

EXHIBIT A

Town of Lake Park
Employee Benefits Executive Cost Summary
Effective Date: October 1, 2023

EXHIBIT A



COVERAGE		CURRENT			RENEWAL		
HEALTH		FLORIDA BLUE			FLORIDA BLUE		
OPEN ACCESS PLUS		Total	Employer	Employee	Total	Employer	Employee
Employee	37	\$803.01	\$803.01	\$0.00	\$964.35	\$964.35	\$0.00
EE+Spouse	5	\$1,830.87	\$1,316.94	\$513.93	\$2,198.72	\$1,581.54	\$617.18
EE+Child(ren)	4	\$1,606.02	\$1,204.52	\$401.50	\$1,928.70	\$1,446.53	\$482.17
EE+Family	3	\$2,569.64	\$1,686.33	\$883.31	\$3,085.92	\$2,025.14	\$1,060.78
ANNUAL PREMIUM	49	\$635,984.64	\$554,077.68	\$81,906.96	\$763,765.32	\$665,402.28	\$98,363.04
\$ INCREASE		N/A	N/A	N/A	\$95,245.32	\$78,789.24	\$16,456.08
% INCREASE		N/A	N/A	N/A	14.2%	13.4%	20.1%
DENTAL		CIGNA			CIGNA		
DPPO Plan		Total	Employer	Employee	Total	Employer	Employee
Employee	41	\$33.81	\$33.81	\$0.00	\$35.50	\$35.50	\$0.00
EE+Family	12	\$104.68	\$33.81	\$70.87	\$109.91	\$35.50	\$74.41
ANNUAL PREMIUM	53	\$31,708.44	\$21,503.16	\$10,205.28	\$33,293.04	\$22,578.00	\$10,715.04
\$ INCREASE		N/A	N/A	N/A	\$1,584.60	\$1,074.84	\$509.76
% INCREASE		N/A	N/A	N/A	5.0%	5.0%	5.0%
VISION		Humana			Humana		
		Total	Employer	Employee	Total	Employer	Employee
Employee	37	\$4.59	\$4.59	\$0.00	\$4.59	\$4.59	\$0.00
EE+Spouse	9	\$9.19	\$4.59	\$4.60	\$9.19	\$4.59	\$4.60
EE+Child(ren)	3	\$8.73	\$4.59	\$4.14	\$8.73	\$4.59	\$4.14
EE+Family	6	\$13.72	\$4.59	\$9.13	\$13.72	\$4.59	\$9.13
ANNUAL PREMIUM	55	\$4,332.60	\$3,029.40	\$1,303.20	\$4,332.60	\$3,029.40	\$1,303.20
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
HRA FUNDING*		Benefits Workshop			Benefits Workshop		
		Total	Employer	Employee	Total	Employer	Employee
Employee Only	37	\$1,500.00	\$1,500.00	\$0.00	Not Renewed		
Employee + Dependent(s)	12	\$3,000.00	\$3,000.00	\$0.00			
ANNUAL COST (80% of Max Liab.)	49	\$73,200.00	\$73,200.00	\$0.00			
\$ INCREASE		N/A	N/A	N/A			
% INCREASE		N/A	N/A	N/A			
FSA ADMINISTRATION		Benefits Workshop			Benefits Workshop		
		Total	Employer	Employee	Total	Employer	Employee
HRA Administration	49	\$5.00	\$5.00	\$0.00	Not Renewed		
FSA Administration	19	\$5.00	\$5.00	\$0.00			
ANNUAL PREMIUM		\$2,940.00	\$2,940.00	\$0.00	\$2,400.00	\$2,400.00	\$0.00
\$ INCREASE		N/A	N/A	N/A	-\$540.00	-\$540.00	\$0.00
% INCREASE		N/A	N/A	N/A	-18.4%	-18.4%	0.0%
Supplemental GAP		\$2,000 GAP Supplemental Coverage					
		Total	Employer	Employee	Not Renewed		
Employee Only	37	\$43.91	\$43.91	\$0.00			
Employee + Spouse	5	\$93.24	\$93.24	\$0.00			
Employee + Children	4	\$68.59	\$68.59	\$0.00			
Employee + Family	3	\$115.35	\$115.35	\$0.00			
ANNUAL PREMIUM	49	\$32,535.36	\$32,535.36	\$0.00			
\$ INCREASE		N/A	N/A	N/A			
% INCREASE		N/A	N/A	N/A			
LIFE		The Hartford			The Hartford		
		Total	Employer	Employee	Total	Employer	Employee
Life Rate		\$0.185	\$0.185	\$0.000	\$0.185	\$0.185	\$0.000
AD&D Rate		\$0.018	\$0.018	\$0.000	\$0.018	\$0.018	\$0.000
Total Life and AD&D		\$0.203	\$0.203	\$0.000	\$0.203	\$0.203	\$0.000
Life Volume		\$2,521,500	\$2,521,500	\$2,521,500	\$2,521,500	\$2,521,500	\$2,521,500
ANNUAL PREMIUM		\$6,142.37	\$6,142.37	\$0.00	\$6,142.37	\$6,142.37	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
LONG TERM DISABILITY		The Hartford			The Hartford		
		Total	Employer	Employee	Total	Employer	Employee
LTD Rate		\$0.320	\$0.320	\$0.000	\$0.320	\$0.320	\$0.000
LTD Volume		\$277,841	\$277,841	\$277,841	\$277,841	\$277,841	\$277,841
ANNUAL PREMIUM		\$10,669.09	\$10,669.09	\$0.00	\$10,669.09	\$10,669.09	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
SHORT TERM DISABILITY		The Hartford			The Hartford		
		Total	Employer	Employee	Total	Employer	Employee
STD Rate		\$0.150	\$0.150	\$0.000	\$0.150	\$0.150	\$0.000
STD Volume		\$43,657	\$43,657	\$43,657	\$43,657	\$43,657	\$43,657
ANNUAL PREMIUM		\$7,858.31	\$7,858.31	\$0.00	\$7,858.31	\$7,858.31	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
EMPLOYEE ASSISTANCE PROGRAM		New Directions			New Directions		
		Total	Employer	Employee	Total	Employer	Employee
ANNUAL PREMIUM		\$3,000.00	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
\$ INCREASE		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%
SUMMARY		Total	Employer	Employee	Total	Employer	Employee
TOTAL ANNUAL PREMIUM		\$808,370.81	\$714,955.37	\$93,415.44	\$831,460.73	\$721,079.45	\$110,381.28
\$ INCREASE		N/A	N/A	N/A	\$23,089.92	\$6,124.08	\$16,965.84
% INCREASE		N/A	N/A	N/A	2.9%	0.9%	18.2%

EXHIBIT B

**Town of Lake Park
2023 RFP Response List**

EXHIBIT B

Carrier	Medical	Dental	Vision	DTQ	Comments
Aetna	✓				
Cigna		✓	✓	✓	DTQ Medical Vision Quote Included
Companion Life					No Response
Delta Dental					No Response
EyeMed				✓	Uncompetitive
Florida Blue	✓				Incumbent Medical Carrier
FMIT				✓	Declined to Quote - Uncompetitive
Guardian				✓	Declined to Quote - Uncompetitive
Humana			✓		Incumbent - Vision
Liberty Dental Plan					No Response
Lincoln Financial					No Response
MetLife		✓	✓		Included
Mutual of Omaha					No Response
New Directions					No Response
Ochs, Inc.					No Response
Principal		✓	✓		Included
Solstice		✓	✓		Included
The Standard					Declined to Quote
United HealthCare	✓				Included
Versant Health					No Response
VSP					Declined to Quote

Town of Lake Park
Medical Insurance Evaluation HDHP Alternatives
Effective Date: October 1, 2023



Medical	CURRENT		RENEWAL		NEGOTIATED RENEWAL	
	Florida Blue BlueOptions Plan 05190/05191	\$2,000 GAP Coverage Prosperity with Physician OV	Florida Blue BlueOptions Plan 05190/05191	\$2,000 GAP Coverage Prosperity with Physician OV	Florida Blue BlueOptions Plan 05190/05191	\$2,000 GAP Coverage Prosperity with Physician OV
Calendar Year Deductible (CYD)	In Network Out of Network	In Network Out of Network	In Network Out of Network	In Network Out of Network	In Network Out of Network	In Network Out of Network
Single	\$1,500 \$3,000		\$1,500 \$3,000		\$1,500 \$3,000	
Family	\$3,000 \$6,000		\$3,000 \$6,000		\$3,000 \$6,000	
Out of Pocket Maximum						
Single	\$4,500 \$9,000		\$4,500 \$9,000		\$4,500 \$9,000	
Family	\$6,850/\$9,000 \$18,000		\$6,850/\$9,000 \$18,000		\$6,850/\$9,000 \$18,000	
Coinsurance	20% 40%		20% 40%		20% 40%	
Office Visits						
Physician Office Visit	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Specialist Visit	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Virtual Visit	PYD + 20% Not Covered		PYD + 20% Not Covered		PYD + 20% Not Covered	
Preventive Services (Wellness)	No Charge 40%		No Charge 40%		No Charge 40%	
Independent Clinical Lab	PYD PYD + 40%		PYD PYD + 40%		PYD PYD + 40%	
X-ray at Indep. Diagnostic Center	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Advanced Imaging at Indep. Diagnostic Center	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Urgent Care Center	PYD + 20% PYD + 20%		PYD + 20% PYD + 20%		PYD + 20% PYD + 20%	
Hospital						
Inpatient Facility (per admission)	PYD + 20% \$500 + PYD + 40%		PYD + 20% \$500 + PYD + 40%		PYD + 20% \$500 + PYD + 40%	
Outpatient Surgery	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Physician Services at Hospital	PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%	
Emergency Room Visit	PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%	
Mental Health / Substance Abuse						
Inpatient Facility	PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%		PYD + 20% INN PYD + 20%	
Outpatient Facility (OV/Other)	PYD + 20% PYD + 40%		PYD + 20% PYD + 40%		PYD + 20% PYD + 40%	
Prescription Drugs	<i>Rx Subject to INN PYD</i>		<i>Rx Subject to INN PYD</i>		<i>Rx Subject to INN PYD</i>	
Generic	\$10 50%		\$10 50%		\$10 50%	
Preferred Brand	\$50 50%		\$50 50%		\$50 50%	
Non-Preferred Brand	\$80 50%		\$80 50%		\$80 50%	
Specialty	\$10/\$50/\$80 50%		\$10/\$50/\$80 50%		\$10/\$50/\$80 50%	
Mail Order (90-Day Supply)	\$25/\$125/\$200 50%		\$25/\$125/\$200 50%		\$25/\$125/\$200 50%	
	Enroll	Monthly Rates	\$2,000 In Gap Coverage	Monthly Rates	\$2,000 In Gap Coverage	Monthly Rates
Employee	37	\$803.01	\$43.91	\$1,011.79	\$43.91	\$915.43
Employee + Spouse	5	\$1,830.87	\$93.24	\$2,306.89	\$93.24	\$2,087.19
Employee + Child(ren)	4	\$1,606.02	\$68.59	\$2,023.59	\$68.59	\$1,830.87
Family	3	\$2,569.64	\$115.35	\$3,237.74	\$115.35	\$2,929.38
Total Monthly Premium	49	\$52,999	\$2,711	\$66,778	\$2,711	\$60,418
Total Annual Premium		\$635,985	\$32,535	\$801,339	\$32,535	\$725,022
\$ Increase		N/A	N/A	\$165,354	\$0	\$89,037
% Increase		N/A	N/A	26.0%	0.0%	14.0%
Total Monthly Premium		\$55,710		\$69,490		\$63,130
Total Annual Premium		\$668,520		\$833,874		\$757,557
\$ Increase		N/A		\$165,354		\$89,037
% Increase		N/A		24.7%		13.3%

Town of Lake Park
Medical Insurance Evaluation HDHP Alternatives
Effective Date: October 1, 2023



Medical	CURRENT		Alternative Option 1		Alternative Option 2		Alternative Option 3	
	Florida Blue BlueOptions Plan 05190/05191		\$2,000 GAP Coverage Prosperity with Physician OV		Florida Blue BlueOptions 05771		Florida Blue BlueCare Predictable Cost 47	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)								
Single	\$1,500	\$3,000			\$1,500	\$4,500	\$1,500	\$0
Family	\$3,000	\$6,000			\$4,500	\$13,500	\$4,500	\$0
Out of Pocket Maximum								
Single	\$4,500	\$9,000			\$4,500	\$9,000	\$4,500	\$8,500
Family	\$6,850/\$9,000	\$18,000			\$9,000	\$18,000	\$9,000	\$17,000
Coinurance	20%	40%			20%	50%	20%	0%
Office Visits								
Physician Office Visit	PYD + 20%	PYD + 40%			\$30	PYD + 50%	\$30	\$45 to \$150
Specialist Visit	PYD + 20%	PYD + 40%			\$55	PYD + 50%	\$55	\$45 to \$150
Virtual Visit	PYD + 20%	Not Covered			No Charge/\$55	Not Covered	No Charge/\$55	No Charge
Preventive Services (Wellness)	No Charge	40%			No Charge	50%	No Charge	No Charge
Independent Clinical Lab	PYD	PYD + 40%			No Charge	PYD + 50%	No Charge	No Charge
X-ray at Indep. Diagnostic Center	PYD + 20%	PYD + 40%			\$50	PYD + 50%	\$50	No Charge
Advanced Imaging at Indep. Diagnostic Center	PYD + 20%	PYD + 40%			\$250	PYD + 50%	\$250	\$250 to \$1,150
Urgent Care Center	PYD + 20%	PYD + 20%			\$60	PYD + 50%	\$60	\$100
Hospital								
Inpatient Facility (per admission)	PYD + 20%	\$500 + PYD + 40%			PYD + 20%	\$500 + PYD + 50%	PYD + 20%	\$4,500
Outpatient Surgery	PYD + 20%	PYD + 40%			PYD + 20%	PYD + 50%	PYD + 20%	\$250 to \$1,150
Physician Services at Hospital	PYD + 20%	INN PYD + 20%			PYD + 20%	INN PYD + 20%	PYD + 20%	\$250 to \$1,150
Emergency Room Visit	PYD + 20%	INN PYD + 20%			\$250	\$250	\$250	\$1,000
Mental Health / Substance Abuse								
Inpatient Facility	PYD + 20%	INN PYD + 20%			No Charge	50%	No Charge	\$4,500
Outpatient Facility (OV/Other)	PYD + 20%	PYD + 40%			No Charge	50%	No Charge	\$170
Prescription Drugs								
Generic	\$10	50%			\$10	50%	\$10	\$10/\$25
Preferred Brand	\$50	50%			\$50	50%	\$50	\$90
Non-Preferred Brand	\$80	50%			\$80	50%	\$80	\$200
Specialty	\$10/\$50/\$80	50%			20%	50%	20%	\$25/\$65 / \$225/\$500
Mail Order (90-Day Supply)	\$25/\$125/\$200	50%			\$25/\$125/\$200	50%	\$25/\$125/\$200	\$550/\$600/\$650
	Enroll	Monthly Rates	\$2,000 In Gap Coverage		Monthly Rates		Monthly Rates	
Employee	37	\$803.01	\$43.91		\$1,052.91		\$964.35	
Employee + Spouse	5	\$1,830.87	\$93.24		\$2,400.64		\$2,198.72	
Employee + Child(ren)	4	\$1,606.02	\$68.59		\$2,105.83		\$1,928.70	
Family	3	\$2,569.64	\$115.35		\$3,369.32		\$3,085.92	
Total Monthly Premium	49	\$52,999	\$2,711		\$69,492		\$63,647	
Total Annual Premium		\$635,985	\$32,535		\$833,906		\$763,765	
\$ Increase		N/A	N/A		\$165,386		\$95,245	
% Increase		N/A	N/A		24.7%		14.2%	
Total Monthly Premium			\$55,710		\$69,492		\$63,647	
Total Annual Premium			\$668,520		\$833,906		\$763,765	
\$ Increase			N/A		\$165,386		\$95,245	
% Increase			N/A		24.7%		14.2%	

Town of Lake Park
Medical Insurance Evaluation HDHP Alternatives
Effective Date: October 1, 2023



Medical	CURRENT		Alternative Option 4		Alternative Option 5		Alternative Option 6	
	Florida Blue BlueOptions Plan 05190/05191		\$2,000 GAP Coverage Prosperity with Physician OV		Aetna FL OA EPO 1500 80% CY V23		Aetna FL OA EPO 1000 80% CY V23	
	In Network	Out of Network	In Network	Out of Network	In Network	In Network	In Network	Out of Network
Calendar Year Deductible (CYD)								
Single	\$1,500	\$3,000			\$1,500	\$1,000	\$1,500	\$3,000
Family	\$3,000	\$6,000			\$3,000	\$2,000	\$3,000	\$9,000
Out of Pocket Maximum								
Single	\$4,500	\$9,000			\$5,500	\$5,000	\$5,500	\$13,000
Family	\$6,850/\$9,000	\$18,000			\$11,000	\$10,000	\$11,000	\$39,000
Coinurance	20%	40%			20%	20%	20%	50%
Office Visits								
Physician Office Visit	PYD + 20%	PYD + 40%			\$25	\$25	\$25	50% after CYD
Specialist Visit	PYD + 20%	PYD + 40%			\$75	\$75	\$75	50% after CYD
Virtual Visit	PYD + 20%	Not Covered			No charge/\$75	No charge/\$75	No charge/\$75	Not Covered
Preventive Services (Wellness)	No Charge	40%			No Charge	No Charge	No Charge	50% after CYD
Independent Clinical Lab	PYD	PYD + 40%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
X-ray at Indep. Diagnostic Center	PYD + 20%	PYD + 40%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Advanced Imaging at Indep. Diagnostic Center	PYD + 20%	PYD + 40%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Urgent Care Center	PYD + 20%	PYD + 20%			\$75	\$75	\$75	50% after CYD
Hospital								
Inpatient Facility (per admission)	PYD + 20%	\$500 + PYD + 40%	Prosperity Gap will provide first dollar coverage on everything on the front end. (Excludes Rx, telehealth & home health)		PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Outpatient Surgery	PYD + 20%	PYD + 40%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Physician Services at Hospital	PYD + 20%	INN PYD + 20%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Emergency Room Visit	PYD + 20%	INN PYD + 20%			\$300 + PYD + 20%	\$300 + PYD + 20%	\$300 + PYD + 20%	\$300
Mental Health / Substance Abuse								
Inpatient Facility	PYD + 20%	INN PYD + 20%			PYD + 20%	PYD + 20%	PYD + 20%	50% after CYD
Outpatient Facility (OV/Other)	PYD + 20%	PYD + 40%			No Charge/PYD + 20%	No Charge/PYD + 20%	No Charge/PYD + 20%	50% after CYD
Prescription Drugs	Rx Subject to INN PYD							
Generic	\$10	50%			\$3 / \$10	\$3 / \$10	\$3 / \$10	50%
Preferred Brand	\$50	50%			\$45	\$45	\$45	50%
Non-Preferred Brand	\$80	50%			\$75	\$75	\$75	50%
Specialty	\$10/\$50/\$80	50%			P:20% up to \$250 max / NP:40% up to a max \$500 (Retail)	P:20% up to \$250 max / NP:40% up to a max \$500 (Retail)	P:20% up to \$250 max / NP:40% up to a max \$500 (Retail)	Not Covered
Mail Order (90-Day Supply)	\$25/\$125/\$200	50%			2 x Retail	2 x Retail	2 x Retail	50%
	Enroll	Monthly Rates	\$2,000 In Gap Coverage		Monthly Rates	Monthly Rates	Monthly Rates	
Employee	37	\$803.01	\$43.91		\$1,384.72	\$1,450.28	\$1,470.46	
Employee + Spouse	5	\$1,830.87	\$93.24		\$3,003.43	\$3,145.68	\$3,189.41	
Employee + Child(ren)	4	\$1,606.02	\$68.59		\$2,856.39	\$2,991.65	\$3,033.25	
Family	3	\$2,569.64	\$115.35		\$4,475.09	\$4,687.02	\$4,752.22	
Total Monthly Premium	49	\$52,999	\$2,711		\$91,103	\$95,416	\$96,744	
Total Annual Premium		\$635,985	\$32,535		\$1,093,231	\$1,144,997	\$1,160,925	
\$ Increase		N/A	N/A		\$424,711	\$476,477	\$492,405	
% Increase		N/A	N/A		63.5%	71.3%	73.7%	
Total Monthly Premium			\$55,710		\$91,103	\$95,416	\$96,744	
Total Annual Premium			\$668,520		\$1,093,231	\$1,144,997	\$1,160,925	
\$ Increase			N/A		\$424,711	\$476,477	\$492,405	
% Increase			N/A		63.5%	71.3%	73.7%	

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

	Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
1	QUEST DIAGNOSTICS INC	MALTA	MT	CLINICAL LABORATORY	35	296	\$2,307	YES	YES
2	PUBLIX PHARMACY	MULTIPLE	RX	PHARMACY	23	226	\$18,968	YES	YES
3	CVS PHARMACY	MULTIPLE	RX	PHARMACY	13	110	\$7,526	YES	YES
4	WALGREENS PHARMACY	MULTIPLE	RX	PHARMACY	12	52	\$7,004	YES	YES
5	WALGREENS	MULTIPLE	RX	PHARMACY	9	103	\$516	YES	YES
6	CVS/PHARMACY	MULTIPLE	RX	PHARMACY	8	70	\$8,240	YES	YES
7	JUPITER MEDICAL CENTER	JUPITER	FL	ACUTE CARE HOSPITAL	7	18	\$17,438	YES	YES
8	DERMPATH DIAGNOSTICS SOUTH FLORIDA	POMPANO BEACH	FL	CLINICAL LABORATORY	7	7	\$819	YES	YES
9	HELIX URGENT CARE	N PALM BEACH	FL	URGENT CARE CENTER	5	7	\$343	YES	YES
10	ST MARYS MEDICAL CENTER	WEST PALM BEACH	FL	ACUTE CARE HOSPITAL	3	3	\$181,438	YES	YES
11	PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	FL	ACUTE CARE HOSPITAL	3	3	\$6,688	YES	YES
12	CLEVELAND CLINIC MARTIN NORTH HOSPITAL	STUART	FL	ACUTE CARE HOSPITAL	3	2	\$3,576	YES	YES
13	WALMART PHARMACY	MULTIPLE	RX	PHARMACY	3	27	\$996	YES	YES
14	DIR REIM/BC PAY %	MULTIPLE	RX	PHARMACY	3	9	\$887	YES	YES
15	SHAPIRO, STEVEN D	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	3	15	\$758	YES	NO
16	FAHMY, AMIR A	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	3	22	\$619	YES	YES
17	KROGER SPECIALTY PHARMACY LA	MULTIPLE	RX	PHARMACY	2	13	\$46,907	YES	YES
18	WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FL	ACUTE CARE HOSPITAL	2	2	\$20,424	YES	YES
19	HCA FLORIDA JFK HOSPITAL	ATLANTIS	FL	ACUTE CARE HOSPITAL	2	2	\$17,149	YES	YES
20	SPENCE, PETER J	AVENTURA	FL	PHYSICIAN - OSTEOPATH	2	3	\$1,606	YES	YES
21	ROSS, SHARON E	PALM BCH GDNS	FL	PHYSICIAN - M.D.	2	7	\$1,116	YES	YES
22	SAIDIAN, LILA	WELLINGTON	FL	PHYSICIAN - M.D.	2	7	\$877	YES	YES
23	BEACHES OPEN MRI OF PBG INC	PALM BEACH GARDENS	FL	INDEPENDENT DIAGNOSTIC	2	3	\$793	YES	YES

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

	Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
24	ZUNIGA-BARBONI, SYLVIA	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	2	7	\$701	YES	YES
25	OLIVA, JOSEPH W	PLANTATION	FL	PHYSICIAN - OSTEOPATH	2	2	\$683	YES	YES
26	RAYUS RADIOLOGY	BOYNTON BEACH	FL	INDEPENDENT DIAGNOSTIC	2	7	\$625	YES	YES
27	GENOV, IGOR	PLANTATION	FL	PHYSICIAN - OSTEOPATH	2	5	\$518	YES	YES
28	RAYUS RADIOLOGY	WELLINGTON	FL	INDEPENDENT DIAGNOSTIC	2	5	\$411	YES	YES
29	BORENSTEIN, MICHAEL T	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	2	7	\$326	YES	NO
30	ELLIS, MINERVA M	WEST PALM BCH	FL	PHYSICIAN - OSTEOPATH	2	5	\$312	YES	YES
31	MD NOW URGENT CARE	PALM BCH GDNS	FL	URGENT CARE CENTER	2	2	\$297	YES	YES
32	TOWER BREAST DIAGNOSTIC CENTER HABANA	TAMPA	FL	INDEPENDENT DIAGNOSTIC	2	3	\$282	YES	YES
33	GREER, ROBERT C	LAKE PARK	FL	PHYSICIAN - OSTEOPATH	2	5	\$279	YES	YES
34	HERNE, KATHLEEN B	WEST PALM BEACH	FL	PHYSICIAN - M.D.	2	7	\$274	YES	NO
35	BOCA RATON REGIONAL HOSPITAL INC	BOCA RATON	FL	ACUTE CARE HOSPITAL	1	24	\$45,164	YES	YES
36	ELLIS, ELLIOT	WEST PALM BEACH	FL	PHYSICIAN - M.D.	1	11	\$24,852	YES	YES
37	DIALYSIS ASSOC OF THE PALM BEACHES	WEST PALM BEACH	FL	DIALYSIS	1	19	\$19,125	YES	YES
38	DARCY HALL OF LIFE CARE	WEST PALM BEACH	FL	SKILLED NURSING FACILITY	1	2	\$12,671	YES	YES
39	CAREMARK FLORIDA SPECIALTY PHARMACY DBA CVS/SPECIALTY	MULTIPLE	RX	PHARMACY	1	1	\$11,269	YES	YES
40	LIPAN, MICHAEL J	WEST PALM BEACH	FL	PHYSICIAN - M.D.	1	14	\$10,148	YES	YES
41	MIDDELHOF, MARIANA	WELLINGTON	FL	PHYSICIAN - M.D.	1	2	\$6,717	YES	YES
42	SMITH, ANDREW	ATLANTIS	FL	PHYSICIAN - M.D.	1	14	\$4,202	NO	NO
43	LEPOFF, DAVID	BELLE GLADE	FL	PHYSICIAN - OSTEOPATH	1	15	\$4,034	NO	NO
44	HOSPICE OF PALM BEACH COUNTY INC.	WEST PALM BEACH	FL	HOSPICE	1	1	\$3,997	YES	YES
45	US DEPARTMENT OF VETERANS AFFAIRS	PALM BEACH GARDENS	FL	V.A. HOSPITAL	1	3	\$3,030	YES	YES
46	PALM BEACH INTERNATIONAL SURGERY CTR AT THE PALEY INSTITUTE	WEST PALM BCH	FL	AMBULATORY SURGICAL CENTER	1	1	\$2,993	YES	YES

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

	Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
47	SU, MU	MIAMI	FL	PHYSICIAN - M.D.	1	3	\$2,682	YES	YES
48	AVITA PHARMACY	MULTIPLE	RX	PHARMACY	1	2	\$2,588	YES	YES
49	LAMM, BRADLEY M	WEST PALM BEACH	FL	PODIATRIST	1	17	\$2,561	YES	YES
50	CHANDRASEKARAN, NEENA	DEERFIELD BEACH	FL	PHYSICIAN - M.D.	1	6	\$2,226	YES	YES
51	LAPKA, HOLLY	ORLANDO	FL	CLINICAL SOCIAL WORKER	1	53	\$2,122	YES	YES
52	PRATT, SHELBY ANNE	BOCA RATON	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$1,843	YES	YES
53	VENDRYES, ILANA	PLANTATION	FL	PHYSICIAN - M.D.	1	4	\$1,797	YES	YES
54	BAPTIST HEALTH ENDOSCOPY CENTER AT FLAGLER	WEST PALM BCH	FL	AMBULATORY SURGICAL CENTER	1	1	\$1,662	YES	YES
55	TROCK, JENNIFER RAE	HIALEAH	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$1,617	YES	YES
56	BLUMENKRANZ, DAVID I	PLANTATION	FL	PHYSICIAN - M.D.	1	1	\$1,555	YES	YES
57	AMROSE, DAVID S	WEST PALM BCH	FL	PHYSICIAN - M.D.	1	6	\$1,456	YES	YES
58	HCA FLORIDA KENDALL HOSPITAL	MIAMI	FL	ACUTE CARE HOSPITAL	1	1	\$1,449	YES	YES
59	TAMAZYAN, LILIT	STUART	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$1,434	YES	YES
60	MORAD, MOHAMAD MUDAR	ATLANTIS	FL	PHYSICIAN - M.D.	1	10	\$1,370	YES	YES
61	MINIMED DISTRIBUTION CORP	NORTHBRIDGE	CA	DURABLE MEDICAL	1	6	\$1,338	YES	YES
62	ACROSS SPECIALTY PHARMACY	MULTIPLE	RX	PHARMACY	1	2	\$1,261	YES	YES
63	COLLETTA, JOSEPH A	BOCA RATON	FL	PHYSICIAN - M.D.	1	3	\$1,248	YES	YES
64	BUSCH, HOWARD M	JUPITER	FL	PHYSICIAN - M.D.	1	2	\$1,244	YES	YES
65	ALI, SYED A	WELLINGTON	FL	PHYSICIAN - M.D.	1	10	\$1,198	YES	YES
66	PALM BEACH SURGICAL SUITES LLC	PALM BCH GDNS	FL	AMBULATORY SURGICAL CENTER	1	1	\$1,128	YES	YES
67	ETIENNE, JOSEPH H	ATLANTIS	FL	PHYSICIAN - M.D.	1	14	\$1,097	YES	YES
68	LOVEDAY, GONZALO J	JUPITER	FL	PHYSICIAN - M.D.	1	8	\$990	YES	YES
69	RODRIGUEZ, YANITZA	BOYNTON BEACH	FL	PHYSICIAN - M.D.	1	14	\$926	YES	YES

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
70 SAYEGH, BASSAM	JUPITER	FL	PHYSICIAN - M.D.	1	3	\$892	YES	YES
71 EHRICH, JON J	PALM BEACH GARDENS	FL	PHYSICIAN - OSTEOPATH	1	15	\$875	YES	YES
72 EXPRESS SCRIPTS	MULTIPLE	RX	PHARMACY	1	2	\$854	YES	YES
73 LASER & SURGERY CENTER	PALM BEACH GARDENS	FL	AMBULATORY SURGICAL CENTER	1	1	\$824	YES	YES
74 WEISS, KRISTIN	SUNRISE	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$818	YES	YES
75 HANIAK, SUSAN L	WELLINGTON	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$790	YES	YES
76 GOOD SAMARITAN MEDICAL CENTER	WEST PALM BEACH	FL	ACUTE CARE HOSPITAL	1	1	\$778	YES	YES
77 LOVITZ, LAWRENCE S	VERO BEACH	FL	PHYSICIAN - M.D.	1	3	\$765	YES	YES
78 CARLSON, DIANE L	HOMESTEAD	FL	PHYSICIAN - M.D.	1	4	\$758	YES	YES
79 HERSCOVICI, PABLO	MIAMI	FL	PHYSICIAN - M.D.	1	2	\$742	YES	YES
80 NORTH COUNTY SURGICENTER	PALM BEACH GARDENS	FL	AMBULATORY SURGICAL CENTER	1	1	\$741	YES	YES
81 THE, JULIETTE	BOYNTON BEACH	FL	PHYSICIAN - M.D.	1	5	\$731	YES	YES
82 SELECT PHYSICAL THERAPY	JUPITER	FL	REHABILITATION FACILITY	1	10	\$720	YES	YES
83 THE OUTPATIENT CENTER OF BOYNTON BEACH LTD	BOYNTON BEACH	FL	AMBULATORY SURGICAL CENTER	1	1	\$707	YES	YES
84 STUART SURGERY CENTER	STUART	FL	AMBULATORY SURGICAL CENTER	1	1	\$667	YES	YES
85 TRADITION SURGERY CENTER LLC	FORT PIERCE	FL	AMBULATORY SURGICAL CENTER	1	1	\$664	YES	YES
86 ANGLADE, MOISE W	WELLINGTON	FL	PHYSICIAN - M.D.	1	7	\$604	YES	YES
87 DICKINSON, LARA L	PORT ST LUCIE	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$582	YES	YES
88 LOPERA, JOHN J	LOXAHATCHEE	FL	PHYSICIAN - M.D.	1	7	\$567	YES	YES
89 RIVIERA BEACH FIRE DEPARTMENT	RIVIERA BEACH	FL	AMBULANCE SERVICE	1	2	\$549	NO	NO
90 COLEMAN, BERTHINA B	PLANTATION	FL	PHYSICIAN - M.D.	1	3	\$548	YES	YES
91 SOUTH COUNTY OUTPATIENT SURGERY CENTER LLC	DELRAY BEACH	FL	AMBULATORY SURGICAL CENTER	1	1	\$510	YES	YES
92 WEINGARTEN, JAY S	JUPITER	FL	PODIATRIST	1	15	\$507	YES	NO

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

	Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
93	NGUYEN, GARRETT	FT LAUDERDALE	FL	PODIATRIST	1	5	\$504	YES	YES
94	WESTON, LAURA C	PALM BCH GDNS	FL	PHYSICIAN - M.D.	1	3	\$498	YES	YES
95	ANGLADE, MOISE W	WELLINGTON	FL	PHYSICIAN - M.D.	1	4	\$495	YES	NO
96	WATERSIDE AMBULATORY SURGICAL CENTER INC	WEST PALM BEACH	FL	AMBULATORY SURGICAL CENTER	1	1	\$491	YES	YES
97	MCLAUGHLIN, AMANDA	PORT ST LUCIE	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$478	YES	YES
98	KAPPLER, STEVEN S	PORT SAINT LUCIE	FL	PHYSICIAN - M.D.	1	2	\$477	YES	YES
99	CARESPOT WEEELINGTON	ROYAL PALM BEACH	FL	URGENT CARE CENTER	1	3	\$446	YES	YES
100	ODONNELL WEAR, KAREN M	PLANTATION	FL	PHYSICIAN - OSTEOPATH	1	1	\$432	YES	YES
101	BUZZELLA, BARBARA A	SUNRISE	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$432	YES	YES
102	HCA FLORIDA ST LUCIE HOSPITAL	PORT SAINT LUCIE	FL	ACUTE CARE HOSPITAL	1	1	\$428	YES	YES
103	KHMARA, KSENIYA	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	1	2	\$418	YES	YES
104	SANCHEZ MURCIA, TIFFANY C	PLANTATION	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$402	YES	YES
105	SHEIKH, JANAID	PLANTATION	FL	PHYSICIAN - OSTEOPATH	1	1	\$402	YES	YES
106	NGO, BENJAMIN J	STUART	FL	PHYSICIAN - M.D.	1	1	\$397	YES	YES
107	PALM BEACH COUNTY FIRE RESCUE	WEST PALM BEACH	FL	AMBULANCE SERVICE	1	2	\$396	NO	NO
108	BRILL, MATTHEW P	PLANTATION	FL	PHYSICIAN - OSTEOPATH	1	2	\$387	YES	YES
109	HERNANDEZ, SANTIAGO J	PLANTATION	FL	PHYSICIAN - M.D.	1	4	\$387	YES	YES
110	DWOSKIN, RICHARD M	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	1	2	\$376	YES	YES
111	ROACHE-ROBINSON, PORSHA	FORT PIERCE	FL	PHYSICIAN - OSTEOPATH	1	1	\$354	YES	YES
112	LANGERMAN, JARED	JUPITER	FL	PHYSICIAN - M.D.	1	2	\$354	YES	YES
113	AMERICAN MEDICAL RESPONSE	LAKE WORTH	FL	AMBULANCE SERVICE	1	2	\$323	YES	YES
114	ELIZARDE, MAGGIE	WELLINGTON	FL	CERTIFIED NURSE ANESTHETIST	1	1	\$322	YES	YES
115	NIGHT LITE PEDIATRIC CENTER LLC	PORT ST LUCIE	FL	URGENT CARE CENTER	1	2	\$320	YES	YES

Town of Lake Park
Medical Network Disruption Analysis
Sorted by Number of Claimants



Sorted By:

Provider Name	City	State	Provider Type	Claimants	Claims	Plan Paid	Florida Blue Options	Florida BlueCare
116 BOWEN, STACEA N	WELLINGTON	FL	PHYSICIAN - M.D.	1	4	\$318	YES	YES
117 VAXCARE CORPORATION	ORLANDO	FL	CONVENIENT CARE CENTER	1	4	\$310	YES	YES
118 SANCHEZ, CARLOS W	WELLINGTON	FL	PHYSICIAN - M.D.	1	5	\$305	YES	YES
119 HANNEY, DENNIS E	JUPITER	FL	PHYSICIAN - OSTEOPATH	1	3	\$300	YES	YES
120 OPPENHEIM, ADAM	SAINT PETERSBURG	FL	PHYSICIAN - OSTEOPATH	1	2	\$299	YES	YES
121 MATA, SUSAN M	PALM BEACH GARDENS	FL	PHYSICIAN - M.D.	1	5	\$298	YES	NO
122 DESTITO, KERI	PORT ST LUCIE	FL	ADVANCED REGISTERED	1	1	\$283	YES	YES
123 HALEY, COLLEEN E	PLANT CITY	FL	PHYSICIAN - M.D.	1	1	\$283	YES	YES
124 GARELICK, JEFFREY H	WEST PALM BCH	FL	PHYSICIAN - M.D.	1	1	\$281	YES	YES
125 WENGER, JEFFREY S	WEST PALM BEACH	FL	PHYSICIAN - M.D.	1	2	\$276	YES	YES
126 RENE, CATHIA M	GAINESVILLE	FL	PHYSICIAN - M.D.	1	3	\$268	YES	YES
127 VENNOS, ALEXANDER N	PLANTATION	FL	PHYSICIAN - M.D.	1	2	\$266	YES	YES
128 TUREK, CASEY	PALM BCH GDNS	FL	ADVANCED REGISTERED	1	3	\$263	YES	NO

Town of Lake Park
Medical Network Disruption Analysis
Summary Chart



Top 100 Provider Analysis			
		Florida BlueOptions	Florida BlueCare
Top 100 Provider Analysis	In Network Providers	97	92
	Out of Network Providers	3	8
	Total Providers	100	100
	% of In Network Providers	97%	92%

Complete Analysis (128 Providers)			
		Florida BlueOptions	Florida BlueCare
Complete Analysis	In Network Providers	124	117
	Out of Network Providers	4	11
	Total Providers	128	128
	% of In Network Providers	97%	91%

Town of Lake Park
Dental Insurance Evaluation
Effective Date: October 1, 2023

		CURRENT		RENEWAL		PROPOSED OPTION 1		PROPOSED OPTION 2		PROPOSED OPTION 2A		PROPOSED OPTION 3	
DENTAL SCHEDULE OF BENEFITS		Cigna		Cigna		Solstice Custom DPP02		MetLife Option 1		MetLife Option 2		Principal	
Network		DPPO Progressive Plan		DPPO Progressive Plan		In-Network Non-Network		In-Network Non-Network		In-Network Non-Network		In-Network Non-Network	
Plan Basics		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Maximum		Year 1: \$1,500	Year 2: \$1,600	Year 1: \$1,500	Year 2: \$1,600	\$1,750	\$1,500	\$1,500		\$1,500 With Incentive Provision (increase maximum by \$100 the following year; subject to a total maximum increase of \$300)		\$1,800	
		Year 3: \$1,700	Year 4: \$1,800	Year 3: \$1,700	Year 4: \$1,800								
Annual Deductible													
Single		\$25	\$50	\$25	\$50	\$50	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family		\$75	\$150	\$75	\$150	\$150	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits													
Preventive		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic		95%	80%	95%	80%	90%	80%	95%	80%	95%	80%	95%	80%
Major		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Implants		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Service Information													
Out of Network Benefits Payable Level		90th Percentile		90th Percentile		90th Percentile		90th Percentile		90th Percentile		90th Percentile	
Waiting Period for Major Services (Timely Entrants)		None		None		None		None		None		None	
Endodontics/Periodontics Payable Level		Basic		Basic		Basic		Basic		Basic		Basic	
Orthodontic Lifetime Maximum		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Rate Guarantee Expiration Date		Expires 9/30/2023		Expires 9/30/2024		Expires 9/30/2025		Expires 9/30/2024		Expires 9/30/2024		Expires 9/30/2025	
Monthly Rates*		Enroll											
Employee		41	\$33.81	\$35.50	\$33.37	\$35.39	\$35.70	\$41.09					
Employee + Family		12	\$104.68	\$109.91	\$103.32	\$99.20	\$100.09	\$112.20					
Monthly Premium		53	\$2,642	\$2,774	\$2,608	\$2,641	\$2,665	\$3,031					
Annual Premium			\$31,708	\$33,293	\$31,296	\$31,697	\$31,977	\$36,373					
\$ Increase			N/A	\$1,585	-\$412	-\$12	\$269	\$4,665					
% Increase			N/A	5.0%	-1.3%	0.0%	0.8%	14.7%					

12 3rd year rate cap of 5% 2nd year rate cap of 6%

Town of Lake Park
Vision Insurance Evaluation
Effective Date: October 1, 2023

		CURRENT		RENEWAL		PROPOSED OPTION 1		PROPOSED OPTION 2	
VISION SCHEDULE OF BENEFITS		Humana Plan 130 (EyeMed/Insight Network)		Humana Plan 130 (EyeMed/Insight Network)		Cigna		Solstice Vision Plan SV3	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Frequency									
Exam Copay		12 months		12 months		12 months		12 months	
Lenses		12 months		12 months		12 months		12 months	
Frames		24 months		24 months		24 months		24 months	
Exams		Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam		\$10	Up to \$30	\$10	Up to \$30	\$10	Up to \$45	\$10	Up to \$40
Retinal Imaging		Up to \$39	Not Covered	Up to \$39	Not Covered	Up to \$39	Not Covered	Not Covered	Not Covered
Contact Lens Exams (Fit & Follow Up)									
Standard Contact Lens		Up to \$40	Not Covered	Up to \$40	Not Covered	\$40 Copay	Not Covered	No Charge after \$10 copay	Not Covered
Premium Contact Lens		10% off Retail	Not Covered	10% off Retail	Not Covered	N/A	N/A	N/A	N/A
Lenses and Frames									
Single Lenses		\$15	Up to \$25	\$15	Up to \$25	\$15	Up to \$32	\$10	Up to \$40
Bifocal Lenses		\$15	Up to \$40	\$15	Up to \$40	\$15	Up to \$55	\$10	Up to \$60
Trifocal Lenses		\$15	Up to \$60	\$15	Up to \$60	\$15	Up to \$65	\$10	Up to \$80
Contact Lenses (Elective)		Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130	Up to \$105	Up to \$130 after \$10 Copay	Up to \$130
Contact Lenses (Disposable)		Up to \$130	Up to \$104	Up to \$130	Up to \$104	N/A	N/A	Up to \$130 after \$10 Copay	Up to \$130
Contact Lenses (Medically Necessary)		No Charge	Up to \$200	No Charge	Up to \$200	No charge	Up to \$210	No charge after \$10 copay	Up to \$210
Frames		Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130	Up to \$71	Up to \$130 after \$10 Copay	Up to \$45
Diabetic Eye Care									
Eye Exam		\$0	Up to \$77	\$0	Up to \$77	\$10	Up to \$45	\$10	Up to \$40
Retinal Imaging		\$0	Up to \$50	\$0	Up to \$50	Up to \$39	Not Covered	Not Covered	Not Covered
Extended Ophthalmoscopy		\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Gonioscopy		\$0	Up to \$15	\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Scanning Laser		\$0	Up to \$33	\$0	Up to \$33	Not Covered	Not Covered	Not Covered	Not Covered
Rate Guarantee		Expires 9/30/2023		Expires 9/30/2025		Expires 9/30/2025		Expires 9/30/2025	
Monthly Rates	Enroll								
Employee	37	\$4.59		\$4.59		\$4.74		\$5.60	
Employee + Spouse	9	\$9.19		\$9.19		\$9.47		\$11.22	
Employee + Child(ren)	3	\$8.73		\$8.73		\$9.57		\$10.65	
Employee + Family	6	\$13.72		\$13.72		\$15.27		\$16.74	
Monthly Premium	55	\$361		\$361		\$381		\$441	
Annual Premium		\$4,333		\$4,333		\$4,571		\$5,287	
\$ Increase		N/A		\$0		\$239		\$954	
% Increase		N/A		0.0%		5.5%		22.0%	

Town of Lake Park
Vision Insurance Evaluation
Effective Date: October 1, 2023

		CURRENT		PROPOSED OPTION 3		PROPOSED OPTION 4	
VISION SCHEDULE OF BENEFITS		Humana Plan 130 (EyeMed/Insight Network)		MetLife M130D-10/15 (Option1)		Principal VSP Choice Network	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Frequency							
Exam Copay		12 months		12 months		12 months	
Lenses		12 months		12 months		12 months	
Frames		24 months		24 months		24 months	
Exams		Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam		\$10	Up to \$30	\$10	Up to \$45	\$10	Up to \$45
Retinal Imaging		Up to \$39	Not Covered	Up to \$39	Applied to Exam Allowance	Not Covered	Not Covered
Contact Lens Exams (Fit & Follow Up)							
Standard Contact Lens		Up to \$40	Not Covered	Included in Contact Lens Allowance	Not Covered	Up to \$60	Not Covered
Premium Contact Lens		10% off Retail	Not Covered	10% off Retail	Not Covered		Not Covered
Lenses and Frames							
Single Lenses		\$15	Up to \$25	\$15	Up to \$30	\$10	Up to \$30
Bifocal Lenses		\$15	Up to \$40	\$15	Up to \$50	\$10	Up to \$50
Trifocal Lenses		\$15	Up to \$60	\$15	Up to \$65	\$10	Up to \$65
Contact Lenses (Elective)		Up to \$130, 15% discount over \$130	Up to \$104	Up to \$130	Up to \$105	Up to \$130	Up to \$105
Contact Lenses (Disposable)		Up to \$130	Up to \$104	N/A	N/A	N/A	N/A
Contact Lenses (Medically Necessary)		No Charge	Up to \$200	No charge after \$15 copay	Up to \$210	No charge after \$10 copay	Up to \$210
Frames		Up to \$130, 20% discount over \$130	Up to \$65	Up to \$130, 20% discount over \$130 (\$150 allowance on featured frames)	Up to \$70	Up to \$130, 20% discount over \$130 after \$10 copay	Up to \$70
Diabetic Eye Care							
Eye Exam		\$0	Up to \$77	\$10	Up to \$45	\$10	Up to \$45
Retinal Imaging		\$0	Up to \$50	Up to \$39	Applied to Exam Allowance	Not Covered	Not Covered
Extended Ophthalmoscopy		\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Gonioscopy		\$0	Up to \$15	Not Covered	Not Covered	Not Covered	Not Covered
Scanning Laser		\$0	Up to \$33	Not Covered	Not Covered	Not Covered	Not Covered
Rate Guarantee		Expires 9/30/2023		Expires 9/30/2025		Expires 9/30/2025	
Monthly Rates	Enroll						
Employee	37	\$4.59		\$6.45		\$6.12	
Employee + Spouse	9	\$9.19		\$12.92		\$12.60	
Employee + Child(ren)	3	\$8.73		\$10.94		\$12.69	
Employee + Family	6	\$13.72		\$18.05		\$20.49	
Monthly Premium	55	\$361		\$496		\$501	
Annual Premium		\$4,333		\$5,953		\$6,010	
\$ Increase		N/A		\$1,620		\$1,678	
% Increase		N/A		37.4%		38.7%	

Town of Lake Park

Basic Life with AD&D Insurance Evaluation

Effective Date: October 1, 2023



	CURRENT	RENEWAL
Basic Life / AD&D	The Hartford	The Hartford
Class Description		
Eligibility	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Class 1: Town Manager	2.5 x annual salary to a maximum of \$350,000	2.5 x annual salary to a maximum of \$350,000
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features		
Waiver of Premium	Included	Included
Conversion Privilege	Included	Included
Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	80% up to \$500,000	80% up to \$500,000
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2024
Basic Life Rate / \$1,000	\$0.185	\$0.185
AD&D Rate / \$1,000	\$0.018	\$0.018
Total Life and AD&D Rate	\$0.203	\$0.203
Estimated Volume	\$2,521,500	\$2,521,500
Monthly Premium	\$512	\$512
Annual Premium	\$6,142	\$6,142
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

Town of Lake Park
Supplemental Life Insurance Evaluation
Effective Date: October 1, 2023

	CURRENT	RENEWAL
Supplemental Life	The Hartford	The Hartford
Core Benefit		
All Active Full time Employees Working at least 30 hours per week	3X Annual Salary to \$300,000 \$10,000 Increments	3X Annual Salary to \$300,000 \$10,000 Increments
All Eligible Spouses	\$5,000 increments to \$150,000 (Cannot exceed 50% of the employee amount)	\$5,000 increments to \$150,000 (Cannot exceed 50% of the employee amount)
All Eligible Child(ren)	Birth - age 25: \$10,000	Birth - age 25: \$10,000
Features		
Guarantee Issue Employee	\$100,000	\$100,000
Guarantee Amount Spouse	\$30,000	\$30,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75	65% at age 65 50% at age 70 25% at age 75
Waiver of Premium	Included	Included
Portability Option	Included	Included
Conversion Option	Included	Included
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2024
Rates per \$1,000	AD&D Included in Rate	AD&D Included in Rate
Under Age 20	\$0.101	\$0.101
Age 20-24	\$0.101	\$0.101
Age 25-29	\$0.101	\$0.101
Age 30 - 34	\$0.121	\$0.121
Age 35 - 39	\$0.151	\$0.151
Age 40 - 44	\$0.231	\$0.231
Age 45 - 49	\$0.351	\$0.351
Age 50 - 54	\$0.561	\$0.561
Age 55 - 59	\$0.841	\$0.841
Age 60 - 64	\$1.161	\$1.161
Age 65 - 69	\$1.901	\$1.901
Age 70 - 74	\$3.151	\$3.151
Age 75-79	\$5.981	\$5.981
Age 80+	\$5.981	\$5.981
Child(ren)	\$0.135	\$0.135
AD&D	\$0.031	\$0.031

Town of Lake Park
Short Term Disability Insurance Evaluation
Effective Date: October 1, 2023



	CURRENT	RENEWAL
SHORT-TERM DISABILITY	The Hartford	The Hartford
Benefits		
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
Benefit Percent	70% of weekly earnings	70% of weekly earnings
Maximum Benefit per Week	\$1,200	\$1,200
Elimination Period		
Accident Waiting Period	14 Days	14 Days
Illness Waiting Period	14 Days	14 Days
Benefit Duration	11 weeks	11 weeks
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2024
Benefits Volume	\$43,657	\$43,657
Rate per \$10	\$0.150	\$0.150
Monthly Premium	\$655	\$655
Annual Premium	\$7,858	\$7,858
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

Town of Lake Park
Long Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2023



	CURRENT	RENEWAL
Long Term Disability	The Hartford	The Hartford
Benefits		
Eligible Employees	All Active Full time Employees Working at least 30 hours per week	All Active Full time Employees Working at least 30 hours per week
All Eligible Employees	60% of covered monthly earnings	60% of covered monthly earnings
Elimination Period	90 Days	90 Days
Own Occupation Period	24 Months	24 Months
Duration of Benefit	ADEA 1 with SSNRA	ADEA 1 with SSNRA
Maximum Monthly Benefit	\$5,000	\$5,000
Mental Health & Substance Abuse Limitation	24 Months	24 Months
Pre-Existing Condition Limitation	3/12	3/12
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2024
LTD Rate / \$100	\$0.320	\$0.320
Estimated Volume	\$277,841	\$277,841
Monthly Premium	\$889	\$889
Annual Premium	\$10,669	\$10,669
\$ Increase	N/A	\$0
% Increase	N/A	0.0%

Town of Lake Park
Employee Assistance Program Renewal Evaluation
Effective Date: October 1, 2023



		CURRENT	RENEWAL
Employee Assistance		New Directions	New Directions
Number of Sessions per EE/Dependent		6 sessions per person per issue	6 sessions per person per issue
Telephonic Management / Supervisory Consultation		Included	Included
Fitness for Duty Examination		Dependent upon specific FFD referral, will be quoted at time of Employer request	Dependent upon specific FFD referral, will be quoted at time of Employer request
Legal and Financial Services		30-minute consultation per issue	30-minute consultation per issue
Work-Life Services and Referrals		Unlimited	Unlimited
On-Site Training		\$400 per representative per hour	\$400 per representative per hour
Critical Incident Debriefing		\$250 per clinician per hour	\$250 per clinician per hour
Brochures/Flyers		Included	Included
Rate Guarantee		9/30/2023	9/30/2024
Monthly Premium	62	\$250	\$250
Annual Premium		\$3,000	\$3,000
\$ Increase		N/A	\$0
% Increase		N/A	0.0%