

**RESOLUTION NO. 68-09-19**

**RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO RENEW FOR FISCAL YEAR 2020 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 RENEW THE EMPLOYEE VISION INSURANCE WITH HUMANA; AND, TO RENEW THE BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT, SUPPLEMENTAL LIFE, 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, as well as supplemental life insurance for Fiscal Year 2020. The premiums for supplemental life insurance are to be paid for by Town employees; and

**WHEREAS**, the Town Commission of the Town of Lake Park has reviewed the Gehring Group Town of Lake Park RFQ Recommendation for insurance renewals effective October 1, 2019, a copy 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 2020 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 renew the employee vision insurance with Humana; and, to renew the basic life and accidental death and dismemberment insurance, supplemental life insurance, and 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 2020.

**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 2020 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 renew the employee vision insurance with Humana; and, to renew the basic life and accidental death and dismemberment insurance, supplemental life insurance, and 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 Vice-Mayor Glas-Castro, 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>  /  </u>	<u>  —  </u>
VICE-MAYOR KIMBERLY GLAS-CASTRO	<u>  /  </u>	<u>  —  </u>
COMMISSIONER ERIN FLAHERTY	<u>  /  </u>	<u>  —  </u>
COMMISSIONER JOHN LINDEN	<u>  /  </u>	<u>  —  </u>
COMMISSIONER ROGER MICHAUD	<u>  /  </u>	<u>  —  </u>

The Town Commission thereupon declared the foregoing Resolution No. 68-09-19 duly passed and adopted this 4 day of September, 2019.

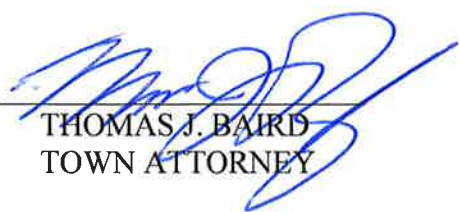
TOWN OF LAKE PARK, FLORIDA

BY:   
MICHAEL O'ROURKE  
MAYOR

ATTEST:

  
VIVIAN MENDEZ  
TOWN CLERK

Approved as to form and legal sufficiency:

BY:   
THOMAS J. BAIRD  
TOWN ATTORNEY





*EXHIBIT A*

**TOWN OF LAKE PARK**  
**RFQ RECOMMENDATION**  
**SEPTEMBER 4, 2019**

*Analysis Presented by:*



**4200 Northcorp Parkway, Suite 185**

**Palm Beach Gardens, Florida 33410**

**(561) 626-6797**

**[www.gehringgroup.com](http://www.gehringgroup.com)**

**Town of Lake Park  
2019 RFQ Response List**

Carrier	Medical & Pharmacy	Dental	Vision	DTQ	Comments
Aetna	✓				
Ameritas Group		✓			
Cigna				✓	Not Competitive
Delta Dental		✓			
EyeMed				✓	No Response
Florida Blue	✓				
FMIT				✓	
Hartford					
Humana	✓	✓	✓		
Lincoln Financial		✓	✓		
Metlife		✓			
Mutual of Omaha				✓	No response
NVA			✓		
Ochs					
Principal		✓	✓		
Reliance Standard				✓	Not Competitive
Solstice		✓	✓		
The Standard		✓	✓		
SunLife				✓	No Response
UHC				✓	No Response
UNUM				✓	No Response
Versant Health			✓		
VSP				✓	Not Competitive

*Incumbent carriers are highlighted in blue.*

**Town of Lake Park**  
**Medical Insurance Evaluation - HMO**  
**Effective Date: October 1, 2019**

Medical	CURRENT		RENEWAL		NEOGLTIATED RENEWAL		BEST & FINAL OFFER	
	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	Florida Blue Blue Care 59	Florida Blue Blue Care 59
<b>Calendar Year Deductible (CYD)</b>	In Network ONLY	In Network ONLY	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	\$500	\$500
Family	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Out of Pocket Maximum</b>	<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	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Family	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000
Coinsurance	10%	10%	10%	10%	10%	10%	10%	10%
<b>Office Visits</b>								
Physician Office Visit	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Specialist Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Preventive Services (Wellness)	No Charge	No Charge	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	No Charge	No Charge
X-ray at Indep. Diagnostic Center	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Advanced Imaging at Indep. Diagnostic Center	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Urgent Care Center	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
<b>Hospital</b>								
Inpatient (per admission)	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Outpatient	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room Visit	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
<b>Mental Health / Substance Abuse</b>								
Inpatient Facility	No Charge	No Charge	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	No Charge	No Charge
<b>Prescription Drugs</b>								
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Preferred Brand	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Specialty	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3
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	2.5 x Retail	2.5 x Retail
<b>Enroll</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>
Employee	26	\$800.97	\$880.52	\$838.59	\$821.82	\$821.82	\$821.82	\$821.82
Employee + Spouse	2	\$1,906.31	\$2,095.63	\$1,995.84	\$1,995.92	\$1,995.92	\$1,995.92	\$1,995.92
Employee + Child(ren)	4	\$1,473.78	\$1,620.15	\$1,543.00	\$1,512.14	\$1,512.14	\$1,512.14	\$1,512.14
Family	6	\$2,499.02	\$2,747.21	\$2,616.39	\$2,564.06	\$2,564.06	\$2,564.06	\$2,564.06
<b>Total Monthly Premium</b>	<b>38</b>	<b>\$45,527</b>	<b>\$50,049</b>	<b>\$47,665</b>	<b>\$46,712</b>	<b>\$46,712</b>	<b>\$46,712</b>	<b>\$46,712</b>
<b>Total Annual Premium</b>		<b>\$546,325</b>	<b>\$600,584</b>	<b>\$571,984</b>	<b>\$560,545</b>	<b>\$560,545</b>	<b>\$560,545</b>	<b>\$560,545</b>
<b>\$ Increase</b>		<b>N/A</b>	<b>\$54,259</b>	<b>\$25,659</b>	<b>\$14,220</b>	<b>\$14,220</b>	<b>\$14,220</b>	<b>\$14,220</b>
<b>% Increase</b>		<b>N/A</b>	<b>9.9%</b>	<b>4.7%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.6%</b>
<b>Employee</b>	<b>Town Cost</b>	<b>EE Cost</b>	<b>Town Cost</b>	<b>EE Cost</b>	<b>Town Cost</b>	<b>EE Cost</b>	<b>Town Cost</b>	<b>EE Cost</b>
Employee	\$800.97	\$0.00	\$880.52	\$0.00	\$838.59	\$0.00	\$821.82	\$0.00
Employee + Spouse	\$1,353.64	\$552.67	\$1,488.08	\$607.55	\$1,417.22	\$578.62	\$1,388.87	\$567.05
Employee + Child(ren)	\$1,137.38	\$336.40	\$1,250.34	\$369.81	\$1,190.80	\$352.20	\$1,166.98	\$345.16
Family	\$1,650.00	\$849.02	\$1,813.87	\$933.34	\$1,727.49	\$888.90	\$1,692.94	\$871.12
<b>Monthly Premium</b>	<b>38</b>	<b>\$7,545</b>	<b>\$8,294</b>	<b>\$7,899</b>	<b>\$7,741</b>	<b>\$7,741</b>	<b>\$7,741</b>	<b>\$7,741</b>
<b>Annual Premium</b>		<b>\$284,282</b>	<b>\$313,072</b>	<b>\$299,164</b>	<b>\$292,858</b>	<b>\$292,858</b>	<b>\$292,858</b>	<b>\$292,858</b>
<b>\$ Increase</b>		<b>N/A</b>	<b>\$28,790</b>	<b>\$13,908</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$7,000</b>
<b>% Increase</b>		<b>N/A</b>	<b>9.9%</b>	<b>4.7%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.6%</b>

Town of Lake Park

Medical Insurance Evaluation - PPO

Effective Date: October 1, 2019

Medical	CURRENT		RENEWAL		NEGOTIATED RENEWAL		BEST & FINAL OFFER	
	Florida Blue Blue Options 03769		Florida Blue Blue Options 03769		Florida Blue Blue Options 03769		Florida Blue Blue Options 03769	
Calendar Year Deductible (CYD)	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Single	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500
<b>Out of Pocket Maximum</b>								
Single	\$3,000	\$6,000	\$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	\$6,000	\$12,000
Coinsurance	20%	50%	20%	50%	20%	50%	20%	50%
<b>Office Visits</b>								
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%	\$25	CYD + 50%	\$25	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$60	CYD + 50%	\$60	CYD + 50%	\$60	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Independent Clinical Lab	No Charge	CYD + 50%	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%	\$50	CYD + 50%
Advanced Imaging at Indep. Diagnostic Center	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Urgent Care Center	\$65	CYD + \$65	\$65	CYD + \$65	\$65	CYD + \$65	\$65	CYD + \$65
<b>Hospital</b>								
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	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%	CYD + 20%	CYD + 50%
Physician Services at Hospital	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
<b>Mental Health / Substance Abuse</b>								
Inpatient Facility	No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Outpatient Facility	No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
<b>Prescription Drugs</b>								
Generic	\$10	50%	\$10	50%	\$10	50%	\$10	50%
Preferred Brand	\$50	50%	\$50	50%	\$50	50%	\$50	50%
Non-Preferred Brand	\$80	50%	\$80	50%	\$80	50%	\$80	50%
Specialty	Tiers 1-3	50%	Tiers 1-3	50%	Tiers 1-3	50%	Tiers 1-3	50%
Mail Order (90 day supply)	2.5 x Retail	50%	2.5 x Retail	50%	2.5 x Retail	50%	2.5 x Retail	50%
<b>Enroll</b>								
Employee	2	Monthly Rates	2	Monthly Rates	2	Monthly Rates	2	Monthly Rates
Employee + Spouse	\$935.54		\$1,019.30		\$970.76		\$951.34	
Employee + Child(ren)	\$2,226.60		\$2,425.93		\$2,310.41		\$2,264.20	
Family	\$1,721.40		\$1,875.51		\$1,786.20		\$1,750.48	
<b>Total Monthly Premium</b>	\$2,918.90		\$3,180.21		\$3,028.77		\$2,968.19	
<b>Total Annual Premium</b>	\$1,871		\$2,039		\$1,942		\$1,903	
<b>\$ Increase</b>	\$22,453		\$24,463		\$23,298		\$22,832	
<b>% Increase</b>	N/A		\$2,010		\$845		\$379	
	N/A		9.0%		3.8%		1.7%	
<b>Town Cost</b>		<b>EE Cost</b>		<b>Town Cost</b>		<b>EE Cost</b>		<b>Town Cost</b>
Employee	\$800.97	\$134.57	\$880.52	\$138.78	\$838.59	\$137.17	\$821.82	\$129.52
Employee + Spouse	\$1,353.64	\$872.96	\$1,488.08	\$937.85	\$1,417.22	\$893.19	\$1,388.87	\$875.33
Employee + Child(ren)	\$1,137.38	\$584.02	\$1,250.34	\$625.17	\$1,190.80	\$595.40	\$1,166.98	\$583.50
Family	\$1,650.00	\$1,268.90	\$1,813.87	\$1,366.34	\$1,727.49	\$1,301.28	\$1,692.94	\$1,275.25
<b>Monthly Premium</b>	\$1,602	\$269	\$1,761	\$278	\$1,677	\$264	\$1,644	\$259
<b>Annual Premium</b>	\$19,223	\$3,230	\$21,132	\$3,331	\$20,126	\$3,172	\$19,724	\$3,108
<b>\$ Increase</b>	N/A	N/A	\$1,909	\$101	\$903	-\$58	\$500	-\$121
<b>% Increase</b>	N/A	N/A	9.9%	3.1%	4.7%	-1.8%	2.6%	-3.8%

**Town of Lake Park**  
**Dental Insurance Evaluation**  
**Effective Date: October 1, 2019**

DENTAL SCHEDULE OF BENEFITS Network	CURRENT				RENEWAL				NEGOTIATED RENEWAL			
	MetLife		MetLife		MetLife		MetLife		MetLife		MetLife	
	PDP Plus Network		Non-Network		PDP Plus Network		Non-Network		PDP Plus Network		Non-Network	
Plan Basics	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Maximum	\$1,000		\$1,000		\$1,000		\$1,500		\$1,500			
Annual Deductible	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50		
Single	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150		
Family	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
<b>Benefits</b>												
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Basic	95% After CYD	80% After CYD	95% After CYD	80% After CYD	95% After CYD	80% After CYD	95% After CYD	80% After CYD	95% After CYD	80% After CYD		
Major	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD		
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		
<b>Service Information</b>												
Out of Network Benefits Payable Level	90th UCR		90th UCR		90th UCR		90th UCR		90th UCR			
Waiting Period for Major Services (Timely Entrants)	None		None		None		None		None			
Endodontics/Periodontics Payable Level	Basic		Basic		Basic		Basic		Basic			
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000			
Rate Guarantee	Expires 9/30/2019		Expires 9/30/2020		Expires 9/30/2020		Expires 9/30/2020		Expires 9/30/2020			
<b>Monthly Rates</b>	<b>Enroll</b>											
Employee	42	\$32,822		\$34,133		\$32,822		\$32,822		\$32,822		
Employee + Spouse	0	N/A		N/A		N/A		N/A		N/A		
Employee + Child(ren)	0	N/A		N/A		N/A		N/A		N/A		
Employee + Family	10	\$101,622		\$105,682		\$101,622		\$101,622		\$101,622		
<b>Monthly Premium</b>	<b>52</b>	<b>\$2,395</b>		<b>\$2,490</b>		<b>\$2,395</b>		<b>\$2,395</b>		<b>\$2,395</b>		
<b>Annual Premium</b>		<b>\$28,736</b>		<b>\$29,883</b>		<b>\$28,736</b>		<b>\$28,736</b>		<b>\$28,736</b>		
<b>\$ Increase</b>		<b>N/A</b>		<b>\$1,147</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		
<b>% Increase</b>		<b>N/A</b>		<b>4.0%</b>		<b>0.0%</b>		<b>0.0%</b>		<b>0.0%</b>		



**Town of Lake Park**  
**Vision Insurance Evaluation**  
**Effective Date: October 1, 2019**

VISION SCHEDULE OF BENEFITS	CURRENT		RENEWAL	
	Humana Plan 130 (EyeMed/Insight)		Humana Plan 130 (EyeMed/Insight)	
Frequency	In Network	Out of Network	In Network	Out of Network
Exam Copay	12 months		12 months	
Lenses	12 months		12 months	
Frames	24 months		24 months	
Exams	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$30	\$10	Up to \$30
Contact Lens Exams (Fit & Follow Up)				
Standard Contact Lens	Up to \$55	Not Covered	Up to \$55	Not Covered
Premium Contact Lens	10% off Retail	Not Covered	10% off Retail	Not Covered
Lenses and Frames				
Single Lenses	\$15	Up to \$25	\$15	Up to \$25
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$40
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$60
Contact Lenses (Elective)	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130, 15% discount over \$130	Up to \$104
Contact Lenses (Disposable)	Up to \$130	Up to \$104	Up to \$130	Up to \$104
Contact Lenses (Medically Necessary)	\$0	Up to \$200	\$0	Up to \$200
Frames	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$65
Diabetic Eye Care (2 services/year)				
Eye Exam	\$0	Up to \$77	\$0	Up to \$77
Retinal Imaging	\$0	Up to \$50	\$0	Up to \$50
Extended Ophthalmoscopy	\$0	Up to \$15	\$0	Up to \$15
Gonioscopy	\$0	Up to \$15	\$0	Up to \$15
Scanning Laser	\$0	Up to \$33	\$0	Up to \$33
Rate Guarantee	Expires 9/30/2019		Expires 9/30/2021	
Monthly Rates	Enroll			
Employee	42	\$4.38	\$4.38	
Employee + Spouse	5	\$8.75	\$8.75	
Employee + Child(ren)	1	\$8.31	\$8.31	
Employee + Family	7	\$13.06	\$13.06	
<b>Monthly Premium</b>	<b>55</b>	<b>\$327</b>	<b>\$327</b>	
<b>Annual Premium</b>		<b>\$3,929</b>	<b>\$3,929</b>	
<b>\$ Increase</b>		<b>N/A</b>	<b>\$0</b>	
<b>% Increase</b>		<b>N/A</b>	<b>0.0%</b>	

# Town of Lake Park

## Basic Life with AD&D Insurance Evaluation

Effective Date: October 1, 2019

Basic Life / AD&D	CURRENT	RENEWAL
	The Hartford	The Hartford
<b>Class Description</b>		
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000	2 x annual salary to a maximum of \$240,000
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
<b>Features</b>		
Waiver of Premium	Included	Included
Conversion Privilege	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
Accelerated Death Benefit	80% up to \$500,000 of Total Benefits (Including Supplemental)	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
<b>Rate Guarantee</b>	<b>Expires 9/30/2019</b>	<b>Expires 9/30/2021</b>
Basic Life Rate / \$1,000	\$0.220	\$0.220
AD&D Rate / \$1,000	\$0.031	\$0.031
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.251</b>	<b>\$0.251</b>
<b>Estimated Volume</b>	<b>\$2,184,000</b>	<b>\$2,184,000</b>
<b>Monthly Premium</b>	<b>\$548</b>	<b>\$548</b>
<b>Annual Premium</b>	<b>\$6,578</b>	<b>\$6,578</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>\$0</b>
<b>% Increase</b>	<b>N/A</b>	<b>0.0%</b>

**Town of Lake Park**  
**Supplemental Life Insurance Evaluation**  
**Effective Date: October 1, 2019**

	<b>CURRENT</b>	<b>RENEWAL</b>
Supplemental Life	The Hartford	The Hartford
<b>Core Benefit</b>		
All Eligible Employees Working 30 hours per week	\$10,000 to \$300,00 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$300,00 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
All Eligible Child(ren) (Cannot exceed 50% of the employee amount)	15 days - 6 months: \$500 6 months - age 30: \$10,000	15 days - 6 months: \$500 6 months - age 30: \$10,000
<b>Features</b>		
Guarantee Issue Employee	\$60,000	\$60,000
Guarantee Amount Spouse	\$30,000	\$30,000
Employee Age Reduction Schedule	65% at age 65 50% at age 70	65% at age 65 50% at age 70
Waiver of Premium	Included	Included
Portability Option	Included	Included
Conversion Option	Included	Included
<b>Rate Guarantee Period</b>	<b>Expires 9/30/2019</b>	<b>Expires 9/30/2021</b>
<b>Rates per \$1,000</b>	<b>Employee &amp; Spouse based on EE age</b>	<b>Employee &amp; Spouse based on EE age</b>
<b>Under Age 20</b>	\$0.070	\$0.070
<b>Age 20-24</b>	\$0.070	\$0.070
<b>Age 25-29</b>	\$0.070	\$0.070
<b>Age 30 - 34</b>	\$0.090	\$0.090
<b>Age 35 - 39</b>	\$0.120	\$0.120
<b>Age 40 - 44</b>	\$0.200	\$0.200
<b>Age 45 - 49</b>	\$0.320	\$0.320
<b>Age 50 - 54</b>	\$0.530	\$0.530
<b>Age 55 - 59</b>	\$0.810	\$0.810
<b>Age 60 - 64</b>	\$1.130	\$1.130
<b>Age 65 - 69</b>	\$1.870	\$1.870
<b>Age 70 - 74</b>	\$3.120	\$3.120
<b>Age 75-79</b>	\$5.950	\$5.950
<b>Age 80-84</b>	\$5.950	\$5.950
<b>Child(ren)</b>	\$0.104	\$0.104
<b>AD&amp;D</b>	\$0.031	\$0.031

**Town of Lake Park**  
**Short Term Disability Insurance Evaluation**  
**Effective Date: October 1, 2019**

	CURRENT	RENEWAL
SHORT-TERM DISABILITY	The Hartford	The Hartford
<b>Benefits</b>		
Eligible Employees	Full-time employees working 30 hours per week	Full-time employees working 30 hours per week
Benefit Percent	70% of weekly earnings	70% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200
<b>Elimination Period</b>		
Accident Waiting Period	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days
Benefit Duration	11 Weeks	11 Weeks
Rate Guarantee	<b>Expires 9/30/2019</b>	<b>Expires 9/30/2021</b>
<b>Benefits Volume</b>	<b>\$31,023</b>	<b>\$31,023</b>
<b>Rate per \$10</b>	<b>\$0.320</b>	<b>\$0.320</b>
<b>Monthly Premium</b>	<b>\$993</b>	<b>\$993</b>
<b>Annual Premium</b>	<b>\$11,913</b>	<b>\$11,913</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>\$0</b>
<b>% Increase</b>	<b>N/A</b>	<b>0.0%</b>

**Town of Lake Park**  
**Long Term Disability Insurance Renewal Evaluation**  
**Effective Date: October 1, 2019**

Long Term Disability	CURRENT	RENEWAL
	The Hartford	The Hartford
Eligible Employees	Full-time employees working 30 hours per week	Full-time employees working 30 hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings
Elimination Period	90 Days	90 Days
Own Occupation Period	24 Months	24 Months
Duration of Benefit	SSNRA	SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000
Mental Illness Limitation	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12
Rate Guarantee Period	Expires 9/30/2019	Expires 9/30/2021
LTD Rate / \$100	\$0.470	\$0.470
Estimated Volume	\$192,953	\$192,953
Monthly Premium	\$907	\$907
Annual Premium	\$10,883	\$10,883
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

## Notes