

# City of Hammond

1-Jan-22

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Blue Cross Blue Shield Blue Saver 100/80 \$3000	
<b>Plan Type</b>	PPO
<b>Deductible</b>	\$3,000 \$6,000
<b>Max Out of Pocket</b>	\$5,000 \$10,000
<b>Copays</b>	100% After Ded
<b>Inpatient Hospital</b>	100% After Ded
<b>RX</b>	100% After Ded Generic 80% After Ded Brand
<b>Premium</b>	\$652.92 \$1,168.71 \$972.82 \$1,253.57
<b>Carrier Admin Fee</b>	\$0.00
<b>Total Monthly Premium</b>	\$271,795.25
<b>Total Annual Premium</b>	\$3,261,543.00

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<b>Total Annual Premium</b>	\$3,261,543.00
<b>Total Annual Premium Increase</b>	0.00%

Employee	280
Employee / Spouse	21
Employee / Child	25
Employee / Family	32
Carrier Admin Fee	
<b>Total Monthly Premium</b>	358
<b>Total Annual Premium</b>	

**Total Annual Premium Increase**

**\$0.00**

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

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Total Covered		Current Premium		COH & Retiree		Current Premium		City Court		Current Premium		Marshal		Current Premium	
Employee	280		\$652.92	Employee	263		\$652.92	Employee	12		\$652.92	Employee	5		\$652.92
Employee / Spouse	21		\$1,168.71	Employee / Spouse	19		\$1,168.71	Employee / Spouse	1		\$1,168.71	Employee / Spouse	1		\$1,168.71
Employee / Child	25		\$972.82	Employee / Child	24		\$972.82	Employee / Child	1		\$972.82	Employee / Child	0		\$972.82
Employee / Family	32		\$1,253.57	Employee / Family	31		\$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	358		\$271,795.25	Total Monthly Premium	337		\$256,131.80	Total Monthly Premium	15		\$11,230.14	Total Monthly Premium	6		\$4,433.31
Total Annual Premium			\$3,261,543.00	Total Annual Premium			\$3,073,581.60	Total Annual Premium			\$134,761.68	Total Annual Premium			\$53,199.72
Total Covered		Renewal Premium		COH & Retiree		Renewal Premium		City Court		Renewal Premium		Marshal		Renewal Premium	
Employee	280		\$652.92	Employee	263		\$652.92	Employee	12		\$652.92	Employee	5		\$652.92
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		0.00%				0.00%				0.00%				0.00%	
<b>Total Covered</b>				<b>COH &amp; Retiree</b>				<b>City Court</b>				<b>Marshal</b>			
<b>Total Annual Premium Increase</b>		\$0.00		<b>Total Annual Premium Increase</b>		\$0.00		<b>Total Annual Premium Increase</b>		\$0.00		<b>Total Annual Premium Increase</b>		\$0.00	

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

280 Singles  
78 Family

### Benny Card (HRA)

Maximum Exposure	\$ 1,002,800.00
Total Funded	\$ 477,800.00
Projected Fund Use	\$ 286,772.11
% of Fund Used as of 11/4/21	28.60%

\*\*\* Funding as of 11/4/21

### Benny Card (HRA)

Maximum Exposure	\$ 1,002,800.00
Total Funding Estimated	\$ 601,680.00
Projected Fund Use	\$ 401,120.00
Projected % of Fund Use	40.00%

### 2021 Funding Method

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

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

### Proposed 2022 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

Current Carrier Sunlife  
Carrier eff 1/1/22 Metlife

#### Voluntary Vision

Current Carrier Sunlife  
Carrier eff 1/1/22 Metlife

#### Long Term Disability

Current Carrier Standard  
Carrier eff 1/1/22 Metlife

#### Employer Paid Life & AD&D

Current Carrier Standard  
Carrier eff 1/1/22 Metlife

#### Voluntary Life & AD&D

Current Carrier Standard  
Carrier eff 1/1/22 Metlife

Henry Powell

BXS Insurance, a subsidiary of BancorpSouth Bank

4041 Essen Ln Ste 400

Baton Rouge, LA70809-7318

RE: City of Hammond

Dear Henry Powell,

Thank you for considering Cigna HealthCare for City of Hammond.

Based upon our evaluation of the information provided with your request for proposal, we do not believe that we can offer a competitive proposal. Therefore, we respectfully decline to offer a quote at this time.

We appreciate being given the opportunity to review your request for a proposal and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Jon MacKendrick

New Business Manager

Thank you for including Aetna in the recent RFP for the City of Hammond. After reviewing the information provided, at this time we must respectfully decline to quote as we are not able to provide sufficient incentive for the group to consider an CVS Health/Aetna solution. We hope to work with you on future opportunities where we may be a better match.

In the meantime, if we can be of any assistance, please do not hesitate to call.

Regards,

Brett Stewart | Sales Vice President, Public & Labor Segment, Midsouth (AR, NC, SC, TN) & GA/Gulf States (AL, GA, LA, MS) Markets

5000 CentreGreen Way, Suite 350, Cary, NC 27513 | W: 910.200.6690 | C: 312.735.4465

[bstewart@aetna.com](mailto:bstewart@aetna.com)





**Parks, Christopher R**

to me ▾

Sorry, no luck this year. We aren't able to compete with the BCBS renewal.

Thanks,  
Chris Parks

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