

City of Lake Worth Beach
Medical Evaluation
Effective Date: October 1, 2023



		2022-2023	2023-2024
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
Telehealth Services		\$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	222	\$769.77	\$769.77
Employee + Spouse	35	\$1,590.45	\$1,590.45
Employee + Child(ren)	30	\$1,444.73	\$1,444.73
Employee + Family	33	\$2,403.47	\$2,403.47
Monthly Premium	320	\$349,211	\$349,211
Annual Premium		\$4,190,533	\$4,190,533
\$ Increase / Decrease		-	\$0
% Increase / Decrease		-	0.0%

Enrollment as of June 1, 2023

City of Lake Worth Beach
Dental Evaluation - DPPO
Effective Date: October 1, 2023



Schedule of Benefits	2022-2023		2023-2024	
	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)				
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				
Crowns	50%	50%	50%	50%
Bridges	After Deductible	After Deductible	After Deductible	After Deductible
Dentures				
Class IV – Orthodontia				
Benefit - Child to Age 19	50%	50%	50%	50%
Orthodontia Lifetime Max	No Deductible	No Deductible	No Deductible	No Deductible
		\$1,500		\$1,500
Class IX – Implants				
Implants	50%	50%	50%	50%
	After Deductible	After Deductible	After Deductible	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		Missing prior to coverage, not covered	
Rate Guarantee	9/30/2023		9/30/2025	
Monthly Rates				
Employee Only	135	\$29.96		\$31.16
Employee + Spouse	44	\$55.30		\$57.51
Employee + Child(ren)	18	\$75.25		\$78.26
Employee + Family	25	\$115.27		\$119.88
Monthly Premium	222	\$10,714		\$11,143
Annual Premium		\$128,569		\$133,713
\$ Increase / Decrease		-		\$5,144
% Increase / Decrease		-		4.0%

Enrollment as of June 1, 2023

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2023



		2022-2023	2023-2024
Schedule of Benefits		Cigna P4XVO	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 ¹			
Bridges	6240	\$130	\$130
Crowns (Porcelain Fused to Metal)	6750	\$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		9/30/2023	9/30/2025
Monthly Rates			
Employee Only	81	\$18.38	\$19.12
Employee + Spouse	14	\$33.77	\$35.12
Employee + Child(ren)	10	\$41.40	\$43.06
Employee + Family	14	\$60.81	\$63.24
Monthly Premium	119	\$3,227	\$3,356
Annual Premium		\$38,723	\$40,276
\$ Increase / Decrease		-	\$1,554
% Increase / Decrease		-	4.0%

¹ Indicated benefits may not be the total payment for complete treatment; additional charges and treatment codes may apply including laboratory Enrollment as of June 1, 2023

City of Lake Worth Beach
Vision Evaluation
Effective Date: October 1, 2023



2023-2024

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	211	\$5.70	
Employee + Spouse	52	\$11.42	
Employee + Child(ren)	28	\$9.67	
Employee + Family	37	\$15.96	
Monthly Premium	328	\$2,658	
Annual Premium		\$31,894	
\$ Increase / Decrease		-	
% Increase / Decrease		-	

Enrollment as of June 1, 2023

City of Lake Worth Beach
Employee Assistance Program Evaluation
Effective Date: October 1, 2023



2023-2024

EAP	Cigna
Features	
Eligibility	All Active Eligible Employees and Dependents
Number of Sessions per Employee or Member	3 per year per issue
Training Hours: Manager, Supervisor, and/or Employee	3 Hours Additional Trainings - \$255 per hour
Frequency of Reporting	Quarterly
Management/Formal Referrals	Included
Counselors Available 24/7	Included
Telephonic Management / Supervisor Consultation	Included
Mobile App	Included
Work Life Support (i.e., child / elder care, convenience services)	Included
Legal Services	30-Minute Consultation, telephone or face-to-face
Financial Services	30-Minute Consultation, telephone
ID Theft Services	60-minute consultation with a fraud resolution specialist
Rate Guarantee	9/30/2024
Monthly Rates	
Per Employee Per Month 363	\$1.66
Monthly Premium	\$603
Annual Premium	\$7,231
\$ Increase / Decrease	-
% Increase / Decrease	-

Enrollment as of June 1, 2023

City of Lake Worth Beach
Basic Life and AD&D Evaluation
Effective Date: October 1, 2023



	2022-2023	2023-2024
	New York Life	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	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	All other employees working 30 hours not designated in Class 1
Class 3	Retirees	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	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	Equal to Life Benefit
Features		
Waiver of Premium	Included for Class 1 & Class 2	Included for Class 1 & Class 2
Age Reduction (Class 1 and 2)	Age 65 to 65% Age 70 to 50% Age 75 to 25%	Age 65 to 65% Age 70 to 50% Age 75 to 25%
Accelerated Death Benefit	50% up to Maximum Benefit	50% up to Maximum Benefit
Rate Guarantee	9/30/2023	9/30/2026
Monthly Rates		
Basic Term Life Rate / \$1,000	\$0.200	\$0.200
AD&D Rate / \$1,000	\$0.020	\$0.020
Total Life AD&D Rate / \$1,000	\$0.220	\$0.220
Estimated Volume	\$10,110,800	\$10,110,800
Monthly Premium	\$2,224	\$2,224
Annual Premium	\$26,693	\$26,693
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%
Retiree Term Life Rate / \$1,000	\$0.200	\$0.200
Estimated Volume	\$896,000	\$896,000
Monthly Premium	\$179	\$179
Annual Premium	\$2,150	\$2,150
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%
Monthly Premium	\$2,404	\$2,404
Annual Premium	\$28,843	\$28,843
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

Volume as of June 1, 2023

City of Lake Worth Beach
Voluntary Life/AD&D Evaluation
Effective Date: October 1, 2023



	2022-2023		2023-2024	
	New York Life		New York Life	
FLX0968018 / OK0969502				
Employee (Class 1 & 2)	Increments of \$10,000 to a max of \$300,000		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		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) 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		\$10,000 \$500 (birth to 6 months) 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	
Retiree (Class 3)				
AD&D Coverage	Class 1 & 2: Equal to Life Benefit Class 3: Not Included		Class 1 & 2: Equal to Life Benefit Class 3: Not Included	
Guarantee Issue				
Employee	\$100,000		\$100,000	
Spouse/Domestic Partner	\$30,000		\$30,000	
Child(ren)	\$10,000		\$10,000	
Retiree	Eligible Benefit Amount		Eligible Benefit Amount	
Annual Open Enrollment	Increase up to 4 units of \$40,000, without EOI, not to exceed the GI amount		True Open Enrollment up to GI amount for Employees & Spouses	
Rate Guarantee	9/30/2023		9/30/2026	
Age Bracket - Rate Per \$1,000	Employee (Class 1 & 2) / Spouse	Retirees (Class 3)	Employee (Class 1 & 2) / Spouse	Retirees (Class 3)
<25	\$0.110	\$0.630	\$0.110	\$0.630
25 - 29	\$0.150	\$0.630	\$0.150	\$0.630
30 - 34	\$0.160	\$0.630	\$0.160	\$0.630
35 - 39	\$0.200	\$0.630	\$0.200	\$0.630
40 - 44	\$0.260	\$0.630	\$0.260	\$0.630
45 - 49	\$0.390	\$0.630	\$0.390	\$0.630
50 - 54	\$0.620	\$0.990	\$0.620	\$0.990
55 - 59	\$1.090	\$1.590	\$1.090	\$1.590
60 - 64	\$1.700	\$2.120	\$1.700	\$2.120
65 - 69	\$2.790	\$3.260	\$2.790	\$3.260
70 - 74	\$6.260	\$4.430	\$6.260	\$4.430
75 - 79	\$6.260	\$7.110	\$6.260	\$7.110
80 - 84	\$6.260	\$10.910	\$6.260	\$10.910
85 - 89	\$6.260	\$16.730	\$6.260	\$16.730
90 - 94	\$6.260	\$25.650	\$6.260	\$25.650
95 - 99	\$6.260	\$59.870	\$6.260	\$59.870
Child(ren)	\$0.100	N/A	\$0.100	N/A
AD&D	\$0.030	N/A	\$0.030	N/A

City of Lake Worth Beach
Retiree Voluntary Life Monthly Rates

Effective Date: October 1, 2023 - September 30, 2026



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 to July 1, 1992			
		Age 45 but less Less than age 45 \$13,000	Age 70 but less than 70 \$13,000	Age 75 than 75 \$8,000	Age 75 and over \$5,500	Age 45 but less Less than age 45 \$13,000	Age 70 but less than 70 \$13,000	Age 75 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, 2023



	2022-2023	2023-2024
	New York Life	New York Life
VDT0962403		
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>	<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	60% weekly earnings
Minimum Weekly Benefit	\$25	\$25
Maximum Weekly Benefit	Class 1: \$2,000 Class 2: \$1,000	Class 1: \$2,000 Class 2: \$1,000
Elimination Period Accident/Sickness	14 Days	14 Days
Duration of Benefit	13 Weeks	13 Weeks
Pre-Existing Condition Limitation	3 / 12	3 / 12
Rate Guarantee	9/30/2023	9/30/2026
Monthly Rates		
Basic Rate / \$10 Weekly Benefit	\$0.340	\$0.340
Estimated STD Volume	\$77,236	\$77,236
Monthly Premium	\$2,626	\$2,626
Annual Premium	\$31,512	\$31,512
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

Volume as of June 1, 2023

City of Lake Worth Beach
Long Term Disability Evaluation
Effective Date: October 1, 2023



	2022-2023	2023-2024
	New York Life	New York Life
VDT0962404		
Eligibility	Full-time Employees of the Employer regularly working a minimum of 30 hours per week	Full-time Employees of the Employer regularly working a minimum of 30 hours per week
Benefit	60% of covered earnings	60% of covered earnings
Minimum Monthly Benefit	\$100	\$100
Maximum Monthly Benefit	\$5,000	\$5,000
Own Occupation Period	24 months	24 months
Elimination Period	90 days	90 days
Duration of Benefit	SSNRA	SSNRA
Pre-existing Condition	3 / 12	3 / 12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 months	24 months
Survivor Benefit	Included (3 months)	Included (3 months)
Rate Guarantee	9/30/2023	9/30/2026
Monthly Rates		
Rate / \$100 Covered Payroll	\$1.450	\$1.450
Estimated LTD Volume	\$343,809	\$343,809
Monthly Premium	\$4,985	\$4,985
Annual Premium	\$59,823	\$59,823
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

Volume as of June 1, 2023

City of Lake Worth Beach
Worksite Evaluation - Accident
Effective Date: October 1, 2023



2023-2024

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	
Monthly Rates			Monthly		Monthly	
	#1	#2	Per Pay (24)		Per Pay (24)	
Employee Only	16	9	\$11.42	\$5.71	\$19.90	\$9.95
Employee + Spouse	6	2	\$18.20	\$9.10	\$30.86	\$15.43
Employee + Child(ren)	0	2	\$20.52	\$10.26	\$35.24	\$17.62
Employee + Family	5	7	\$27.30	\$13.65	\$46.20	\$23.10
Monthly Premium	47		\$428		\$635	
Annual Premium					\$12,757	
\$ Increase / Decrease					-	
% Increase / Decrease					-	
Rate Guarantee					9/30/2025	
Portability					Yes	
Product Type					Group	
Participation Requirement					N/A	

Enrollment as of June 1, 2023

City of Lake Worth Beach
Worksite Evaluation - Hospital
Effective Date: October 1, 2023



2023-2024

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)		
Monthly Rates		#2	#1	Monthly	Per Pay (24)	Monthly	Per Pay (24)
Employee Only		7	6	\$22.64	\$11.32	\$33.26	\$16.63
Employee + Spouse		2	2	\$48.66	\$24.33	\$71.96	\$35.98
Employee + Child(ren)		2	1	\$40.82	\$20.41	\$57.94	\$28.97
Employee + Family		2	3	\$66.84	\$33.42	\$96.66	\$48.33
Monthly Premium		25		\$471		\$691	
Total Annual Premium						\$13,950	
\$ Increase / Decrease						-	
% Increase / Decrease						-	
Rate Guarantee			9/30/2025				
Portability			Yes				
Product Type			Group				
Participation Requirement			N/A				

Enrollment as of June 1, 2023

City of Lake Worth Beach
Worksite Evaluation - Critical Illness & Cancer
Effective Date: October 1, 2023



2023-2024

Critical Illness C1960750				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)			
Recocurrence 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)			
Monthly Rates		\$5K	\$10K	\$20K			
Employee Only		3	7	7	Age-Banded Step Rates, Tobacco & Non-Tobacco Per Coverage Amount		
Employee + Spouse		1	2	3			
Employee + Child(ren)		0	0	2			
Employee + Family		0	0	6			
Monthly Premium		31			\$1,224		
Total Annual Premium					\$14,690		
\$ Increase / Decrease					-		
% Increase / Decrease					-		
Rate Guarantee				9/30/2025			
Portability				Yes			
Product Type				Group			
Participation Requirement				N/A			

Enrollment as of June 1, 2023