City of Lake Worth Beach
Medical Evaluation
Effective Date: October 1, 2025

		2024-2025	2025-2026
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
Specialist Office Visit		$70	$70
Preventive Care		$0	$0
Virtual Visits (PCP/Specialists)		$35 / $70	$35 / $70
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*			
Employee Only	216	$808.12	$836.31
Employee + Spouse	38	$1,669.83	$1,728.18
Employee + Child(ren)	29	$1,516.82	$1,569.81
Employee + Family	31	$2,523.49	$2,611.72
Monthly Premium	**314**	**$360,223**	**$372,802**
Annual Premium		**$4,322,681**	**$4,473,619**
$ Increase / Decrease		**-**	**$150,938**
% Increase / Decrease		**-**	**3.5%**

City of Lake Worth Beach
Dental Evaluation - DPPO
Effective Date: October 1, 2025

Schedule of Benefits		2024-2025 Cigna Total DPPO		2025-2026 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)					
Routine Cleanings (2 Per Year)		100%	100%	100%	100%
Bitewing X-rays (2 Per Year)		No Deductible	No Deductible	No Deductible	No Deductible
Complete X-rays (1 Set Every 3 Years)					
Class II – Basic Restorative					
Fillings					
Extractions		80%	80%	80%	80%
Oral Surgery		After Deductible	After Deductible	After Deductible	After Deductible
Anesthesia					
Class III – Major Restorative					
Endodontics/Root Canal Therapy					
Periodontal		50%	50%	50%	50%
Crowns		After Deductible	After Deductible	After Deductible	After Deductible
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	
Missing Tooth		Missing prior to coverage, not covered for 12 months		Missing prior to coverage, not covered for 12 months	
Rate Guarantee		**9/30/2025**		**9/30/2027**	
Monthly Rates					
Employee Only	116	$31.16		$32.56	
Employee + Spouse	47	$57.51		$60.10	
Employee + Child(ren)	21	$78.26		$81.78	
Employee + Family	23	$119.88		$125.27	
Monthly Premium	**207**	**$10,718**		**$11,200**	
Annual Premium		**$128,619**		**$134,403**	
$ Increase / Decrease		-		**$5,784**	
% Increase / Decrease		-		**4.5%**	

Enrollment as of April 1, 2025

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2025

Schedule of Benefits		2024-2025 Cigna P4XVO	2025-2026 Cigna P4XVO
Plan Basics		**In-Network**	**In-Network**
Network		Cigna Dental Care Access Plus	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)	0274	$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	6240	$130	$130
Crowns (Porcelain Fused to Metal)	6750	$130	$130
Dentures	5110	$135	$135
Orthodontia *			
Treatment Benefit - Child	8670	$1,224	$1,224
Treatment Benefit - Adult	8670	$1,728	$1,728
Rate Guarantee		**9/30/2025**	**9/30/2027**
Monthly Rates			
Employee Only	95	$19.12	$19.98
Employee + Spouse	15	$35.12	$36.70
Employee + Child(ren)	11	$43.06	$44.99
Employee + Family	13	$63.24	$66.08
Monthly Premium	**134**	**$3,639**	**$3,803**
Annual Premium		**$43,668**	**$45,630**
$ Increase / Decrease		**-**	**$1,963**
% Increase / Decrease		**-**	**4.5%**

Enrollment as of April 1, 2025

** Indicated benefits may not be the total payment for complete treatment; additional charges and treatment codes may apply including laboratory*

City of Lake Worth Beach
Vision Evaluation
Effective Date: October 1, 2025

		2024-2025		2025-2026	
Schedule of Benefits		**EyeMed**		**EyeMed**	
Network		InSight		InSight	
Exam Services		**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Eye Exam		$10	Up to $40	$10	Up to $40
Retinal Screening		Up to $39	Not Covered	Up to $39	Not Covered
Contact Lens Exam (Standard Fit / Follow-up)		Up to $40	Not Covered	Up to $40	Not Covered
Frequency of Services					
Examination		12 Months		12 Months	
Lenses		12 Months		12 Months	
Frames		24 Months		24 Months	
Contact Lenses		12 Months		12 Months	
Lenses					
Single		$25	Up to $30	$25	Up to $30
Bifocal		$25	Up to $50	$25	Up to $50
Trifocal		$25	Up to $70	$25	Up to $70
Lenticular		$25	Up to $70	$25	Up to $70
Standard Progressive		$90	Up to $50	$90	Up to $50
Polycarbonate		$40	Not Covered	$40	Not Covered
Frames					
Retail		$150 Allowance, then 20% off balance	Up to $105	$150 Allowance, then 20% off balance	Up to $105
Contact Lenses		In lieu of eyeglass lenses and frames		In lieu of eyeglass lenses and frames	
Conventional		$150 Allowance, then 15% off balance	Up to $150	$150 Allowance, then 15% off balance	Up to $150
Disposable		$150 Allowance	Up to $150	$150 Allowance	Up to $150
Medically Necessary		$0	Up to $210	$0	Up to $210
Rate Guarantee		**9/30/2025**		**9/30/2026**	
Monthly Rates					
Employee Only	209	$5.70		$5.70	
Employee + Spouse	57	$11.42		$11.42	
Employee + Child(ren)	32	$9.67		$9.67	
Employee + Family	34	$15.96		$15.96	
Monthly Premium	**332**	**$2,694**		**$2,694**	
Annual Premium		**$32,332**		**$32,332**	
$ Increase / Decrease		**-**		**$0**	
% Increase / Decrease		**-**		**0.0%**	

Enrollment as of April 1, 2025

City of Lake Worth Beach
Employee Assistance Program Evaluation
Effective Date: October 1, 2025

		Current	Renewal
EAP		**Cigna**	**Cigna**
Features			
Eligibility		All Active Eligible Employees and their household family members	All Active Eligible Employees and their household family members
Number of Sessions per Employee or Member		6 per year per issue	6 per year per issue
Service Hours: Mgr, Supv, Employee Trainings and/or Critical Incident Debriefing		3 Hours Add'l Trainings: $255 per hour	**9 Hours** Add'l 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 (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 consult with a fraud resolution specialist	60-minute consult with a fraud resolution specialist
Rate Guarantee		**9/30/2025**	**9/30/2026**
Monthly Rates			
Per Employee Per Month	358	**$2.56**	**$2.92**
Monthly Premium		**$916**	**$1,045**
Annual Premium		**$10,998**	**$12,544**
$ Increase / Decrease		**-**	**$1,547**
% Increase / Decrease		**-**	**14.1%**

Enrollment as of April 1, 2025

City of Lake Worth Beach
Basic Life and AD&D Evaluation
Effective Date: October 1, 2025

2025-2026

	New York Life
FLX0968018 / OK0969502	
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
Life and AD&D Benefit	
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	**9/30/2027**
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	$10,649,800
Monthly Premium	**$2,343**
Annual Premium	**$28,115**
$ Increase / Decrease	**-**
% Increase / Decrease	**-**
Retiree Term Life Rate / $1,000	$0.200
Estimated Volume	$896,000
Monthly Premium	**$179**
Annual Premium	**$2,150**
$ Increase / Decrease	**-**
% Increase / Decrease	**-**
Monthly Premium	**$2,522**
Annual Premium	**$30,266**
$ Increase / Decrease	**-**
% Increase / Decrease	**-**

Volume as of April 1, 2025

City of Lake Worth Beach
Voluntary Life/AD&D Evaluation
Effective Date: October 1, 2025

2025-2026

	New York Life	
FLX0968018 / OK0969502		
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)	**Retired prior to July 1, 1992:** Less than age 45 - $13,000 Age 45 but less than 70 - $13,000 Age 70 but less than 75 - $8,000 Age 75 and over - $5,500	**Retired on or after July 1, 1992:** 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	
Annual Open Enrollment	Increase up to 4 units of $40,000, without EOI, not to exceed the GI amount	
Rate Guarantee	**9/30/2027**	
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
Estimated Volume	**$11,803,250**	**$896,000**
Monthly Premium	**$8,587.73**	**$7,185**
Annual Premium	**$189,275**	
$ Increase / Decrease	-	
% Increase / Decrease	-	

Volume as of April 1, 2025

City of Lake Worth Beach
Retiree Voluntary Life Monthly Rates
Effective Date: October 1, 2024 - September 30, 2027

A change in rates due to age will become effective on the 1st of January following the date of change of the Retiree's birthday.

Class 3		Employees who retired prior to July 1, 1992				Employees who retired on or after July 1, 1992			
Age as of January 1	Rate Per $1,000	Less than age 45 $13,000	Age 45 but less than 70 $13,000	Age 70 but less than 75 $8,000	Age 75 and over $5,500	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
<20	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
20 - 24	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
25 - 29	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
30 - 34	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
35 - 39	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
40 - 44	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
45 - 49	$0.630	$8.190	$8.190	$5.040	$3.465	$8.190	$8.190	$4.725	$2.363
50 - 54	$0.990	$12.870	$12.870	$7.920	$5.445	$12.870	$12.870	$7.425	$3.713
55 - 59	$1.590	$20.670	$20.670	$12.720	$8.745	$20.670	$20.670	$11.925	$5.963
60 - 64	$2.120	$27.560	$27.560	$16.960	$11.660	$27.560	$27.560	$15.900	$7.950
65 - 69	$3.260	$42.380	$42.380	$26.080	$17.930	$42.380	$42.380	$24.450	$12.225
70 - 74	$4.430	$57.590	$57.590	$35.440	$24.365	$57.590	$57.590	$33.225	$16.613
75 - 79	$7.110	$92.430	$92.430	$56.880	$39.105	$92.430	$92.430	$53.325	$26.663
80 - 84	$10.910	$141.830	$141.830	$87.280	$60.005	$141.830	$141.830	$81.825	$40.913
85 - 89	$16.730	$217.490	$217.490	$133.840	$92.015	$217.490	$217.490	$125.475	$62.738
90 - 94	$25.650	$333.450	$333.450	$205.200	$141.075	$333.450	$333.450	$192.375	$96.188
95 - 99	$59.870	$778.310	$778.310	$478.960	$329.285	$778.310	$778.310	$449.025	$224.513

City of Lake Worth Beach
Short Term Disability Evaluation
Effective Date: October 1, 2025

	2025-2026
	New York Life
VDT0962403	
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
Benefit	60% weekly earnings
Minimum Weekly Benefit	$25
Maximum Weekly Benefit	Class 1: $2,000 Class 2: $1,000
Elimination Period Accident/Sickness	14 Days
Duration of Benefit	13 Weeks
Pre-Existing Condition Limitation	3 / 12
Rate Guarantee	**9/30/2027**
Monthly Rates	
Basic Rate / $10 Weekly Benefit	$0.340
Estimated STD Volume	$83,971
Monthly Premium	**$2,855**
Annual Premium	**$34,260**
$ Increase / Decrease	**-**
% Increase / Decrease	**-**

Volume as of April 1, 2025

City of Lake Worth Beach
Long Term Disability Evaluation
Effective Date: October 1, 2025

	2025-2026
	New York Life
VDT0962404	
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	**9/30/2027**
Monthly Rates	
Rate / $100 Covered Payroll	$1.450
Estimated LTD Volume	$305,689
Monthly Premium	**$4,432**
Annual Premium	**$53,190**
$ Increase / Decrease	**-**
% Increase / Decrease	**-**

Volume as of April 1, 2025

City of Lake Worth Beach
Legal Plan Evaluation
Effective Date: October 1, 2025

	2025-2026
Legal Services	**Preferred Legal**
Plan Basics	
Coverage Eligibility	Employee, spouse/partner, dependent children and entire household
Discount on Services not covered 100%	25% - 50%
Coverage for Pre-Existing Matters	Included
Waiting Period	None
Advice & Consultation	Unlimited and Included
Document Review	Included
Panel Attorney Formal Representation (in Court)	Available at Discounted Rate
Emergency Legal Access	24/7
Estate Planning - Consult, Advice & Documents	
Wills / Living Wills	Included
Power of Attorney	Included
Trust: Revocable and Irrevocable	Included
Probate	Discounted Rate
Family Law - Consult, Advice & Documents	
Dissolution of Marriage	Included
Child Custody and Support	Included
Pre and Post Nuptial Agreements	Included
Financial and Tax - Consult, Advice & Documents	
Chapter 7 Bankruptcy	Discounted Rate
Financial Planning and Tax Questions	Included
IRS / Tax Issues	Included
Debt Collection Defense	Included
Real Estate Matters	Included
Auto and Civil - Consult, Advice & Documents	
DUI / DUI Criminal Matters	Included
Reinstatement - Driver's License	Included
Property Damage/Personal Injury	Included
Traffic Defense	Included
Defense of Civil Lawsuit	Included
Participation Requirement	**None**
Rate Guarantee[1]	**Ongoing**
Monthly Rates	
Employee Only	$13.95
Employee + Family 86	$13.95
Monthly Premium	**$1,200**
Annual Premium	**$14,396**
$ Increase / Decrease	-
% Increase / Decrease	-

[1]P*lan filed with the State of Florida and is subject to change*

City of Lake Worth Beach
Supplemental Evaluation - Accident
Effective Date: October 1, 2025

Current/Renewal

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: $50,000 - $100,000	
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	
Sports Rider			**Included**		**Included**	
Premium Rates	**#1**	**#2**	**Monthly**	**Per Pay (24)**	**Monthly**	**Per Pay (24)**
Employee Only	17	14	$11.42	$5.71	$19.90	$9.95
Employee + Spouse	1	4	$18.20	$9.10	$30.86	$15.43
Employee + Child(ren)	2	2	$20.52	$10.26	$35.24	$17.62
Employee + Family	7	12	$27.30	$13.65	$46.20	$23.10
Monthly Premium	**59**		**$444**		**$1,027**	
Annual Premium			**$17,657**			
$ Increase / Decrease			**-**			
% Increase / Decrease			**-**			
Rate Guarantee			**9/30/2028**			
Portability			**Yes**			
Product Type			**Group**			
Participation Requirement			**10% of Eligibles or 10 Enrolled**			

City of Lake Worth Beach
Supplemental Evaluation - Critical Illness
Effective Date: October 1, 2025

				Current	Renewal
Critical Illness CI960750				**Cigna**	**Cigna**
Schedule of Benefits					
Pre-existing Condition Limitation				None	None
Benefit Amount				Employee: $5,000, $10,000, or $20,000 Spouse: 50% Children: 25%	Employee: $5,000, $10,000, or $20,000 Spouse: 50% Children: 25%
Guarante Issue				Employee: $20,000 Spouse: $10,000 Children: All amounts	Employee: $20,000 Spouse: $10,000 Children: All amounts
Health Screening Benefit				$50 (1 per year)	$50 (1 per year)
Recoccurence of Critical Illness				Payable after 12 months from previous diagnosis	Payable after 12 months from previous diagnosis
Lifetime Limit				N/A	N/A
Critical Illness Benefit					
Heart Attack				100%	100%
Stroke				100%	100%
Coronary Artery Bypass Surgery				25%	25%
End State Renal Disease				100%	100%
Major Organ Failue				100%	100%
Coma				25%	25%
Nervous System Contitions (Alzheimers, ALS, MS)				N/A	**25%**
Childhood Conditions (Cystic Fibrosis, Cerebral Palsy)				N/A	**100%**
Cancer Benefit					
Invasive Cancer				100%	100%
Non Invasive Cancer (Carcinoma in Situ)				25%	25%
Skin Cancer				$250 (1x per lifetime)	$250 (1x per lifetime)
Premium Rates	**$5K**	**$10K**	**$20K**		
Employee Only	2	8	7	Age-Banded Step Rates, Tobacco & Non-Tobacco Per Coverage Amount	Age-Banded Step Rates, Tobacco & Non-Tobacco Per Coverage Amount
Employee + Spouse	2	1	5		
Employee + Child(ren)	2	0	2		
Employee + Family	0	0	6		
Monthly Premium		**35**		**$1,479**	**$1,479**
Total Annual Premium				**$17,744**	**$17,744**
$ Increase / Decrease				**-**	**$0**
% Increase / Decrease				**-**	**0.0%**
Rate Guarantee				**9/30/2025**	**90/30/2028**
Portability				**Yes**	**Yes**
Product Type				**Group**	**Group**
Participation Requirement				**10% of Eligibles or 10 Enrolled**	**10% of Eligibles or 10 Enrolled**

City of Lake Worth Beach
Supplemental Evaluation - Hospital
Effective Date: October 1, 2025

Current/Renewal

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 (Non-ICU and ICU 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 (24 hours elimination period)			$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	6	12	$22.64	$11.32	$33.26	$16.63
Employee + Spouse	2	2	$48.66	$24.33	$71.96	$35.98
Employee + Child(ren)	1	2	$40.82	$20.41	$57.94	$28.97
Employee + Family	3	2	$66.84	$33.42	$96.66	$48.33
Monthly Premium	**30**		**$475**		**$852**	
Total Annual Premium			**$15,921**			
$ Increase / Decrease			**-**			
% Increase / Decrease			**-**			
Rate Guarantee			**9/30/2028**			
Portability			**Yes**			
Product Type			**Group**			
Participation Requirement			**10% of Eligibles or 10 Enrolled**			