

City of Lake Worth Beach
Medical Evaluation
Effective Date: October 1, 2024



		2023-2024	2024-2025
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	217	\$769.77	\$808.12
Employee + Spouse	35	\$1,590.45	\$1,669.83
Employee + Child(ren)	31	\$1,444.73	\$1,516.82
Employee + Family	34	\$2,403.47	\$2,523.49
Monthly Premium	317	\$349,210	\$366,626
Annual Premium		\$4,190,525	\$4,399,514
\$ Increase / Decrease		-	\$208,989
% Increase / Decrease		-	5.0%

Enrollment as of May 1, 2024

*Rates include \$2.75 PEPM charge for MME.

City of Lake Worth Beach
Dental Evaluation - DPPO
Effective Date: October 1, 2024



Current/Renewal

Schedule of Benefits	Cigna Total DPPO	
	In-Network	Out-of-Network
Plan Basics		
Deductible Type	Calendar Year	
Benefit Maximum	\$1,000	
Class Expenses Apply to Benefit Max	Class I, II, III & IX	
Deductible		
Single	\$50	\$50
Family	\$150	\$150
Benefits		
Class I – Diagnostic & Preventive		
Routine Oral Exam (2 Per Year)		
Routine Cleanings (2 Per Year)	100%	100%
Bitewing X-rays (2 Per Year)	No Deductible	No Deductible
Complete X-rays (1 Set Every 3 Years)		
Class II – Basic Restorative		
Fillings		
Extractions	80%	80%
Oral Surgery	After Deductible	After Deductible
Anesthesia		
Class III – Major Restorative		
Endodontics/Root Canal Therapy		
Periodontal		
Crowns	50%	50%
Bridges	After Deductible	After Deductible
Dentures		
Class IV – Orthodontia		
Benefit - Child to Age 19	50%	50%
Orthodontia Lifetime Max	No Deductible	No Deductible
		\$1,500
Class IX – Implants		
Implants	50%	50%
	After Deductible	After Deductible
Service Information		
Out of Network Benefits Payable Level	90th Percentile	
Waiting Period	None	
Missing Tooth	Missing prior to coverage, not covered for 12 months	
Rate Guarantee	9/30/2025	
Monthly Rates		
Employee Only	120	\$31.16
Employee + Spouse	40	\$57.51
Employee + Child(ren)	21	\$78.26
Employee + Family	23	\$119.88
Monthly Premium	204	\$10,440
Annual Premium		\$125,284
\$ Increase / Decrease		-
% Increase / Decrease		-

Enrollment as of May 1, 2024

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2024



Current/Renewal

Schedule of Benefits	Cigna P4XVO	
Plan Basics	In-Network	
Network	Cigna Dental Care Access Plus	
Deductible	Does Not Apply	
Benefit Maximum	Does Not Apply	
Class Expenses Apply to Benefit Max	Does Not Apply	
Benefits		
Diagnostic & Preventive		
Office Visit		\$5
Routine Oral Exam (2 Per Year) 0120		\$0
Routine Cleanings (2 Per Year) 1110		\$0
Bitewing X-rays (2 Per Year) 0274		\$0
Complete X-rays 0210		\$0
Fluoride Treatments to Age 16 (2 Per Year) 1206		\$0
Sealant per tooth 1351		\$7
Palliative (emergency) treatment of dental pain, minor procedure 9110		\$3
Basic Restorative		
Fillings (Amalgam, 3 Surface) 2160		\$0
Fillings (Resin, 3 Surface Anterior) 2332		\$0
Fillings (Resin, 3 Surface Posterior) 2393		\$65
Simple Extractions 7140		\$3
Endodontic Therapy (Root Canal) - Molar, Excluding Final Restoration 3330		\$195
Major Restorative *		
Bridges 6240		\$130
Crowns (Porcelain Fused to Metal) 6750		\$130
Dentures 5110		\$135
Orthodontia ¹		
Treatment Benefit - Child 8670		\$1,224
Treatment Benefit - Adult 8670		\$1,728
Rate Guarantee	9/30/2025	
Monthly Rates		
Employee Only 94		\$19.12
Employee + Spouse 16		\$35.12
Employee + Child(ren) 9		\$43.06
Employee + Family 18		\$63.24
Monthly Premium 137	\$3,885	
Annual Premium	\$46,621	
\$ Increase / Decrease	-	
% Increase / Decrease	-	

Enrollment as of May 1, 2024

* 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, 2024



Current/Renewal

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	206	\$5.70	
Employee + Spouse	54	\$11.42	
Employee + Child(ren)	32	\$9.67	
Employee + Family	39	\$15.96	
Monthly Premium	331	\$2,723	
Annual Premium		\$32,673	
\$ Increase / Decrease		-	
% Increase / Decrease		-	

Enrollment as of May 1, 2024

City of Lake Worth Beach
Employee Assistance Program Evaluation
Effective Date: October 1, 2024



	2023-2024	2024-2025
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
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 services)	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	9/30/2024	9/30/2025
Monthly Rates		
Per Employee Per Month 358	\$2.56	\$2.56
Monthly Premium	\$916	\$916
Annual Premium	\$10,998	\$10,998
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

Enrollment as of May 1, 2024

City of Lake Worth Beach
Basic Life and AD&D Evaluation
Effective Date: October 1, 2024



Current/Renewal

	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	\$10,639,750
Monthly Premium	\$2,341
Annual Premium	\$28,089
\$ Increase / Decrease	-
% Increase / Decrease	-
Retiree Term Life Rate / \$1,000	\$0.200
Estimated Volume	\$894,000
Monthly Premium	\$179
Annual Premium	\$2,146
\$ Increase / Decrease	-
% Increase / Decrease	-
Monthly Premium	\$2,520
Annual Premium	\$30,235
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of May 1, 2024

City of Lake Worth Beach
Voluntary Life/AD&D Evaluation
Effective Date: October 1, 2024



Current/Renewal

	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	True Open Enrollment up to GI amount for Employees & Spouses	
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

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 45 but less than 70		Age 70 but less than 75		Age 45 but less than 70		Age 70 but less than 75	
Age as of January 1	Rate Per \$1,000	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	\$0.630	\$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, 2024



Current/Renewal

	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>
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	\$84,584
Monthly Premium	\$2,876
Annual Premium	\$34,510
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of May 1, 2024

City of Lake Worth Beach
Long Term Disability Evaluation
Effective Date: October 1, 2024



2023-2024

	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	\$213,578
Monthly Premium	\$3,097
Annual Premium	\$37,163
\$ Increase / Decrease	-
% Increase / Decrease	-

Volume as of May 1, 2024

City of Lake Worth Beach
Worksite Evaluation - Accident
Effective Date: October 1, 2024



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	
Premium Rates	#1	#2	Monthly	Per Pay (24)	Monthly	Per Pay (24)
Employee Only	16	15	\$11.42	\$5.71	\$19.90	\$9.95
Employee + Spouse	4	3	\$18.20	\$9.10	\$30.86	\$15.43
Employee + Child(ren)	0	2	\$20.52	\$10.26	\$35.24	\$17.62
Employee + Family	7	7	\$27.30	\$13.65	\$46.20	\$23.10
Monthly Premium	54		\$447		\$785	
Annual Premium			\$14,779			
\$ Increase / Decrease			-			
% Increase / Decrease			-			
Rate Guarantee			9/30/2025			
Portability			Yes			
Product Type			Group			
Participation Requirement			10 Enrolled			

Enrollment as of May 1, 2024

City of Lake Worth Beach
Worksite Evaluation - Hospital
Effective Date: October 1, 2024



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 (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			Monthly		Monthly	
	#2	#1	Per Pay (24)		Per Pay (24)	
Employee Only	7	11	\$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			\$497		\$819	
Total Annual Premium			\$15,793			
\$ Increase / Decrease			-			
% Increase / Decrease			-			
Rate Guarantee			9/30/2025			
Portability			Yes			
Product Type			Group			
Participation Requirement			10% of Eligibles or 10 Enrolled			

Enrollment as of May 1, 2024

City of Lake Worth Beach
Worksite Evaluation - Critical Illness & Cancer



Effective Date: October 1, 2024

Current/Renewal

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)			
Recocurrence of Critical Illness				Payable after 12 months from previous diagnosis			
Lifetime Limit				N/A			
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	9				
Employee + Spouse	1	2	4	Age-Banded Step Rates, Tobacco & Non-Tobacco Per Coverage Amount			
Employee + Child(ren)	0	0	2				
Employee + Family	0	0	6				
Monthly Premium	35			\$1,534			
Total Annual Premium				\$18,412			
\$ Increase / Decrease				-			
% Increase / Decrease				-			
Rate Guarantee				Ongoing			
Portability				Yes			
Product Type				Group			
Participation Requirement				10% of Eligibles or 10 Enrolled			

Enrollment as of April 1, 2024

City of Lake Worth Beach
Group Legal Plan Evaluation
Effective Date: October 1, 2024



Current/Renewal

SERVICES	Preferred Legal
Coverage Eligibility	Employee, spouse/partner, dep children up to age 26, and household members
Waiting Period for Eligibility	None
ID Wallet Cards Provided?	Yes
Member Access Service	Phone
Same Benefits in all States	Yes
Claims Filing Required for Payment?	No
Wills, Powers of Attorney and Living Trusts	Included
Simple Will with Minors Trust	Included
Family Law	Included
Debt Collection Defense	Included
Real Estate Matters	Included
Traffic Defense	Included
Demand Letters	Included
Document Preparation (Deeds, Mortgages, Promissory Notes)	Included
Document Review	Included
Chapter 7 Bankruptcy	Included
Employment Related Matters	Excluded
Defense of Civil Lawsuit (Admin Hearings, Civil Litigation & Incompetence Defense)	Included
Coverage for Pre-Existing Matters	Included
Financial Planning and Tax Questions	Included
Property Damage/Personal Injury	Included
DUI / DUI Criminal Matters	Included
IRS Audit Protection	Included
Minimum participation	None
Additional Offerings	Included: Credit Analysis and Repair, Loan Modification/Foreclosure Defense, Expungement of Criminal Record, Incorporation and Homeowner Association/Condo Association disputes
Monthly Rate	
Employee Only	\$9.95
Employee + Dependents	\$9.95
Rate Guarantee¹	Ongoing

¹All plans filed with the State of Florida and are subject to change