

RESOLUTION NO. 35-09-10

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE TOWN MANAGER TO EXECUTE THE RENEWAL APPLICATION FOR BLUE CROSS BLUE SHIELD OF FLORIDA FOR EMPLOYEE HEALTH INSURANCE COVERAGE, A RENEWAL APPLICATION FOR LINCOLN FINANCIAL GROUP FOR RENEWAL OF EMPLOYEE DENTAL INSURANCE, LIFE INSURANCE, SHORT TERM DISABILITY, LONG TERM DISABILITY, FOR HUMANA/COMPBENEFITS FOR VISION INSURANCE, AND A CONTRACT WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. FOR AN EMPLOYEE ASSISTANCE PROGRAM FOR FISCAL YEAR 2011; AND PROVIDING 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 health insurance coverage, dental insurance, life insurance coverage, short term disability, long term disability, vision insurance, and an employee assistance program for Fiscal Year 2011; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the Employee Benefits Insurance Analysis and Recommendation effective October 1, 2010 presented by Gehring Group, a copy of which is attached hereto and incorporated herein as **Exhibit "A"**; and

WHEREAS, the Town Commission has determined that it is in the best interest of the Town of Lake Park and its employees to execute the renewal application for Blue Cross Blue Shield pursuant to the negotiated renewal as outlined in the analysis, a renewal application with Lincoln Financial for renewal of the dental insurance, life insurance, short term disability, long term disability, , a renewal application with Humana/CompBenefits for vision insurance, and a contract with The Center for Family Services of Palm Beach County, Inc. for an employee assistance program for Fiscal Year 2011. A copy of The Center for Family Services of Palm Beach County, Inc. contract for an employee assistance program is attached hereto and incorporated herein as **Exhibit "B"**; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2011.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PAK, 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 execute the renewal application for Blue Cross Blue Shield for Fiscal Year 2011 pursuant to the negotiated renewal as outlined in the Employee Benefits Insurance Analysis and Recommendation presented by Gehring Group (attached hereto as **Exhibit "A"**).

Section 3. The Town Commission hereby authorizes and directs the Town Manager to execute the renewal application for Lincoln Financial for renewal of the dental insurance, life insurance, short term disability and long term disability insurance for Fiscal Year 2011.

Section 4. The Town commission hereby authorizes and directs the Town Manager to execute the renewal application for Humana/CompBenefits for renewal of the vision insurance for Fiscal Year 2011.

Section 5. The Town Commission hereby authorizes and directs the Town Manager to execute the contract (attached hereto as **Exhibit "B"**) with The Center for Family Services of Palm Beach County, Inc. for the employee assistance program for Fiscal Year 2011.

Section 6. This Resolution shall become effective immediately upon adoption.

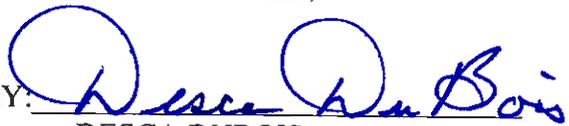
The foregoing Resolution was offered by Commissioner Rumsey, who moved its adoption.

The Motion was seconded by Commissioner Longtin, and upon being put to a roll call vote, the vote was as follows:

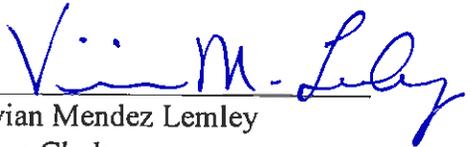
	AYE	NAY
MAYOR DESCA DUBOIS	<u> / </u>	<u> — </u>
VICE-MAYOR PATRICIA OSTERMAN	<u> / </u>	<u> — </u>
COMMISSIONER STEVEN HOCKMAN	<u> / </u>	<u> — </u>
COMMISSIONER JEANINE LONGTIN	<u> / </u>	<u> — </u>
COMMISSIONER KENDALL RUMSEY	<u> / </u>	<u> — </u>

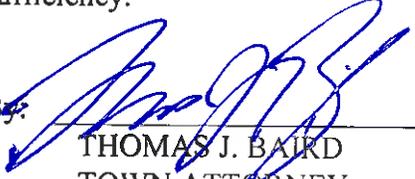
The Mayor thereupon declared the foregoing Resolution No. 35-09-10 duly passed and adopted this 8th day of September, 2010.

TOWN OF LAKE PARK, FLORIDA

BY: 
DESCA DUBOIS
MAYOR

ATTEST:


Vivian Mendez Lemley
Town Clerk


Approved as to form and legal sufficiency:
By: 
THOMAS J. BAIRD
TOWN ATTORNEY

Town of Lake Park



Employee Benefits

Insurance Analysis and Recommendation

Effective Date: October 1, 2010

Presented by:

GEHRING GROUP
PROFESSIONAL SERVICES

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Palm Beach Gardens, Florida 33410
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TABLE OF CONTENTS

Section 1	Executive Summary of Recommendations
Section 2	Health Insurance Proposal Analysis
Section 3	Vision Insurance Proposal Analysis
Section 4	Executive Summary

SECTION 1

Health Insurance Evaluation

The Town of Lake Park currently offers employees and their dependents medical insurance through Blue Cross and Blue Shield of Florida. Blue Cross and Blue Shield provided the Town notice that the current plan (BlueOptions Plan 1667) would no longer be offered to the Town effective October 1, 2010. Taking into consideration Blue Cross's retiring of the current plan, Town Staff and the Gehring Group elected to release a Request for Proposals (RFP). Conducting an RFP allows the Town to evaluate all available options in the marketplace, while attempting to maintain the current benefit structure and reduce the overall renewal impact on a fiscal basis.

The alternate plan provided by Blue Cross and Blue Shield (BlueOptions Plan 3766) includes minimal plan design changes when compared to the current offering and allows the Town's benefit program to remain competitive when compared to other entities throughout the County. The initial proposal from BlueCross and BlueShield for Plan 3766 called for an overall increase to the Town of 22.3%, or \$98,120, when compared to current premiums. After subsequent negotiations, the Gehring Group was able to reduce the renewal to an increase of 14.8%, or \$65,249. This negotiation resulted in an overall savings of approximately \$32,871.

In addition to the renewal and alternates provided by Blue Cross and Blue Shield, pricing was provided for a combination of health plans from alternate carriers including Aetna, Cigna, and United Healthcare. The rates from the varying proposals ranged widely from 19.1% overall increase for plan benefits more closely related to current to 1.4% overall decrease for plans with significant benefit reductions when compared to the current offering.

Upon review of the negotiated premiums and benefits associated with the proposed alternatives, the Gehring Group along with Town staff have determined that the most viable option for the Town at this time is to renew its health insurance coverage with BlueCross BlueShield of Florida at an overall premium increase of 14.8% overall. The fiscal impact is an increase of approximately \$54,986 to the Town effective October 1, 2010 through September 30, 2011.

Dental Insurance Evaluation

The current dental program is an employer-sponsored program offered through Lincoln Financial and consists of a single option Preferred Provider Organization (PPO) dental plan.

Upon review of the plan claims paid for the current year, Lincoln Financial offered a rate pass for the upcoming plan year. Upon review of the renewal evaluation with Town staff, it is recommended that the Town renew its dental insurance program with Lincoln Financial and maintain the current dental plan for the upcoming 2010/2011 plan year.

Life Insurance Evaluation

The Town of Lake Park currently offers all employees one times their annual salary to a maximum of \$50,000 of basic life and accidental death and dismemberment insurance. Employees are able to purchase an additional benefit up to \$250,000.

This benefit is currently provided through Lincoln Financial. Upon review of the plan claims paid for the current year, Lincoln Financial will not be increasing rates for the 2010/2011 plan year. It is recommended that the Town renew its life insurance program with Lincoln Financial and maintain the current basic life and accidental death and dismemberment insurance for the upcoming plan year.

Short Term & Long Term Disability Insurance Evaluation

In addition to the dental and life insurance being offered, Lincoln Financial also provides the short term disability and long term disability insurance for the Town's employees. Upon review of the Short Term Disability plan claims paid for the current year, Lincoln Financial offered a rate pass for the 2010/2011 plan year. The Long Term Disability insurance is entering the second year of a two year rate guarantee. It is recommended that the Town renew its Short Term Disability insurance programs with Lincoln Financial and maintain the current Long Term Disability insurance for the upcoming 2010/2011 plan year.

Vision Insurance Evaluation

The Town of Lake Park currently offers employees and their dependents vision insurance through Humana / CompBenefits. Humana / CompBenefits has proposed a renewal increase of 5.2% over the current year rates, or an annual increase to the Town of \$244. The renewal rates will be guaranteed for a two year period ending September 30, 2012.

After reviewing several alternate vision carrier rates and comparing the plan benefits, The Gehring Group recommends that the Town renew its vision insurance with Humana / CompBenefits effective October 1, 2010.

SECTION 2

Health Insurance Proposal Analysis

**Town of Lake Park
Medical Insurance Renewal Evaluation
2010-2011**



Current

Renewal

Renewal (Negotiated)

SCHEDULE OF BENEFITS Plan Basis	BlueCross BlueShield of Florida BlueOptions PPO Plan 1667 (5G)		BlueCross BlueShield of Florida BlueOptions PPO Plan 3766		BlueCross BlueShield of Florida BlueOptions PPO Plan 3766	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	\$5 million					
Calendar Year Deductible	Unlimited					
Single	No Deductible	\$500	No Deductible	\$500	No Deductible	\$500
Family	No Deductible	\$1,500	No Deductible	\$1,500	No Deductible	\$1,500
Out of Pocket CYM	Includes Copays, CYD & Coinsurance; Excludes Rx					
Single	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Coinsurance	20%	40%	20%	50%	20%	50%
Physician Services						
Primary Care Physician	\$15	\$30	\$20	CYD then 50%	\$20	CYD then 50%
Specialist	\$30	\$45	\$40	CYD then 50%	\$40	CYD then 50%
Pre-Natal	\$15 / \$30	\$30 / \$45	\$40	CYD then 50%	\$40	CYD then 50%
Chiropractic Services	\$30	40%	\$40	CYD then 50%	\$40	CYD then 50%
Laboratory Services	No Charge	40%	No Charge	CYD then 50%	No Charge	CYD then 50%
Advanced Imaging	\$100	40%	\$100	CYD then 50%	\$100	CYD then 50%
Hospital Services	Tier 1 / Tier 2					
Inpatient Hospital	\$600 / \$900	\$1,200	\$600 / \$1,000	CYD then 50%	\$600 / \$1,000	CYD then 50%
Outpatient Hospital	\$200 / \$300	\$400	\$200 / \$300	CYD then 50%	\$200 / \$300	CYD then 50%
Emergency Room	\$100	\$200	\$100	\$100	\$100	\$100
Physician Services	No Charge	40%	No Charge	No Charge	No Charge	No Charge
Urgent Care	\$50	40%	\$50	CYD then 50%	\$50	CYD then 50%
Outpatient Therapy	20%	40%	\$45 / \$60	CYD then 50%	\$45 / \$60	CYD then 50%
Mental Health/Substance Abuse	30 days CYM; 20 visits CYM					
Inpatient Hospital	\$600 / \$900	40%	No Charge	50%	No Charge	50%
Outpatient Services	\$30	40%	No Charge	50%	No Charge	50%
Pharmacy						
Generic	\$15	\$15	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30
Non Preferred Brand	\$50	\$50	\$50	\$50	\$50	\$50
Self Injectables	N/A	N/A	N/A	N/A	N/A	N/A
Mail Order Copay	2x Retail	2x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$541.32	\$541.32	\$657.50	\$637.50	\$617.38	\$617.38
Employee + Spouse	\$1,120.53	\$830.93	\$1,459.66	\$1,058.08	\$1,370.60	\$993.99
Employee + Child(ren)	\$1,017.63	\$779.48	\$1,196.65	\$927.08	\$1,123.64	\$870.51
Family	\$1,718.68	\$1,130.00	\$2,018.54	\$1,338.02	\$1,895.38	\$1,256.38
Monthly Premium	\$36,717.52	\$31,621.10	\$44,894.23	\$38,555.87	\$42,154.94	\$36,203.28
Annual Premium	\$440,610.24	\$379,453.20	\$538,730.76	\$462,670.38	\$505,859.28	\$434,439.36
\$ Increase	N/A	N/A	\$98,120.52	\$83,217.18	\$65,249.04	\$54,986.16
% Increase	N/A	N/A	22.3%	21.9%	14.8%	14.5%

Town of Lake Park
Medical Insurance Renewal Evaluation
2010-2011



Current

Alternate #1

Alternate #2

Plan Details	BlueCross BlueShield of Florida BlueOptions PPO Plan 1667 (IG)		BlueCross BlueShield of Florida BlueOptions PPO Plan 3768		CIGNA Healthcare FL OAPLUS Plan A	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum		\$5 million				
Calendar Year Deductible	No Deductible	\$500	\$250	\$1,000	\$500	\$2,000
Family	No Deductible	\$1,500	\$750	\$3,000	\$1,500	\$6,000
Out of Pocket CYM	Includes Copays, CYD & Coinsurance; Excludes Rx					CYD Only
Single		\$2,500	\$3,000	\$6,000	\$500	\$2,000
Family		\$5,000	\$6,000	\$12,000	\$1,500	\$6,000
Coinsurance	20%	40%	0%	50%	0%	30%
Physician Services						
Primary Care Physician	\$15	\$30	\$20	CYD then 50%	\$20	CYD then 30%
Specialist	\$30	\$45	\$45	CYD then 50%	\$30	CYD then 30%
Pre-Natal	\$15 / \$30	\$30 / \$45	\$40	CYD then 50%	\$20 / \$30	CYD then 30%
Chiropractic Services	\$30	40%	\$45	CYD then 50%	\$30	30%
Laboratory Services	No Charge	40%	No Charge	CYD then 50%	No Charge	30%
Advanced Imaging	\$100	40%	\$200	CYD then 50%	\$250 per scan	\$500 per scan
Hospital Services						
Inpatient Hospital	Tier 1 / Tier 2					
Outpatient Hospital	\$600 / \$900	\$1,200	\$700 / \$1,000	CYD then 50%	CYD	\$500 + CYD then 30%
Emergency Room	\$200 / \$300	\$400	\$300 / \$600	CYD then 50%	CYD	\$500 + CYD then 30%
Physician Services	\$100	\$200	\$200	CYD then 50%	\$200	\$200
Urgent Care	No Charge	40%	\$50	CYD then 50%	No Charge	CYD then 30%
Outpatient Therapy	\$50	40%	\$50	CYD then 50%	\$50	\$50
Outpatient Therapy	20%	40%	\$45	CYD then 50%	\$30	CYD then 30%
Mental Health/Substance Abuse						
Inpatient Hospital	30 days CYM; 20 visits CYM	40%	No Charge	CYD then 50%	\$500	\$500 + CYD then 30%
Outpatient Services	\$600 / \$900	40%	No Charge	CYD then 50%	\$30	\$500 + CYD then 30%
Pharmacy Plan						
Generic	\$15	2x Retail	\$15	2.5x Retail	\$15	2.5x Retail
Preferred Brand	\$30		\$40		\$40	
Non Preferred Brand	\$50		\$60		\$60	
Self Injectables	N/A		N/A		20%	
Mail Order Copay						
Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$541.32	\$541.32	\$631.29	\$631.29	\$644.51	\$644.51
Employee + Spouse	\$1,120.53	\$320.92	\$1,401.47	\$1,016.38	\$1,334.14	\$989.33
Employee + Child(ren)	\$1,017.63	\$779.43	\$1,148.96	\$890.13	\$1,211.68	\$928.19
Family	\$1,718.68	\$1,130.00	\$1,938.07	\$1,284.68	\$2,046.32	\$1,945.47
Monthly Premium	\$36,717.52	\$31,621.10	\$43,104.60	\$37,018.91	\$43,717.15	\$37,649.07
Annual Premium	\$440,610.24	\$379,453.20	\$517,255.20	\$444,226.86	\$524,605.80	\$451,788.84
\$ Increase	N/A	N/A	\$76,644.96	\$64,773.66	\$83,995.56	\$72,335.64
% Increase	N/A	N/A	17.4%	17.1%	19.1%	19.1%

Town of Lake Park
Medical Insurance Renewal Evaluation
2010-2011



Alternate #4

Alternate #3

Current

SCHEDULE OF BENEFITS Plan Basics	BlueCross BlueShield of Florida Blue Options PPO Plan 1667 (SG)		CIGNA Healthcare FL OAPLUS-1N Plan G		CIGNA Healthcare FL OAPLUS-1N Plan G	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum		\$5 million				
Calendar Year Deductible						
Single	No Deductible	\$500	\$500	\$1,000	\$500	\$500
Family	No Deductible	\$1,500	\$1,500	\$3,000	\$1,500	\$1,500
Out of Pocket CYM	Includes Copays, CYD & Coinsurance; Excludes Rx		Coinsurance Only		Coinsurance Only	
Single		\$2,500	\$2,500	\$5,000	\$2,500	\$2,500
Family		\$5,000	\$5,000	\$10,000	\$5,000	\$5,000
Coinsurance	20%	40%	20%	50%	20%	20%
Physician Services						
Primary Care Physician	\$15	\$30	\$20	CYD then 50%	\$20	\$20
Specialist	\$30	\$45	\$40	CYD then 50%	\$40	\$40
Pre-Natal	\$15 / \$30	\$30 / \$45	\$20 / \$40	CYD then 50%	\$20 / \$40	\$20 / \$40
Chiropractic Services	\$30	40%	\$40	CYD then 50%	\$40	\$40
Laboratory Services	No Charge	40%	No Charge	CYD then 50%	No Charge	No Charge
Advanced Imaging	\$100	40%	\$250 per scan	\$500 per scan	\$250 per scan	\$250 per scan
Hospital Services						
Inpatient Hospital	Tier 1 / Tier 2					
Inpatient Hospital	\$600 / \$900	\$1,200	CYD then 20%	\$500 + CYD then 50%	CYD then 20%	CYD then 20%
Outpatient Hospital	\$200 / \$300	\$400	CYD then 20%	\$500 + CYD then 50%	CYD then 20%	CYD then 20%
Emergency Room	\$100	\$200	\$200	\$200	\$200	\$200
Physician Services	No Charge	40%	CYD then 20%	CYD then 50%	CYD then 20%	CYD then 20%
Urgent Care	\$50	40%	\$50	\$50	\$50	\$50
Outpatient Therapy	20%	40%	\$40	CYD then 50%	\$40	\$40
Mental Health/Substance Abuse						
Inpatient Hospital	\$600 / \$900	40%	CYD then 20%	\$500 + CYD then 50%	CYD then 20%	CYD then 20%
Outpatient Services	\$30	40%	\$40	CYD then 50%	\$40	\$40
Pharmacy Plan						
Generic	\$15		\$15	\$15	\$15	\$15
Preferred Brand	\$30		\$40	\$40	\$40	\$40
Non Preferred Brand	\$50		\$60	\$60	\$60	\$60
Self Injectables	N/A		20%	20%	20%	20%
Mail Order Copay	2x Retail		2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
		Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$541.32	\$541.32	\$569.57	\$569.57	\$546.76	\$546.76
Employee + Spouse	\$1,120.53	\$830.93	\$1,179.01	\$874.29	\$1,131.79	\$839.29
Employee + Child(ren)	\$1,017.63	\$779.48	\$1,070.79	\$820.18	\$1,027.90	\$787.30
Family	\$1,718.68	\$1,130.00	\$1,808.38	\$1,188.90	\$1,735.95	\$1,141.36
Monthly Premium	\$36,717.52	\$31,621.10	\$38,633.91	\$33,271.42	\$37,086.63	\$31,938.94
Annual Premium	\$440,610.24	\$379,453.20	\$463,606.92	\$399,257.04	\$445,039.56	\$383,267.12
\$ Increase	N/A	N/A	\$22,996.68	\$19,803.84	\$4,429.32	\$3,814.02
% Increase	N/A	N/A	5.2%	5.2%	1.0%	1.0%

Town of Lake Park
Medical Insurance Renewal Evaluation
2010-2011



Current

Alternate #7

Alternate #8

SCHEDULE OF BENEFITS Plan Basics	BlueCross BlueShield of Florida BlueOptions PPO Plan 1667 (5G)		Neighborhood Health Partnership EV3 HMO w/Access Rider		United Healthcare Choice Plus FIB	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum		\$5 million		Unlimited		Unlimited
Calendar Year Deductible	No Deductible	\$500	\$500		\$500	\$2,000
Single	No Deductible	\$1,500	\$1,000		\$1,500	\$6,000
Family						
Out of Pocket CYM	Includes Copays, CYD & Coinsurance; Excludes Rx					
Single		\$2,500	\$3,000 per member		\$3,500	\$7,000
Family		\$5,000	\$3,000 per member		\$7,000	\$14,000
Coinsurance	20%	40%	20%		20%	\$40
Physician Services						
Primary Care Physician	\$15	\$30	\$25		\$20	CYD then 40%
Specialist	\$30	\$45	\$45		\$35	CYD then 40%
Pre-Natal	\$15 / \$30	\$30 / \$45	\$25 / \$45		\$25 / \$35	CYD then 40%
Chiropractic Services	\$30	40%	\$45		\$25 / \$35	CYD then 40%
Laboratory Services	No Charge	40%	No Charge		No Charge	CYD then 40%
Advanced Imaging	\$100	40%	\$200		CYD then 20%	CYD then 40%
Hospital Services						
Inpatient Hospital	Tier 1 / Tier 2					
Outpatient Hospital	\$600 / \$900	\$1,200	\$250 + CYD then 20%	No Benefits Provided	\$750	CYD then 40%
Emergency Room	\$200 / \$300	\$400	\$250 + CYD then 20%		CYD then 20%	CYD then 40%
Physician Services	\$100	\$200	\$200		\$200	\$200
Urgent Care	No Charge	40%	CYD then 20%		CYD then 20%	CYD then 40%
Outpatient Therapy	\$50	40%	\$50		\$75	CYD then 40%
Outpatient Therapy	20%	40%	\$50		\$20	CYD then 40%
Mental Health/Substance Abuse						
Inpatient Hospital	30 days CYM; 20 visits CYM					
Outpatient Services	\$600 / \$900	40%	\$250 + CYD then 20%		\$750	CYD then 40%
Outpatient Services	\$30	40%	\$45		\$35	CYD then 40%
Pharmacy						
Generic	\$15	\$15	\$20		\$10	
Preferred Brand	\$30	\$30	\$40		\$35	
Non Preferred Brand	\$50	\$50	\$60		\$60	
Self Injectables	N/A	N/A	20%		20%	
Mail Order Copay	2x Retail	2x Retail				
	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$541.32	\$541.32	\$380.69	\$380.69	\$448.41	\$448.41
Employee + Spouse	\$1,120.53	\$830.93	\$788.03	\$584.36	\$928.21	\$688.31
Employee + Child(ren)	\$1,017.63	\$773.43	\$715.66	\$548.18	\$842.97	\$645.69
Family	\$1,718.68	\$1,130.00	\$1,208.68	\$794.69	\$1,423.70	\$936.06
Monthly Premium	\$56,717.52	\$31,621.10	\$25,822.06	\$22,237.94	\$30,415.53	\$26,193.81
Annual Premium	\$440,610.24	\$379,453.20	\$309,864.72	\$266,855.22	\$364,986.36	\$314,325.72
\$ Increase	N/A	N/A	-\$130,745.52	-\$112,597.98	-\$75,623.88	-\$65,127.48
% Increase	N/A	N/A	-29.7%	-29.7%	-17.2%	-17.2%

Illustrative Rates - Requires Completion of Individual Health Questionnaires. Rates subject to change or declination.

Illustrative Rates - Requires Completion of Individual Health Questionnaires. Rates subject to change or declination.

Illustrative Rates - Requires Completion of Individual Health Questionnaires. Rates subject to change or declination.

SECTION 3

Vision Insurance Proposal Analysis

**Town of Lake Park
Vision Insurance Renewal Evaluation
Effective Date: October 1, 2010**

SCHEDULE OF BENEFITS	Current		Renewal		Alternate 1	
	Humana/CompBenefits		Humana/CompBenefits		EyeMed	
Plan Basics	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Exams	\$10	\$35 Reimbursement	\$10	\$35 Reimbursement	\$10	Up to \$35
Frequency						
Exams	Once every 12 Mos.	Once every 12 Mos.				
Lenses	Once every 12 Mos.	Once every 12 Mos.				
Frames	Once every 24 Mos.	Once every 24 Mos.				
Benefits Payable						
Single Vision	\$15	\$25 Reimbursement	\$15	\$25 Reimbursement	\$25	Up to \$25
Bifocal	\$15	\$40 Reimbursement	\$15	\$40 Reimbursement	\$25	Up to \$40
Trifocal	\$15	\$60 Reimbursement	\$15	\$60 Reimbursement	\$25	Up to \$60
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	Up to \$115 then 15% off	Up to \$81
Contact Lenses (Medically Necessary)	Paid In Full	\$210 Reimbursement	Paid In Full	\$210 Reimbursement	Paid in Full	\$200
Frames						
Basic	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	Up to \$100 then 20% off	\$40
Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	Up to \$100 then 20% off	\$40
Non-Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	Up to \$100 then 20% off	\$40
Lasik	\$1,800 / eye	Not Offered	\$1,800 / eye	Not Offered	15% off	Not Offered
Employees						
Employee Only	38	4.29	4.52	4.76		
Employee + Family	14	16.39	17.22	12.08		
Monthly Cost	\$392.48	\$392.48	\$412.84	\$350.00		
Annual Cost	\$4,709.76	\$4,709.76	\$4,954.08	\$4,200.00		
\$ Increase / Decrease	N/A	N/A	\$244.32	-\$509.76		
% Increase / Decrease	N/A	N/A	5.2%	-10.8%		

**Town of Lake Park
Vision Insurance Renewal Evaluation
Effective Date: October 1, 2010**

Alternate 2

Renewal

Current

SCHEDULE OF BENEFITS	Humana/CompBenefits		Humana/CompBenefits		EyeMed	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan Basics						
Exams	\$10	\$35 Reimbursement	\$10	\$35 Reimbursement	\$10	Up to \$35
Frequency						
Exams	Once every 12 Mos.	Once every 12 Mos.				
Lenses	Once every 12 Mos.	Once every 12 Mos.				
Frames	Once every 24 Mos.	Once every 24 Mos.				
Benefits Payable						
Single Vision	\$15	\$25 Reimbursement	\$15	\$25 Reimbursement	\$25	Up to \$25
Bifocal	\$15	\$40 Reimbursement	\$15	\$40 Reimbursement	\$25	Up to \$40
Trifocal	\$15	\$60 Reimbursement	\$15	\$60 Reimbursement	\$25	Up to \$60
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	Up to \$135 then 15% off	Up to \$95
Contact Lenses (Medically Necessary)	Paid in Full	\$210 Reimbursement	Paid in Full	\$210 Reimbursement	Paid in Full	\$200
Frames						
Basic	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	Up to \$120 then 20% off	\$40
Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	Up to \$120 then 20% off	\$40
Non-Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	Up to \$120 then 20% off	\$40
Lasik	\$1,800 / eye	Not Offered	\$1,800 / eye	Not Offered	15% off	Not Offered
Employee Only	38	\$4.29	38	\$4.52		\$5.28
Employee + Family	14	\$16.39	14	\$17.22		\$13.40
Monthly Cost		\$392.48		\$412.84		\$388.24
Annual Cost		\$4,709.76		\$4,954.08		\$4,658.88
\$ Increase / Decrease		N/A		\$244.32		-\$50.88
% Increase / Decrease		N/A		5.2%		-1.1%

SECTION 4

Executive Summary

Town of Lake Park
Employee Benefits Cost Summary - October 1, 2010



COVERAGE		CURRENT	RENEWAL
HEALTH		BCBSFL Blue Options 1667	BCBSFL Blue Options 3766
BlueOptions PPO		Total	Total
Employee	35	\$541.32	\$617.38
EE+Spouse	7	\$1,120.53	\$1,370.60
EE+Child(ren)	3	\$1,017.63	\$1,123.64
EE+Family	4	\$1,718.68	\$1,895.38
MONTHLY PREMIUM		\$36,717.52	\$42,154.94
ANNUAL PREMIUM		\$440,610.24	\$506,859.28
\$ INCREASE		N/A	\$65,249.04
% INCREASE		N/A	14.8%
DENTAL		Lincoln Financial Group	Lincoln Financial Group
PPO Program		Total	Total
Employee	30	\$35.88	\$35.88
EE+Family	19	\$103.08	\$103.08
MONTHLY COST		\$3,034.92	\$3,034.92
ANNUAL COST		\$36,419.04	\$36,419.04
\$ INCREASE		N/A	\$0.00
% INCREASE		N/A	0.0%
Vision		Lincoln Financial Group	Lincoln Financial Group
PPO Program		Total	Total
Employee	38	\$4.29	\$4.52
EE+Family	14	\$16.39	\$17.22
MONTHLY COST		\$392.48	\$412.84
ANNUAL COST		\$4,709.76	\$4,954.08
\$ INCREASE		N/A	\$244.32
% INCREASE		N/A	5.2%
LIFE		Lincoln Financial Group	Lincoln Financial Group
		Total	Total
Life Rate		\$0.29	\$0.29
AD&D Rate		\$0.040	\$0.040
Total Life and AD&D		\$0.330	\$0.330
Life Volume		\$2,357,500	\$2,357,500
MONTHLY PREMIUM		\$777.98	\$777.98
ANNUAL PREMIUM		\$9,335.70	\$9,335.70
\$ INCREASE		N/A	\$0.00
% INCREASE		N/A	0.0%
LONG TERM DISABILITY		Lincoln Financial Group	Lincoln Financial Group
		Total	Total
LTD Rate		\$0.46	\$0.46
LTD Volume		\$208,833	\$208,833
MONTHLY PREMIUM		\$960.63	\$960.63
ANNUAL PREMIUM		\$11,527.58	\$11,527.58
\$ INCREASE		N/A	\$0.00
% INCREASE		N/A	0.0%
SHORT TERM DISABILITY		N/A	Lincoln Financial Group
		Total	Total
STD Rate		\$0.54	\$0.54
STD Volume		\$34,588	\$34,588
MONTHLY PREMIUM		\$1,867.75	\$1,867.75
ANNUAL PREMIUM		\$22,413.02	\$22,413.02
\$ INCREASE		N/A	\$0.00
% INCREASE		N/A	0.0%
SUMMARY		Total	Total
TOTAL ANNUAL PREMIUM		\$625,015.35	\$590,508.70
\$ INCREASE		N/A	\$65,493.36
% INCREASE		N/A	12.5%

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY,
INC.

LIFE ENRICHMENT EMPLOYEE ASSISTANCE PROGRAM

AGREEMENT made this 21st day of August 2010 between THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC., hereinafter referred to as "CFS", and the TOWN OF LAKE PARK referred to as "the Company."

WHEREAS, the Company desires to retain CFS with expertise in the Employee Assistance Program (EAP) and Drug Free Workplace Program (DFWP) Services and CFS agrees to be retained to provide services as called for in this agreement. Therefore, in consideration of the mutual promises and covenants contained herein, the parties hereby agree as follows:

I. TERM OF AGREEMENT

This Agreement shall be in full force and in effect for the period beginning October 1, 2010 and ending September 30, 2011, unless terminated earlier pursuant to Section XI.

II. SERVICES TO BE PERFORMED BY CFS:

A. CFS shall perform for the Company's employees and their eligible family members, unlimited sessions for the following EAP services. If multiple family members attend a session as a group, each individual family member will use one of their allotted number of sessions.

1. Marital counseling
2. Divorce adjustment counseling
3. Job related counseling
4. Parent/child counseling
5. Substance abuse assessment and counseling or referral
6. Counseling related to the problems of older persons
7. Counseling or referral related to physical or developmental disabilities
8. Mental Health assessment and counseling
9. Unlimited Legal/ Financial Consultations provided by CLC, Consolidated Legal Concepts
10. Elder care resource and referral per contract year

B. CFS further agrees to provide to the Company:

1. Technical assistance in the development of EAP policies & procedures
2. Case management (coordination of community resources, follow-up and case advocacy)
3. Referral to specialized services not offered by CFS, but required by an employee/eligible family member
4. One two hour Supervisory Training session
5. Telephone consultation with EAP staff or CFS as necessary
6. On-site consultation by CFS staff in those cases where CFS deems it necessary
7. Priority for EAP appointments
8. Benefit Talks / Fairs as needed
9. New Employee Orientation
10. Annual Drug Free Workplace Training
11. Three one hour Worksite Seminars
12. One Critical Incident Stress Debriefing (CISD)

III. SERVICE LOCATIONS:

The services under this Agreement will be provided at CFS locations or those of its network agencies.

IV. METHOD OF INTAKE:

Employees/eligible family members desiring counseling or assistance should call the Center at 1-800-404-7960. Within 24 hours of an initial call, CFS will notify employees/eligible family members of an appointment time to occur within three (3) working days. For those employees/eligible family members that CFS considers to have an emergency, CFS will grant an appointment within 4 hours of an initial call. For urgent care, an appointment will be made within 24 hours. These appointments can be made at any one of our three locations.

V. EMPLOYEE AWARENESS:

Whenever the Company deems it necessary to communicate the benefits of the counseling program to the Company's employees/eligible family members, the Company shall provide for and incur all related mailing expenses. CFS agrees to provide the printed material to be enclosed.

VI. REPORTING:

CFS agrees to provide annual utilization reports to the Company. The reports will include statistics for the preceding year including the number of new employees/eligible family members seen, the number of new cases opened, and the number of cases closed, as well as year-to-date statistics.

VII. CONFIDENTIALITY:

Employees/eligible family members who utilize the counseling services are entitled to privacy. CFS will maintain a confidential relationship with all employees/eligible family members within the limitations of the law. No reports which contain any identifying information will be provided to the Company without the knowledge, approval and written consent of the employee or eligible family member. Likewise, information learned about the Company, such as salaries, personnel problems, etc., are treated in a confidential manner.

VIII. PAYMENT TO CFS:

The Company agrees to pay CFS for all services performed pursuant to this Agreement at the rate of:

\$3.75 per employee per month, based upon 70 employees, payable in advance at the beginning of each annual quarter of the year and by the first of each quarter (October 1, January 1, April 1, and July 1.) This amounts to four (4) payments of \$787.50.00 or \$3,150.00 per year. If the number of employees varies (+) or (-) 5% the necessary cost adjustments will be made on a quarterly basis.

Supervisory training sessions, other than the initial session provided in section II-B 4, shall be performed at a cost of \$250.00 per hour. In addition to those services performed pursuant to the agreement, including employee seminars on a variety of subjects, other than the initial sessions provided in section II-B11, may be performed at a cost of \$250.00 per hour. Critical Incident Stress Debriefing interventions, other than the initial debriefing provided in section II-B12, shall be performed at a cost of \$250.00 per hour. However, the one debriefing included in the contract is performed up to three hours at no charge. Any additional hours of debriefing relating to the same event will be charged at a cost of \$125.00 per hour.

IX. RELATIONSHIP BETWEEN THE PARTIES:

CFS's relationship to the Company created by this Agreement is that of an independent contractor and not an employee, agent, partner or joint venturer with the Company. The Company is only interested in the results of CFS' performance under this Agreement. No agent, employee or servant of CFS, including the EAP Director will be or will be deemed to be, the employee, agent or servant of the Company and the Company agrees not to hire any such individual during the course and duration of this Agreement. CFS shall assume all responsibility for the payment of wages and benefits to its agents, employees, and servants, if any, for services performed by them under this Agreement. None of the benefits provided by the Company to its employees, including, without limitation, compensation insurance and unemployment insurance, will be available to CFS or its agents, employees or servants. CFS will assume full responsibility for the payment of all federal, state and local taxes or other contributions imposed or required under unemployment, social security and

income tax laws, with respect to CFS's engagement by the Company under this agreement.

X. CONTINUITY OF CARE:

Should the counseling needs exceed the designated number of sessions allowed pursuant to Section II, employees / eligible family members may continue sessions without interruption based on a CFS sliding fee scale, payable at time of service, and are responsible for their fees. If the employer wishes to pay for extended sessions for employees, the rate for the session is \$150.00 per hour billed monthly. Should this Agreement terminate pursuant to Section XI or by non-renewal, employees / eligible family members may elect to continue counseling and pay out of pocket or use insurance benefits based on CFS' fee schedule. Upon termination of an employee, the employee / eligible family member receiving services may also convert to self-pay or use CFS' fee schedule and shall be responsible for her/his own fees.

USE OF OUTSIDE PROVIDERS:

The only time authorization is approved by EAP Director for use of an outside provider for counseling, is when an employee's access to CFS' three locations is beyond a twenty mile radius. In the event authorization is granted for use of outside provider, the number of sessions offered may be limited. On contracts that offer "unlimited" number of sessions to their employees, CFS will not grant the use of "unlimited" sessions for outside providers. The employee must come to a CFS office location to be eligible for the "unlimited" sessions. Otherwise, employee may be responsible for additional fees to the outside provider.

XI. TERMINATION:

This Agreement is subject to termination, prior to its expiration, upon either party delivering to the other a written notice of intention to terminate this Agreement, which shall become effective ninety (90) days thereafter. Unless otherwise terminated by either party, this Agreement is to be renegotiated at the end of each contract period.

XII. DEFINITIONS:

"Eligible family member" includes an employee's legal spouse, an employee's unmarried children under the age of 19, and employee's unmarried children under the age of 22 who are full-time students, and the domestic partner of the employee. "EAP" is the Employee Assistance Program.

XIII. MISCELLANEOUS:

A. Enforceability

If any term or condition of this Agreement shall be invalid or unenforceable to any extent or in any application, then the remainder of this Agreement, and

such term or condition except to such extent or in such application, shall not be affected hereby and each and every term and condition of this Agreement shall be valid and enforced to the fullest extent and in the broadest application permitted by law.

B. Notice

All notices or other communications required or permitted to be given pursuant to this Agreement shall be in writing and shall be considered as properly made if hand delivered, mailed from within the United States by certified or registered mail.

1. If to the Company in care of

Bambi McKibbon-Turner
Human Resource Director
Town of Lake Park
535 Park Avenue
Lake Park, Florida 33403

2. If to CFS in care of

Dorla Leslie
Executive Director
The Center For Family Services
4101 Parker Avenue
West Palm Beach, Florida 33405

or to such other addresses as any other party may have designated by like notice forwarded to the other party hereto. Notices other than those dealing with a change of address shall be deemed given when mailed using United States Postal Service mail or hand delivered. Change of address notices shall be deemed given when received.

C. Application of Florida Law

This Agreement, and the application or interpretation thereof, shall be governed exclusively by its terms and by the laws of the State of Florida.

D. Counterparts

This Agreement may be executed by any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

E. Assignment

CFS may not assign or subcontract its rights or obligations under this Agreement without the prior written consent of the Company. The Company

may not assign its rights or obligations without prior written consent of CFS.
F. Entire Agreement

This Agreement represents the entire agreement and understanding between the parties and supersedes all prior negotiations, understandings, representations (if any), and agreements made by and between the parties. This Agreement shall not be subject to modification or amendment by any oral representation, or any written statement by either party, except for a dated written amendment to this Agreement signed by CFS and an authorized representative of the Company.

G. Litigation

In the event of litigation between the parties hereto arising out of or to settle issues or disputes arising under this Agreement, the prevailing party in such litigation shall be entitled to recover against the other party its costs including reasonable attorney's fees, which shall include any fees and costs attributable to trial, appellate, or post judgment proceedings.

IN WITNESS WHEREOF, the parties hereunto executed this Agreement the day and year first above written

TOWN OF LAKE PARK

WITNESSES:

(1) Vin M. Luby

by: Desiree DuBois
Its Mayor
"the Company"

THE CENTER FOR FAMILY SERVICES OF
PALM BEACH COUNTY, INC.

(1) _____

By: _____
Executive Director

"CFS"