

City of Hammond

1-Jan-20

	Blue Cross Blue Shield Blue Saver 100/80 \$2500	Blue Cross Blue Shield Blue Saver 100/80 \$2500	Blue Cross Blue Shield Blue Saver 100/80 \$3000	Blue Cross Blue Shield Blue Saver 100/80 \$4000
C u r r e n t	Plan Type	Plan Type	Plan Type	Plan Type
	PPO	PPO	PPO	PPO
	Deductible	Deductible	Deductible	Deductible
	\$2,500 \$5,000	\$2,500 \$5,000	\$3,000 \$6,000	\$4,000 \$8,000
	Max Out of Pocket			
	\$3,350 \$6,700	\$3,350 \$6,700	\$5,000 \$10,000	\$6,350 \$12,700
	Copays	Copays	Copays	Copays
	100% After Ded	100% After Ded	100% After Ded	100% After Ded
	Inpatient Hospital	Inpatient Hospital	Inpatient Hospital	Inpatient Hospital
	100% After Ded	100% After Ded	100% After Ded	100% After Ded
RX	RX	RX	RX	
100% After Ded Generic 80% After Ded Brand	100% After Ded Generic 80% After Ded Brand	100% After Ded Generic 80% After Ded Brand	100% After Ded Generic 80% After Ded Brand	
Premium	Premium	Premium	Premium	
\$561.95	\$668.44	\$624.79	\$561.82	
Employee 272	Employee 272	Employee 272	Employee 272	
\$1,005.89	\$1,196.51	\$1,118.38	\$1,005.67	
Employee / Spouse 18	Employee / Spouse 18	Employee / Spouse 18	Employee / Spouse 18	
\$837.30	\$995.97	\$930.93	\$837.11	
Employee / Child 21	Employee / Child 21	Employee / Child 21	Employee / Child 21	
\$1,078.94	\$1,283.40	\$1,199.59	\$1,078.70	
Employee / Family 35	Employee / Family 35	Employee / Family 35	Employee / Family 35	
\$0.00	\$0.00	\$0.00	\$0.00	
Carrier Admin Fee	Carrier Admin Fee	Carrier Admin Fee	Carrier Admin Fee	
\$226,302.62	\$269,187.23	\$251,608.90	\$226,250.91	
Total Monthly Premium 346	Total Monthly Premium 346	Total Monthly Premium 346	Total Monthly Premium 346	
\$2,715,631.44	\$3,230,246.76	\$3,019,306.80	\$2,715,010.92	
	18.95%	11.18%	-0.02%	
Total Annual Premium Increase	\$514,615.32	\$303,675.36	(\$620.52)	
Additional Funding Estimate		\$84,000.00	\$222,400.00	
Total Additional Cost	\$514,615.32	\$387,675.36	\$221,779.48	
% of Total Additional Cost	18.95%	14.28%	8.17%	

Employee	272
Employee / Spouse	18
Employee / Child	21
Employee / Family	35
Carrier Admin Fee	
Total Monthly Premium	346
Total Annual Premium	

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.

City of Hammond

Group Plan Analysis

272 Singles
74 Family

Benny Card (HRA)

Maximum Exposure	\$ 756,000.00
Total Funded	\$ 417,300.00
Projected Fund Use	\$ 272,526.90
% of Fund Used as of 11/7/19	36.05%

*** Funding as of 11/07/2019

Benny Card (HRA)

Maximum Exposure	\$ 966,000.00
Total Funding Estimated	\$ 579,600.00
Projected Fund Use	\$ 386,400.00
Projected % of Fund Use	40.00%

2019 Funding Method

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

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

Proposed 2020 Funding Method

Employee
COH Funds \$400
Employee \$700
COH Funds \$1900

Family
COH Funds \$800
Employee \$1,400
COH Funds \$3,800

Marketing Summary

Dental, Vision, Life & Disability

Dental

<u>Current Carrier</u>	Metlife
<u>Carrier eff 1/1/20</u>	Sunlife

Voluntary Vision

<u>Current Carrier</u>	Metlife
<u>Carrier eff 1/1/20</u>	Sunlife

Long Term Disability

<u>Current Carrier</u>	Metlife
<u>Carrier eff 1/1/20</u>	Standard

Employer Paid Life & AD&D

<u>Current Carrier</u>	Metlife
<u>Carrier eff 1/1/20</u>	Move to Standard

Voluntary Life & AD&D

<u>Current Carrier</u>	Metlife
<u>Carrier eff 1/1/20</u>	Move to Standard