## City of Hammond

1-Jan-18

Employee

Employee / Spouse

Employee / Child

Employee / Family Carrier Admin Fee Total Monthly Premium

Total Annual Premium

		<b>UHC</b> APRN Mod T-5 \$2500		<b>UHC</b> APRN Mod T-5 \$2500		Blue Cross Blue Shield Blue Saver 100/80 \$2500		Blue Cross Blue Shield Blue Saver 100/80 \$2500
		Plan Type Choice Plus		Plan Type Choice Plus		Plan Type PPO		Plan Type PPO
	C	<b>Deductible</b> \$2,500 \$5,000	R	<b>Deductible</b> \$2,500 \$5,000	O P	<b>Deductible</b> \$2,500 \$5,000	O P T I O N 2	<b>Deductible</b> \$2,500 \$5,000
	u	Max Out of Pocket	e	Max Out of Pocket	T	Max Out of Pocket		Max Out of Pocket
	r	\$2,500 \$5,000	n	\$2,500 \$5,000	I I	\$3,350 \$6,700	T	\$3,350 \$6,700
	r	Copays	e	Copays		Copays		Copays
	e	100% After Ded	w	100% After Ded	O	100% After Ded		100% After Ded
	n	Inpatient Hospital	a	Inpatient Hospital	N	Inpatient Hospital	IN	Inpatient Hospital
	t	100% After Ded	1	100% After Ded		100% After Ded		100% After Ded
		RX		RX	1	RX	2	RX
		100% After Ded Generic 100% After Ded Brand		100% After Ded Generic 100% After Ded Brand		100% After Ded Generic 80% After Ded Brand		100% After Ded Generic 80% After Ded Brand
		Premium		Premium		Premium		Premium
271 18 18 32		\$543.86 \$974.60 \$810.35 \$1,044.75		\$651.54 \$1,167.56 \$970.79 \$1,251.60		\$471.04 \$1,125.79 \$1,059.84 \$1,342.46		\$536.21 \$959.82 \$798.95 \$1,029.52
		\$0.00		\$0.00		\$0.00		\$0.00
339		\$212,947.16	]	\$255,108.84	]	\$209,951.90	]	\$209,915.41
		\$2,555,365.92		\$3,061,306.08		\$2,519,422.80		\$2,518,984.92
	L			19.8%		-1.4%		-1.4%

The above analysis is for illustrative purposes only. For details regarding coverage limits within each plan design, refer to the benefit description provided by each carrier. The rates in this proposal are subject to change based on final enrollment and underwriting review. Non-Network services may be subject to balance billing, maximums may not apply. Please refer to Medical Benefit Highlights for full Non-Network Benefits.