

**RESOLUTION NO. 29-09-13**

**A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2014 EMPLOYEE MEDICAL INSURANCE THROUGH FLORIDA BLUE; TO RENEW FOR FISCAL YEAR 2014 THE METLIFE EMPLOYEE DENTAL INSURANCE; TO RENEW FOR FISCAL YEAR 2014 THE LINCOLN FINANCIAL GROUP EMPLOYEE LIFE, SHORT-TERM DISABILITY AND LONG-TERM DISABILITY INSURANCE; AND, TO RENEW THE CONTRACT WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. FOR AN EMPLOYEE ASSISTANCE PROGRAM FOR FISCAL YEAR 2014 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, short-term disability, and long-term disability insurance coverage for Fiscal Year 2014; and

**WHEREAS**, the Town Commission has determined that it will provide the Town’s employees with an employee assistance program for Fiscal Year 2014; and

**WHEREAS**, the Town Commission of the Town of Lake Park has reviewed the medical, dental, life, short term disability and long term disability renewal evaluations effective October 1, 2013 presented by Gehring Group, a copies of which are attached hereto and incorporated herein as **Exhibit A**, **Exhibit B**, and **Exhibit C** respectively; 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 Florida Blue for Fiscal Year 2014; to renew for Fiscal Year 2014 its employee dental insurance through MetLife; and, to renew for Fiscal Year 2014 its employee life, short-term disability, and long-term disability insurance through Lincoln Financial Group; and

**WHEREAS**, the Town Commission has determined that it is in the best interest of the Town of Lake Park to renew for Fiscal Year 2014 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 D**; and

**WHEREAS**, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2014.

**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 Florida Blue for Fiscal Year 2014 pursuant to the Medical Insurance RFP Evaluation 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 MetLife employee dental insurance for Fiscal Year 2014 pursuant to the Dental Insurance Renewal Evaluation presented by Gehring Group, a copy of which is attached hereto as **Exhibit B**.

**Section 4.** The Town Commission hereby authorizes the directs the Town Manager to renew its Lincoln Financial Group employee life, short-term disability and long-term disability insurance for Fiscal Year 2014 pursuant to the Life Insurance, Long Term Disability, and Short Term Disability Renewal Evaluations presented by Gehring Group, copies of which are attached hereto at **Exhibit C**.

**Section 4.** The Town Commission hereby authorizes and directs the Town Manager to execute the contract (attached hereto as **Exhibit D**) with The Center for Family Services of Palm Beach County, Inc. for the provision of an Employee Assistance Program for Fiscal Year 2014.

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

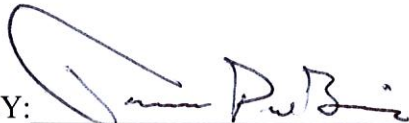
## **Exhibit A**

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

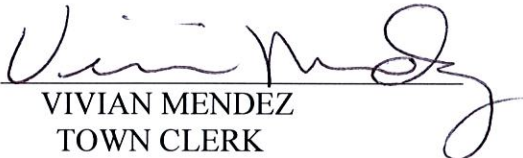
	AYE	NAY
MAYOR JAMES DUBOIS	<u>/</u>	___
VICE-MAYOR KIMBERLY GLAS-CASTRO	<u>/</u>	___
COMMISSIONER ERIN FLAHERTY	<u>/</u>	___
COMMISSIONER MICHAEL O'ROURKE	<u>/</u>	___
COMMISSIONER KATHLEEN RAPOZA	<u>/</u>	___

The Town Commission thereupon declared the foregoing Resolution NO. 29-09-13 duly passed and adopted this 10 day of September, 2013.

TOWN OF LAKE PARK, FLORIDA

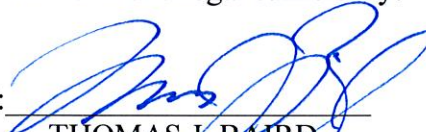
BY:   
JAMES DUBOIS  
MAYOR

ATTEST:

  
VIVIAN MENDEZ  
TOWN CLERK



Approved as to form and legal sufficiency:

BY:   
THOMAS J. BAIRD  
TOWN ATTORNEY

# Dual Plan Option

Alternative #1 Aida Blue Cost Plan 03769	Alternative #2 United Healthcare Choice Plus FXR-P		Base Plan (Alternate 2) United Healthcare Choice Plus FXR-P		Buy-Up Plan (Current) United Healthcare Choice Plus FXR-P w/FT	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Out of Network	\$1,500	\$4,000	\$2,000	\$4,000	\$500	\$1,000
	\$4,500	\$12,000	\$6,000	\$12,000	\$1,500	\$3,000
Includes Copays; Excludes Rx	\$6,000	\$8,000	\$4,000	\$8,000	\$3,000	\$6,000
	\$12,000	\$16,000	\$8,000	\$16,000	\$6,000	\$12,000
50%		40%	20%	40%	20%	40%
CYD + 50%	\$25	CYD + 40%	\$25	CYD + 40%	\$25	CYD + 40%
CYD + 50%	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 40%
50%	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
CYD + 50%	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
CYD + 50%	\$200	CYD + 40%	\$200	CYD + 40%	\$200	CYD + 40%
CYD + 50%	\$25	CYD + 40%	\$25	CYD + 40%	\$50	CYD + 40%
CYD + 50%	\$75	CYD + 40%	\$75	CYD + 40%	\$75	CYD + 40%
CYD + 50%						
CYD + 50%						
In-Net CYD + 20%						
50%						
50%						
50%						
Not Covered						
Total Cost	\$591.63	Not Covered	\$591.63	Not Covered	\$591.63	Not Covered
\$614.93	\$1,313.43		\$1,313.43		\$1,447.19	
\$1,463.52	\$1,076.76		\$1,076.76		\$1,186.42	
\$1,131.46	\$1,816.32		\$1,816.32		\$2,001.28	
\$1,918.56						
EE Cost	Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost
\$0.00	\$591.63	\$0.00	\$591.63	\$0.00	\$591.63	\$60.25
\$424.30	\$952.53	\$360.90	\$952.53	\$360.90	\$952.53	\$494.66
\$258.27	\$834.20	\$242.57	\$834.20	\$242.57	\$834.20	\$352.23
\$651.82	\$1,203.98	\$612.35	\$1,203.98	\$612.35	\$1,203.98	\$797.31
\$6,186.09	\$28,658.61	\$5,585.04	\$28,658.61	\$5,585.04	\$28,658.61	
\$74,233.08	\$343,903.32	\$67,020.48	\$343,903.32	\$67,020.48	\$343,903.32	
\$10,571.28	\$17,234.88	\$3,358.68	\$17,234.88	\$3,358.68	\$17,234.88	
16.6%	5.3%	5.3%	5.3%	5.3%	5.3%	

\*Initial offer 10.72% increase

**Town of Lake Park**  
**Medical Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**

	Current		Renewal		Alternative #1		Alternative #2	
	United Healthcare Choice Plus FXV-P w/FT		United Healthcare Choice Plus FXV-P w/FT		Florida Blue Predictable Cost Plan 03769		United Healthcare Choice Plus FXP-P	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>								
Single	\$500	\$1,000	\$500	\$1,000	\$500	\$1,500	\$1,000	\$2,000
Family	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$4,500	\$3,000	\$6,000
<b>Out of Pocket Maximum</b>								
Single	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,500	\$7,000
Family	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$7,000	\$14,000
Coinurance	20%	40%	20%	40%	20%	50%	20%	40%
<b>Office Visits</b>								
Physician Office Visit	\$25	CYD + 40%	\$25	CYD + 40%	\$25	CYD + 50%	\$25	CYD + 40%
Specialist Visit	\$50	CYD + 40%	\$50	CYD + 40%	\$60	CYD + 50%	\$50	CYD + 40%
Preventive Services (Wellness)	No Charge	Not Covered	No Charge	Not Covered	No Charge	50%	No Charge	Not Covered
Independent Clinical Lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	CYD + 50%	No Charge	CYD + 40%
Advanced Imaging	\$200	CYD + 40%	\$200	CYD + 40%	\$200	CYD + 50%	\$200	CYD + 40%
Chiropractic	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 50%	\$25	CYD + 40%
Urgent Care Center	\$75	CYD + 40%	\$75	CYD + 40%	\$75	CYD + 50%	\$75	CYD + 40%
<b>Hospital</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Outpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Physician Services at Hospital	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	\$100	\$100	CYD + 20%	CYD + 40%
Emergency Room Visit	\$200	\$200	\$200	\$200	\$300	\$300	\$200	\$200
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%
<b>Mental Health / Substance Abuse</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	No Charge	50%	CYD + 20%	CYD + 40%
Outpatient	\$50	CYD+ 40%	\$50	CYD+ 40%	No Charge	50%	\$50	CYD + 40%
<b>Prescription Drugs</b>								
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$35	\$35	\$50	\$50	\$35	\$35
Non Preferred Brand	\$60	\$60	\$60	\$60	\$80	\$80	\$60	\$60
Injectables / Tier 4	20%	20%	20%	20%	20%	20%	20%	20%
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered
<b>Employee</b>	26	\$561.98	26	\$685.60	26	\$647.29	26	\$657.85
<b>Employee + Spouse</b>	6	\$1,247.61	6	\$1,522.05	6	\$1,540.55	6	\$1,460.44
<b>Employee + Child</b>	4	\$1,022.80	4	\$1,247.79	4	\$1,191.01	4	\$1,197.28
<b>Employee + Family</b>	4	\$1,725.29	4	\$2,104.81	4	\$2,019.54	4	\$2,019.61
Monthly Premium		\$33,089.50		\$40,368.30		\$38,915.04		\$38,734.30
Annual Premium		\$397,074.00		\$484,419.60		\$466,980.48		\$464,811.60
\$ Increase		N/A		\$87,345.60		\$69,906.48		\$67,737.60
% Increase		N/A		22.00%		17.61%		17.06%

Town of Lake Park

Medical Insurance RFP Evaluation

Effective Date: October 1, 2013



	Current		Alternative #3		Alternative #4		Alternative #5	
	United Healthcare Choice Plus FXV-P w/FT		United Healthcare Choice Plus FXQ-P		Coventry EvoPOS Plus 80 2500		United Healthcare Choice Plus FXR-P	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>								
Single	\$500	\$1,000	\$1,500	\$3,000	\$2,500	\$5,000	\$2,000	\$4,000
Family	\$1,500	\$3,000	\$4,500	\$9,000	\$5,000	\$10,000	\$6,000	\$12,000
<b>Out of Pocket Maximum</b>	<i>Includes CYD &amp; Coins; Excludes Copays</i>							
Single	\$3,000	\$6,000	\$4,500	\$9,000	\$6,000	\$10,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$9,000	\$18,000	\$12,000	\$20,000	\$8,000	\$16,000
Coinurance	20%	40%	20%	40%	20%	50%	20%	40%
<b>Office Visits</b>								
Physician Office Visit	\$25	CYD + 40%	\$25	CYD + 40%	\$30	CYD + 50%	\$25	CYD + 40%
Specialist Visit	\$50	CYD + 40%	\$50	CYD + 40%	\$60	CYD + 50%	\$50	CYD + 40%
Preventive Services (Wellness)	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Independent Clinical Lab	No Charge	CYD + 40%	No Charge	CYD + 40%	\$60	CYD + 50%	No Charge	Not Covered
Advanced Imaging	\$200	CYD + 40%	\$200	CYD + 40%	\$200	CYD + 50%	\$200	CYD + 40%
Chiropractic	\$50	CYD + 40%	\$25	CYD + 40%	\$60	CYD + 50%	\$25	CYD + 40%
Urgent Care Center	\$75	CYD + 40%	\$75	CYD + 40%	\$50	\$50	\$75	CYD + 40%
<b>Hospital</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	\$500 + CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Outpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	\$250 + CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Physician Services at Hospital	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	\$500 + CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Emergency Room Visit	\$200	\$200	\$200	\$200	\$300	\$300	\$200	\$200
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%
<b>Mental Health / Substance Abuse</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	\$500 + CYD + 20%	CYD + 50%	CYD + 20%	CYD + 40%
Outpatient	\$50	CYD+ 40%	\$50	CYD + 40%	\$60	CYD + 50%	\$50	CYD + 40%
<b>Prescription Drugs</b>								
Generic	\$10	\$10	\$10	\$10	\$3/\$20	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$35	\$35	\$45	\$35	\$35	\$35
Non Preferred Brand	\$60	\$60	\$60	\$60	\$70	\$60	\$60	\$60
Injectables / Tier 4	20%	20%	20%	20%	20%	20%	20%	20%
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	1/2/3x Retail	2.5 x Retail	2.5 x Retail	Not Covered
<b>Employee</b>								
Employee + Spouse	26	\$561.98	26	\$631.10	26	\$627.19	26	\$622.24
Employee + Child	6	\$1,247.61	6	\$1,401.06	6	\$1,317.10	6	\$1,381.39
Employee + Family	4	\$1,022.80	4	\$1,148.60	4	\$1,191.66	4	\$1,132.47
Monthly Premium	4	\$1,725.29	4	\$1,937.49	4	\$1,944.29	4	\$1,910.29
Annual Premium		\$33,089.50		\$37,159.32		\$36,753.34		\$36,637.62
\$ Increase		\$397,074.00		\$445,911.84		\$441,040.08		\$439,651.44
% Increase		N/A		\$48,837.84		\$43,966.08		\$42,577.44
% Increase		N/A		12.30%		11.07%		10.72%

**Town of Lake Park  
Medical Insurance RFP Evaluation  
Effective Date: October 1, 2013**

**Current**

	United Healthcare Choice Plus FXV-P w/FT		Florida Blue Predictable Cost Plan 05770		Humana National POS 11		Florida Blue Predictable Cost Plan 03559	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>								
Single	\$500	\$1,000	\$1,000	\$3,000	\$3,000	\$9,000	\$500	\$750
Family	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$18,000	\$1,500	\$2,250
<b>Out of Pocket Maximum</b>								
Single	\$3,000	\$6,000	\$3,500	\$7,000	\$3,000	\$9,000	\$2,500	\$5,000
Family	\$6,000	\$12,000	\$7,000	\$14,000	\$6,000	\$18,000	\$5,000	\$10,000
Coinsurance	20%	40%	20%	50%	20%	50%	20%	40%
<b>Office Visits</b>								
Physician Office Visit	\$25	CYD + 40%	\$25	CYD + 50%	\$30	CYD + 50%	\$20	CYD + 40%
Specialist Visit	\$50	CYD + 40%	\$45	CYD + 50%	\$55	CYD + 50%	\$40	CYD + 40%
Preventive Services (Wellness)	No Charge	Not Covered	No Charge	50%	No Charge	CYD + 50%	No Charge	40%
Independent Clinical Lab	No Charge	CYD + 40%	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 40%
Advanced Imaging	\$200	CYD + 40%	\$200	CYD + 50%	\$300	In-Net CYD + 50%	\$150	CYD + 40%
Chiropractic	\$50	CYD + 40%	\$45	CYD + 50%	\$55	CYD + 50%	\$40	CYD + 40%
Urgent Care Center	\$75	CYD + 40%	\$50	CYD + 50%	\$55/\$75	CYD + 50%	\$45	CYD + 40%
<b>Hospital</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	\$3,500	CYD + 20%	CYD + 50%	Opt 1/Opt 2	Opt 1/Opt 2
Outpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	\$600/\$1,000	CYD + 40%
Physician Services at Hospital	CYD + 20%	CYD + 40%	\$100	\$100	CYD + 20%	CYD + 50%	\$200/\$300	CYD + 40%
Emergency Room Visit	\$200	\$200	\$200	\$200	\$300	\$300	CYD + 20%	CYD + 40%
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	\$100	\$100
<b>Mental Health / Substance Abuse</b>								
Inpatient	CYD + 20%	CYD + 40%	No Charge	\$500	CYD + 20%	CYD + 50%	No Charge	40%
Outpatient	\$50	CYD+ 40%	No Charge	50%	\$55	CYD + 50%	No Charge	40%
<b>Prescription Drugs</b>								
Generic	\$10	\$10	\$10	\$10	\$10	\$10 + 30%	\$10	
Preferred Brand	\$35	\$35	\$50	50%	\$40	\$40 + 30%	\$50	40%
Non Preferred Brand	\$60	\$60	\$80	20%	\$70	\$70 + 30%	\$80	
Injectables / Tier 4	20%	20%	20%	20%	25%	30%	20%	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5x Retail	Not Covered	2.5 x Retail	Not Covered
<b>Employee</b>	26	\$561.98	\$643.69	\$681.86	\$681.86	\$681.86	\$669.82	
<b>Employee + Spouse</b>	6	\$1,247.61	\$1,531.99	\$1,363.73	\$1,363.73	\$1,363.73	\$1,594.18	
<b>Employee + Child</b>	4	\$1,022.80	\$1,184.40	\$1,295.54	\$1,295.54	\$1,295.54	\$1,232.47	
<b>Employee + Family</b>	4	\$1,725.29	\$2,008.32	\$2,181.96	\$2,181.96	\$2,181.96	\$2,089.84	
Monthly Premium		\$33,089.50	\$38,698.76	\$39,820.74	\$39,820.74	\$39,820.74	\$40,269.64	
Annual Premium		\$397,074.00	\$464,385.12	\$477,848.88	\$477,848.88	\$477,848.88	\$483,235.68	
\$ Increase		N/A	\$67,311.12	\$80,774.88	\$80,774.88	\$80,774.88	\$86,161.68	
% Increase		N/A	16.95%	20.34%	20.34%	20.34%	21.70%	



	Current		Aetna	
	United Healthcare Choice Plus FXV-P w/FT		FL 2-100 HN Option 12-1500-70	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>				
Single	\$500	\$1,000	\$1,500	\$2,000
Family	\$1,500	\$3,000	\$3,000	\$4,000
<b>Out of Pocket Maximum</b>	Includes Deductible Only			
Single	\$3,000	\$6,000	\$5,000	\$8,000
Family	\$6,000	\$12,000	\$10,000	\$16,000
Coinurance	20%	40%	30%	50%
<b>Office Visits</b>				
Physician Office Visit	\$25	CYD + 40%	\$30	CYD + 50%
Specialist Visit	\$50	CYD + 40%	\$60	CYD + 50%
Preventive Services (Wellness)	No Charge	Not Covered	No Charge	CYD + 50%
Independent Clinical Lab	No Charge	CYD + 40%	No Charge	CYD + 50%
Advanced Imaging	\$200	CYD + 40%	CYD + 30%	CYD + 50%
Chiropractic	\$50	CYD + 40%	\$60	CYD + 50%
Urgent Care Center	\$75	CYD + 40%	\$75	CYD + 50%
<b>Hospital</b>				
Inpatient	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Outpatient	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Physician Services at Hospital	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Emergency Room Visit	\$200	\$200	\$300	\$300
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 30%	In-Net CYD + 30%
<b>Mental Health / Substance Abuse</b>				
Inpatient	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Outpatient	\$50	CYD+ 40%	\$60	CYD + 50%
<b>Prescription Drugs</b>				
Generic	\$10	\$10	\$10	
Preferred Brand	\$35	\$35	\$45	
Non Preferred Brand	\$60	\$60	\$65	Not Covered
Injectables / Tier 4	20%	20%	20%	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2 x Retail	
<b>Employee</b>		\$561.98		\$844.00
<b>Employee + Spouse</b>		\$1,247.61		\$1,856.00
<b>Employee + Child</b>		\$1,022.80		\$1,603.00
<b>Employee + Family</b>		\$1,725.29		\$2,615.00
Monthly Premium		\$33,089.50		\$49,952.00
Annual Premium		\$397,074.00		\$599,424.00
\$ Increase		N/A		\$202,350.00
% Increase		N/A		50.96%

Town of Lake Park  
 Employee Medical Benefits Evaluation - Caveats  
 Effective Date: October 1, 2013



Carrier	Proposed Medical Plan Caveats
Coventry	<p>*75% participation required.            *Quoted rates are based on discount from medical questionnaire completion.</p>
Florida Blue	<p>*75% participation required.</p>
United Healthcare	<p>*75% participation required.</p>

*\*This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

## **Exhibit B**

SCHEDULE OF BENEFITS	Current		Renewal		Alternative #1		Alternative #2	
	MetLife PPO Plan	Out of Network	MetLife PPO Plan	Out of Network	Delta Dental PPO Plan D	Out of Network	United Concordia PPO Plan	Out of Network
<b>Plan Basics</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
Calendar Year Maximum	\$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	\$25
Family	\$75	\$150	\$75	\$150	\$150	\$150	\$75	\$75
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventative	100%	100%	100%	100%	100%	80%	100%	100%
Basic	95%	80%	95%	80%	80%	60%	90%	80%
Major	50%	50%	50%	50%	50%	40%	60%	50%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90% UCR	90% UCR	90% UCR	90% UCR	Maximum Allowable Charge	Maximum Allowable Charge	Maximum Allowable Charge	Maximum Allowable Charge
Waiting Period for Major Services	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Rate Guarantee	Expires 09/30/13	Expires 09/30/13	12 Months	12 Months	12 Months	12 Months	24 Months	24 Months
	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>
Employee	25	\$30.03	\$31.68	\$31.20	\$29.09	\$31.20	\$31.20	\$31.20
Employee + Family	17	\$90.64	\$95.63	\$95.91	\$95.91	\$96.70	\$96.70	\$96.70
Monthly Premium		\$2,291.63	\$2,417.71	\$2,423.90	\$2,357.72	\$2,423.90	\$2,423.90	\$2,423.90
Annual Premium		\$27,499.56	\$29,012.52	\$28,292.64	\$28,292.64	\$29,086.80	\$29,086.80	\$29,086.80
\$ Increase		N/A	\$1,512.96	\$1,587.24	\$793.08	\$1,587.24	\$1,587.24	\$1,587.24
% Increase		N/A	5.5%	5.8%	2.9%	5.8%	5.8%	5.8%

EXHIBIT B-1

**Town of Lake Park**  
**Dental Insurance Renewal Evaluation**  
**Effective Date: October 1, 2013**

**Current**

SCHEDULE OF BENEFITS	MetLife PPO Plan		Principal Financial PPO Plan		Guardian PPO Plan		The Standard PPO Plus Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Plan Basics</b>								
Calendar Year Maximum	\$1,000		\$1,000		\$1,000		\$1,000	
Deductibles								
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventative	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	90%	80%	95%	80%
Major	50%	50%	50%	50%	60%	50%	50%	50%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90% UCR		90th Percentile		90th Percentile		90th Percentile	
Waiting Period for Major Services	None		None		None		None	
Endodontics/Periodontics Payable Level	Basic		Basic		Basic		Basic	
Rate Guarantee	Expires 09/30/13		12 Months		12 Months		12 Months	
	<b>Total Cost</b>		<b>Total Cost</b>		<b>Total Cost</b>		<b>Total Cost</b>	
Employee	25	\$30.03	\$33.67	\$37.49	\$33.80	\$37.49	\$33.80	\$37.49
Employee + Family	17	\$90.64	\$99.22	\$103.77	\$111.88	\$103.77	\$111.88	\$103.77
Monthly Premium		\$2,291.63	\$2,528.49	\$2,701.34	\$2,746.96	\$2,701.34	\$2,746.96	\$2,701.34
Annual Premium		\$27,499.56	\$30,341.88	\$32,416.08	\$32,963.52	\$32,416.08	\$32,963.52	\$32,416.08
\$ Increase		N/A	\$2,842.32	\$4,916.52	\$5,463.96	\$4,916.52	\$5,463.96	\$4,916.52
% Increase		N/A	10.3%	17.9%	19.9%	17.9%	19.9%	17.9%

**Town of Lake Park  
Dental Insurance Renewal Evaluation  
Effective Date: October 1, 2013**

**Current**

SCHEDULE OF BENEFITS	MetLife PPO Plan		Lincoln Financial PPO Plan		Ameritas PPO Plan 1		United Concordia PPO Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Plan Basics</b>								
Calendar Year Maximum		\$1,000		\$1,000		\$1,000		\$1,000
Deductibles								
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$25
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$75
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventative	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	95%	80%	90%	80%
Major	50%	50%	50%	50%	50%	50%	60%	50%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level		90% UCR		90th Percentile		90th Percentile		90th Percentile
Waiting Period for Major Services		None		None		None		None
Endodontics/Periodontics Payable Level		Basic		Basic		Basic		Basic
Rate Guarantee		Expires 09/30/13		12 Months		12 Months		24 Months
		<b>Total Cost</b>		<b>Total Cost</b>		<b>Total Cost</b>		<b>Total Cost</b>
Employee	25	\$30.03		\$38.20		\$34.00		\$37.40
Employee + Family	17	\$90.64		\$106.45		\$113.88		\$112.30
Monthly Premium		\$2,291.63		\$2,764.65		\$2,785.96		\$2,844.10
Annual Premium		\$27,499.56		\$33,175.80		\$33,431.52		\$34,129.20
\$ Increase		N/A		\$5,676.24		\$5,931.96		\$6,629.64
% Increase		N/A		20.6%		21.6%		24.1%

**Town of Lake Park  
Dental Insurance Renewal Evaluation  
Effective Date: October 1, 2013**

**Current**

SCHEDULE OF BENEFITS	MetLife PPO Plan		Aetna PPO Plan Option 6A		Sun Life PPO Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Plan Basics</b>						
Calendar Year Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000
Deductibles						
Single	\$25	\$50	\$50	\$50	\$25	\$50
Family	\$75	\$150	\$150	\$150	\$75	\$150
Deductible Waived for Preventative Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	95%	80%	80%	80%	90%	80%
Major	50%	50%	50%	50%	60%	50%
Orthodontia	50%	50%	50%	50%	50%	50%
<b>Service Information</b>						
Out of Network Benefits Payable Level	90% UCR	90% UCR	Maximum Allowable Charge	Maximum Allowable Charge	90th Percentile	90th Percentile
Waiting Period for Major Services	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic
Rate Guarantee	Expires 09/30/13		12 Months		12 Months	
	Total Cost		Total Cost		Total Cost	
Employee	25	\$30.03	\$35.20	\$35.20	\$45.90	\$45.90
Employee + Family	17	\$90.64	\$119.80	\$119.80	\$126.90	\$126.90
Monthly Premium		\$2,291.63	\$2,916.60	\$2,916.60	\$3,304.80	\$3,304.80
Annual Premium		\$27,499.56	\$34,999.20	\$34,999.20	\$39,657.60	\$39,657.60
\$ Increase		N/A	\$7,499.64	\$7,499.64	\$12,158.04	\$12,158.04
% Increase		N/A	27.3%	27.3%	44.2%	44.2%

**Town of Lake Park  
Employee Dental Benefits Evaluation - Caveats  
Effective Date: October 1, 2013**

Carrier	Proposed Dental Plan Caveats
Ameritas	<p>*Rates reflect electronic enrollment. *If paper statements are selected rates will increase .20 per employee.</p>
Delta Dental	<p>*Minimum 5 enrolled or 75% whichever is greater.</p>
Guardian	<p>*Rollover benefits are available see full proposal for details.</p>
Lincoln Financial	<p>*Quoted dental rates are discounted based on being sold with another line of coverage. *Minimum 10 employees enrolled and minimum of 60% of dependents must be enrolled.</p>
Principal Financial	<p>*Quoted dental rates assume 100% participation.</p>
Sun Life	<p>*Greater of 20% of eligible employees or 10 enrolled lives required.</p>
United Concordia	<p>*Minimum 10 enrolled.</p>

*\*This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*



## **Exhibit C**

**Town of Lake Park  
Life Insurance Renewal Evaluation  
Effective Date: October 1, 2013**

	CURRENT	REVISED RENEWAL	Alternative #1	Alternative #2
Basic Life / AD&D	Lincoln Financial	Lincoln Financial	The Standard	Cigna
<b>Class Description</b>				
Class 1: Town Managers	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000
Class 2: All other FT EE's	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
<b>Features</b>				
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70 65% at age 75
<b>Rate Guarantee Period</b>	Expires 09/30/13	12 Months	36 Months	24 Months
Basic Life Rate / \$1,000	0.310	0.340	0.260	0.270
AD&D Rate / \$1,000	0.035	0.035	0.030	0.025
<b>Total Life and AD&amp;D Rate</b>	<b>0.345</b>	<b>0.375</b>	<b>0.290</b>	<b>0.295</b>
<b>Estimated Volume</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>
Total Monthly Premium	\$664.76	\$722.57	\$558.79	\$568.42
Total Annual Premium	\$7,977.16	\$8,670.83	\$6,705.44	\$6,821.05
\$ Increase	N/A	\$693.67	-\$1,271.72	-\$1,156.11
% Increase	N/A	8.70%	-15.94%	-14.49%

EXHIBIT 1-1

Town of Lake Park

Long Term Disability Insurance Renewal Evaluation

Effective Date: October 1, 2013



Long Term Disability	CURRENT		REVISED RENEWAL		Alternative #1		Alternative #2	
	Lincoln Financial	Lincoln Financial	Lincoln Financial	Lincoln Financial	Cigna	The Standard	Cigna	The Standard
All Eligible Employees	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000
Elimination Period	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Duration of Benefit	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Mental Illness Limitation	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12	3/12	3/12	3/12	3/12	3/12	3/12
Rate Guarantee Period	Expires 09/30/13	Expires 09/30/13	12 Months	12 Months	24 Months	36 Months	24 Months	36 Months
LTD Rate / \$100	\$0.460	\$0.470	\$0.470	\$0.470	\$0.400	\$0.787	\$0.400	\$0.787
Estimated Volume	\$167,783	\$167,783	\$167,783	\$167,783	\$167,783	\$167,783	\$167,783	\$167,783
Monthly Premium	\$771.80	\$788.58	\$788.58	\$788.58	\$671.13	\$1,320.45	\$671.13	\$1,320.45
Annual Premium	\$9,261.62	\$9,462.96	\$9,462.96	\$9,462.96	\$8,053.58	\$15,845.43	\$8,053.58	\$15,845.43
\$ Increase	N/A	\$201.34	\$201.34	\$201.34	-\$1,208.04	\$6,583.80	-\$1,208.04	\$6,583.80
% Increase	N/A	2.2%	2.2%	2.2%	-13.0%	71.1%	-13.0%	71.1%

EXHIBIT C-1

SHORT TERM DISABILITY	Current		Renewal		Alternative #1	Alternative #2
	Lincoln Financial	Lincoln Financial	Lincoln Financial	The Standard	Cigna	
Benefits						
Benefit Percent	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Elimination Period:						
Accident Waiting Period	14 Days	14 Days	14 Days	14 Days	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days	14 Days	14 Days	14 Days	14 Days
Benefit Duration	13 Weeks	13 Weeks	13 Weeks	13 Weeks	13 Weeks	13 Weeks
Rate Guarantee	Expires 09/30/13		24 Months	36 Months	12 Months	
Benefits Volume	\$26,811	\$26,811	\$26,811	\$26,811	\$26,811	\$26,811
Rate per \$10	\$0.540	\$0.540	\$0.540	\$0.304	\$0.430	
MONTHLY PREMIUM	\$1,447.79	\$1,447.79	\$1,447.79	\$815.05	\$1,152.87	
ANNUAL PREMIUM	\$17,373.53	\$17,373.53	\$17,373.53	\$9,780.65	\$13,834.48	
\$ INCREASE	N/A	\$0.00	\$0.00	-\$7,592.88	-\$3,539.05	
% INCREASE	N/A	0.0%	0.0%	-43.7%	-20.4%	

EXHIBIT 1

Town of Lake Park

Life Insurance Renewal Evaluation

Effective Date: October 1, 2013

**CURRENT**



Basic Life / AD&D	Lincoln Financial	Principal Financial	Sun Life Financial	Prudential
<b>Class Description</b>				
Class 1: Town Managers	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000
Class 2: All other FT EE's	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
<b>Features</b>				
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70
<b>Rate Guarantee Period</b>	<b>Expires 09/30/13</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	0.310	0.294	0.300	0.336
AD&D Rate / \$1,000	0.035	0.034	0.032	0.018
<b>Total Life and AD&amp;D Rate</b>	<b>0.345</b>	<b>0.328</b>	<b>0.332</b>	<b>0.354</b>
<b>Estimated Volume</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>
Total Monthly Premium	\$664.76	\$632.01	\$639.71	\$682.10
Total Annual Premium	\$7,977.16	\$7,584.08	\$7,676.57	\$8,185.26
\$ Increase	N/A	-\$393.08	-\$300.59	\$208.10
% Increase	N/A	-4.93%	-3.77%	2.61%

**Town of Lake Park**  
**Life Insurance Renewal Evaluation**  
**Effective Date: October 1, 2013**

**CURRENT**

Basic Life / AD&D	Lincoln Financial	MetLife	Humana	Guardian
<b>Class Description</b>				
Class 1: Town Managers	1 x annual salary to a maximum of \$150,000	2x annual salary to a maximum of \$240,000	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000
Class 2: All other FT EE's	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
<b>Features</b>				
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75	35% at age 65 50% at age 70	50% at age 70+	35% at age 65 50% at age 70 65% at age 75
<b>Rate Guarantee Period</b>	<b>Expires 09/30/13</b>	<b>12 Months</b>	<b>24 Months</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	0.310	0.341	0.380	0.410
AD&D Rate / \$1,000	0.035	0.031	0.020	0.025
<b>Total Life and AD&amp;D Rate</b>	<b>0.345</b>	<b>0.372</b>	<b>0.400</b>	<b>0.435</b>
<b>Estimated Volume</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>
Total Monthly Premium	\$664.76	\$716.79	\$770.74	\$838.18
Total Annual Premium	\$7,977.16	\$8,601.46	\$9,248.88	\$10,058.16
\$ Increase	N/A	\$624.30	\$1,271.72	\$2,081.00
% Increase	N/A	7.83%	15.94%	26.09%

**Town of Lake Park  
Life Insurance Renewal Evaluation  
Effective Date: October 1, 2013**

**CURRENT**

Basic Life / AD&D	Lincoln Financial	The Hartford
<b>Class Description</b>		
Class 1: Town Managers	1 x annual salary to a maximum of \$150,000	1 x annual salary to a maximum of \$150,000
Class 2: All other FT EE's	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
<b>Features</b>		
Waiver of Premium	Included	Included
Conversion Privilege	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75	35% at age 65,70,75 Additional 25% at age 80,85,90,95
<b>Rate Guarantee Period</b>	<b>Expires 09/30/13</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	0.310	0.451
AD&D Rate / \$1,000	0.035	0.020
<b>Total Life and AD&amp;D Rate</b>	<b>0.345</b>	<b>0.471</b>
<b>Estimated Volume</b>	<b>\$1,926,850</b>	<b>\$1,926,850</b>
Total Monthly Premium	\$664.76	\$907.55
Total Annual Premium	\$7,977.16	\$10,890.56
\$ Increase	N/A	\$2,913.40
% Increase	N/A	36.52%

Town of Lake Park

Long Term Disability Insurance Renewal Evaluation

Effective Date: October 1, 2013



**CURRENT**

Long Term Disability	Lincoln Financial	Prudential	Sun Life	The Hartford
All Eligible Employees	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000
Elimination Period	90 Days	90 Days	90 Days	90 Days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months
Duration of Benefit	SSNRA	SSNRA	SSNRA	SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000	\$5,000
Mental Illness Limitation	24 Months	24 Months	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12	3/12	3/3/12
Rate Guarantee Period	Expires 09/30/13	24 Months	24 Months	24 Months
LTD Rate / \$100	\$0.460	\$0.661	\$0.680	\$0.774
Estimated Volume	\$167,783	\$167,783	\$167,783	\$167,783
Monthly Premium	\$771.80	\$1,109.05	\$1,140.92	\$1,298.64
Annual Premium	\$9,261.62	\$13,308.55	\$13,691.09	\$15,583.69
\$ Increase	N/A	\$4,046.93	\$4,429.47	\$6,322.06
% Increase	N/A	43.7%	47.8%	68.3%



**Town of Lake Park  
Long Term Disability Insurance Renewal Evaluation  
Effective Date: October 1, 2013**

**CURRENT**

Long Term Disability	Lincoln Financial	MetLife	Principal Financial
All Eligible Employees	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000	60% of monthly earnings up to \$5,000
Elimination Period	90 Days	90 Days	<b>180 Days</b>
Own Occupation Period	24 Months	24 Months	24 Months
Duration of Benefit	SSNRA	SSNRA	SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000
Mental Illness Limitation	24 Months	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12	3/12
Rate Guarantee Period	Expires 09/30/13	12 Months	24 Months
LTD Rate / \$100	\$0.460	\$0.788	\$0.840
Estimated Volume	\$167,783	\$167,783	\$167,783
Monthly Premium	\$771.80	\$1,322.13	\$1,409.38
Annual Premium	\$9,261.62	\$15,865.56	\$16,912.53
\$ Increase	N/A	\$6,603.94	\$7,650.90
% Increase	N/A	71.3%	82.6%

**Town of Lake Park**  
**Short Term Disability Insurance Renewal Evaluation**  
**Effective Date: October 1, 2013**

**Current**

SHORT TERM DISABILITY	Lincoln Financial	Prudential	Sun Life	Principal Financial
<b>Benefits</b>				
Benefit Percent	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings	<b>66.66% of weekly earnings</b>
Maximum Benefit per Week	\$1,200	\$1,200	\$1,200	\$1,200
<b>Elimination Period:</b>				
Accident Waiting Period	14 Days	14 Days	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days	14 Days	14 Days
Benefit Duration	13 Weeks	<b>11 Weeks</b>	<b>11 Weeks</b>	<b>24 Weeks</b>
<b>Rate Guarantee</b>	<b>Expires 09/30/13</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
Benefits Volume	\$26,811	\$26,811	\$26,811	\$26,811
Rate per \$10	\$0.540	\$0.260	\$0.300	\$0.320
<b>MONTHLY PREMIUM</b>	<b>\$1,447.79</b>	\$697.09	\$804.33	\$857.95
<b>ANNUAL PREMIUM</b>	\$17,373.53	\$8,365.03	\$9,651.96	\$10,295.42
<b>\$ INCREASE</b>	N/A	-\$9,008.50	-\$7,721.57	-\$7,078.10
<b>% INCREASE</b>	N/A	-51.9%	-44.4%	-40.7%

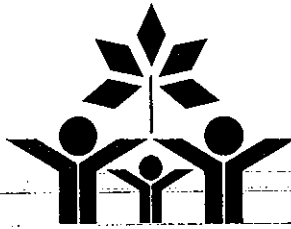
Current

SHORT TERM DISABILITY	Lincoln Financial	MetLife	Humana	The Hartford
<b>Benefits</b>				
Benefit Percent	70% of weekly earnings	70% of weekly earnings	66% of weekly earnings	66.66% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200	\$2,500	\$1,200
<b>Elimination Period:</b>				
Accident Waiting Period	14 Days	14 Days	0 Days	14 Days
Illness Waiting Period	14 Days	14 Days	7 Days	14 Days
Benefit Duration	13 Weeks	11 Weeks	26 Weeks	11 Weeks
<b>Rate Guarantee</b>	<b>Expires 09/30/13</b>	<b>12 Months</b>	<b>24 Months</b>	<b>24 Months</b>
Benefits Volume	\$26,811	\$26,811	\$26,811	\$26,811
Rate per \$10	\$0.540	\$0.345	\$0.590	\$0.628
<b>MONTHLY PREMIUM</b>	\$1,447.79	\$924.98	\$1,581.85	\$1,683.73
<b>ANNUAL PREMIUM</b>	\$17,373.53	\$11,099.75	\$18,982.19	\$20,204.77
<b>\$ INCREASE</b>	N/A	-\$6,273.77	\$1,608.66	\$2,831.24
<b>% INCREASE</b>	N/A	-36.1%	9.3%	16.3%

Carrier	Proposed Life & Disability Plan Caveats
Cigna	*Minimum of 50 eligible employees required to offer life and disability package without medical or dental coverage. *Quoted rates based on offering life and disability as a package. *STD can not be sold as a stand alone product.
Guardian	*EAP is included at no additional charge if three or more lines are offered. *If multiple lines are sold life and voluntary rates may be discounted further. *Life must be sold with another product offering. *Required participation of 75%.
MetLife	*LTD rates include fee for EAP services. *Life and AD&D require the greater of 25% participation or 10 eligible employees.
Principal Financial	*Voluntary AD&D is automatically added to Voluntary Life when elected. *Electing 3 or more lines of coverage may qualify for a discount. *Non-contributory requires 100% participation. *Contributory requires 75% participation.
Prudential	*Supplemental life requires greater of 10 lives or 15% participation. *All life and disability plans quoted must be sold as a package to receive quoted rates.
The Hartford	*Waiver of premium for life & AD&D has a 6 month waiting period. *Minimum of 10 lives enrolled per line of coverage.
The Standard	*Supplemental Life must be packaged with Life and AD&D. *Supplemental life requires the greater of 20% or 10 eligible employees. *LTD plan rates include EAP plan.

*\*This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

## **Exhibit D**



**LIFE ENRICHMENT**  
EMPLOYEE ASSISTANCE PROGRAM

**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.

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**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

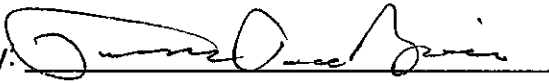
This Agreement represents the entire agreement and understanding between the parties and supersedes all prior negotiations, understandings, representations (if any), and agreements made by and between the parties. This Agreement shall not be subject to modification or amendment by any oral representation, 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.

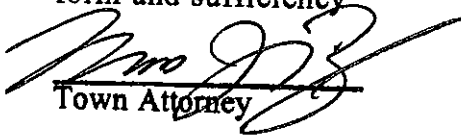
IN WITNESS WHEREOF, the parties hereunto executed this Agreement the day and year first above written

TOWN OF LAKE PARK

By:   
Its: Town of Lake Park  
"the Company"

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

Approved as to legal  
form and sufficiency

  
Town Attorney

By:   
Chief Executive Officer

"CFS"