


City of Mandeville – 2022-2023 Benefits Overview

	Humana Ochsner Only Plan		Humana Base Plan		Humana Buy-Up Plan	
	Employee monthly rates	City monthly rates	Employee monthly rates	City monthly rates	Employee monthly rates	City monthly rates
Employee	0.00	\$704.30	\$55.25	\$714.14	\$88.54	\$779.18
Employee + Spouse	\$40.00	\$1,368.59	\$110.55	\$1,428.23	\$177.09	\$1,558.34
Employee + Child(ren)	\$20.00	\$1,282.95	\$102.27	\$1,321.10	\$163.80	\$1,441.47
Family	\$60.00	\$1,947.24	\$157.67	\$2,035.09	\$252.35	\$2,220.64
	Network		Network		Network	
Office Copay	\$25 PCP \$65 Specialist		\$25 PCP \$40 Specialist		\$25 PCP \$40 Specialist	
Outpatient X-Ray/Lab	100% if not facility		100% if not facility		100% if not facility	
Advanced Imaging	\$375 Copay		Deductible & Coinsurance		Deductible & Coinsurance	
Inpatient	\$700/day up to 3 days		Deductible & Coinsurance		Deductible & Coinsurance	
Outpatient	\$700 Copay - Facility		Deductible & Coinsurance		Deductible & Coinsurance	
ER Copay	\$375 (Waived if admitted)		\$350 (Waived if admitted)		\$350 (Waived if admitted)	
Urgent Care Copay	\$100 \$25 if Ochsner Urgent Care		\$100		\$100	
Wellness	100% if participating provider		100% if participating provider		100% if participating provider	
Therapy	PT/OT/ST/Cardiac Ltd 60 combined		PT/OT/ST/Cardiac Ltd 60 combined		PT/OT/ST/Cardiac Ltd 60 combined	
Prescription Drugs	\$10 Tier 1 \$40 Tier 2 \$70 Tier 3 25% to \$100 max Tier 4		\$10 Tier 1 \$40 Tier 2 \$70 Tier 3 25% to \$100 max Tier 4		\$10 Tier 1 \$40 Tier 2 \$60 Tier 3 25% to \$100 max Tier 4	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible	\$0 Individual \$0 Family	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$12,000 Family	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family
Coinsurance	100%	50%	90%	60%	100%	70%
Out-Of-Pocket* Maximum	\$6,000 Individual \$12,000 Family	\$18,000 Individual \$36,000 Family	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family	\$4,000 Individual \$8,000 Family	\$12,000 Individual \$24,000 Family

* Out-of-Pocket Maximum Includes Medical Deductible, Coinsurance and Medical and Prescription Copays

Dental Insurance	Employee monthly rates	City monthly rates	<i>Deductible (waived for preventative):</i>	
Employee	0.00	\$27.00	Annual Maximum (plus 30% annual max benefit) Preventative (oral exam, three cleanings, bitewing x-rays, space maint.) Basic (fillings, extractions, periodontics, endodontics) Major (crowns, dentures, bridges, implants) Orthodontia (children only to age 18) - Lifetime Maximum	\$50 Individual \$150 Family
Employee + Spouse	\$5.46	\$48.51		\$1,000*
Employee + Child(ren)	\$7.16	\$67.21		100%
Family	\$9.78	\$92.68		80%
				50%
				\$1000

Vision Insurance	Employee monthly rates	City monthly rates	<i>Frequency:</i>	<i>Non-Network:</i>
Employee	4.56	\$0.00	Exam 12 months	Single - up to \$25 Bifocal - up to \$40 Trifocal - up to \$60 Lenticular - up to \$100
Employee + Spouse	\$9.10	\$0.00	Frames 24 months (\$130 allowance, 20% off remaining balance)	
Employee + Child(ren)	\$10.16	\$0.00	Lenses 12 months (Child standard polycarbonate covered in full)	<i>Non-Network Reimbursements:</i> Exam - up to \$30 Materials - up to \$65
Family	\$15.10	\$0.00	Contacts (12 months in lieu of eyeglass lenses) Elective Up to \$40 copay for standard fitting (\$130 allowance; 15% off remaining balance) Medically necessary contacts are fully covered	
			<i>Copays (in network):</i> Exam Copay \$10 Materials Copay \$15	

* New hire waiting period: 1st of the month following 30 days of employment

*This is a brief summary and does not constitute a contract. Please refer to your certificate of Insurance for more information.

*Last Updated on 1/26/2022 and effective 3/1/2022 - 2/28/2023

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<p>Basic Life & AD&D Insurance (An employee benefit, premiums paid by the City)</p>	<p>Life \$15,000 AD&D \$15,000</p> <p>Benefit reduces to 65% at age 65 Benefit reduces to 50% at age 70 Reductions based on original amount</p>
<p>Voluntary Life & AD&D</p>	<p><i>Employee Benefit:</i> Increments of \$10,000 to a maximum of \$300,000 Guarantee issue \$130,000</p> <p><i>Spouse Benefit:</i> Increments of \$5,000 to a maximum of \$150,000, up to 100% of employee election Guarantee issue \$35,000</p> <p><i>Children Benefit:</i> Birth to 6 months \$2,500 6 months to age 26 \$10,000</p> <p>Benefit reduces to 65% at age 65 Benefit reduces to 50% at age 70 Reductions based on original amount</p>
<p>Long-Term Disability (An employee benefit, premiums paid by the City)</p>	<p>Elimination Period: 90 days Benefit: 60% of base salary Max Benefit: \$5,000 per month Max Benefit Duration: up to retirement age, defined by Social Security</p>
<p>Flexible Spending Account (Open Enrollment in December)</p>	<p>Unreimbursed Medical Maximum Election \$2,750 Dependent Care Maximum Election \$5,000 Maximum carryover to next plan year \$500</p>
<p>Cigna Life Assistance Program</p>	<p><i>Includes:</i> Three face-to-face visits per challenge, per plan year Unlimited telephonic sessions 30-minute session with an attorney Simple will preparation Work/life balance, parenting resources, Healthy Rewards discounts (www.cignabehavioral.com/CGI), and MORE</p>

Who can I contact?

Joanna Anderson - City of Mandeville - HR	985-626-3144	hr@cityofmandeville.com
Lisa Parker - HUB International - Service Representative	504-539-3189	lisa.parker@hubinternational.com
Humana	800-448-6262	www.humana.com/help
Cigna Life Assistance Program	800-538-3543	www.cignabehavioral.com/cgi
Cigna Life Insurance	800-362-4462	www.cigna.com
Flexible Spending Account	888-401-3539	www.benstrat.com

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