

City of Hammond

1-Jan-21

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| Employee | 269 |
|-----------------------|-----|
| Employee / Spouse | 21 |
| Employee / Child | 23 |
| Employee / Family | 36 |
| Carrier Admin Fee | |
| Total Monthly Premium | 349 |
| Total Annual Premium | |

| Blue Cross Blue Shield Blue Saver 100/80 \$3000 |
|--|
| Plan Type |
| PPO |
| Deductible |
| \$3,000 |
| \$6,000 |
| Max Out of Pocket |
| \$5,000 |
| \$10,000 |
| Copays |
| 100% After Ded |
| Inpatient Hospital |
| 100% After Ded |
| RX |
| 100% After Ded Generic 80% After Ded Brand |
| Premium |
| \$624.80 |
| \$1,118.38 |
| \$930.93 |
| \$1,199.59 |
| |
| \$0.00 |
| \$256,153.81 |
| \$3,073,845.72 |

| Blue Cross Blue Shield Blue Saver 100/80 \$3000 |
|--|
| Plan Type |
| PPO |
| Deductible |
| \$3,000 |
| \$6,000 |
| Max Out of Pocket |
| \$5,000 |
| \$10,000 |
| Copays |
| 100% After Ded |
| Inpatient Hospital |
| 100% After Ded |
| RX |
| 100% After Ded Generic 80% After Ded Brand |
| Premium |
| \$652.92 |
| \$1,168.71 |
| \$972.82 |
| \$1,253.57 |
| |
| \$0.00 |
| \$267,681.77 |
| \$3,212,181.24 |

Total Annual Premium Increase

\$138,335.52

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

City of Hammond

1-Jan-21

| | | | | | | | | | | | | | | | |
|-------------------------------|-----|-----------------|----------------|-------------------------------|-----|-----------------|----------------|-------------------------------|----|-----------------|--------------|-------------------------------|---|-----------------|-------------|
| Total Covered | | Current Premium | | COH & Retiree | | Current Premium | | City Court | | Current Premium | | Marshal | | Current Premium | |
| Employee | 269 | | \$624.80 | Employee | 252 | | \$624.80 | Employee | 12 | | \$624.80 | Employee | 5 | | \$624.80 |
| Employee / Spouse | 21 | | \$1,118.38 | Employee / Spouse | 18 | | \$1,118.38 | Employee / Spouse | 1 | | \$1,118.38 | Employee / Spouse | 2 | | \$1,118.38 |
| Employee / Child | 23 | | \$930.93 | Employee / Child | 22 | | \$930.93 | Employee / Child | 1 | | \$930.93 | Employee / Child | 0 | | \$930.93 |
| Employee / Family | 36 | | \$1,199.59 | Employee / Family | 35 | | \$1,199.59 | Employee / Family | 1 | | \$1,199.59 | Employee / Family | 0 | | \$1,199.59 |
| Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 |
| Total Monthly Premium | 349 | | \$256,153.81 | Total Monthly Premium | 327 | | \$240,046.55 | Total Monthly Premium | 15 | | \$10,746.50 | Total Monthly Premium | 7 | | \$5,360.76 |
| Total Annual Premium | | | \$3,073,845.72 | Total Annual Premium | | | \$2,880,558.60 | Total Annual Premium | | | \$128,958.00 | Total Annual Premium | | | \$64,329.12 |
| | | | | | | | | | | | | | | | |
| Total Covered | | Renewal Premium | | COH & Retiree | | Renewal Premium | | City Court | | Renewal Premium | | Marshal | | Renewal Premium | |
| Employee | 269 | | \$652.92 | Employee | 252 | | \$652.92 | Employee | 12 | | \$652.92 | Employee | 5 | | \$652.92 |
| Employee / Spouse | 21 | | \$1,168.71 | Employee / Spouse | 18 | | \$1,168.71 | Employee / Spouse | 1 | | \$1,168.71 | Employee / Spouse | 2 | | \$1,168.71 |
| Employee / Child | 23 | | \$972.82 | Employee / Child | 22 | | \$972.82 | Employee / Child | 1 | | \$972.82 | Employee / Child | 0 | | \$972.82 |
| Employee / Family | 36 | | \$1,253.57 | Employee / Family | 35 | | \$1,253.57 | Employee / Family | 1 | | \$1,253.57 | Employee / Family | 0 | | \$1,253.57 |
| Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 | Carrier Admin Fee | | | \$0.00 |
| Total Monthly Premium | 349 | | \$267,681.77 | Total Monthly Premium | 327 | | \$250,849.61 | Total Monthly Premium | 15 | | \$11,230.14 | Total Monthly Premium | 7 | | \$5,602.02 |
| Total Annual Premium | | | \$3,212,181.24 | Total Annual Premium | | | \$3,010,195.32 | Total Annual Premium | | | \$134,761.68 | Total Annual Premium | | | \$67,224.24 |
| | | 4.50% | | | | 4.50% | | | | 4.50% | | | | 4.50% | |
| Total Covered | | | | COH & Retiree | | | | City Court | | | | Marshal | | | |
| Total Annual Premium Increase | | \$138,335.52 | | Total Annual Premium Increase | | \$129,636.72 | | Total Annual Premium Increase | | \$5,803.68 | | Total Annual Premium Increase | | \$2,895.12 | |

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

269 Singles
80 Family

Benny Card (HRA)

| | |
|-------------------------------|---------------|
| Maximum Exposure | \$ 986,700.00 |
| Total Funded | \$ 465,500.00 |
| Projected Fund Use | \$ 265,021.50 |
| % of Fund Used as of 11/12/20 | 26.86% |

*** Funding as of 11/12/20

Benny Card (HRA)

| | |
|-------------------------|---------------|
| Maximum Exposure | \$ 986,700.00 |
| Total Funding Estimated | \$ 592,020.00 |
| Projected Fund Use | \$ 394,680.00 |
| Projected % of Fund Use | 40.00% |

2020 Funding Method

| |
|-------------------|
| Employee |
| COH Funds \$400 |
| Employee \$700 |
| COH Funds \$1900 |
| Family |
| COH Funds \$800 |
| Employee \$1,400 |
| COH Funds \$3,800 |

Proposed 2021 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> | Sunlife |
| <u>Carrier eff 1/1/21</u> | Sunlife |

Voluntary Vision

| | |
|---------------------------|---------|
| <u>Current Carrier</u> | Sunlife |
| <u>Carrier eff 1/1/21</u> | Sunlife |

Long Term Disability

| | |
|---------------------------|----------|
| <u>Current Carrier</u> | Standard |
| <u>Carrier eff 1/1/21</u> | Standard |

Employer Paid Life & AD&D

| | |
|---------------------------|----------|
| <u>Current Carrier</u> | Standard |
| <u>Carrier eff 1/1/21</u> | Standard |

Voluntary Life & AD&D

| | |
|---------------------------|----------|
| <u>Current Carrier</u> | Standard |
| <u>Carrier eff 1/1/21</u> | Standard |

Marylea Fears

From: Mickie Thompson <mickie.thompson@bxsi.com> on behalf of Mickie Thompson
Sent: Tuesday, October 20, 2020 3:19 PM
To: Marylea Fears
Subject: Fwd: [External] Re: BXS_ENCRYPT RFP for City of Hammond

Mickie Thompson | Senior Account Executive

BXS Insurance | [110 West Morris Avenue | Hammond, Louisiana 70403](#)
(O) [985-340-4092](#) | (M) [985-981-0957](#) | (F) [985-340-4976](#) | mickie.thompson@bxsi.com | bxsi.com

Begin forwarded message:

From: "Mackendrick, Jonathan 866" <JONATHAN.MACKENDRICK@cigna.com>
Date: October 20, 2020 at 3:18:36 PM CDT
To: Mickie Thompson <mickie.thompson@bxsi.com>
Subject: RE: [External] Re: BXS_ENCRYPT RFP for City of Hammond

Mickie,

I will have to DTQ for uncompetitive rates.

Jon MacKendrick
New Business Manager
Cigna HealthCare
2800 North Loop West, Suite 700
Houston, TX 77092
D 713.576.4401
C 832.506.1994



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From: Mickie Thompson [mailto:mickie.thompson@bxsi.com]
Sent: Monday, October 19, 2020 10:20 AM
To: Mackendrick, Jonathan 866 <JONATHAN.MACKENDRICK@cigna.com>
Subject: [External] Re: BXS_ENCRYPT RFP for City of Hammond
Sensitivity: Private

Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of City of Hammond's request for a quote of group health coverage (the "Request"). We have determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should City of Hammond continue to be interested in this information.

If it is still City of Hammond's position to have us provide a quote for group health coverage, please

- a) Furnish the information indicated below that has not already been provided (where available), and
- b) Sign and return this notification to us as indicated below.

In order for us to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
 - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24-month period.
 - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred whether a completion factor has been applied). Provide the information broken down for each unique plan offering.
 - Please identify if any of the plans are capitated. If so, indicate whether capitations are included/excluded from the claim information.
 - Large claim information for individual claims in excess of \$25,000 based on the same time period as the claims data provided.
 - **For Hospital or Health Systems only:** Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
 - **Individual Medical Questionnaires (IMQ)** (Where allowed by state) – will be required if/when monthly claim data is not available
 - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
- 5-year carrier history
- Large Claim Data: including diagnosis and claimant status information. Identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
- Current commission level
- A recent utilization report from the current carrier. This should include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services. The report should also identify the top utilized facilities
- Please provide information/reason on any required data noted as not available

City of Hammond Certification:

I understand Aetna position on its product offerings' alignment with our request, but City of Hammond requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature

Title

Date

Please send this form back c/o David Barrett via email drbarrett@aetna.com or at 866/513-8380 via fax.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna). Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it Signature Title Date is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Marylea Fears

From: Parks, Christopher R <chris.parks@uhc.com> on behalf of Parks, Christopher R
Sent: Tuesday, November 3, 2020 11:42 AM
To: Marylea Fears
Cc: Mickie Thompson
Subject: RE: City of Hammond Quote

Sorry guys, I received a decline from underwriting.

We aren't able to compete with the BCBS renewal this year.

Thanks,
Chris Parks

From: Marylea Fears <marylea.fears@bxsi.com>
Sent: Tuesday, November 3, 2020 10:51 AM
To: Parks, Christopher R <chris.parks@uhc.com>
Cc: Mickie Thompson <mickie.thompson@bxsi.com>
Subject: City of Hammond Quote

Hey Chris, just wanted to check the status of this as we thought it was coming out last week. I know the hurricane may have added a kink but when do you think we can get this?

Thanks,

Marylea Fears

Marylea Fears | Sr. Employee Benefits Account Manager
BXS Insurance | 110 W. Morris | Hammond, Louisiana 70403
(O) 985-340-4092 or 888-240-5899 | (M) 225-978-7410 |
(F) 985-340-4976 | marylea.fears@bxsi.com



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