

**RESOLUTION NO. 63-09-20**

**RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2021 THE EMPLOYEE MEDICAL INSURANCE THROUGH CIGNA OPEN ACCESS PLUS; AND, TO RENEW THE EMPLOYEE DENTAL INSURANCE WITH METLIFE; 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 and dental insurance for Fiscal Year 2021, as well as vision insurance coverage, and basic life and accidental death and dismemberment insurance, short term disability and long term disability, supplemental life insurance. The premiums for supplemental life insurance are to be paid for by Town employees, and the vision insurance coverage, and basic life and accidental death and dismemberment insurance, short term disability and long term disability are not due for renewal for Fiscal Year 2021; and

**WHEREAS**, the Town Commission of the Town of Lake Park has reviewed the Gehring Group Town of Lake Park RFP Analysis for medical and dental insurance renewals effective October 1, 2020, 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 obtain for Fiscal Year 2021 the employee medical insurance through CIGNA Open Access Plus and to renew the employee dental insurance with MetLife; and

**WHEREAS**, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverages in Fiscal Year 2021.

**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 2021 the employee medical insurance through CIGNA Open Access Plus and to renew the employee dental insurance with MetLife.

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

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

	AYE	NAY
MAYOR MICHAEL O'ROURKE	_____	_____
VICE-MAYOR KIMBERLY GLAS-CASTRO	_____	_____
COMMISSIONER ERIN FLAHERTY	_____	_____
COMMISSIONER JOHN LINDEN	_____	_____
COMMISSIONER ROGER MICHAUD	_____	_____

The Town Commission thereupon declared the foregoing Resolution No. 63-09-20 duly passed and adopted this 16 day of September, 2020.

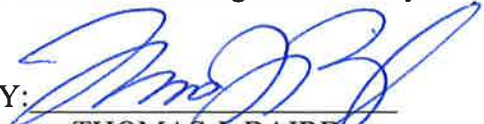
TOWN OF LAKE PARK, FLORIDA

BY:   
MICHAEL O'ROURKE  
MAYOR

ATTEST:

  
VIVIAN MENDEZ  
TOWN CLERK

Approved as to form and legal sufficiency:

BY:   
THOMAS J. BAIRD  
TOWN ATTORNEY





**TOWN OF LAKE PARK  
RFP REVIEW MEETING  
AUGUST 12, 2020**

*Analysis Presented by:*



**4200 Northcorp Parkway, Suite 185  
Palm Beach Gardens, Florida 33410  
(561) 626-6797  
[www.gehringgroup.com](http://www.gehringgroup.com)**

**Town of Lake Park  
2020-2021 RFP Response List**



Carrier	Medical & Pharmacy	Dental	DTQ	Comments
Aetna	✓			
Ameritas Group		✓		
AvMed	✓			
BrightBenefits			✓	No Response
Cigna	✓	✓		
Delta Dental		✓		
Florida Combined Life		✓		
Florida Dental			✓	No Response
FMIT			✓	DTQ
GPA			✓	No Response
The Guardian		✓		
Health First Health Plan			✓	DTQ - Outside Sales Area
Humana			✓	DTQ - Not Competitive
Liberty Dental Plan			✓	DTQ - Not Competitive
Lincoln Financial		✓		
MetLife			✓	No Response
Mutual of Omaha			✓	DTQ
Principal Financial Group		✓		
Reliance Standard			✓	DTQ
Renaissance Family		✓		
Roundstone Insurance Captive			✓	No Response
Solstice		✓		
The Standard		✓		
Sun Life Financial		✓		
United Concordia		✓		
United Healthcare		✓		
Unum		✓		

**Town of Lake Park**  
**Medical Insurance RFP Evaluation - HMO**  
**Effective Date: October 1, 2020**



Medical	CURRENT		RENEWAL		NEGOTIATED RENEWAL		BAFO - NEGOTIATED RENEWAL	
	Florida Blue Blue Care 59	In Network ONLY	Florida Blue Blue Care 59	In Network ONLY	Florida Blue Blue Care 59	In Network ONLY	Florida Blue Blue Care 59	In Network ONLY
Calendar Year Deductible (CYD)								
Single	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Family	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Out of Pocket Maximum	<i>Includes All Costs</i>		<i>Includes All Costs</i>		<i>Includes All Costs</i>		<i>Includes All Costs</i>	
Single	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Family	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000
Coinsurance	10%	10%	10%	10%	10%	10%	10%	10%
Office Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Physician Office Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialist Visit	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
X-ray at Indep. Diagnostic Center	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Advanced Imaging at Indep. Diagnostic Center	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Urgent Care Center	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Hospital								
Inpatient Facility (per admission)	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Outpatient Surgery	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room Visit	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Mental Health / Substance Abuse								
Inpatient Facility	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs								
Value Generic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Preferred Brand	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Specialty	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3	Tiers 1-3
Mail Order (90-Day Supply)	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail
Enroll								
Employee	34	\$821.82	\$821.82	\$926.18	\$0.00	\$882.08	\$846.80	\$846.80
Employee + Spouse	10	\$1,955.92	\$1,955.92	\$2,204.31	\$0.00	\$2,099.34	\$2,015.37	\$2,015.37
Employee + Child(ren)	16	\$1,512.14	\$1,512.14	\$1,778.27	\$639.06	\$1,693.59	\$1,625.85	\$1,625.85
Family	14	\$2,564.06	\$2,564.06	\$2,963.77	\$426.04	\$2,822.64	\$2,709.73	\$2,709.73
Total Monthly Premium	74	\$107,592	\$107,592	\$123,478	\$1,018.79	\$117,599	\$112,895	\$112,895
Total Annual Premium		\$1,291,106	\$1,291,106	\$1,481,740	\$12,225.48	\$1,411,182	\$1,354,737	\$1,354,737
\$ Increase		N/A	N/A	\$190,634	\$12,225.48	\$120,076	\$53,631	\$53,631
% Increase		N/A	N/A	14.8%	9.3%	9.3%	4.9%	4.9%
Employee	34	\$821.82	\$821.82	\$926.18	\$0.00	\$882.08	\$846.80	\$846.80
Employee + Spouse	10	\$1,388.87	\$1,388.87	\$1,565.25	\$0.00	\$1,490.71	\$1,431.09	\$1,431.09
Employee + Child(ren)	16	\$1,166.98	\$1,166.98	\$1,352.23	\$426.04	\$1,287.84	\$1,236.33	\$1,236.33
Family	14	\$1,692.94	\$1,692.94	\$1,944.98	\$1,018.79	\$1,852.36	\$1,778.27	\$1,778.27
Monthly Premium	74	\$84,203	\$84,203	\$96,008	\$27,470	\$91,436	\$87,779	\$87,779
Annual Premium		\$1,010,441	\$1,010,441	\$1,152,096	\$329,644	\$1,097,236	\$1,053,350	\$1,053,350
\$ Increase		N/A	N/A	\$141,655	\$48,979	\$86,795	\$42,909	\$42,909
% Increase		N/A	N/A	14.0%	17.5%	8.6%	4.2%	4.2%
EE Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE Cost	\$567.05	\$567.05	\$639.06	\$639.06	\$608.63	\$584.28	\$584.28	\$584.28
EE Cost	\$345.16	\$345.16	\$426.04	\$426.04	\$405.75	\$389.52	\$389.52	\$389.52
EE Cost	\$871.12	\$871.12	\$1,018.79	\$1,018.79	\$970.28	\$931.46	\$931.46	\$931.46
EE Cost	\$23,389	\$23,389	\$27,470	\$27,470	\$26,162	\$25,116	\$25,116	\$25,116
EE Cost	\$280,665	\$280,665	\$329,644	\$329,644	\$313,947	\$301,387	\$301,387	\$301,387
EE Cost	N/A	N/A	\$48,979	\$48,979	\$33,282	\$20,722	\$20,722	\$20,722
EE Cost	N/A	N/A	\$141,655	\$141,655	\$86,795	\$42,909	\$42,909	\$42,909
EE Cost	N/A	N/A	14.0%	17.5%	11.9%	7.4%	7.4%	7.4%

**Town of Lake Park  
Medical Insurance RFP Evaluation - HMO  
Effective Date: October 1, 2020**



Medical	CURRENT		ALTERNATIVE #1		ALTERNATIVE #2		ALTERNATIVE #3	
	Florida Blue Blue Care 59	Cigna Open Access Plus	Aetna Achieve LH070-LG20	Aetna Achieve LH050-LG20	Aetna Achieve LH070-LG20	Aetna Achieve LH050-LG20	Aetna Achieve LH070-LG20	Aetna Achieve LH050-LG20
Calendar Year Deductible (CYD)	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY	In Network ONLY
Single	\$500	\$500	\$500	\$500	\$500	\$500	\$250	\$250
Family	\$1,000	\$1,500	\$1,500	\$3,000	\$1,000	\$1,000	\$500	\$500
Out of Pocket Maximum	Includes All Costs				Includes All Costs		Includes All Costs	Includes All Costs
Single	\$3,500	\$3,500	\$7,000	\$7,000	\$3,500	\$3,500	\$3,500	\$3,500
Family	\$7,000	\$7,000	\$14,000	\$14,000	\$7,000	\$7,000	\$7,000	\$7,000
Coinsurance	10%	10%	10%	50%	10%	10%	10%	10%
Office Visits	\$15	\$15	\$15	CYD + 50%	\$15	\$15	\$10	\$10
Physician Office Visit	\$35	\$35	\$35	CYD + 50%	\$30	\$30	\$20	\$20
Specialist Visit	No Charge	No Charge	No Charge	CYD + 50%	No Charge	No Charge	No Charge	No Charge
Preventive Services (Wellness)	No Charge	No Charge	No Charge	CYD + 50%	No Charge	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	\$50	\$50	No Charge	No Charge
X-ray at Indep. Diagnostic Center	\$35	No Charge	No Charge	CYD + 50%	\$200	\$200	CYD + 10%	CYD + 10%
Advanced Imaging at Indep. Diagnostic Center	\$75	\$75	\$75	CYD + 50%	\$75	\$75	CYD + 10%	CYD + 10%
Urgent Care Center	\$35	\$35	\$70	\$70			\$20	\$20
Hospital								
Inpatient Facility (per admission)	\$500	\$500	\$500	CYD + 50%	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%
Outpatient Surgery	\$350	\$350	\$350	CYD + 50%	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%
Physician Services at Hospital	No Charge	No Charge	No Charge	CYD + 50%	\$250	\$250	\$100	\$100
Emergency Room Visit	\$100	\$100	\$100	\$100				
Mental Health / Substance Abuse								
Inpatient Facility	No Charge	No Charge	No Charge	CYD + 80%	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%
Outpatient Facility	No Charge	No Charge	No Charge	CYD + 50%	\$15	\$15	\$10	\$10
Prescription Drugs								
Value Generic	N/A	N/A	N/A	N/A	\$15	\$15	\$15	\$15
Generic	\$10	\$10	\$10	Not Covered	\$25	\$25	\$25	\$25
Preferred Brand	\$50	\$50	\$50	Not Covered	\$40	\$40	\$40	\$40
Non-Preferred Brand	\$80	\$80	\$80	Not Covered	\$80	\$80	\$80	\$80
Specialty	Tiers 1-3	Tiers 1-3	Tiers 1-3	Not Covered	CYD + 50%	CYD + 50%	CYD + 50%	CYD + 50%
Mail Order (90-Day Supply)	2.5 x Retail	2.5 x Retail	2.5 x Retail	Not Covered				
Enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	\$821.82	\$744.24	\$744.24	\$774.31	\$774.31	\$814.48	\$814.48	\$814.48
Employee + Spouse	\$1,955.92	\$1,771.30	\$1,771.30	\$1,842.87	\$1,842.87	\$1,938.45	\$1,938.45	\$1,938.45
Employee + Child(ren)	\$1,512.14	\$1,369.39	\$1,369.39	\$1,424.74	\$1,424.74	\$1,498.64	\$1,498.64	\$1,498.64
Family	\$2,564.06	\$2,322.01	\$2,322.01	\$2,415.86	\$2,415.86	\$2,541.17	\$2,541.17	\$2,541.17
Total Monthly Premium	\$107,592	\$97,436	\$97,436	\$101,373	\$101,373	\$106,631	\$106,631	\$106,631
Total Annual Premium	\$1,291,106	\$1,169,226	\$1,169,226	\$1,216,477	\$1,216,477	\$1,279,577	\$1,279,577	\$1,279,577
\$ Increase	N/A	-9.4%	-9.4%	-74,628	-74,628	-51,529	-51,529	-51,529
% Increase	N/A	-9.4%	-9.4%	-5.8%	-5.8%	-0.9%	-0.9%	-0.9%
EE Cost	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost
Employee	\$821.82	\$0.00	\$0.00	\$0.00	\$0.00	\$814.48	\$814.48	\$0.00
Employee + Spouse	\$1,388.87	\$567.05	\$513.53	\$534.28	\$534.28	\$1,376.47	\$1,376.47	\$561.98
Employee + Child(ren)	\$1,166.98	\$345.16	\$312.57	\$325.21	\$325.21	\$1,156.56	\$1,156.56	\$342.08
Family	\$1,692.94	\$871.12	\$1,533.13	\$1,595.09	\$1,595.09	\$1,677.83	\$1,677.83	\$863.34
Monthly Premium	\$84,203	\$73,389	\$76,255	\$79,336	\$79,336	\$83,452	\$83,452	\$73,180
Annual Premium	\$1,010,441	\$280,665	\$915,058	\$254,169	\$952,034	\$264,443	\$1,001,419	\$78,158
\$ Increase	N/A	N/A	-9.4%	-26,496	-26,496	-16,222	-9,022	-2,507
% Increase	N/A	N/A	-9.4%	-9.4%	-5.8%	-0.9%	-0.9%	-0.9%



**Town of Lake Park  
Medical Insurance RFP Evaluation - HMO  
Effective Date: October 1, 2020**



Medical	CURRENT		ALTERNATIVE #4		ALTERNATIVE #5		ALTERNATIVE #6	
	Florida Blue Blue Care 59	Agility MM070-IG20	Agility MM070-IG20	Agility MM030-IG20	Agility MM030-IG20	FL GAERO 500 80%	Agility MM070-IG20	Agility MM070-IG20
	In Network ONLY	In Network	Out of Network	In Network	Out of Network	In Network ONLY	In Network ONLY	In Network ONLY
Calendar Year Deductible (CYD)	\$500	\$500	\$1,500	\$250	\$750	\$500	\$500	\$500
Single	\$1,000	\$1,000	\$3,000	\$500	\$1,500	\$1,000	\$1,000	\$1,000
Family	Includes All Costs							
Out of Pocket Maximum	\$3,500	\$3,500	\$10,500	\$3,500	\$10,500	\$4,000	\$4,000	\$4,000
Single	\$7,000	\$7,000	\$21,000	\$7,000	\$21,000	\$8,000	\$8,000	\$8,000
Family	10%	10%	30%	10%	20%	20%	20%	20%
Coinurance								
Office Visits								
Physician Office Visit	\$15	\$15	CYD + 30%	\$10	CYD + 20%	\$20	CYD + 20%	\$20
Specialist Visit	\$35	\$30	CYD + 30%	\$20	CYD + 20%	\$40	CYD + 20%	\$40
Preventive Services (Wellness)	No Charge	No Charge	CYD + 30%	No Charge	CYD + 20%	No Charge	No Charge	No Charge
Independent Clinical Lab	No Charge	No Charge	CYD + 30%	No Charge	CYD + 20%	No Charge	No Charge	No Charge
K-ary at Indep. Diagnostic Center	\$35	\$50	CYD + 30%	CYD + 10%	CYD + 20%	\$40	CYD + 20%	\$40
Advanced Imaging at Indep. Diagnostic Center	\$75	\$200	CYD + 30%	CYD + 10%	CYD + 20%	\$300	CYD + 20%	\$300
Urgent Care Center	\$35	\$75	CYD + 30%	\$20	CYD + 20%	\$50	CYD + 20%	\$50
Hospital								
Inpatient Facility (per admission)	\$500	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%	CYD + 20%	CYD + 20%	CYD + 20%
Outpatient Surgery	\$350	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%	\$600	CYD + 20%	\$600
Physician Services at Hospital	No Charge	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%	\$400	CYD + 20%	\$400
Emergency Room Visit	\$100	\$250	\$250	\$100	\$100	\$400	\$400	\$400
Mental Health / Substance Abuse								
Inpatient Facility	No Charge	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%	CYD + 20%	CYD + 20%	CYD + 20%
Outpatient Facility	No Charge	\$15	CYD + 30%	\$10	CYD + 20%	\$40	CYD + 20%	\$40
Prescription Drugs								
Value Generic	N/A	\$15	Not Covered	\$15	Not Covered	N/A	N/A	N/A
Generic	\$10	\$25	Not Covered	\$25	Not Covered	\$10/\$60	\$10/\$60	\$10/\$60
Preferred Brand	\$50	\$40	Not Covered	\$40	Not Covered	\$30	\$30	\$30
Non-Preferred Brand	\$80	\$80	Not Covered	\$80	Not Covered	\$50	\$50	\$50
Specialty	Tiers 1-3	CYD + 50%	Not Covered	CYD + 50%	Not Covered	\$250/\$400	\$250/\$400	\$250/\$400
Mail Order (90-Day Supply)	2.5 x Retail	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2 x Retail	2 x Retail	2 x Retail
Enroll	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	34	\$821.82	\$860.01	\$914.85	\$955.00	\$955.00	\$955.00	\$955.00
Employee + Spouse	10	\$1,955.92	\$2,046.83	\$2,177.33	\$2,272.00	\$2,272.00	\$2,272.00	\$2,272.00
Employee + Child(ren)	16	\$1,512.14	\$1,582.42	\$1,683.32	\$1,833.00	\$1,833.00	\$1,833.00	\$1,833.00
Family	14	\$2,564.06	\$2,683.23	\$2,854.32	\$3,055.00	\$3,055.00	\$3,055.00	\$3,055.00
Total Monthly Premium	74	\$107,592	\$112,593	\$119,772	\$127,288	\$127,288	\$127,288	\$127,288
Total Annual Premium		\$1,291,106	\$1,351,111	\$1,437,262	\$1,527,456	\$1,527,456	\$1,527,456	\$1,527,456
\$ Increase	N/A	N/A	4.6%	11.3%	18.3%	18.3%	18.3%	18.3%
Employee	34	\$821.82	\$860.01	\$914.85	\$955.00	\$955.00	\$955.00	\$955.00
Employee + Spouse	10	\$1,388.87	\$1,453.42	\$1,546.09	\$1,613.50	\$1,613.50	\$1,613.50	\$1,613.50
Employee + Child(ren)	16	\$1,166.98	\$1,221.22	\$1,299.09	\$1,394.00	\$1,394.00	\$1,394.00	\$1,394.00
Family	14	\$1,692.94	\$1,771.62	\$1,884.59	\$2,005.00	\$2,005.00	\$2,005.00	\$2,005.00
Monthly Premium	74	\$84,203	\$88,117	\$93,736	\$98,979	\$98,979	\$98,979	\$98,979
Annual Premium		\$1,010,441	\$1,057,401	\$1,124,826	\$1,187,748	\$1,187,748	\$1,187,748	\$1,187,748
\$ Increase	N/A	N/A	4.6%	11.3%	17.5%	17.5%	17.5%	17.5%
% Increase	N/A	N/A	4.6%	11.3%	18.3%	18.3%	18.3%	18.3%



**Town of Lake Park  
Medical Insurance RFP Evaluation - PPO  
Effective Date: October 1, 2020**



Medical	CURRENT Florida Blue Blue Options 03769		RENEWAL Florida Blue Blue Options 03769		NEGOTIATED RENEWAL Florida Blue Blue Options 03769		BAFO - NEGOTIATED RENEWAL Florida Blue Blue Options 03769	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Single Family	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500
Out of Pocket Maximum	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Single Family	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinurance	20%	50%	20%	50%	20%	50%	20%	50%
Office Visits	Physician Office Visit Specialist Visit	\$25 \$60	CYD + 50% CYD + 50%	\$25 \$60	CYD + 50% CYD + 50%	\$25 \$60	CYD + 50% CYD + 50%	\$25 \$60
Preventive Services (Wellness)	No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 50%
X-ray at Indep. Diagnostic Center	\$50	CYD + 50%	\$50	CYD + 50%	\$50	CYD + 50%	\$50	CYD + 50%
Advanced Imaging at Indep. Diagnostic Center	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Urgent Care Center	\$65	CYD + \$65	\$65	CYD + \$65	\$65	CYD + \$65	\$65	CYD + \$65
Hospital	Inpatient Facility (per admission) Outpatient Surgery	CYD + 20% CYD + 20%	CYD + 50% CYD + 50%	CYD + 20% CYD + 20%	CYD + 50% CYD + 50%	CYD + 20% CYD + 20%	CYD + 50% CYD + 50%	CYD + 20% CYD + 50%
Physician Services at Hospital	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Mental Health / Substance Abuse	Inpatient Facility Outpatient Facility	No Charge No Charge	50% 50%	No Charge No Charge	50% 50%	No Charge No Charge	50% 50%	No Charge No Charge
Prescription Drugs	Value Generic Generic	N/A \$10	N/A 50%	N/A 50%	N/A 50%	N/A 50%	N/A 50%	N/A 50%
Preferred Brand	\$50	50%	\$50	50%	\$50	50%	\$50	50%
Non-Preferred Brand	\$80	50%	\$80	50%	\$80	50%	\$80	50%
Specialty	Tiers 1-3	50%	Tiers 1-3	50%	Tiers 1-3	50%	Tiers 1-3	50%
Mail Order (90-Day Supply)	2.5 x Retail	50%	2.5 x Retail	50%	2.5 x Retail	50%	2.5 x Retail	50%
Enroll	<b>Monthly Rates</b>							
Employee	2	\$951.34	2	\$1,083.82	2	\$1,032.21	2	\$990.92
Employee + Spouse	0	\$2,264.20	0	\$2,579.48	0	\$2,456.65	0	\$2,358.38
Employee + Child(ren)	0	\$1,750.48	0	\$2,080.93	0	\$1,981.84	0	\$1,902.57
Family	0	\$2,968.19	0	\$3,468.21	0	\$3,303.06	0	\$3,170.94
Total Monthly Premium	2	\$1,903	2	\$2,168	2	\$2,064	2	\$1,982
Total Annual Premium		\$22,832		\$26,012		\$24,773		\$23,782
\$ Increase		N/A		\$3,180		\$1,941		\$950
% Increase		N/A		13.9%		8.5%		4.2%
Employee	2	\$821.82	2	\$129.52	2	\$926.18	2	\$157.64
Employee + Spouse	0	\$1,388.87	0	\$875.33	0	\$1,565.25	0	\$1,431.09
Employee + Child(ren)	0	\$1,166.98	0	\$583.50	0	\$1,352.23	0	\$1,236.33
Family	0	\$1,692.94	0	\$1,275.25	0	\$1,944.98	0	\$1,778.27
Monthly Premium	2	\$1,644	2	\$259	2	\$1,852	2	\$315
Annual Premium		\$19,724		\$3,108		\$22,228		\$3,783
\$ Increase		N/A		N/A		\$2,505		\$675
% Increase		N/A		N/A		12.7%		21.7%
Employee	2	\$882.08	2	\$150.13	2	\$882.08	2	\$846.80
Employee + Spouse	0	\$1,490.71	0	\$965.94	0	\$1,287.84	0	\$1,431.09
Employee + Child(ren)	0	\$1,287.84	0	\$694.00	0	\$1,857.36	0	\$1,236.33
Family	0	\$1,944.98	0	\$1,523.23	0	\$1,857.36	0	\$1,778.27
Monthly Premium	2	\$1,764	2	\$300	2	\$1,764	2	\$1,694
Annual Premium		\$21,170		\$3,603		\$21,170		\$20,323
\$ Increase		\$1,446		\$495		\$7.3%		\$600
% Increase		7.3%		15.9%		3.0%		11.3%

**Town of Lake Park**  
**Medical Insurance RFP Evaluation - PPO**  
**Effective Date: October 1, 2020**



Medical	CURRENT		ALTERNATIVE #1		ALTERNATIVE #2		ALTERNATIVE #3	
	Florida Blue Blue Options 03769	Cigna Open Access Plus	Avmed Agility MM070-LG20	Avmed Agility MM050-LG20	Avmed Agility MM070-LG20	Avmed Agility MM050-LG20		
Calendar Year Deductible (CYD)	In Network \$500	Out of Network \$1,500	In Network \$500	Out of Network \$1,500	In Network \$500	Out of Network \$1,500	In Network \$250	Out of Network \$750
Single Family	\$1,500	\$4,500	\$1,500	\$3,000	\$1,000	\$3,000	\$500	\$1,500
Out of Pocket Maximum	\$3,000	\$6,000	\$3,500	\$7,000	\$3,500	\$10,500	\$3,500	\$10,500
Single Family	\$6,000	\$12,000	\$7,000	\$14,000	\$7,000	\$21,000	\$7,000	\$21,000
Coinsurance	20%	50%	10%	50%	10%	30%	10%	20%
Office Visits	Physician Office Visit Specialist Visit	\$25 \$60	\$15 \$35	CYD + 50% CYD + 50%	\$15 \$30	CYD + 30% CYD + 30%	\$10 \$20	CYD + 20% CYD + 20%
Preventive Services (Wellness)	No Charge	50%	No Charge	CYD + 50%	No Charge	CYD + 30%	No Charge	CYD + 20%
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%	No Charge	CYD + 30%	No Charge	CYD + 20%
X-ray at Indep. Diagnostic Center	\$50	CYD + 50%	No Charge	CYD + 50%	\$50	CYD + 30%	CYD + 10%	CYD + 20%
Advanced Imaging at Indep. Diagnostic Center	CYD + 20%	CYD + 50%	\$75	CYD + 50%	\$200	CYD + 30%	CYD + 10%	CYD + 20%
Urgent Care Center	\$65	CYD + \$65	\$35	\$70	\$75	CYD + 30%	\$20	CYD + 20%
Hospital								
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	\$500	CYD + 50%	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Outpatient Surgery	CYD + 20%	CYD + 50%	\$350	CYD + 50%	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Physician Services at Hospital	\$100	\$100	No Charge	CYD + 50%	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Emergency Room Visit	\$300	\$300	\$100	\$100	\$250	\$250	\$100	\$100
Mental Health / Substance Abuse								
Inpatient Facility	No Charge	50%	No Charge	CYD + 80%	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Outpatient Facility	No Charge	50%	No Charge	CYD + 50%	\$15	CYD + 30%	\$10	CYD + 20%
Prescription Drugs								
Value Generic	N/A	N/A	N/A	N/A	\$15	Not Covered	\$15	Not Covered
Generic	\$10	50%	\$10	Not Covered	\$25	Not Covered	\$25	Not Covered
Preferred Brand	\$50	50%	\$50	Not Covered	\$40	Not Covered	\$40	Not Covered
Non-Preferred Brand	\$80	50%	\$80	Not Covered	\$80	Not Covered	\$80	Not Covered
Specialty	Tiers 1-3	50%	Tiers 1-3	Not Covered	CYD + 50%	Not Covered	CYD + 50%	Not Covered
Mail Order (90-Day Supply)	2.5 x Retail	50%	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	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates	Monthly Rates
Employee	\$951.34	\$744.24	\$860.01	\$914.85	\$914.85	\$914.85	\$914.85	\$914.85
Employee + Spouse	\$2,264.20	\$1,771.30	\$2,046.83	\$2,177.33	\$2,177.33	\$2,177.33	\$2,177.33	\$2,177.33
Employee + Child(ren)	\$1,750.48	\$1,369.39	\$1,582.42	\$1,683.32	\$1,683.32	\$1,683.32	\$1,683.32	\$1,683.32
Family	\$2,968.19	\$2,322.01	\$2,683.23	\$2,854.32	\$2,854.32	\$2,854.32	\$2,854.32	\$2,854.32
Total Monthly Premium	\$1,903	\$1,488	\$1,720	\$1,830	\$1,830	\$1,830	\$1,830	\$1,830
Total Annual Premium	\$22,832	\$17,862	\$20,640	\$21,956	\$21,956	\$21,956	\$21,956	\$21,956
\$ Increase	N/A	-\$4,970	-\$2,192	-\$876	-\$876	-\$876	-\$876	-\$876
% Increase	N/A	-21.8%	-9.6%	-3.8%	-3.8%	-3.8%	-3.8%	-3.8%
Employee	Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost	Town Cost	EE Cost
Employee	\$821.82	\$129.52	\$744.24	\$0.00	\$744.31	\$85.70	\$774.31	\$140.54
Employee + Spouse	\$1,388.87	\$875.33	\$1,257.77	\$513.53	\$1,308.59	\$738.24	\$1,308.59	\$868.74
Employee + Child(ren)	\$1,166.98	\$583.50	\$1,056.82	\$312.57	\$1,099.53	\$482.89	\$1,099.53	\$583.79
Family	\$1,692.94	\$1,275.25	\$1,533.13	\$788.88	\$1,595.09	\$1,088.14	\$1,595.09	\$1,259.23
Monthly Premium	\$1,644	\$259	\$1,488	\$0	\$1,549	\$171	\$1,549	\$281
Annual Premium	\$19,724	\$3,108	\$17,862	\$0	\$18,583	\$2,057	\$18,583	\$3,373
\$ Increase	N/A	N/A	-\$1,862	-\$3,108	-\$1,140	-\$1,052	-\$1,140	\$264
% Increase	N/A	N/A	-9.4%	-100.0%	-5.8%	-33.8%	-5.8%	8.5%

**Town of Lake Park  
Medical Insurance RFP Evaluation - PPO  
Effective Date: October 1, 2020**



Medical	CURRENT Florida Blue Blue Options 03/769		ALTERNATIVE #4 AvalMed Choice CM070-1G20		ALTERNATIVE #5 AvalMed Choice CM050-1G20	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)	\$500	\$1,500	\$500	\$1,500	\$250	\$250
Single	\$1,500	\$4,500	\$1,000	\$3,000	\$500	\$1,500
Family	\$3,000	\$6,000	\$2,000	\$6,000	\$1,000	\$3,000
Out of Pocket Maximum	\$6,000	\$12,000	\$3,500	\$7,000	\$3,500	\$7,000
Single	20%	50%	10%	30%	10%	20%
Family	20%	50%	10%	30%	10%	20%
Coinsurance	\$25	CYD + 50%	\$15	\$15	\$10	\$10
Physician Office Visit	\$60	CYD + 50%	\$30	\$30	\$20	\$20
Specialist Visit	No Charge	50%	No Charge	No Charge	No Charge	No Charge
Preventive Services (Wellness)	No Charge	CYD + 50%	No Charge	No Charge	No Charge	No Charge
Independent Clinical Lab	\$50	CYD + 50%	\$50	\$50	CYD + 10%	CYD + 10%
X-ray at Indep. Diagnostic Center	CYD + 20%	CYD + 50%	\$200	\$200	CYD + 10%	CYD + 10%
Advanced Imaging at Indep. Diagnostic Center	\$65	CYD + \$65	\$75	\$75	\$20	\$20
Urgent Care Center						
Hospital						
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%
Outpatient Surgery	CYD + 20%	CYD + 50%	CYD + 10%	CYD + 10%	CYD + 10%	CYD + 10%
Physician Services at Hospital	\$100	\$100	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Emergency Room Visit	\$300	\$300	\$250	\$250	\$100	\$100
Mental Health / Substance Abuse						
Inpatient Facility	No Charge	50%	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 20%
Outpatient Facility	No Charge	50%	\$15	\$15	\$10	CYD + 20%
Prescription Drugs						
Value Generic	N/A	N/A	\$15	Not Covered	\$15	Not Covered
Generic	\$10	50%	\$25	Not Covered	\$25	Not Covered
Preferred Brand	\$50	50%	\$40	Not Covered	\$40	Not Covered
Non-Preferred Brand	\$80	50%	\$80	Not Covered	\$80	Not Covered
Specialty	Tiers 1-3	50%	CYD + 50%	Not Covered	CYD + 50%	Not Covered
Mail Order (90-Day Supply)	2.5 x Retail	50%	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered
Employee	2	Monthly Rates	2	Monthly Rates	2	Monthly Rates
Employee + Spouse	\$951.34	\$821.82	\$886.02	\$821.82	\$941.78	\$821.82
Employee + Child(ren)	\$2,264.20	\$1,388.87	\$2,108.73	\$1,308.59	\$2,241.44	\$1,308.59
Family	\$1,750.48	\$1,166.98	\$1,630.28	\$1,099.53	\$1,732.88	\$1,099.53
Total Monthly Premium	\$1,903	\$1,275.25	\$1,772	\$1,169.30	\$1,894	\$1,343.27
Total Annual Premium	\$22,832	\$15,303	\$21,264	\$14,032	\$22,603	\$16,120
\$ Increase	N/A	N/A	-\$1,568	-\$1,568	-\$229	-\$229
% Increase	N/A	N/A	-6.9%	-6.9%	-1.0%	-1.0%
Employee	2	Town Cost	2	Town Cost	2	Town Cost
Employee + Spouse	\$821.82	\$129.52	\$774.31	\$111.71	\$774.31	\$111.71
Employee + Child(ren)	\$1,388.87	\$875.33	\$1,308.59	\$800.14	\$1,308.59	\$800.14
Family	\$1,166.98	\$583.50	\$1,099.53	\$530.75	\$1,099.53	\$530.75
Monthly Premium	\$1,692.94	\$1,275.25	\$1,595.09	\$1,169.30	\$1,595.09	\$1,169.30
Annual Premium	\$19,724	\$3,108	\$18,583	\$2,681	\$18,583	\$2,681
\$ Increase	N/A	N/A	-\$1,140	-\$427	-\$1,140	-\$427
% Increase	N/A	N/A	-5.8%	-13.8%	-5.8%	-13.8%

**Town of Lake Park  
Medical Insurance RFP Evaluation - PPO  
Effective Date: October 1, 2020**

Medical	CURRENT		ALTERNATIVE #6	
	Florida - Blue Blue Options 03769		Aetna FL OAMC 500 80/50	
Calendar Year Deductible (CYD)	In Network	Out of Network	In Network	Out of Network
Single	\$500	\$1,500	\$500	\$2,000
Family	\$1,500	\$4,500	\$1,000	\$4,000
Out of Pocket Maximum				
Single	\$3,000	\$6,000	\$4,000	\$12,000
Family	\$6,000	\$12,000	\$8,000	\$24,000
Coinsurance	20%	50%	20%	50%
Office Visits				
Physician Office Visit	\$25	CYD + 50%	\$20	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$40	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	CYD + 50%
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%
X-ray at Indep. Diagnostic Center	\$50	CYD + 50%	\$40	CYD + 50%
Advanced Imaging at Indep. Diagnostic Center	CYD + 20%	CYD + 50%	\$300	CYD + 50%
Urgent Care Center	\$65	CYD + \$65	\$50	CYD + 50%
Hospital				
Inpatient Facility (per admission)	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Outpatient Surgery	CYD + 20%	CYD + 50%	\$600	CYD + 50%
Physician Services at Hospital	\$100	\$100	CYD + 20%	CYD + 50%
Emergency Room Visit	\$300	\$300	\$400	\$400
Mental Health / Substance Abuse				
Inpatient Facility	No Charge	50%	CYD + 20%	CYD + 50%
Outpatient Facility	No Charge	50%	\$40	CYD + 50%
Prescription Drugs				
Value Generic	N/A	N/A	N/A	N/A
Generic	\$10	50%	\$10/\$60	50%
Preferred Brand	\$50	50%	\$30	50%
Non-Preferred Brand	\$80	50%	\$60	50%
Specialty	Tiers 1-3	50%	\$350/\$400	Not Covered
Mail Order (90-Day Supply)	2.5 x Retail	50%	2 x Retail	Not Covered
Employee	Enroll	Monthly Rates	Monthly Rates	Monthly Rates
Employee + Spouse	2	\$951.34	\$1,067.00	\$1,122.00
Employee + Spouse	0	\$2,264.20	\$2,538.00	\$2,688.00
Employee + Child(ren)	0	\$1,750.48	\$2,048.00	\$2,196.00
Family	0	\$2,968.19	\$3,413.00	\$3,612.00
Total Monthly Premium	2	\$1,903	\$2,134	\$2,244
Total Annual Premium		\$22,832	\$25,608	\$26,880
\$ Increase		N/A	\$2,776	\$420
% Increase		N/A	12.2%	-13.5%
Employee		Town Cost	EE Cost	Town Cost
Employee + Spouse	2	\$821.82	\$129.52	\$955.00
Employee + Spouse	0	\$1,388.87	\$875.33	\$1,613.50
Employee + Child(ren)	0	\$1,166.98	\$583.50	\$1,394.00
Family	0	\$1,692.94	\$1,275.25	\$2,005.00
Monthly Premium	2	\$1,644	\$259	\$1,910
Annual Premium		\$19,724	\$3,108	\$22,920
\$ Increase		N/A	N/A	\$3,196
% Increase		N/A	N/A	16.2%



**Town of Lake Park**  
**Dental Insurance RFP Evaluation**  
**Effective Date: October 1, 2020**



DENTAL SCHEDULE OF BENEFITS Network	CURRENT		RENEWAL		NEGOTIATED RENEWAL		ALTERNATIVE #1	
	Mellife PDP Plus	Non-Network	Mellife PDP Plus	Non-Network	Mellife PDP Plus	Non-Network	Custom DPRO 1 - Option #1	Solstice
Calendar Year Maximum	\$1,500		\$1,500		\$1,500		\$1,500	
Annual Deductible								
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$25
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$75
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	95%	80%	95%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee Expiration Date	9/30/2020	9/30/2021	9/30/2021	9/30/2021	9/30/2021	9/30/2021	9/30/2024	9/30/2024
<b>Monthly Rates</b>	<b>Enroll</b>							
Employee	39	\$32.82	\$35.45	\$32.82	\$32.82	\$29.52	\$29.52	\$91.42
Employee + Family	14	\$101.62	\$109.75	\$101.62	\$101.62	\$91.42	\$91.42	\$91.42
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>	<b>\$2,919</b>	<b>\$2,703</b>	<b>\$2,703</b>	<b>\$2,431</b>	<b>\$2,431</b>	<b>\$2,431</b>
Annual Premium		\$32,432	\$35,029	\$32,432	\$32,432	\$29,174	\$29,174	\$29,174
\$ Increase		N/A	\$2,597	N/A	\$0	-\$3,258	-\$3,258	-\$3,258
% Increase		N/A	8.0%	N/A	0.0%	-10.0%	-10.0%	-10.0%

**Town of Lake Park**  
**Dental Insurance RFP Evaluation**  
**Effective Date: October 1, 2020**



DENTAL SCHEDULE OF BENEFITS Network		CURRENT		ALTERNATIVE #2		ALTERNATIVE #3		ALTERNATIVE #4	
		MetLife POP Plus		The Standard Ameritas Network		United Concordia P-Plan4WD		UNUM Active PPO	
Plan Basics		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Maximum		\$1,500		\$1,500		\$1,500		\$1,500	
Annual Deductible									
Single		\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family		\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>									
Preventive		100%	100%	100%	100%	100%	100%	100%	100%
Basic		95%	80%	95%	80%	90%	80%	95%	80%
Major		50%	50%	50%	50%	60%	50%	50%	50%
Orthodontia (up to age 19)		50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>									
Out of Network Benefits Payable Level		90th UCR		90th UCR		90th UCR		90th UCR	
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 Expiration Date		9/30/2020		9/30/2022		9/30/2022		9/30/2021	
<b>Monthly Rates</b>	<b>Enroll</b>								
Employee	39	\$32,82		\$29,54		\$32,10		\$30,27	
Employee + Family	14	\$101,62		\$91,46		\$87,00		\$93,47	
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>		<b>\$2,433</b>		<b>\$2,470</b>		<b>\$2,489</b>	
<b>Annual Premium</b>		<b>\$32,432</b>		<b>\$29,190</b>		<b>\$29,639</b>		<b>\$29,869</b>	
<b>\$ Increase</b>		<b>N/A</b>		<b>-\$3,242</b>		<b>-\$2,793</b>		<b>-\$2,563</b>	
<b>% Increase</b>		<b>N/A</b>		<b>-10.0%</b>		<b>-8.6%</b>		<b>-7.9%</b>	

**Town of Lake Park**  
**Dental Insurance RFP Evaluation**  
**Effective Date: October 1, 2020**



DENTAL SCHEDULE OF BENEFITS Network	CURRENT		ALTERNATIVE #5		ALTERNATIVE #6		ALTERNATIVE #7	
	MetLife PDP Plus	Non-Network	Solstice Custom DPRO 2 - Option #2	Non-Network	Sun Life Financial Sun Life Dental Network	Non-Network	UHC Passive PPO 1X796 C99 - Option #1	Non-Network
<b>Plan Basics</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>
Calendar Year Maximum	\$1,500		\$1,500		\$1,000		None	
Annual Deductible								
Single	\$25	\$50	\$25	\$25	\$25	\$50	\$50	\$50
Family	\$75	\$150	\$75	\$75	\$75	\$150	\$150	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	95%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90th UCR		90th UCR		90th U&C		90th UCR	
Waiting Period for Major Services (Timely Entrants)	None		None		None		None	
Endodontics/Periodontics Payable Level	Basic		Basic		Basic		Basic/Major	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000		\$1,000	
Rate Guarantee Expiration Date	9/30/2020		9/30/2024		9/30/2021		9/30/2021	
<b>Monthly Rates</b>	<b>Enroll</b>							
Employee	39	\$32.82	\$30.51	\$30.98	\$30.98	\$39.50	\$39.50	\$139.77
Employee + Family	14	\$101.62	\$94.45	\$94.97	\$94.97	\$139.77	\$139.77	\$139.77
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>	<b>\$2,512</b>	<b>\$2,538</b>	<b>\$2,538</b>	<b>\$2,581</b>	<b>\$2,581</b>	<b>\$2,581</b>
<b>Annual Premium</b>		<b>\$32,432</b>	<b>\$30,146</b>	<b>\$30,146</b>	<b>\$30,454</b>	<b>\$30,966</b>	<b>\$30,966</b>	<b>\$30,966</b>
<b>\$ Increase</b>		<b>N/A</b>	<b>-\$2,286</b>	<b>-\$1,978</b>	<b>-\$1,978</b>	<b>-\$1,466</b>	<b>-\$1,466</b>	<b>-\$1,466</b>
<b>% Increase</b>		<b>N/A</b>	<b>-7.0%</b>	<b>-6.1%</b>	<b>-6.1%</b>	<b>-4.5%</b>	<b>-4.5%</b>	<b>-4.5%</b>

\*Has enhanced posterior composite filling benefit.

\*Rates may change.



**Town of Lake Park**  
**Dental Insurance RFP Evaluation**  
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DENTAL SCHEDULE OF BENEFITS Network	CURRENT		ALTERNATIVE #8		ALTERNATIVE #9		ALTERNATIVE #10	
	MetLife PDP Plus	Non-Network	Renaissance Family Basic EPOS - Option #1	Non-Network	Guardian DentalGuard Preferred	Non-Network	Lincoln Financial Group PPO	Non-Network
<b>Plan Basics</b>								
Calendar Year Maximum	\$1,500		\$1,000		\$1,500		\$1,500	
Annual Deductible								
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	100%	80%	95%	80%
Major	50%	50%	50%	50%	60%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee Expiration Date	9/30/2020	9/30/2021	9/30/2021	9/30/2021	9/30/2021	9/30/2021	9/31/2021	9/31/2021
<b>Monthly Rates</b>	<b>Enroll</b>							
Employee	39	\$32.82	\$32.29	\$32.10	\$32.10	\$32.82	\$32.82	\$32.82
Employee + Family	14	\$101.62	\$99.97	\$101.02	\$101.02	\$101.62	\$101.62	\$101.62
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>	<b>\$2,659</b>	<b>\$2,666</b>	<b>\$2,666</b>	<b>\$2,703</b>	<b>\$2,703</b>	<b>\$2,703</b>
<b>Annual Premium</b>		<b>\$32,432</b>	<b>\$31,907</b>	<b>\$31,994</b>	<b>\$31,994</b>	<b>\$32,432</b>	<b>\$32,432</b>	<b>\$32,432</b>
<b>\$ Increase</b>		<b>N/A</b>	<b>-\$525</b>	<b>-\$438</b>	<b>-\$438</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>% Increase</b>		<b>N/A</b>	<b>-1.6%</b>	<b>-1.3%</b>	<b>-1.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**Town of Lake Park**  
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DENTAL SCHEDULE OF BENEFITS		CURRENT		ALTERNATIVE #11		ALTERNATIVE #12		ALTERNATIVE #13	
Network	MetLife PDP Plus	In-Network	Non-Network	Principal Option #1	In-Network	Non-Network	Cigna DPO	In-Network	Non-Network
Plan Basics									
Calendar Year Maximum	\$1,500			\$1,000			\$1,500		\$1,500
Annual Deductible									
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>									
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	95%	80%	95%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>									
Out of Network Benefits Payable Level	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee Expiration Date	9/30/2020	9/30/2021	9/30/2021	9/30/2022	9/30/2022	9/30/2021	9/30/2021	9/30/2021	9/30/2021
<b>Monthly Rates</b>	<b>Enroll</b>								
Employee	39	\$32,822	\$33,677	\$33,677	\$36,778	\$36,778	\$36,911	\$36,911	\$36,911
Employee + Family	14	\$101,622	\$104,262	\$104,262	\$113,862	\$113,862	\$114,272	\$114,272	\$114,272
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>	<b>\$2,773</b>	<b>\$2,773</b>	<b>\$3,028</b>	<b>\$3,028</b>	<b>\$3,039</b>	<b>\$3,039</b>	<b>\$3,039</b>
<b>Annual Premium</b>		<b>\$32,432</b>	<b>\$33,273</b>	<b>\$33,273</b>	<b>\$36,342</b>	<b>\$36,342</b>	<b>\$36,471</b>	<b>\$36,471</b>	<b>\$36,471</b>
<b>\$ Increase</b>		<b>N/A</b>	<b>\$841</b>	<b>\$841</b>	<b>\$3,910</b>	<b>\$3,910</b>	<b>\$4,039</b>	<b>\$4,039</b>	<b>\$4,039</b>
<b>% Increase</b>		<b>N/A</b>	<b>2.6%</b>	<b>2.6%</b>	<b>12.1%</b>	<b>12.1%</b>	<b>12.5%</b>	<b>12.5%</b>	<b>12.5%</b>

**Town of Lake Park**  
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DENTAL SCHEDULE OF BENEFITS Network	CURRENT		ALTERNATIVE #14		ALTERNATIVE #15		ALTERNATIVE #16	
	MetLife PDP Plus	Non-Network	Florida Combined Life BlueDental Choice Plus - Option #1	Non-Network	Principal Option #2	Non-Network	Florida Combined Life BlueDental Choice Plus - Option #2	Non-Network
<b>Plan Basics</b>								
Calendar Year Maximum	\$1,500		\$1,000		\$1,500		\$1,500	
Annual Deductible								
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	90%	80%	95%	80%	90%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90th UCR		90th UCR		90th UCR		90th UCR	
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 Expiration Date	9/30/2020		9/31/2022		9/30/2021		9/31/2021	
<b>Monthly Rates</b>	<b>Enroll</b>							
Employee	39	\$32.82	\$37.14	\$37.51	\$40.33	\$40.33	\$40.33	\$40.33
Employee + Family	14	\$101.62	\$114.99	\$116.15	\$124.87	\$124.87	\$124.87	\$124.87
<b>Monthly Premium</b>	53	\$2,703	\$3,058	\$3,089	\$3,321	\$3,321	\$3,321	\$3,321
<b>Annual Premium</b>		\$32,432	\$36,700	\$37,068	\$39,853	\$39,853	\$39,853	\$39,853
<b>\$ Increase</b>		N/A	\$4,268	\$4,636	\$7,421	\$7,421	\$7,421	\$7,421
<b>% Increase</b>		N/A	13.2%	14.3%	22.9%	22.9%	22.9%	22.9%

**Town of Lake Park**  
**Dental Insurance RFP Evaluation**  
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DENTAL SCHEDULE OF BENEFITS Network	CURRENT		ALTERNATIVE #17		ALTERNATIVE #18	
	MetLife PDP Plus	Non-Network	Delta Dental PPO	Non-Network	Ameritas Freedom of Choice	Non-Network
<b>Plan Basics</b>						
Calendar Year Maximum	\$1,500		\$1,500		\$1,500	
Annual Deductible						
Single	\$25	\$50	<b>\$50</b>	\$50	\$25	<b>\$25</b>
Family	\$75	\$150	<b>\$150</b>	\$150	\$75	<b>\$75</b>
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventive	100%	100%	100%	100%	100%	100%
Basic	95%	80%	<b>100%</b>	<b>100%</b>	95%	80%
Major	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%
<b>Service Information</b>						
Out of Network Benefits Payable Level	90th UCR		MPA		80th U&C	
Waiting Period for Major Services (Timely Entrants)	None		None		None	
Endodontics/Periodontics Payable Level	Basic		Basic		Basic	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000	
Rate Guarantee Expiration Date	9/30/2020		9/30/2022		9/30/2021	
<b>Monthly Rates</b>	<b>Enroll</b>					
Employee	39	\$32.82	\$42.52	\$57.00	\$57.00	\$57.00
Employee + Family	14	\$101.62	\$136.88	\$155.56	\$155.56	\$155.56
<b>Monthly Premium</b>	<b>53</b>	<b>\$2,703</b>	<b>\$3,575</b>	<b>\$4,401</b>	<b>\$4,401</b>	<b>\$4,401</b>
<b>Annual Premium</b>		<b>\$32,432</b>	<b>\$42,895</b>	<b>\$52,810</b>	<b>\$52,810</b>	<b>\$52,810</b>
<b>\$ Increase</b>		N/A	\$10,463	\$20,378	\$20,378	\$20,378
<b>% Increase</b>		N/A	32.3%	62.8%	62.8%	62.8%

**Town of Lake Park**  
**Medical Provider Geo Access Analysis**



**Aetna**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
Hospital	1 in 10 miles	100.00%	2.2	0.00%	N/A
Adult PCP	2 in 10 miles	100.00%	1.2	0.00%	N/A
Pediatrician	2 in 10 miles	100.00%	1.5	0.00%	N/A
OB/Gyn	2 in 10 miles	100.00%	1.6	0.00%	N/A
Other Specialists	2 in 10 miles	100.00%	0.6	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>1.42</b>	<b>0.00%</b>	<b>N/A</b>

**Cigna**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
Hospital	1 in 10 miles	100.00%	2.2	0.00%	N/A
Adult PCP	2 in 10 miles	100.00%	0.8	0.00%	N/A
Pediatrician	2 in 10 miles	100.00%	0.5	0.00%	N/A
OB/Gyn	2 in 10 miles	100.00%	0.5	0.00%	N/A
Other Specialists	2 in 10 miles	100.00%	0.5	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>0.90</b>	<b>0.00%</b>	<b>N/A</b>

**Town of Lake Park  
Dental Provider Geo Access Analysis**



**Cigna**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
General Dentist	1 in 10 miles	100.00%	0.6	0.00%	N/A	100%	0.8	0.00%	N/A
Other Specialists	1 in 10 miles	100.00%	1.0	0.00%	N/A	100%	1.0	0.00%	N/A
Orthodontists	2 in 10 miles	100.00%	1.7	0.00%	N/A	100%	2.0	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>1.10</b>	<b>0.00%</b>	<b>N/A</b>	<b>100.00%</b>	<b>1.27</b>	<b>0.00%</b>	<b>N/A</b>

**The Guardian**

**Lincoln Financial Group**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
General Dentist	1 in 10 miles	100.00%	0.9	0.00%	N/A	100.00%	0.3	0.00%	N/A
Other Specialists	1 in 10 miles	100.00%	1.1	0.00%	N/A	100.00%	0.6	0.00%	N/A
Orthodontists	2 in 10 miles	100.00%	1.1	0.00%	N/A	100.00%	0.5	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>1.03</b>	<b>0.00%</b>	<b>N/A</b>	<b>100.00%</b>	<b>0.50</b>	<b>0.00%</b>	<b>N/A</b>

**Principal**

**Renaissance Family**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
General Dentist	1 in 10 miles	100.00%	0.9	0.00%	N/A	100.00%	0.7	0.00%	N/A
Other Specialists	1 in 10 miles	100.00%	1.0	0.00%	N/A	100.00%	1.4	0.00%	N/A
Orthodontists	2 in 10 miles	100.00%	1.0	0.00%	N/A	100.00%	2.1	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>0.97</b>	<b>0.00%</b>	<b>N/A</b>	<b>100.00%</b>	<b>1.40</b>	<b>0.00%</b>	<b>N/A</b>

**Solstice**

**Sun Life**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
General Dentist	1 in 10 miles	100.00%	0.8	0.00%	N/A	100.00%	0.9	0.00%	N/A
Other Specialists	1 in 10 miles	100.00%	1.0	0.00%	N/A	100.00%	1.2	0.00%	N/A
Orthodontists	2 in 10 miles	100.00%	2.0	0.00%	N/A	100.00%	1.9	0.00%	N/A
<b>Overall Average</b>		<b>100.00%</b>	<b>1.27</b>	<b>0.00%</b>	<b>N/A</b>	<b>100.00%</b>	<b>1.33</b>	<b>0.00%</b>	<b>N/A</b>

**The Standard**

**Town of Lake Park  
Dental Provider Geo Access Analysis**

**United Concordia**

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Average Distance to Provider (miles)
General Dentist	1 in 10 miles	100.00%	0.7	0.00%	N/A
Other Specialists	1 in 10 miles	100.00%	1.4	0.00%	N/A
Orthodontists	2 in 10 miles	98.80%	2.2	1.20%	10.2
<b>Overall Average</b>		<b>99.60%</b>	<b>1.43</b>	<b>0.40%</b>	<b>10.20</b>

Lokahatchee (1)



**Town of Lake Park  
Summary of Caveats - Medical  
Effective October 1, 2020**



Carrier	Caveats
<p><b>Aetna</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirement: For Full Replacement sales at least 75% of eligible employees excluding spousal and parental waivers must enroll in the plan, but not less than 50% of all eligible employees (regardless of spousal and parental waivers. For Option sales at least 75% of eligible employees excluding spousal and parental waivers must enroll in the employer's plans.</li> <li>2. The proposed rates are illustrative and subject to change based upon underwriting review of the information listed below, which has not been provided, may be required prior to final approval of a sale.</li> <li>3. Aetna is relying on information from the Plan Sponsor and its representatives in establishing the rates and terms of this proposal. If any of this information is inaccurate or incomplete and has a material impact on the cost of the program, Aetna reserves the right to adjust their rates and terms. For example, but without limitation, Aetna may change rates if there is a material deviation from the rate quotation assumptions or if the Plan Sponsor is unable to provide us with the requested information. As another example, if additional information related to this quotation is made available to Aetna at a later date, they reserve the right to reassess, and potentially revise, the quote based upon analysis of that information. For states that require approval of rate filings, the final rate may be different if the quoted rates are not approved by the effective date of coverage.</li> <li>4. The quoted insured medical rates are offered on a prospectively rated basis. No policy year accounting balance will be calculated for these coverages.</li> <li>5. Amount due is payable on the first day of the month covered by the invoice. If the amount due is not paid in full within 30 days, Aetna reserves the right to terminate the contract and/or assess late premium payment charges.</li> <li>6. Aetna reserves the right to change the quoted rating for coverage, or to decline to offer coverage if the Plan Sponsor funds the deductible in excess of 50%.</li> <li>7. Aetna reserves the right to revise the premium, modify the terms of the offer or terminate if:             <ul style="list-style-type: none"> <li>- The enrolled member to subscriber ratio increases or decreases by more than 10% from the 1.44 ratio assumed in this quote.</li> <li>- The actual enrollment in total or by plan changes by more than 10% compared with what was proposed. The plan sponsor offers coverage to employees previously not covered under the plan without prior notification. (Change in census is based on additions and subtractions—a 60 life group who adds 3 people and takes away 3 others has a 6 person change in census even though they stay at 60 lives).</li> <li>- Under Affordable Care Act (ACA) and state insurance regulations, a group health insurance policy may be non-renewed for certain reasons. Aetna reserves the right to non-renew for failure to comply with certain requirements such as participation and/or contribution rules.</li> <li>- The final benefit provisions, account structure, claim payment requirements or services change from those proposed.</li> <li>- The information provided is inaccurate and/or the demographics of the quoted group change resulting in +/- 5% premium difference.</li> <li>- A decision is not reached within 60 days from the time the quote is released.</li> <li>- In dual or multi-option scenarios the rate spread between all plans should not exceed 50%; anything exceeding 50% may require rates to change.</li> <li>- The total number of COBRA enrollees exceeds 10% of the total enrolled group or the total number of COBRA enrollees increases by more than 5 percentage points from 0 lives which was assumed in this quote.</li> <li>- The total number of Retiree enrollees exceeds 10% of the total enrolled group or the total number of Retiree enrollees increases by more than 5 percentage points from 0 lives which was assumed in this quote.</li> </ul> </li> <li>- A material change in the plan of benefits offered, or a change in claim payment requirements or procedures, or a change in state premium taxes or assessments, or any other changes affecting the manner or cost of providing coverage that is required because of legislative or regulatory action.</li> </ol>
<p><b>AMMed</b></p>	<ol style="list-style-type: none"> <li>1. No significant caveats included.</li> </ol>
<p><b>Cigna</b></p>	<p>Cigna Healthcare may revise or withdraw this Proposal if:</p> <ol style="list-style-type: none"> <li>1. there is a change to the effective date of the quote.</li> <li>2. the policy will not be situated in FL.</li> <li>3. the Plan benefits are different than shown in the RFP or benefit modifications are requested.</li> <li>4. the census or experience provided by is deemed inaccurate.</li> <li>5. the group size differs from what was assumed at the time of quote based upon confirmation of employer group status on a State definition of small or large employer group, as applicable.</li> <li>6. enrollment in the Cigna Healthcare administered plan is less than 50% of the total eligible population identified as 62</li> <li>7. enrollment increases or decreases by 10% or more, by product or for the total account, from the enrollment assumptions used in establishing the rates, fees, funds and/or fee credits set forth herein.</li> <li>8. the final enrollment deviates from the quoted enrollment such that it results in a needed change in rates. Rates are based on final enrollment factors, including total number of enrollees, their age, sex, demographics, location and the distribution of enrollees by product or by customer tier.</li> <li>9. 100% of the medical underwriting forms are not completed as part of the enrollment process when required by Cigna.</li> <li>10. any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.</li> <li>11. it is not the exclusive provider of Medical / Pharmacy or like products for all of Town of Lake Park's employees in all workites.</li> <li>12. the employer changes its level of contribution toward the cost of the coverage.</li> <li>13. it is requested to provide stop loss coverage different than what is outlined in this proposal.</li> <li>14. Federal, State or local action impacts the benefit levels quoted herein or affects our ability to meet our obligations to you, to your covered employees/our customers or to our contracted providers. By way of illustration, such legislation or executive actions which impose controls or requirements that affect our ability to determine rates; covered medical expenses or service benefits; providers' delivery of care or the fees they charge; or our contracts with providers, may be deemed to so affect our contractual obligations. Should this happen, Cigna Healthcare will make a good faith effort to work to reach a new agreement that equitably reflects the circumstances as altered by government action.</li> <li>15. there is any reimbursement arrangement ("gap" cards, etc.) that subsidizes or reduces the out-of-pocket obligation of covered persons under the policy.</li> <li>16. This proposal made by Cigna Healthcare is contingent upon:             <ul style="list-style-type: none"> <li>- Cigna Healthcare's receipt of the following information: Completed medical history questionnaire 30 days prior to the policy effective date.</li> <li>- Cigna reserves the right to revise or withdraw this proposal if the required medical questionnaire is not received 30 days prior to the policy effective date.</li> </ul> </li> </ol>

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

Carrier	Caveats
<p><b>Ameritas</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirements: The greater of 60% or 3 lives.</li> <li>2. Rates assume enrollment in their electronic certificate (eCert) program. If the Town chooses to receive paper certificates, monthly rates will increase.</li> <li>3. The proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, they would gladly provide another quote, as this one is no longer valid.</li> <li>4. This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.</li> <li>5. Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.</li> <li>6. This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.</li> <li>7. The rates are based on Standard Industry Code 922012.</li> <li>8. This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If the Town selects Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, they will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.</li> <li>9. This proposal assumes a Section 125 plan year of October 1, 2020 to October 1, 2021.</li> <li>10. Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.</li> <li>11. This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If Town of Lake Park wishes to apply for group insurance based upon this proposal, Town may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.</li> <li>12. Ameritas does not issue coverage to individuals residing in Europe.</li> <li>13. Dependent children are covered up to age 26 regardless of student status in the state of Florida.</li> <li>14. If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If a employee does not enroll during the Town's open enrollment period, then they will be subject to the Late Entrant Provision.</li> <li>15. This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.</li> </ol>
<p><b>Cigna</b></p>	<ol style="list-style-type: none"> <li>1. Cigna's Dental Proposal assumes the quoted Dental rates are valid only when Dental is packaged and sold alongside Cigna Medical and the Dental funding mirrors the funding on Medical.</li> <li>2. Cigna Healthcare may revise or withdraw this Dental Proposal if enrollment increases or decreases by 10% or more, from the enrollment assumptions used in establishing the rates and/or fees set forth.</li> <li>3. Cigna Healthcare may revise or withdraw this Proposal if:             <ul style="list-style-type: none"> <li>- there is a change to the effective date of the quote.</li> <li>- the policy will not be situated in FL.</li> <li>- benefits and any applicable experience do NOT match benefits with incumbent carrier; a review of the SPD may be required prior to implementation.</li> <li>- there is a change in any law, regulation, or required assessment or tax that changes Cigna Healthcare's costs in offering the plan.</li> <li>- the group size differs from what was assumed at the time of quote based upon confirmation of employer group status on a State definition of small or large employer group, as applicable.</li> <li>- participation is below 85%. This will be based on the total eligible employees, identified as:                     <ul style="list-style-type: none"> <li>- enrollment increases or decreases by 10% or more, by product or for the total account, from the enrollment assumptions used in establishing the rates and/or fees set forth herein</li> <li>- it is not the exclusive provider of Dental for all of Town of Lake Park's employees in all workstates.</li> <li>- it is requested to provide stop loss coverage different than what is outlined in this proposal.</li> </ul> </li> <li>- Federal, State or Local action impacting the benefit levels requested herein or affecting our ability to meet Cigna's obligations to the Town, to the Town's employees/Cigna's customers or to Cigna's contracted providers. By way of illustration, such legislation or executive actions which impose controls or requirements that affect Cigna's ability to determine rates; covered dental expenses or service benefits; providers delivery of care or the fees they charge; or Cigna's contracts with providers, may be deemed to so affect their contractual obligations. Should this happen, Cigna Healthcare will make a good faith effort to reach a new agreement that equitably reflects the circumstances as altered by government action.</li> </ul> </li> </ol>
<p><b>Delta Dental</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirements: This quote assumes 75% of the eligible employees enroll.</li> </ol>

Carrier	Caveats
<p><b>Florida Combined Life</b></p>	<ol style="list-style-type: none"> <li>The premiums in this proposal may include costs associated with the payment of compensation to independent, third parties for the sale of the products.</li> <li>Calculations are based upon data furnished. Estimated Monthly Premium is provided for illustrative purposes only.</li> <li>This proposal is only a summary of the benefits and provisions contained in the group master policies. Other benefits and restrictions may apply.</li> <li>Final rates and benefits will be based upon actual enrollment and participation and will be guaranteed for the twenty-four (24) months immediately following the Effective Date.</li> <li>Quoted rates anticipate the employer contributing a minimum of 50% of the cost of the employee coverage for all eligible employees.</li> <li>The greater of 50% of all eligible employees or 10 eligible employees must be enrolled in the plan for it to be placed into effect, with the exception of any Community Rated (CR) plan which will require the greater of 50% of all eligible employees or 4 eligible employees. Quoted rates may be based upon a higher participation. Final rates will be based upon participation at time of sale.</li> <li>A 12-month waiting period may apply to all Major and Orthodontic services if an existing comparable insured dental plan is not being replaced.</li> <li>If Orthodontia benefits are included, a minimum of 5 child/family units must be enrolled in the plan in order for Orthodontia coverage to be placed into effect.</li> <li>If dual option dental is selected, each plan must have the minimum enrollees required by that plan, with a combined total of at least 50% of all eligible employees enrolled in both plans. If Orthodontia benefits are included, Orthodontia must be offered on both plans.</li> <li>For plans with provider networks, (BlueDental Choice, BlueDental Choice Copayment and BlueDental Choice Plus), in-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.</li> <li>For BlueDental Choice and BlueDental Choice Plus plans, the total amount of benefits FCL will pay in a Plan Year is limited to the in-network plan year maximum. Benefits that apply toward the in-network plan year maximum also apply toward the out-of-network plan year maximum, and benefits that apply toward the out-of-network plan year maximum also apply toward the in-network plan year maximum.</li> <li>For BlueDental Choice and BlueDental Choice Plus plans, if Orthodontia benefits are included, the total amount FCL will pay in the insured's lifetime is limited to the in-network orthodontia lifetime maximum. Benefits that apply toward the in-network lifetime maximum also apply toward the out-of-network lifetime maximum, and benefits that apply toward the out-of-network lifetime maximum also apply toward the in-network lifetime maximum.</li> <li>For BlueDental Choice Plus, charges made by a Non-Participating Dentist that are in excess of their allowance will not be considered payable under the contract.</li> <li>One or more BlueDental plans quoted include Plan Year Rollover benefits (as indicated in the Benefits and Rates Summary). Where applicable, this benefit allows a portion of the employee's unused Plan Year Maximum to be carried over to the next Plan Year. Certain conditions must be met to qualify for the Rollover Benefit.</li> </ol>
<p><b>The Guardian</b></p>	<ol style="list-style-type: none"> <li>Rates and Premiums were determined using a census of employees and dependents currently enrolled for coverage at time of quote. If the provided information was missing additional office locations or census counts for office locations, the rates shown are illustrative only. Final rates and premiums will be produced when information regarding office locations and related census counts is received and will be based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.</li> <li>The Guardian reserves the right to adjust rates if actual participation is below assumed level. They also reserve the right to adjust rates if there is an average of more than 4 children per dependent unit (EE+CH or FAM).</li> <li>The Guardian reserves the right to withdraw this proposal if actual employee participation is below 25%; minimum of 5 enrolled employees. This requirement does not apply to any Managed Dental Care plans quoted.</li> <li>A Dental Prosthesis will not be covered when replacing a tooth or teeth lost or extracted before being covered under this plan unless they were extracted while covered by the Prior Plan.</li> <li>Cleanings and Period Maintenance Procedures share the frequency, limited to a total of two cleanings or two period maintenance procedures in any 12 consecutive month period.</li> <li>If the Town's plan includes Section 125/Flex plan, open enrollment must be held the month prior to the renewal/anniversary date.</li> <li>Orthodontia, when covered, is for dependent children who are less than age 19 when active appliance is first placed.</li> </ol>
<p><b>Lincoln Financial Group</b></p>	<ol style="list-style-type: none"> <li>Participation Requirement: 100% of Eligible Employees &amp; 60% of Eligible Dependent Units</li> <li>Quoted rates were developed based on the employer contribution and the minimum participation assumptions shown in the proposal. If these assumptions are not correct, rates may be adjusted or the proposal may be withdrawn. Final rates will be calculated based on: • The agreed-upon plan, • employer contribution (changing the percentage of employer contributions for employee and/or dependent coverage may affect quoted rates); • enrolled census; • employee location(s); • correct industry code (SIC); and • other pertinent underwriting factors.</li> <li>If there are changes in the above factors, the plan may be re-rated or coverage may be refused.</li> <li>All active, full-time permanent employees may be covered, unless otherwise specified in this proposal. "Active, full-time" means the employee works at least 20 hours per week. (Lower minimum hours may apply in certain states.) Retired, temporary and seasonal employees are not eligible, unless otherwise specified.</li> <li>The participation requirements shown in the proposal must be satisfied on the Policy's Effective Date. There are two exceptions to these requirements:             <ul style="list-style-type: none"> <li>- If an employee and/or dependent is covered by another group dental plan, that person(s) will not be counted as an eligible person, if a signed waiver card is submitted. However, if 30% or more of eligible employees do not enroll because of other coverage, the plan may be reevaluated and new rates illustrated.</li> <li>- When a husband and wife are employed by the same company and have dependent child to enroll, then either the husband or the wife may be covered as a dependent of the other spouse.</li> </ul> </li> <li>In any event, a minimum of 10 employees must be enrolled.</li> <li>To include Orthodontic Coverage for children, the policyholder must have a minimum of 5 child dependent units enrolled on the Policy's Effective Date. If dependent enrollment in the group policy does not meet this minimum requirement, Orthodontic Coverage (Type IV Services) will not be issued. This requirement does not change the minimum participation requirements.</li> <li>Dental services will be covered, at the reimbursement rate quoted, after any deductible is satisfied.</li> <li>Employees who enroll within 31 days of the date they become eligible, coverage usually becomes effective on the later of:             <ul style="list-style-type: none"> <li>- the first of the month following the date the employee completes the eligibility waiting period established by the employer; or</li> <li>- the first of the month following the date the employee enrolls and makes any required premium contribution.</li> </ul> </li> <li>Newly hired employees will become eligible upon completion of the company's eligibility waiting period – for example, 30 days of full-time employment. New employees can be covered by the dental plan on the first of the month following completion of that eligibility waiting period, provided they enroll and make any required premium contributions within 31 days of the date they become eligible.</li> <li>Dependents eligible for coverage include the employee's lawful spouse and children as defined in this proposal. Additional State requirements may apply. Stepchildren are eligible if they live in the employee's home and are chiefly dependent upon the employee for support. Foster children may also be eligible under certain conditions.</li> <li>Dependents' coverage usually becomes effective on the same date as the employee's if they are enrolled. Dependents acquired after the employee's coverage begins may be enrolled immediately, subject to payment of any increase in premium.</li> <li>Employees and dependents who enroll more than 31 days after becoming eligible will be subject to the policy's late entrant limitation.</li> </ol>

Carrier	Carevets
<p><b>Principal</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirements: 20% or 5 lives, whichever is greater. Minimum enrolled lives required for child orthodontia: 5</li> <li>2. Suggested premiums and benefits are provided for illustration purposes only.</li> <li>3. Acceptance of the Town, the final premium rates and actual benefits cannot be offered to until all necessary information about the group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life.</li> <li>4. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal.</li> <li>5. Changes in assumptions, group demographics, policy design and policy effective date may also affect the rates.</li> <li>6. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.</li> <li>7. This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read the policy carefully for the exact definitions and provisions. Benefits are limited when living outside the United States.</li> </ol>
<p><b>Renaissance Family</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirements: 75% or 41 subscribers.</li> <li>2. Premium Rate Guarantee: Renaissance Family will not increase the premium rates for any insurance provided by this policy prior to the stated rate guarantee period from the effective date of the policy, unless during the stated period: (a) This policy is amended to change the eligibility requirements and/or benefits; (b) The number of insured Employees changes by 25% or more; or (c) A new law or regulation, a change in any existing law or regulation, a court decision, or a change in the interpretation of a law or regulation which affects this policy, is enacted or adopted. Other rate guarantee provisions may apply if a subsidiary or affiliate is added to the policy or the number of insured individuals for the group drops below 10.</li> <li>3. Proposal is subject to final underwriting approval. This proposal is not valid without all pages. This is not a policy and the descriptions of the policy(ies) are in summary form. If a discrepancy exists, the policy(ies) will control in all instances. For a complete description of benefits, exclusions, limitations, reduction of benefits, and/or terms under which the policy(ies) may be continued in force or discontinued, please refer to the policy(ies). Rates and Volumes quoted are based on the census provided. Final rates are determined by the Town's underwriting guidelines and final enrollment.</li> <li>4. The rates are based on the census data provided to Renaissance Family. If the census data changes by more than 10%, these rates are not valid.</li> <li>5. Rates do not include any applicable state claims taxes. The Rates are valid only for effective date noted above and are guaranteed for a one year nonretention contract.</li> <li>6. Self-billing is not allowed and the Town agrees to pay as invoiced each month.</li> <li>7. Payment will not be made for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under this Policy. Oral Exams are payable once any 6 month period. Prophylaxes are payable once any 6 month period. Fluorides are payable once any Benefit Year up to age 14. People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. Bitewing Radiographs are payable once any Benefit Year and Full Mouth Radiographs are payable once any 5 year period. Sealants are payable only for the occlusal surface of first and second permanent molars once any 5 year period up to age 14. The surface must be free from decay and restorations. Space Maintainers are payable once a lifetime up to age 14. Crowns, Inlays, Bridges, Dentures and Implants are payable once any 10 year period. Veneers are payable once any 7 year period.</li> </ol>
<p><b>Solstice</b></p>	<ol style="list-style-type: none"> <li>1. Quoted rates are valid until the listed effective date.</li> <li>2. Rates assume the Group's SIC Code to be 5111.</li> <li>3. For PPO plans, the In- and Out-of-Network Annual Maximums are combined.</li> <li>4. For PPO plans, the In- and Out-of-Network Lifetime Ortho Maximums are combined.</li> <li>5. Solstice reserves the right to adjust the quoted rates should member to sub ratio exceed 1.67</li> <li>6. Rates and plans assume an employer/employee relationship exist between all parties.</li> <li>7. Rates provided assumes the plan design quoted. Rates may change, if plan design changes.</li> <li>8. Solstice reserves the right to adjust the quoted rates should enrollment fluctuate by +/- 10% from the quoted eligible/participating numbers at the time of enrollment or during the contract period.</li> <li>9. Deductibles and maximums are assumed on a calendar year basis unless otherwise stated.</li> <li>10. Rates assume full takeover for all dental lines of coverage.</li> <li>11. Dependent age limitations are based on situs state requirements unless otherwise noted.</li> <li>12. Rates do not include cost of loading prior carrier history.</li> <li>13. Proposed rates are contingent on Solstice being the only dental plan(s) offered.</li> </ol>
<p><b>Sun Life</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirement: A minimum participation of 20% of eligible employees (10 life minimum).             <ul style="list-style-type: none"> <li>- Rates assume 54 eligible employees, with 52 participating or 96.3% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.</li> <li>- Sun Life reserves the right to adjust rates if final participation is more than 10% different than the participation.</li> </ul> </li> <li>2. Rates are based on the assumption that dental has been in force for 24+ months. Sun Life reserves the right to re-rate if coverage has been in force for less than 24 months.</li> <li>3. Prior dental plan certificates are required.</li> <li>4. Assumes direct employer-employee relationship.</li> <li>5. Sun Life is assumed to be the sole provider of dental insurance to the employer named in this proposal.</li> <li>6. Notification of any employer-completed merger or acquisition.</li> <li>7. Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.</li> <li>8. An employee must be Active/At Work or his/her Effective Date for coverage to become effective. If an employee is not Active/At Work on his or her Effective Date, coverage will not become effective until the employee is again Active/At Work.</li> <li>9. Common ownership of the business units.</li> <li>10. Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.</li> <li>11. If post-enrollment review shows that the group did not meet all of the underwriting requirements, Sun Life reserves the right to re-rate retroactive to the Effective Date or terminate the contract.</li> <li>12. This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group dental insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.</li> <li>13. Rates assume the group does not currently have dental coverage with Sun Life.</li> </ol>



Carrier	Caveats
<p><b>The Standard</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirement: All eligible employees;</li> <li>2. If the Town purchases group insurance through The Standard, the producer will receive compensation from The Standard. This compensation may include one or more of the following: <ul style="list-style-type: none"> <li>- Commission or override commission based on customary or negotiated scales;</li> <li>- Subject to participation and eligibility requirements, contingent compensation based on performance factors, for example volume and persistency</li> <li>- Fees for administrative or consulting services;</li> </ul> </li> <li>- If the Town has any questions about the amount or type of compensation, please contact the producer.</li> <li>3. Some states require that producers be appointed with The Standard before any presentation or solicitation of this plan design.</li> <li>4. This proposal is not a contract or a certificate of insurance. It combines proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.</li> <li>5. The rates are based on North American Industry Classification System Code 9211113.</li> <li>6. Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.</li> <li>7. This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If Town of Lake Park wishes to apply for group insurance based upon this proposal, Town of Lake Park may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of The Standard. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.</li> <li>8. Dependent children are covered up to age 26 regardless of student status in the State of Florida.</li> <li>9. The policyholder must contribute the entire premium cost for all eligible employees and eligible dependents who are not covered by another dental plan. (Employees and dependents who are covered by another dental plan may enroll if the appropriate premium is paid by the employee.)</li> <li>10. The Standard's proposal assumes that The Standard's dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, they would gladly provide another quote, as this one is no longer valid.</li> <li>11. This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Standard Insurance Company reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.</li> <li>12. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Enrollee and subject to the Late Enrollee provision.</li> </ol>
<p><b>United Healthcare</b></p>	<ol style="list-style-type: none"> <li>1. Participation Requirement: 75% of Eligible Employees.</li> <li>2. United Healthcare reserves the right to adjust the proposed rates should enrollment or ACS fluctuate by +/- 10%.</li> <li>3. The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.</li> <li>4. Quote assumes a complete product replacement.</li> <li>5. Rates listed above assume the plan design quoted. Rates may change, if plan design changes.</li> <li>6. United Healthcare's contract covers only those procedures performed in the United States.</li> <li>7. This premium may include state and federal taxes and fees.</li> <li>8. Rates may increase on renewal in accordance with the terms of the policy.</li> <li>9. Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.</li> <li>10. Employer's assumed primary business is classified as 9111.</li> <li>11. Assumed contract status is Florida.</li> <li>12. Rates assume standard administrative services including Claims &amp; Data processing, Enrollment &amp; Billing, Customer Service, Case Management, Provider Relations, and Reporting.</li> <li>13. Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.</li> <li>14. United Healthcare reserves the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed in the proposal or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.</li> </ol>
<p><b>United Concordia</b></p>	<ol style="list-style-type: none"> <li>1. Rates assume 55 eligible employees, with 52 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.</li> <li>2. Rates are based upon Standard Industry Classification Code: 9111</li> <li>3. United Concordia's standard exclusions and limitations apply.</li> <li>4. Rates and benefits after the effective date must be approved by Underwriting.</li> <li>5. This plan cannot be offered in conjunction with another dental plan.</li> <li>6. All proposed rates, guarantees and caps assume no change to the proposed benefit design or effective date. United Concordia reserves the right to re-evaluate proposed rates and benefits if any state or federally mandated benefits or fees are imposed.</li> <li>7. United Concordia Dental is not available to accept business submitted by or pay commissions to producers who are not appointed. Any binder check or other premium payment collected from a group by non-appointed producers, and is then submitted for acceptance to United Concordia Dental directly or through United Concordia Dental sales personnel, will be rejected and returned to the non-appointed producer. The Town's quotation of rates to groups or submission of business to United Concordia Dental will constitute acceptance of and agreement to comply with these rules regarding appointment and commission payments.</li> <li>8. United Concordia Dental may pay the selling broker or benefit consultant (producer's) compensation for the promotion and sale of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling producers in recognition of their marketing and distribution activities, persistency levels and volumes of business.</li> <li>9. Underwriting guidelines for any FFS plan, offering orthodontic coverage, are as follows: <ul style="list-style-type: none"> <li>- If any FFS plan has 10-24 enrolled contracts, orthodontics is available on a takeover basis only. Groups that do not currently have orthodontic coverage are not eligible for this benefit. Proof of prior orthodontic coverage (prior carrier summary plan description) is required as part of the implementation package.</li> <li>- United Concordia Dental requires a minimum of 10 enrolled contracts on the FFS plan.</li> </ul> </li> </ol>

**Town of Lake Park  
Summary of Caveats - Dental  
Effective October 1, 2020**



Carrier	Caveats
<p>UNUM</p>	<p>1. Participation Requirement: 85% of the total eligible lives.                  2. Unum members whose dental plan includes coverage of crowns and bridges will have the options of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed, 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered. The following services are not covered: 1) Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations. 2) The correction of congenital malformations. 3) The replacement of lost or discarded or stolen appliances. 4) Replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than five (5) years old and cannot be made serviceable. 5) Appliances, services, or procedures relating to: (i) the change or maintenance of vertical dimensions; (ii) restoration of occlusion (iii) splinting; (iv) correction of attrition, abrasion, erosion, or a fracture; (v) bite regulation or (vi) bite analysis. 6) Charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, over dentures and any associated surgery, or other customized services or attachments, and related procedures. 7) Dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage. 8) Multiple x-rays done on same date of service will be combined to a full-mouth x-ray. 9) Anesthesia is covered with complex oral surgery only. Charges are subject to review, pre-treatment estimate is recommended. 10) Services provided for any type of tempo-mandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain, and 11) Cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit.                  3. A copy of the group's current carry-over report must be provided at time of sale to apply take-over credit.                  4. This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. Important information concerning the sale of these Benefits: State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal.</p>

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

