

RESOLUTION NO. 63-08-17

RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO RENEW FOR FISCAL YEAR 2018 THE EMPLOYEE MEDICAL INSURANCE THROUGH THE FLORIDA BLUE CARE 59 HMO PLAN AND TO OFFER THE FLORIDA BLUE PPO 03769 PLAN AS A BUY-UP OPTION; TO RENEW THE EMPLOYEE DENTAL INSURANCE WITH METLIFE; TO RENEW THE EMPLOYEE VISION INSURANCE WITH HUMANA; AND, TO OBTAIN BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY AND LONG TERM DISABILITY INSURANCE THROUGH THE HARTFORD; 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, and vision insurance coverage for Fiscal Year 2018; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the Employee Benefits Insurance Evaluation Executive Summary and Best and Final Offer RFP Evaluation effective October 1, 2017 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 to renew for Fiscal Year 2018 the Employee Medical Insurance through the Florida Blue Care 59 HMO Plan and to Offer the Florida Blue PPO 03769 Plan as a Buy-up Option; to Renew the Employee Dental Insurance with MetLife; to Renew the Employee Vision Insurance with Humana; and, to obtain Basic Life and Accidental Death and Dismemberment Insurance, Short Term Disability and Long Term Disability Insurance through The Hartford.

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2018.

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

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

Section 2. The Town Commission hereby authorizes and directs the Town Manager to renew for Fiscal Year 2018 the Employee Medical Insurance through the Florida Blue Care 59 HMO Plan and to Offer the Florida Blue PPO 03769 Plan as a Buy-up Option; to Renew the Employee Dental Insurance with MetLife; to Renew the Employee Vision Insurance with Humana; and, to obtain Basic Life and Accidental Death and Dismemberment Insurance, Short Term Disability and Long Term Disability Insurance through The Hartford.

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

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

	AYE	NAY
MAYOR MICHAEL O'ROURKE	<u>Absent</u>	_____
VICE-MAYOR KIMBERLY GLAS-CASTRO	<u>/</u>	_____
COMMISSIONER ERIN FLAHERTY	<u>/</u>	_____
COMMISSIONER ANNE LYNCH	<u>/</u>	_____
COMMISSIONER ROGER MICHAUD	<u>/</u>	_____

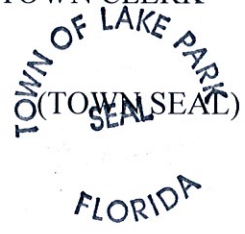
The Town Commission thereupon declared the foregoing Resolution NO. 63-08-17 duly passed and adopted this 14th day of August, 2017.

TOWN OF LAKE PARK, FLORIDA

BY: Kimberly Glas-Castro
for MICHAEL O'ROURKE
MAYOR

ATTEST:

Vivian Mendez
VIVIAN MENDEZ
TOWN CLERK



Approved as to form and legal sufficiency:

BY: Thomas J. Baird
THOMAS J. BAIRD
TOWN ATTORNEY

Exhibit A

Town of Lake Park
Executive Summary
Effective Date: October 1, 2017

EXECUTIVE SUMMARY



	CURRENT			RENEWAL			EE Per Pay Deduction (26)
	Employer	Employee	Total	Employer	Employee	Total	
Medical Insurance	Florida Blue			Florida Blue			
HMO Blue Care 59							
Employee 29	\$644.20	\$0.00	\$644.20	\$733.90	\$0.00	\$733.90	\$0.00
Employee + Spouse 6	\$1,088.70	\$444.50	\$1,533.19	\$1,240.29	\$506.39	\$1,746.68	\$233.72
Employee + Child(ren) 3	\$914.76	\$270.56	\$1,185.32	\$1,042.14	\$308.24	\$1,350.38	\$142.26
Employee + Family 5	\$1,327.05	\$682.85	\$2,009.89	\$1,511.83	\$777.93	\$2,289.76	\$359.04
PPO Blue Options 03769							
Employee 2	\$644.20	\$151.30	\$795.50	\$733.90	\$106.17	\$840.07	\$49.00
Employee + Spouse 0	\$1,088.70	\$804.58	\$1,893.28	\$1,240.29	\$759.06	\$1,999.35	\$350.34
Employee + Child(ren) 0	\$914.76	\$548.95	\$1,463.71	\$1,042.14	\$503.59	\$1,545.73	\$232.42
Employee + Family 0	\$1,327.05	\$1,154.89	\$2,481.94	\$1,511.83	\$1,109.18	\$2,621.01	\$511.93
Total Medical Premium 45							
Annual Total	\$430,583	\$86,346	\$516,928	\$490,539	\$96,781	\$587,319	
\$ Increase	N/A	N/A	N/A	\$59,956	\$10,435	\$70,391	
% Increase	N/A	N/A	N/A	13.9%	12.1%	13.6%	
Dental Insurance	MetLife			MetLife			
Employee 34	\$30.93	\$0.00	\$30.93	\$31.86	\$0.00	\$31.86	\$0.00
Employee + Family 15	\$30.93	\$64.86	\$95.79	\$31.86	\$66.80	\$98.66	\$30.83
Annual Total 49	\$18,187	\$11,675	\$29,862	\$18,734	\$12,024	\$30,758	
\$ Increase	N/A	N/A	N/A	\$547	\$349	\$896	
% Increase	N/A	N/A	N/A	3.0%	3.0%	3.0%	
Vision Insurance	Humana			Humana			
Employee 34	\$4.78	\$0.00	\$4.78	\$4.38	\$0.00	\$4.38	\$0.00
Employee + Spouse 6	\$4.78	\$4.77	\$9.55	\$4.38	\$4.37	\$8.75	\$2.02
Employee + Child(ren) 4	\$4.78	\$4.29	\$9.07	\$4.38	\$3.93	\$8.31	\$1.81
Employee + Family 8	\$4.78	\$9.48	\$14.26	\$4.38	\$8.68	\$13.06	\$4.01
Annual Total 52	\$2,983	\$1,459	\$4,442	\$2,733	\$1,337	\$4,070	
\$ Increase	N/A	N/A	N/A	-\$250	-\$123	-\$372	
% Increase	N/A	N/A	N/A	-8.4%	-8.4%	-8.4%	
LIFE AND AD&D	Florida Combined Life			The Hartford			
Life Rate/\$1,000	\$0.320	\$0	\$0.320	\$0.220	\$0	\$0.220	
ADD Rate/\$1,000	\$0.030	\$0	\$0.030	\$0.031	\$0	\$0.031	
Total Life & ADD	\$0.350	\$0	\$0.350	\$0.251	\$0	\$0.251	
Estimated Life Volume	\$3,202,500	\$0	\$3,202,500	\$3,202,500	\$0	\$3,202,500	
Monthly Premium	\$1,121	\$0	\$1,121	\$804	\$0	\$804	
Annual Premium	\$13,451	\$0	\$13,451	\$9,646	\$0	\$9,646	
\$ Increase	N/A	N/A	N/A	-\$3,805	N/A	-\$3,805	
% Increase	N/A	N/A	N/A	-28.3%	N/A	-28.3%	
Long Term Disability	Florida Combined Life			The Hartford			
Assuming Volume of:	\$287,605	\$0	\$287,605	\$287,605	\$0	\$287,605	
Rate/\$100	\$0.470	\$0	\$0.470	\$0.470	\$0	\$0.470	
Annual Total	\$16,221	\$0	\$16,221	\$16,221	\$0	\$16,221	
\$ Increase	N/A	N/A	N/A	\$0	\$0	\$0	
% Increase	N/A	N/A	N/A	0.0%	N/A	0.0%	
Short Term Disability	Florida Combined Life			The Hartford			
Assuming Volume of:	\$46,277	\$0	\$46,277	\$46,277	\$0	\$46,277	
Rate/\$10	\$0.390	\$0.00	\$0.390	\$0.320	\$0.00	\$0.320	
Annual Total	\$21,658	\$0	\$21,658	\$17,770	\$0	\$17,770	
\$ Increase	N/A	N/A	N/A	-\$3,887	N/A	-\$3,887	
% Increase	N/A	N/A	N/A	-17.9%	N/A	-17.9%	
Total Benefits Premium	Town	Employee	Total	Town	Employee	Total	
ANNUAL TOTAL	\$503,081	\$99,480	\$602,561	\$555,643	\$110,141	\$665,784	
\$ Increase	N/A	N/A	N/A	\$52,561	\$10,661	\$63,223	
% Increase	N/A	N/A	N/A	10.4%	10.7%	10.5%	

EXHIBIT A

Best and Final Offer RFP Evaluation

Town of Lake Park
Medical Insurance Evaluation - HMO
Effective Date: October 1, 2017



	CURRENT Florida Blue Blue Care 59		Original Renewal Florida Blue Blue Care 59		Negotiated Renewal Florida Blue Blue Care 59		Alternative #1 Florida Blue Blue Care 68	
	In Network ONLY		In Network ONLY		In Network ONLY		In Network ONLY	
Calendar Year Deductible (CYD)								
Single	\$500		\$500		\$500		\$1,000	
Family	\$1,000		\$1,000		\$1,000		\$3,000	
Out of Pocket Maximum	<i>Includes All Costs</i>		<i>Includes All Costs</i>		<i>Includes All Costs</i>		<i>Includes All Costs</i>	
Single	\$3,500		\$3,500		\$3,500		\$4,500	
Family	\$7,000		\$7,000		\$7,000		\$9,000	
Coinsurance	10%		10%		10%		20%	
Office Visits								
Physician Office Visit	\$15		\$15		\$15		\$35	
Specialist Visit	\$35		\$35		\$35		\$60	
Preventive Services (Wellness)	No Charge		No Charge		No Charge		No Charge	
Independent Clinical Lab	No Charge		No Charge		No Charge		No Charge	
Advanced Imaging at Indep. Diagnostic Ctr	\$75		\$75		\$75		\$500	
Chiropractic (non hospital)	\$35		\$35		\$35		\$60	
Urgent Care Center	\$35		\$35		\$35		\$65	
Hospital								
Inpatient (per admission)	\$500		\$500		\$500		\$500 per day (\$1,500 max)	
Outpatient	\$350		\$350		\$350		\$600	
Physician Services at Hospital	No Charge		No Charge		No Charge		No Charge	
Emergency Room Visit	\$100		\$100		\$100		\$500	
Ambulance	CYD + 10%		CYD + 10%		CYD + 10%		CYD + 20%	
Mental Health / Substance Abuse								
Inpatient Facility	No Charge		No Charge		No Charge		No Charge	
Outpatient Facility	No Charge		No Charge		No Charge		No Charge	
Prescription Drugs								
Generic	\$10		\$10		\$10		\$10	
Preferred Brand	\$50		\$50		\$50		\$50	
Non-Preferred Brand	\$80		\$80		\$80		\$80	
Mail Order (90 day supply)	2.5 x Retail		2.5 x Retail		2.5 x Retail		2.5 x Retail	
enroll	Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates	
Employee	29	\$644.20		\$769.71		\$733.90		\$693.78
Employee + Spouse	6	\$1,533.19		\$1,831.90		\$1,746.68		\$1,651.19
Employee + Child(ren)	3	\$1,185.32		\$1,416.26		\$1,350.38		\$1,276.55
Family	5	\$2,009.89		\$2,401.48		\$2,289.76		\$2,164.58
Total Monthly Premium	43	\$41,486		\$49,569		\$47,263		\$44,679
Total Annual Premium		\$497,836		\$594,830		\$567,158		\$536,152
\$ Increase		N/A		\$96,994		\$69,321		\$38,316
% Increase		N/A		19.5%		13.9%		7.7%
		Town Cost		EE Cost		Town Cost		EE Cost
Employee	29	\$644.20		\$0.00		\$733.90		\$0.00
Employee + Spouse	6	\$1,088.70		\$444.50		\$1,240.29		\$506.39
Employee + Child(ren)	3	\$914.76		\$270.56		\$1,042.14		\$308.24
Family	5	\$1,327.05		\$682.85		\$1,511.83		\$777.93
Monthly Premium	43	\$34,593		\$6,893		\$39,410		\$7,853
Annual Premium		\$415,122		\$82,715		\$472,925		\$94,233
\$ Increase		N/A		\$80,878		\$57,803		\$11,518
% Increase		N/A		19.5%		13.9%		7.7%

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Town of Lake Park
Medical Insurance Evaluation - PPO
Effective Date: October 1, 2017



	CURRENT		Original Renewal		Negotiated Renewal	
	Florida Blue Blue Options 03769		Florida Blue Blue Options 03769		Florida Blue Blue Options 03769	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)						
Single	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500
Out of Pocket Maximum						
Single	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance	20%	50%	20%	50%	20%	50%
Office Visits						
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%	\$25	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$60	CYD + 50%	\$60	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	50%	No Charge	50%
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 50%
Advanced Imaging at Indep. Diagnostic Ctr	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Chiropractic (non hospital)	\$60	CYD + 50%	\$60	CYD + 50%	\$60	CYD + 50%
Urgent Care Center	\$65	CYD + \$65	\$65	CYD + \$65	\$65	CYD + \$65
Hospital						
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Outpatient Facility	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Physician Services at Hospital	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300	\$300
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%
Mental Health / Substance Abuse						
Inpatient Facility	No Charge	50%	No Charge	50%	No Charge	50%
Outpatient Facility	No Charge	50%	No Charge	50%	No Charge	50%
Prescription Drugs						
Generic	\$10	50%	\$10	50%	\$10	50%
Preferred Brand	\$50	50%	\$50	50%	\$50	50%
Non-Preferred Brand	\$80	50%	\$80	50%	\$80	50%
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered
enroll	Monthly Rates		Monthly Rates		Monthly Rates	
Employee	2	\$795.50		\$881.06		\$840.07
Employee + Spouse	0	\$1,893.28		\$2,096.90		\$1,999.35
Employee + Child(ren)	0	\$1,463.71		\$1,621.14		\$1,545.73
Family	0	\$2,481.94		\$2,748.89		\$2,621.01
Total Monthly Premium	2	\$1,591		\$1,762		\$1,680
Total Annual Premium		\$19,092		\$21,145		\$20,162
\$ Increase		N/A		\$2,053		\$1,070
% Increase		N/A		10.8%		5.6%
		Town Cost	EE Cost	Town Cost	EE Cost	Town Cost
Employee	2	\$644.20	\$151.30	\$769.71	\$111.35	\$733.90
Employee + Spouse	0	\$1,088.70	\$804.58	\$1,300.81	\$796.10	\$1,240.29
Employee + Child(ren)	0	\$914.76	\$548.95	\$1,092.99	\$528.16	\$1,042.14
Family	0	\$1,327.05	\$1,154.89	\$1,585.60	\$1,163.30	\$1,511.83
Monthly Premium	2	\$1,288	\$303	\$1,539	\$223	\$1,468
Annual Premium		\$15,461	\$3,631	\$18,473	\$2,672	\$17,614
\$ Increase		N/A	N/A	\$3,012	-\$959	\$2,153
% Increase		N/A	N/A	19.5%	-26.4%	13.9%

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Town of Lake Park
 Medical Insurance Evaluation - HDHP Alternative Base Option - 3 Plan Options
 Effective Date: October 1, 2017



Triple Option

	CURRENT			Negotiated Renewal			Negotiated Alternative #1
	Florida Blue Blue Care 59	Florida Blue Blue Options 03769		Florida Blue Blue Care 59	Florida Blue Blue Options 03769		Florida Blue BlueCare Plan 124/125
Calendar Year Deductible (CYD)	In Network ONLY	In Network	Out of Network	In Network ONLY	In Network	Out of Network	In Network ONLY
Single	\$500	\$500	\$1,500	\$500	\$500	\$1,500	\$2,500
Family	\$1,000	\$1,500	\$4,500	\$1,000	\$1,500	\$4,500	\$5,000
Out of Pocket Maximum	<i>Includes All Costs</i>			<i>Includes All Costs</i>			<i>Includes All Costs</i>
Single	\$3,500	\$3,000	\$6,000	\$3,500	\$3,000	\$6,000	\$5,000
Family	\$7,000	\$6,000	\$12,000	\$7,000	\$6,000	\$12,000	\$6,850 Per Person/\$10,000 Family
Coinsurance	10%	20%	50%	10%	20%	50%	10%
Office Visits							
Physician Office Visit	\$15	\$25	CYD + 50%	\$15	\$25	CYD + 50%	CYD + 10%
Specialist Visit	\$35	\$60	CYD + 50%	\$35	\$60	CYD + 50%	CYD + 10%
Preventive Services (Wellness)	No Charge	No Charge	50%	No Charge	No Charge	50%	No Charge
Independent Clinical Lab	No Charge	No Charge	CYD + 50%	No Charge	No Charge	CYD + 50%	CYD + 10%
Advanced Imaging at Indep. Diagnostic Ctr	\$75	CYD + 20%	CYD + 50%	\$75	CYD + 20%	CYD + 50%	CYD + 10%
Chiropractic (non hospital)	\$35	\$60	CYD + 50%	\$35	\$60	CYD + 50%	CYD + 10%
Urgent Care Center	\$35	\$65	CYD + \$65	\$35	\$65	CYD + \$65	CYD + 10%
Hospital							
Inpatient (per admission)	\$500	CYD + 20%	CYD + 50%	\$500	CYD + 20%	CYD + 50%	CYD + 10%
Outpatient	\$350	CYD + 20%	CYD + 50%	\$350	CYD + 20%	CYD + 50%	CYD + 10%
Physician Services at Hospital	No Charge	\$100	\$100	No Charge	\$100	\$100	CYD + 10%
Emergency Room Visit	\$100	\$300	\$300	\$100	\$300	\$300	CYD + 10%
Ambulance	CYD + 10%	CYD + 20%	In-Net CYD + 20%	CYD + 10%	CYD + 20%	In-Net CYD + 20%	CYD + 10%
Mental Health / Substance Abuse							
Inpatient Facility	No Charge	No Charge	50%	No Charge	No Charge	50%	CYD + 10%
Outpatient Facility	No Charge	No Charge	50%	No Charge	No Charge	50%	CYD + 10%
Prescription Drugs							
Generic	\$10	\$10	50%	\$10	\$10	50%	\$10 After CYD
Preferred Brand	\$50	\$50	50%	\$50	\$50	50%	\$50 After CYD
Non-Preferred Brand	\$80	\$80	50%	\$80	\$80	50%	\$80 After CYD
Mail Order (90 day supply)	2.5 x Retail	2.5 x Retail	Not Covered	2.5 x Retail	2.5 x Retail	Not Covered	2.5 x Retail Copay After CYD
	PPO HMO	Monthly Rates	Monthly Rates	Monthly Rates with 3 Options	Monthly Rates with 3 Options	Monthly Rates	Monthly Rates
Employee	2 29	\$644.20	\$795.50	\$755.92	\$840.07	\$527.13	\$527.13
Employee + Spouse	0 6	\$1,533.19	\$1,893.28	\$1,799.08	\$1,999.35	\$1,216.59	\$1,216.59
Employee + Child(ren)	0 3	\$1,185.32	\$1,463.71	\$1,390.89	\$1,545.73	\$940.56	\$940.56
Family	0 5	\$2,009.89	\$2,481.94	\$2,358.45	\$2,621.01	\$1,594.86	\$1,594.86
Total Monthly Premium	2 43	\$41,486	\$1,591	\$48,681	\$1,680	\$33,382	\$33,382
Total Annual Premium		\$497,836	\$19,092	\$584,173	\$20,162	\$400,587	\$400,587
\$ Increase		N/A	N/A	\$86,337	\$1,070	-\$97,249	-\$97,249
% Increase		N/A	N/A	17.3%	5.6%	-19.5%	-19.5%
Health Savings Account							
Employee	2 29	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500	\$2,500
Family	0 14	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000	\$5,000
Annual H.S.A Premium	2 43	\$0.00	\$0.00	\$0.00	\$0.00	\$142,500	\$142,500
TOTAL ANNUAL MED + HSA		\$497,836	\$19,092	\$584,173	\$20,162	\$543,087	\$543,087
\$ INCREASE (MED + HSA)		N/A	N/A	\$86,337	\$1,070	\$45,251	\$45,251
% INCREASE (MED + HSA)		N/A	N/A	17.3%	5.6%	9.1%	9.1%

Town of Lake Park
Dental Insurance Evaluation
Effective Date: October 1, 2017



CURRENT / RENEWAL Alternate #1

DENTAL SCHEDULE OF BENEFITS Network	MetLife PDP Plus Network		Lincoln Financial	
	In-Network	Non-Network	In Network	Non Network
Plan Basics				
Calendar Year Maximum	\$1,000		\$1,000	
Annual Deductible				
Single	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes
Benefits				
Preventive	100%	100%	100%	100%
Basic	95%	80%	90%	80%
Major	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%
Service Information				
Out of Network Benefits Payable Level	90th UCR		90th UCR	
Waiting Period for Major Services (Timely Entrants)	None		None	
Endodontics/Periodontics Payable Level	Basic		Basic	
Orthodontic Lifetime Maximum	\$1,000		\$1,000	
Rate Guarantee	9/30/2017	9/30/2018	9/30/2019	
Monthly Rates	enroll	CURRENT	RENEWAL	
Employee	34	\$30.93	\$31.86	\$27.89
Employee + Family	15	\$95.79	\$98.66	\$86.38
Monthly Premium	49	\$2,488	\$2,563	\$2,244
Annual Premium		\$29,862	\$30,758	\$26,928
\$ Increase			\$896	-\$2,934
% Increase			3.0%	-9.8%

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Town of Lake Park
 Vision Insurance Evaluation
 Effective Date: October 1, 2017



VISION SCHEDULE OF BENEFITS	CURRENT		RENEWAL		Renewal Alternative #1		Alternative #2	
	Humana Plan 56		Humana Plan 130 (EyeMed/Insight Network)		Humana Plan 160 (EyeMed/Insight Network)		EyeMed Insight Network	
Frequency	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Exam Copay		12 months		12 months		12 months		12 months
Lenses		12 months		12 months		12 months		12 months
Frames		24 months		24 months		24 months		24 months
Exams	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$35	\$10	Up to \$30	\$10	Up to \$30	\$10	Up to \$40
Retinal Imaging	Not Covered	Not Covered	Up to \$39	Not Covered	Up to \$39	Not Covered	Up to \$39	Included in Exam Reimbursement
Contact Lens Exams (Fit & Follow Up)								
Standard Contact Lens	Included in Contact Lenses Benefit	Not Covered	Up to \$55	Not Covered	\$0	Up to \$30	Up to \$40	Included in Contact Lenses Benefit
Premium Contact Lens	Included in Contact Lenses Benefit	Not Covered	10% off Retail	Not Covered	Up to \$55, 10% discount over \$55	Up to \$30	10% off Retail	Included in Contact Lenses Benefit
Lenses and Frames								
Single Lenses	\$15	Up to \$25	\$15	Up to \$25	\$10	Up to \$25	\$15	Up to \$30
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$40	\$10	Up to \$40	\$15	Up to \$50
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$60	\$10	Up to \$60	\$15	Up to \$70
Contact Lenses (Elective)	Up to \$150	Up to \$150	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$160, 15% discount over \$160	Up to \$128	Up to \$150, 15% discount over \$150	Up to \$150
Contact Lenses (Disposable)	Up to \$150	Up to \$150	Up to \$130	Up to \$104	Up to \$130	Up to \$128	Up to \$150, 15% discount over \$150	Up to \$150
Contact Lenses (Medically Necessary)	\$0	Up to \$210	\$0	Up to \$200	\$0	Up to \$210	Paid in Full	Up to \$210
Frames	\$50 wholesale	Up to \$45	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$160, 20% over \$160	Up to \$80	Up to \$130, 20% over \$130	Up to \$91
Diabetic Eye Care (2 services/year)								
Eye Exam	Not Covered	Not Covered	\$0	Up to \$77	\$0	Up to \$77	Not Covered	Not Covered
Retinal Imaging	Not Covered	Not Covered	\$0	Up to \$50	\$0	Up to \$50	Not Covered	Not Covered
Extended Ophthalmoscopy	Not Covered	Not Covered	\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered
Gonioscopy	Not Covered	Not Covered	\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered
Scanning Laser	Not Covered	Not Covered	\$0	Up to \$33	\$0	Up to \$33	Not Covered	Not Covered
Rate Guarantee		9/30/2017		9/30/2019		9/30/2019		9/30/2021
Monthly Rates	enroll							
Employee	34	\$4.78		\$4.38		\$5.69		\$5.48
Employee + Spouse	6	\$9.55		\$8.75		\$11.38		\$10.41
Employee + Child(ren)	4	\$9.07		\$8.31		\$10.81		\$10.96
Employee + Family	8	\$14.26		\$13.06		\$16.98		\$16.11
Monthly Premium	52	\$370		\$339		\$441		\$422
Annual Premium		\$4,442		\$4,070		\$5,289.84		\$5,058
\$ Increase		N/A		-\$372		\$848		\$616
% Increase		N/A		-8.4%		19.1%		13.9%

Town of Lake Park
 Basic Life with AD&D Insurance Evaluation
 Effective Date: October 1, 2017



	CURRENT	RENEWAL	Alternative #1	Alternative #2
Basic Life / AD&D	Florida Combined Life	Florida Combined Life	Cigna	The Hartford
Class Description				
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000 \$100,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 \$100,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 \$100,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 Guarantee Issue to Benefit Level
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features				
Waiver of Premium	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included
Age Reduction Schedule	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is less	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is less	The lesser of 100% up to \$240,000 for Basic benefits	80% up to \$500,000 of Total Benefits (including supplemental)
Seat Belt Benefit	\$10,000 or 10% of Principal Sum whichever is less	\$10,000 or 10% of Principal Sum whichever is less	Class 1: 10% up to \$24,000 Class 2: 10% up to \$5,000 Class 3: 10% up to \$5,000	\$10,000 or 10% of Principal Sum whichever is less
Rate Guarantee	Expires 9/30/17	9/30/2018	9/30/2019	9/30/2019
Basic Life Rate / \$1,000	\$0.320	\$0.320	\$0.260	\$0.220
AD&D Rate / \$1,000	\$0.030	\$0.030	\$0.042	\$0.031
Total Life and AD&D Rate	\$0.350	\$0.350	\$0.302	\$0.251
Estimated Volume	\$2,439,900	\$2,439,900	\$2,439,900	\$2,439,900
Total Monthly Premium	\$854	\$854	\$737	\$612
Total Annual Premium	\$10,248	\$10,248	\$8,842	\$7,349
\$ Increase	N/A	\$0	-\$1,405	-\$2,899
% Increase	N/A	0.0%	-13.7%	-28.3%

Town of Lake Park
 Basic Life with AD&D Insurance Evaluation
 Effective Date: October 1, 2017



	CURRENT	Alternative #3	Alternative #4
Basic Life / AD&D	Florida Combined Life	Lincoln Financial	Standard
Class Description			
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000 \$100,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 \$210,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 \$210,000 Guarantee Issue
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features			
Waiver of Premium	Included	Included	Included
Conversion Privilege	Included	Included	Included
Age Reduction Schedule	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 35% at age 75	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is less	Maximum of \$250,000 or 75% of Insured person's Life insurance coverage, whichever is less.	75% of \$500,000
Seat Belt Benefit	\$10,000 or 10% of Principal Sum whichever is less	\$10,000 or 10% of the principal sum, whichever is less	Not Provided in Quote
Rate Guarantee	Expires 9/30/17	9/30/2019	9/30/2020
Basic Life Rate / \$1,000	\$0.320	\$0.280	\$0.220
AD&D Rate / \$1,000	\$0.030	\$0.030	\$0.030
Total Life and AD&D Rate	\$0.350	\$0.310	\$0.250
Estimated Volume	\$2,439,900	\$2,439,900	\$2,439,900
Total Monthly Premium	\$854	\$756	\$610
Total Annual Premium	\$10,248	\$9,076	\$7,320
\$ Increase	N/A	-\$1,171	-\$2,928
% Increase	N/A	-11.4%	-28.6%

Town of Lake Park
 Supplemental Life Insurance Evaluation
 Effective Date: October 1, 2017



	CURRENT	RENEWAL	Alternative #1	Alternative #2
Supplemental Life	Florida Combined Life	Florida Combined Life	Cigna	The Hartford
Core Benefit				
All Eligible Employees Working 30 + hours per week	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$300,000 up to 5 x annual salary \$10,000 Increments
All Eligible Spouses (Cannot exceed 50% of the employee amount)	\$5,000 increments to \$250,000	\$5,000 increments to \$250,000	\$5,000 increments to \$250,000	\$5,000 increments to \$250,000
All Eligible Child(ren) (Cannot exceed 50% of the employee amount)	14 days - 6 months: \$500 6 months - age 30: \$10,000	14 days - 6 months: \$500 6 months - age 30: \$10,000	Birth - 6 months: \$500 6 months - age 26: \$10,000	15 days - 6 months: \$500 6 months - age 30: \$10,000
Features				
Guarantee Issue Employee	\$60,000	\$60,000	\$60,000	\$60,000
Guarantee Amount Spouse	\$30,000	\$30,000	\$30,000	\$30,000
Employee Age Reduction Schedule	65% at age 65 50% at age 70	65% at age 65 50% at age 70	65% at age 65 50% at age 70	65% at age 65 50% at age 70
Waiver of Premium	Included	Included	Included	Included
Portability Option	Included	Included	Included	Included
Conversion Option	Included	Included	Included	Included
Minimum Participation	Current Enrollment	Current Enrollment	25%	31%
Rate Guarantee Period	Expires 9/30/17	9/30/2018	9/30/2019	9/30/2019
Rates per \$1,000	Employee & Spouse	Employee & Spouse	Employee & Spouse	Employee & Spouse based on EE age
Under Age 20	\$0.070	\$0.070	\$0.070	\$0.070
Age 20 - 24	\$0.070	\$0.070	\$0.070	\$0.070
Age 25 - 29	\$0.070	\$0.070	\$0.070	\$0.070
Age 30 - 34	\$0.090	\$0.090	\$0.090	\$0.090
Age 35 - 39	\$0.120	\$0.120	\$0.120	\$0.120
Age 40 - 44	\$0.200	\$0.200	\$0.200	\$0.200
Age 45 - 49	\$0.320	\$0.320	\$0.320	\$0.320
Age 50 - 54	\$0.530	\$0.530	\$0.530	\$0.530
Age 55 - 59	\$0.810	\$0.810	\$0.810	\$0.810
Age 60 - 64	\$1.130	\$1.130	\$1.130	\$1.130
Age 65 - 69	\$1.870	\$1.870	\$1.870	\$1.870
Age 70 - 74	\$3.120	\$3.120	\$3.120	\$3.120
Age 75 - 79	\$5.950	\$5.950	\$5.950	\$5.950
Age 80 - 84	\$5.950	\$5.950	\$5.950	\$5.950
Child(ren)	\$0.030	\$0.030	\$0.300	\$0.104
AD&D	N/A	N/A	N/A	\$0.031

Town of Lake Park
 Supplemental Life Insurance Evaluation
 Effective Date: October 1, 2017



	CURRENT	Alternative #3	Alternative #4
Supplemental Life	Florida Combined Life	Lincoln Financial	Standard
Core Benefit			
All Eligible Employees Working 30 + hours per week	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments
All Eligible Spouses (Cannot exceed 50% of the employee amount)	\$5,000 increments to \$250,000	\$5,000 increments to \$250,000	\$5,000 increments to \$250,000
All Eligible Child(ren) (Cannot exceed 50% of the employee amount)	14 days - 6 months: \$500 6 months - age 30: \$10,000	14 days - 6 months: \$500 6 months - age 26: \$10,000	14 days - 6 months: \$500 6 months - age 30: \$10,000
Features			
Guarantee Issue Employee	\$60,000	\$60,000	\$60,000
Guarantee Amount Spouse	\$30,000	\$30,000	\$30,000
Employee Age Reduction Schedule	65% at age 65 50% at age 70	65% at age 65 50% at age 70	65% at age 65 50% at age 70
Waiver of Premium	Included	Included	Included
Portability Option	Included	Included	Included
Conversion Option	Included	Included	Included
Minimum Participation	Current Enrollment	25%	20%
Rate Guarantee Period	Expires 9/30/17	9/30/2019	9/30/2020
Rates per \$1,000	Employee & Spouse	Employee & Spouse	Employee & Spouse
Under Age 20	\$0.070	\$0.070	\$0.070
Age 20 - 24	\$0.070	\$0.070	\$0.070
Age 25 - 29	\$0.070	\$0.070	\$0.070
Age 30 - 34	\$0.090	\$0.090	\$0.090
Age 35 - 39	\$0.120	\$0.120	\$0.120
Age 40 - 44	\$0.200	\$0.200	\$0.200
Age 45 - 49	\$0.320	\$0.320	\$0.320
Age 50 - 54	\$0.530	\$0.530	\$0.530
Age 55 - 59	\$0.810	\$0.810	\$0.810
Age 60 - 64	\$1.130	\$1.130	\$1.130
Age 65 - 69	\$1.870	\$1.870	\$1.870
Age 70 - 74	\$3.120	\$3.120	\$3.120
Age 75 - 79	\$5.950	\$5.950	\$5.950
Age 80 - 84	\$5.950	\$5.950	\$5.950
Child(ren)	\$0.030	\$0.200	\$0.030
AD&D	N/A	N/A	N/A

Town of Lake Park
Short Term Disability Insurance Evaluation
Effective Date: October 1, 2017



	CURRENT	RENEWAL	Alternative #1	Alternative #2
SHORT-TERM DISABILITY	Florida Combined Life	Florida Combined Life	Cigna	The Hartford
Benefits				
Eligible Employees	Employees working 30+ hours per week	Employees working 30+ hours per week	Employees working 30+ hours per week	Employees working 30+ hours per week
Benefit Percent	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
Elimination Period				
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	13 Weeks	11 Weeks	11 Weeks
Rate Guarantee	Expires 9/30/2017	9/30/2018	9/30/2019	9/30/2019
Benefits Volume	\$34,653	\$34,653	\$34,653	\$34,653
Rate per \$10	\$0.390	\$0.390	\$0.350	\$0.320
MONTHLY PREMIUM	\$1,351	\$1,351	\$1,213	\$1,109
ANNUAL PREMIUM	\$16,218	\$16,218	\$14,554	\$13,307
\$ INCREASE	N/A	\$0	-\$1,663	-\$2,911
% INCREASE	N/A	0.0%	-10.3%	-17.9%

Town of Lake Park
 Short Term Disability Insurance Evaluation
 Effective Date: October 1, 2017



	CURRENT	Alternative #3	Alternative #4
SHORT-TERM DISABILITY	Florida Combined Life	Lincoln Financial	Standard
Benefits			
Eligible Employees	Employees working 30+ hours per week	Employees working 30+ hours per week	Employees working 30+ hours per week
Benefit Percent	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200	\$1,200
Elimination Period			
Accident Waiting Period	14 Days	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days	14 Days
Benefit Duration	13 Weeks	11 Weeks	13 Weeks
Rate Guarantee	Expires 9/30/2017	9/30/2019	9/30/2020
Benefits Volume	\$34,653	\$34,653	\$34,653
Rate per \$10	\$0.390	\$0.270	\$0.300
MONTHLY PREMIUM	\$1,351	\$936	\$1,040
ANNUAL PREMIUM	\$16,218	\$11,228	\$12,475
\$ INCREASE	N/A	-\$4,990	-\$3,743
% INCREASE	N/A	-30.8%	-23.1%

Town of Lake Park
 Long Term Disability Insurance Renewal Evaluation
 Effective Date: October 1, 2017



Long Term Disability	CURRENT	RENEWAL	Alternative #1	Alternative #2
	Florida Combined Life	Florida Combined Life	Cigna	The Hartford
Eligible Employees	All Active Employees working 30+ hours per week	All Active Employees working 30+ hours per week	All Active Employees working 30+ hours per week	All Active Employees working 30+ hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings
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	3/12
Rate Guarantee Period	Expires 9/30/17	9/30/2018	9/30/2019	9/30/2019
LTD Rate / \$100	\$0.470	\$0.470	\$0.410	\$0.530
Estimated Volume	\$215,648	\$215,648	\$215,648	\$215,648
Monthly Premium	\$1,014	\$1,014	\$884	\$1,143
Annual Premium	\$12,163	\$12,163	\$10,610	\$13,715
\$ Increase	N/A	\$0	-\$1,553	\$1,553
% Increase	N/A	0.0%	-12.8%	12.8%

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Town of Lake Park
Long Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2017



Long Term Disability	CURRENT	Alternative #3	Alternative #4
	Florida Combined Life	Lincoln Financial	Standard
Eligible Employees	All Active Employees working 30+ hours per week	All Active Employees working 30+ hours per week	All Active Employees working 30+ hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings	60% of covered monthly earnings
Elimination Period	90 Days	90 Days	90 Days
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 9/30/17	9/30/2019	9/30/2019
LTD Rate / \$100	\$0.470	\$0.360	\$0.690
Estimated Volume	\$215,648	\$215,648	\$215,648
Monthly Premium	\$1,014	\$776	\$1,488
Annual Premium	\$12,163	\$9,316	\$17,856
\$ Increase	N/A	-\$2,847	\$5,693
% Increase	N/A	-23.4%	46.8%