

RESOLUTION NO. 34-09-11

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2012 EMPLOYEE MEDICAL INSURANCE THROUGH CIGNA HEALTHCARE; TO RENEW FOR FISCAL YEAR 2012 THE LINCOLN FINANCIAL GROUP EMPLOYEE DENTAL, LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT, SHORT-TERM DISABILITY AND LONG-TERM DISABILITY INSURANCE; TO RENEW FOR FISCAL YEAR 2012 THE HUMANA/COMPBENEFITS EMPLOYEE VISION INSURANCE; AND, TO RENEW THE CONTRACT WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. FOR AN EMPLOYEE ASSISTANCE PROGRAM FOR FISCAL YEARS 2012 AND 2013 FOR TOWN EMPLOYEES; 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 medical insurance, dental insurance, life and accidental death and dismemberment, short-term disability and long-term disability insurance, and vision insurance coverage for Fiscal Year 2012; and

WHEREAS; the Town Commission has determined that it will provide the Town's employees with an employee assistance program for Fiscal Years 2012 and 2013; and

WHEREAS; the Town Commission of the Town of Lake Park has reviewed the Employee Benefits Insurance Analysis and Recommendation effective October 1, 2011 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 to obtain employee medical insurance through CIGNA Healthcare for Fiscal Year 2012 and to renew for Fiscal Year 2012 its Lincoln Financial Group employee dental, life and accidental death and dismemberment, short-term disability and long-term disability insurance; and, its Humana/CompBenefits employee vision insurance; and

WHEREAS, the Town Commission has determined that it is in the best interest of the Town of Lake Park to renew for Fiscal Years 2012 and 2013 its contract with The Center for Family Services of Palm Beach County, Inc. for the provision of an Employee Assistance Program. A copy of The Center for Family Services of Palm Beach County, Inc. contract 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 2012.

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 obtain employee medical insurance through CIGNA Healthcare for Fiscal Year 2012 pursuant to the rate as recommended in the Employee Benefits Insurance Analysis and Recommendation presented by Gehring Group, a copy of which is attached hereto as **Exhibit A**.

Section 3. The Town Commission hereby authorizes and directs the Town Manager to renew its Lincoln Financial Group employee dental, life and accidental death and dismemberment, and short-term disability and long-term disability insurance for Fiscal Year 2012 pursuant to the renewal rate as outlined in **Exhibit A**.

Section 4. The Town Commission hereby authorizes and directs the Town Manager to renew its Humana/CompBenefits employee vision insurance for Fiscal Year 2012 pursuant to the renewal rate as outlined in **Exhibit A**.

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 provision of an Employee Assistance Program for Fiscal Years 2012 and 2013.


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

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

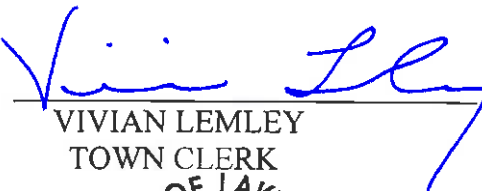
	AYE	NAY
MAYOR JAMES DUBOIS	<u> / </u>	<u> </u>
VICE-MAYOR KENDALL RUMSEY	<u> / </u>	<u> </u>
COMMISSIONER STEVEN HOCKMAN	<u> </u>	<u> / </u>
COMMISSIONER JEANINE LONGTIN	<u> </u>	<u> / </u>
COMMISSIONER TIM STEVENS	<u> / </u>	<u> </u>

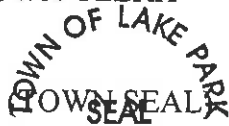
The Town Commission thereupon declared the foregoing Resolution NO. 34-09-11 duly passed and adopted this 21 day of September, 2011.

TOWN OF LAKE PARK, FLORIDA

BY: 
JAMES DUBOIS
MAYOR

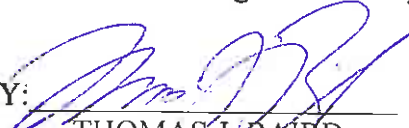
ATTEST:


VIVIAN LEMLEY
TOWN CLERK



FLORIDA

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, 2011

Presented by:

GEHRING GROUP
PROFESSIONAL SERVICES

11505 Fairchild Gardens Ave., Ste 202
Palm Beach Gardens, Florida 33410
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Fax: (561) 626-6970
www.gehringgroup.com

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SECTION 1

Medical Insurance Evaluation

Due to the concern regarding the rising healthcare inflation rate in the State of Florida, as well as the budget reductions facing municipal governments, the Town of Lake Park's agent of record, the Gehring Group, initiated renewal discussions with the Town's current health insurance carrier, Blue Cross Blue Shield of Florida in order to maintain the current benefit structure while reducing the overall renewal impact on a fiscal basis.

The Town selected an alternative medical plan during the 2010/2011 fiscal year renewal due to Blue Cross Blue Shield of Florida's decision to retire their previous plan of five years, resulting in several benefit changes versus the retiring plan. However, the Town still maintains a competitive health insurance plan throughout the County.

Upon review of the plan claims paid for the current year and medical trend costs throughout the state, Blue Cross Blue Shield of Florida has provided an overall renewal to the Town at a 13% increase over current premiums.

The Gehring Group, at the direction of Town staff, released a Request for Quotes (RFQ). Conducting an RFQ allows for the opportunity to evaluate other available options in the marketplace that may reduce the overall renewal impact on a fiscal basis while attempting to maintain the current benefit structure. CIGNA Healthcare and the incumbent carrier were the only medical benefit providers to respond to the RFQ.

As a result of the RFQ responses, it has been determined that the most viable option for the Town at this time is to move its current health insurance coverage to CIGNA at an overall premium decrease of 3.2%. The fiscal impact is a decrease of approximately \$17,209 effective October 1, 2011 through September 30, 2012.

Dental Insurance Evaluation

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

Based on a review of the plan claims paid for the past 2 years in which the rates for the Town's dental plan were guaranteed and by applying the current dental cost trend for

groups of similar size in Florida, Lincoln Financial has provided an overall renewal increase to the Town of 8% versus current premiums, which is a fiscal increase of \$3,039 to the Town effective October 1, 2011 through September 30, 2012.

It is recommended that the Town renew its dental insurance program with Lincoln Financial and maintain the current dental plan for the upcoming 2011/2012 plan year.

Life Insurance Evaluation

The Town of Lake Park currently offers basic life and accidental death and dismemberment insurance to all employees, through Lincoln Financial Group, at a benefit amount of one times their annual salary to a maximum of \$50,000. Employees have the option to purchase an additional benefit up to \$250,000.

Upon review of the plan claims paid for the current year, Lincoln Financial Group will not be increasing rates for the 2011/2012 plan year.

It is recommended that the Town renew its life insurance program with Lincoln Financial Group and maintain the current basic life and accidental death and dismemberment insurance through the plan year.

Short Term & Long Term Disability Insurance Evaluation

In addition to the dental and life insurance being offered, Lincoln Financial Group also provides short term and long term disability insurance for the Town's employees.

A review of the plan claims paid for the current year, determined that Lincoln Financial Group will not be increasing rates for the 2011/2012 plan year.

It is recommended that the Town renew its short term and long term Disability insurance programs with Lincoln Financial Group.

Vision Insurance Evaluation

The Town of Lake Park currently offers employees and their dependents vision insurance through Humana / CompBenefits. The Town is entering the second year of its two-year

rate guarantee. Therefore, the current rates for the vision plan will remain unchanged until September 30, 2012.

It is recommended that the Town renew its vision insurance program with Humana / CompBenefits and maintain the insurance through the 2011/2012 plan year.

SECTION 2

Medical Insurance Proposal Analysis

Town of Lake Park
 Medical RFQ Evaluation
 PPO Plans



Effective Date: October 1, 2011

SCHEDULE OF BENEFITS Plan Basics	Current		Renewal		Alternate #1	
	BlueCross BlueShield of Florida BlueOptions PPO Plan 3766		BlueCross BlueShield of Florida BlueOptions PPO Plan 3766		BlueCross BlueShield of Florida BlueOptions PPO Plan 3559	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Calendar Year Deductible						
Single	No Deductible	\$500	No Deductible	\$500	\$500	\$750
Family	No Deductible	\$1,500	No Deductible	\$1,500	\$1,500	\$2,250
Out of Pocket CYM	<i>Includes Copays, CYD & Coinsurance; Excludes Rx</i>		<i>Includes Copays, CYD & Coinsurance; Excludes Rx</i>		<i>Includes Copays, CYD & Coinsurance; Excludes Rx</i>	
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%	50%	20%	50%	20%	40%
Physician Services						
Primary Care Physician	\$20	CYD then 50%	\$20	CYD then 50%	\$20	CYD then 40%
Specialist	\$40	CYD then 50%	\$40	CYD then 50%	\$40	CYD then 40%
Maternity (Initial Visit Only)	\$40	CYD then 50%	\$40	CYD then 50%	\$40	CYD then 40%
Chiropractic Services	\$40	CYD then 50%	\$40	CYD then 50%	\$40	CYD then 40%
Laboratory Services	\$50	CYD then 50%	\$50	CYD then 50%	\$50	CYD then 40%
Advanced Imaging	\$150	CYD then 50%	\$150	CYD then 50%	\$150	CYD then 40%
Special Services						
Durable Medical Equipment	20%	CYD then 50%	20%	CYD then 50%	CYD then 20%	CYD then 40%
Home Health Care	20%	CYD then 50%	20%	CYD then 50%	CYD then 20%	CYD then 40%
Skilled Nursing Facility	20%	CYD then 50%	20%	CYD then 50%	CYD then 20%	CYD then 40%
Hospice	20%	CYD then 50%	20%	CYD then 50%	CYD then 20%	CYD then 40%
Hospital Services						
Inpatient Hospital	\$600 / \$1,000	CYD then 50%	\$600 / \$1,000	CYD then 50%	\$600 / \$1,000	CYD then 40%
Outpatient Hospital	\$200 / \$300	CYD then 50%	\$200 / \$300	CYD then 50%	\$200 / \$300	CYD then 40%
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100
Physician Services	No Charge	No Charge	No Charge	No Charge	CYD then 20%	CYD then 20%
Urgent Care	\$45	CYD then 50%	\$45	CYD then 50%	\$45	CYD then 40%
Ambulance Services	20%	CYD then 20%	20%	CYD then 20%	CYD then 20%	CYD then 20%
Outpatient Therapy	\$45 / \$60	CYD then 50%	\$45 / \$60	CYD then 50%	\$45 / \$60	CYD then 40%
Ambulatory Surgical Center	\$100	CYD then 50%	\$100	CYD then 50%	\$100	CYD then 40%
Mental Health/Substance Abuse						
Inpatient Hospital	No Charge	50%	No Charge	50%	No Charge	40%
Outpatient Services	No Charge	50%	No Charge	50%	No Charge	40%
Pharmacy Plan						
Generic	\$10		\$10		\$10	
Preferred Brand	\$30		\$30		\$30	
Non Preferred Brand	\$50		\$50		\$50	
Mail Order Copay	2.5x Retail		2.5x Retail		2.5x Retail	
	Total Cost		Total Cost		Total Cost	
Employee	28	\$617.38		\$697.58		\$651.26
Employee + Spouse	8	\$1,370.60		\$1,548.63		\$1,445.79
Employee + Child(ren)	3	\$1,123.64		\$1,269.60		\$1,185.29
Family	7	\$1,895.38		\$2,141.57		\$1,999.36
Monthly Premium		\$44,890.00		\$50,721.07		\$47,151.00
Annual Premium		\$538,680.24		\$608,652.84		\$565,812.23
\$ Increase		N/A		\$81,872.00		\$19,658.99
% Increase		N/A		13.0%		5.5%
		Town Cost		Town Cost		Town Cost
Employee	28	\$617.38		\$697.58		\$651.26
Employee + Spouse	8	\$993.99	\$376.61	\$1,123.11	\$425.53	\$1,048.52
Employee + Child(ren)	3	\$870.51	\$253.13	\$983.59	\$286.01	\$918.28
Family	7	\$1,256.38	\$639.00	\$1,419.58	\$722.00	\$1,325.31
Monthly Premium		\$36,644.75	\$8,245.27	\$41,404.88	\$9,316.20	\$38,655.54
Annual Premium		\$439,737.00	\$98,943.24	\$496,858.50	\$111,794.34	\$463,866.47
\$ Increase		N/A	N/A	\$57,121.50	\$12,851.10	\$24,129.47
% Increase		N/A	N/A	13.0%	13.0%	5.5%

Town of Lake Park
 Medical RFQ Evaluation
 PPO Plans

Effective Date: October 1, 2011



Recommendation

SCHEDULE OF BENEFITS Plan Basics	Current		Alternate #2		Alternate #3			
	BlueCross BlueShield of Florida BlueOptions PPO Plan 3766		CIGNA Healthcare FL Open Access Custom Plan		CIGNA Healthcare FL Open Access Custom Plan			
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Lifetime Maximum	Unlimited		Unlimited		Unlimited			
Calendar Year Deductible								
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	<i>Includes Copays, CYD & Coinsurance; Excludes Rx</i>		<i>Includes CYD; Excludes Copays</i>		<i>Includes CYD; Excludes Copays</i>			
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%	50%	20%	50%	20%	50%		
Physician Services								
Primary Care Physician	\$20	CYD then 50%	\$20	CYD then 50%	\$30	CYD then 50%		
Specialist	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%		
Maternity (Initial Visit Only)	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%		
Chiropractic Services	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%		
Laboratory Services	\$50	CYD then 50%	20%	CYD then 50%	20%	CYD then 50%		
Advanced Imaging	\$150	CYD then 50%	20%	CYD then 50%	20%	CYD then 50%		
Special Services								
Durable Medical Equipment	20%	CYD then 50%	20%	Not Covered	20%	Not Covered		
Home Health Care	20%	CYD then 50%	20%	Not Covered	20%	Not Covered		
Skilled Nursing Facility	20%	CYD then 50%	20%	Not Covered	20%	Not Covered		
Hospice	20%	CYD then 50%	20%	Not Covered	20%	Not Covered		
Hospital Services								
Inpatient Hospital	\$600 / \$1,000	CYD then 50%	\$600	CYD then 50%, after \$500	\$600	CYD then 50%, after \$500		
Outpatient Hospital	\$200 / \$300	CYD then 50%	\$200	CYD then 50%, after \$500	\$200	CYD then 50%, after \$500		
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100		
Physician Services	No Charge	No Charge	20%	CYD then 50%	20%	CYD then 50%		
Urgent Care	\$45	CYD then 50%	\$50	CYD then 50%	\$50	CYD then 50%		
Ambulance Services	20%	CYD then 20%	20%	CYD then 20%	20%	CYD then 20%		
Outpatient Therapy	\$45 / \$60	CYD then 50%	\$60	CYD then 50%	\$60	CYD then 50%		
Ambulatory Surgical Center	\$100	CYD then 50%	20%	CYD then 50%, after \$500	20%	CYD then 50%, after \$500		
Mental Health/Substance Abuse								
Inpatient Hospital	No Charge	50%	20%	CYD then 50%, after \$500	20%	CYD then 50%, after \$500		
Outpatient Services	No Charge	50%	20%	CYD then 50%	20%	CYD then 50%		
Pharmacy Plan								
Generic	\$10		\$10		\$10			
Preferred Brand	\$30		\$30		\$30			
Non Preferred Brand	\$50		\$50		\$50			
Mail Order Copy	2.5x Retail		2.5x Retail		2.5x Retail			
	Total Cost		Total Cost		Total Cost			
Employee	28	\$617.38		\$605.27		\$597.66		
Employee + Spouse	8	\$1,370.60		\$1,343.73		\$1,326.82		
Employee + Child(ren)	3	\$1,123.64		\$1,101.61		\$1,087.74		
Family	7	\$1,895.38		\$1,858.22		\$1,834.83		
Monthly Premium		\$44,890.02		\$44,099.82		\$42,435.97		
Annual Premium		\$538,680.24		\$529,117.88		\$511,471.67		
\$ Increase		N/A		-\$10,562.36		-\$17,208.57		
% Increase		N/A		-2.0%		-3.2%		
		Town Cost		EE Cost		Town Cost		EE Cost
Employee	28	\$617.38	\$0.00	\$605.27	\$0.00	\$597.66	\$0.00	
Employee + Spouse	8	\$993.99	\$376.61	\$974.50	\$369.23	\$962.24	\$364.58	
Employee + Child(ren)	3	\$870.51	\$253.13	\$853.44	\$248.17	\$842.70	\$245.04	
Family	7	\$1,256.38	\$639.00	\$1,231.75	\$626.47	\$1,216.24	\$618.59	
Monthly Premium		\$36,644.75	\$8,245.27	\$35,926.23	\$8,083.60	\$35,474.10	\$7,981.87	
Annual Premium		\$439,737.00	\$98,943.24	\$431,114.71	\$97,003.18	\$425,689.25	\$95,782.42	
\$ Increase		N/A	N/A	-\$8,622.29	-\$1,940.06	-\$14,047.75	-\$3,160.82	
% Increase		N/A	N/A	-2.0%	-2.0%	-3.2%	-3.2%	

Town of Lake Park
 Medical RFQ Evaluation
 PPO Plans



Effective Date: October 1, 2011

SCHEDULE OF BENEFITS Plan Basics	Current		Alternate #4		Alternate #5	
	BlueCross BlueShield of Florida BlueOptions PPO Plan 3766		CIGNA Healthcare FL Open Access Custom Plan		CIGNA Healthcare FL Open Access Custom Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Calendar Year Deductible						
Single	No Deductible	\$500	\$500	\$1,000	\$500	\$1,000
Family	No Deductible	\$1,500	\$1,000	\$3,000	\$1,000	\$3,000
Out of Pocket CYM	Includes Copays, CYD & Coinsurance; Excludes Rx		Includes CYD; Excludes Copays		Includes CYD; Excludes Copays	
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%	50%	20%	50%	20%	50%
Physician Services						
Primary Care Physician	\$20	CYD then 50%	\$20	CYD then 50%	\$30	CYD then 50%
Specialist	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%
Maternity (Initial Visit Only)	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%
Chiropractic Services	\$40	CYD then 50%	\$40	CYD then 50%	\$50	CYD then 50%
Laboratory Services	\$50	CYD then 50%	CYD then 20%	CYD then 50%	CYD then 20%	CYD then 50%
Advanced Imaging	\$150	CYD then 50%	CYD then 20%	CYD then 50%	CYD then 20%	CYD then 50%
Special Services						
Durable Medical Equipment	20%	CYD then 50%	CYD then 20%	Not Covered	CYD then 20%	Not Covered
Home Health Care	20%	CYD then 50%	CYD then 20%	Not Covered	CYD then 20%	Not Covered
Skilled Nursing Facility	20%	CYD then 50%	CYD then 20%	Not Covered	CYD then 20%	Not Covered
Hospice	20%	CYD then 50%	CYD then 20%	Not Covered	CYD then 20%	Not Covered
Hospital Services						
Inpatient Hospital	\$600 / \$1,000	CYD then 50%	\$600	CYD then 50%, after \$500	\$600	CYD then 50%, after \$500
Outpatient Hospital	\$200 / \$300	CYD then 50%	\$200	CYD then 50%, after \$500	\$200	CYD then 50%, after \$500
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100
Physician Services	No Charge	No Charge	CYD then 20%	CYD then 50%	CYD then 20%	CYD then 50%
Urgent Care	\$45	CYD then 50%	\$50	CYD then 50%	\$50	CYD then 50%
Ambulance Services	20%	CYD then 20%	CYD then 20%	CYD then 20%	CYD then 20%	CYD then 20%
Outpatient Therapy	\$45 / \$60	CYD then 50%	\$60	CYD then 50%	\$60	CYD then 50%
Ambulatory Surgical Center	\$100	CYD then 50%	CYD then 20%	CYD then 50%, after \$500	CYD then 20%	CYD then 50%, after \$500
Mental Health/Substance Abuse						
Inpatient Hospital	No Charge	50%	CYD then 20%	CYD then 50%, after \$500	CYD then 20%	CYD then 50%, after \$500
Outpatient Services	No Charge	50%	CYD then 20%	CYD then 50%	CYD then 20%	CYD then 50%
Pharmacy Plan						
Generic	\$10		\$10		\$10	
Preferred Brand	\$30		\$30		\$30	
Non Preferred Brand	\$50		\$50		\$50	
Mail Order Copay	2.5x Retail		2.5x Retail		2.5x Retail	
	Total Cost		Total Cost		Total Cost	
Employee	28	\$617.38	\$577.58		\$571.65	
Employee + Spouse	8	\$1,370.60	\$1,282.25		\$1,269.07	
Employee + Child(ren)	3	\$1,123.64	\$1,051.21		\$1,040.41	
Family	7	\$1,895.38	\$1,773.21		\$1,754.98	
Monthly Premium		\$41,890.02	\$41,096.46		\$41,064.33	
Annual Premium		\$502,680.24	\$503,957.56		\$498,778.89	
\$ Increase		N/A	-\$14,722.60		-\$19,902.34	
% Increase		N/A	-4.3%		-7.4%	
		Town Cost	Town Cost	EE Cost	Town Cost	EE Cost
Employee	28	\$617.38	\$577.58	\$0.00	\$571.65	\$0.00
Employee + Spouse	8	\$993.99	\$929.92	\$352.33	\$920.36	\$348.71
Employee + Child(ren)	3	\$870.51	\$814.40	\$236.81	\$806.03	\$234.38
Family	7	\$1,256.38	\$1,175.40	\$597.81	\$1,163.31	\$591.67
Monthly Premium		\$36,644.75	\$34,282.67	\$7,713.79	\$33,930.32	\$7,634.51
Annual Premium		\$439,737.00	\$411,392.09	\$92,565.48	\$407,163.89	\$91,614.11
\$ Increase		N/A	-\$28,344.91	-\$6,377.76	-\$32,573.11	-\$7,329.13
% Increase		N/A	-6.4%	-6.4%	-7.4%	-7.4%

SECTION 3

Dental Insurance Proposal Analysis

Town of Lake Park
Dental Insurance Renewal Evaluation
Effective Date: October 1, 2011



CURRENT

RENEWAL

SCHEDULE OF BENEFITS	LINCOLN FINANCIAL GROUP DentalGuard Select		LINCOLN FINANCIAL GROUP DentalGuard Select	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Plan Basics				
Calendar Year Maximum	\$1,000		\$1,000	
Deductibles				
Single	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes
Benefits				
Preventative	100%	100%	100%	100%
Basic	95%	80%	95%	80%
Major	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Service Information				
Out of Network Benefits				
Payable Level	90% UCR		90% UCR	
Waiting Period for Major Services	None		None	
Endodontics/Periodontics				
Payable Level	Basic		Basic	
Rate Guarantee	expires 9/30/2011			
Employee	25	\$35.88	\$38.75	
Employee + Family	22	\$103.08	\$111.33	
Monthly Premium		\$3,164.76	\$3,418.01	
Annual Premium		\$37,977.12	\$41,016.12	
\$ Increase		N/A	\$3,039.00	
% Increase		N/A	8.0%	

SECTION 4

Life Insurance Proposal Analysis

Town of Lake Park
Life and AD&D Evaluation
Effective Date: October 1, 2011



Current

Renewal

	Lincoln Financial Group	Lincoln Financial Group
Schedule of Benefits		
Class 1 - Town Manager	1x annual salary to a maximum of \$150,000	1x annual salary to a maximum of \$150,000
Class 2 - All other eligible employees	1x annual salary to a maximum of \$50,000	1x annual salary to a maximum of \$50,000
Class 3 - Mayor & Commissioner	1x annual salary to a maximum of \$50,000	1x annual salary to a maximum of \$50,000
AD&D Benefits		
Loss of Life	2x Principal Sum	2x Principal Sum
Loss of 1 Member (Hand, Foot or eye)	Principal Sum	Principal Sum
Loss of 2 or more Members	2x Principal Sum	2x Principal Sum
Air Bag Benefit	\$10,000 or 10% of Principal Sum, whichever is less.	\$10,000 or 10% of Principal Sum, whichever is less.
Features		
Waiver of Premium	Included	Included
Conversion Privilege	Included	Included
Age Reduction Schedule	Age 65 - 65% of original amount Age 70 - 50% of original amount Age 75 - 35% of original amount	Age 65 - 65% of original amount Age 70 - 50% of original amount Age 75 - 35% of original amount
Seat Belt Benefit	\$10,000 or 10% of Principal Sum, whichever is less.	\$10,000 or 10% of Principal Sum, whichever is less.
Rate Guarantee Period	thru 10/1/2011	24 Months
Basic Term Life Rate / \$1,000	\$0.29	\$0.29
AD&D Rate / \$1,000	\$0.04	\$0.04
Total Rate / \$1,000	\$0.33	\$0.33
Estimated Volume	\$2,305,000	\$2,305,000
Monthly Premium	\$749.13	\$749.13
Annual Premium	\$8,989.50	\$8,989.50
Total \$ Increase	N/A	\$0.00
Total % Increase	N/A	0.0%

SECTION 5

Disability Insurance Proposal Analysis

Town of Lake Park
Short & Long Term Disability Evaluation
Effective Date: October 1, 2011



Current

Renewal

Schedule of Benefits	Lincoln Financial Group	Lincoln Financial Group
STD Core Benefit		
All Eligible Employees	70% of weekly earnings	70% of weekly earnings
Elimination Period	15 days Sickness & Accident	15 days Sickness & Accident
Duration of Benefit	13 weeks	13 weeks
Benefit Maximum	\$1,200 Weekly Benefit Maximum	\$1,200 Weekly Benefit Maximum
Rate Guarantee Period	thru 10/1/2011	24 Months
STD Rate / \$10	\$0.54	\$0.54
Estimated Volume	\$29,970	\$29,970
Monthly Premium	\$1,618.38	\$1,618.38
Annual Premium	\$19,420.56	\$19,420.56
STD \$ Increase	N/A	\$0.00
STD % Increase	N/A	0%
LTD Core Benefit		
All Eligible Employees	60% of monthly earnings	60% of monthly earnings
Elimination Period	90 days	90 days
Own Occupation Period	24 months	24 months
Duration of Benefit	SSNRA	SSNRA
Features		
Maximum Monthly Benefit	\$5,000	\$5,000
Mental Illness Limitation	24 months	24 months
Pre-Existing Condition Limitation	3/12	3/12
Survivor Benefit	3x monthly benefit	3x monthly benefit
Rate Guarantee Period	thru 10/1/2011	24 Months
LTD Rate / \$100	\$0.46	\$0.46
Estimated Volume	\$181,593	\$181,593
Monthly Premium	\$835.33	\$835.33
Annual Premium	\$10,023.93	\$10,023.93
LTD \$ Increase	N/A	\$0.00
LTD % Increase	N/A	0%
Total Monthly Premium	\$2,453.71	\$2,453.71
Total Annual Premium	\$29,444.49	\$29,444.49
Total \$ Increase	N/A	\$0.00
Total % Increase	N/A	0.0%

SECTION 6

Executive Summary of Benefits

Town of Lake Park
 Plan Cost Comparison
 Effective Date: October 1, 2011



CURRENT

Renewal

Alternate #3

		Blue Cross & Blue Shield of FL BlueOptions PPO Plan 3766			Blue Cross & Blue Shield of FL BlueOptions PPO Plan 3766			CIGNA Healthcare FL Open Access Custom Plan		
		Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Medical										
Employee	28	\$617.38	\$617.38	\$0.00	\$697.58	\$697.58	\$0.00	\$597.66	\$597.66	\$0.00
Employee + Spouse	8	\$1,370.60	\$993.99	\$376.61	\$1,548.63	\$1,123.11	\$425.53	\$1,326.82	\$962.24	\$364.58
Employee + Child(ren)	3	\$1,123.64	\$870.51	\$253.13	\$1,269.60	\$983.59	\$286.01	\$1,087.74	\$842.70	\$245.04
Family	7	\$1,895.38	\$1,256.38	\$639.00	\$2,141.57	\$1,419.58	\$722.00	\$1,834.83	\$1,216.25	\$618.59
Total Medical Premium	46									
Monthly Premium		\$44,890.02	\$36,644.75	\$8,245.27	\$50,721.07	\$41,404.88	\$9,316.20	\$43,456.07	\$35,474.22	\$7,981.86
Annual Premium		\$538,680.24	\$439,737.00	\$98,943.24	\$608,652.84	\$496,858.50	\$111,794.34	\$521,472.84	\$425,690.58	\$95,782.26
\$ Increase / Decrease		N/A	N/A	N/A	\$69,972.60	\$57,121.50	\$12,851.10	-\$17,207.40	-\$14,046.42	-\$3,160.98
% Increase / Decrease		N/A	N/A	N/A	13.0%	13.0%	13.0%	-3.2%	-3.2%	-3.2%
Dental										
Lincoln Financial Group										
		Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee	25	\$35.88	\$35.88	\$0.00	\$38.75	\$38.75	\$0.00	\$38.75	\$38.75	\$0.00
Family	22	\$103.08	\$35.88	\$67.20	\$111.33	\$38.75	\$72.58	\$111.33	\$38.75	\$72.58
Total Dental Premium	47									
Monthly Premium		\$3,164.76	\$1,686.36	\$1,478.40	\$3,418.01	\$1,821.25	\$1,596.76	\$3,418.01	\$1,821.25	\$1,596.76
Annual Premium		\$37,977.12	\$20,236.32	\$17,740.80	\$41,016.12	\$21,855.00	\$19,161.12	\$41,016.12	\$21,855.00	\$19,161.12
\$ Increase / Decrease		N/A	N/A	N/A	\$3,039.00	\$1,618.68	\$1,420.32	\$3,039.00	\$1,618.68	\$1,420.32
% Increase / Decrease		N/A	N/A	N/A	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
Vision										
Humana / CompBenefits										
		Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee	25	\$4.52	\$4.52	\$0.00	\$4.52	\$4.52	\$0.00	\$4.52	\$4.52	\$0.00
Family	22	\$17.22	\$4.52	\$12.70	\$17.22	\$4.52	\$12.70	\$17.22	\$4.52	\$12.70
Total Vision Premium	47									
Monthly Premium		\$491.84	\$212.44	\$279.40	\$491.84	\$212.44	\$279.40	\$491.84	\$212.44	\$279.40
Annual Premium		\$5,902.08	\$2,549.28	\$3,352.80	\$5,902.08	\$2,549.28	\$3,352.80	\$5,902.08	\$2,549.28	\$3,352.80
\$ Increase / Decrease		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
% Increase / Decrease		N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
STD										
Lincoln Financial Group										
Benefits Volume		\$29,970			\$29,970.00			\$29,970.00		
Rate		0.54			0.54			0.54		
Total STD Premium										
Monthly Premium		\$1,618.38			\$1,618.38			\$1,618.38		
Annual Premium		\$19,420.56			\$19,420.56			\$19,420.56		
\$ Increase / Decrease		N/A			\$0.00			\$0.00		
% Increase / Decrease		N/A			0%			0%		
LTD										
Lincoln Financial Group										
Benefits Volume		\$181,593			\$181,593			\$181,593		
Rate		\$0.46			\$0.46			\$0.46		
Total LTD Premium										
Monthly Premium		\$835.33			\$835.33			\$835.33		
Annual Premium		\$10,023.93			\$10,023.93			\$10,023.93		
\$ Increase / Decrease		N/A			\$0.00			\$0.00		
% Increase / Decrease		N/A			0%			0%		
Life / AD&D										
Lincoln Financial Group										
Benefits Volume		\$2,305,000			\$2,305,000			\$2,305,000		
Basic Term Life Rate		\$0.29			\$0.29			\$0.29		
AD&D Rate		\$0.04			\$0.04			\$0.04		
Total Life / AD&D Premium										
Monthly Premium		\$749.13			\$749.13			\$749.13		
Annual Premium		\$8,989.50			\$8,989.50			\$8,989.50		
\$ Increase / Decrease		N/A			\$0.00			\$0.00		
% Increase / Decrease		N/A			0%			0%		
Total Benefits Premium		Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Monthly Premium		\$51,749.45	\$41,746.38	\$10,003.07	\$57,833.75	\$46,641.40	\$11,192.36	\$50,568.75	\$40,710.74	\$9,858.02
Annual Premium		\$620,993.43	\$500,956.59	\$120,036.84	\$694,005.03	\$559,696.77	\$134,308.26	\$606,825.03	\$488,528.85	\$118,296.18
\$ Increase / Decrease		N/A	N/A	N/A	\$73,011.60	\$58,740.18	\$14,271.42	-\$14,168.40	-\$12,427.74	-\$1,740.66
% Increase / Decrease		N/A	N/A	N/A	11.8%	11.7%	11.9%	-2.3%	-2.5%	-1.5%



**THE CENTER FOR FAMILY SERVICES
OF PALM BEACH COUNTY, INC.
LIFE ENRICHMENT EMPLOYEE ASSISTANCE PROGRAM**

AGREEMENT made this 21 day of September, 2011 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, 2011 and ending September 30, 2013, 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:

\$3.38 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 \$709.80 or \$2,839.20 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, the 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 Resources Director
Town of Lake Park
535 Park Avenue
Lake Park, Florida 33403

2. If to CFS in care of

Dorla Leslie
Chief Executive Officer
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

By: 

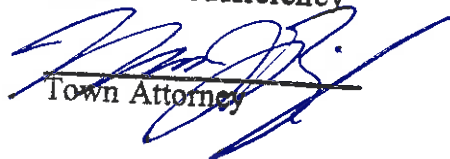
Its: Town of Lake Park
"the Company"

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

By: 
Chief Executive Officer

"CFS"

Approved as to legal
form and sufficiency


Town Attorney