

# City of Hammond

## Group Plan Analysis

2015

Benefits	Current Plan 1 UHC Option1 433 w/ J9 \$1900		Renewal UHC Option1 433 w/ J9 \$1900		Plan 1 Option 1 Blue Cross Blue Shield of LA Blue Saver \$1900 100%		Plan 1 Option 2 Humana Blue Saver \$1900 100%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$1,900	\$3,800	\$1,900	\$3,800	\$1,900	\$3,800	\$2,000	\$6,000
Family	\$3,800	\$7,600	\$3,800	\$7,600	\$3,800	\$7,600	\$4,000	\$12,000
<b>Coinsurance</b>	100%	80/20	100%	80/20	100%	80/20	100%	70/30
<b>Out-of-Pocket Maximum</b>								
Individual	\$4,100	\$8,200	\$4,100	\$8,200	\$4,100	\$8,200	\$2,000	\$8,500
Family	\$8,200	\$16,400	\$8,200	\$16,400	\$8,200	\$16,400	\$4,000	\$17,000
Deductible Included/Excluded?	Included	Included	Included	Included	Included	Included	Included	Included
<b>Office Visit</b>								
Primary Care Physician	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
Specialist	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>Preventive Care</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>In-Patient Services</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
Hospital	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
Professional Services	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>Out-Patient Surgery</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>Maternity Benefit</b>								
Office Visit	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
Inpatient Services	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>Emergency Room</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	70% After Ded
<b>Prescription Drugs</b>								
Deductible								
Generic	\$7	Same As Network	\$7	Same As Network	100% After Ded	Same As Network	100% After Ded	Same As Network
Preferred Brand	\$30	Same As Network	\$30	Same As Network	80% After Ded	Same As Network	100% After Ded	Same As Network
Non-Preferred Brand	\$50		\$50					
Multi-Source								
Injectables								
Creditable/Non-Creditable	Creditable		Creditable		Creditable		Creditable	
Count	433 w/ J9 \$1900		433 w/ J9 \$1900		Blue Saver \$1900 100%		Renewal Plan 1	
<b>Employee Only</b>	252	\$605.91	\$605.91	\$533.56	\$533.56	\$593.59	\$593.59	
<b>Employee Spouse</b>	14	\$1,085.79	\$1,085.79	\$1,067.12	\$1,067.12	\$1,062.52	\$1,062.52	
<b>Employee Child(ren)</b>	13	\$902.81	\$902.81	\$987.08	\$987.08	\$884.45	\$884.45	
<b>Employee Family</b>	37	\$1,163.95	\$1,163.95	\$1,520.63	\$1,520.63	\$1,139.70	\$1,139.70	
<b>Estimated Monthly Premium</b>		\$222,693.06	\$222,693.06	\$220,012.77	\$220,012.77	\$218,126.43	\$218,126.43	
<b>Estimated Annual Premium</b>		\$2,672,316.72	\$2,672,316.72	\$2,640,153.24	\$2,640,153.24	\$2,617,517.15	\$2,617,517.15	
<b>Percentage Change From Current</b>			0.00%	-1.20%	-1.20%	-2.05%	-2.05%	
<b>Annual Dollar Change From Current</b>			\$0.00	(\$32,163.48)	(\$32,163.48)	(\$54,799.57)	(\$54,799.57)	

ES	\$479.88	\$479.88	\$533.56	\$468.93
EC	\$296.90	\$296.90	\$453.52	\$290.86
EF	\$558.04	\$558.04	\$987.07	\$546.11

# City of Hammond

## Group Plan Analysis

2015

Benefits	Current Plan 2 UHC 43Z w/ J9 \$2000		Renewal Plan 2 UHC 43Z w/ J9 \$2000		Plan 2 Option 1 Blue Cross Blue Shield of LA PPO \$2000		Plan 2 Option 2 Humana POS \$2000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$6,000
Family	\$6,000	\$8,000	\$6,000	\$8,000	\$6,000	\$12,000	\$4,000	\$12,000
<b>Coinsurance</b>	80/20	60/40	80/20	60/40	80/20	60/40	80/20	50/50
<b>Out-of-Pocket Maximum</b>								
Individual	\$6,000	\$12,000	\$6,000	\$12,000	\$5,750	\$11,500	\$6,000	\$18,000
Family	\$12,000	\$24,000	\$12,000	\$24,000	\$11,500	\$23,000	\$12,000	\$36,000
Deductible Included/Excluded?	Included	Included	Included	Included	Included	Included	Included	Included
<b>Office Visit</b>								
Primary Care Physician	\$40 Copay Same As Primary Care	60% After Ded	\$40 Copay Same As Primary Care	60% After Ded	\$40 Copay	60% After Ded	\$35 Copay Same As Primary Care	50% After Ded
Specialist	100% Allowable	60% After Ded	100% Allowable	60% After Ded	\$55 Copay	60% After Ded	100% Allowable	50% After Ded
<b>Preventive Care</b>	100% Allowable	60% After Ded	100% Allowable	60% After Ded	100% Allowable	60% After Ded	100% Allowable	50% After Ded
<b>In-Patient Services</b>	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	50% After Ded
Hospital	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	50% After Ded
Professional Services	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	50% After Ded
<b>Out-Patient Surgery</b>	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	50% After Ded
<b>Maternity Benefit</b>								
Office Visit	Same As Primary Care	60% After Ded	Same As Primary Care	60% After Ded	Same As Primary Care	60% After Ded	Same As Primary Care	50% After Ded
Inpatient Services	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	\$250 Copay	50% After Ded
<b>Emergency Room</b>	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	60% After Ded	80% After Ded	50% After Ded
<b>Prescription Drugs</b>								
Deductible		Participating Pharmacies Only		Participating Pharmacies Only		Participating Pharmacies Only		Participating Pharmacies Only
Generic	\$7		\$7		\$7		\$7	
Preferred Brand	\$30		\$30		\$20-30		\$20	
Non-Preferred Brand	\$50		\$50		\$35-70		\$35	
Multi-Source					\$50-100		\$50	
Injectables					\$50		\$50	
Creditable/Non-Creditable		Creditable		Creditable		Creditable		Creditable
Count	43Z w/ J9 \$2000		43Z w/ J9 \$2000		PPO \$2000		POS \$2000	
<b>Employee Only</b>	16	\$556.55		\$556.55		\$508.00		\$618.41
<b>Employee Spouse</b>	0	\$997.34		\$997.34		\$1,016.00		\$1,106.96
<b>Employee Child(ren)</b>	3	\$829.26		\$829.26		\$939.80		\$921.44
<b>Employee Family</b>	1	\$1,069.13		\$1,069.13		\$1,447.80		\$1,187.35
<b>Estimated Monthly Premium</b>		\$12,461.71		\$12,461.71		\$12,395.20		\$13,846.23
<b>Estimated Annual Premium</b>		\$149,540.52		\$149,540.52		\$148,742.40		\$166,154.76
<b>Percentage Change From Current</b>				0.00%		-0.53%		11.11%
<b>Annual Dollar Change From Current</b>				\$0.00		(\$798.12)		\$16,614.24

ES	\$440.79	\$440.79	\$508.00	\$488.55
EC	\$272.71	\$272.71	\$431.80	\$303.03
EF	\$512.58	\$512.58	\$939.80	\$568.94