

City of Hammond

1-Jan-19

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Blue Cross Blue Shield Blue Saver 100/80 \$2500	
Plan Type	
PPO	
Deductible	
\$2,500	\$5,000
Max Out of Pocket	
\$3,350	\$6,700
Copays	
100% After Ded	
Inpatient Hospital	
100% After Ded	
RX	
100% After Ded Generic 80% After Ded Brand	
Premium	
Employee	262
Employee / Spouse	19
Employee / Child	26
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	\$2,549,291.28

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Premium	
Employee	262
Employee / Spouse	19
Employee / Child	26
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	\$2,671,664.28
4.8%	

Employee	262
Employee / Spouse	19
Employee / Child	26
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	\$2,549,291.28

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.

City of Hammond

Group Plan Analysis

262 Singles
77 Family

Benny Card (HRA)

Maximum Exposure	\$ 748,800.00
Total Funded	\$ 403,800.00
Projected Fund Use	\$ 302,006.92
Projected % of Fund Use	40.33%

*** Funding as of 11/10/2018

Benny Card (HRA)

Maximum Exposure	\$ 748,800.00
Total Funding Estimated	\$ 449,280.00
Projected Fund Use	\$ 299,520.00
Projected % of Fund Use	40.00%

2018 Funding Method

Employee
COH Funds \$400
Employee \$700
COH Funds \$1400

Family
COH Funds \$800
Employee \$1,400
COH Funds \$2,800

Proposed 2019 Funding Method

Employee
COH Funds \$400
Employee \$700
COH Funds \$1400

Family
COH Funds \$800
Employee \$1,400
COH Funds \$2,800

Marketing Summary

Dental, Vision, Life & Disability

Dental

<u>Current Carrier</u>	Metlife
<u>Renewal Increase</u>	0% Increase

Voluntary Vision

<u>Current Carrier</u>	Metlife
<u>Renewal Increase</u>	0% Increase

Long Term Disability

<u>Current Carrier</u>	Metlife
<u>Renewal Increase</u>	0% Increase

Employer Paid Life & AD&D

<u>Current Carrier</u>	Allstate
<u>Carrier eff 1/1/19</u>	Move to Metlife

Voluntary Life & AD&D

<u>Current Carrier</u>	Allstate
<u>Carrier eff 1/1/19</u>	Move to Metlife