



Town of Landis
Medical Plan
Benefit Outline and Cost Summary
July 1, 2025 Renewal Date

Benefit Outline	Base		No Shop Renewal	
	Base	Base	Buy-up	Buy-up
Carrier	BCBS of NC	BCBS of NC	BCBS of NC	BCBS of NC
Plan Type, Name, Network	Blue High Performance	Blue Options PPO	Blue High Performance	Blue Options PPO
Deductible (Individual / Family)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$500 / \$1,500	\$500 / \$1,500
Non-Network Deductible (Individual / Family)	N/A	\$5,000 / \$10,000	N/A	\$1,000 / \$3,000
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,500 / \$10,500	\$3,500 / \$10,500
Non-Network OOP Max (Individual / Family)	N/A	\$10,000 / \$20,000	N/A	\$7,000 / \$21,000
Coinsurance (In / Out)	80% / No coverage out	80% / 50%	80% / No coverage out	80% / 50%
Wellness / Preventive Care	100%, no charge	100%, no charge	100%, no charge	100%, no charge
Primary Care Office Visit	\$25 copay (waived for first 3 visits to selected PCP)	\$25 copay (waived for first 3 visits to selected PCP)	\$25 copay (waived for first 3 visits to selected PCP)	\$25 copay (waived for first 3 visits to selected PCP)
Specialist Office Visit	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Teladoc Telehealth Visit	100%, no charge	100%, no charge	100%, no charge	100%, no charge
Walk-In / Urgent Care Visit	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Room	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Outpatient Lab / X-Ray	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Complex Imaging (MRI, CAT, PET, et al.)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgical Facility	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Inpatient Hospital Facility	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Retail Prescription Drug Copays	\$10 copay / \$25 copay / \$40 copay	\$10 copay / \$35 copay / \$60 copay	\$10 copay / \$25 copay / \$40 copay	\$10 copay / \$35 copay / \$60 copay
Mail Order Prescription Drug Copays	3x copay	3x copay	3x copay	3x copay
Specialty Prescription Drugs	\$100 copay	\$100 copay	\$100 copay	\$100 copay

Rates & Total Cost	Base	Base	Buy-up	Buy-up	Quote #6465514	Quote #6465512	Quote #6465513	Quote #6465511
Employee	0	14	21	5	\$586.64	\$715.69	\$647.07	\$761.43
Employee + Spouse	1	0	0	0	\$1,168.64	\$1,464.56	\$1,292.45	\$1,558.68
Employee + Child(ren)	5	0	1	0	\$1,081.26	\$1,352.68	\$1,195.56	\$1,439.14
Employee + Spouse & Child(ren)	1	0	0	0	\$1,808.25	\$2,288.79	\$2,001.67	\$2,435.07
Total Employees	7	14	22	5				
Annual Subtotal					\$100,598	\$120,236	\$177,408	\$45,686
Percent Change by Plan								
Annual Premium Total								\$443,928
Change from Current								(\$9,062)
Percentage Change								-2.0%



Town of Landis
Market Review List
July 1, 2025 Renewal Date

Carrier	Coverage Requested	Status	Notes
Guardian	Dental, Vision, Life, Disability	Incumbent	DTQ'd STD and LTD
The Hartford	Life, Disability	Presented	
Humana	Dental, Vision, Life, Disability	Presented	
Lincoln Financial	Dental, Vision, Life, Disability	Received	Not competitive.
MetLife	Dental, Vision, Life, Disability	Presented	
USable	Dental, Vision, Life, Disability	Received	Not competitive.
Principal	Dental, Vision, Life, Disability	Received	Not competitive.
Sun Life Financial	Dental, Vision, Life, Disability	Declined	Not competitive.
Unum	Dental, Vision, Life, Disability	Received	Not competitive.

Any carrier with an A.M. Best financial rating lower than A- does not meet the minimum financial requirements for USI's Errors & Omissions insurance. In the absence of a rating by A.M. Best, or in the case of an NR designation, a Standard & Poor Company rating lower than A will apply. A liability waiver must be signed by the client if insurance coverage is placed with a carrier that does not meet the required financial rating.

Notes



Town of Landis
Cost Summary
July 1, 2025 Renewal Date

Carriers	Current	Renewal	Option 1	Option 2	Option 3
Dental PPO	Guardian	Guardian	MetLife	Humana	BCBSNC
Vision	Guardian	Guardian	MetLife	Humana	BCBSNC
Life and AD&D	Guardian	Guardian	MetLife	Humana	Hartford
Voluntary Life and AD&D	Guardian	Guardian	MetLife	Humana	Hartford
Short Term Disability	MetLife	MetLife	MetLife	Humana	Hartford
Long Term Disability	MetLife	MetLife	MetLife	Humana	Hartford
Technology / Implementation Credits					
Total Annual Cost					
Dental PPO	\$25,831	\$30,739	\$26,523	\$25,260	\$30,609
Vision	\$4,609	\$4,885	\$4,609	\$3,668	\$4,692
Life and AD&D	\$4,524	\$4,524	\$2,401	\$3,132	\$1,914
Voluntary Life and AD&D	-	-	-	-	-
Short Term Disability	\$15,583	\$20,745	\$20,745	\$11,850	\$14,209
Long Term Disability	-	-			
Technology / Implementation Credits					\$2,500
Annual Total (w/ Tech. / Imp. Credit Offset)	\$50,547	\$60,893	\$54,279	\$43,910	\$48,924
Change from Current		\$10,346	\$3,731	(\$6,637)	(\$1,623)
Percentage Change		20.5%	7.4%	-13.1%	-3.2%
Annual Total	\$50,547	\$60,893	\$54,279	\$43,910	\$51,424
Change from Current		\$10,346	\$3,731	-\$6,637	\$877
Percentage Change		20.5%	7.4%	-13.1%	1.7%
Notes					