

City of Lake Worth Beach

Employee Benefits Executive Summary - Scenario #1

Effective Date: October 1, 2026

Enrollment and Benefit Volumes as of May 2026

Share Increase

CURRENT						RENEWAL						
2025-2026						2026-2027				2026-2027		
MEDICAL		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
OAPIN						CIGNA				Per Pay (24)		
Employee Only	230	\$836.31	\$836.31	100%	\$0.00	\$886.32	\$886.32	100%	\$0.00	\$443.16	\$0.00	\$0.00
Employee + Spouse	41	\$1,728.18	\$1,432.56	83%	\$295.62	\$1,831.62	\$1,518.32	83%	\$313.30	\$759.16	\$156.65	\$8.84
Employee + Child(ren)	33	\$1,569.81	\$1,326.91	85%	\$242.90	\$1,663.75	\$1,406.31	85%	\$257.44	\$703.16	\$128.72	\$7.27
Employee + Family	34	\$2,611.72	\$2,010.87	77%	\$600.85	\$2,768.12	\$2,131.32	77%	\$636.80	\$1,065.66	\$318.40	\$17.98
Monthly Premium	338	\$403,809	\$363,244		\$40,565	\$427,970	\$384,978		\$42,992			
Annual Premium		\$4,845,707	\$4,358,926	90%	\$486,780	\$5,135,638	\$4,619,734	90%	\$515,904			
\$ Increase / Decrease		-	-		-	\$289,932	\$260,808		\$29,124			
% Increase / Decrease		-	-		-	6.0%	6.0%		6.0%			
DENTAL		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
DPPO						CIGNA				Per Pay (24)		
Employee Only	120	\$32.56	\$20.66	63%	\$11.90	\$32.56	\$20.66	63%	\$11.90	\$10.33	\$5.95	\$0.00
Employee + Spouse	46	\$60.10	\$23.76	40%	\$36.34	\$60.10	\$23.76	40%	\$36.34	\$11.88	\$18.17	\$0.00
Employee + Child(ren)	23	\$81.78	\$26.28	32%	\$55.50	\$81.78	\$26.28	32%	\$55.50	\$13.14	\$27.75	\$0.00
Employee + Family	25	\$125.27	\$31.21	25%	\$94.06	\$125.27	\$31.21	25%	\$94.06	\$15.61	\$47.03	\$0.00
DHMO												
Employee Only	103	\$19.98	\$19.98	100%	\$0.00	\$19.98	\$19.98	100%	\$0.00	\$9.99	\$0.00	\$0.00
Employee + Spouse	16	\$36.70	\$24.90	68%	\$11.80	\$36.70	\$24.90	68%	\$11.80	\$12.45	\$5.90	\$0.00
Employee + Child(ren)	13	\$44.99	\$27.67	62%	\$17.32	\$44.99	\$27.67	62%	\$17.32	\$13.84	\$8.66	\$0.00
Employee + Family	16	\$66.08	\$35.42	54%	\$30.66	\$66.08	\$35.42	54%	\$30.66	\$17.71	\$15.33	\$0.00
Monthly Premium	362	\$15,972	\$8,340		\$7,632	\$15,972	\$8,340		\$7,632			
Annual Premium		\$191,661	\$100,075		\$91,586	\$191,661	\$100,075		\$91,586			
\$ Increase / Decrease		-	-		-	\$0	\$0		\$0			
% Increase / Decrease		-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee		Expires 9/30/2027				Expires 9/30/2027						
VISION		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
Plan 150						EyeMed				Per Pay (24)		
Employee Only	219	\$5.70	\$5.70	100%	\$0.00	\$5.70	\$5.70	100%	\$0.00	\$2.85	\$0.00	\$0.00
Employee + Spouse	59	\$11.42	\$5.70	50%	\$5.72	\$11.42	\$5.70	50%	\$5.72	\$2.85	\$2.86	\$0.00
Employee + Child(ren)	38	\$9.67	\$5.70	59%	\$3.97	\$9.67	\$5.70	59%	\$3.97	\$2.85	\$1.99	\$0.00
Employee + Family	38	\$15.96	\$5.70	36%	\$10.26	\$15.96	\$5.70	36%	\$10.26	\$2.85	\$5.13	\$0.00
Monthly Premium	354	\$2,896	\$2,018		\$878	\$2,896	\$2,018		\$878			
Annual Premium		\$34,752	\$24,214		\$10,539	\$34,752	\$24,214		\$10,539			
\$ Increase / Decrease		-	-		-	\$0	\$0		\$0			
% Increase / Decrease		-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee		Expires 9/30/2026				Expires 9/30/200						
EMPLOYEE ASSISTANCE PROGRAM		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
EAP						CIGNA				Per Pay (24)		
Per Employee Per Month	387	\$2.92	\$2.92	100%	\$0.00	\$3.01	\$3.01	100%	\$0.00	\$1.51	\$0.00	\$0.00
Monthly Premium		\$1,130	\$1,130		\$0	\$1,165	\$1,165		\$0			
Annual Premium		\$13,560	\$13,560		\$0	\$13,978	\$13,978		\$0			
\$ Increase / Decrease		-	-		-	\$418	\$418		\$0			
% Increase / Decrease		-	-		-	3.1%	3.1%		0.0%			
Rate Guarantee		Expires 9/30/2026				Expires 9/30/2028						

City of Lake Worth Beach

Employee Benefits Executive Summary - Scenario #1

Effective Date: October 1, 2026

Enrollment and Benefit Volumes as of May 2026

Share Increase

CURRENT					RENEWAL					2026-2027		
LIFE/AD&D	Total	2025-2026			Total	2026-2027						
		Employer	Employee			Employer	Employee					
Life / AD&D		New York Life				New York Life						
Benefits Volume	\$24,548,950	\$12,134,200	\$12,414,750		\$24,548,950	\$12,134,200	\$12,414,750					
Life Per \$1,000	\$0.200	\$0.200	Age Band		\$0.200	\$0.200	Age Band					
AD&D Per \$1,000	\$0.050	\$0.020	\$0.030		\$0.050	\$0.020	\$0.030					
Spouse / DP Per \$1,000	\$0.000	\$0.000	Age Band		\$0.000	\$0.000	Age Band					
Child Per \$1,000	\$0.100	\$0.000	\$0.100		\$0.100	\$0.000	\$0.100					
Retiree Per \$1,000	\$0.200	\$0.200	Age Band		\$0.200	\$0.200	Age Band					
Monthly Premium	\$12,775	\$2,652	\$10,123		\$12,775	\$2,652	\$10,123					
Annual Premium	\$153,300	\$31,821	\$121,479		\$153,300	\$31,821	\$121,479					
\$ Increase / Decrease	-	-	-		\$0	\$0	\$0					
% Increase / Decrease	-	-	-		0.0%	0.0%	0.0%					
Rate Guarantee		Expires 9/30/2026				Expires 9/30/2029						
DISABILITY	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee				
Long-Term / Short-Term Disability		New York Life				New York Life						
Benefits Volume	\$345,117	\$0		\$345,117	\$305,689	\$0		\$345,117				
LTD Per \$100 of Covered Payroll	\$1.450	\$0.000	0%	\$1.450	\$1.450	\$0.000	0%	\$1.450				
Benefits Volume	\$92,628	\$0		\$92,628	\$83,971	\$0		\$92,628				
STD Per \$10 Per Weekly Benefit	\$0.340	\$0.000	0%	\$0.340	\$0.340	\$0.000	0%	\$0.340				
Monthly Premium	\$8,154	\$0		\$8,154	\$8,154	\$0		\$8,154				
Annual Premium	\$97,842	\$0		\$97,842	\$97,842	\$0		\$97,842				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	\$0	-				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	0.0%	0.0%				
Rate Guarantee		Expires 9/30/2027				Expires 9/30/2029						
FLEXIBLE SPENDING ACCOUNTS	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee		Employer	Employee	EE Chg Amt
FSA Administration		UpSwing				UpSwing				Per Pay (24)		
Per Employee Per Month	\$5.00	\$5.00	100%	\$0.00	\$5.00	\$5.00	100%	\$0.00		\$2.50	\$0.00	\$0.00
Monthly Premium	\$350	\$350		\$0	\$350	\$350		\$0				
Annual Premium	\$4,200	\$4,200		\$0	\$4,200	\$4,200		\$0				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	\$0	\$0				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	0.0%	0.0%				
Rate Guarantee		Life of the Contract				Life of the Contract						
COBRA Administration	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee		Employer	Employee	EE Chg Amt
		UpSwing				UpSwing				Per Pay (24)		
Flat Rate Per Month	\$240	\$240	100%	\$0	\$240	\$240	100%	\$0		\$120.00	\$0.00	\$0.00
Monthly Premium	\$240	\$240		\$0	\$240	\$240		\$0				
Annual Premium	\$2,880	\$2,880		\$0	\$2,880	\$2,880		\$0				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	\$0	\$0				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	0.0%	0.0%				
Rate Guarantee		Life of the Contract				Life of the Contract						
Monthly Premium	\$445,325	\$377,973	85%	\$67,352	\$469,521	\$399,742	85%	\$69,779				
Annual Premium	\$5,343,903	\$4,535,677		\$808,226	\$5,634,252	\$4,796,903		\$837,350				
\$ Increase / Decrease	-	-	-	-	\$290,349	\$261,225		\$29,124				
% Increase / Decrease	-	-	-	-	5.4%	5.8%		3.6%				

City of Lake Worth Beach

Employee Benefits Executive Summary - Scenario #2

Effective Date: October 1, 2026

Enrollment and Benefit Volumes as of May 2026

City Absorbs Increase

CURRENT						RENEWAL						
		2025-2026				2026-2027				2026-2027		
MEDICAL		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
OAPIN		CIGNA				CIGNA				Per Pay (24)		
Employee Only	230	\$836.31	\$836.31	100%	\$0.00	\$886.32	\$886.32	100%	\$0.00	\$443.16	\$0.00	\$0.00
Employee + Spouse	41	\$1,728.18	\$1,432.56	83%	\$295.62	\$1,831.62	\$1,536.00	84%	\$295.62	\$768.00	\$147.81	\$0.00
Employee + Child(ren)	33	\$1,569.81	\$1,326.91	85%	\$242.90	\$1,663.75	\$1,420.85	85%	\$242.90	\$710.43	\$121.45	\$0.00
Employee + Family	34	\$2,611.72	\$2,010.87	77%	\$600.85	\$2,768.12	\$2,167.27	78%	\$600.85	\$1,083.64	\$300.43	\$0.00
Monthly Premium	338	\$403,809	\$363,244		\$40,565	\$427,970	\$387,405		\$40,565			
Annual Premium		\$4,845,707	\$4,358,926	90%	\$486,780	\$5,135,638	\$4,648,858	91%	\$486,780			
\$ Increase / Decrease		-	-		-	\$289,932	\$289,932		\$0			
% Increase / Decrease		-	-		-	6.0%	6.7%		0.0%			
DENTAL		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
DPPO		CIGNA				CIGNA				Per Pay (24)		
Employee Only	120	\$32.56	\$20.66	63%	\$11.90	\$32.56	\$20.66	63%	\$11.90	\$10.33	\$5.95	\$0.00
Employee + Spouse	46	\$60.10	\$23.76	40%	\$36.34	\$60.10	\$23.76	40%	\$36.34	\$11.88	\$18.17	\$0.00
Employee + Child(ren)	23	\$81.78	\$26.28	32%	\$55.50	\$81.78	\$26.28	32%	\$55.50	\$13.14	\$27.75	\$0.00
Employee + Family	25	\$125.27	\$31.21	25%	\$94.06	\$125.27	\$31.21	25%	\$94.06	\$15.61	\$47.03	\$0.00
DHMO												
Employee Only	103	\$19.98	\$19.98	100%	\$0.00	\$19.98	\$19.98	100%	\$0.00	\$9.99	\$0.00	\$0.00
Employee + Spouse	16	\$36.70	\$24.90	68%	\$11.80	\$36.70	\$24.90	68%	\$11.80	\$12.45	\$5.90	\$0.00
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Employee + Family	16	\$66.08	\$35.42	54%	\$30.66	\$66.08	\$35.42	54%	\$30.66	\$17.71	\$15.33	\$0.00
Monthly Premium	362	\$15,972	\$8,340		\$7,632	\$15,972	\$8,340		\$7,632			
Annual Premium		\$191,661	\$100,075		\$91,586	\$191,661	\$100,075		\$91,586			
\$ Increase / Decrease		-	-		-	\$0	\$0		\$0			
% Increase / Decrease		-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee		Expires 9/30/2027				Expires 9/30/2027						
VISION		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
Plan 150		EyeMed				EyeMed				Per Pay (24)		
Employee Only	219	\$5.70	\$5.70	100%	\$0.00	\$5.70	\$5.70	100%	\$0.00	\$2.85	\$0.00	\$0.00
Employee + Spouse	59	\$11.42	\$5.70	50%	\$5.72	\$11.42	\$5.70	50%	\$5.72	\$2.85	\$2.86	\$0.00
Employee + Child(ren)	38	\$9.67	\$5.70	59%	\$3.97	\$9.67	\$5.70	59%	\$3.97	\$2.85	\$1.99	\$0.00
Employee + Family	38	\$15.96	\$5.70	36%	\$10.26	\$15.96	\$5.70	36%	\$10.26	\$2.85	\$5.13	\$0.00
Monthly Premium	354	\$2,896	\$2,018		\$878	\$2,896	\$2,018		\$878			
Annual Premium		\$34,752	\$24,214		\$10,539	\$34,752	\$24,214		\$10,539			
\$ Increase / Decrease		-	-		-	\$0	\$0		\$0			
% Increase / Decrease		-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee		Expires 9/30/2026				Expires 9/30/200						
EMPLOYEE ASSISTANCE PROGRAM		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
EAP		CIGNA				CIGNA				Per Pay (24)		
Per Employee Per Month	387	\$2.92	\$2.92	100%	\$0.00	\$3.01	\$3.01	100%	\$0.00	\$1.51	\$0.00	\$0.00
Monthly Premium		\$1,130	\$1,130		\$0	\$1,165	\$1,165		\$0			
Annual Premium		\$13,560	\$13,560		\$0	\$13,978	\$13,978		\$0			
\$ Increase / Decrease		-	-		-	\$418	\$418		\$0			
% Increase / Decrease		-	-		-	3.1%	3.1%		0.0%			
Rate Guarantee		Expires 9/30/2026				Expires 9/30/2028						

City of Lake Worth Beach
Employee Benefits Executive Summary - **Scenario #2**
Effective Date: October 1, 2026
Enrollment and Benefit Volumes as of May 2026

City Absorbs Increase

CURRENT					RENEWAL					2026-2027		
LIFE/AD&D	Total	2025-2026			Total	2026-2027						
		Employer	Employee			Employer	Employee					
Life / AD&D		New York Life				New York Life						
Benefits Volume	\$24,548,950	\$12,134,200	\$12,414,750		\$24,548,950	\$12,134,200	\$12,414,750					
Life Per \$1,000	\$0.200	\$0.200	Age Band		\$0.200	\$0.200	Age Band					
AD&D Per \$1,000	\$0.050	\$0.020	\$0.030		\$0.050	\$0.020	\$0.030					
Spouse / DP Per \$1,000	\$0.000	\$0.000	Age Band		\$0.000	\$0.000	Age Band					
Child Per \$1,000	\$0.100	\$0.000	\$0.100		\$0.100	\$0.000	\$0.100					
Retiree Per \$1,000	\$0.200	\$0.200	Age Band		\$0.200	\$0.200	Age Band					
Monthly Premium	\$12,775	\$2,652	\$10,123		\$12,775	\$2,652	\$10,123					
Annual Premium	\$153,300	\$31,821	\$121,479		\$153,300	\$31,821	\$121,479					
\$ Increase / Decrease	-	-	-		\$0	\$0	\$0					
% Increase / Decrease	-	-	-		0.0%	0.0%	0.0%					
Rate Guarantee		Expires 9/30/2026				Expires 9/30/2029						
DISABILITY	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee				
Long-Term / Short-Term Disability		New York Life				New York Life						
Benefits Volume	\$345,117	\$0		\$345,117	\$305,689	\$0		\$345,117				
LTD Per \$100 of Covered Payroll	\$1.450	\$0.000	0%	\$1.450	\$1.450	\$0.000	0%	\$1.450				
Benefits Volume	\$92,628	\$0		\$92,628	\$83,971	\$0		\$92,628				
STD Per \$10 Per Weekly Benefit	\$0.340	\$0.000	0%	\$0.340	\$0.340	\$0.000	0%	\$0.340				
Monthly Premium	\$8,154	\$0		\$8,154	\$8,154	\$0		\$8,154				
Annual Premium	\$97,842	\$0		\$97,842	\$97,842	\$0		\$97,842				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	-	\$0				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	-	0.0%				
Rate Guarantee		Expires 9/30/2027				Expires 9/30/2029						
FLEXIBLE SPENDING ACCOUNTS	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee		Employer	Employee	EE Chg Amt
FSA Administration		UpSwing				UpSwing				Per Pay (24)		
Per Employee Per Month	\$5.00	\$5.00	100%	\$0.00	\$5.00	\$5.00	100%	\$0.00		\$2.50	\$0.00	\$0.00
Monthly Premium	\$350	\$350		\$0	\$350	\$350		\$0				
Annual Premium	\$4,200	\$4,200		\$0	\$4,200	\$4,200		\$0				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	-	\$0				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	-	0.0%				
Rate Guarantee		Life of the Contract				Life of the Contract						
COBRA Administration	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee		Employer	Employee	EE Chg Amt
		UpSwing				UpSwing				Per Pay (24)		
Flat Rate Per Month	\$240	\$240	100%	\$0	\$240	\$240	100%	\$0		\$120.00	\$0.00	\$0.00
Monthly Premium	\$240	\$240		\$0	\$240	\$240		\$0				
Annual Premium	\$2,880	\$2,880		\$0	\$2,880	\$2,880		\$0				
\$ Increase / Decrease	-	-	-	-	\$0	\$0	-	\$0				
% Increase / Decrease	-	-	-	-	0.0%	0.0%	-	0.0%				
Rate Guarantee		Life of the Contract				Life of the Contract						
Monthly Premium	\$445,325	\$377,973	85%	\$67,352	\$469,521	\$402,169	86%	\$67,352				
Annual Premium	\$5,343,903	\$4,535,677		\$808,226	\$5,634,252	\$4,826,027		\$808,226				
\$ Increase / Decrease	-	-	-	-	\$290,349	\$290,349	-	\$0				
% Increase / Decrease	-	-	-	-	5.4%	6.4%	-	0.0%				