coinsurance | 100% | 80/20 | 100% | 80/20 | 100% | 80/20 |
| Out-of-Pocket Maximum | | | | | | |
| Individual | \$4,100 | Same As Network | \$4,100 | Same As Network | \$4,100 | \$8,200 |
| Family | \$8,200 | Same As Network | \$8,200 | Same As Network | \$8,200 | \$16,400 |
| Deductible Included/Excluded? | Included | Included | Included | Included | Included | Included |
| Office Visit | | | | | | |
| Primary Care Physician | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Specialist | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Preventive Care | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| In-Patient Services | | | | | | |
| Hospital | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Professional Services | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Out-Patient Surgery | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Maternity Benefit | | | | | | |
| Office Visit | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Inpatient Services | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Emergency Room | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded | 100% After Ded | 80% After Ded |
| Prescription Drugs | | | | | | |
| Deductible | | | | | | |
| Generic | 100% After Ded | Same As Network | 100% After Ded | Same As Network | \$7 | Same As Network |
| Preferred Brand | 80% After Ded | Same As Network | 80% After Ded | Same As Network | \$30 | Same As Network |
| Non-Preferred Brand | | | | | \$50 | |
| Multi-Source | | | | | | |
| Injectables | | | | | | |
| Creditable/Non-Creditable | | Creditable | | Creditable | | Creditable |
| Count | Current Plan 1 | | Renewal Plan 1 | | 433 w/ J9 \$1900 | |
| Employee Only | 257 | \$524.32 | | \$653.83 | | \$605.91 |
| Employee Spouse | 11 | \$991.30 | | \$1,236.15 | | \$1,085.79 |
| Employee Child(ren) | 12 | \$830.29 | | \$1,035.37 | | \$902.81 |
| Employee Family | 39 | \$1,060.47 | | \$1,322.41 | | \$1,163.95 |
| Estimated Monthly Premium | | \$196,976.35 | | \$245,630.39 | | \$223,890.33 |
| Estimated Annual Premium | | \$2,363,716.20 | | \$2,947,564.68 | | \$2,686,683.96 |
| Percentage Change From Current | | | | 24.70% | | 13.66% |
| Annual Dollar Change From Current | | | | \$583,848.48 | | \$322,967.76 |
| Monthly Premium for EEs | 319 | \$167,258.08 | | \$208,571.77 | | \$193,285.29 |
| Annual Premium for EEs | | \$2,007,096.96 | | \$2,502,861.24 | | \$2,319,423.48 |
| Percentage Change from Current | | | | 24.70% | | 15.56% |
| Annual Dollar Change from Current | | | | \$495,764.28 | | \$312,326.52 |

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|----|----------|----------|----------|
| ES | \$466.98 | \$479.88 | \$12.90 |
| EC | \$305.97 | \$296.90 | (\$9.07) |
| EF | \$536.15 | \$558.04 | \$21.89 |

City of Hammond

Group Plan Analysis

2014

| Benefits | Current Plan 2 Blue Cross Blue Shield of LA PPO \$2000 | | Renewal Plan 2 Blue Cross Blue Shield of LA PPO \$2000 | | UHC Option 2 UHC 43Z w/ J9 \$2000 | |
|--|--|-------------------------------|--|-------------------------------|---|-------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | | | | | | |
| Individual | \$2,000 | Same as Network | \$2,000 | Same as Network | \$2,000 | \$4,000 |
| Family | \$6,000 | Same as Network | \$6,000 | Same as Network | \$6,000 | \$8,000 |
| Coinsurance | 80/20 | 60/40 | 80/20 | 60/40 | 80/20 | 60/40 |
| Out-of-Pocket Maximum | | | | | | |
| Individual | \$4,000 | Same as Network | \$4,000 | Same as Network | \$6,000 | \$12,000 |
| Family | \$8,000 | Same as Network | \$8,000 | Same as Network | \$12,000 | \$24,000 |
| Deductible Included/Excluded? | Excluded | Excluded | Excluded | Excluded | Included | Included |
| Office Visit | | | | | | |
| Primary Care Physician | \$40 Copay Same As Primary Care | 60% After Ded | \$40 Copay Same As Primary Care | 60% After Ded | \$40 Copay Same As Primary Care | 60% After Ded |
| Specialist | | 60% After Ded | | 60% After Ded | | 60% After Ded |
| Preventive Care | 100% Allowable | 60% After Ded | 100% Allowable | 60% After Ded | 100% Allowable | 60% After Ded |
| In-Patient Services | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Hospital | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Professional Services | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Out-Patient Surgery | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Maternity Benefit | | | | | | |
| Office Visit | Same As Primary Care | 60% After Ded | Same As Primary Care | 60% After Ded | Same As Primary Care | 60% After Ded |
| Inpatient Services | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Emergency Room | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded | 80% After Ded | 60% After Ded |
| Prescription Drugs | | | | | | |
| Deductible | | Participating Pharmacies Only | | Participating Pharmacies Only | | Participating Pharmacies Only |
| Generic | \$7 | | \$7 | | \$7 | |
| Preferred Brand | \$20 | | \$20 | | \$30 | |
| Non-Preferred Brand | \$35 | | \$35 | | \$50 | |
| Multi-Source | \$50 | | \$50 | | | |
| Injectables | \$50 | | \$50 | | | |
| Creditable/Non-Creditable | | Creditable | | Creditable | | Creditable |
| Count | | | | | | |
| Employee Only | 14 | \$502.05 | \$626.06 | \$556.55 | | |
| Employee Spouse | 1 | \$949.27 | \$1,183.74 | \$997.34 | | |
| Employee Child(ren) | 1 | \$795.08 | \$991.46 | \$829.26 | | |
| Employee Family | 2 | \$1,015.50 | \$1,266.33 | \$1,069.13 | | |
| Estimated Monthly Premium | | \$10,804.05 | \$13,472.70 | \$11,756.56 | | |
| Estimated Annual Premium | | \$129,648.60 | \$161,672.40 | \$141,078.72 | | |
| Percentage Change From Current | | | 24.70% | 8.82% | | |
| Annual Dollar Change From Current | | | \$32,023.80 | \$11,430.12 | | |
| Monthly Premium for EEs | 18 | \$9,036.90 | \$11,269.08 | \$10,017.90 | | |
| Annual Premium for EEs | | \$108,442.80 | \$135,228.96 | \$120,214.80 | | |
| Percentage Change from Current | | | 24.70% | 10.86% | | |
| Annual Dollar Change from Current | | | \$26,786.16 | \$11,772.00 | | |

| | | | |
|----|----------|----------|-----------|
| ES | \$447.22 | \$440.79 | (\$6.43) |
| EC | \$293.03 | \$272.71 | (\$20.32) |
| EF | \$513.45 | \$512.58 | (\$0.87) |

City of Hammond

Group Plan Analysis

2014

City of Hammond Cost

| | | |
|-----|----|--------------|
| 315 | \$ | 605.91 |
| | \$ | 190,861.65 |
| | \$ | 2,290,339.80 |

City Court Cost

| | | |
|----|----|------------|
| 15 | \$ | 605.91 |
| | \$ | 9,088.65 |
| | \$ | 109,063.80 |

Marshall's Office Cost

| | | |
|---|----|-----------|
| 7 | \$ | 605.91 |
| | \$ | 4,241.37 |
| | \$ | 50,896.44 |

| | | |
|---------------------------------|----|--------------|
| Total Annual Cost for Employees | \$ | 2,450,300.04 |
|---------------------------------|----|--------------|

| | | |
|-----------------------------------|----|--------------|
| Total Annual Cost with Dependents | \$ | 2,840,274.84 |
|-----------------------------------|----|--------------|

City of Hammond

Group Plan Analysis

2014

Benny Card (HRA)

| | |
|----------------------|---------------|
| Maximum Exposure | \$ 483,600.00 |
| Total Funded | \$ 259,315.84 |
| Fund Used | \$ 177,697.51 |
| Percent of Fund Used | 36.74% |

*** Funding numbers as of 11/18/13 for 2013 plan year.

Group Plan Analysis
2014

Dental 4.62%

| | | |
|----|----|-------|
| EO | \$ | 26.05 |
| ES | \$ | 52.53 |
| EC | \$ | 64.32 |
| EF | \$ | 90.80 |

\$ 8,778.85

\$ 105,346.20

Annual Increase to COH \$ 4,650.60

Life Insurance No Increase Rate Guarantee for 2 additional years