

**TO:** Mayor and City Council of the City of Dacula  
**FROM:** Brittni Nix, City Administrator  
**DATE:** August 22, 2023  
**SUBJECT:** FY2024 Employee Benefits

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The City contracts with the Georgia Municipal Association (GMA) for employee insurance services including health, vision, dental, life & accident death, and short-term disability. Every year, Dacula reviews the service options provided by GMA to determine the most appropriate plan. Staff compared multiple plans based on financial feasibility and plan quality, and recommends the plan as described in Attachment A. The proposed plan would decrease the deductible while only increasing the rate by 5.97%. The subject rate increase is consistent with industry standard increases.

Staff request this plan be approved and the Declaration be executed as open enrollment for 2024 will begin in November.

## Attachment A

	<b>FY2023 Plan</b>	<b>FY2024 Plan</b>
<b>Health</b>	Anthem Open Access POS	Anthem Open Access POS
	80/60 Plan	80/60 Plan
	\$3,000 employee	\$2,000 employee
	\$9,000 family	\$6,000 family
	In network deductible	In network deductible
	\$6,500 employee	\$5,500 employee
	\$13,000 family	\$11,000 family
	Maximum (in network) out of pocket limit	Maximum (in network) out of pocket limit
	Physician Copays	Physician Copays
	Primary Care - \$40	Primary Care - \$40
	Specialist - \$50	Specialist - \$50
	Well Visits (Yearly Physical) \$0	Well Visits (Yearly Physical) \$0
	Emergency Room \$200	Emergency Room \$200
Urgent Care \$60	Urgent Care \$60	
<b>Prescriptions</b>	Aetna	Aetna
	Generic \$10	Generic \$10
	Brand \$35	Brand \$35
	Non-Preferred \$60	Non-Preferred \$60
<b>Vision</b>	Blue View Vision	Blue View Vision
	Eye Exam Copay \$10	Eye Exam Copay \$10
	Eye Glasses Frames Allowance \$180	Eye Glasses Frames Allowance \$180
<b>Dental</b>	Delta Dental	Delta Dental
	Annual Maximum Benefit \$1,500 (per person)	Annual Maximum Benefit \$1,500 (per person)
	Annual Deductible \$50	Annual Deductible \$50
	Family Deductible \$150	Family Deductible \$150
	Orthodontic Coverage (children)	Orthodontic Coverage (children)
	Lifetime max \$1,000	Lifetime max \$1,000
<b>Life &amp; AD</b>	Coverage offered to Employee Only	Coverage offered to Employee Only
	Benefit amount \$10,000	Benefit amount \$10,000
<b>Short Term Disability</b>	\$300 per week maximum	\$300 per week maximum