

City of Lake Worth Beach
Medical Evaluation
Effective Date: October 1, 2022

Fully Insured
2022-2023

		2021-2022	
Schedule of Benefits		Cigna OAPIN	Cigna OAPIN
Deductible (Calendar Year)		In-Network Only	In-Network Only
Single		\$2,000	\$2,000
Family		\$4,000	\$4,000
Out-of-Pocket Maximum			
Single		\$7,150	\$7,150
Family		\$14,300	\$14,300
Coinsurance		20%	20%
Office Visits			
Primary Care Office Visit		\$35	\$35
Preventive Care		\$0	\$0
Specialist Office Visit		\$70	\$70
Telehealth Services		\$35	\$35
Non Hospital Services			
Independent Clinical Lab		20% after CYD	20% after CYD
X-Ray		20% after CYD	20% after CYD
Advanced Imaging (CT/PET, MRI)		\$500	\$500
Urgent Care Center		\$60	\$60
Outpatient Surgery in Surgical Center		20% after CYD	20% after CYD
Physician Services in Surgical Center		20% after CYD	20% after CYD
Hospital Services			
Inpatient Hospital		20% after CYD	20% after CYD
Outpatient Hospital		20% after CYD	20% after CYD
Physician Services at Hospital		20% after CYD	20% after CYD
Emergency Room		\$350 after CYD	\$350 after CYD
Mental Health / Substance Abuse			
Inpatient Hospital		20% after CYD	20% after CYD
Outpatient Facility		20% after CYD	20% after CYD
Outpatient Office Visit		\$70	\$70
Prescriptions			
Tier 1 – Generic		\$20	\$20
Tier 2 – Preferred Brand Name		\$50	\$50
Tier 3 – Non-Preferred Brand Name		\$100	\$100
Tier 4 – Specialty		\$20 / \$50 / \$100	\$20 / \$50 / \$100
90-Day Supply - Mail Order/Retail		\$50 / \$125 / \$250	\$50 / \$125 / \$250
Monthly Rates		Minimum Premium Rates	Fully Insured Rates
Employee Only	216	\$769.76	\$769.77
Employee + Spouse	39	\$1,590.45	\$1,590.45
Employee + Child(ren)	27	\$1,444.73	\$1,444.73
Employee + Family	34	\$2,403.47	\$2,403.47
Monthly Premium	316	\$349,021	\$349,024
Annual Premium		\$4,188,257	\$4,188,283
\$ Increase / Decrease		-	\$26
% Increase / Decrease		-	0.0%

Enrollment as of June 1, 2022

City of Lake Worth Beach
Dental Evaluation - DPPO
Effective Date: October 1, 2022

		2021-2022		2022-2023	
Schedule of Benefits		Cigna Total DPPO		Cigna Total DPPO	
Plan Basics		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Type		Calendar Year		Calendar Year	
Benefit Maximum		\$1,000		\$1,000	
Class Expenses Apply to Benefit Max		Class I, II, III & IX		Class I, II, III & IX	
Deductible					
Single		\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150
Benefits					
Class I – Diagnostic & Preventive					
Routine Oral Exam (2 Per Year)		100% No Deductible	100% No Deductible	100% No Deductible	100% No Deductible
Routine Cleanings (2 Per Year)					
Bitewing X-rays (2 Per Year)					
Complete X-rays (1 Set Every 3 Years)					
Class II – Basic Restorative					
Fillings		80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Extractions					
Oral Surgery					
Anesthesia					
Class III – Major Restorative					
Endodontics/Root Canal Therapy		50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Periodontal					
Crowns					
Bridges					
Dentures					
Class IV – Orthodontia					
Benefit - Child to Age 19		50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Orthodontia Lifetime Max		\$1,500		\$1,500	
Class IX – Implants					
Implants		50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Service Information					
Out of Network Benefits Payable Level		90th Percentile		90th Percentile	
Waiting Period		None		None	
Late Entrant		Payments Reduced by 50% Class III, IV and IX for 12 Months		Payments Reduced by 50% Class III, IV and IX for 12 Months	
Rate Guarantee		9/30/2022		9/30/2023	
Monthly Rates					
Employee Only	131	\$29.20		\$29.96	
Employee + Spouse	45	\$53.90		\$55.30	
Employee + Child(ren)	18	\$73.35		\$75.25	
Employee + Family	24	\$112.36		\$115.27	
Monthly Premium	218	\$10,268		\$10,534	
Annual Premium		\$123,212		\$126,411	
\$ Increase / Decrease		-		\$3,199	
% Increase / Decrease		-		2.6%	

Enrollment as of June 1, 2022

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2022

		2021-2022	2022-2023
Schedule of Benefits		Cigna P4XVO	Cigna P4XVO
Plan Basics		In-Network	In-Network
Network		Cigna Dental Care Access	Cigna Dental Care Access Plus
Deductible		Does Not Apply	Does Not Apply
Benefit Maximum		Does Not Apply	Does Not Apply
Class Expenses Apply to Benefit Max		Does Not Apply	Does Not Apply
Benefits			
Diagnostic & Preventive			
Office Visit		\$5	\$5
Routine Oral Exam (2 Per Year)	0120	\$0	\$0
Routine Cleanings (2 Per Year)	1110	\$0	\$0
Bitewing X-rays (2 Per Year)	0270	\$0	\$0
Complete X-rays	0210	\$0	\$0
Fluoride Treatments to Age 16 (2 Per Year)	1206	\$0	\$0
Sealant per tooth	1351	\$7	\$7
Palliative (emergency) treatment of dental pain, minor procedure	9110	\$3	\$3
Basic Restorative			
Fillings (Amalgam, 3 Surface)	2160	\$0	\$0
Fillings (Resin, 3 Surface Anterior)	2332	\$0	\$0
Fillings (Resin, 3 Surface Posterior)	2393	\$65	\$65
Simple Extractions	7140	\$3	\$3
Endodontic Therapy (Root Canal) - Molar, Excluding Final Restoration	3330	\$195	\$195
Major Restorative			
Bridges	6242	\$130	\$130
Crowns (Porcelain Fused to Metal)	2750	\$130	\$130
Dentures	5110	\$135	\$135
Orthodontia ¹			
Treatment Benefit - Child	8670	\$1,224	\$1,224
Treatment Benefit - Adult	8670	\$1,728	\$1,728
Rate Guarantee		9/30/2022	9/30/2023
Monthly Rates			
Employee Only	74	\$17.84	\$18.38
Employee + Spouse	16	\$32.78	\$33.77
Employee + Child(ren)	10	\$40.19	\$41.40
Employee + Family	15	\$59.03	\$60.81
Monthly Premium	115	\$3,132	\$3,227
Annual Premium		\$37,584	\$38,719
\$ Increase / Decrease		-	\$1,135
% Increase / Decrease		-	3.0%

¹ Orthodontia Treatment Code represent a typical orthodontia treatment. Actual cost may vary by individual.

City of Lake Worth Beach
Vision Evaluation
Effective Date: October 1, 2022

2022-2023

Schedule of Benefits		EyeMed	
Network		InSight	
Exam Services		In-Network	Out-of-Network
Eye Exam		\$10	Up to \$40
Retinal Screening		Up to \$39	Not Covered
Contact Lens Exam (Standard Fit / Follow-up)		Up to \$40	Not Covered
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		\$25	Up to \$30
Bifocal		\$25	Up to \$50
Trifocal		\$25	Up to \$70
Lenticular		\$25	Up to \$70
Standard Progressive		\$90	Up to \$50
Polycarbonate		\$40	Not Covered
Frames			
Retail		\$150 Allowance, then 20% off balance	Up to \$105
Contact Lenses		In lieu of eyeglass lenses and frames	
Conventional		\$150 Allowance, then 15% off balance	Up to \$150
Disposable		\$150 Allowance	Up to \$150
Medically Necessary		\$0	Up to \$210
Rate Guarantee		9/30/2025	
Monthly Rates			
Employee Only	202	\$5.70	
Employee + Spouse	59	\$11.42	
Employee + Child(ren)	28	\$9.67	
Employee + Family	35	\$15.96	
Monthly Premium	324	\$2,655	
Annual Premium		\$31,854	
\$ Increase / Decrease		-	
% Increase / Decrease		-	

Enrollment as of June 1, 2022

City of Lake Worth Beach
Employee Assistance Program Evaluation
Effective Date: October 1, 2022

2021-2022		2022-2023
EAP	Cigna	Cigna
Features		
Eligibility	All Active Eligible Employees and Dependents	All Active Eligible Employees and Dependents
Number of Sessions per Employee or Member	3 per year per issue	3 per year per issue
Training Hours: Manager, Supervisor, and/or Employee	3 Hours Additional Trainings - \$255 per hour	3 Hours Additional Trainings - \$255 per hour
Frequency of Reporting	Quarterly	Quarterly
Management/Formal Referrals	Included	Included
Counselors Available 24/7	Included	Included
Telephonic Management / Supervisor Consultation	Included	Included
Mobile App	Included	Included
Work Life Support (i.e., child / elder care, convenience svcs)	Included	Included
Legal Services	30-Minute Consultation, telephone or face-to-face	30-Minute Consultation, telephone or face-to-face
Financial Services	30-Minute Consultation, telephone	30-Minute Consultation, telephone
ID Theft Services	60-minute consultation with a fraud resolution specialist	60-minute consultation with a fraud resolution specialist
Rate Guarantee	9/30/2022	9/30/2024
Monthly Rates		
Per Employee Per Month 347	\$1.62	\$1.66
Monthly Premium	\$562	\$576
Annual Premium	\$6,746	\$6,912
\$ Increase / Decrease	-	\$167
% Increase / Decrease	-	2.5%

Enrollment as of June 1, 2022

City of Lake Worth Beach
Basic Life and AD&D Evaluation
Effective Date: October 1, 2022

2022-2023

	New York Life
Life and AD&D Benefit	
Eligibility	Class 1: All employees working 30 hours a week designated as Mayor, Commissioner, Director, Assistant Director, City Manager, Assistant City Manager, City Clerk, Deputy Clerk, Building Official or Internal Auditor Class 2: All other employees working 30 hours not designated in Class 1 Class 3: Retirees
Basic Term Life	Class 1: 1x Salary Up to \$300,000 Class 2: \$25,000 Class 3: \$2,000
Basic AD&D (Class 1 and 2)	Equal to Life Benefit
Features	
Waiver of Premium	Included for Class 1 & Class 2
Age Reduction (Class 1 and 2)	Age 65 to 65% Age 70 to 50% Age 75 to 25%
Accelerated Death Benefit	50% up to Maximum Benefit
Rate Guarantee	9/30/2023
Monthly Rates	
Basic Term Life Rate / \$1,000	\$0.200
AD&D Rate / \$1,000	\$0.020
Total Life AD&D Rate / \$1,000	\$0.220
Estimated Volume	\$10,020,000
Monthly Premium	\$2,204
Annual Premium	\$26,453
\$ Increase / Decrease	-
% Increase / Decrease	-
Retiree Term Life Rate / \$1,000	\$0.200
Estimated Volume	\$908,000
Monthly Premium	\$182
Annual Premium	\$2,179
\$ Increase / Decrease	-
% Increase / Decrease	-
Monthly Premium	\$2,386
Annual Premium	\$28,632
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of June 1, 2022

City of Lake Worth Beach
Voluntary Life/AD&D Evaluation
Effective Date: October 1, 2022

2022-2023

		New York Life	
Benefit			
Employee (Class 1 & 2)		Increments of \$10,000 to a max of \$300,000	
Spouse/Domestic Partner		Increments of \$5,000 to max of \$100,000 not to exceed 50% of Employee life amount	
Child(ren)		\$10,000 \$500 (birth to 6 months)	
Retiree (Class 3)		Less than age 45 \$13,000 Age 45 but less than 70 \$13,000 Age 70 but less than 75 \$7,500 Age 75 and over \$3,750	
AD&D Coverage		Class 1 & 2: Equal to Life Benefit Class 3: Not Included	
Guarantee Issue			
Employee		\$100,000	
Spouse/Domestic Partner		\$30,000	
Child(ren)		\$10,000	
Retiree		Eligible Benefit Amount	
Rate Guarantee		9/30/2023	
Age Bracket - Rate Per \$1,000		Employee (Class 1 & 2)/Spouse	Retirees (Class 3)
<25		\$0.110	\$0.630
25 - 29		\$0.150	\$0.630
30 - 34		\$0.160	\$0.630
35 - 39		\$0.200	\$0.630
40 - 44		\$0.260	\$0.630
45 - 49		\$0.390	\$0.630
50 - 54		\$0.620	\$0.990
55 - 59		\$1.090	\$1.590
60 - 64		\$1.700	\$2.120
65 - 69		\$2.790	\$3.260
70 - 74		\$6.260	\$4.430
75 - 79		\$6.260	\$7.110
80 - 84		\$6.260	\$10.910
85 - 89		\$6.260	\$16.730
90 - 94		\$6.260	\$25.650
95 - 99		\$6.260	\$59.870
Child(ren)		\$0.100	N/A
AD&D		\$0.030	N/A

City of Lake Worth Beach

Retiree Voluntary Life Monthly Rates

Effective Date: October 1, 2021 - September 30, 2023

Class 3		Employees who retired prior to July 1, 1992				Employees who retired on or after to July 1, 1992			
Age as of January 1	Rate Per \$1,000	Age 45 but less		Age 70 but less		Age 45 but less		Age 70 but less	
		Less than age 45 \$13,000	than 70 \$13,000	than 75 \$8,000	Age 75 and over \$5,500	Less than age 45 \$13,000	than 70 \$13,000	than 75 \$7,500	Age 75 and over \$3,750
<20	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
20-24	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
25-29	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
30-34	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
35-39	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
40-44	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
45-49	\$0.63	\$8.19	\$8.19	\$5.04	\$3.47	\$8.19	\$8.19	\$4.73	\$2.36
50-54	\$0.99	\$12.87	\$12.87	\$7.92	\$5.45	\$12.87	\$12.87	\$7.43	\$3.71
55-59	\$1.59	\$20.67	\$20.67	\$12.72	\$8.75	\$20.67	\$20.67	\$11.93	\$5.96
60-64	\$2.12	\$27.56	\$27.56	\$16.96	\$11.66	\$27.56	\$27.56	\$15.90	\$7.95
65-69	\$3.26	\$42.38	\$42.38	\$26.08	\$17.93	\$42.38	\$42.38	\$24.45	\$12.23
70-74	\$4.43	\$57.59	\$57.59	\$35.44	\$24.37	\$57.59	\$57.59	\$33.23	\$16.61
75-79	\$7.11	\$92.43	\$92.43	\$56.88	\$39.11	\$92.43	\$92.43	\$53.33	\$26.66
80-84	\$10.91	\$141.83	\$141.83	\$87.28	\$60.01	\$141.83	\$141.83	\$81.83	\$40.91
85-89	\$16.73	\$217.49	\$217.49	\$133.84	\$92.02	\$217.49	\$217.49	\$125.48	\$62.74
90-94	\$25.65	\$333.45	\$333.45	\$205.20	\$141.08	\$333.45	\$333.45	\$192.38	\$96.19
95-99	\$59.87	\$778.31	\$778.31	\$478.96	\$329.29	\$778.31	\$778.31	\$449.03	\$224.51

City of Lake Worth Beach
Short Term Disability Evaluation
Effective Date: October 1, 2022

2022-2023

	New York Life
Features	
Eligibility	<p>Class 1: All employees working 30 hours a week designated as Mayor, Commissioner, Director, Assistant Director, City Manager, Assistant City Manager, City Clerk, Deputy Clerk, Building Official or Internal Auditor</p> <p>Class 2: All other employees working 30 hours not designated in Class 1</p>
Benefit	60% weekly earnings
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit	<p>Class 1: \$2,000</p> <p>Class 2: \$1,000</p>
Elimination Period Accident/Sickness	14 Days
Duration of Benefit	13 Weeks
Pre-Existing Condition Limitation	3 / 12
Rate Guarantee	9/30/2023
Basic Rate / \$10 Weekly Benefit	\$0.340
Estimated Basic Volume	\$81,517
Monthly Premium	\$2,772
Annual Premium	\$33,259
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of June 1, 2022

City of Lake Worth Beach
Long Term Disability Evaluation
Effective Date: October 1, 2022

2022-2023

	New York Life
Features	
Eligibility	Full-time Employees of the Employer regularly working a minimum of 30 hours per week
Benefit	60% of covered earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$5,000
Own Occupation Period	24 months
Elimination Period	90 days
Duration of Benefit	SSNRA
Pre-existing Condition	3 / 12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 months
Survivor Benefit	Included (3 months)
Rate Guarantee	9/30/2023
Rate / \$100 Covered Payroll	\$1.450
Estimated Volume	\$426,195
Monthly Premium	\$6,180
Annual Premium	\$74,158
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of June 1, 2022

City of Lake Worth Beach
Worksite Evaluation - Accident
Effective Date: October 1, 2022

Current

Accident AI960776			Cigna			
Schedule of Benefits			Plan 1		Plan 2	
Plan Coverage			24 Hour		24 Hour	
Accidental Death			EE, SP, CH (100%): Loss of Life: \$25,000 - \$75,000		EE, SP, CH (100%): Loss of Life: \$25,000 - \$75,000	
Dismemberment			\$1,000 - \$20,000		\$2,000 - \$30,000	
Wellness Benefit			\$50 (1 per year)		\$50 (1 per year)	
Emergency Room			\$100		\$200	
Ambulance (Ground/Air)			\$300 / \$1,200		\$400 / \$1,600	
Physician Office Initial Visit			\$50		\$100	
Diagnostic Testing			\$10		\$50	
Hospital Admission			\$500		\$1,000	
Hospital Intensive Care (ICU)			\$200		\$400	
Lacerations			\$50 - \$400		\$100 - \$600	
Accident Follow Up treatment			\$25		\$50	
Physical Therapy			\$25		\$50	
Covered Surgically Repaired Fracture			\$100 - \$4,000		\$200 - \$8,000	
Covered Non-surgically Repaired Fracture			\$50 - \$2,000		\$100 - \$4,000	
Covered Surgically Repaired Dislocation			\$100 - \$4,000		\$200 - \$6,000	
Covered Non-surgically Repaired Dislocation			\$50 - \$2,000		\$100 - \$3,000	
Premium Rates			#1	#2	Monthly	Per Pay (24)
Employee Only			18	6	\$11.42	\$5.71
Employee + Spouse			5	2	\$18.20	\$9.10
Employee + Child(ren)			0	7	\$20.52	\$10.26
Employee + Family			5	7	\$27.30	\$13.65
Monthly Premium			50		\$433	
Annual Premium					\$751	
\$ Increase / Decrease					\$14,211	
% Increase / Decrease					-	
Rate Guarantee					9/30/2025	
Portability					Yes	
Product Type					Group	
Participation Requirement					N/A	

City of Lake Worth Beach
Worksite Evaluation - Hospital
Effective Date: October 1, 2022

Current

Hospital Care HC960269			Cigna				
Schedule of Benefits			Plan 2		Plan 1		
Pre-existing Condition Limitation			None		None		
Waiver of Premium			No		No		
Wellness Benefit			\$50 (1 per year)		\$50 (1 per year)		
Hospital Admission (per admission)			\$500 (1x every 90 days)		\$1,000 (1x every 90 days)		
Hospital Confinement			\$100/day up to 30 days (1x every 90 days)		\$100/day up to 30 days (1x every 90 days)		
Hospital Intensive Care (ICU)			\$200/day up to 30 days (1x every 90 days)		\$200/day up to 30 days (1x every 90 days)		
Hospital Observation			\$100 per 24-hour period (up to 72 hours)		\$100 per 24-hour period (up to 72 hours)		
Hospital Chronic Condition (per admission)			\$50 (1x every 90 days)		\$50 (1x every 90 days)		
Premium Rates		#2	#1	Monthly	Per Pay (24)	Monthly	Per Pay (24)
Employee Only		7	7	\$22.64	\$11.32	\$33.26	\$16.63
Employee + Spouse		2	1	\$48.66	\$24.33	\$71.96	\$35.98
Employee + Child(ren)		0	2	\$40.82	\$20.41	\$57.94	\$28.97
Employee + Family		5	2	\$66.84	\$33.42	\$96.66	\$48.33
Monthly Premium		26		\$590.00		\$613.98	
Total Annual Premium						\$14,448	
\$ Increase / Decrease						-	
% Increase / Decrease						-	
Rate Guarantee			9/30/2025				
Portability			Yes				
Product Type			Group				
Participation Requirement			N/A				

Enrollment as of June 1, 2022

City of Lake Worth Beach
Worksite Evaluation - Critical Illness & Cancer
Effective Date: October 1, 2022

				Current
Critical Illness CI960750				Cigna
Schedule of Benefits				
Pre-existing Condition Limitation				None
Benefit Amount				Employee: \$5,000, \$10,000, or \$20,000 Spouse: 50% Children: 25%
Guarante Issue				Employee: \$20,000 Spouse: \$10,000 Children: All amounts
Health Screening Benefit				\$50 (1 per year)
Recoccurrence of Critical Illness				Payable after 12 months from previous diagnosis
Lifetime Limit				5x of Elected Benefit Amount, up to \$100,000
Critical Illness Benefit				
Heart Attack				100%
Stroke				100%
Coronary Artery Bypass Surgery				25%
End State Renal Disease				100%
Major Organ Failue				100%
Coma				25%
Cancer Benefit				
Invasive Cancer				100%
Non Invasive Cancer (Carcinoma in Situ)				25%
Skin Cancer				\$250 (1x per lifetime)
Premium Rates	\$5K	\$10K	\$20K	
Employee Only	4	7	6	Age-Banded Step Rates, Tobacco & Non-Tobacco Per Coverage Amount
Employee + Spouse	1	1	3	
Employee + Child(ren)	0	0	7	
Employee + Family	0	0	6	
Monthly Premium				\$1,291
Total Annual Premium				\$15,486
\$ Increase / Decrease				-
% Increase / Decrease				-
Rate Guarantee				9/30/2025
Portability				Yes
Product Type				Group
Participation Requirement				N/A

Enrollment as of June 1, 2022