



AGENDA

Lake Park Town Commission
Town of Lake Park, Florida
Budget Meeting
Monday, August 14, 2017, 6:30 p.m.
Lake Park Town Hall
535 Park Avenue

Michael O'Rourke	—	Mayor
Kimberly Glas-Castro	—	Vice-Mayor
Erin T. Flaherty	—	Commissioner
Anne Lynch	—	Commissioner
Roger Michaud	—	Commissioner
<hr style="border-top: 1px dashed black;"/>		
John O. D'Agostino	—	Town Manager
Thomas J. Baird, Esq.	—	Town Attorney
Vivian Mendez, CMC	—	Town Clerk

PLEASE TAKE NOTICE AND BE ADVISED, that if any interested person desires to appeal any decision of the Town Commission, with respect to any matter considered at this meeting, such interested person will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. *Persons with disabilities requiring accommodations in order to participate in the meeting should contact the Town Clerk's office by calling 881-3311 at least 48 hours in advance to request accommodations.*

A. **CALL TO ORDER/ROLL CALL**

B. **PLEDGE OF ALLEGIANCE**

C. **SPECIAL PRESENTATIONS/REPORTS**

1. Proposed Budget for Fiscal Year 2017/2018

Tab 1

D. **NEW BUSINESS:**

2. Resolution No. 63-08-17 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 Disbursement Insurance, Short Term Disability and Long Term Disability Insurance through The Hartford.

Tab 2

3. Resolution No. 64-08-17 Authorizing and directing the Town Manager to Obtain Property and Casualty Insurance Coverage through the Preferred Governmental Insurance Trust for Fiscal Year 2018.

Tab 3

E. PUBLIC COMMENT:

This time is provided for audience members to address items related to the Fiscal Year 2017/2018 Budget. Please complete a comment card and provide it to the Town Clerk so speakers may be announced. Please remember comments are limited to a TOTAL of three minutes.

F. ADJOURNMENT:

Next: First Public Hearing on the Budget is scheduled on September 13, 2017.

Special Presentations /Reports

TAB 1



Town of Lake Park Town Commission

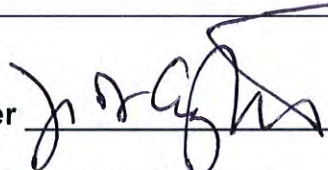
Agenda Request Form

Meeting Date: August 14, 2017

Agenda Item No. Tab 1

Agenda Title: Proposed Budget for Fiscal Year 2017-2018

- SPECIAL PRESENTATION/REPORTS CONSENT AGENDA
- BOARD APPOINTMENT OLD BUSINESS
- PUBLIC HEARING ORDINANCE ON _____ READING
- NEW BUSINESS
- OTHER: _____

Approved by Town Manager  Date: 8-11-2017
John O. D'Agostino, Town Manager

Name/Title

Originating Department: Town Manager	Costs:\$ Funding Source: General Fund Acct. # <input type="checkbox"/> Finance _____	Attachments: <ul style="list-style-type: none"> • Schedule of Addition/ Deletions to Proposed Fiscal Year 2017-2018 Budget. • Executive Summary on Insurance. • Annual Budget General Fund FY 2017-18
Advertised: Date: _____ Paper: _____ <input checked="" type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone OR Not applicable in this case JOD— Please initial one.

Summary Explanation/Background: During the first budget meeting with the Commission to set the highest proposed Ad Valorem Tax Rate of \$8.805, the Administration reviewed the proposed balanced budget with input from the Commission. The meeting was held on July 6, 2017. At that time, the administration reviewed the entire proposed operating budget. The Commission was interested in possibly funding the \$25,000 grant initiative for private businesses and non-profit organizations. In addition, since the first meeting, the Town has received final numbers on Health Insurance, Property Casualty and Liability

Insurance. As a result, budget changes are necessary to balance the Fiscal Year 2017-2018 Budget. All of the proposed changes will result in a balanced budget.

The construction of the Finance Department window to promote better customer service within Town Hall will not move forward in the current fiscal year. As a result, approximately \$35,000 will be available for the budget in the new fiscal year. The Administration will propose to use the Thirty-five Thousand Dollars to upgrade records retention by implementing Laserfiche Avante. This initiative will promote better internal and external customer service opportunities by having records retention for all departments on the Laserfiche Avante platform. This will permit staff to respond faster and with greater accuracy to public records requests. Furthermore, departments will have information available on the Laserfiche Avante platform. All departments have the ability to scan and store information on Cannon copiers in each department. The next logical step is for the information to then reside on a platform for retention and accessibility which Avante will provide.

The funding can also be used to complete the upgrade to the Town Website at \$34,109 or to contract with a media consultant and public relations specialist. The Social Media Consultant is proposed at \$15,750 and the Public Relations Specialist is proposed at \$18,000 which together total \$33,750. As the Town rolls out the Mixed-Use Initiative, the ability to communicate with residents will be critical. Also, the ability to provide information in a format including a quarterly newsletter about the Town will be possible with the Public Relations Specialist. The duties and responsibility of the position will be to generate content, provide press releases and submit information to monthly, weekly and daily publications serving Palm Beach County. The consultant will work with Treasure Coast Regional Planning on the branding and marketing initiative(s).

Finally, in this proposed budget, the Administration has identified \$25,000 to fund the grant initiative for businesses in Lake Park as well as non-profit organizations. The administration was able to balance the operating budget and to fund \$25,000 for the grant initiative by reducing overtime in the Finance Department by \$10,000 and increasing targeted revenue amounts as proposed in the attached document.

Recommended Motion: No motion is necessary at this time as this is the first of two budget hearings on the proposed budget for FY 2017-18.

Town of Lake Park
Schedule of Addition/Deletions to Proposed 2017/18 Budget
August 10, 2017

001-335.180	Half Cent Sales Tax	1693
001-338.110	Business Tax County	2487
001-342.510	Plan Review Fees	1000
001-344.300	Advertising Bus Shelters	600
001-354.135	Parking Violations - Code	7000
001-362.121	Cell Tower Rent -Crown Castle	2220
Total Revenue Increase		15000
001-51-513-150-14000	Overtime	-10000
Total Expenditure Decrease		-10000
001-51-512-104-48001	Funding for Town Grants	25000
Total Expenditure Increase		25000
 Net effect on Budget is		
	Expenditure increase	15000
	Revenue increase	15000

Town of Lake Park
 Schedule of Addition/Deletions to Proposed FY 2017/18 Budget
 August 11, 2017

<u>Account Number</u>	<u>Description</u>	<u>As of July 6th</u>	<u>As of August 11th</u>	<u>Difference In Revenue</u>
001-335.180	Half Cent Sales Tax	703,000	704,693	1,693
001-338.110	Business Tax County	9,000	11,487	2,487
001-342.510	Plan Review Fees	8,000	9,000	1,000
001-344.300	Advertising Bus Shelters	1,890	2,490	600
001-354.135	Parking Violations - Code	13,000	20,000	7,000
001-362.121	Cell Tower Rent -Crown Castle	36,462	38,682	2,220
Total Revenue Increase		<u>771,352</u>	<u>786,352</u>	<u>15,000</u>

<u>Account Number</u>	<u>Description</u>	<u>As of July 6th</u>	<u>As of August 11th</u>	<u>Difference In Expenditures</u>
001-51-512-104-48001	Funding for Town Grants	0	25000	25,000
001-51-512-104-23100	Medical Insurance	34,948	36,197	1,249
001-51-512-104-23200	Insurance - Dental	1,449	1,149	(300)
001-51-512-104-23300	Insurance - Life	1,407	1,058	(349)
001-51-512-104-23400	Insurance - Vision	207	159	(48)
001-51-512-104-23500	Disability	2,207	2,180	(27)
Town Manager		<u>40,218</u>	<u>65,743</u>	<u>25,525</u>
001-51-512-105-23100	Medical Insurance	17,006	17,614	608
001-51-512-105-23200	Insurance - Dental	966	766	(200)
001-51-512-105-23300	Insurance - Life	217	412	195
001-51-512-105-23400	Insurance - Vision	138	106	(32)
001-51-512-105-23500	Disability	1,184	1,299	115
Human Resources		<u>19,511</u>	<u>20,197</u>	<u>686</u>
001-51-512-106-23100	Medical Insurance	20,578	21,313	735
001-51-512-106-23200	Insurance - Dental	966	766	(200)
001-51-512-106-23300	Insurance - Life	391	331	(60)
001-51-512-106-23400	Insurance - Vision	138	106	(32)
001-51-512-106-23500	Disability	1,183	1,043	(140)
Town Clerk		<u>23,256</u>	<u>23,559</u>	<u>303</u>

<u>Account Number</u>	<u>Description</u>	<u>As of July 6th</u>	<u>As of August 11th</u>	<u>Difference In Expenditures</u>
001-51-512-110-23100	Medical Insurance	8,503	8,807	304
001-51-512-110-23200	Insurance - Dental	483	383	(100)
001-51-512-110-23300	Insurance - Life	210	247	37
001-51-512-110-23400	Insurance - Vision	69	53	(16)
001-51-512-110-23500	Disability	877	777	(100)
Information Technology		<u>10,142</u>	<u>10,267</u>	<u>125</u>
001-51-513-150-23100	Health Insurance	51,954	53,811	1,857
001-51-513-150-23150	Opt Out Payments	8,503	3,960	(4,543)
001-51-513-150-23200	Insurance - Dental	2,898	2,298	(600)
001-51-513-150-23300	Insurance - Life	1,116	1,082	(34)
001-51-513-150-23400	Insurance - Vision	414	318	(96)
001-51-513-150-23500	Disability	3,826	3,403	(423)
001-51-513-150-14000	Overtime Salaries	15,000	5,000	(10,000)
Finance		<u>83,711</u>	<u>69,872</u>	<u>(13,839)</u>
001-53-530-400-23100	Medical Insurance	20,794	23,691	2,897
001-53-530-400-23200	Insurance - Dental	878	766	(112)
001-53-530-400-23300	Insurance - Life	374	390	16
001-53-530-400-23400	Insurance - Vision	63	53	(10)
001-53-530-400-23500	Disability	1,249	1,223	(26)
Public Works Adm		<u>23,358</u>	<u>26,123</u>	<u>2,765</u>
001-57-572-406-23100	Medical Insurance	62,752	64,996	2,244
001-57-572-406-23200	Insurance - Dental	2,898	2,298	(600)
001-57-572-406-23300	Insurance - Life	901	685	(216)
001-57-572-406-23400	Insurance - Vision	414	318	(96)
001-57-572-406-23500	Disability	2,350	2,161	(189)
P W Grounds Maint		<u>69,315</u>	<u>70,458</u>	<u>1,143</u>
001-54-597-408-23100	Medical Insurance	22,873	23,691	818
001-54-597-408-23200	Insurance - Dental	966	766	(200)
001-54-597-408-23300	Insurance - Life	378	241	(137)
001-54-597-408-23400	Insurance - Vision	138	106	(32)
001-54-597-408-23500	Disability	976	758	(218)
P W Facility Maint		<u>25,331</u>	<u>25,562</u>	<u>231</u>
001-59-591-410-23100	Medical Insurance	26,021	26,949	928
001-59-591-410-23200	Insurance - Dental	891	791	(100)
001-59-591-410-23300	Insurance - Life	395	290	(105)
001-59-591-410-23400	Insurance - Vision	138	106	(32)
001-59-591-410-23500	Disability	933	948	15
Vehicle Maint		<u>28,378</u>	<u>29,084</u>	<u>706</u>

<u>Account Number</u>	<u>Description</u>	<u>As of July 6th</u>	<u>As of August 11th</u>	<u>Difference In Expenditures</u>
001-52-524-500-23100	Medical Insurance	60,033	62,177	2,144
001-52-524-500-23200	Insurance - Dental	2,898	2,298	(600)
001-52-524-500-23300	Insurance - Life	1,126	908	(218)
001-52-524-500-23400	Insurance - Vision	414	318	(96)
001-52-524-500-23500	Disability	3,252	2,862	(390)
Community Dev		<u>67,723</u>	<u>68,563</u>	<u>840</u>
001-57-572-600-23100	Medical Insurance	16,423	16,727	304
001-57-572-600-23200	Insurance - Dental	1,449	1,149	(300)
001-57-572-600-23300	Insurance - Life	732	369	(363)
001-57-572-600-23400	Insurance - Vision	207	159	(48)
001-57-572-600-23500	Disability	2,159	1,204	(955)
Special Events		<u>20,970</u>	<u>19,608</u>	<u>(1,362)</u>
001-57-571-700-23100	Medical Insurance	29,469	30,381	912
001-57-571-700-23200	Insurance - Dental	1,932	1,532	(400)
001-57-571-700-23300	Insurance - Life	512	715	203
001-57-571-700-23400	Insurance - Vision	276	212	(64)
001-57-571-700-23500	Disability	1,456	1,271	(185)
Library		<u>33,645</u>	<u>34,111</u>	<u>466</u>
001-51-589-900-45000	Insurance - Property Liability	100,583	99,099	1,484
Non-Departmental				
190-54-541-190-23100	Medical Insurance	17,006	17,614	608
190-54-541-190-23200	Insurance - Dental	966	766	(200)
190-54-541-190-23300	Insurance - Life	420	308	(112)
190-54-541-190-23400	Insurance - Vision	138	106	(32)
190-54-541-190-23500	Disability	1,198	967	(231)
Streets and Roads		<u>19,728</u>	<u>19,761</u>	<u>33</u>
401-57-579-800-23100	Medical Insurance	26,833	27,651	818
401-57-579-800-23150	Opt Out of Medical Insurance	12,463	7,920	(4,543)
401-57-579-800-23200	Insurance - Dental	2,415	1,915	(500)
401-57-579-800-23300	Insurance - Life	723	673	(50)
401-57-579-800-23400	Insurance - Vision	339	275	(64)
401-57-579-800-23500	Disability	2,580	2,122	(458)
Marina		<u>45,353</u>	<u>40,556</u>	<u>(4,797)</u>

<u>Account Number</u>	<u>Description</u>	<u>As of July 6th</u>	<u>As of August 11th</u>	<u>Difference In Expenditures</u>
402-53-538-402-23100	Medical Insurance	26,021	26,949	928
402-53-538-402-23200	Insurance - Dental	966	766	(200)
402-53-538-402-23300	Insurance - Life	302	216	(86)
402-53-538-402-23400	Insurance - Vision	138	106	(32)
402-53-538-402-23500	Disability	780	682	(98)
Stormwater		<u>28,207</u>	<u>28,719</u>	<u>512</u>
				-
404-53-534-404-23100	Medical Insurance	77,039	79,791	2,752
404-53-534-404-23150	Opt Out	3960	3,960	-
404-53-534-404-23200	Insurance - Dental	4,347	3,447	(900)
404-53-534-404-23300	Insurance - Life	1,352	1,014	(338)
404-53-534-404-23400	Insurance - Vision	621	477	(144)
404-53-534-404-23500	Disability	3,502	2,878	(624)
Sanitation		<u>90,821</u>	<u>91,567</u>	<u>746</u>

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

	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%	

TOWN OF LAKE PARK

ANNUAL BUDGET

GENERAL FUND

FISCAL YEAR

October 1, 2017 through September 30, 2018

TOWN OF LAKE PARK - ANNUAL BUDGET
GENERAL FUND REVENUE & EXPENSE RECAP

FISCAL YEAR 2017-18

FUND	001	FUNCTION	General Fund						
		ACTIVITY	Revenues and Expenditures						
GF Budget Summary			Actual Expenses 2014-15	Actual Expenses 2015-16	Current Budget 2016-17	Estimate for the Year 2016-17	By Department 2017-18	Proposed Budget 2017-18	Adopted Budget 2017-18
001		Revenue	8,947,641	7,250,622	7,725,562	7,758,253	7,881,540	7,960,067	
100		Town Commission	83,992	83,217	99,008	76,836	79,491	74,491	-
104		Town Manager	155,205	217,935	281,231	259,260	408,151	345,317	-
105		Human Resources	157,064	182,226	175,298	176,238	205,840	201,086	-
106		Town Clerk	134,108	142,995	180,725	186,654	275,071	179,941	-
108		Town Attorney	111,984	152,294	121,000	227,298	211,000	161,000	-
110		Information Technology	180,752	213,399	176,210	162,657	302,686	174,907	-
150		Finance and Accounting	434,708	468,647	516,511	502,419	595,150	566,900	-
200		Law Enforcement	2,682,991	2,746,768	2,805,360	2,794,252	3,126,059	2,880,496	-
250		Emergency Management	121	-	1,000	-	1,000	1,000	-
300		Fire	1,660,699	-	-	-	-	-	-
400		Public Works Administration	194,947	207,236	203,692	206,148	228,210	156,051	-
406		Public Works - Grounds	338,233	370,083	413,113	408,192	465,316	396,793	-
408		Public Works - Facilities	302,468	334,824	367,901	282,907	528,291	275,690	-
410		Public Works - Vehicle Maintenance	83,679	99,818	121,849	108,581	183,886	119,913	-
450		Public Works - Parking Meters	43,584	-	-	-	-	-	-
500		Community Development	444,576	479,067	548,613	567,942	766,791	607,376	-
600		Special Events	170,015	99,593	194,259	117,904	255,470	214,426	
700		Library	280,959	243,929	285,818	203,986	346,038	302,490	
900		Non-Departmental	1,113,683	902,575	1,233,974	1,051,323	1,303,674	1,302,190	-
Total Expenses			8,573,768	6,944,606	7,725,562	7,332,597	9,282,124	7,960,067	-
Surplus (Deficit)			373,873	306,016	-	425,656	(1,400,584)	-	-

New Business

TAB 2



Town of Lake Park Town Commission

Agenda Request Form

Meeting Date: August 14, 2017

Agenda Item No. Tab 2

Agenda Title: 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 Harford

- SPECIAL PRESENTATION/REPORTS
- BOARD APPOINTMENT
- PUBLIC HEARING ORDINANCE ON _____ READING
- NEW BUSINESS**
- OTHER: _____

Approved by Town Manager *[Signature]* Date: 8-11-17

Bonnie McKittrick
Name/Title HUMAN RESOURCES DIRECTOR

Originating Department: Human Resources	Costs: \$555,643. Funding Source: Various Acct. # Various as funded in FY 2018 budget <input checked="" type="checkbox"/> Finance <u><i>L. Cariso</i></u>	Attachments: Resolution; Gehring Group Employee Health Insurance Renewal Executive Summary and Best and Final Offer RFP Evaluation (Exhibit A); and, Original RFP Evaluation (Exhibit B)
Advertised: Date: _____ Paper: _____ <input checked="" type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone <u>BMT</u> OR Not applicable in this case _____ Please initial one.

Summary Explanation/Background

Medical Insurance:

The current provider of the Town's employee medical insurance is Florida Blue, which is due for renewal on October 1, 2017 for Fiscal Year 2018.

The current coverages are a Health Maintenance Organization (HMO) Blue Care 59 plan and a Preferred Provider Organization (PPO) 03769 plan as a buy-up option. At the direction of staff, and in order to obtain the most competitive renewal rates and better coverage for Town employees, Gehring Group submitted a market request for proposals to several carriers and requested a quote from Florida Blue for an in-network HMO plan and for an in-network PPO plan.

The following carriers responded to the request for quotes:

- Florida Blue
- Humana

Gehring Group obtained from Florida Blue an initial in-network renewal rate for the HMO plan of 19.5 percent, or an increase of \$96,994 over the expiring coverage for Fiscal Year 2017. At the further direction of staff, Gehring Group re-negotiated with Florida Blue and obtained a renewal rate representing a 13.6 percent, or an increase of \$70,391, over the expiring coverage for the Florida Blue HMO Blue Care 59 plan.

Gehring Group also received an initial in-network renewal rate for the PPO plan of 10.8 percent, or an increase of \$2,053 over the expiring coverage for Fiscal Year 2017 (currently, only two Town employees have opted to buy up to the PPO coverage in Fiscal Year 2017). At the direction of staff, Gehring Group re-negotiated with Florida Blue and obtained a renewal rate representing a 5.6 percent, or \$1,070, increase over the expiring coverage. In order to give Town employees who wish to remain with the Florida Blue PPO the ability to do so, the Town will continue to offer the current Blue Options PPO plan as a buy-up option whereby employees electing to enroll with this plan would pay the difference in cost between the Florida Blue Care 59 HMO plan and the Florida Blue Options 03769 PPO plan.

Based upon the final evaluation provided by Gehring Group, staff recommends that the employee medical insurance be renewed through the Florida Blue Care 59 HMO plan and the Florida Blue Options 03769 PPO plan for Fiscal Year 2018.

Such final renewal rates are set forth in the Executive Summary which is attached hereto as **Exhibit A**. Please note that the renewal rates for the Florida Blue Options 03769 PPO Plan are not listed on the Executive Summary as this is a buy-up option whereby the employee electing such coverage pays the difference between the PPO and the HMO.

Dental Insurance:

The current provider of the Town's employee dental insurance is MetLife (a PPO) which is due for renewal on October 1, 2017.

At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- MetLife
- Lincoln Financial
- Delta Dental
- Ameritas

MetLife PPO quoted a renewal rate which represents a 3 percent premium increase over the expiring coverage for Fiscal Year 2017, while Lincoln Financial quoted a 9.8 percent premium decrease for the same level of benefits over the expiring coverage. It is important to note that while Lincoln Financial's rate is lower than the renewal rate quoted by MetLife, it has been the Town's experience that MetLife provides a higher degree of customer service. Delta Dental and Ameritas presented quotes which represented a 29.2 percent increase and a 40.3 percent increase respectively over the expiring coverage.

Based upon the evaluation provided by Gehring Group, staff recommends that the dental insurance coverage for Town employees be renewed with MetLife.

Vision Insurance:

The current provider of the Town's employee vision insurance is Humana which was implemented effective October 1, 2015 with a 24-month rate guarantee. Such rate guarantee will expire on September 30, 2017.

At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- Humana
- EyeMed
- Ameritas
- Lincoln Financial
- VSP

Humana quoted a renewal rate which represents an 8.4 percent decrease over the expiring coverage for Fiscal Year 2017. EyeMed, Ameritas, Lincoln Financial and VSP presented quotes which represented rate increases over the expiring coverage, as follows:

- EyeMed quoted a 13.9 percent increase
- Ameritas quoted a 48.4 percent increase
- Lincoln Financial quoted a 43.5 percent increase
- VSP quoted a 72.7 percent increase

Based upon the evaluation provided by Gehring Group, staff recommends that the vision insurance coverage for Town employees be renewed with Humana.

Basic Life and Accidental Death and Dismemberment:

The current provider of the Town's basic life and accident death and dismemberment insurance is Florida Combined Life which was implemented effective October 1, 2015 with a 24-month rate guarantee which will expire on September 30, 2017.

At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- Florida Combined Life
- The Hartford
- Standard
- Cigna
- Lincoln Financial

Florida Combined Life provided a quote which represents a zero percent increase over the expiring coverage for Fiscal Year 2017. The Hartford, Standard, Cigna and Lincoln Financial provided the following quotes which represented rate decreases from the expiring coverage, as follows:

- The Harford quoted a 28.3 percent decrease
- Standard quoted a 28.6 percent decrease
- Cigna quoted a 13.7 percent decrease
- Lincoln Financial quoted an 11.4 percent decrease

Based upon the evaluation provided by Gehring Group, staff recommends that Basic Life and Accidental Death and Dismemberment be obtained through The Hartford.

Short Term Disability and Long Term Disability Insurance:

The current provider of the Town's short and long term disability insurance is also Florida Combined Life which was implemented effective October 1, 2015 with a 24-month rate guarantee which will expire on September 30, 2017.

At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

Short Term Disability

- Florida Combined Life
- Lincoln Financial
- Standard
- The Hartford
- Cigna

Long Term Disability

- Florida Combined Life
- Lincoln Financial
- Standard
- The Hartford
- Cigna

For short term disability coverage, Florida Combined Life provided a quote which represents a zero percent increase over the expiring coverage for Fiscal Year 2017. Lincoln Financial, Standard, The Hartford and Cigna provided the following quotes which represented rate decreases from the expiring coverage, as follows:

- Lincoln Financial quoted a 30.8 percent decrease
- Standard quoted a 23.1 percent decrease
- The Hartford quoted a 17.9 percent decrease
- Cigna quoted a 10.3 percent decrease

For long term disability coverage, Florida Combined Life provided a quote which represents a zero percent increase over the expiring coverage for Fiscal Year 2017. Lincoln Financial, Standard, The Hartford and Cigna provided the following quotes which represented rate decreases from the expiring coverage, as follows:

- Lincoln Financial quoted a 23.4 percent decrease
- Standard quoted a 46.8 percent increase
- The Hartford quoted a 12.8 percent increase
- Cigna quoted a 12.8 percent decrease

While The Hartford provided an initial quote that represented a 12.8 percent increase, upon further negotiation it later decreased its quote to a zero percent increase over the expiring coverage.

Based upon the evaluation provided by Gehring Group, staff recommends that both short term disability and long term disability coverage be obtained through The Hartford.

Recommended Motion: I move to adopt Resolution 63-08-17.

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.

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		Includes All Costs		Includes All Costs		Includes All Costs		Includes All Costs	
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	Town Cost	EE Cost	Town Cost	EE Cost
Employee	29	\$644.20	\$0.00	\$769.71	\$0.00	\$733.90	\$0.00	\$693.78	\$0.00
Employee + Spouse	6	\$1,088.70	\$444.50	\$1,300.81	\$531.10	\$1,240.29	\$506.39	\$1,172.49	\$478.71
Employee + Child(ren)	3	\$914.76	\$270.56	\$1,092.99	\$323.28	\$1,042.14	\$308.24	\$985.17	\$291.39
Family	5	\$1,327.05	\$682.85	\$1,585.60	\$815.89	\$1,511.83	\$777.93	\$1,429.18	\$735.40
Monthly Premium	43	\$34,593	\$6,893	\$41,333	\$8,236	\$39,410	\$7,853	\$37,256	\$7,423
Annual Premium		\$415,122	\$82,715	\$496,000	\$98,830	\$472,925	\$94,233	\$447,071	\$89,081
\$ Increase		N/A	N/A	\$80,878	\$16,115	\$57,803	\$11,518	\$31,949	\$6,366
% Increase		N/A	N/A	19.5%	19.5%	13.9%	13.9%	7.7%	7.7%

13,6070

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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	EE Cost
Employee	2	\$644.20	\$151.30	\$769.71	\$111.35	\$733.90	\$106.17
Employee + Spouse	0	\$1,088.70	\$804.58	\$1,300.81	\$796.10	\$1,240.29	\$759.06
Employee + Child(ren)	0	\$914.76	\$548.95	\$1,092.99	\$528.16	\$1,042.14	\$503.59
Family	0	\$1,327.05	\$1,154.89	\$1,585.60	\$1,163.30	\$1,511.83	\$1,109.18
Monthly Premium	2	\$1,288	\$303	\$1,539	\$223	\$1,468	\$212
Annual Premium		\$15,461	\$3,631	\$18,473	\$2,672	\$17,614	\$2,548
\$ Increase		N/A	N/A	\$3,012	-\$959	\$2,153	-\$1,083
% Increase		N/A	N/A	19.5%	-26.4%	13.9%	-29.8%

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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
	In Network ONLY	In Network	Out of Network	In Network ONLY	In Network	Out of Network	In Network ONLY
Calendar Year Deductible (CYD)							
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%

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



DENTAL SCHEDULE OF BENEFITS Network	CURRENT / RENEWAL		Alternate #1	
	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 Humana Plan 56		RENEWAL Humana Plan 130 (EyeMed/Insight Network)		Renewal Alternative #1 Humana Plan 160 (EyeMed/Insight Network)		Alternative #2 EyeMed Insight Network	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Frequency								
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



Supplemental Life	CURRENT	RENEWAL	Alternative #1	Alternative #2
	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



	CURRENT	RENEWAL	Alternative #1	Alternative #2
Long Term Disability	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%

Exhibit B

EXHIBIT A

Original RFP Evaluation

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



	CURRENT Florida Blue Blue Care 59		RENEWAL Florida Blue Blue Care 59		Alternative #1 Florida Blue Blue Care 68		Alternative #2 Florida Blue BlueCare 47		
	In Network ONLY		In Network ONLY		In Network ONLY		In Network ONLY		
Calendar Year Deductible (CYD)									
Single	\$500		\$500		\$1,000		\$1,500		
Family	\$1,000		\$1,000		\$3,000		\$4,500		
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		\$4,500		\$4,500		
Family	\$7,000		\$7,000		\$9,000		\$9,000		
Coinsurance	10%		10%		20%		20%		
Office Visits									
Physician Office Visit	\$15		\$15		\$35		\$30		
Specialist Visit	\$35		\$35		\$60		\$55		
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		\$500		\$250		
Chiropractic (non hospital)	\$35		\$35		\$60		\$55		
Urgent Care Center	\$35		\$35		\$65		\$60		
Hospital									
Inpatient (per admission)	\$500		\$500		\$500 per day (\$1,500 max)		CYD + 20%		
Outpatient	\$350		\$350		\$600		CYD + 20%		
Physician Services at Hospital	No Charge		No Charge		No Charge		CYD + 20%		
Emergency Room Visit	\$100		\$100		\$500		\$250		
Ambulance	CYD + 10%		CYD + 10%		CYD + 20%		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	Monthly Rates	Monthly Rates	Monthly Rates	
Employee	29	\$644.20	\$769.71	\$769.71	\$706.43	\$706.43	\$670.25	\$670.25	
Employee + Spouse	6	\$1,533.19	\$1,831.90	\$1,831.90	\$1,681.31	\$1,681.31	\$1,595.20	\$1,595.20	
Employee + Child(ren)	3	\$1,185.32	\$1,416.26	\$1,416.26	\$1,299.84	\$1,299.84	\$1,233.26	\$1,233.26	
Family	5	\$2,009.89	\$2,401.48	\$2,401.48	\$2,204.07	\$2,204.07	\$2,091.18	\$2,091.18	
Total Monthly Premium	43	\$41,486	\$49,569	\$49,569	\$45,494	\$45,494	\$43,164	\$43,164	
Total Annual Premium		\$497,836	\$594,830	\$594,830	\$545,930	\$545,930	\$517,970	\$517,970	
\$ Increase		N/A	\$96,994	\$96,994	\$48,094	\$48,094	\$20,133	\$20,133	
% Increase		N/A	19.5%	19.5%	9.7%	9.7%	4.0%	4.0%	
		Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost
Employee	29	\$644.20	\$0.00	\$769.71	\$0.00	\$706.43	\$0.00	\$670.25	\$0.00
Employee + Spouse	6	\$1,088.70	\$444.50	\$1,300.81	\$531.10	\$1,193.87	\$487.44	\$1,132.73	\$462.48
Employee + Child(ren)	3	\$914.76	\$270.56	\$1,092.99	\$323.28	\$1,003.14	\$296.71	\$951.76	\$281.51
Family	5	\$1,327.05	\$682.85	\$1,585.60	\$815.89	\$1,455.25	\$748.82	\$1,380.72	\$710.47
Monthly Premium	43	\$34,593	\$6,893	\$41,333	\$8,236	\$37,935	\$7,559	\$35,992	\$7,172
Annual Premium		\$415,122	\$82,715	\$496,000	\$98,830	\$455,224	\$90,706	\$431,909	\$86,060
\$ Increase		N/A	N/A	\$80,878	\$16,115	\$40,102	\$7,992	\$16,788	\$3,346
% Increase		N/A	N/A	19.5%	19.5%	9.7%	9.7%	4.0%	4.0%

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



	CURRENT Florida Blue Blue Care 59		Alternative #3 Humana FL HMO 16 OA Copay OPT 12		Alternative #4 Humana FL HMO 16 OA Copay OPT 34	
	In Network ONLY		In Network ONLY			
Calendar Year Deductible (CYD)						
Single	\$500		\$500		\$500	
Family	\$1,000		\$1,000		\$1,000	
Out of Pocket Maximum	<i>Includes All Costs</i>					
Single	\$3,500		\$4,000		\$4,000	
Family	\$7,000		\$8,000		\$8,000	
Coinsurance	10%		0%		20%	
Office Visits						
Physician Office Visit	\$15		\$25		\$25	
Specialist Visit	\$35		\$40		\$40	
Preventive Services (Wellness)	No Charge		No Charge		No Charge	
Independent Clinical Lab	No Charge		No Charge		No Charge	
Advanced Imaging at Indep. Diagnostic Ctr	\$75		\$300		\$300	
Chiropractic (non hospital)	\$35		\$40		\$40	
Urgent Care Center	\$35		\$100		\$100	
Hospital						
Inpatient (per admission)	\$500		CYD		CYD + 20%	
Outpatient	\$350		CYD		CYD + 20%	
Physician Services at Hospital	No Charge		CYD		CYD + 20%	
Emergency Room Visit	\$100		\$350		\$350	
Ambulance	CYD + 10%		CYD		CYD + 20%	
Mental Health / Substance Abuse						
Inpatient Facility	No Charge		CYD		CYD + 20%	
Outpatient Facility	No Charge		\$25		\$25	
Prescription Drugs						
Generic	\$10		Level 1: \$10		Level 1: \$10	
Preferred Brand	\$50		Level 2: \$30		Level 2: \$30	
Non-Preferred Brand	\$80		Level 3: \$50		Level 3: \$50	
Mail Order (90 day supply)	2.5 x Retail		Level 4: 25%		Level 4: 25%	
			2.5 x Retail		2.5 x Retail	
	enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	29	\$644.20	\$694.07	\$628.88	\$628.88	\$628.88
Employee + Spouse	6	\$1,533.19	\$1,388.14	\$1,257.76	\$1,257.76	\$1,257.76
Employee + Child(ren)	3	\$1,185.32	\$1,318.73	\$1,194.88	\$1,194.88	\$1,194.88
Family	5	\$2,009.89	\$2,221.02	\$2,012.43	\$2,012.43	\$2,012.43
Total Monthly Premium	43	\$41,486	\$43,518	\$39,431	\$39,431	\$39,431
Total Annual Premium		\$497,836	\$522,218	\$473,170	\$473,170	\$473,170
\$ Increase		N/A	\$24,382	-\$24,666	-\$24,666	-\$24,666
% Increase		N/A	4.9%	-5.0%	-5.0%	-5.0%
		Town Cost	EE Cost	Town Cost	EE Cost	Town Cost
Employee	29	\$644.20	\$0.00	\$694.07	\$0.00	\$628.88
Employee + Spouse	6	\$1,088.70	\$444.50	\$1,041.11	\$347.04	\$943.32
Employee + Child(ren)	3	\$914.76	\$270.56	\$1,006.40	\$312.33	\$911.88
Family	5	\$1,327.05	\$682.85	\$1,457.55	\$763.48	\$1,320.66
Monthly Premium	43	\$34,593	\$6,893	\$36,682	\$6,837	\$33,236
Annual Premium		\$415,122	\$82,715	\$440,179	\$82,039	\$398,836
\$ Increase		N/A	N/A	\$25,057	-\$676	-\$16,285
% Increase		N/A	N/A	6.0%	-0.8%	-3.9%

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



	CURRENT Florida Blue Blue Care 59	RENEWAL Florida Blue Blue Care 59	Alternative #1 Florida Blue BlueCare Plan 126/127	Alternative #2 Florida Blue BlueCare Plan 124/125	
Calendar Year Deductible (CYD)	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY	
Single	\$500	\$500	\$1,500	\$2,500	
Family	\$1,000	\$1,000	\$3,000	\$5,000	
Out of Pocket Maximum	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	
Single	\$3,500	\$3,500	\$3,000	\$5,000	
Family	\$7,000	\$7,000	\$6,000	\$6,850 Per Person/\$10,000 Family	
Coinsurance	10%	10%	10%	10%	
Office Visits					
Physician Office Visit	\$15	\$15	CYD + 10%	CYD + 10%	
Specialist Visit	\$35	\$35	CYD + 10%	CYD + 10%	
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	
Independent Clinical Lab	No Charge	No Charge	CYD + 20%	CYD + 10%	
Advanced Imaging at Indep. Diagnostic Ctr	\$75	\$75	CYD + 20%	CYD + 10%	
Chiropractic (non hospital)	\$35	\$35	CYD + 20%	CYD + 10%	
Urgent Care Center	\$35	\$35	CYD + 10%	CYD + 10%	
Hospital					
Inpatient (per admission)	\$500	\$500	CYD + 10%	CYD + 10%	
Outpatient	\$350	\$350	CYD + 10%	CYD + 10%	
Physician Services at Hospital	No Charge	No Charge	CYD + 10%	CYD + 10%	
Emergency Room Visit	\$100	\$100	CYD + 10%	CYD + 10%	
Ambulance	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%	
Mental Health / Substance Abuse					
Inpatient Facility	No Charge	No Charge	CYD + 10%	CYD + 10%	
Outpatient Facility	No Charge	No Charge	CYD + 10%	CYD + 10%	
Prescription Drugs					
Generic	\$10	\$10	\$10 After CYD	\$10 After CYD	
Preferred Brand	\$50	\$50	\$50 After CYD	\$50 After CYD	
Non-Preferred Brand	\$80	\$80	\$80 After CYD	\$80 After CYD	
Mail Order (90 day supply)	2.5 x Retail	2.5 x Retail	2.5 x Retail Copay After CYD	2.5 x Retail Copay After CYD	
	enroll	Monthly Rates	Monthly Rates	Monthly Rates	
Employee	29	\$644.20	\$769.71	\$672.06	\$536.74
Employee + Spouse	6	\$1,533.19	\$1,831.90	\$1,496.74	\$1,238.78
Employee + Child(ren)	3	\$1,185.32	\$1,416.26	\$1,157.15	\$957.72
Family	5	\$2,009.89	\$2,401.48	\$1,962.12	\$1,623.96
Total Monthly Premium	43	\$41,486	\$49,569	\$41,752	\$33,991
Total Annual Premium		\$497,836	\$594,830	\$501,027	\$407,893
\$ Increase		N/A	\$96,994	\$3,191	-\$89,943
% Increase		N/A	19.5%	0.6%	-18.1%
Health Savings Account					
Employee	29	\$0.00	\$0.00	\$1,500	\$2,500
Family	14	\$0.00	\$0.00	\$3,000	\$5,000
Annual H.S.A Premium	43	\$0.00	\$0.00	\$85,500	\$142,500
TOTAL ANNUAL MED + HSA		\$497,836	\$594,830	\$586,527	\$550,393
\$ INCREASE (MED + HSA)		N/A	\$96,994	\$88,691	\$52,557
% INCREASE (MED + HSA)		N/A	19.5%	17.8%	10.6%

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



	CURRENT Florida Blue Blue Care 59	Alternative #3 Florida Blue BlueCare Plan 130/131	Alternative #4 Florida Blue BlueCare Plan 128/129
Calendar Year Deductible (CYD)	In Network ONLY	In Network ONLY	In Network ONLY
Single	\$500	\$1,500	\$2,500
Family	\$1,000	\$3,000	\$5,000
Out of Pocket Maximum	<i>Includes All Costs</i>	<i>Includes All Costs</i>	<i>Includes All Costs</i>
Single	\$3,500	\$4,500	\$5,000
Family	\$7,000	\$6,850 Per Person /\$9,000 Family	\$6,850 Per Person/\$10,000 Family
Coinsurance	10%	20%	20%
Office Visits			
Physician Office Visit	\$15	CYD + 20%	CYD + 20%
Specialist Visit	\$35	CYD + 20%	CYD + 20%
Preventive Services (Wellness)	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	CYD + 20%	CYD + 20%
Advanced Imaging at Indep. Diagnostic Ctr	\$75	CYD + 20%	CYD + 20%
Chiropractic (non hospital)	\$35	CYD + 20%	CYD + 20%
Urgent Care Center	\$35	CYD + 20%	CYD + 20%
Hospital			
Inpatient (per admission)	\$500	CYD + 20%	CYD + 20%
Outpatient	\$350	CYD + 20%	CYD + 20%
Physician Services at Hospital	No Charge	CYD + 20%	CYD + 20%
Emergency Room Visit	\$100	CYD + 20%	CYD + 20%
Ambulance	CYD + 10%	CYD + 20%	CYD + 20%
Mental Health / Substance Abuse			
Inpatient Facility	No Charge	CYD + 20%	CYD + 20%
Outpatient Facility	No Charge	CYD + 20%	CYD + 20%
Prescription Drugs			
Generic	\$10	\$10 After CYD	\$10 After CYD
Preferred Brand	\$50	\$50 After CYD	\$50 After CYD
Non-Preferred Brand	\$80	\$80 After CYD	\$80 After CYD
Mail Order (90 day supply)	2.5 x Retail	2.5 x Retail Copay After CYD	2.5 x Retail Copay After CYD
	enroll	Monthly Rates	Monthly Rates
Employee	29	\$644.20	\$583.67
Employee + Spouse	6	\$1,533.19	\$1,412.72
Employee + Child(ren)	3	\$1,185.32	\$1,092.18
Family	5	\$2,009.89	\$1,851.96
Total Monthly Premium	43	\$41,486	\$37,939
Total Annual Premium		\$497,836	\$455,269
\$ Increase		N/A	-\$42,567
% Increase		N/A	-8.6%
Health Savings Account			
Employee	29	\$0.00	\$1,500
Family	14	\$0.00	\$3,000
Annual H.S.A Premium	43	\$0.00	\$85,500
TOTAL ANNUAL MED + HSA		\$497,836	\$540,769
\$ INCREASE (MED + HSA)		N/A	\$42,933
% INCREASE (MED + HSA)		N/A	8.6%

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



	CURRENT		RENEWAL		Alternative #1		Alternative #2		
	Florida Blue Blue Options 03769		Florida Blue Blue Options 03769		Humana FL NPOS 16 Copay OPT 12		Humana FL NPOS 16 Copay OPT 34		
	In Network	Out of Network	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	\$500	\$1,500	
Family	\$1,500	\$4,500	\$1,500	\$4,500	\$1,000	\$3,000	\$1,000	\$3,000	
Out of Pocket Maximum									
Single	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	
Family	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$24,000	\$8,000	\$24,000	
Coinsurance	20%	50%	20%	50%	0%	30%	20%	50%	
Office Visits									
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%	\$25	CYD + 30%	\$25	CYD + 50%	
Specialist Visit	\$60	CYD + 50%	\$60	CYD + 50%	\$40	CYD + 30%	\$40	CYD + 50%	
Preventive Services (Wellness)	No Charge	50%	No Charge	50%	No Charge	CYD + 30%	No Charge	CYD + 50%	
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 30%	No Charge	CYD + 50%	
Advanced Imaging at Indep. Diagnostic Ctr	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	\$300	CYD + 30%	\$300	CYD + 50%	
Chiropractic (non hospital)	\$60	CYD + 50%	\$60	CYD + 50%	\$40	CYD + 30%	\$40	CYD + 50%	
Urgent Care Center	\$65	CYD + \$65	\$65	CYD + \$65	\$100	CYD + 30%	\$100	CYD + 50%	
Hospital									
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD	CYD + 30%	CYD + 20%	CYD + 50%	
Outpatient Facility	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD	CYD + 30%	CYD + 20%	CYD + 50%	
Physician Services at Hospital	\$100	\$100	\$100	\$100	CYD	CYD + 30%	CYD + 20%	CYD + 50%	
Emergency Room Visit	\$300	\$300	\$300	\$300	\$350	\$350	\$350	\$350	
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD	CYD	CYD + 20%	CYD + 50%	
Mental Health / Substance Abuse									
Inpatient Facility	No Charge	50%	No Charge	50%	CYD	CYD + 30%	CYD + 20%	CYD + 50%	
Outpatient Facility	No Charge	50%	No Charge	50%	\$25	CYD + 30%	\$25	CYD + 50%	
Prescription Drugs									
Generic	\$10	50%	\$10	50%	Level 1: \$10	\$10 + 30%	Level 1: \$10	\$10 + 30%	
Preferred Brand	\$50	50%	\$50	50%	Level 2: \$30	\$30 + 30%	Level 2: \$30	\$30 + 30%	
					Level 3: \$50	\$50 + 30%	Level 3: \$50	\$50 + 30%	
Non-Preferred Brand	\$80	50%	\$80	50%	Level 4: 25%	25% + 30%	Level 4: 25%	25% + 30%	
					Specialty: 35%	50%	Specialty: 35%	50%	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	At Level Tier Specialty Not Covered	2.5 x Retail	At Level Tier Specialty Not Covered	
enroll	Monthly Rates		Monthly Rates		Monthly Rates		Monthly Rates		
Employee	2	\$795.50	\$881.06	\$745.21	\$672.86				
Employee + Spouse	0	\$1,893.28	\$2,096.90	\$1,490.42	\$1,345.74				
Employee + Child(ren)	0	\$1,463.71	\$1,621.14	\$1,415.90	\$1,278.45				
Family	0	\$2,481.94	\$2,748.89	\$2,384.68	\$2,153.18				
Total Monthly Premium	2	\$1,591	\$1,762	\$1,490	\$1,346				
Total Annual Premium		\$19,092	\$21,145	\$17,885	\$16,149				
\$ Increase		N/A	\$2,053	-\$1,207	-\$2,943				
% Increase		N/A	10.8%	-6.3%	-15.4%				
		Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost
Employee	2	\$644.20	\$151.30	\$769.71	\$111.35	\$694.07	\$51.14	\$628.88	\$43.98
Employee + Spouse	0	\$1,088.70	\$804.58	\$1,300.81	\$796.10	\$1,041.11	\$449.32	\$943.32	\$402.42
Employee + Child(ren)	0	\$914.76	\$548.95	\$1,092.99	\$528.16	\$1,006.40	\$409.50	\$911.88	\$366.57
Family	0	\$1,327.05	\$1,154.89	\$1,585.60	\$1,163.30	\$1,457.55	\$927.14	\$1,320.66	\$832.53
Monthly Premium	2	\$1,288	\$303	\$1,539	\$223	\$1,388	\$102	\$1,258	\$88
Annual Premium		\$15,461	\$3,631	\$18,473	\$2,672	\$16,658	\$1,227	\$15,093	\$1,056
\$ Increase		N/A	N/A	\$3,012	-\$959	\$1,197	-\$2,404	-\$368	-\$2,576
% Increase		N/A	N/A	19.5%	-26.4%	7.7%	-66.2%	-2.4%	-70.9%

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



DENTAL SCHEDULE OF BENEFITS Network	CURRENT / RENEWAL		Alternate #1		Alternate #2		Alternate #3	
	MetLife		Lincoln Financial		Delta Dental		Ameritas	
	PDP Plus Network				Plan A+		PPO	
Plan Basics	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		\$1,000	
Annual Deductible								
Single	\$25	\$50	\$25	\$50	\$50	\$50	\$0	\$0
Family	\$75	\$150	\$75	\$150	\$150	\$150	\$0	\$0
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	90%	80%	100%	100%	95%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits Payable Level	90th UCR		90th UCR		Fee Schedule		90th UCR	
Waiting Period for Major Services (Timely Entrants)	None		None		None		None	
Endodontics/Periodontics Payable Level	Basic		Basic		Basic		Basic	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000		\$1,000	
Rate Guarantee	9/30/2017	9/30/2018	9/30/2019		9/30/2019		9/30/2018	
Monthly Rates	enroll	CURRENT	RENEWAL					
Employee	34	\$30.93	\$31.86	\$27.89	\$38.59		\$40.32	
Employee + Family	15	\$95.79	\$98.66	\$86.38	\$126.95		\$141.40	
Monthly Premium	49	\$2,488	\$2,563	\$2,244	\$3,216		\$3,492	
Annual Premium		\$29,862	\$30,758	\$26,928	\$38,596		\$41,903	
\$ Increase			\$896	-\$2,934	\$8,734		\$12,041	
% Increase			3.0%	-9.8%	29.2%		40.3%	

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



VISION SCHEDULE OF BENEFITS	CURRENT Humana Plan 56		RENEWAL Humana Plan 130 (EyeMed Network)		Alternative #1 EyeMed		Alternative #2 Ameritas ViewPointe Plan 1 (EyeMed)		
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
Exam Copay	\$10	Up to \$35	\$10	Up to \$30	\$10	Up to \$40	\$10	Up to \$35	
Materials Copay	\$15	Varies	\$15	Varies	\$15	Varies	\$25	Varies	
Frequency									
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		
Benefits Payable	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	
Eye Exam	\$10	Up to \$35	\$10	Up to \$30	\$10	Up to \$40	\$10	Up to \$35	
Single Lenses	\$15	Up to \$25	\$15	Up to \$25	\$15	Up to \$30	\$25	Up to \$25	
Bifocal Lenses	\$15	Up to \$40	\$15	Up to \$40	\$15	Up to \$50	\$25	Up to \$40	
Trifocal Lenses	\$15	Up to \$60	\$15	Up to \$60	\$15	Up to \$70	\$25	Up to \$55	
Lenses and Frames	Reimbursement		Reimbursement		Reimbursement		Reimbursement		
Contact Lenses (Elective)	Up to \$150	Up to \$150	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$150, 15% discount over \$150	Up to \$150	Up to \$115	Up to \$100	
Contact Lenses (Medically Necessary)	Paid in Full	Up to \$210	Paid in Full	Up to \$200	Paid in Full	Up to \$210	Up to \$115	Up to \$100	
Frames	\$50 wholesale	Up to \$45	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% over \$130	Up to \$91	Up to \$100	Up to \$45	
Rate Guarantee	9/30/2017		9/30/2019		9/30/2021		9/30/2019		
Monthly Rates	enroll								
Employee	34	\$4.78	\$4.38	\$5.48	\$6.96				
Employee + Spouse	6	\$9.55	\$8.75	\$10.41	\$15.52				
Employee + Child(ren)	4	\$9.07	\$8.31	\$10.96	\$12.60				
Employee + Family	8	\$14.26	\$13.06	\$16.11	\$21.16				
Monthly Premium	52	\$370	\$339	\$422	\$549				
Annual Premium		\$4,442	\$4,070	\$5,058	\$6,593				
\$ Increase		N/A	-\$372	\$616	\$2,151				
% Increase		N/A	-8.4%	13.9%	48.4%				

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



VISION SCHEDULE OF BENEFITS	CURRENT Humana Plan 56		Alternative #3 Lincoln Financial VisionConnect LVC8		Alternative #4 VSP Plan B	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Exam Copay	\$10	Up to \$35	\$10	Up to \$40	\$10	Up to \$45
Materials Copay	\$15	Varies	\$10	Varies	\$10	Varies
Frequency						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
Benefits Payable						
	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$35	\$10	Up to \$40	\$10	Up to \$45
Single Lenses	\$15	Up to \$25	\$10	Up to \$40	\$10	Up to \$30
Bifocal Lenses	\$15	Up to \$40	\$10	Up to \$60	\$10	Up to \$50
Trifocal Lenses	\$15	Up to \$60	\$10	Up to \$80	\$10	Up to \$65
Lenses and Frames						
	Reimbursement		Reimbursement		Reimbursement	
Contact Lenses (Elective)	Up to \$150	Up to \$150	Up to \$125	Up to \$125	Up to \$130	Up to \$105
Contact Lenses (Medically Necessary)	Paid in Full	Up to \$210	Paid in Full	Up to \$210	Paid in Full	Up to \$210
Frames	\$50 wholesale	Up to \$45	Up to \$100	Up to \$45	Up to \$130	Up to \$70
Rate Guarantee	9/30/2017		9/30/2019		9/30/2019	
Monthly Rates						
	enroll					
Employee	34	\$4.78	\$6.70	\$8.98		
Employee + Spouse	6	\$9.55	\$12.71	\$14.37		
Employee + Child(ren)	4	\$9.07	\$14.90	\$14.67		
Employee + Family	8	\$14.26	\$20.96	\$23.65		
Monthly Premium	52	\$370	\$531	\$639		
Annual Premium		\$4,442	\$6,376	\$7,673		
\$ Increase		N/A	\$1,934	\$3,231		
% Increase		N/A	43.5%	72.7%		

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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	The Hartford	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 \$100,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000 Guarantee Issue to Benefit Level	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	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	80% up to \$500,000 of Total Benefits (including supplemental)	75% of \$500,000
Seat Belt Benefit	\$10,000 or 10% of Principal Sum whichever is less	\$10,000 or 10% of Principal Sum whichever is less	\$10,000 or 10% of Principal Sum whichever is less	Not Provided in Quote
Rate Guarantee	Expires 9/30/17	9/30/2018	9/30/2019	9/30/2020
Basic Life Rate / \$1,000	\$0.320	\$0.320	\$0.220	\$0.220
AD&D Rate / \$1,000	\$0.030	\$0.030	\$0.031	\$0.030
Total Life and AD&D Rate	\$0.350	\$0.350	\$0.251	\$0.250
Estimated Volume	\$2,439,900	\$2,439,900	\$2,439,900	\$2,439,900
Total Monthly Premium	\$854	\$854	\$612	\$610
Total Annual Premium	\$10,248	\$10,248	\$7,349	\$7,320
\$ Increase	N/A	\$0	-\$2,899	-\$2,928
% Increase	N/A	0.0%	-28.3%	-28.6%

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	Cigna	Lincoln Financial
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 \$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 25% at age 75	65% at age 65 50% at age 70 35% at age 75
Accelerated Death Benefit	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	Maximum of \$250,000 or 75% of Insured person's Life insurance coverage, whichever is less.
Seat Belt Benefit	\$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 the principal sum, whichever is less
Rate Guarantee	Expires 9/30/17	9/30/2019	9/30/2019
Basic Life Rate / \$1,000	\$0.320	\$0.260	\$0.280
AD&D Rate / \$1,000	\$0.030	\$0.042	\$0.030
Total Life and AD&D Rate	\$0.350	\$0.302	\$0.310
Estimated Volume	\$2,439,900	\$2,439,900	\$2,439,900
Total Monthly Premium	\$854	\$737	\$756
Total Annual Premium	\$10,248	\$8,842	\$9,076
\$ Increase	N/A	-\$1,405	-\$1,171
% Increase	N/A	-13.7%	-11.4%

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

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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	Lincoln Financial	Standard
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	13 Weeks
Rate Guarantee	Expires 9/30/2017	9/30/2018	9/30/2019	9/30/2020
Benefits Volume	\$34,653	\$34,653	\$34,653	\$34,653
Rate per \$10	\$0.390	\$0.390	\$0.270	\$0.300
MONTHLY PREMIUM	\$1,351	\$1,351	\$936	\$1,040
ANNUAL PREMIUM	\$16,218	\$16,218	\$11,228	\$12,475
\$ INCREASE	N/A	\$0	-\$4,990	-\$3,743
% INCREASE	N/A	0.0%	-30.8%	-23.1%

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	The Hartford	Cigna
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	11 Weeks
Rate Guarantee	Expires 9/30/2017	9/30/2019	9/30/2019
Benefits Volume	\$34,653	\$34,653	\$34,653
Rate per \$10	\$0.390	\$0.320	\$0.350
MONTHLY PREMIUM	\$1,351	\$1,109	\$1,213
ANNUAL PREMIUM	\$16,218	\$13,307	\$14,554
\$ INCREASE	N/A	-\$2,911	-\$1,663
% INCREASE	N/A	-17.9%	-10.3%

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



	CURRENT	RENEWAL	Alternative #1	Alternative #2
Long Term Disability	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%

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%

TAB 3



Town of Lake Park Town Commission

Agenda Request Form

Meeting Date: August 14, 2017

Agenda Item No. Tab 3

Agenda Title: Resolution Authorizing and Directing the Town Manager to Obtain Property and Casualty Insurance Coverage through the Preferred Governmental Insurance Trust for Fiscal Year 2018

- SPECIAL PRESENTATION/REPORTS
- BOARD APPOINTMENT
- PUBLIC HEARING ORDINANCE ON ____ READING
- NEW BUSINESS**
- OTHER: _____

- CONSENT AGENDA
- OLD BUSINESS

Approved by Town Manager *[Signature]*

Date: 8-4-17

Bonnie McArthur
Name/Title
HUMAN RESOURCES DIRECTOR

<p>Originating Department:</p> <p>Human Resources</p>	<p>Costs: \$177,472 (which includes total annual premium of \$160,809 plus Gehring Group Service Fee of \$16,663)</p> <p>Funding Source:</p> <p>Acct. # Various as funded in FY 2018 budget</p> <p><input checked="" type="checkbox"/> Finance <u><i>L. Caruso 8/1/17</i></u></p>	<p>Attachments:</p> <p>Resolution; and, Gehring Group 2017/2018 Property and Casualty Insurance Evaluation</p>
<p>Advertised:</p> <p>Date: _____</p> <p>Paper: _____</p> <p><input checked="" type="checkbox"/> Not Required</p>	<p>All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.</p>	<p>Yes I have notified everyone <u>BMT</u></p> <p>OR</p> <p>Not applicable in this case _____</p> <p>Please initial one.</p>

Summary Explanation/Background:

The incumbent carrier of the Town's property and casualty insurance coverage (which includes Flood, Inland Marine, Crime Coverage, General Liability, Network Security and Privacy Liability, Public Official Liability and Employment Practices Liability, Automobile Liability, and Workers' Compensation Insurance) is the Preferred Governmental Insurance Trust (PGIT). Such coverage was implemented on October 1, 2015 with a 24-month rate guarantee. Such rates will expire on September 30, 2017.

At the request of staff, Gehring Group released bids to the insurance marketplace, and as a result received quotes for such coverage from the Florida Municipal Insurance Trust (FMIT) and from PGIT. PGIT, the Town's current carrier, quoted a 3.2 percent reduction over the current year and FMIT quoted a 9.5 percent reduction over our current year with PGIT; however, based upon staff's review of the evaluation provided by Gehring Group, it noted that:

- FMIT would be covering \$14,840,416 (TIV or total insurable value) of the Town's property and PGIT would be covering \$16,215,016 (TIV) of the Town's property – which represents an increase over the Town's current coverage under PGIT;
- The coverage for equipment breakdown is less under FMIT than it would be under PGIT (\$14,840,416 versus \$16,215,016);
- Network security and privacy liability would be less under FMIT (\$500,000) than it would be under PGIT (\$2 million - which represents an increase from the current \$1 million under PGIT);
- Earth movement (e.g., sink holes) would not be covered under FMIT and it is covered under PGIT (\$5 million) – sink holes have become a major problem in areas of Florida and elsewhere and it is important to have such coverage in place.

Additionally, FMIT is offering a two-year rate guarantee but not for workers' compensation while PGIT is offering a two-year rate guarantee which includes workers' compensation.

Based upon staff's review of the evaluations provided by Gehring Group, it recommends that property and casualty insurance for the Town for Fiscal Year 2018 (commencing October 1, 2017) be renewed with PGIT. Staff recommends approval of this Resolution.

Recommended Motion: I move to adopt Resolution 64-08 -17.

RESOLUTION NO. 64-08-17

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING AND DIRECTING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2017 – 2018 THE TOWN’S PROPERTY AND CASUALTY INSURANCE THROUGH THE PREFERRED GOVERNMENTAL INURANCE TRUST; 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 is in the best interest of the Town of Lake Park to provide for property and casualty insurance for Fiscal Year 2017 – 2018; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the 2017/2018 Property and Casualty Insurance Evaluation presented by Gehring Group, a copy of which is attached hereto and incorporated herein as **Exhibit “A”**, for the provision of property and casualty insurance through the Preferred Governmental Insurance Trust; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2017 – 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 obtain for Fiscal Year 2017 – 2018 property and casualty insurance through the Preferred Governmental Insurance Trust as outlined in the attached **Exhibit A**.

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

TOWN OF LAKE PARK
2017/2018 PROPERTY & CASUALTY INSURANCE EVALUATION



EXHIBIT A

Coverage Type	Preferred Governmental Insurance Trust 2016-2017			Preferred Governmental Insurance Trust 2017-2018		
	Deductible	Liability Limits	Premium	Deductible	Liability Limits	Premium
Property	\$5,000 AOP; 5% Named Storm	TIV: \$15,844,948	\$ 81,043	\$5,000 AOP; 5% Named Storm	TIV \$16,215,016	\$ 73,442
Flood	\$5,000 per occ. / \$500,000 A or V	\$ 5,000,000	Included in Property	\$5,000 per occ. / \$500,000 A or V	\$ 5,000,000	Included in Property
Earth Movement	\$ 5,000	\$ 5,000,000	Included in Property	\$ 5,000	\$ 5,000,000	Included in Property
Inland Marine			\$ 5,626			\$ 5,930
Scheduled Equipment	\$ 1,000	\$ 675,950		\$ 1,000	\$ 705,941	
Unscheduled Equipment	\$ 500	\$ 1,000,000		\$ 500	\$ 1,000,000	
Equipment Breakdown	\$ 5,000	\$ 15,844,948	Included in Property	\$ 5,000	\$ 16,215,016	Included in Property
Crime Coverage			\$ 880			\$ 900
Employee Theft	\$ 1,000	\$ 100,000		\$ 1,000	\$ 100,000	
Theft of Money & Securities: In/Out	\$ 1,000	\$ 10,000		\$ 1,000	\$ 10,000	
Faithful Performance of Duty	\$ 1,000	Included in EE Theft		\$ 1,000	Included in EE Theft	
Business Interruption		\$ 250,000	Included in Property		\$ 250,000	Included in Property
Total Property			\$ 87,549			\$ 80,272
General Liability	\$ 25,000	\$2,000,000/Unlimited	\$ 13,899	\$ 25,000	\$2,000,000/Unlimited	\$ 13,963
Network Security & Privacy Liability	\$ 25,000	\$ 1,000,000		\$ 25,000	\$ 2,000,000	
No-Fault Sewer Back-up	\$ 25,000	\$10,000/\$200,000		\$ 25,000	\$10,000/\$200,000	
Public Official Liability & Employment Practices Liability	\$ 25,000	\$2,000,000 / \$2,000,000	\$ 14,370	\$ 25,000	\$ 2,000,000	\$ 14,388
Defense Costs		Outside Policy Limits			Outside Policy Limits	
Non-Monetary Expense	\$ -	\$ 100,000		\$ -	\$ 100,000	
Inverse Condemnation/Bert Harris	\$ 25,000	\$ 100,000		\$ 25,000	\$ 100,000	
Auto Liability	\$ 25,000	\$2,000,000/Unlimited	\$ 13,987	\$ 25,000	\$2,000,000/Unlimited	\$ 13,632
Personal Injury Protection		\$ 10,000			\$ 10,000	
Medical Payments		\$ 5,000			\$ 5,000	
Uninsured Motorists		\$ 20,000			\$ 20,000	
Hired Auto Physical Damage		Included			Included	
Auto Physical Damage			\$ 4,902			\$ 4,938
Comprehensive Coverage	\$ 25,000	Per Schedule		\$ 25,000	Per Schedule	
Collision Coverage	\$ 25,000	Per Schedule		\$ 25,000	Per Schedule	
Total Liability & Auto			\$ 47,158			\$ 46,921
Workers' Compensation			\$ 27,603			\$ 33,616
Mod / Payroll		.72 / \$ 2,400,641			.74 / \$ 2,679,729	
Compulsory / Employer Liability		Statutory / \$ 1,000,000			Statutory / \$ 1,000,000	
Total Workers Comp			\$ 27,603			\$ 33,616
Total Annual Premium:			\$ 162,310			\$ 160,809
Gehring Group Service Fee:			\$ 21,099			\$ 16,663
Total Net Premium:			\$ 183,409			\$ 177,472
\$ Increase/Decrease			N/A			\$ (5,937)
% Increase/Decrease			N/A			-3.2%

TOWN OF LAKE PARK
2017/2018 PROPERTY & CASUALTY INSURANCE EVALUATION



Coverage Type	Preferred Governmental Insurance Trust			Florida Municipal Insurance Trust		
	2016-2017			2017-2018		
	Deductible	Liability Limits	Premium	Deductible	Liability Limits	Premium
Property	\$5,000 AOP; 5% Named Storm	TIV: \$15,844,948	\$ 81,043	\$5,000 AOP; 5% Named Storm	TIV \$14,840,416	\$ 74,432
Flood	\$5,000 per occ. / \$500,000 A or V	\$ 5,000,000	Included in Property	\$5,000 per occ. / \$500,000 A or V	\$ 5,000,000	Included in Property
Earth Movement	\$ 5,000	\$ 5,000,000	Included in Property		Not Included	
Inland Marine			\$ 5,626			Included in Property
Scheduled Equipment	\$ 1,000	\$ 675,950		Various	\$ 195,945	
Unscheduled Equipment	\$ 500	\$ 1,000,000		\$ 500	\$ 1,000,000	
Equipment Breakdown	\$ 5,000	\$ 15,844,948	Included in Property	\$ 5,000	\$ 14,840,416	Included in Property
Crime Coverage			\$ 880			Included in Property
Employee Theft	\$ 1,000	\$ 100,000		\$ 1,000	\$ 100,000	
Theft of Money & Securities: In/Out	\$ 1,000	\$ 10,000		\$ 1,000	\$ 10,000	
Faithful Performance of Duty	\$ 1,000	Included in EE Theft		\$ 1,000	\$ 500,000	
Business Interruption		\$ 250,000	Included in Property	72 Hours	\$ 500,000	Included in Property
Total Property			\$ 87,549			\$ 74,432
General Liability	\$ 25,000	\$2,000,000/Unlimited	\$ 13,899	\$ 25,000	\$2,000,000/Unlimited	\$ 10,444
Network Security & Privacy Liability	\$ 25,000	\$ 1,000,000		\$ 25,000	\$ 500,000	
No-Fault Sewer Back-up	\$ 25,000	\$10,000/\$200,000		\$ 25,000	\$ 100,000	
Public Official Liability & Employment Practices Liability	\$ 25,000	\$2,000,000 / \$2,000,000	\$ 14,370	\$ 25,000	\$2,000,000/Unlimited	\$ 16,140
Defense Costs		Outside Policy Limits			Within Policy Limits	
Non-Monetary Expense	\$ -	\$ 100,000		\$ -	\$ 100,000	
Inverse Condemnation/Bert Harris	\$ 25,000	\$ 100,000		\$ 25,000	\$ 300,000	
Auto Liability	\$ 25,000	\$2,000,000/Unlimited	\$ 13,987	\$ 25,000	\$2,000,000/Unlimited	\$ 18,678
Personal Injury Protection		\$ 10,000		\$ 10,000		
Medical Payments		\$ 5,000		\$ 5,000		
Uninsured Motorists		\$ 20,000		\$ 20,000		
Hired Auto Physical Damage		Included			Not Included	
Auto Physical Damage			\$ 4,902			Included in Auto Liability
Comprehensive Coverage	\$ 25,000	Per Schedule		\$ 25,000	Per Schedule	
Collision Coverage	\$ 25,000	Per Schedule		\$ 25,000	Per Schedule	
Total Liability & Auto			\$ 47,158			\$ 45,262
Workers' Compensation			\$ 27,603			\$ 31,131
Mod / Payroll		.72 / \$ 2,400,641			.72 / \$ 2,679,729	
Compulsory / Employer Liability		Statutory / \$ 1,000,000			Statutory / \$ 1,000,000	
Total Workers Comp			\$ 27,603			\$ 31,131
Total Annual Premium:			\$ 162,310			\$ 150,825
Gehring Group Service Fee:			\$ 21,099			\$ 15,083
Total Net Premium:			\$ 183,409			\$ 165,908
\$ Increase/Decrease			N/A			\$ (17,501)
% Increase/Decrease			N/A			-9.5%