

RESOLUTION NO. 77-09-24

RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2025 THE EMPLOYEE MEDICAL INSURANCE THROUGH FLORIDA MUNICIPAL INSURANCE TRUST UNITED HEALTHCARE CHOICE PLUS HSA PLAN 8; TO RENEW EMPLOYEE DENTAL INSURANCE THROUGH CIGNA; TO RENEW EMPLOYEE VISION INSURANCE THROUGH HUMANA; TO RENEW BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT, SUPPLEMENTAL LIFE, SHORT TERM DISABILITY AND LONG-TERM DISABILITY INSURANCE THROUGH THE HARTFORD; AND, TO PROVIDE FOR AN EFFECTIVE DATE.

WHEREAS, the Town of Lake Park (“Town”) is a municipal corporation of the State of Florida with such power and authority as has been conferred upon it by the Florida Constitution and Chapter 166, Florida Statutes; and

WHEREAS, the Town Commission has determined that it will provide the Town’s employees with group medical, dental, vision, basic life and accidental death and dismemberment, supplemental life, short term disability and long term disability insurance coverage for Fiscal Year 2025. The premiums for supplemental life insurance are to be paid for by Town employees; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the Gehring Group Town of Lake Park Employee Fiscal Year 2025 Medical Insurance Renewal Evaluation (Exhibit A); Gehring Group Employee Benefits Executive Cost Summary (Exhibit B); and, the Gehring Group Renewal Analysis (Exhibit C) respectively; and

WHEREAS, the Town Commission has determined that it is in the best interest of the Town of Lake Park to obtain for Fiscal Year 2025 the group employee medical insurance through Florida Municipal Insurance Trust United Healthcare Choice Plus HSA Plan 8; to renew Employee Dental Insurance through CIGNA; to renew Employee Vision Insurance through Humana; and, to renew Basic Life and Accidental Death and Dismemberment, Supplemental Life, Short Term Disability and Long-Term Disability Insurance through The Hartford; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverages in Fiscal Year 2025.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AS FOLLOWS:

Section 1. The whereas clauses are incorporated herein as true and correct and are hereby made a specific part of this Resolution.

Section 2. The Town Commission hereby authorizes and directs the Town Manager to obtain for Fiscal Year 2025 the group employee medical insurance through Florida Municipal Insurance Trust United Healthcare Choice Plus HSA Plan 8; to renew Employee Dental Insurance through CIGNA; to renew Employee Vision Insurance through Humana; and, to renew Basic Life and Accidental Death and Dismemberment, Supplemental Life, Short Term Disability and Long-Term Disability Insurance through The Hartford.

Section 3. This Resolution shall become effective immediately upon adoption.

The foregoing Resolution was offered by Commissioner Thomas, who moved its adoption. The motion was seconded by Commissioner Hensley, and upon being put to a roll call vote, the vote was as follows:

	AYE	NAY
MAYOR ROGER D. MICHAUD	<u>/</u>	—
VICE-MAYOR KIMBERLY GLAS-CASTRO	<u>/</u>	—
COMMISSIONER MICHAEL HENSLEY	<u>/</u>	—
COMMISSIONER MARY BETH TAYLOR	<u>/</u>	—
COMMISSIONER JUDITH E. THOMAS	<u>/</u>	—

The Town Commission thereupon declared the foregoing Resolution 77-09-24 duly passed and adopted this 18 day of September, 2024.

TOWN OF LAKE PARK, FLORIDA

BY: [Signature]
ROGER D. MICHAUD
MAYOR

ATTEST:

[Signature]
VIVIAN MENDEZ
TOWN CLERK



Approved as to form and legal sufficiency:

BY: [Signature]
THOMAS J. BAIRD
TOWN ATTORNEY
[Signature]

EXHIBIT A

Town of Lake Park
Medical Insurance Renewal Evaluation
Effective Date: October 1, 2024

EXHIBIT A



FINAL SOLD

CURRENT

ALTERNATIVE #6

Medical	Florida Blue	FMIT	
	BlueCare Predictable Cost 47	UnitedHealthcare Choice Plus HSA Plan 8	
Calendar Year Deductible (CYD)	In Network	In Network	Out of Network
Single	\$1,500	\$2,000	\$5,000
Family	\$4,500	\$4,000	\$10,000
Out of Pocket Maximum			
Single	\$4,500	\$4,500	\$10,000
Family (Ind/Family)	\$9,000	\$4,500 (Ind) / \$9,000 (Fam)	\$10,000 (Ind) / \$20,000 (Fam)
Coinsurance	20%	20%	30%
Office Visits			
Physician Office Visit	\$30	CYD + 20%	CYD + 30%
Specialist Visit	\$55	CYD + 20%	CYD + 30%
Virtual Visit / Telehealth	No Charge/\$55	No Charge	Not Covered
Preventive Services (Wellness)	No Charge	No Charge	Not Covered
Independent Clinical Lab	No Charge	CYD + 20%	CYD + 30%
X-ray at Indep. Diagnostic Center	\$50	CYD + 20%	CYD + 30%
Advanced Imaging at Indep. Diagnostic Center	\$250	CYD + 20%	CYD + 30%
Urgent Care Center	\$60	CYD + 20%	CYD + 30%
Hospital			
Inpatient Facility (per admission)	PYD + 20%	CYD + 20%	CYD + 30%
Outpatient Surgery	PYD + 20%	CYD + 20%	CYD + 30%
Physician Services at Hospital	PYD + 20%	CYD + 20%	CYD + 30%
Emergency Room Visit	\$250	CYD + 20%	INN CYD + 20%
Mental Health / Substance Abuse			
Inpatient Facility	No Charge	CYD + 20%	CYD + 30%
Outpatient Facility (OV/Other)	No Charge	CYD + 20%	CYD + 30%
Prescription Drugs			
Generic	\$10	CYD + \$10	CYD + INN Copay + any amount over the allowed amount
Preferred Brand	\$50	CYD + \$35	
Non-Preferred Brand	\$80	CYD + \$60	
Specialty	20%	CYD + \$10/\$35/\$60	
Mail Order (90-Day Supply)	\$25/\$125/\$200	CYD + \$25/\$87.50/\$150	
	Enroll	Monthly Rates	Monthly Rates
Employee	42	\$964.35	\$1,059.43
Employee + Spouse	6	\$2,198.72	\$2,415.51
Employee + Child(ren)	2	\$1,928.70	\$2,118.87
Family	3	\$3,085.92	\$3,390.19
Total Monthly Premium	53	\$66,810	\$73,397
Total Annual Premium		\$801,722	\$880,769
\$ Increase		N/A	\$79,047
% Increase		N/A	9.9%

Town of Lake Park
Dental Insurance Renewal Evaluation
Effective Date: October 1, 2024



FINAL SOLD

DENTAL SCHEDULE OF BENEFITS Network	CURRENT Cigna		RENEWAL Cigna	
	DPPO Progressive Plan		DPPO Progressive Plan	
<u>Plan Basics</u>	<i>In-Network</i>	<i>Non-Network</i>	<i>In-Network</i>	<i>Non-Network</i>
Calendar Year Maximum	Year 1: \$1,500	Year 2: \$1,600	Year 1: \$1,500	Year 2: \$1,600
	Year 3: \$1,700	Year 4: \$1,800	Year 3: \$1,700	Year 4: \$1,800
<u>Annual Deductible</u>				
Single	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes
<u>Benefits</u>				
Preventive	100%	100%	100%	100%
Basic	95%	80%	95%	80%
Major	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%
Implants	50%	50%	50%	50%
<u>Service Information</u>				
Out of Network Benefits Payable Level	90th Percentile		90th Percentile	
Waiting Period for Major Services (Timely Entrants)	None		None	
Endodontics/Periodontics Payable Level	Basic		Basic	
Orthodontic Lifetime Maximum	\$1,000		\$1,000	
Rate Guarantee Expiration Date	Expires 9/30/2024		Expires 9/30/2026	
Monthly Rates*	Enroll			
Employee	49	\$35.50	\$37.63	
Employee + Spouse	4	\$109.91	\$116.50	
Employee + Child(ren)	1	\$109.91	\$116.50	
Employee + Family	4	\$109.91	\$116.50	
Monthly Premium	58	\$2,729	\$2,892	
Annual Premium		\$32,744	\$34,708	
\$ Increase		N/A	\$1,964	
% Increase		N/A	6.0%	

Town of Lake Park
Vision Insurance Renewal Evaluation
Effective Date: October 1, 2024



FINAL SOLD
RENEWAL

VISION SCHEDULE OF BENEFITS	CURRENT		RENEWAL	
	Humana Plan 130 (EyeMed/Insight Network)		Humana Plan 130 (EyeMed/Insight Network)	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Frequency				
Exam Copay	12 months		12 months	
Lenses	12 months		12 months	
Frames	24 months		24 months	
Exams	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$30	\$10	Up to \$30
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered
Contact Lens Exams (Fit & Follow Up)				
Standard Contact Lens	Up to \$40	Not Covered	Up to \$40	Not Covered
Lenses and Frames				
Single Lenses	\$15	Up to \$25	\$15	Up to \$25
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$40
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$60
Contact Lenses (Elective)	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130, 15% discount over \$130	Up to \$104
Contact Lenses (Disposable)	Up to \$130	Up to \$104	Up to \$130	Up to \$104
Contact Lenses (Medically Necessary)	No Charge	Up to \$200	No Charge	Up to \$200
Frames	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$65
Diabetic Eye Care				
Eye Exam	\$0	Up to \$77	\$0	Up to \$77
Retinal Imaging	\$0	Up to \$50	\$0	Up to \$50
Extended Ophthalmoscopy	\$0	Up to \$15	\$0	Up to \$15
Gonioscopy	\$0	Up to \$15	\$0	Up to \$15
Scanning Laser	\$0	Up to \$33	\$0	Up to \$33
Rate Guarantee	Expires 9/30/2025		Expires 9/30/2025	
Monthly Rates	Enroll			
Employee	41	\$4.59	\$4.59	
Employee + Spouse	9	\$9.19	\$9.19	
Employee + Child(ren)	2	\$8.73	\$8.73	
Employee + Family	5	\$13.72	\$13.72	
Monthly Premium	57	\$357	\$357	
Annual Premium		\$4,284	\$4,284	
\$ Increase		N/A	\$0	
% Increase		N/A	0.0%	

Town of Lake Park
Basic Life with AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



FINAL SOLD
RENEWAL

CURRENT

Basic Life / AD&D	The Hartford	The Hartford
Class Description		
Eligibility	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Class 1: Town Manager	2.5 x annual salary to a maximum of \$350,000	2.5 x annual salary to a maximum of \$350,000
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features		
Waiver of Premium	Included	Included
Conversion Privilege	Included	Included
Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	80% up to \$500,000	80% up to \$500,000
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2026
Basic Life Rate / \$1,000	\$0.185	\$0.185
AD&D Rate / \$1,000	\$0.018	\$0.018
Total Life and AD&D Rate	\$0.203	\$0.203
Estimated Volume	\$2,879,500	\$2,879,500
Monthly Premium	\$585	\$585
Annual Premium	\$7,014	\$7,014
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

Town of Lake Park
Supplemental Life Insurance Renewal Evaluation
Effective Date: October 1, 2024



FINAL SOLD
RENEWAL

Supplemental Life	CURRENT The Hartford	RENEWAL The Hartford
Core Benefit		
All Active Full time Employees Working at least 30 hours per week	3X Annual Salary to \$300,000 \$10,000 Increments	3X Annual Salary to \$300,000 \$10,000 Increments
All Eligible Spouses	\$5,000 increments to \$150,000 (Cannot exceed 50% of the employee amount)	\$5,000 increments to \$150,000 (Cannot exceed 50% of the employee amount)
All Eligible Child(ren)	Birth - age 26: \$10,000	Birth - age 26: \$10,000
Features		
Guarantee Issue Employee	\$100,000	\$100,000
Guarantee Amount Spouse	\$30,000	\$30,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Waiver of Premium	Included	Included
Portability Option	Included	Included
Conversion Option	Included	Included
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2026
Rates per \$1,000	AD&D Included in Rate	AD&D Included in Rate
Under Age 20	\$0.101	\$0.101
Age 20-24	\$0.101	\$0.101
Age 25-29	\$0.101	\$0.101
Age 30 - 34	\$0.121	\$0.121
Age 35 - 39	\$0.151	\$0.151
Age 40 - 44	\$0.231	\$0.231
Age 45 - 49	\$0.351	\$0.351
Age 50 - 54	\$0.561	\$0.561
Age 55 - 59	\$0.841	\$0.841
Age 60 - 64	\$1.161	\$1.161
Age 65 - 69	\$1.901	\$1.901
Age 70 - 74	\$3.151	\$3.151
Age 75-79	\$5.981	\$5.981
Age 80+	\$5.981	\$5.981
Child(ren)	\$0.135	\$0.135
AD&D (EE,Spouse,Child)	\$0.031	\$0.031

Town of Lake Park
Short Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2024



SHORT-TERM DISABILITY	CURRENT	FINAL SOLD RENEWAL
	The Hartford	The Hartford
Benefits		
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Benefit Percent	70% of weekly earnings	70% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200
Elimination Period		
Accident Waiting Period	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days
Benefit Duration	11 weeks	11 weeks
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2026
Benefits Volume	\$50,980	\$50,980
Rate per \$10	\$0.150	\$0.150
Monthly Premium	\$765	\$765
Annual Premium	\$9,176	\$9,176
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

**Town of Lake Park
 Long Term Disability Insurance Renewal Evaluation
 Effective Date: October 1, 2024**



	CURRENT	FINAL SOLD RENEWAL
Long Term Disability	The Hartford	The Hartford
Benefits		
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings
Elimination Period	90 Days	90 Days
Own Occupation Period	24 Months	24 Months
Duration of Benefit	ADEA 1 with SSNRA	ADEA 1 with SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000
Mental Health & Substance Abuse Limitation	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2026
LTD Rate / \$100	\$0.320	\$0.320
Estimated Volume	\$196,207	\$196,207
Monthly Premium	\$628	\$628
Annual Premium	\$7,534	\$7,534
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

Town of Lake Park
Employee Assistance Program Renewal Evaluation
Effective Date: October 1, 2024



FINAL SOLD

CURRENT

RENEWAL

Employee Assistance	New Directions	New Directions
Number of Sessions per EE/Dependent	6 sessions per person per issue	6 sessions per person per issue
Telephonic Management / Supervisory Consultation	Included	Included
Fitness for Duty Examination	Dependent upon specific FFD referral, will be quoted at time of Employer request	Dependent upon specific FFD referral, will be quoted at time of Employer request
Legal and Financial Services	30-minute consultation per issue	30-minute consultation per issue
Work-Life Services and Referrals	Unlimited	Unlimited
On-Site Training	\$400 per representative per hour	\$400 per representative per hour
Critical Incident Debriefing	\$250 per clinician per hour	\$250 per clinician per hour
Brochures/Flyers	Included	Included
Rate Guarantee 70	9/30/2024	9/30/2025
Monthly Premium	\$250	\$250
Annual Premium	\$3,000	\$3,000
\$ Increase	N/A	\$0
% Increase	N/A	\$0

EXHIBIT B

Town of Lake Park
Employee Benefits Executive Cost Summary
Effective Date: October 1, 2024

EXHIBIT B



COVERAGE		CURRENT			RENEWAL		
HEALTH		FLORIDA BLUE			FMIT - UnitedHealthcare Choice Plus HSA Plan 8		
CHOICE PLUS		Total	Employer	Employee	Total	Employer	Employee
Employee	42	\$964.35	\$964.35	\$0.00	\$1,059.43	\$1,059.43	\$0.00
EE+Spouse	6	\$2,198.72	\$1,581.54	\$617.18	\$2,415.51	\$1,737.47	\$678.04
EE+Child(ren)	2	\$1,928.70	\$1,446.53	\$482.17	\$2,118.87	\$1,589.15	\$529.72
EE+Family	3	\$3,085.92	\$2,025.14	\$1,060.78	\$3,390.19	\$2,224.81	\$1,165.38
ANNUAL PREMIUM	53	\$801,722.16	\$707,525.04	\$94,197.12	\$880,769.16	\$777,283.32	\$103,485.84
\$ INCREASE		N/A	N/A	N/A	\$79,047.00	\$69,758.28	\$9,288.72
% INCREASE		N/A	N/A	N/A	9.9%	9.9%	9.9%
DENTAL		CIGNA			CIGNA		
DPPO Plan		Total	Employer	Employee	Total	Employer	Employee
Employee	49	\$35.50	\$35.50	\$0.00	\$37.63	\$37.63	\$0.00
EE+Family	9	\$109.91	\$35.50	\$74.41	\$116.50	\$37.63	\$78.87
ANNUAL PREMIUM	58	\$32,744.28	\$24,708.00	\$8,036.28	\$34,708.44	\$26,190.48	\$8,517.96
\$ INCREASE		N/A	N/A	N/A	\$1,964.16	\$1,482.48	\$481.68
% INCREASE		N/A	N/A	N/A	6.0%	6.0%	6.0%
VISION		Humana			Humana		
Employee		Total	Employer	Employee	Total	Employer	Employee
Employee	41	\$4.59	\$4.59	\$0.00	\$4.59	\$4.59	\$0.00
EE+Spouse	9	\$9.19	\$4.59	\$4.60	\$9.19	\$4.59	\$4.60
EE+Child(ren)	2	\$8.73	\$4.59	\$4.14	\$8.73	\$4.59	\$4.14
EE+Family	5	\$13.72	\$4.59	\$9.13	\$13.72	\$4.59	\$9.13
ANNUAL PREMIUM	57	\$4,283.52	\$3,139.56	\$1,143.96	\$4,283.52	\$3,139.56	\$1,143.96
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
FSA ADMINISTRATION		Benefits Workshop			Benefits Workshop		
FSA Administration (PEPM)		Total	Employer	Employee	Total	Employer	Employee
FSA Administration (PEPM)	24	\$5.00	\$5.00	\$0.00	\$5.00	\$5.00	\$0.00
MONTHLY MINIMUM		\$200.00	\$200.00	\$0.00	\$150.00	\$150.00	\$0.00
ANNUAL PREMIUM		\$2,400.00	\$2,400.00	\$0.00	\$1,800.00	\$1,800.00	\$0.00
\$ INCREASE		N/A	N/A	N/A	-\$600.00	-\$600.00	\$0.00
% INCREASE		N/A	N/A	N/A	-25.0%	-25.0%	0.0%
LIFE		The Hartford			The Hartford		
Life Rate		Total	Employer	Employee	Total	Employer	Employee
Life Rate		\$0.185	\$0.185	\$0.000	\$0.185	\$0.185	\$0.000
AD&D Rate		\$0.018	\$0.018	\$0.000	\$0.018	\$0.018	\$0.000
Total Life and AD&D		\$0.203	\$0.203	\$0.000	\$0.203	\$0.203	\$0.000
Life Volume		\$2,879,500	\$2,879,500	\$2,879,500	\$2,879,500	\$2,879,500	\$2,879,500
ANNUAL PREMIUM		\$7,014.46	\$7,014.46	\$0.00	\$7,014.46	\$7,014.46	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
LONG TERM DISABILITY		The Hartford			The Hartford		
LTD Rate		Total	Employer	Employee	Total	Employer	Employee
LTD Rate		\$0.320	\$0.320	\$0.000	\$0.320	\$0.320	\$0.000
LTD Volume		\$196,207	\$196,207	\$196,207	\$196,207	\$196,207	\$196,207
ANNUAL PREMIUM		\$7,534.36	\$7,534.36	\$0.00	\$7,534.36	\$7,534.36	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
SHORT TERM DISABILITY		The Hartford			The Hartford		
STD Rate		Total	Employer	Employee	Total	Employer	Employee
STD Rate		\$0.150	\$0.150	\$0.000	\$0.150	\$0.150	\$0.000
STD Volume		\$50,980	\$50,980	\$50,980	\$50,980	\$50,980	\$50,980
ANNUAL PREMIUM		\$9,176.32	\$9,176.32	\$0.00	\$9,176.32	\$9,176.32	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
EAP		New Directions			New Directions		
ANNUAL PREMIUM		Total	Employer	Employee	Total	Employer	Employee
ANNUAL PREMIUM		\$3,000.00	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
SUMMARY		Total	Employer	Employee	Total	Employer	Employee
TOTAL ANNUAL PREMIUM		\$867,875.11	\$764,497.75	\$103,377.36	\$948,286.27	\$835,138.51	\$113,147.76
\$ INCREASE		N/A	N/A	N/A	\$80,411.16	\$70,640.76	\$9,770.40
% INCREASE		N/A	N/A	N/A	9.3%	9.2%	9.5%

EXHIBIT C



EXHIBIT C

**TOWN OF LAKE PARK
RFP REVIEW MEETING
AUGUST 8, 2024**

Analysis Presented by:



**3500 Kyoto Gardens Drive
Palm Beach Gardens, Florida 33410
(561) 626-6797
www.gehringgroup.com**

Town of Lake Park
2024-2025 RFP Response List



Carrier	Medical	Dental	Vision	Life & AD&D	V Life & AD&D	STD	DTQ	Comments
Aetna							⊗	High Cost Medical Conditions
Ameritas Group								No response
AvMed							⊗	No response
Cigna		✓	✓					Dental Incumbent
Crumdale Partners	✓							
Delta Dental							⊗	No response
EyeMed							⊗	Uncompetitive Rates
Florida Blue	✓							Medical Incumbent
Florida Dental							⊗	No response
FMIT	✓							
Guardian							⊗	Uncompetitive Rates
Hartford				✓	✓	✓		Incumbent
Humana							⊗	No response
Liberty Dental Plan							⊗	No response
Lincoln Financial Group							⊗	No response
MetLife							⊗	No response
Mutual of Omaha							⊗	No response
National Vision Administrators							⊗	No response
New York Life				✓	✓	✓		
Ochs				✓	✓	✓		
Principal Financial Group							⊗	Uncompetitive Rates
Reliance Matrix							⊗	No response
Renaissance Family								No response
Solstice							⊗	No response
Standard, The								No response
Sun Life							⊗	Uncompetitive Rates
United HealthCare of Florida	✓	✓	✓	✓	✓	✓		
Unum							⊗	No response
Versant Health							⊗	No response
VSP							⊗	No response

Medical Renewal Evaluation

Town of Lake Park
 Medical Insurance RFP Evaluation
 Effective Date: October 1, 2024



	CURRENT	RENEWAL	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3	ALTERNATIVE #4
Medical	Florida Blue BlueCare Predictable Cost 47	Florida Blue BlueCare Predictable Cost 47	Florida Blue TruI for Health \$2053	Florida Blue BlueCare 134/135	Florida Blue BlueCare Lower Premium 76	Florida Blue BlueCare 54
Calendar Year Deductible (CYD)	In Network	In Network	In Network	In Network	In Network	In Network
Single	\$1,500	\$1,500	\$1,500	\$3,500	\$5,000	\$5,000
Family	\$4,500	\$4,500	\$3,000	\$7,000	\$10,000	\$10,000
Out of Pocket Maximum						
Single	\$4,500	\$4,500	\$6,500	\$6,850	\$9,100	\$6,350
Family	\$9,000	\$9,000	\$13,000	\$7,000 (Ind) / \$14,000 (Fam)	\$18,200	\$12,700
Coinurance	20%	20%	20%	20%	30%	30%
Office Visits						
Physician Office Visit	\$30	\$30	\$25	PYD + \$30	\$30	\$40
Specialist Visit	\$55	\$55	\$80	PYD + \$75	\$55	\$65
Virtual Visit / Telehealth	No Charge/\$55	No Charge/\$55	\$10 / \$80	PYD / PYD + \$75	No Charge / \$55	No Charge / \$65
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	No Charge	\$50	PYD + 20%	No Charge	No Charge
X-ray at Indep. Diagnostic Center	\$50	\$50	\$200	PYD + 20%	\$55	\$65
Advanced Imaging at Indep. Diagnostic Center	\$250	\$250	\$300	PYD + 20%	\$200	\$200
Urgent Care Center	\$60	\$60	\$75	PYD + \$100	\$85	\$85
Hospital						
Inpatient Facility (per admission)	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 30%	PYD + 30%
Outpatient Surgery	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 30%	PYD + 30%
Physician Services at Hospital	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 20%	PYD + 30%	PYD + 30%
Emergency Room Visit	\$250	\$250	\$500	PYD + \$350	\$500	\$300
Mental Health / Substance Abuse						
Inpatient Facility	No Charge	No Charge	No Charge	PYD + 20%	No Charge	No Charge
Outpatient Facility (OV/Other)	No Charge	No Charge	No Charge	PYD + \$75 / PYD + 20%	No Charge	No Charge
Prescription Drugs						
Generic	\$10	\$10	\$15	PYD + \$10	\$10	\$10
Preferred Brand	\$50	\$50	\$100	PYD + \$50	\$50	\$50
Non-Preferred Brand	\$80	\$80	\$150	PYD + \$80	\$80	\$80
			\$100-Low Cost Generic & Brand/\$500-High Cost Generic & Preferred Brand/30%-Non Preferred Brand			
Specialty	20%	20%		PYD + 20%	20%	20%
Mail Order (90-Day Supply)	\$25/\$125/\$200	\$25/\$125/\$200	\$30/\$200/\$450	PYD + \$25/\$125/\$200	\$25/\$125/\$200	\$25/\$125/\$200
	Enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	42	\$964.35	\$1,484.40	\$870.53	\$1,094.77	\$1,336.73
Employee + Spouse	6	\$2,198.72	\$3,384.42	\$1,984.80	\$2,496.08	\$3,047.76
Employee + Child(ren)	2	\$1,928.70	\$2,968.79	\$1,741.06	\$2,189.54	\$2,673.48
Family	3	\$3,085.92	\$4,750.06	\$2,785.69	\$3,503.27	\$4,277.56
Total Monthly Premium	53	\$66,810	\$102,839	\$60,310	\$75,846	\$92,609
Total Annual Premium		\$801,722	\$1,234,069	\$723,723	\$910,149	\$1,111,306
\$ Increase		N/A	\$432,347	-\$77,999	\$108,426	\$309,584
% Increase		N/A	53.9%	-9.7%	13.5%	38.6%

Town of Lake Park
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	CURRENT	ALTERNATIVE #5		ALTERNATIVE #6		ALTERNATIVE #7	
Medical	Florida Blue BlueCare Predictable Cost 47	FMIT UnitedHealthcare Choice Plus HSA Plan 5		FMIT UnitedHealthcare Choice Plus HSA Plan 8		FMIT UnitedHealthcare Choice Plus Plan 22	
	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)							
Single	\$1,500	\$1,600	\$2,500	\$2,000	\$5,000	\$2,000 (Per Person)	\$6,000 (Per Person)
Family	\$4,500	\$3,200	\$5,000	\$4,000	\$10,000	N/A	N/A
Out of Pocket Maximum							
Single	\$4,500	\$3,750	\$7,500	\$4,500	\$10,000	\$6,350	\$12,500
Family	\$9,000	\$7,500	\$15,000	\$9,000	\$20,000	\$12,700	\$25,500
Coinsurance	20%	10%	30%	20%	30%	50%	50%
Office Visits							
Physician Office Visit	\$30	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$35	CYD + 50%
Specialist Visit	\$55	CYD + 10%	CYD + 30%	PYD + 20%	CYD + 30%	\$75	CYD + 50%
Virtual Visit / Telehealth	No Charge/\$55	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge
Preventive Services (Wellness)	No Charge	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Independent Clinical Lab	No Charge	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 50%
X-ray at Indep. Diagnostic Center	\$50	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 50%
Advanced Imaging at Indep. Diagnostic Center	\$250	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$200	CYD + 50%
Urgent Care Center	\$60	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$75	\$75
Hospital							
Inpatient Facility (per admission)	PYD + 20%	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$2,000 Per Admission	CYD + 50%
Outpatient Surgery	PYD + 20%	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$300	CYD + 50%
Physician Services at Hospital	PYD + 20%	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 50%	INN CYD + 50%
Emergency Room Visit	\$250	CYD + 10%	INN CYD + 10%	CYD + 20%	INN CYD + 20%	CYD + 50%	CYD + 50%
Mental Health / Substance Abuse							
Inpatient Facility	No Charge	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$2,000 Per Admission	CYD + 50%
Outpatient Facility (OV/Other)	No Charge	CYD + 10%	CYD + 30%	CYD + 20%	CYD + 30%	\$35/\$300	CYD + 50%
Prescription Drugs							
Generic	\$10	CYD + \$10		CYD + \$10		\$10	
Preferred Brand	\$50	CYD + \$35		CYD + \$35		\$60	
Non-Preferred Brand	\$80	CYD + \$60		CYD + \$60		\$100	
Specialty	20%	CYD + \$10/\$35/\$60	Tier 1-3 Ded & Copay + any amount over the allowed amount	CYD + \$10/\$35/\$60	Tier 1-3 Ded & Copay + any amount over the allowed amount	\$120	50% + any amount over the allowed amount
Mail Order (90-Day Supply)	\$25/\$125/\$200	CYD + \$25/\$87.50/\$150		CYD + \$25/\$87.50/\$150		\$30/\$180/\$300	
	Enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	42	\$964.35	\$1,114.98	\$1,059.43	\$1,023.75		
Employee + Spouse	6	\$2,198.72	\$2,542.16	\$2,415.51	\$2,334.16		
Employee + Child(ren)	2	\$1,928.70	\$2,229.96	\$2,118.87	\$2,047.51		
Family	3	\$3,085.92	\$3,567.94	\$3,390.19	\$3,276.01		
Total Monthly Premium	53	\$66,810	\$77,246	\$73,397	\$70,926		
Total Annual Premium		\$801,722	\$926,950	\$880,769	\$851,106		
\$ Increase		N/A	\$125,228	\$79,047	\$49,384		
% Increase		N/A	15.6%	9.9%	6.2%		

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	CURRENT	ALTERNATIVE #8	ALTERNATIVE #9	ALTERNATIVE #10	ALTERNATIVE #11
Medical	Florida Blue BlueCare Predictable Cost 47	UnitedHealthcare DU10 (NHP HMO 2024 (OA) Rx Plan: NH41	UnitedHealthcare DUYV (NHP HMO 2024 (OA) Rx Plan: NH41	UnitedHealthcare DU1J (NHP HMO 2024 (OA) Rx Plan: NH41	UnitedHealthcare DZDQ (NHP HMO 2024 (OA) Rx Plan: NH41
Calendar Year Deductible (CYD)	In Network	In Network	In Network	In Network	In Network
Single	\$1,500	\$500	\$1,500	\$2,500	\$1,500
Family	\$4,500	\$1,000	\$3,000	\$5,000	\$3,000
Out of Pocket Maximum					
Single	\$4,500	\$6,500	\$8,000	\$5,500	\$4,500
Family	\$9,000	\$13,000	\$16,000	\$11,000	\$9,000
Coinsurance	20%	50%	50%	20%	20%
Office Visits					
Physician Office Visit	\$30	\$45	\$40	\$25	\$25
Specialist Visit	\$55	\$120	\$65	\$45	\$45
Virtual Visit / Telehealth	No Charge/\$55	\$45/\$120	\$40/\$65	\$25/\$45	\$25/\$45
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	50%	No Charge	20%	No Charge
X-ray at Indep. Diagnostic Center	\$50	50%	\$65	20%	No Charge
Advanced Imaging at Indep. Diagnostic Center	\$250	PYD + 50%	PYD + 50%	PYD + 20%	\$300
Urgent Care Center	\$60	(Non-DDP: \$500+PYD+50%) \$75	(Non-DDP: PYD+50%) \$100	(Non-DDP: PYD+50%) \$75	(Non-DDP: PYD+40%) \$75
Hospital					
Inpatient Facility (per admission)	PYD + 20%	PYD + 50%	PYD + 50%	PYD + 20%	PYD + 20%
Outpatient Surgery	PYD + 20%	PYD + 50%	PYD + 50%	PYD + 20%	PYD + 20%
Physician Services at Hospital	PYD + 20%	PYD + 50%	PYD + 50%	PYD + 20%	PYD + 20%
Emergency Room Visit	\$250	PYD + 50%	\$350	PYD + 20%	PYD + 20%
Mental Health / Substance Abuse					
Inpatient Facility	No Charge	PYD + 50%	PYD + 50%	PYD + 20%	PYD + 20%
Outpatient Facility (OV/Other)	No Charge	\$120 / PYD + 50%	\$65 / No Charge	\$45 / PYD + 20%	\$45 / No Charge
Prescription Drugs					
Generic	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$50	\$35	\$35	\$35	\$35
Non-Preferred Brand	\$80	\$70	\$70	\$70	\$70
Specialty	20%	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Mail Order (90-Day Supply)	\$25/\$125/\$200	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$175
Enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	42 \$964.35	\$1,038.95	\$1,108.08	\$1,130.73	\$1,216.06
Employee + Spouse	6 \$2,198.72	\$2,368.81	\$2,526.42	\$2,578.06	\$2,772.62
Employee + Child(ren)	2 \$1,928.70	\$2,077.90	\$2,216.16	\$2,261.46	\$2,432.12
Family	3 \$3,085.92	\$3,324.64	\$3,545.86	\$3,618.34	\$3,891.39
Total Monthly Premium	53 \$66,810	\$71,978	\$76,768	\$78,337	\$84,249
Total Annual Premium	\$801,722	\$863,742	\$921,213	\$940,044	\$1,010,984
\$ Increase	N/A	\$62,020	\$119,491	\$138,321	\$209,262
% Increase	N/A	7.7%	14.9%	17.3%	26.1%

Town of Lake Park
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	CURRENT	ALTERNATIVE #12		ALTERNATIVE #13		ALTERNATIVE #14		ALTERNATIVE #15	
Medical	Florida Blue BlueCare Predictable Cost 47	Crumdale Partners PPO 9		Crumdale Partners PPO 8		Crumdale Partners PPO 3		Crumdale Partners PPO 7	
	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)									
Single	\$1,500	\$3,000	\$5,000	\$2,000	\$4,000	\$1,500	\$3,000	\$1,000	\$2,000
Family	\$4,500	\$6,000	\$10,000	\$4,000	\$8,000	\$3,000	\$6,000	\$2,000	\$4,000
Out of Pocket Maximum									
Single	\$4,500	\$6,750	\$15,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Family	\$9,000	\$13,500	\$30,000	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000
Coinsurance	20%	20%	50%	20%	50%	0%	25%	20%	50%
Office Visits									
Physician Office Visit	\$30	\$20	PYD + 50%	\$20	PYD + 50%	\$30	PYD + 25%	\$20	PYD + 50%
Specialist Visit	\$55	\$50	PYD + 50%	\$50	PYD + 50%	\$60	PYD + 25%	\$50	PYD + 50%
Virtual Visit / Telehealth	No Charge/\$55	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preventive Services (Wellness)	No Charge	No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Independent Clinical Lab	No Charge	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD + \$40	PYD + 25%	PYD + 20%	PYD + 50%
X-ray at Indep. Diagnostic Center	\$50	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	\$60	PYD + 25%	PYD + 20%	PYD + 50%
Advanced Imaging at Indep. Diagnostic Center	\$250	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD + \$300	PYD + 25%	PYD + 20%	PYD + 50%
Urgent Care Center	\$60	\$40	PYD + 50%	\$40	PYD + 50%	\$40	PYD + 25%	\$40	PYD + 50%
Hospital									
Inpatient Facility (per admission)	PYD + 20%	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD	PYD + 25%	PYD + 20%	PYD + 50%
Outpatient Surgery	PYD + 20%	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD + \$500	PYD + 25%	PYD + 20%	PYD + 50%
Physician Services at Hospital	PYD + 20%	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD	PYD + 25%	PYD + 20%	PYD + 50%
Emergency Room Visit	\$250	PYD + \$300	PYD + \$300	PYD + \$300	PYD + \$300	PYD + \$300	PYD + \$300	\$300	\$300
Mental Health / Substance Abuse									
Inpatient Facility	No Charge	PYD + 20%	PYD + 50%	PYD + 20%	PYD + 50%	PYD	PYD + 25%	PYD + 20%	PYD + 50%
Outpatient Facility (OV/Other)	No Charge	\$20	PYD + 50%	\$20	PYD + 50%	\$30	PYD + 25%	\$20	PYD + 50%
Prescription Drugs									
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$50	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Non-Preferred Brand	\$80	50%	50%	50%	50%	50%	50%	50%	50%
Specialty	20%	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Mail Order (90-Day Supply)	\$25/\$125/\$200	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%	\$20/\$50/50%
	Enroll	Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates	
Employee	42	\$964.35	\$1,351.15	\$1,389.83	\$1,451.60	\$1,431.06			
Employee + Spouse	6	\$2,198.72	\$2,494.75	\$2,569.26	\$2,684.13	\$2,647.44			
Employee + Child(ren)	2	\$1,928.70	\$2,266.04	\$2,333.38	\$2,437.63	\$2,404.17			
Family	3	\$3,085.92	\$3,352.46	\$3,453.84	\$3,608.52	\$3,559.72			
Total Monthly Premium	53	\$66,810	\$86,306	\$88,817	\$92,773	\$91,477			
Total Annual Premium		\$801,722	\$1,035,675	\$1,065,800	\$1,113,274	\$1,097,720			
\$ Increase		N/A	\$233,953	\$264,078	\$311,551	\$295,998			
% Increase		N/A	29.2%	32.9%	38.9%	36.9%			

Dental RFP Evaluation

Town of Lake Park
Dental Insurance RFP Evaluation
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DENTAL SCHEDULE OF BENEFITS Network	CURRENT Cigna DPPO Progressive Plan		RENEWAL Cigna DPPO Progressive Plan		ALTERNATIVE #1 UnitedHealthcare P7302		ALTERNATIVE #2 UnitedHealthcare X8576		ALTERNATIVE #3 UnitedHealthcare P9282	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Plan Basics										
Calendar Year Maximum	Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800	Year 1: \$1,600 Year 2: \$1,700 Year 3: \$1,800 Year 4: \$1,900	Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800	Year 1: \$1,600 Year 2: \$1,700 Year 3: \$1,800 Year 4: \$1,900	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Annual Deductible										
Single	\$25	\$50	\$25	\$50	\$50	\$50	\$50	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$150	\$150	\$150	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits										
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	90%	80%	80%	80%	90%	90%
Major	50%	50%	50%	50%	60%	50%	50%	50%	60%	60%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	Not covered	Not covered	50%	50%	Not covered	Not covered
Service Information										
Out of Network Benefits Payable Level	90th Percentile	90th Percentile	90th Percentile	90th Percentile	MAC	MAC	UCR 90%	UCR 90%	UCR 90%	UCR 90%
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee Expiration Date	Expires 9/30/2024	Expires 9/30/2026	Expires 9/30/2026	Expires 9/30/2026	Expires 9/30/2025	Expires 9/30/2025	Expires 9/30/2025	Expires 9/30/2025	Expires 9/30/2025	Expires 9/30/2025
Monthly Rates*	Enroll									
Employee	49	\$35.50	\$37.63	\$37.63	\$37.97	\$37.97	\$45.93	\$45.93	\$51.44	\$51.44
Employee + Spouse	4	\$109.91	\$116.50	\$116.50	\$75.93	\$75.93	\$91.87	\$91.87	\$102.87	\$102.87
Employee + Child(ren)	1	\$109.91	\$116.50	\$116.50	\$80.45	\$80.45	\$98.96	\$98.96	\$106.00	\$106.00
Employee + Family	4	\$109.91	\$116.50	\$116.50	\$124.08	\$124.08	\$151.96	\$151.96	\$164.71	\$164.71
Monthly Premium	58	\$2,729	\$2,892	\$2,892	\$2,741	\$2,741	\$3,325	\$3,325	\$3,697	\$3,697
Annual Premium		\$32,744	\$34,708	\$34,708	\$32,892	\$32,892	\$39,898	\$39,898	\$44,363	\$44,363
\$ Increase		N/A	\$1,964	\$1,964	\$148	\$148	\$7,154	\$7,154	\$11,618	\$11,618
% Increase		N/A	6.0%	6.0%	0.5%	0.5%	21.8%	21.8%	35.5%	35.5%

Consumer Max Multiplier Included

Vision RFP Evaluation

Town of Lake Park
 Vision Insurance RFP Evaluation
 Effective Date: October 1, 2024



VISION SCHEDULE OF BENEFITS	CURRENT		RENEWAL		ALTERNATIVE #1	
	Humana		Humana		UnitedHealthcare - S1083	
	Plan 130 (EyeMed/Insight Network)	Plan 130 (EyeMed/Insight Network)	Plan 130 (EyeMed/Insight Network)	Plan 130 (EyeMed/Insight Network)	In Network	Out of Network
Frequency	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
Exams	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$30	\$10	Up to \$30	\$15	Up to \$40
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered	Not Covered	Not Covered
Contact Lens Exams (Fit & Follow Up)						
Standard Contact Lens	Up to \$40	Not Covered	Up to \$40	Not Covered	Up to \$40	Not Covered
Lenses and Frames						
Single Lenses	\$15	Up to \$25	\$15	Up to \$25	\$30	Up to \$40
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$40	\$30	Up to \$60
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$60	\$30	Up to \$80
Contact Lenses (Elective)	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$125	Up to \$100
Contact Lenses (Disposable)	Up to \$130	Up to \$104	Up to \$130	Up to \$104	Up to \$125	Up to \$100
Contact Lenses (Medically Necessary)	No Charge	Up to \$200	No Charge	Up to \$200	No charge after \$30 copay	Up to \$210
Frames	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 30% discount over \$130	Up to \$45
Diabetic Eye Care						
Eye Exam	\$0	Up to \$77	\$0	Up to \$77	\$15	Up to \$40
Retinal Imaging	\$0	Up to \$50	\$0	Up to \$50	\$0	Not Covered
Extended Ophthalmoscopy	\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered
Gonioscopy	\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered
Scanning Laser	\$0	Up to \$33	\$0	Up to \$33	Not Covered	Not Covered
Rate Guarantee	Expires 9/30/2025		Expires 9/30/2025		Expires 9/30/2026	
Monthly Rates	Enroll					
Employee	41	\$4.59	\$4.59	\$4.59	\$4.79	\$9.08
Employee + Spouse	9	\$9.19	\$9.19	\$9.19	\$10.65	\$15.00
Employee + Child(ren)	2	\$8.73	\$8.73	\$8.73	\$10.65	\$15.00
Employee + Family	5	\$13.72	\$13.72	\$13.72	\$15.00	\$15.00
Monthly Premium	57	\$357	\$357	\$357	\$374	\$4,493
Annual Premium		\$4,284	\$4,284	\$4,284	\$4,493	\$209
\$ Increase		N/A	\$0	\$0	\$209	4.9%
% Increase		N/A	0.0%	0.0%	4.9%	

Town of Lake Park
 Vision Insurance RFP Evaluation
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VISION SCHEDULE OF BENEFITS	CURRENT		ALTERNATIVE #2		ALTERNATIVE #3	
	Humana		Cigna		UnitedHealthcare - S1076	
	Plan 130 (EyeMed/Insight Network)		In Network	Out of Network	In Network	Out of Network
Frequency	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
Exams	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$30	\$10	Up to \$45	\$10	Up to \$40
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered	Not Covered	Not Covered
Contact Lens Exams (Fit & Follow Up)						
Standard Contact Lens	Up to \$40	Not Covered	Up to \$40	Not Covered	Up to \$40	Not Covered
Lenses and Frames						
Single Lenses	\$15	Up to \$25	\$15	Up to \$32	\$25	Up to \$40
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$55	\$25	Up to \$60
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$65	\$25	Up to \$80
Contact Lenses (Elective)	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130	Up to \$105	Up to \$125	Up to \$100
Contact Lenses (Disposable)	Up to \$130	Up to \$104	N/A	N/A	N/A	N/A
Contact Lenses (Medically Necessary)	No Charge	Up to \$200	No charge	Up to \$210	No charge after \$25 copay	Up to \$210
Frames	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$71	Up to \$130, 30% discount over \$130	Up to \$45
Diabetic Eye Care						
Eye Exam	\$0	Up to \$77	\$10	Up to \$45	\$10	Up to \$40
Retinal Imaging	\$0	Up to \$50	Up to \$39	Not Covered	\$0	Not Covered
Extended Ophthalmoscopy	\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Gonioscopy	\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Scanning Laser	\$0	Up to \$33	Not Covered	Not Covered	Not Covered	Not Covered
Rate Guarantee	Expires 9/30/2025		Expires 9/30/2028		Expires 9/30/2026	
Monthly Rates	Enroll					
Employee	41	\$4.59	\$4.95	\$5.07		
Employee + Spouse	9	\$9.19	\$9.92	\$9.63		
Employee + Child(ren)	2	\$8.73	\$9.42	\$11.30		
Employee + Family	5	\$13.72	\$14.81	\$15.90		
Monthly Premium	57	\$357	\$385	\$397		
Annual Premium		\$4,284	\$4,621	\$4,760		
\$ Increase		N/A	\$338	\$476		
% Increase		N/A	7.9%	11.1%		

**Basic Life, Voluntary Life,
STD, LTD
RFP Evaluation**

Town of Lake Park
 Basic Life with AD&D Insurance RFP Evaluation
 Effective Date: October 1, 2024



	CURRENT	RENEWAL	ALTERNATIVE #1	ALTERNATIVE #2
Basic Life / AD&D	The Hartford	The Hartford	OCHS (Securian Life Ins Company)	New York Life
Class Description				
Eligibility	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Class 1: Town Manager	2.5 x annual salary to a maximum of \$350,000	2.5 x annual salary to a maximum of \$350,000	2.5 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000; maximum of \$350,000	2.5 x annual compensation rounded up to the nearest \$1,000 not to exceed \$350,000
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000; maximum amount is \$50,000	1 x annual annual compensation rounded up to the nearest \$1,000 not to exceed \$50,000
Features				
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	80% up to \$500,000	80% up to \$500,000	100% of the face amount up to \$1,000,000 (Basic and Supplemental combined)	The lesser of 80% up to \$40,000
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2026	Expires 9/30/2027	Expires 9/30/2027
Basic Life Rate / \$1,000	\$0.185	\$0.185	\$0.300	\$0.250
AD&D Rate / \$1,000	\$0.018	\$0.018	\$0.018	\$0.180
Total Life and AD&D Rate	\$0.203	\$0.203	\$0.318	\$0.430
Estimated Volume	\$2,879,500	\$2,879,500	\$2,879,500	\$2,879,500
Monthly Premium	\$585	\$585	\$916	\$1,238
Annual Premium	\$7,014	\$7,014	\$10,988	\$14,858
\$ Increase	N/A	\$0	\$3,974	\$7,844
% Increase	N/A	0.0%	56.7%	111.8%

Rates based on package pricing

Town of Lake Park
 Supplemental Life Insurance RFP Evaluation
 Effective Date: October 1, 2024



	CURRENT	RENEWAL	ALTERNATIVE #1
Supplemental Life	The Hartford	The Hartford	OCHS (Securian Life Ins Company)
Core Benefit			
All Active Full time Employees Working at least 30 hours per week	3X Annual Salary to \$300,000 \$10,000 Increments	3X Annual Salary to \$300,000 \$10,000 Increments	\$10,000 increments to a maximum of \$300,000
All Eligible Spouses	\$5,000 Increments to \$150,000 (Cannot exceed 50% of the employee amount)	\$5,000 Increments to \$150,000 (Cannot exceed 50% of the employee amount)	\$5,000 increments to a maximum of \$150,000 (not to exceed 100% of employee basic & Vol amounts combined)
All Eligible Child(ren)	Birth - age 26: \$10,000	Birth - age 26: \$10,000	Birth - age 26: \$10,000/\$15,000 (Cannot exceed 100% of the employee basic and supplemental amount combined)
Features			
Guarantee Issue Employee	\$100,000	\$100,000	\$150,000 is guaranteed for new employees if elected within 31 days of initial eligibility (\$50,000 is guaranteed, up to the maximum guarantee issue of \$150,000 if elected during one time enrollment period (GI limit includes coverage currently in force)
Guarantee Amount Spouse	\$30,000	\$30,000	\$25,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75	None
Waiver of Premium	Included	Included	Included
Portability Option	Included	Included	Included
Conversion Option	Included	Included	Included
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2026	Expires 9/30/2027
Rates per \$1,000	AD&D Included in Rate	AD&D Included in Rate	AD&D NOT Included in Rate
Under Age 20	\$0.101	\$0.101	\$0.070
Age 20-24	\$0.101	\$0.101	\$0.070
Age 25-29	\$0.101	\$0.101	\$0.070
Age 30 - 34	\$0.121	\$0.121	\$0.090
Age 35 - 39	\$0.151	\$0.151	\$0.120
Age 40 - 44	\$0.231	\$0.231	\$0.200
Age 45 - 49	\$0.351	\$0.351	\$0.320
Age 50 - 54	\$0.561	\$0.561	\$0.530
Age 55 - 59	\$0.841	\$0.841	\$0.810
Age 60 - 64	\$1.161	\$1.161	\$1.130
Age 65 - 69	\$1.901	\$1.901	\$1.870
Age 70 - 74	\$3.151	\$3.151	\$3.120
Age 75-79	\$5.981	\$5.981	\$5.950
Age 80+	\$5.981	\$5.981	\$5.950
Child(ren)	\$0.135	\$0.135	\$0.135
AD&D (EE, Spouse, Child)	\$0.031	\$0.031	\$0.031 (EE & SP only)

Town of Lake Park
 Supplemental Life Insurance RFP Evaluation
 Effective Date: October 1, 2024



	CURRENT	ALTERNATIVE #2
Supplemental Life	The Hartford	New York Life
Core Benefit		
All Active Full time Employees Working at least 30 hours per week	3X Annual Salary to \$300,000 \$10,000 Increments	Units of \$10,000 to the lesser of 3 times salary or \$300,000
All Eligible Spouses	\$5,000 Increments to \$150,000 (Cannot exceed 50% of the employee amount)	Units of \$5,000 to the lesser of \$150,000 or 50% of Employee's Voluntary Life Insurance Amount Coverage ends at age 70
All Eligible Child(ren)	Birth - age 26: \$10,000	Birth to 6 months: \$500 6 months to 26 years: Units of \$1,000 to \$10,000
Features		
Guarantee Issue Employee	\$100,000	\$100,000
Guarantee Amount Spouse	\$30,000	\$30,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Waiver of Premium	Included	Included
Portability Option	Included	Included
Conversion Option	Included	Included
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2027
Rates per \$1,000	AD&D Included In Rate	AD&D NOT Included In Rate
Under Age 20	\$0.101	\$0.101
Age 20-24	\$0.101	\$0.101
Age 25-29	\$0.101	\$0.101
Age 30 - 34	\$0.121	\$0.121
Age 35 - 39	\$0.151	\$0.151
Age 40 - 44	\$0.231	\$0.231
Age 45 - 49	\$0.351	\$0.351
Age 50 - 54	\$0.561	\$0.561
Age 55 - 59	\$0.841	\$0.841
Age 60 - 64	\$1.161	\$1.161
Age 65 - 69	\$1.901	\$1.901
Age 70 - 74	\$3.151	\$3.151
Age 75-79	\$5.981	\$5.981
Age 80+	\$5.981	\$5.981
Child(ren)	\$0.135	\$0.135
AD&D (EE,Spouse,Child)	\$0.031	\$0.031

*Plan Ends at age 99, rates based on package pricing, spouse Coverage ends at age 70.

Town of Lake Park
Short Term Disability Insurance RFP Evaluation
Effective Date: October 1, 2024



	CURRENT	RENEWAL	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3
SHORT-TERM DISABILITY	The Hartford	The Hartford	New York Life	OCHS, Inc. (Madison National Life Ins. Co)	UnitedHealthcare
Benefits					
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Benefit Percent	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	66.7% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200	\$1,200	\$1,200	\$1,250
Elimination Period					
Accident Waiting Period	14 Days	14 Days	14 Days	14 Days	7 Days
Illness Waiting Period	14 Days	14 Days	14 Days	14 Days	7 Days
Benefit Duration	11 weeks	11 weeks	11 weeks	11 weeks or until LTD Benefits become payable	13 weeks
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2026	Expires 9/30/2027	Expires 9/30/2026	Expires 9/30/2025
Benefits Volume	\$50,980	\$50,980	\$50,980	\$50,980	\$55,745
Rate per \$10	\$0.150	\$0.150	\$0.210	\$0.334	\$0.500
Monthly Premium	\$765	\$765	\$1,071	\$1,703	\$2,787
Annual Premium	\$9,176	\$9,176	\$12,847	\$20,433	\$33,447
\$ Increase	N/A	\$0	\$3,671	\$11,256	\$24,271
% Increase	N/A	0.0%	40.0%	122.7%	264.5%

Rates based on package pricing

Town of Lake Park
 Long Term Disability Insurance RFP Evaluation
 Effective Date: October 1, 2024



	CURRENT	RENEWAL	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3
Long Term Disability	The Hartford	The Hartford	UnitedHealthcare	OCHS, Inc. (Madison National Life Ins. Co)	New York Life
Benefits					
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings
Elimination Period	90 Days	90 Days	90 Days	90 Days	90 Days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months
Duration of Benefit	ADEA 1 with SSNRA	ADEA 1 with SSNRA	ADEA 1 with SSNRA	SSNRA	SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Mental Health & Substance Abuse Limitation	24 Months	24 Months	24 Months	24 Months (Lifetime unless hospital confined)	24 Months
Pre-Existing Condition Limitation	3/12	3/12	3/12	3/12	3/12
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2026	Expires 9/30/2025	Expires 9/30/2027	Expires 9/30/2027
LTD Rate / \$100	\$0.320	\$0.320	\$0.380	\$0.174	\$0.350
Estimated Volume	\$196,207	\$196,207	\$196,207	\$196,207	\$196,207
Monthly Premium	\$628	\$628	\$746	\$341	\$687
Annual Premium	\$7,534	\$7,534	\$8,947	\$4,097	\$8,241
\$ Increase	N/A	\$0	\$1,413	-\$3,438	\$706
% Increase	N/A	0.0%	18.7%	-45.6%	9.4%

Rates based on package pricing

EAP Renewal

**Town of Lake Park
Employee Assistance Program RFP Evaluation
Effective Date: October 1, 2024**



Employee Assistance	CURRENT	RENEWAL
	New Directions	New Directions
Number of Sessions per EE/Dependent	6 sessions per person per issue	6 sessions per person per issue
Telephonic Management / Supervisory Consultation	Included	Included
Fitness for Duty Examination	Dependent upon specific FFD referral, will be quoted at time of Employer request	Dependent upon specific FFD referral, will be quoted at time of Employer request
Legal and Financial Services	30-minute consultation per issue	30-minute consultation per issue
Work-Life Services and Referrals	Unlimited	Unlimited
On-Site Training	\$400 per representative per hour	\$400 per representative per hour
Critical Incident Debriefing	\$250 per clinician per hour	\$250 per clinician per hour
Brochures/Flyers	Included	Included
Rate Guarantee	62	9/30/2024
		9/30/2025
Monthly Premium	\$250	\$250
Annual Premium	\$3,000	\$3,000
\$ Increase	N/A	\$0
% Increase	N/A	\$0

Caveats

Town of Lake Park
Summary of Caveats
Effective Date: October 1, 2024



Carrier	Caveats
Crumdale Partners	<ol style="list-style-type: none"> 1. Individual Medical Questionnaires required. 2. Cigna PPO Network. 3. 25K Group Term Life & AD&D to all enrolled employees. 4. If you choose to pick paper certificates, monthly rates will increase. 5. Rate can be adjusted if actual enrollment varies by more than +/- 10% from the enrollment used to prepare the quote. 6. A \$6,000 non-refundable implementation fee to be paid immediately after proposal acceptance and in the month preceding each anniversary of the effective date thereafter. 7. 75% minimum participation required.
New York Life	<ol style="list-style-type: none"> 1. Rates are only valid if the product is sold as part of a package.
OCHS, Inc.	<ol style="list-style-type: none"> 1. True OE for voluntary Life - employees may elect or increase voluntary life coverage guaranteed issue (no medical questions) by \$50,000, up to \$150,000. 2. Increased employee guaranteed issue (no medical questions) amount from \$100,000 to \$150,000. 3. Increased child voluntary life maximum and guaranteed issue (no medical questions) amount from \$10,000 to \$15,000. 3. A minimum of 5 child/family units must be enrolled in the PPO plan in order for Orthodontia coverage to be placed into effect. 4. Rates may change if there is more than 15% shift in volume.
United Healthcare	<ol style="list-style-type: none"> 1. United Healthcare medical rates may change if actual enrollment varies by more than +/- 10% from the census enrollment used to prepare the quote; and if COBRA enrollees are more than 10% of enrollment. 2. 80% minimum participation required for medical. 3. Vision plan includes a second exam for children under age 13 and pregnant or breastfeeding women (after applicable copayment). 4. Discounts are available on additional pairs of glasses (at participating providers), LASIK, hearing aids, blue-light screen filters, as well as contact lenses (uhcontacts.com).

Shown above is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.



