

City of Hammond

1-Jan-23

	Blue Cross Blue Shield Blue Saver 100/80 \$3000	Blue Cross Blue Shield Blue Saver 100/80 \$3000	Blue Cross Blue Shield Blue Saver 100/80 \$3000	United Healthcare CSQR H S A	Humana NPOS EHDHP 16 COINS
C u r r e n t	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type
	PPO	PPO	PPO	Choice Plus	National POS Open Access
	Deductible	Deductible	Deductible	Deductible	Deductible
	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000
	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket
	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 \$8,000	\$3,000 \$6,000
	Copays	Copays	Copays	Copays	Copays
	100% After Ded	100% After Ded	100% After Ded	PCP Ded +\$30 Specialist Ded +\$60	100% After Ded
	Inpatient Hospital	Inpatient Hospital	Inpatient Hospital	Inpatient Hospital	Inpatient Hospital
	100% After Ded	100% After Ded	100% After Ded	Ded + \$500	100% After Ded
	RX	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	Med Ded then \$15/\$45/\$75	100% After Ded Generic 100% After Ded Brand
Premium	Premium	Premium	Premium	Premium	
\$652.92	\$690.79	\$671.20	\$695.59	\$804.41	
Employee / Spouse 25	\$1,168.71	\$1,201.43	\$1,245.09	\$1,439.90	
Employee / Child 21	\$972.82	\$1,029.24	\$1,036.40	\$1,198.58	
Employee / Family 34	\$1,253.57	\$1,326.28	\$1,335.49	\$1,544.48	
Carrier Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00	
Total Monthly Premium 357	\$273,127.19	\$288,968.89	\$280,774.19	\$290,976.74	
Total Annual Premium	\$3,277,526.28	\$3,467,626.68	\$3,369,290.28	\$3,491,720.88	
		5.80%	2.80%	6.54%	23.20%
		\$190,100.40	\$91,764.00	\$214,194.60	\$760,492.56

Employee	277
Employee / Spouse	25
Employee / Child	21
Employee / Family	34
Carrier Admin Fee	
Total Monthly Premium	357
Total Annual Premium	

Total Annual Premium Increase

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.

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Total Covered		Current Premium		COH & Retiree		Current Premium		City Court		Current Premium		Marshal		Current Premium	
Employee	277		\$652.92	Employee	257		\$652.92	Employee	13		\$652.92	Employee	7		\$652.92
Employee / Spouse	25		\$1,168.71	Employee / Spouse	23		\$1,168.71	Employee / Spouse	1		\$1,168.71	Employee / Spouse	1		\$1,168.71
Employee / Child	21		\$972.82	Employee / Child	21		\$972.82	Employee / Child	0		\$972.82	Employee / Child	0		\$972.82
Employee / Family	34		\$1,253.57	Employee / Family	32		\$1,253.57	Employee / Family	2		\$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	357		\$273,127.19	Total Monthly Premium	333		\$255,224.23	Total Monthly Premium	16		\$12,163.81	Total Monthly Premium	8		\$5,739.15
Total Annual Premium			\$3,277,526.28	Total Annual Premium			\$3,062,690.76	Total Annual Premium			\$145,965.72	Total Annual Premium			\$68,869.80
Total Covered		Revised Renewal Premium		COH & Retiree		Revised Renewal Premium		City Court		Revised Renewal Premium		Marshal		Revised Renewal Premium	
Employee	277		\$671.20	Employee	257		\$671.20	Employee	13		\$671.20	Employee	7		\$671.20
Employee / Spouse	25		\$1,201.43	Employee / Spouse	23		\$1,201.43	Employee / Spouse	1		\$1,201.43	Employee / Spouse	1		\$1,201.43
Employee / Child	21		\$1,000.06	Employee / Child	21		\$1,000.06	Employee / Child	0		\$1,000.06	Employee / Child	0		\$1,000.06
Employee / Family	34		\$1,288.67	Employee / Family	32		\$1,288.67	Employee / Family	2		\$1,288.67	Employee / Family	0		\$1,288.67
Carrier Admin Fee			\$0.00	Carrier Admin Fee			\$0.00	Carrier Admin Fee			\$0.00	Carrier Admin Fee			\$0.00
Total Monthly Premium	357		\$280,774.19	Total Monthly Premium	333		\$262,369.99	Total Monthly Premium	16		\$12,504.37	Total Monthly Premium	8		\$5,899.83
Total Annual Premium			\$3,369,290.28	Total Annual Premium			\$3,148,439.88	Total Annual Premium			\$150,052.44	Total Annual Premium			\$70,797.96
			2.80%				2.80%				2.80%				2.80%
Total Covered		Total Annual Premium Increase		COH & Retiree		Total Annual Premium Increase		City Court		Total Annual Premium Increase		Marshal		Total Annual Premium Increase	
			\$91,764.00				\$85,749.12				\$4,086.72				\$1,928.16

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Group Plan Analysis

277 Singles
80 Family

Benny Card (HRA)

Maximum Exposure	\$ 1,005,100.00
Total Funded	\$ 478,200.00
Projected Fund Use	\$ 298,834.25
% of Fund Used as of 11/10/22	29.73%

*** Funding as of 11/10/22

Benny Card (HRA)

Maximum Exposure	\$ 1,005,100.00
Total Funding Estimated	\$ 603,060.00
Projected Fund Use	\$ 402,040.00
Projected % of Fund Use	40.00%

2022 Funding Method

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

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

Proposed 2023 Funding Method

Employee
COH Funds \$2,300
Employee \$700

Family
COH Funds \$4,600
Employee \$1,400

Marketing Summary

Dental, Vision, Life & Disability

Dental

Current Carrier Metlife

Voluntary Vision

Current Carrier Metlife

Long Term Disability

Current Carrier Metlife

Employer Paid Life & AD&D

Current Carrier Metlife

Voluntary Life & AD&D

Current Carrier Metlife