

Group Name: City of Hammond
Compare Plans Report - Current/Renewal Medical
Effective: 01/01/2027



	Plan 1 BCBSLA Blue Saver 100/80 \$3000			Plan 2 BCBSLA Blue Saver 80/60 \$4000		
Grandfather Status	Non-Grandfathered			Non-Grandfathered		
General Plan Information	In-Network			In-Network		
Annual Deductible/Individual	\$3,000			\$4,000		
Annual Deductible/Family	\$6,000			\$8,000		
Coinsurance	100%			80%		
Primary Care Visit	No Charge			80% after Deductible		
Outpatient Specialist Visit	No Charge			80% after Deductible		
Annual Out-of-Pocket Limit/Individual	\$5,000			\$6,350		
Annual Out-of-Pocket Limit/Family	\$10,000			\$12,700		
Included in Out-of-Pocket Limits	Yes			Yes		
Lifetime Plan Maximum	Unlimited			Unlimited		
Preventive Services						
Well-Child and Adult Exams	Covered			Covered		
Hospital Services						
Surgery Facility	No Charge			80% after Deductible		
Professional Services	No Charge			80% after Deductible		
Emergency Room	No Charge			80% after Deductible		
Urgent Care Facility	No Charge			80% after Deductible		
Lab & Low Tech Imaging	No Charge			80% after Deductible		
High Tech Imaging	No Charge			80% after Deductible		
Rehab (Speech, Phys. & Occ Therapy)	No Charge			80% after Deductible		
Inpatient Services						
Inpatient Hospitalization	No Charge			80% after Deductible		
Professional Services	No Charge			80% after Deductible		
Prescription Drug Benefits						
Deductible	Included in Medical			Included in Medical		
Tier 1	No Charge			80% after Deductible		
Tier 2	NA			NA		
Tier 3	80% after Deductible			60% after Deductible		
Tier 4	80% after Deductible			60% after Deductible		
Tier 5	80% after Deductible			60% after Deductible		
Rates	Current		Renewal	Current		Renewal
Employee Only	13	\$820.90	\$779.86	257	\$677.65	\$643.77
Employee + Spouse	2	\$1,469.40	\$1,395.93	21	\$1,212.98	\$1,152.33
Employee + Child(ren)	2	\$1,223.11	\$1,161.95	33	\$1,009.68	\$959.20
Family	4	\$1,576.10	\$1,497.30	34	\$1,301.07	\$1,236.02
Total Premium Per Plan	21	\$22,361.12	\$21,243.14	345	\$277,184.45	\$263,326.10
Percentage Rate Change Per Plan	-		-5.0%	-		-5.0%
Total Percentage Rate Change	-5.0%					
Total Current Monthly Premium	\$299,545.57					
Total Renewal Monthly Premium	\$284,569.24					
Monthly Increase/Savings (\$)	-\$14,976.33					
Annual Increase/Savings (\$)	-\$179,715.96					
The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.						



Base Plan
Health Reimbursement Arrangement

Deductible Breakdown

	<u>SINGLE</u>	<u>FAMILY</u>
Initial Deductible Funding (City Pays)	\$3,300	\$6,600
Member Deductible Responsibility (Out of Pocket)	\$700	\$1,400
Total BCBS	\$4,000	\$8,000

Member may incur up to an additional \$2,350 For RX Cost	Member may incur up to an additional \$4,700 For RX Cost
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Buy Up Plan
Health Reimbursement Arrangement

Deductible Breakdown

	<u>SINGLE</u>	<u>FAMILY</u>
Initial Deductible Funding (City Pays)	\$2,300	\$4,600
Member Deductible Responsibility (Out of Pocket)	\$700	\$1,400
Total BCBS Deductible	\$3,000	\$6,000

Member may incur up to an additional \$2000 for cost of RX

Member may incur up to an additional \$4000 for cost of RX

2027 HRA Projection

Maximum Exposure	\$1,579,000.00
Projected Funds Used	\$552,650.00
% of Funds Used	35%

Group Name: City of Hammond
Compare Plans Report - Basic Life AD&D
Effective: 01/01/2027

Carrier	Current / Renewal MetLife	
Rate Guarantee	12 Months	
Participation Requirements	100%	100%
Per Covered Benefit	\$1,000	\$1,000
Volume	\$10,147,500	\$10,147,500
Life Rate	\$0.152	\$0.172
AD & D Rate	\$0.037	\$0.037
Total Rate	\$0.189	\$0.209
Total Monthly Premium	\$1,917.88	\$2,120.83
Total Annual Premium	\$23,014.53	\$25,449.93
Percentage Rate Change	-	10.58%
General Plan Information		
Life Benefit	\$30,000	
AD & D Benefit	Matches Life Benefit	
Guarantee Issue	\$30,000	
Age Reduction Schedule	Reduction of 35% at age 65, 50% at age 70	
The rates outlined above are intended as a rate comparison only. Rates are based on census information received. Final rates are subject to actual enrollment, plan design(s) selected, and underwriting approval.		