EXHIBIT A

Town of Lake Park
Renewal Recommendation
Plan Year Effective Date: October 1, 2025

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

BACKGROUND

The Town of Lake Park currently offers eligible employees and their dependents medical insurance through the Florida Municipal Insurance Trust (FMIT). The current program is a Point of Service (POS) plan utilizing United Healthcare's national Choice Plus network. Additionally, benefit eligible employees receive dental, vision, life insurance and short and long-term disability coverage paid by the Town.

A recent Request for Proposal (RFP) was released to the marketplace to review alternate medical insurance options. All other lines of coverage are currently in rate guarantee and were not included in the recent RFP.

MEDICAL / PRESCRIPTION

The renewal from FMIT generated an 8.2% or $53,250 annual increase to the Town for the upcoming 2025-2026 plan year. Pricewaterhouse (PwC) forecasted the 2025 medical trend increase at 8.0% and an 8.5% increase for 2026. Cost drivers include medical inflation coupled with a tight labor market as well as rising pharmaceutical costs and an increase in specialty drug utilization. Additional factors include challenging hospital negotiations and provider consolidation.

As part of the planning process, a more robust plan design based on employee feedback was discussed as well as a shift in contract date. The current plans renew on October 1st. The deductible and maximum out of pocket amounts accumulate on a calendar year basis. The renewal date (Oct 1st) being different than the deductible and out of pocket reset date (Jan 1st) is often confusing for employees to understand.

A Request for Proposal (RFP) was released for medical insurance. Respondents included Florida Blue which generated in excess of 100% increase, Cigna at 11.7% for a comparable plan design and Curative at 3.5% over current. FMIT also provided an alternate plan option that generated a 15.1% increase inclusive of office visit and prescription drug copays which is an enhanced plan design as compared to the current high deductible offering.

The Curative plan although competitively priced with an attractive plan design is newer to the Florida marketplace after being launched in Texas in 2020. The plan utilizes the large national network, First Health and is structured with a $0 cost deductible and low out of pocket exposure providing all employees and dependents over the age of 18 complete a baseline visit within 120 days of enrollment. The baseline visit must be completed annually.

Due to Curative's recent entry to the Florida marketplace and reference experience being new and limited in measure, staff and Gehring Group are recommending the Town continue coverage with FMIT under Plan 14 based on employee feedback that the out-of-pocket costs under the current high deductible health plan are high.

The current Plan 8 requires employees to satisfy a $2,000 annual deductible if enrolled as a single and $4,000 if enrolled with dependents. All services accumulate toward the annual deductible until it is satisfied. After the deductible is satisfied, the insurance company pays 80% of the contracted rate and the employee pays 20% (in-network) until the annual maximum out of pocket amount is satisfied. The shift to Plan 14 will provide copays for certain services such as office visits for primary care and specialty care, urgent care and prescription medications so that employees do not have to satisfy the annual deductible prior to receiving care. This type of plan provides a greater access to care for the employees and their dependents.

DENTAL

The Town's current dental program is offered through Cigna. Employees can visit a contracted provider and utilize up to an annual benefit maximum of $1,500-$1,800 per person as well as the flexibility to access non-contracted providers. The Cigna program will continue the current benefit structure as well as provide child orthodontia coverage up to age 19. The rates for the upcoming plan year are remaining the same. No change to Town or employee contributions.

VISION

The Town currently offers employees and their dependents vision insurance through Humana. Members enrolled in the vision plan receive an exam and lenses every 12 months and frames every 24 months. The frame allowance at a contracted provider's office or retail outlet is up to $130 with an additional 20% off the remaining balance. Contact lenses are also covered in network up to a $130 allowance. The premium for the vision plan will remain the same for the upcoming plan year.

LIFE AND DISABILITY

The Town's basic life and accidental death & dismemberment benefits are provided through The Hartford. Employees receive a benefit of 1x annual salary up to $50,000. The life insurance is currently in rate guarantee. The short- and long-term disability coverages are also paid by the Town and in rate guarantee with The Hartford.

EMPLOYEE ASSISTANCE PROGRAM

Due to low employee utilization, the Town will be discontinuing the stand-alone employee assistance program (EAP) as of October 1, 2025 offered through Lucet. The annual cost for the program based on 70 employees is $3,000 annually. The Town's Life and Disability carrier, The Hartford offers their Ability Assist program which includes three (3) face to face visits per year per occurrence. Additionally, employees have access to three (3) additional face-to-face visits through the EAP program offered through FMIT/UHC as a value-added benefit for those enrolled in medical coverage.

RECOMMENDATION SUMMARY

Town staff and Gehring Group are recommending the following:

Coverage	Current Carrier	Recommended Carrier	Overall Cost Impact
Medical	FMIT/UHC – Plan 8	FMIT/UHC – Plan 14	15.1% ($98,000)
Dental	Cigna	Cigna	0%
Vision	Humana	Humana	0%
Life Basic and Voluntary Life	The Hartford	The Hartford	0%
Short- & Long-Term Disability	The Hartford	The Hartford	0%

Town of Lake Park
Medical Insurance Renewal Evaluation
Effective Date: October 1, 2025

		CURRENT		Alternate Renewal	
Medical		**FMIT UnitedHealthcare Choice Plus HSA Plan 8**		**FMIT UnitedHealthcare Choice Plus Plan 14**	
Calendar Year Deductible (CYD)		In Network		In Network	Out of Network
Single		$2,000	$5,000	**$1,000**	**$1,000**
Family		$4,000	$10,000	**$2,000**	**$2,000**
Out of Pocket Maximum					
Single		$4,500	$10,000	**$4,000**	**$6,000**
Family (Ind/Family)		$4,500 (Ind) / $9,000 (Fam)	$10,000 (Ind) / $20,000 (Fam)	**$8,000**	**$12,000**
Coinsurance		20%	30%	20%	30%
Office Visits					
Physician Office Visit		CYD + 20%	CYD + 30%	**$25**	CYD + 30%
Specialist Visit		CYD + 20%	CYD + 30%	**$50**	CYD + 30%
Virtual Visit / Telehealth		No Charge	Not Covered	No Charge	Not Covered
Preventive Services (Wellness)		No Charge	Not Covered	No Charge	Not Covered
Independent Clinical Lab		CYD + 20%	CYD + 30%	**No Charge**	CYD + 30%
X-ray at Indep. Diagnostic Center		CYD + 20%	CYD + 30%	**No Charge**	CYD + 30%
Advanced Imaging at Indep. Diagnostic Center		CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%
Urgent Care Center		CYD + 20%	CYD + 30%	**$35**	CYD + 30%
Hospital					
Inpatient Facility (per admission)		CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%
Outpatient Surgery		CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%
Physician Services at Hospital		CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%
Emergency Room Visit		CYD + 20%	INN CYD + 20%	**$200**	**$200**
Mental Health / Substance Abuse					
Inpatient Facility		CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%
Outpatient Facility (OV/Other)		CYD + 20%	CYD + 30%	**$25**	CYD + 30%
Prescription Drugs					
Generic		CYD + $10	CYD + INN Copay + any amount over the allowed amount	**$10**	**INN Copay + any amount over the allowed amount**
Preferred Brand		CYD + $35		**$35**	
Non-Preferred Brand		CYD + $60		**$60**	
Specialty		CYD + $10/$35/$60		**$10/$35/$60**	
Mail Order (90-Day Supply)		CYD + $25/$87.50/$150	Not Covered	**$25/$87.50/$150**	Not Covered
Monthly Rates	**Enroll**				
Employee	40	$1,059.43		$1,219.40	
Employee + Spouse	2	$2,415.51		$2,780.25	
Employee + Child(ren)	1	$2,118.87		$2,438.82	
Family	3	$3,390.19		$3,902.11	
Total Monthly Premium	**46**	**$59,498**		**$68,482**	
Total Annual Premium		**$713,972**		**$821,780**	
$ Increase		**N/A**		**$107,808**	
% Increase		**N/A**		**15.1%**	

Town of Lake Park
Dental Insurance Renewal Evaluation
Effective Date: October 1, 2025

		CURRENT/RENEWAL
DENTAL SCHEDULE OF BENEFITS **Network**		**Cigna** **DPPO Progressive Plan**
Plan Basics		***In-Network*** ***Non-Network***
Calendar Year Maximum		Year 1: $1,500 Year 2: $1,600 Year 3: $1,700 Year 4: $1,800
Annual Deductible		
Single		$25 $50
Family		$75 $150
Deductible Waived for Preventive Services		Yes Yes
Benefits		
Preventive		100% 100%
Basic		95% 80%
Major		50% 50%
Orthodontia (up to age 19)		50% 50%
Implants		50% 50%
Service Information		
Out of Network Benefits Payable Level		90th Percentile
Waiting Period for Major Services (Timely Entrants)		None
Endodontics/Periodontics Payable Level		Basic
Orthodontic Lifetime Maximum		$1,000
Rate Guarantee Expiration Date		**Expires 9/30/2026**
Monthly Rates	**Enroll**	
Employee	39	$37.63
Employee + Spouse	4	$116.50
Employee + Child(ren)	3	$116.50
Employee + Family	6	$116.50
Monthly Premium	**52**	**$2,982**
Annual Premium		**$35,785**
$ Increase		**N/A**
% Increase		**N/A**

Town of Lake Park
Vision Insurance Renewal Evaluation
Effective Date: October 1, 2025

		CURRENT		RENEWAL	
VISION SCHEDULE OF BENEFITS		**Humana Plan 130 (EyeMed/Insight Network)**		**Humana Plan 130 (EyeMed/Insight Network)**	
Frequency		***In Network***	***Out of Network***	***In Network***	***Out of Network***
Exam Copay		12 months		12 months	
Lenses		12 months		12 months	
Frames		24 months		24 months	
Exams		**Copay**	**Reimbursement**	**Copay**	**Reimbursement**
Eye Exam		$10	Up to $30	$10	Up to $30
Retinal Imaging		Up to $39	Not Covered	Up to $39	Not Covered
Contact Lens Exams (Fit & Follow Up)					
Standard Contact Lens		Up to $40	Not Covered	Up to $40	Not Covered
Lenses and Frames					
Single Lenses		$15	Up to $25	$15	Up to $25
Bifocal Lenses		$15	Up to $40	$15	Up to $40
Trifocal Lenses		$15	Up to $60	$15	Up to $60
Contact Lenses (Elective)		Up to $130, 15% discount over $130	Up to $104	Up to $130, 15% discount over $130	Up to $104
Contact Lenses (Disposable)		Up to $130	Up to $104	Up to $130	Up to $104
Contact Lenses (Medically Necessary)		No Charge	Up to $200	No Charge	Up to $200
Frames		Up to $130, 20% discount over $130	Up to $65	Up to $130, 20% discount over $130	Up to $65
Diabetic Eye Care					
Eye Exam		$0	Up to $77	$0	Up to $77
Retinal Imaging		$0	Up to $50	$0	Up to $50
Extended Ophthalmoscopy		$0	Up to $15	$0	Up to $15
Gonioscopy		$0	Up to $15	$0	Up to $15
Scanning Laser		$0	Up to $33	$0	Up to $33
Rate Guarantee		**Expires 9/30/2025**		**Expires 9/30/2027**	
Monthly Rates	**Enroll**				
Employee	39	$4.59		$4.59	
Employee + Spouse	7	$9.19		$9.19	
Employee + Child(ren)	2	$8.73		$8.73	
Employee + Family	7	$13.72		$13.72	
Monthly Premium	**55**	**$357**		**$357**	
Annual Premium		**$4,282**		**$4,282**	
$ Increase		**N/A**		**$0**	
% Increase		**N/A**		**0.0%**	

Town of Lake Park
Basic Life with AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2025

	CURRENT/RENEWAL
Basic Life / AD&D	**The Hartford**
Class Description	
Eligibility	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
Class 2: All other FT EE's, Class 3: Mayor, Commissioners	1 x annual salary to a maximum of $50,000
Features	
Waiver of Premium	Included
Conversion Privilege	Included
Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	80% up to $500,000
Rate Guarantee	**Expires 9/30/2026**
Basic Life Rate / $1,000	$0.185
AD&D Rate / $1,000	$0.018
Total Life and AD&D Rate	**$0.203**
Estimated Volume	**$2,804,000**
Monthly Premium	**$569**
Annual Premium	**$6,831**
$ Increase	**N/A**
% Increase	**N/A**

EAP Ability Assist Program Included

Town of Lake Park
Supplemental Life Insurance Renewal Evaluation
Effective Date: October 1, 2025

	CURRENT/RENEWAL
Supplemental Life	**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
All Eligible Spouses	$5,000 increments to $150,000 (Cannot exceed 50% of the employee amount)
All Eligible Child(ren)	Birth - age 26: $10,000
Features	
Guarantee Issue Employee	$100,000
Guarantee Amount Spouse	$30,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75
Waiver of Premium	Included
Portability Option	Included
Conversion Option	Included
Rate Guarantee Period	**Expires 9/30/2026**
Rates per $1,000	**AD&D Included in Rate**
Under Age 20	$0.101
Age 20-24	$0.101
Age 25-29	$0.101
Age 30 - 34	$0.121
Age 35 - 39	$0.151
Age 40 - 44	$0.231
Age 45 - 49	$0.351
Age 50 - 54	$0.561
Age 55 - 59	$0.841
Age 60 - 64	$1.161
Age 65 - 69	$1.901
Age 70 - 74	$3.151
Age 75-79	$5.981
Age 80+	$5.981
Child(ren)	$0.135
AD&D (EE,Spouse,Child)	$0.031

Town of Lake Park
Short Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2025

	CURRENT/RENEWAL
SHORT-TERM DISABILITY	**The Hartford**
Benefits	
Eligible Employees	All Active Full time Employees Working at least 30 hours per week
Benefit Percent	70% of weekly earnings
Maximum Benefit per Week	$1,200
Elimination Period	
Accident Waiting Period	14 Days
Illness Waiting Period	14 Days
Benefit Duration	11 weeks
Rate Guarantee	**Expires 9/30/2026**
Benefits Volume	**$47,596**
Rate per $10	**$0.150**
Monthly Premium	**$714**
Annual Premium	**$8,567**
$ Increase	**N/A**
% Increase	**N/A**

Town of Lake Park
Long Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2025

	CURRENT/RENEWAL
Long Term Disability	**The Hartford**
Benefits	
Eligible Employees	All Active Full time Employees Working at least 30 hours per week
All Eligible Employees	60% of covered monthly earnings
Elimination Period	90 Days
Own Occupation Period	24 Months
Duration of Benefit	ADEA 1 with SSNRA
Maximum Monthly Benefit	$5,000
Mental Health & Substance Abuse Limitation	24 Months
Pre-Existing Condition Limitation	3/12
Rate Guarantee Period	**Expires 9/30/2026**
LTD Rate / $100	**$0.320**
Estimated Volume	**$305,785**
Monthly Premium	**$979**
Annual Premium	**$11,742**
$ Increase	**N/A**
% Increase	**N/A**

Town of Lake Park
Executive Cost Summary
Effective Date: October 1, 2025

		CURRENT				RENEWAL				RENEWAL		
Medical		**2024-2025 FMIT/UHC - Plan 8**				**2025-2026 FMIT/UHC - Plan 14**				**2025-2026 Per Pay (26)**		
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer**	**Employee**	**EE Chg. Amt**
Employee Only	40	$1,059.43	$1,059.43	100%	$0.00	$1,219.40	$1,219.40	100%	$0.00	$562.80	$0.00	$0.00
Employee + Spouse	2	$2,415.51	$1,737.47	72%	$678.04	$2,780.25	$1,999.83	72%	$780.43	$923.00	$360.19	$47.26
Employee + Child(ren)	1	$2,118.87	$1,589.15	75%	$529.72	$2,438.82	$1,829.11	75%	$609.71	$844.20	$281.41	$36.92
Employee + Family	3	$3,390.19	$2,224.81	66%	$1,165.38	$3,902.11	$2,560.76	66%	$1,341.36	$1,181.89	$619.09	$81.22
MONTHLY PREMIUM	**46**	**$59,498**	**$54,116**		**$5,382**	**$68,482**	**$62,287**		**$6,195**			
ANNUAL PREMIUM		**$713,972**	**$649,389**	**91%**	**$64,583**	**$821,780**	**$747,444**	**91%**	**$74,336**			
$ CHANGE		-	-		-	**$107,808**	**$98,056**		**$9,752**			
% CHANGE		-	-		-	**15.1%**	**15.1%**		**15.1%**			
Dental		**Cigna**				**Cigna**				**Per Pay (26)**		
DPPO		**Total**	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer**	**Employee**	**EE Chg. Amt**
Employee Only	39	$37.63	$37.63	100%	$0.00	$37.63	$37.63	100%	$0.00	$17.37	$0.00	$0.00
Employee + Family	13	$116.50	$37.63	32%	$78.87	$116.50	$37.63	32%	$78.87	$17.37	$36.40	$0.00
MONTHLY COST	**52**	**$2,982**	**$1,957**		**$1,025**	**$2,982**	**$1,957**		**$1,025**			
ANNUAL COST		**$35,785**	**$23,481**	**66%**	**$12,304**	**$35,785**	**$23,481**	**66%**	**$12,304**			
$ CHANGE		-	-		-	**$0**	**$0**		**$0**			
% CHANGE		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Vision		**Humana**				**Humana**				**Per Pay (26)**		
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer**	**Employee**	**EE Chg. Amt**
Employee Only	39	$4.59	$4.59	100%	$0.00	$4.59	$4.59	100%	$0.00	$2.12	$0.00	$0.00
Employee + Spouse	7	$9.19	$4.59	50%	$4.60	$9.19	$4.59	50%	$4.60	$2.12	$2.12	$0.00
Employee + Child(ren)	2	$8.73	$4.59	53%	$4.14	$8.73	$4.59	53%	$4.14	$2.12	$1.91	$0.00
Employee + Family	7	$13.72	$4.59	33%	$9.13	$13.72	$4.59	33%	$9.13	$2.12	$4.21	$0.00
MONTHLY COST	**55**	**$357**	**$252**		**$104**	**$357**	**$252**		**$104**			
ANNUAL COST		**$4,282**	**$3,029**	**71%**	**$1,253**	**$4,282**	**$3,029**	**71%**	**$1,253**			
$ CHANGE		-	-		-	**$0**	**$0**		**$0**			
% CHANGE		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Basic Life and AD&D		**Hartford**				**Hartford**						
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume		$2,804,000	$2,804,000		$0	$2,804,000	$2,804,000		$0.00	-	-	-
Life		$0.185	$0.185	100%	$0.00	$0.185	$0.185	100%	$0.00	-	-	-
AD&D		$0.018	$0.018	100%	$0.00	$0.018	$0.018	100%	$0.00	-	-	-
MONTHLY COST		**$569**	**$569**		**$0**	**$569**	**$569**		**$0**			
ANNUAL COST		**$6,831**	**$6,831**		**$0**	**$6,831**	**$6,831**		**$0**			
$ CHANGE		-	-		-	**$0**	**$0**		**$0**			
% CHANGE		-	-		-	**0.0%**	**0.0%**		**0.0%**			

Town of Lake Park
Executive Cost Summary
Effective Date: October 1, 2025

	CURRENT				RENEWAL				RENEWAL		
Short Term Disability	**2024-2025 Hartford**				**2025-2026 Hartford**				**2025-2026**		
	Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume	$47,596	$47,596		$0	$47,596	$47,596		$0	-	-	-
LTD	$0.150	$0.150	100%	$0.00	$0.150	$0.150	100%	$0.00	-	-	-
MONTHLY COST	**$714**	**$714**		**$0**	**$714**	**$714**		**$0**			
ANNUAL COST	**$8,567**	**$8,567**		**$0**	**$8,567**	**$8,567**		**$0**			
$ CHANGE	-	-		-	**$0**	**$0**		**$0**			
% CHANGE	-	-		-	**0.0%**	**0.0%**		**0.0%**			
Long-Term Disability	**Hartford**				**Hartford**						
	Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume	$305,785	$305,785		$0.00	$305,785	$305,785		$0.00	-	-	-
LTD	$0.320	$0.320	100%	$0.00	$0.320	$0.320	100%	$0.00	-	-	-
MONTHLY COST	**$979**	**$979**		**$0**	**$979**	**$979**		**$0**			
ANNUAL COST	**$11,742**	**$11,742**		**$0**	**$11,742**	**$11,742**		**$0**			
$ CHANGE	-	-		-	**$0**	**$0**		**$0**			
% CHANGE	-	-		-	**0.0%**	**0.0%**		**0.0%**			
EAP	**Lucet**				**Non Renewing**				**Per Pay (26)**		
	Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer**	**Employee**	**EE Chg. Amt**
PEPM **70**	-	-	100%	$0.00	-	-		-	-	-	-
MONTHLY COST	**$250**	**$250**		**$0**	-	-		-	-	-	-
ANNUAL COST	**$3,000**	**$3,000**		**$0**	-	-		-			
$ CHANGE	-	-		-	-	-		-			
% CHANGE	-	-		-	-	-		-			
SUMMARY	**Total**	**Employer**		**Employee**	**Total**	**Employer**		**Employee**			
TOTAL MONTHLY PREMIUM	**$65,348**	**$58,837**	**90%**	**$6,512**	**$74,082**	**$66,758**	**90%**	**$7,324**			
TOTAL ANNUAL PREMIUM	**$784,179**	**$706,039**		**$78,140**	**$888,987**	**$801,095**		**$87,892**			
$ CHANGE	-	-		-	**$104,808**	**$95,056**		**$9,752**			
% CHANGE	-	-		-	**13.4%**	**13.5%**		**12.5%**			