

RESOLUTION NO. 48-08-18

RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO RENEW FOR FISCAL YEAR 2019 THE EMPLOYEE MEDICAL INSURANCE THROUGH THE FLORIDA BLUE CARE 59 HMO PLAN AND TO RENEW THE MEDICAL INSURANCE THROUGH FLORIDA BLUE PPO 03769 PLAN AS A BUY-UP OPTION; TO RENEW THE EMPLOYEE DENTAL INSURANCE WITH METLIFE; TO CONTINUE THE EMPLOYEE VISION INSURANCE WITH HUMANA; AND, TO CONTINUE THE 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, vision insurance coverage, and basic life and accidental death and dismemberment insurance, short term disability and long term disability for Fiscal Year 2019; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the Employee Health Insurance Evaluations effective October 1, 2018 and Executive Summary presented by Gehring Group, copies of which are 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 2019 the employee medical insurance through the Florida Blue Care 59 HMO Plan and to renew the medical insurance through Florida Blue PPO 03769 Plan as a buy-up option; to renew the employee dental insurance with MetLife; to continue the employee vision insurance with Humana; and, to continue the basic life and accidental death and dismemberment insurance, short term disability and long term disability insurance through The Hartford; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverages in Fiscal Year 2019.

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 2019 the employee medical insurance through the Florida Blue Care 59 HMO Plan and to renew the medical insurance through Florida Blue PPO 03769 Plan as a buy-up option; to renew the employee dental insurance with MetLife; to continue the employee vision insurance with Humana; and, to continue the 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>Absent</u> | ___ |
| COMMISSIONER ROGER MICHAUD | <u>/</u> | ___ |

The Town Commission thereupon declared the foregoing Resolution NO. 48-08-18 duly passed and adopted this 20 day of August, 2018.

TOWN OF LAKE PARK, FLORIDA


BY: 
MICHAEL O'ROURKE
MAYOR

ATTEST:


VIVIAN MENDEZ
TOWN CLERK



Approved as to form and legal sufficiency:

BY: 
THOMAS J. BAIRD
TOWN ATTORNEY

EMPLOYEE HEALTH INSURANCE EVALUATIONS EXHIBIT A

Town of Lake Park
Medical Insurance Evaluation - HMO
Effective Date: October 1, 2018



| Medical | CURRENT | | RENEWAL | | Negotiated Renewal | |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | Florida Blue Blue Care 59 | Florida Blue Blue Care 59 | Florida Blue Blue Care 59 | Florida Blue Blue Care 59 | Florida Blue Blue Care 59 | Florida Blue Blue Care 59 |
| Calendar Year Deductible (CYD) | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY |
| Single | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 |
| Family | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Out of Pocket Maximum | Includes All Costs | | Includes All Costs | | Includes All Costs | |
| Single | \$3,500 | \$3,500 | \$3,500 | \$3,500 | \$3,500 | \$3,500 |
| Family | \$7,000 | \$7,000 | \$7,000 | \$7,000 | \$7,000 | \$7,000 |
| Coinsurance | 10% | 10% | 10% | 10% | 10% | 10% |
| Office Visits | | | | | | |
| Physician Office Visit | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Specialist Visit | \$35 | \$35 | \$35 | \$35 | \$35 | \$35 |
| Preventive Services (Wellness) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Independent Clinical Lab | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| X-ray at Indep. Diagnostic Center | \$35 | \$35 | \$35 | \$35 | \$35 | \$35 |
| Advanced Imaging at Indep. Diagnostic Center | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 |
| Urgent Care Center | \$35 | \$35 | \$35 | \$35 | \$35 | \$35 |
| Hospital | | | | | | |
| Inpatient (per admission) | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 |
| Outpatient | \$350 | \$350 | \$350 | \$350 | \$350 | \$350 |
| Physician Services at Hospital | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Emergency Room Visit | \$100 | \$100 | \$100 | \$100 | \$100 | \$100 |
| Mental Health / Substance Abuse | | | | | | |
| Inpatient Facility | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Facility | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Prescription Drugs | | | | | | |
| Generic | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Non-Preferred Brand | \$80 | \$80 | \$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 | 2.5 x Retail | 2.5 x Retail |
| Enroll | Monthly Rates | | Monthly Rates | | Monthly Rates | |
| Employee | 26 | \$733.90 | 26 | \$820.60 | 26 | \$800.97 |
| Employee + Spouse | 2 | \$1,746.68 | 2 | \$1,953.03 | 2 | \$1,906.31 |
| Employee + Child(ren) | 4 | \$1,350.38 | 4 | \$1,509.90 | 4 | \$1,473.78 |
| Family | 6 | \$2,289.76 | 6 | \$2,560.27 | 6 | \$2,499.02 |
| Total Monthly Premium | 38 | \$41,715 | 38 | \$46,643 | 38 | \$45,527 |
| Total Annual Premium | | \$500,578 | | \$559,715 | | \$546,325 |
| \$ Increase | | N/A | | \$59,136 | | \$45,747 |
| % Increase | | N/A | | 11.8% | | 9.1% |
| Employee | 26 | \$733.90 | 26 | \$0.00 | 26 | \$0.00 |
| Employee + Spouse | 2 | \$1,240.29 | 2 | \$506.39 | 2 | \$1,353.64 |
| Employee + Child(ren) | 4 | \$1,047.14 | 4 | \$308.24 | 4 | \$1,137.38 |
| Family | 6 | \$1,511.83 | 6 | \$777.93 | 6 | \$1,650.00 |
| Monthly Premium | 38 | \$34,802 | 38 | \$6,913 | 38 | \$37,982 |
| Annual Premium | | \$417,618 | | \$82,960 | | \$455,784 |
| \$ Increase | | N/A | | N/A | | \$38,166 |
| % Increase | | N/A | | 11.8% | | 9.1% |

Town of Lake Park
Medical Insurance Evaluation - HMO
Effective Date: October 1, 2018



| Medical | CURRENT Florida Blue Blue Care 59 | | Alternative #1 Florida Blue Blue Care 58 | | Alternative #2 Florida Blue Blue Care 61 | |
|--|---|-----------------------------|--|--------------------|--|--------------------|
| | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY | In Network ONLY |
| Calendar Year Deductible (CYD) | | | | | | |
| Single | \$500 | \$0 | \$0 | \$1,250 | \$1,250 | \$2,500 |
| Family | \$1,000 | \$0 | \$0 | \$2,500 | \$2,500 | \$5,000 |
| Out of Pocket Maximum | | | | | | |
| Single | \$3,500 | \$5,000 | \$5,000 | \$10,000 | \$10,000 | \$10,000 |
| Family | \$7,000 | \$10,000 | \$10,000 | \$20,000 | \$20,000 | \$20,000 |
| Coinsurance | 10% | 20% | 20% | 20% | 20% | 20% |
| Office Visits | | | | | | |
| Physician Office Visit | \$15 | \$35 | \$35 | \$25 | \$25 | \$45 |
| Specialist Visit | \$35 | \$80 | \$80 | \$45 | \$45 | \$85 |
| Preventive Services (Wellness) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Independent Clinical Lab | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| X-ray at Indep. Diagnostic Center | \$35 | \$80 | \$80 | \$45 | \$45 | \$85 |
| Advanced Imaging at Indep. Diagnostic Center | \$75 | \$150 | \$150 | \$350 | \$350 | \$45 |
| Urgent Care Center | \$35 | \$80 | \$80 | \$45 | \$45 | \$85 |
| Hospital | | | | | | |
| Inpatient (per admission) | \$500 | \$600 per day (\$3,000 max) | \$500 | \$600 | \$600 | \$600 |
| Outpatient | \$350 | \$500 | \$500 | \$600 | \$600 | \$600 |
| Physician Services at Hospital | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Emergency Room Visit | \$100 | \$100 | \$100 | \$100 | \$100 | \$100 |
| Mental Health / Substance Abuse | | | | | | |
| Inpatient Facility | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Facility | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Prescription Drugs | | | | | | |
| Generic | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Non-Preferred Brand | \$80 | \$80 | \$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 | 2.5 x Retail | 2.5 x Retail |
| Enroll | Monthly Rates | Monthly Rates | Monthly Rates | Monthly Rates | Monthly Rates | Monthly Rates |
| Employee | 26 | \$733.90 | 26 | \$771.54 | 26 | \$784.32 |
| Employee + Spouse | 2 | \$1,746.68 | 2 | \$1,836.28 | 2 | \$1,866.68 |
| Employee + Child(ren) | 4 | \$1,350.38 | 4 | \$1,419.65 | 4 | \$1,443.15 |
| Family | 6 | \$2,289.76 | 6 | \$2,407.23 | 6 | \$2,447.08 |
| Total Monthly Premium | 38 | \$41,715 | 38 | \$43,855 | 38 | \$44,581 |
| Total Annual Premium | | \$500,578 | | \$526,255 | | \$534,969 |
| \$ Increase | | N/A | | \$25,677 | | \$34,391 |
| % Increase | | N/A | | 5.1% | | 6.9% |
| Employee | 26 | Town Cost \$733.90 | 26 | Town Cost \$771.54 | 26 | Town Cost \$784.32 |
| Employee + Spouse | 2 | EE Cost \$0.00 | 2 | EE Cost \$0.00 | 2 | EE Cost \$0.00 |
| Employee + Child(ren) | 4 | \$1,240.29 | \$1,303.91 | \$1,325.50 | \$1,325.50 | \$1,325.50 |
| Family | 6 | \$1,042.14 | \$1,095.60 | \$324.05 | \$1,113.74 | \$1,113.74 |
| Monthly Premium | 38 | \$34,802 | \$36,587 | \$7,268 | \$37,192 | \$7,388 |
| Annual Premium | | \$417,618 | \$439,039 | \$87,216 | \$446,310 | \$88,659 |
| \$ Increase | | N/A | \$21,421 | \$4,256 | \$28,691 | \$5,700 |
| % Increase | | N/A | 5.1% | 5.1% | 6.9% | 6.9% |

Town of Lake Park
Medical Insurance Evaluation - HMO
Effective Date: October 1, 2018



| Medical | CURRENT | | Alternative #3 | | Alternative #4 | |
|--|---------------------------|---------------------------|---------------------------|---------------------------|-----------------------------------|-----------------|
| | Florida Blue Blue Care 59 | In Network ONLY | Florida Blue Blue Care 67 | In Network ONLY | FL 18 HMO Only 500 80 20/40 / Rx1 | In Network ONLY |
| Calendar Year Deductible (CYD) | \$500 | \$1,000 | \$1,000 | \$1,000 | \$500 | \$1,000 |
| Single Family | \$1,000 | \$3,000 | \$4,000 | \$6,000 | \$3,500 | \$7,000 |
| Out of Pocket Maximum | \$3,500 | \$7,000 | \$4,000 | \$6,000 | \$7,000 | \$7,000 |
| Single Family | \$7,000 | \$10% | 0% | 0% | 20% | 20% |
| Coinsurance | 10% | | | | | |
| Office Visits | | | | | | |
| Physician Office Visit | \$15 | \$25 | \$25 | \$45 | \$20 | \$40 |
| Specialist Visit | \$35 | \$45 | \$45 | \$45 | \$40 | \$40 |
| Preventive Services (Wellness) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Independent Clinical Lab | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| X-ray at Indep. Diagnostic Center | \$35 | \$45 | \$45 | \$45 | \$40 | \$40 |
| Advanced Imaging at Indep. Diagnostic Center | \$75 | \$350 | \$350 | \$350 | \$300 | \$300 |
| Urgent Care Center | \$35 | \$50 | \$50 | \$50 | \$75 | \$75 |
| Hospital | | | | | | |
| Inpatient (per admission) | \$500 | \$250 per day (\$750 Max) | \$250 per day (\$750 Max) | \$250 per day (\$750 Max) | CVD + 20% | CVD + 20% |
| Outpatient | \$350 | \$350 | \$350 | \$350 | \$800 | \$800 |
| Physician Services at Hospital | No Charge | No Charge | No Charge | No Charge | CVD + 20% | CVD + 20% |
| Emergency Room Visit | \$100 | \$250 | \$250 | \$250 | \$300 | \$300 |
| Mental Health / Substance Abuse | | | | | | |
| Inpatient Facility | No Charge | No Charge | No Charge | No Charge | CVD + 20% | CVD + 20% |
| Outpatient Facility | No Charge | No Charge | No Charge | No Charge | \$40 | \$40 |
| Prescription Drugs | | | | | | |
| Generic | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand | \$50 | \$50 | \$50 | \$50 | \$30 | \$30 |
| Non-Preferred Brand | \$80 | \$80 | \$80 | \$80 | \$60 | \$60 |
| Mail Order (90 day supply) | 2.5 x Retail | 2.5 x Retail | 2.5 x Retail | 2.5 x Retail | 2 x Retail | 2 x Retail |
| Enroll | | | | | | |
| Employee | 26 | 26 | 26 | 26 | 26 | 26 |
| Employee + Spouse | 2 | 2 | 2 | 2 | 2 | 2 |
| Employee + Child(ren) | 4 | 4 | 4 | 4 | 4 | 4 |
| Family | 6 | 6 | 6 | 6 | 6 | 6 |
| Total Monthly Premium | \$41,715 | \$45,872 | \$45,872 | \$55,046 | \$44,440 | \$53,277 |
| Total Annual Premium | \$500,578 | \$550,461 | \$550,461 | \$49,883 | \$533,277 | \$32,698 |
| \$ Increase | N/A | 10.0% | 10.0% | 10.0% | 6.5% | 6.5% |
| % Increase | N/A | 10.0% | 10.0% | 10.0% | 6.5% | 6.5% |
| Employee | 26 | 26 | 26 | 26 | 26 | 26 |
| Employee + Spouse | 2 | 2 | 2 | 2 | 2 | 2 |
| Employee + Child(ren) | 4 | 4 | 4 | 4 | 4 | 4 |
| Family | 6 | 6 | 6 | 6 | 6 | 6 |
| Monthly Premium | \$34,802 | \$38,269 | \$38,269 | \$459,234 | \$37,075 | \$37,365 |
| Annual Premium | \$417,618 | \$459,234 | \$459,234 | \$41,615 | \$444,899 | \$88,378 |
| \$ Increase | N/A | 10.0% | 10.0% | 10.0% | 6.5% | 6.5% |
| % Increase | N/A | 10.0% | 10.0% | 10.0% | 6.5% | 6.5% |

Town of Lake Park
Medical Insurance Evaluation - HMO
Effective Date: October 1, 2018

| Medical | CURRENT | | Alternative #5 | |
|--|---------------------------|------------------|---|-----------------|
| | Florida Blue Blue Care 59 | FMMT | UnitedHealthcare Choice Plus Plan 14 | |
| Calendar Year Deductible (CYD) | In Network ONLY | In Network | Out of Network | |
| Single | \$500 | \$1,000 | \$1,000 | |
| Family | \$1,000 | \$2,000 | \$2,000 | |
| Out of Pocket Maximum | <i>Includes All Costs</i> | | <i>Includes All Costs</i> | |
| Single | \$3,500 | \$4,000 | \$6,000 | |
| Family | \$7,000 | \$8,000 | \$12,000 | |
| Coinsurance | 10% | 20% | 30% | |
| Office Visits | | | | |
| Physician Office Visit | \$15 | \$25 | CYD + 30% | |
| Specialist Visit | \$35 | \$50 | CYD + 30% | |
| Preventive Services (Wellness) | No Charge | No Charge | Not Covered | |
| Independent Clinical Lab | No Charge | No Charge | CYD + 30% | |
| X-ray at Indep. Diagnostic Center | \$35 | No Charge | CYD + 30% | |
| Advanced Imaging at Indep. Diagnostic Center | \$75 | CYD + 20% | CYD + 30% | |
| Urgent Care Center | \$35 | \$35 | CYD + 30% | |
| Hospital | | | | |
| Inpatient (per admission) | \$500 | CYD + 20% | CYD + 30% | |
| Outpatient | \$350 | CYD + 20% | CYD + 30% | |
| Physician Services at Hospital | No Charge | CYD + 20% | CYD + 30% | |
| Emergency Room Visit | \$100 | \$200 | \$200 | |
| Mental Health / Substance Abuse | | | | |
| Inpatient Facility | No Charge | CYD + 20% | CYD + 30% | |
| Outpatient Facility | No Charge | \$25 | CYD + 30% | |
| Prescription Drugs | | | | |
| Generic | \$10 | Tier 1: \$10 | Tier 1-3 Copay + any amount over the allowed amount | |
| Preferred Brand | \$50 | Tier 2: \$35 | | |
| Non-Preferred Brand | \$80 | Tier 3: \$60 | | |
| Mail Order (90 day supply) | 2.5 x Retail | 2.5 x Retail | Not Covered | |
| Enroll | | | | |
| Employee | 26 | Monthly Rates | Monthly Rates | Monthly Rates |
| Employee + Spouse | 2 | \$733.90 | \$824.67 | \$0.00 |
| Employee + Child(ren) | 4 | \$1,746.68 | \$1,773.03 | \$474.18 |
| Family | 6 | \$1,350.38 | \$1,525.64 | \$350.48 |
| | | \$2,289.76 | \$2,474.01 | \$824.67 |
| Total Monthly Premium | 38 | \$41,715 | \$45,934 | \$7,298 |
| Total Annual Premium | | \$500,578 | \$551,209 | \$87,580 |
| % Increase | | N/A | 10.1% | |
| Town Cost | | | | |
| Employee | \$733.90 | EE Cost | \$824.67 | \$0.00 |
| Employee + Spouse | \$1,240.29 | \$506.39 | \$1,298.85 | \$474.18 |
| Employee + Child(ren) | \$1,042.14 | \$308.24 | \$1,175.16 | \$350.48 |
| Family | \$1,511.83 | \$777.93 | \$1,649.34 | \$824.67 |
| Monthly Premium | \$34,802 | \$6,913 | \$38,636 | \$7,298 |
| Annual Premium | \$417,618 | \$82,960 | \$463,630 | \$87,580 |
| % Increase | N/A | N/A | 11.0% | 5.6% |

Town of Lake Park
Medical Insurance Evaluation - PPO
Effective Date: October 1, 2018



| Medical | CURRENT Florida Blue Blue Options 03769 | | RENEWAL Florida Blue Blue Options 03769 | | Negotiated Renewal 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% |
| X-ray at Indep. Diagnostic Center | \$50 | CYD + 50% | \$50 | CYD + 50% | \$50 | CYD + 50% |
| Advanced Imaging at Indep. Diagnostic Center | CYD + 20% | CYD + 50% | CYD + 20% | CYD + 50% | CYD + 20% | 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 |
| 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 | 50% | 2.5 x Retail | 50% | 2.5 x Retail | 50% |
| Employee | enroll | | enroll | | enroll | |
| Employee + Spouse | 2 | \$840.07 | 2 | \$958.47 | 2 | \$935.54 |
| Employee + Child(ren) | 0 | \$1,999.35 | 0 | \$2,281.17 | 0 | \$2,226.60 |
| Family | 0 | \$1,545.73 | 0 | \$1,763.59 | 0 | \$1,721.40 |
| Total Monthly Premium | 0 | \$2,621.01 | 0 | \$2,990.45 | 0 | \$2,918.90 |
| Total Annual Premium | 2 | \$1,680 | 2 | \$1,917 | 2 | \$1,871 |
| \$ Increase | | \$20,162 | | \$23,003 | | \$22,453 |
| % Increase | | N/A | | \$2,842 | | \$2,291 |
| | | N/A | | 14.1% | | 11.4% |
| Employee | Town Cost | EE Cost | Town Cost | EE Cost | Town Cost | EE Cost |
| Employee | \$733.90 | \$106.17 | \$820.60 | \$137.87 | \$800.97 | \$134.57 |
| Employee + Spouse | \$1,240.29 | \$759.06 | \$1,386.82 | \$894.35 | \$1,353.64 | \$872.96 |
| Employee + Child(ren) | \$1,042.14 | \$503.59 | \$1,165.25 | \$598.34 | \$1,137.38 | \$584.02 |
| Family | \$1,511.83 | \$1,109.18 | \$1,690.44 | \$1,300.01 | \$1,650.00 | \$1,268.90 |
| Monthly Premium | 2 | \$1,468 | 2 | \$212 | 2 | \$269 |
| Annual Premium | \$17,614 | \$2,548 | \$19,694 | \$3,309 | \$19,223 | \$3,230 |
| \$ Increase | N/A | N/A | \$2,081 | \$761 | \$1,610 | \$682 |
| % Increase | N/A | N/A | 11.8% | 29.9% | 9.1% | 26.8% |

Town of Lake Park
Medical Insurance Evaluation - PPO
Effective Date: October 1, 2018



| Medical | CURRENT Florida Blue Blue Options 03769 | | Alternative #1 Florida Blue Blue Options 03359 | | Alternative #2 Aetna FL 18 HInoon 500 80/50 20/40 / Rx13 | |
|--|---|----------------|--|----------------|--|----------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Calendar Year Deductible (CYD) | | | | | | |
| Single | \$500 | \$1,500 | \$1,000 | \$2,000 | \$500 | \$3,000 |
| Family | \$1,500 | \$4,500 | \$3,000 | \$6,000 | \$1,000 | \$6,000 |
| Out of Pocket Maximum | | | | | | |
| Single | \$3,000 | \$6,000 | \$4,500 | \$6,000 | \$3,500 | \$6,000 |
| Family | \$6,000 | \$12,000 | \$9,000 | \$12,000 | \$7,000 | \$12,000 |
| Coinurance | 20% | 50% | 20% | 40% | 20% | 50% |
| Office Visits | | | | | | |
| Physician Office Visit | \$25 | CYD + 50% | \$35 | CYD + 40% | \$20 | CYD + 50% |
| Specialist Visit | \$60 | CYD + 50% | \$60 | CYD + 40% | \$40 | CYD + 50% |
| Preventive Services (Wellness) | No Charge | 50% | No Charge | 40% | No Charge | Not Covered |
| Independent Clinical Lab | No Charge | CYD + 50% | No Charge | CYD + 40% | No Charge | CYD + 50% |
| X-ray at Indep. Diagnostic Center | \$50 | CYD + 50% | \$50 | CYD + 40% | \$40 | CYD + 50% |
| Advanced Imaging at Indep. Diagnostic Center | CYD + 20% | CYD + 50% | \$125 | CYD + 40% | \$300 | CYD + 50% |
| Urgent Care Center | \$65 | CYD + \$65 | \$65 | CYD + \$65 | \$75 | CYD + 50% |
| Hospital | | | | | | |
| Inpatient Facility (per admission) | CYD + 20% | CYD + 50% | Option 1/Option 2 Facility \$500 per day (\$1,500 Max) / \$800 Copay (\$2,400 Max) | | CYD + 20% | CYD + 50% |
| Outpatient Facility | CYD + 20% | CYD + 50% | \$150 / \$250 | CYD + 40% | \$800 | CYD + 50% |
| Physician Services at Hospital | \$100 | \$100 | CYD + 20% | INN CYD + 20% | CYD + 20% | CYD + 50% |
| Emergency Room Visit | \$300 | \$300 | \$500 | \$500 | \$300 | \$300 |
| Mental Health / Substance Abuse | | | | | | |
| Inpatient Facility | No Charge | 50% | No Charge | 40% | CYD + 20% | CYD + 50% |
| Outpatient Facility | No Charge | 50% | No Charge | 40% | \$40 | CYD + 50% |
| Prescription Drugs | | | | | | |
| Generic | \$10 | 50% | \$10 | 50% | \$20 | Not Covered |
| Preferred Brand | \$50 | 50% | \$50 | 50% | \$60 | Not Covered |
| Non-Preferred Brand | \$80 | 50% | \$80 | 50% | \$100 | Not Covered |
| Mail Order (90 day supply) | 2.5 x Retail | 50% | 2.5 x Retail | 50% | 2 x Retail | Not Covered |
| Employee | enroll | | Monthly Rates | | Monthly Rates | |
| Employee + Spouse | 2 | \$840.07 | 2 | \$909.35 | 2 | \$787.39 |
| Employee + Child(ren) | 0 | \$1,999.35 | 0 | \$2,164.24 | 0 | \$1,873.98 |
| Family | 0 | \$1,545.73 | 0 | \$1,673.19 | 0 | \$1,448.79 |
| Total Monthly Premium | 2 | \$2,621.01 | 0 | \$2,837.15 | 0 | \$2,456.64 |
| Total Annual Premium | | \$1,680 | | \$1,819 | | \$1,575 |
| \$ Increase | | \$20,162 | | \$21,824 | | \$18,897 |
| % Increase | | N/A | | \$1,663 | | -\$1,264 |
| | | N/A | | 8.2% | | -6.3% |
| Employee | Town Cost | EE Cost | Town Cost | EE Cost | Town Cost | EE Cost |
| Employee + Spouse | \$733.90 | \$106.17 | \$771.54 | \$137.81 | \$807.03 | (\$19.64) |
| Employee + Spouse | \$1,240.29 | \$759.06 | \$1,303.91 | \$860.33 | \$1,363.89 | \$510.09 |
| Employee + Child(ren) | \$1,042.14 | \$503.59 | \$1,095.60 | \$577.59 | \$1,145.99 | \$302.80 |
| Family | \$1,511.83 | \$1,109.18 | \$1,589.39 | \$1,247.76 | \$1,662.49 | \$794.15 |
| Monthly Premium | \$1,468 | \$212 | \$1,543 | \$276 | \$1,614 | -\$39 |
| Annual Premium | \$17,614 | \$2,548 | \$18,517 | \$3,307 | \$19,369 | -\$471 |
| \$ Increase | N/A | N/A | \$903 | \$759 | \$1,755 | -\$3,019 |
| % Increase | N/A | N/A | 5.1% | 29.8% | 10.0% | -118.5% |

**Town of Lake Park
Medical Insurance Evaluation - PPO
Effective Date: October 1, 2018**



| Medical | CURRENT Florida Blue Blue Options 03769 | | Alternative #3 (Same as #5 on HMO Eval) FMIIT UnitedHealthcare Choice Plus Plan 14 | |
|--|---|----------------------|--|---|
| | In Network | Out of Network | In Network | Out of Network |
| Calendar Year Deductible (CYD) | | | | |
| Single | \$500 | \$1,500 | \$1,000 | \$1,000 |
| Family | \$1,500 | \$4,500 | \$2,000 | \$2,000 |
| Out of Pocket Maximum | | | | |
| Single | \$3,000 | \$6,000 | \$4,000 | \$6,000 |
| Family | \$6,000 | \$12,000 | \$8,000 | \$12,000 |
| Coinurance | 20% | 50% | 20% | 30% |
| Office Visits | | | | |
| Physician Office Visit | \$25 | CYD + 50% | \$25 | CYD + 30% |
| Specialist Visit | \$60 | CYD + 50% | \$50 | CYD + 30% |
| Preventive Services (Wellness) | No Charge | 50% | No Charge | Not Covered |
| Independent Clinical Lab | No Charge | CYD + 50% | No Charge | CYD + 30% |
| X-ray at Indep. Diagnostic Center | \$50 | CYD + 50% | No Charge | CYD + 30% |
| Advanced Imaging at Indep. Diagnostic Center | CYD + 20% | CYD + 50% | CYD + 20% | CYD + 30% |
| Urgent Care Center | \$65 | CYD + \$65 | \$35 | CYD + 30% |
| Hospital | | | | |
| Inpatient Facility (per admission) | CYD + 20% | CYD + 50% | CYD + 20% | CYD + 30% |
| Outpatient Facility | CYD + 20% | CYD + 50% | CYD + 20% | CYD + 30% |
| Physician Services at Hospital | \$100 | \$100 | CYD + 20% | CYD + 30% |
| Emergency Room Visit | \$300 | \$300 | \$200 | \$200 |
| Mental Health / Substance Abuse | | | | |
| Inpatient Facility | No Charge | 50% | CYD + 20% | CYD + 30% |
| Outpatient Facility | No Charge | 50% | \$25 | CYD + 30% |
| Prescription Drugs | | | | |
| Generic | \$10 | 50% | Tier 1: \$10 | Tier 1-3 Copay + any amount over the allowed amount |
| Preferred Brand | \$50 | 50% | Tier 2: \$35 | |
| Non-Preferred Brand | \$80 | 50% | Tier 3: \$60 | |
| Mail Order (90 day supply) | 2.5 x Retail | 50% | 2.5 x Retail | Not Covered |
| enroll | | Monthly Rates | | Monthly Rates |
| Employee | | \$840.07 | | \$824.67 |
| Employee + Spouse | | \$1,999.35 | | \$1,773.03 |
| Employee + Child(ren) | | \$1,545.73 | | \$1,525.64 |
| Family | | \$2,621.01 | | \$2,474.01 |
| Total Monthly Premium | 2 | \$1,680 | | \$1,649 |
| Total Annual Premium | | \$20,162 | | \$19,792 |
| \$ Increase | | N/A | | -\$370 |
| % Increase | | N/A | | -1.8% |
| | | Town Cost | | EE Cost |
| Employee | | \$733.90 | | \$0.00 |
| Employee + Spouse | | \$1,240.29 | | \$474.18 |
| Employee + Child(ren) | | \$1,042.14 | | \$350.48 |
| Family | | \$1,511.83 | | \$824.67 |
| Monthly Premium | 2 | \$1,468 | | \$0 |
| Annual Premium | | \$17,614 | | \$0 |
| \$ Increase | | N/A | | -\$2,548 |
| % Increase | | N/A | | -100.0% |

Town of Lake Park
Dental Insurance Evaluation
Effective Date: October 1, 2018



| DENTAL SCHEDULE OF BENEFITS | Current | | Renewal | |
|---|-----------------------------|-----------------|-----------------------------|-----------------|
| | MetLife PDP Plus Network | | MetLife PDP Plus Network | |
| Plan Basics | In-Network | Non-Network | In-Network | Non-Network |
| 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% | 95% | 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 | Expires 9/30/2018 | | 9/30/2019 | |
| Monthly Rates | Enroll | | | |
| Employee | 33 | \$31.86 | 33 | \$32.82 |
| Employee + Family | 11 | \$98.66 | | \$101.62 |
| Monthly Premium | 44 | \$2,137 | 44 | \$2,201 |
| Annual Premium | | \$25,640 | | \$26,411 |
| \$ Increase | | N/A | | \$771 |
| % Increase | | N/A | | 3.0% |

Town of Lake Park
Vision Insurance Evaluation
Effective Date: October 1, 2018



| VISION SCHEDULE OF BENEFITS | | CURRENT | |
|--------------------------------------|-----------|---|----------------|
| | | Humana Plan 130 (EyeMed/Insight Network) | |
| Frequency | | In-Network | Out of Network |
| Exam Copay | | | 12 months |
| Lenses | | | 12 months |
| Frames | | | 24 months |
| Exams | | Copay | Reimbursement |
| Eye Exam | | \$10 | Up to \$30 |
| Retinal Imaging | | Up to \$39 | Not Covered |
| Contact Lens Exams (Fit & Follow Up) | | | |
| Standard Contact Lens | | Up to \$55 | Not Covered |
| Premium Contact Lens | | 10% off Retail | Not Covered |
| Lenses and Frames | | | |
| Single Lenses | | \$15 | Up to \$25 |
| Bifocal Lenses | | \$15 | Up to \$40 |
| Trifocal Lenses | | \$15 | Up to \$60 |
| Contact Lenses (Elective) | | Up to \$130, 15% discount over \$130 | Up to \$104 |
| Contact Lenses (Disposable) | | Up to \$130 | Up to \$104 |
| Contact Lenses (Medically Necessary) | | \$0 | Up to \$200 |
| Frames | | Up to \$130, 20% discount over \$130 | Up to \$65 |
| Diabetic Eye Care (2 services/year) | | | |
| Eye Exam | | \$0 | Up to \$77 |
| Retinal Imaging | | \$0 | Up to \$50 |
| Extended Ophthalmoscopy | | \$0 | Up to \$15 |
| Gonioscopy | | \$0 | Up to \$15 |
| Scanning Laser | | \$0 | Up to \$33 |
| Rate Guarantee | | Expires 9/30/2019 | |
| Monthly Rates | Enroll | | |
| Employee | 34 | | \$4.38 |
| Employee + Spouse | 6 | | \$8.75 |
| Employee + Child(ren) | 4 | | \$8.31 |
| Employee + Family | 8 | | \$13.06 |
| Monthly Premium | 52 | | \$339 |
| Annual Premium | | | \$4,070 |
| \$ Increase | | | N/A |
| % Increase | | | N/A |

6

Town of Lake Park
Basic Life with AD&D Insurance Evaluation
Effective Date: October 1, 2018



CURRENT

| Basic Life / AD&D | The Hartford |
|--|--|
| Class Description | |
| Class 1: Town Manager | 2 x annual salary to a maximum of \$240,000 \$100,000 Guarantee Issue |
| Class 2: All other FT EE's, Class 3: Mayor, Commissioners | 1 x annual salary to a maximum of \$50,000 |
| Features | |
| Waiver of Premium | Included |
| Conversion Privilege | Included |
| Age Reduction Schedule | 65% at age 65 50% at age 70 25% at age 75 |
| Accelerated Death Benefit | 80% up to \$500,000 of Total Benefits (Including Supplemental) |
| Seat Belt Benefit | \$10,000 or 10% of Principal Sum whichever is less |
| Rate Guarantee | Expires 9/30/2019 |
| Basic Life Rate / \$1,000 | \$0.220 |
| AD&D Rate / \$1,000 | \$0.031 |
| Total Life and AD&D Rate | \$0.251 |
| Estimated Volume | \$3,202,500 |
| Total Monthly Premium | \$804 |
| Total Annual Premium | \$9,646 |
| \$ Increase | N/A |
| % Increase | N/A |

Town of Lake Park
Supplemental Life Insurance Evaluation
Effective Date: October 1, 2018



CURRENT

| Supplemental Life | The Hartford |
|---|---|
| Core Benefit | |
| All Eligible Employees Working 40 hours per week | \$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 |
| All Eligible Child(ren) (Cannot exceed 50% of the employee amount) | 15 days - 6 months: \$500 6 months - age 30: \$10,000 |
| Features | |
| Guarantee Issue Employee | \$60,000 |
| Guarantee Amount Spouse | \$30,000 |
| Employee Age Reduction Schedule | 65% at age 65 50% at age 70 |
| Waiver of Premium | Included |
| Portability Option | Included |
| Conversion Option | Included |
| Minimum Participation | Current Enrollment |
| Rate Guarantee Period | Expires 9/30/2019 |
| Rates per \$1,000 | Employee & Spouse based on EE age |
| Under Age 20 | \$0.070 |
| Age 20-24 | \$0.070 |
| Age 25-29 | \$0.070 |
| Age 30 - 34 | \$0.090 |
| Age 35 - 39 | \$0.120 |
| Age 40 - 44 | \$0.200 |
| Age 45 - 49 | \$0.320 |
| Age 50 - 54 | \$0.530 |
| Age 55 - 59 | \$0.810 |
| Age 60 - 64 | \$1.130 |
| Age 65 - 69 | \$1.870 |
| Age 70 - 74 | \$3.120 |
| Age 75-79 | \$5.950 |
| Age 80-84 | \$5.950 |
| Child(ren) | \$0.104 |
| AD&D | \$0.031 |

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Town of Lake Park
Short Term Disability Insurance Evaluation
Effective Date: October 1, 2018



CURRENT

| SHORT-TERM DISABILITY | The Hartford |
|---------------------------|---|
| Benefits | |
| Eligible Employees | Full-time employees working 40 hours per week |
| Benefit Percent | 70% of weekly earnings |
| Maximum Benefit per Week | \$1,200 |
| Elimination Period | |
| Accident Waiting Period | 14 Days |
| Illness Waiting Period | 14 Days |
| Benefit Duration | 11 Weeks |
| Rate Guarantee | Expires 9/30/2019 |
| | |
| Benefits Volume | \$46,277 |
| Rate per \$10 | \$0.320 |
| MONTHLY PREMIUM | \$1,481 |
| ANNUAL PREMIUM | \$17,770 |
| \$ INCREASE | N/A |
| % INCREASE | N/A |

CURRENT

| Long Term Disability | The Hartford |
|-----------------------------------|---|
| Eligible Employees | Full-time employees working 40 hours per week |
| All Eligible Employees | 60% of covered monthly earnings |
| Elimination Period | 90 Days |
| Own Occupation Period | 24 Months |
| Duration of Benefit | SSNRA |
| Maximum Monthly Benefit | \$5,000 |
| Mental Illness Limitation | 24 Months |
| Pre-Existing Condition Limitation | 3/12 |
| Rate Guarantee Period | Expires 9/30/2019 |
| | |
| LTD Rate / \$100 | \$0.470 |
| Estimated Volume | \$287,605 |
| Monthly Premium | \$1,352 |
| Annual Premium | \$16,221 |
| \$ Increase | N/A |
| % Increase | N/A |

Town of Lake Park
Executive Summary
Effective Date: October 1, 2018



| | CURRENT | | | RENEWAL | | | EE Per Pay Deduction (26) |
|---------------------------------|---------------------|-----------------|------------------|---------------------|------------------|------------------|---------------------------|
| | Employer | Employee | Total | Employer | Employee | Total | |
| Medical Insurance | Florida Blue | | | Florida Blue | | | |
| HMO Blue Care 59 | | | | | | | |
| Employee 26 | \$733.90 | \$0.00 | \$733.90 | \$800.97 | \$0.00 | \$800.97 | \$0.00 |
| Employee + Spouse 2 | \$1,240.29 | \$506.39 | \$1,746.68 | \$1,353.64 | \$552.67 | \$1,906.31 | \$255.08 |
| Employee + Child(ren) 4 | \$1,042.14 | \$308.24 | \$1,350.38 | \$1,137.38 | \$336.40 | \$1,473.78 | \$155.26 |
| Employee + Family 6 | \$1,511.83 | \$777.93 | \$2,289.76 | \$1,650.00 | \$849.02 | \$2,499.02 | \$391.86 |
| PPO Blue Options 03769 | | | | | | | |
| Employee 2 | \$733.90 | \$106.17 | \$840.07 | \$800.97 | \$134.57 | \$935.54 | \$62.11 |
| Employee + Spouse 0 | \$1,240.29 | \$804.58 | \$1,999.35 | \$1,353.64 | \$872.96 | \$2,226.60 | \$402.90 |
| Employee + Child(ren) 0 | \$1,042.14 | \$503.59 | \$1,545.73 | \$1,137.38 | \$584.02 | \$1,721.40 | \$269.55 |
| Employee + Family 0 | \$1,511.83 | \$1,154.89 | \$2,621.01 | \$1,650.00 | \$1,268.90 | \$2,918.90 | \$585.65 |
| Total Medical Premium 40 | | | | | | | |
| Annual Total | \$435,232 | \$85,508 | \$520,740 | \$475,008 | \$93,770 | \$568,778 | |
| \$ Increase | N/A | N/A | N/A | \$39,776 | \$8,262 | \$48,038 | |
| % Increase | N/A | N/A | N/A | 9.1% | 9.7% | 9.2% | |
| Dental Insurance | MetLife | | | MetLife | | | |
| Employee 33 | \$31.86 | \$0.00 | \$31.86 | \$32.82 | \$0.00 | \$32.82 | \$0.00 |
| Employee + Family 11 | \$31.86 | \$66.80 | \$98.66 | \$32.82 | \$68.80 | \$101.62 | \$31.75 |
| Annual Total 44 | \$16,822 | \$8,818 | \$25,640 | \$17,329 | \$9,082 | \$26,411 | |
| \$ Increase | N/A | N/A | N/A | \$507 | \$264 | \$771 | |
| % Increase | N/A | N/A | N/A | 3.0% | 3.0% | 3.0% | |
| Vision Insurance | Humana | | | Humana | | | |
| Employee 34 | \$4.38 | \$0.00 | \$4.38 | \$4.38 | \$0.00 | \$4.38 | \$0.00 |
| Employee + Spouse 6 | \$4.38 | \$4.37 | \$8.75 | \$4.38 | \$4.37 | \$8.75 | \$2.02 |
| Employee + Child(ren) 4 | \$4.38 | \$3.93 | \$8.31 | \$4.38 | \$3.93 | \$8.31 | \$1.81 |
| Employee + Family 8 | \$4.38 | \$8.68 | \$13.06 | \$4.38 | \$8.68 | \$13.06 | \$4.01 |
| Annual Total 52 | \$2,733 | \$1,337 | \$4,070 | \$2,733 | \$1,337 | \$4,070 | |
| \$ Increase | N/A | N/A | N/A | \$0 | \$0 | \$0 | |
| % Increase | N/A | N/A | N/A | 0.0% | 0.0% | 0.0% | |
| LIFE AND AD&D | The Hartford | | | The Hartford | | | |
| Life Rate/\$1,000 | \$0.220 | \$0 | \$0.220 | \$0.220 | \$0 | \$0.220 | |
| ADD Rate/\$1,000 | \$0.031 | \$0 | \$0.031 | \$0.031 | \$0 | \$0.031 | |
| Total Life & ADD | \$0.251 | \$0 | \$0.251 | \$0.251 | \$0 | \$0.251 | |
| Estimated Life Volume | \$3,202,500 | \$0 | \$3,202,500 | \$3,202,500 | \$0 | \$3,202,500 | |
| Annual Premium | \$9,646 | \$0 | \$9,646 | \$9,646 | \$0 | \$9,646 | |
| \$ Increase | N/A | N/A | N/A | \$0 | \$0 | \$0 | |
| % Increase | N/A | N/A | N/A | 0.0% | 0.0% | 0.0% | |
| Long Term Disability | The Hartford | | | 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% | 0.0% | 0.0% | |
| Short Term Disability | The Hartford | | | The Hartford | | | |
| Assuming Volume of: | \$46,277 | \$0 | \$46,277 | \$46,277 | \$0 | \$46,277 | |
| Rate/\$10 | \$0.320 | \$0.00 | \$0.320 | \$0.320 | \$0.00 | \$0.320 | |
| Annual Total | \$17,770 | \$0 | \$17,770 | \$17,770 | \$0 | \$17,770 | |
| \$ Increase | N/A | N/A | N/A | \$0 | N/A | \$0 | |
| % Increase | N/A | N/A | N/A | 0.0% | N/A | 0.0% | |
| Total Benefits Premium | Town | Employee | Total | Town | Employee | Total | |
| ANNUAL TOTAL | \$498,424 | \$95,662 | \$594,086 | \$538,707 | \$104,189 | \$642,895 | |
| \$ Increase | N/A | N/A | N/A | \$40,283 | \$8,526 | \$48,809 | |
| % Increase | N/A | N/A | N/A | 8.1% | 8.9% | 8.2% | |