

City of Hammond  
Group Plan Analysis  
2017

	<b>Current</b> <b>UHC Option1</b> AF9N w/ T5-INT \$2500		<b>Renewal</b> <b>UHC Option2</b> AF9N w/ T5-INT \$2500		<b>Option 1</b> <b>UHC</b> AF9N w/ T5-INT \$2800	
<b>Benefits</b>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$2,500	\$5,000	\$2,500	\$5,000	\$2,800	\$5,600
Family	\$5,000	\$10,000	\$5,000	\$10,000	\$5,600	\$11,200
<b>Coinsurance</b>	100%	80/20	100%	80/20	100%	80/20
<b>Out-of-Pocket Maximum</b>						
Individual	\$2,500	\$10,000	\$2,500	\$10,000	\$2,800	\$5,600
Family	\$5,000	\$20,000	\$5,000	\$20,000	\$5,600	\$11,200
Deductible Included/Excluded?	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
Specialist	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded
<b>Preventive Care</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% 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
Hospital	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded
Professional Services	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% 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
<b>Maternity Benefit</b>						
Office Visit	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded
Inpatient Services	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded
<b>Emergency Room</b>	100% After Ded	80% After Ded	100% After Ded	80% After Ded	100% After Ded	80% After Ded
<b>Prescription Drugs</b>						
Deductible						
Generic	100% After Ded	Same As Network	100% After Ded	Same As Network	100% After Ded	Same As Network
Preferred Brand	100% After Ded	Same As Network	100% After Ded	Same As Network	100% After Ded	Same As Network
Non-Preferred Brand						
Multi-Source						
Injectables						
Creditable/Non-Creditable		Creditable		Creditable		Creditable
	<b>Count</b>	<b>AF9N w/ T5-INT \$2500</b>	<b>AF9N w/ T5-INT \$2500</b>	<b>AF9N w/ T5-INT \$2500</b>	<b>AF9N w/ T5-INT \$2800</b>	<b>AF9N w/ T5-INT \$2800</b>
<b>Employee Only</b>	256	\$508.28	\$543.86	\$543.86	\$527.66	\$527.66
<b>Employee Spouse</b>	18	\$910.84	\$974.60	\$974.60	\$945.57	\$945.57
<b>Employee Child(ren)</b>	15	\$757.34	\$810.35	\$810.35	\$786.22	\$786.22
<b>Employee Family</b>	36	\$976.40	\$1,044.75	\$1,044.75	\$1,013.63	\$1,013.63
<b>Estimated Monthly Premium</b>		\$193,025.30	\$206,537.21	\$206,537.21	\$200,385.20	\$200,385.20
<b>Estimated Annual Premium</b>		\$2,316,303.60	\$2,478,446.52	\$2,478,446.52	\$2,404,622.40	\$2,404,622.40
<b>Percentage Change From Current</b>			7.00%	7.00%	3.81%	3.81%
<b>Annual Dollar Change From Current</b>			\$162,142.92	\$162,142.92	\$88,318.80	\$88,318.80
<b>Annual Dollar Change for EO Cost</b>			\$138,762.00	\$138,762.00	\$75,582.00	\$75,582.00

COH	\$508.28	\$543.86	\$35.58	\$527.66	\$19.38
EE	\$0.00	\$0.00		\$0.00	
ES	\$402.56	\$430.74	\$28.18	\$417.91	\$15.35
EC	\$249.06	\$266.49	\$17.43	\$258.56	\$9.50
EF	\$468.12	\$500.89	\$32.77	\$485.97	\$17.85

# City of Hammond

## Group Plan Analysis

2016

256 Singles  
69 Family

### Benny Card (HRA)

Maximum Exposure	\$ 709,200.00
Total Funded	\$ 400,588.41
Projected Fund Use	\$ 237,819.16
Projected % of Fund Use	33.53%

\*\*\* Funding as of 11/21/16

### Benny Card (HRA)

Maximum Exposure	\$ 709,200.00
Total Funding Estimated	\$ 425,520.00
Projected Fund Use	\$ 248,220.00
Projected % of Fund Use	35.00%

### 2016 Funding Method

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

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

### Proposed 2017 Funding Method

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

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