

City of Lake Worth Beach
Medical Insurance Evaluation
Effective Date: October 1, 2021

		Current	Renewal	Negotiated Renewal
SCHEDULE OF BENEFITS		Cigna OAPIN	Cigna OAPIN	Cigna OAPIN
Plan Basics		In Network	In Network	In Network
Deductible		Calendar	Calendar	Calendar
Single		\$2,000	\$2,000	\$2,000
Family		\$4,000	\$4,000	\$4,000
Out of Pocket Maximum				
Single		\$7,150	\$7,150	\$7,150
Family		\$14,300	\$14,300	\$14,300
Coinsurance (Member Pays)		20%	20%	20%
Physician Services				
Preventive Care		No Charge	No Charge	No Charge
Physician Office Visit		\$35	\$35	\$35
Specialist Office Visit		\$70	\$70	\$70
Telehealth/Virtual Visit		\$35	\$35	\$35
Lab / X-Ray		20% after CYD	20% after CYD	20% after CYD
Advanced Imaging		\$500	\$500	\$500
Urgent Care Visit		\$60	\$60	\$60
Hospital Services				
Inpatient		20% after CYD	20% after CYD	20% after CYD
Outpatient		20% after CYD	20% after CYD	20% after CYD
Emergency Room		\$350 after CYD	\$350 after CYD	\$350 after CYD
Physician Services at Hospital		20% after CYD	20% after CYD	20% after CYD
Mental Health / Substance Abuse				
Inpatient Hospital		20% after CYD	20% after CYD	20% after CYD
Outpatient (OV/Other)		\$70/20% after CYD	\$70/20% after CYD	\$70/20% after CYD
Pharmacy Plan				
Tier 1 / Generic		\$20	\$20	\$20
Tier 2 / Preferred Brand		\$50	\$50	\$50
Tier 3 / Non Preferred Brand		\$100	\$100	\$100
Tier 4 / Specialty Drug		\$20/\$50/\$100	\$20/\$50/\$100	\$20/\$50/\$100
Mail Order (Excluding Specialty)		2.5x retail	2.5x retail	2.5x retail
Rates		Minimum Premium Rates	Minimum Premium Rates	Minimum Premium Rates
Employee	211	\$769.76	\$778.41	\$769.76
Employee + Spouse	44	\$1,590.45	\$1,608.33	\$1,590.45
Employee + Child(ren)	31	\$1,444.73	\$1,460.97	\$1,444.73
Family	35	\$2,403.47	\$2,430.50	\$2,403.47
Monthly Premium	330	\$361,307	\$365,369	\$361,307
Annual Premium		\$4,335,687	\$4,384,423	\$4,335,687
\$ Increase/(Decrease)		N/A	\$48,736	\$0
% Increase/(Decrease)		N/A	1.1%	0.0%

City of Lake Worth Beach
Minimum Premium Evaluation
Effective Date: October 1, 2021

CURRENT

		Administration Fees			Liability		Funding
Cigna		Expenses	Admin Fee (Access Fee)	Stop Loss Charge (EPB)	Bank Account Liability	Terminal Liability	Suggested Funding
OAPIN							
Employee	211	\$81.91	\$23.36	\$154.85	\$509.64	\$0.00	\$769.76
Employee + Spouse	44	\$171.83	\$23.36	\$319.94	\$1,075.32	\$0.00	\$1,590.45
Employee + Child(ren)	31	\$155.87	\$23.36	\$290.63	\$974.87	\$0.00	\$1,444.73
Employee + Family	35	\$260.92	\$23.36	\$483.50	\$1,635.69	\$0.00	\$2,403.47
Total	321						
Monthly Cost		\$38,808	\$7,499	\$72,683	\$242,318	\$0	\$361,307
Annual Cost		\$465,692	\$89,983	\$872,193	\$2,907,819	\$0.00	\$4,335,687
		<u>Total Administration Cost</u> \$1,427,868			<u>Total Claims Liability</u> \$2,907,819	<u>Terminal Liability</u> \$0	<u>Maximum Cost</u> \$4,335,687

TOTAL ANNUAL MAXIMUM COST: **\$4,335,687**

TOTAL ANNUAL MAXIMUM COST CHANGE: **N/A**

TOTAL ANNUAL % CHANGE **N/A**

RENEWAL

		Administration Fees			Liability		Funding
Cigna		Expenses	Admin Fee (Access Fee)	Stop Loss Charge (EPB)	Bank Account Liability	Terminal Liability	Suggested Funding
OAPIN							
Employee	211	\$86.15	\$23.36	\$178.08	\$482.17	\$0.00	\$769.76
Employee + Spouse	44	\$180.91	\$23.36	\$367.93	\$1,018.25	\$0.00	\$1,590.45
Employee + Child(ren)	31	\$164.09	\$23.36	\$334.22	\$923.06	\$0.00	\$1,444.73
Employee + Family	35	\$274.78	\$23.36	\$556.03	\$1,549.29	\$0.00	\$2,403.46
Total	321						
Monthly Cost		\$40,842	\$7,499	\$83,586	\$229,381	\$0	\$361,307
Annual Cost		\$490,105	\$89,983	\$1,003,028	\$2,752,571	\$0.00	\$4,335,687
		<u>Total Administration Cost</u> \$1,583,116			<u>Total Claims Liability</u> \$2,752,571	<u>Terminal Liability</u> \$0	<u>Maximum Cost</u> \$4,335,687

TOTAL ANNUAL MAXIMUM COST: **\$4,335,687**

TOTAL ANNUAL MAXIMUM COST CHANGE: **\$0**

TOTAL ANNUAL % CHANGE **0.0%**

City of Lake Worth Beach
Dental Evaluation - PPO
Effective Date: October 1, 2021

		Current		Renewal	
		Cigna Total DPPO		Cigna Total DPPO	
Deductible		In Network	Out of Network	In Network	Out of Network
Annual Benefit Maximum		\$1,000		\$1,000	
Single		\$50	\$50	\$50	\$50
Family Aggregate		\$150	\$150	\$150	\$150
Deductible Waived for Class 1		Yes	Yes	Yes	Yes
Benefits					
Class I: Preventive / Diagnostic		100%	100%	100%	100%
Class II: Basic / Restorative		80% After CYD	80% After CYD	80% After CYD	80% After CYD
Class III: Major / Replacement		50% After CYD	50% After CYD	50% After CYD	50% After CYD
Periodontics and Endodontics		Major		Major	
Class IX: Implants		50% After CYD	50% After CYD	50% After CYD	50% After CYD
Class IV: Orthodontic Treatment		50%	50%	50%	50%
Orthodontia Lifetime Maximum		\$1,500		\$1,500	
Orthodontia Coverage		Children to age 19		Children to age 19	
Waiting period (Timely Entrants)		None		None	
Out of Network Benefits Payable		UCR 90th Percentile		UCR 90th Percentile	
Rate Guarantee Ends		9/30/2021		9/30/2022	
Rates					
Employee	114	\$29.20		\$29.20	
Employee + Spouse	45	\$53.90		\$53.90	
Employee + Child(ren)	22	\$73.35		\$73.35	
Employee + Family	23	\$112.36		\$112.36	
Monthly Premium	204	\$9,952		\$9,952	
Annual Premium		\$119,427		\$119,427	
\$ Increase		N/A		\$0	
% Increase		N/A		0.0%	

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2021

		Current	Renewal
		Cigna	Cigna
		P4XVO	P4XVO
Calendar Year Maximum		<i>In Network</i>	<i>In Network</i>
Per Member		Does Not Apply	Does Not Apply
Per Family		Does Not Apply	Does Not Apply
Deductible Waived for Class 1		Does Not Apply	Does Not Apply
Class I Services: Preventative/ Diagnostic	Code		
Office Visit		\$5	\$5
Routine Oral Exam (2 Per Year)	0120	No Charge	No Charge
Routine Cleanings (2 Per Year)	1110	No Charge	No Charge
Bitewing X-rays (2 Per Year)	0270	No Charge	No Charge
Complete X-rays	0210	No Charge	No Charge
Fluoride Treatments to Age 16 (2 Per Year)	1206	No Charge	No Charge
Sealant per tooth	1351	\$7	\$7
Palliative (emergency) treatment of dental pain-minor procedure	9110	\$3	\$3
Class II Services: Basic Restorative			
Fillings (Amalgam, 3 Surface)	2160	No Charge	No Charge
Fillings (Resin, 3 Surface Anterior)	2332	No Charge	No Charge
Fillings (Resin, 3 Surface Posterior)	2393	\$65	\$65
Simple Extractions	7140	\$3	\$3
Endodontic Therapy (Root Canal) - Molar, Excluding Final Restoration	3330	\$195	\$195
Class III Services: 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 Ends		9/30/2021	9/30/2022
Rates			
Employee	81	\$17.84	\$17.84
Employee + Spouse	18	\$32.78	\$32.78
Employee + Child(ren)	8	\$40.19	\$40.19
Employee + Family	15	\$59.03	\$59.03
Monthly Premium:	122	\$3,242	\$3,242
Annual Premium:		\$38,905	\$38,905
\$ Increase:		N/A	\$0
% Increase:		N/A	0.0%

¹ Orthodontia Treatment Code represent a typical orthodontia treatment plan. Actual costs may vary for an individual's plan.

City of Lake Worth Beach
Vision Evaluation
Effective Date: October 1, 2021

SCHEDULE OF BENEFITS	CURRENT		Renewal	
	EyeMed Vision		EyeMed Vision	
Network	InSight		InSight	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Eye Exam	\$10 Copay	Up to \$40	\$10 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A	Up to \$39	N/A
Frequency of Services				
Examination	12 Months		12 Months	
Lenses (In Lieu of Contact Lenses)	12 Months		12 Months	
Frames	24 Months		24 Months	
Contact Lenses	12 Months		12 Months	
Lenses	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>
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
Frames	<i>Reimbursement</i>		<i>Reimbursement</i>	
Retail	\$150 Allowance (then 20% disc.)	Up to \$105	\$150 Allowance (then 20% disc.)	Up to \$105
Contact Lenses	<i>Reimbursement - In Lieu of Frames/Lenses</i>		<i>Reimbursement - In Lieu of Frames/Lenses</i>	
Contact Lenses (Medically Necessary)	Covered 100%	Up to \$210	Covered 100%	Up to \$210
Conventional Contact Lenses (Elective)	\$150 Allowance, 15% off balance over \$150	Up to \$150	\$150 Allowance, 15% off balance over \$150	Up to \$150
Disposable Contact Lenses (Elective)	\$150 Allowance, plus balance over \$150	Up to \$150	\$150 Allowance, plus balance over \$150	Up to \$150
Rate Guarantee	9/30/2021		9/30/2022	
Monthly Rates				
Employee 200	\$5.70		\$5.70	
Employee + Spouse 60	\$11.42		\$11.42	
Employee + Child(ren) 29	\$9.67		\$9.67	
Employee + Family 37	\$15.96		\$15.96	
Monthly Premium 326	\$2,696		\$2,696	
Annual Premium	\$32,354		\$32,354	
\$ Increase / Decrease	N/A		\$0	
% Increase / Decrease	N/A		0.0%	

City of Lake Worth Beach
Basic Life and AD&D Insurance Evaluation
Effective Date: October 1, 2021

	Current/Renewal 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 as above 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 Ends	9/30/2022
Basic Term Life Rate / \$1,000	\$0.200
AD&D Rate / \$1,000	\$0.020
Total Life AD&D Rate / \$1,000	\$0.220
Volume	\$9,869,400
Monthly Premium	\$2,171
Annual Premium	\$26,055
\$ Increase / Decrease	N/A
% Increase / Decrease	N/A
Retiree Term Life Rate / \$1,000	\$0.200
Volume	\$924,000
Monthly Premium	\$185
Annual Premium	\$2,218
\$ Increase / Decrease	N/A
% Increase / Decrease	N/A
Monthly Premium	\$2,356
Annual Premium	\$28,273
\$ Increase / Decrease	N/A
% Increase / Decrease	N/A

City of Lake Worth Beach
Voluntary Life Insurance Evaluation
Effective Date: October 1, 2020

Current/Renewal	
New York Life	
Employee Formula	<p>Increments of \$10,000 to a max of \$300,000</p> <p>Employee Guarantee Issue \$100,000</p>
Spouse/Domestic Partner Formula	<p>Increments of \$5,000 to max of \$100,000 not to exceed 50% of Employee life amount</p> <p>Spouse/Domestic Partner Guarantee Issue \$30,000</p>
Child Formula	<p>\$10,000</p> <p>Child Guarantee Issue \$10,000 (Birth through 6 Months is \$500) All are Guarantee Issue 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</p>
Retiree Life Formula	<p>30% of Eligible Employees</p>
Minimum Participation	
Rate Guarantee Ends	9/30/2022
Age Bracket	Employee/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+	\$6.260 \$59.870
Child(ren)	\$0.100 N/A
AD&D	\$0.030 N/A

City of Lake Worth Beach
Voluntary Short Term Disability Insurance Evaluation
Effective Date: October 1, 2021

Current/Renewal

	New York Life
Core Benefit	
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 as above</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	11 Weeks
Minimum Participation	30% of Eligible Employees
Rate Guarantee Ends	9/30/2022
Basic Rate / \$10	\$0.340
Estimated Basic Volume	\$88,631
Monthly Premium	\$3,013
Annual Premium	\$36,162
\$ Increase / Decrease	N/A
% Increase / Decrease	N/A

	Current/Renewal
	New York Life
Core Benefit	
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)
Minimum Participation	30% of Eligible Employees
Rate Guarantee Ends	9/30/2022
Rate / \$100	\$1.450
Estimated Volume	\$422,097
Monthly Premium	\$6,120
Annual Premium	\$73,445
\$ Increase / Decrease	N/A
% Increase / Decrease	N/A