City of Lake Worth Beach
Employee Benefits Executive Summary
Effective Date: October 1, 2025
Enrollment and Benefit Volumes as of April 1, 2025

City Absorbs Increase

		CURRENT				RENEWAL						
		2024-2025				2025-2026				2025-2026		
MEDICAL		**Total**	**Employer**	**ER%**	**Employee**	**Total**	**Employer**	**ER%**	**Employee**	**Employer**	**Employee**	**EE Chg Amt**
OAPIN		**CIGNA**				**CIGNA**				**Per Pay (24)**		
Employee Only	216	$808.12	$808.12	100%	$0.00	$836.31	$836.31	100%	$0.00	$418.16	$0.00	$0.00
Employee + Spouse	38	$1,669.83	$1,374.21	82%	$295.62	$1,728.18	$1,432.56	83%	$295.62	$716.28	$147.81	$0.00
Employee + Child(ren)	29	$1,516.82	$1,273.92	84%	$242.90	$1,569.81	$1,326.91	85%	$242.90	$663.46	$121.45	$0.00
Employee + Family	31	$2,523.49	$1,922.64	76%	$600.85	$2,611.72	$2,010.87	77%	$600.85	$1,005.44	$300.43	$0.00
Monthly Premium	**314**	**$360,223**	**$323,319**		**$36,904**	**$372,802**	**$335,898**		**$36,904**			
Annual Premium		**$4,322,681**	**$3,879,833**		**$442,848**	**$4,473,619**	**$4,030,771**		**$442,848**			
$ Increase / Decrease		-	-		-	**$150,938**	**$150,938**		**$0**			
% Increase / Decrease		-	-		-	**3.5%**	**3.9%**		**0.0%**			
DENTAL		**Total**	**Employer**	**ER%**	**Employee**	**Total**	**Employer**	**ER%**	**Employee**	**Employer**	**Employee**	**EE Chg Amt**
DPPO		**CIGNA**				**CIGNA**				**Per Pay (24)**		
Employee Only	116	$31.16	$19.26	62%	$11.90	$32.56	$20.66	63%	$11.90	$10.33	$5.95	$0.00
Employee + Spouse	47	$57.51	$21.17	37%	$36.34	$60.10	$23.76	40%	$36.34	$11.88	$18.17	$0.00
Employee + Child(ren)	21	$78.26	$22.76	29%	$55.50	$81.78	$26.28	32%	$55.50	$13.14	$27.75	$0.00
Employee + Family	23	$119.88	$25.82	22%	$94.06	$125.27	$31.21	25%	$94.06	$15.61	$47.03	$0.00
DHMO												
Employee Only	95	$19.12	$19.12	100%	$0.00	$19.98	$19.98	100%	$0.00	$9.99	$0.00	$0.00
Employee + Spouse	15	$35.12	$23.32	66%	$11.80	$36.70	$24.90	68%	$11.80	$12.45	$5.90	$0.00
Employee + Child(ren)	11	$43.06	$25.74	60%	$17.32	$44.99	$27.67	62%	$17.32	$13.84	$8.66	$0.00
Employee + Family	13	$63.24	$32.58	52%	$30.66	$66.08	$35.42	54%	$30.66	$17.71	$15.33	$0.00
Monthly Premium	**341**	**$14,357**	**$7,174**		**$7,183**	**$15,003**	**$7,819**		**$7,183**			
Annual Premium		**$172,287**	**$86,086**		**$86,200**	**$180,033**	**$93,833**		**$86,200**			
$ Increase / Decrease		-	-		-	**$7,747**	**$7,747**		**$0**			
% Increase / Decrease		-	-		-	**4.5%**	**9.0%**		**0.0%**			
Rate Guarantee		**Expires 9/30/2025**				**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	209	$5.70	$5.70	100%	$0.00	$5.70	$5.70	100%	$0.00	$2.85	$0.00	$0.00
Employee + Spouse	57	$11.42	$5.70	50%	$5.72	$11.42	$5.70	50%	$5.72	$2.85	$2.86	$0.00
Employee + Child(ren)	32	$9.67	$5.70	59%	$3.97	$9.67	$5.70	59%	$3.97	$2.85	$1.99	$0.00
Employee + Family	34	$15.96	$5.70	36%	$10.26	$15.96	$5.70	36%	$10.26	$2.85	$5.13	$0.00
Monthly Premium	**332**	**$2,694**	**$1,892**		**$802**	**$2,694**	**$1,892**		**$802**			
Annual Premium		**$32,332**	**$22,709**		**$9,623**	**$32,332**	**$22,709**		**$9,623**			
$ Increase / Decrease		-	-		-	**$0**	**$0**		**$0**			
% Increase / Decrease		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Rate Guarantee		**Expires 9/30/2025**				**Expires 9/30/2026**						
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	358	$2.56	$2.56	100%	$0.00	$2.92	$2.92	100%	$0.00	$1.46	$0.00	$0.00
Monthly Premium		**$916**	**$916**		**$0**	**$1,045**	**$1,045**		**$0**			
Annual Premium		**$10,998**	**$10,998**		**$0**	**$12,544**	**$12,544**		**$0**			
$ Increase / Decrease		-	-		-	**$1,547**	**$1,547**		**$0**			
% Increase / Decrease		-	-		-	**14.1%**	**14.1%**		**0.0%**			
Rate Guarantee		**Expires 9/30/2025**				**Expires 9/30/2026**						

City of Lake Worth Beach
Employee Benefits Executive Summary
Effective Date: October 1, 2025
Enrollment and Benefit Volumes as of April 1, 2025

		CURRENT				RENEWAL						
		2024-2025				2025-2026				2025-2026		
LIFE/AD&D		Total	Employer		Employee	Total	Employer		Employee			
Life / AD&D		New York Life				New York Life						
Benefits Volume		**$24,245,050**	**$11,545,800**		**$12,699,250**	**$24,245,050**	**$11,545,800**		**$12,699,250**			
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	46	$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		**$18,296**	**$2,522**		**$15,774**	**$18,296**	**$2,522**		**$15,774**			
Annual Premium		**$219,557**	**$30,266**		**$189,292**	**$219,557**	**$30,266**		**$189,292**			
$ Increase / Decrease		-	-		-	**$0**	**$0**		**$0**			
% Increase / Decrease		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Rate Guarantee		**Expires 9/30/2027**				**Expires 9/30/2027**						
DISABILITY		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
Long-Term / Short-Term Disability		New York Life				New York Life						
Benefits Volume		**$305,689**	**$0**		**$305,689**	**$305,689**	**$0**		**$305,689**			
LTD Per $100 of Covered Payroll		$1.450	$0.000	0%	$1.450	$1.450	$0.000	0%	$1.450			
Benefits Volume		**$83,971**	**$0**		**$83,971**	**$83,971**	**$0**		**$83,971**			
STD Per $10 Per Weekly Benefit		$0.340	$0.000	0%	$0.340	$0.340	$0.000	0%	$0.340			
Monthly Premium		**$7,287**	**$0**		**$7,287**	**$7,287**	**$0**		**$7,287**			
Annual Premium		**$87,450**	**$0**		**$87,450**	**$87,450**	**$0**		**$87,450**			
$ Increase / Decrease		-	-		-	**$0**	**$0**		**$0**			
% Increase / Decrease		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Rate Guarantee		**Expires 9/30/2027**				**Expires 9/30/2027**						
FLEXIBLE SPENDING ACCOUNTS		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg Amt
FSA Administration		Benefits Workshop, UpSwing				Benefits Workshop, UpSwing				Per Pay (24)		
Per Employee Per Month	70	$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
		Benefits Workshop, UpSwing				Benefits Workshop, 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		**$404,365**	**$336,414**	**83%**	**$67,951**	**$417,718**	**$349,767**	**84%**	**$67,951**			
Annual Premium		**$4,852,385**	**$4,036,972**		**$815,413**	**$5,012,616**	**$4,197,203**		**$815,413**			
$ Increase / Decrease		-	-		-	**$160,232**	**$160,232**		**$0**			
% Increase / Decrease		-	-		-	**3.3%**	**4.0%**		**0.0%**			