

RESOLUTION NO. 26-09-12

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2013 EMPLOYEE DENTAL INSURANCE THROUGH METLIFE AND EMPLOYEE VISION INSURANCE THROUGH METLIFE SAFEGUARD; 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 dental insurance and vision insurance coverage for Fiscal Year 2013; and

WHEREAS; the Town Commission of the Town of Lake Park has reviewed the Dental Insurance Renewal Evaluation and the Vision Insurance Renewal Evaluation effective October 1, 2012 presented by Gehring Group, copies of which are attached hereto and incorporated herein as **Exhibit A** and **Exhibit B** respectively; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2013.

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 dental insurance and vision insurance coverage for Fiscal Year 2013 as set forth in the Dental Insurance Renewal Evaluation and the Vision Insurance Renewal Evaluation effective October 1, 2012 presented by Gehring Group, copies of which are attached hereto and incorporated herein as **Exhibit A** and **Exhibit B** respectively.


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

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


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

The Town Commission thereupon declared the foregoing Resolution NO. 26-09-12 duly passed and adopted this 12 day of September, 2012.

TOWN OF LAKE PARK, FLORIDA

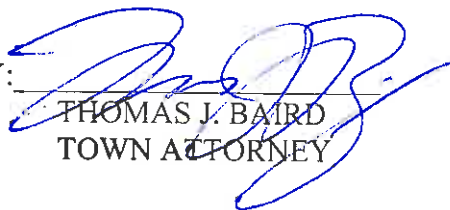
BY: 
JAMES DUBOIS
MAYOR

ATTEST:


VIVIAN LEMLEY
TOWN CLERK



Approved as to form and legal sufficiency:

BY: 
THOMAS J. BAIRD
TOWN ATTORNEY

SCHEDULE OF BENEFITS	CURRENT LINCOLN FINANCIAL GROUP Dental/Guard Select		ALTERNATE #4 The Standard		ALTERNATE #5 United Concordia Concordia Preferred P-Plan		ALTERNATE #6 Guardian		ALTERNATE #7 Principal	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan Basics										
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Deductibles										
Single	\$25	\$50	\$25	\$50	\$50	\$50	\$25	\$75	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$150	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Benefits										
Preventative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	90%	80%	100%	80%	100%	100%
Major	50%	50%	50%	50%	60%	50%	60%	50%	50%	50%
Orthodontia	50%	50%	50%	50%	\$1,000	\$1,000	50%	50%	50%	50%
Service Information										
Out of Network Benefits										
Payable Level	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR	90% UCR
Waiting Period for Major Services	None	None	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Rate Guarantee	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$38.75	\$31.04	\$38.75	\$31.04	\$38.50	\$37.73	\$38.50	\$37.73	\$37.07	\$37.07
Employee + Family	\$111.33	\$100.52	\$111.33	\$100.52	\$105.50	\$107.73	\$105.50	\$107.73	\$114.46	\$114.46
Monthly Premium	\$2,822.61	\$2,453.80	\$2,822.61	\$2,453.80	\$2,717.50	\$2,736.93	\$2,717.50	\$2,736.93	\$2,835.50	\$2,835.50
Annual Premium	\$33,871.32	\$29,445.60	\$33,871.32	\$29,445.60	\$32,610.00	\$32,843.16	\$32,610.00	\$32,843.16	\$34,026.00	\$34,026.00
\$ Increase	N/A	-\$4,425.72	N/A	-\$4,425.72	-\$1,261.32	-\$1,028.16	-\$1,261.32	-\$1,028.16	-\$154.68	-\$154.68
% Increase	N/A	-13.1%	N/A	-13.1%	-3.7%	-3.0%	-3.7%	-3.0%	0.5%	0.5%

Town of Lake Park

2012/2013 Vision Insurance Renewal Evaluation



Alternate 1

Renewal

Current

SCHEDULE OF BENEFITS	Humana/CompBenefits			Humana/CompBenefits			Guardian Plan 1		
	In Network	Out of Network	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	\$50 Max after \$10 Copay			
Frequency									
Exams	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.	Once per Calendar Year	Once per Calendar Year			
Lenses	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.	Once per Calendar Year	Once per Calendar Year			
Frames	Once every 24 Mos.	Once every 24 Mos.	Once every 24 Mos.	Once every 24 Mos.	Once every other Cal. Year	Once every other Cal. Year			
Benefits Payable									
Single Vision	\$15	\$25 Reimbursement	\$15	\$25 Reimbursement	\$25	\$48 Max after \$25 Copay			
Bifocal	\$15	\$40 Reimbursement	\$15	\$40 Reimbursement	\$25	\$67 Max after \$25 Copay			
Trifocal	\$15	\$60 Reimbursement	\$15	\$60 Reimbursement	\$25	\$86 Max after \$25 Copay			
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	\$100 Reimbursement	\$25 Copay	\$105 Max after \$25 Copay			
Contact Lenses (Medically Necessary)	Paid in Full	\$210 Reimbursement	Paid in Full	\$210 Reimbursement	\$25	\$210 Max after \$25 Copay			
Exam Fees									
Basic	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	\$35 Wholesale	\$120 Max after \$25 Copay	\$48 Max after \$25 Copay			
Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$120 Max after \$25 Copay	\$48 Max after \$25 Copay			
Non-Preferred	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$45 Wholesale	\$120 Max after \$25 Copay	\$48 Max after \$25 Copay			
		Total Cost		Total Cost		Total Cost			
Employee Only	24	4.52	24	4.76	\$4.28	\$4.28			
Employee + Family	17	17.22	17	\$18.10	\$13.23	\$13.23			
Monthly Cost		\$401.22		\$421.94	\$327.63	\$327.63			
Annual Cost		\$4,814.64		\$5,063.28	\$3,931.56	\$3,931.56			
\$ Increase / Decrease		N/A		\$248.64	-\$883.08	-\$883.08			
% Increase / Decrease		N/A		5.2%	-18.3%	-18.3%			

Employer Paid rates apply w/75% enrollment

EXIT 18178

Town of Lake Park

2012/2013 Vision Insurance Renewal Evaluation



Current

Alternate 2

Alternate 3

SCHEDULE OF BENEFITS	Humana/CompBenefits			Guardian		
	In Network	Out of Network		In Network	Out of Network	Out of Network
Plan Basics						
Exams	\$10	\$35 Reimbursement		\$10	\$50 Max after \$10 Copay	\$50 Max after \$10 Copay
Frequency						
Exams	Once every 12 Mos.	Once every 12 Mos.		Once per Calendar Year	Once per Calendar Year	Once per Calendar Year
Lenses	Once every 12 Mos.	Once every 12 Mos.		Once per Calendar Year	Once per Calendar Year	Once per Calendar Year
Frames	Once every 24 Mos.	Once every 24 Mos.		Once every other Cal. Year	Once every other Cal. Year	Once every other Cal. Year
Benefits Payable						
Single Vision	\$15	\$25 Reimbursement		\$20	\$48 Max after \$20 Copay	\$48 Max after \$10 Copay
Bifocal	\$15	\$40 Reimbursement		\$20	\$67 Max after \$20 Copay	\$67 Max after \$10 Copay
Trifocal	\$15	\$60 Reimbursement		\$20	\$86 Max after \$20 Copay	\$86 Max after \$10 Copay
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement		\$20 Copay	\$105 Max after \$20 Copay	\$105 Max after \$10 Copay
Contact Lenses (Medically Necessary)	Paid in Full	\$210 Reimbursement		\$20	\$210 Max after \$20 Copay	\$210 Max after \$10 Copay
Expenses						
Basic	\$35 Wholesale	\$35 Wholesale		\$120 Max after \$20 Copay	\$48 Max after \$20 Copay	\$48 Max after \$10 Copay
Preferred	\$45 Wholesale	\$45 Wholesale		\$120 Max after \$20 Copay	\$48 Max after \$20 Copay	\$48 Max after \$10 Copay
Non-Preferred	\$45 Wholesale	\$45 Wholesale		\$120 Max after \$20 Copay	\$48 Max after \$20 Copay	\$48 Max after \$10 Copay
		Total Cost				
Employee Only	24	4.52		\$5.18		\$5.77
Employee + Family	17	17.22		\$16.01		\$17.83
Monthly Cost		\$401.22		\$396.49		\$441.59
Annual Cost		\$4,814.64		\$4,757.88		\$5,299.08
\$ Increase / Decrease		N/A		-\$56.76		\$484.44
% Increase / Decrease		N/A		-1.2%		10.1%

Employer Paid rates apply w/75% enrollment

Employer Paid rates apply w/75% enrollment

Town of Lake Park

2012/2013 Vision Insurance Renewal Evaluation



Current

Alternate 4

Alternate 5

SCHEDULE OF BENEFITS	Humana/CompBenefits			MetLife SafeGuard		
	In Network	Out of Network		In Network	Out of Network	Out of Network
Plan Basics						
Exams	\$10	\$35 Reimbursement		\$10	\$35	\$35
Frequency						
Exams	Once every 12 Mos.	Once every 12 Mos.		Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.
Lenses	Once every 12 Mos.	Once every 12 Mos.		Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.
Frames	Once every 24 Mos.	Once every 24 Mos.		Once every 24 Mos.	Once every 24 Mos.	Once every 24 Mos.
Benefits Payable						
Single Vision	\$15	\$25 Reimbursement		\$25	\$25 Reimb. after \$25 Copay	\$25 Reimb. after \$25 Copay
Bifocal	\$15	\$40 Reimbursement		\$25	\$35 Reimb. after \$25 Copay	\$35 Reimb. after \$25 Copay
Trifocal	\$15	\$60 Reimbursement		\$25	\$45 Reimb. after \$25 Copay	\$45 Reimb. after \$25 Copay
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement		\$135 Allowance	\$100 Reimbursement	\$100 Reimbursement
Contact Lenses (Medically Necessary)	Paid In Full	\$210 Reimbursement		\$250 Allowance	\$200 Reimbursement	\$250 Allowance \$200 Reimbursement
Frames						
Basic	\$35 Wholesale	\$35 Wholesale		\$100 Allowance	\$65 Reimbursement	\$125 Allowance
Preferred	\$45 Wholesale	\$45 Wholesale		\$100 Allowance	\$65 Reimbursement	\$100 Allowance
Non-Preferred	\$45 Wholesale	\$45 Wholesale		\$100 Allowance	\$65 Reimbursement	\$100 Allowance
			Total Cost			Total Cost
Employee Only	24	4.52		\$5.41		\$5.86
Employee + Family	17	17.22		\$13.10		\$14.18
Monthly Cost		\$401.22		\$352.54		\$381.70
Annual Cost		\$4,814.64		\$4,230.48		\$4,580.40
\$ Increase / Decrease		N/A		-\$584.16		-\$234.24
% Increase / Decrease		N/A		-12.1%		-4.9%

Lens Copays are for standard formulary

Lens Copays are for standard formulary

Town of Lake Park

2012/2013 Vision Insurance Renewal Evaluation



Alternate 6

Current

SCHEDULE OF BENEFITS	Humana/CompBenefits		VSP
	In Network	Out of Network	
Plan Basics			
Exams	\$10	\$35 Reimbursement	\$50 <small>Reim. Up to \$45 after 90 Day</small>
Frequency			
Exams	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.
Lenses	Once every 12 Mos.	Once every 12 Mos.	Once every 12 Mos.
Frames	Once every 24 Mos.	Once every 24 Mos.	Once every 24 Mos.
Benefits Payable			
Single Vision	\$45	\$25 Reimbursement	\$50 \$30 Reimbursement
Bifocal	\$15	\$40 Reimbursement	\$75 \$50 Reimbursement
Trifocal	\$15	\$60 Reimbursement	\$150 \$65 Reimbursement
Contact Lenses (Elective)	\$100 Reimbursement	\$100 Reimbursement	Up to \$130 105 Reimbursement
Contact Lenses (Medically Necessary)	Paid in Full	\$210 Reimbursement	Paid in Full \$210 Reimbursement
Lenses			
Basic	\$35 Wholesale	\$35 Wholesale	\$125 Allowance \$70 Reimbursement
Preferred	\$45 Wholesale	\$45 Wholesale	\$125 Allowance \$70 Reimbursement
Non-Preferred	\$45 Wholesale	\$45 Wholesale	\$125 Allowance \$70 Reimbursement
		Total Cost	Total Cost
Employee Only	24	4.52	\$5.89
Employee + Family	17	17.22	\$13.95
Monthly Cost		\$401.22	\$378.51
Annual Cost		\$4,814.64	\$4,542.12
\$ Increase / Decrease		N/A	-\$272.52
% Increase / Decrease		N/A	-5.7%