

City of Hammond

1-Jan-18

C
u
r
r
e
n
t

UHC APRN Mod T-5 \$2500	
Plan Type	Choice Plus
Deductible	\$2,500 \$5,000
Max Out of Pocket	\$2,500 \$5,000
Copays	100% After Ded
Inpatient Hospital	100% After Ded
RX	100% After Ded Generic 100% After Ded Brand
Premium	
Employee	271
Employee / Spouse	18
Employee / Child	18
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	

R
e
n
e
w
a
l

UHC APRN Mod T-5 \$2500	
Plan Type	Choice Plus
Deductible	\$2,500 \$5,000
Max Out of Pocket	\$2,500 \$5,000
Copays	100% After Ded
Inpatient Hospital	100% After Ded
RX	100% After Ded Generic 100% After Ded Brand
Premium	
Employee	271
Employee / Spouse	18
Employee / Child	18
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	

O
P
T
I
O
N
1

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	271
Employee / Spouse	18
Employee / Child	18
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	

O
P
T
I
O
N
2

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	271
Employee / Spouse	18
Employee / Child	18
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
Total Annual Premium	

Employee	271
Employee / Spouse	18
Employee / Child	18
Employee / Family	32
Carrier Admin Fee	\$0.00
Total Monthly Premium	339
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.

