

**Town of Juno Beach
Executive Summary - Monthly Costs
Plan Year: January 1, 2024**



	CURRENT PLAN YEAR - 2023			RENEWAL PLAN YEAR -2024			
MEDICAL: HMO-BlueCare 14354	Florida Blue			Florida Blue			
ACTIVE EMPLOYEES	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	12	\$0.00	\$760.44	\$760.44	\$0.00	\$812.61	\$812.61
Employee + Spouse	6	\$380.21	\$1,140.66	\$1,520.87	\$406.31	\$1,218.91	\$1,625.22
Employee + Child(ren)	0	\$323.18	\$1,083.63	\$1,406.81	\$345.36	\$1,157.97	\$1,503.33
Employee + Family	6	\$703.40	\$1,463.85	\$2,167.25	\$751.67	\$1,564.28	\$2,315.95
	24						
MEDICAL: PPO-BlueOptions 18153	Florida Blue			Florida Blue			
ACTIVE EMPLOYEES	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	0	\$148.26	\$760.44	\$908.70	\$134.06	\$812.61	\$946.67
Employee + Spouse	0	\$676.75	\$1,140.66	\$1,817.41	\$674.43	\$1,218.91	\$1,893.34
Employee + Child(ren)	0	\$597.47	\$1,083.63	\$1,681.10	\$593.37	\$1,157.97	\$1,751.34
Employee + Family	1	\$1,125.96	\$1,463.85	\$2,589.81	\$1,133.73	\$1,564.28	\$2,698.01
	1						
Medical Monthly Premium	25	\$7,627.62	\$26,216.19	\$33,843.81	\$8,081.61	\$28,014.74	\$36,096.35
Medical Annual Premium		\$91,531.44	\$314,594.28	\$406,125.72	\$96,979.32	\$336,176.88	\$433,156.20
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$5,447.88	\$21,582.60	\$27,030.48
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	6.0%	6.9%	6.7%
DENTAL	Solstice			Solstice			
BASE PLAN - 11027	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	14	\$0.00	\$30.72	\$30.72	\$0.00	\$30.72	\$30.72
Employee + Spouse	8	\$15.39	\$46.10	\$61.49	\$15.39	\$46.10	\$61.49
Employee + Child(ren)	2	\$24.41	\$55.12	\$79.53	\$24.41	\$55.12	\$79.53
Employee + Family	6	\$38.91	\$69.63	\$108.54	\$38.91	\$69.63	\$108.54
	30						
DENTAL	Solstice			Solstice			
BUY-UP PLAN - 11431	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	2	\$18.39	\$30.72	\$49.11	\$18.39	\$30.72	\$49.11
Employee + Spouse	1	\$52.11	\$46.10	\$98.21	\$52.11	\$46.10	\$98.21
Employee + Child(ren)	0	\$71.50	\$55.12	\$126.62	\$71.50	\$55.12	\$126.62
Employee + Family	2	\$103.75	\$69.63	\$173.38	\$103.75	\$69.63	\$173.38
	5						
Dental Monthly Premium	35	\$701.79	\$1,573.70	\$2,275.49	\$701.79	\$1,573.70	\$2,275.49
Dental Annual Premium		\$8,421.48	\$18,884.40	\$27,305.88	\$8,421.48	\$18,884.40	\$27,305.88
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	0.0%	0.0%	0.0%
VISION*	UHC/FMIT			UHC/FMIT			
	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	15	\$0.00	\$5.71	\$5.71	\$0.00	\$5.71	\$5.71
Employee + Spouse	10	\$4.50	\$5.71	\$10.21	\$4.50	\$5.71	\$10.21
Employee + Child(ren)	1	\$4.65	\$5.71	\$10.36	\$4.65	\$5.71	\$10.36
Employee + Family	10	\$12.49	\$5.71	\$18.20	\$12.49	\$5.71	\$18.20
	36						
Vision Monthly Premium		\$174.55	\$205.56	\$380.11	\$174.55	\$205.56	\$380.11
Vision Annual Premium		\$2,094.60	\$2,466.72	\$4,561.32	\$2,094.60	\$2,466.72	\$4,561.32
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	0.0%	0.0%	0.0%

*Vision Rates are Effective 10/1/2023-09/30/2024

**Town of Juno Beach
Executive Summary - Monthly Costs
Plan Year: January 1, 2024**



	CURRENT PLAN YEAR - 2023			RENEWAL PLAN YEAR -2024		
Basic Life/AD&D	The Standard			The Standard		
	Employee	Employer	Total Premium	Employee	Employer	Total Premium
Basic Life/AD&D Volume	\$0	\$1,622,500	\$1,622,500	\$0	\$1,622,500	\$1,622,500
Retiree Life Volume	\$125,000	\$0	\$125,000	\$125,000	\$0	\$125,000
Basic Life Rate/\$1,000	\$0.270	\$0.270	\$0.270	\$0.270	\$0.270	\$0.270
AD&D Rate/\$1,000	\$0.000	\$0.020	\$0.020	\$0.000	\$0.020	\$0.020
	\$0.00					
Basic Life/AD&D Monthly Premium	\$33.75	\$470.53	\$504.28	\$33.75	\$470.53	\$504.28
Basic Life/AD&D Annual Premium	\$405.00	\$5,646.30	\$6,051.30	\$405.00	\$5,646.30	\$6,051.30
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
Short Term Disability	The Standard			The Standard		
	Employee	Employer	Total Premium	Employee	Employer	Total Premium
Estimated Volume	\$0	\$28,081	\$28,081	\$0	\$28,081	\$28,081
STD Rate / \$10	\$0.000	\$0.263	\$0.263	\$0.000	\$0.263	\$0.263
STD Monthly Premium	\$0.00	\$738.53	\$738.53	\$0.00	\$738.53	\$738.53
STD Annual Premium	\$0.00	\$8,862.36	\$8,862.36	\$0.00	\$8,862.36	\$8,862.36
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
Long Term Disability	The Standard			The Standard		
	Employee	Employer	Total Premium	Employee	Employer	Total Premium
Estimated Volume	\$0	\$209,166	\$209,166	\$0	\$209,166	\$209,166
LTD Rate / \$100	\$0.000	\$0.231	\$0.231	\$0.000	\$0.231	\$0.231
LTD Monthly Premium	\$0.00	\$483.17	\$483.17	\$0.00	\$483.17	\$483.17
LTD Annual Premium	\$0.00	\$5,798.08	\$5,798.08	\$0.00	\$5,798.08	\$5,798.08
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
TOTAL Monthly Premium	\$8,537.71	\$29,687.68	\$38,225.39	\$8,991.70	\$31,486.23	\$40,477.93
TOTAL Annual Premium	\$102,452.52	\$356,252.15	\$458,704.67	\$107,900.40	\$377,834.75	\$485,735.15
TOTAL \$ Increase / (Decrease)	n/a	n/a	n/a	\$5,447.88	\$21,582.60	\$27,030.48
TOTAL % Increase / (Decrease)	n/a	n/a	n/a	5.3%	6.1%	5.9%

**Town of Juno Beach
Executive Summary - Per Pay
Plan Year: January 1, 2024**



	CURRENT PLAN YEAR - 2023			RENEWAL PLAN YEAR -2024			
MEDICAL: HMO-BlueCare 14354	Florida Blue			Florida Blue			
ACTIVE EMPLOYEES	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	12	\$0.00	\$380.22	\$380.22	\$0.00	\$406.31	\$406.31
Employee + Spouse	6	\$190.11	\$570.33	\$760.44	\$203.15	\$609.46	\$812.61
Employee + Child(ren)	0	\$161.59	\$541.82	\$703.41	\$172.68	\$578.99	\$751.67
Employee + Family	6	\$351.70	\$731.93	\$1,083.63	\$375.84	\$782.14	\$1,157.98
	24						
MEDICAL: PPO-BlueOptions 18153	Florida Blue			Florida Blue			
ACTIVE EMPLOYEES	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	0	\$74.13	\$380.22	\$454.35	\$67.03	\$406.31	\$473.34
Employee + Spouse	0	\$338.38	\$570.33	\$908.71	\$337.21	\$609.46	\$946.67
Employee + Child(ren)	0	\$298.74	\$541.82	\$840.55	\$296.69	\$578.99	\$875.67
Employee + Family	1	\$562.98	\$731.93	\$1,294.91	\$566.87	\$782.14	\$1,349.01
	1						
Medical Per Pay Premium	25	\$3,813.84	\$13,108.07	\$16,921.91	\$4,040.79	\$14,007.39	\$18,048.18
Medical Annual Premium		\$91,532.16	\$314,593.56	\$406,125.72	\$96,978.96	\$336,177.24	\$433,156.20
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$5,446.80	\$21,583.68	\$27,030.48
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	6.0%	6.9%	6.7%
DENTAL	Solstice			Solstice			
BASE PLAN - 11027	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	14	\$0.00	\$15.36	\$15.36	\$0.00	\$15.36	\$15.36
Employee + Spouse	8	\$7.69	\$23.06	\$30.75	\$7.69	\$23.06	\$30.75
Employee + Child(ren)	2	\$12.20	\$27.57	\$39.77	\$12.20	\$27.57	\$39.77
Employee + Family	6	\$19.46	\$34.81	\$54.27	\$19.46	\$34.81	\$54.27
	30						
DENTAL	Solstice			Solstice			
BUY-UP PLAN - 11431	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	2	\$9.20	\$15.36	\$24.56	\$9.20	\$15.36	\$24.56
Employee + Spouse	1	\$26.05	\$23.06	\$49.11	\$26.05	\$23.06	\$49.11
Employee + Child(ren)	0	\$35.75	\$27.57	\$63.31	\$35.75	\$27.57	\$63.31
Employee + Family	2	\$51.88	\$34.81	\$86.69	\$51.88	\$34.81	\$86.69
	5						
Dental Per Pay Premium	35	\$350.88	\$786.87	\$1,137.75	\$350.88	\$786.87	\$1,137.75
Dental Annual Premium		\$8,421.12	\$18,884.76	\$27,305.88	\$8,421.12	\$18,884.76	\$27,305.88
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	0.0%	0.0%	0.0%
VISION*	UHC/FMIT			UHC/FMIT			
	Employee	Employer	Total Premium	Employee	Employer	Total Premium	
Employee	15	\$0.00	\$2.86	\$2.86	\$0.00	\$2.86	\$2.86
Employee + Spouse	10	\$2.25	\$2.86	\$5.11	\$2.25	\$2.86	\$5.11
Employee + Child(ren)	1	\$2.33	\$2.86	\$5.18	\$2.33	\$2.86	\$5.18
Employee + Family	10	\$6.25	\$2.86	\$9.10	\$6.25	\$2.86	\$9.10
	36						
Vision Per Pay Premium		\$87.28	\$102.78	\$190.06	\$87.28	\$102.78	\$190.06
Vision Annual Premium		\$2,094.60	\$2,466.72	\$4,561.32	\$2,094.60	\$2,466.72	\$4,561.32
TOTAL \$ Increase/(Decrease)		n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)		n/a	n/a	n/a	0.0%	0.0%	0.0%

*Vision Rates are Effective 10/1/2023-09/30/2024

**Town of Juno Beach
Executive Summary - Per Pay
Plan Year: January 1, 2024**



	CURRENT PLAN YEAR - 2023			RENEWAL PLAN YEAR -2024		
	The Standard			The Standard		
	Employee	Employer	Total Premium	Employee	Employer	Total Premium
Basic Life/AD&D						
Basic Life/AD&D Volume	\$0	\$1,622,500	\$1,622,500	\$0	\$1,622,500	\$1,622,500
Retiree Life Volume	\$125,000	\$0	\$125,000	\$125,000	\$0	\$125,000
Basic Life Rate/\$1,000	N/A	\$0.135	\$0.135	N/A	\$0.135	\$0.135
Retiree Life Rate/\$1,000 (Mthly)	\$0.270	N/A	\$0.270	\$0.270	N/A	\$0.270
AD&D Rate/\$1,000	\$0.000	\$0.010	\$0.010	\$0.000	\$0.010	\$0.010
	\$0.00					
Basic Life/AD&D Per Pay Premium	\$16.88	\$235.26	\$252.14	\$16.88	\$235.26	\$252.14
Basic Life/AD&D Annual Premium	\$405.00	\$5,646.30	\$6,051.30	\$405.00	\$5,646.30	\$6,051.30
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
Short Term Disability						
Estimated Volume	\$0	\$28,081	\$28,081	\$0	\$28,081	\$28,081
STD Rate / \$10	\$0.000	\$0.132	\$0.132	\$0.000	\$0.132	\$0.132
STD Per Pay Premium	\$0.00	\$369.27	\$369.27	\$0.00	\$369.27	\$369.27
STD Annual Premium	\$0.00	\$8,862.36	\$8,862.36	\$0.00	\$8,862.36	\$8,862.36
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
Long Term Disability						
Estimated Volume	\$0	\$209,166	\$209,166	\$0	\$209,166	\$209,166
LTD Rate / \$100	\$0.000	\$0.116	\$0.116	\$0.000	\$0.116	\$0.116
LTD Per Pay Premium	\$0.00	\$241.59	\$241.59	\$0.00	\$241.59	\$241.59
LTD Annual Premium	\$0.00	\$5,798.08	\$5,798.08	\$0.00	\$5,798.08	\$5,798.08
TOTAL \$ Increase/(Decrease)	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00
TOTAL % Increase/(Decrease)	n/a	n/a	n/a	0.0%	0.0%	0.0%
TOTAL Per Pay Premium	\$4,268.87	\$14,843.82	\$19,112.69	\$4,495.82	\$15,743.14	\$20,238.96
TOTAL Annual Premium	\$102,452.88	\$356,251.79	\$458,704.67	\$107,899.68	\$377,835.47	\$485,735.15
TOTAL \$ Increase / (Decrease)	n/a	n/a	n/a	\$5,446.80	\$21,583.68	\$27,030.48
TOTAL % Increase / (Decrease)	n/a	n/a	n/a	5.3%	6.1%	5.9%