

**Town of Loxahatchee Groves**  
**Renewal Recommendations**  
**Effective Date: January 1, 2025**



Line of Coverage	Recommendation
<b>Medical</b>	<p>Renew with Alternate 1 - Florida Blue - BlueCare 16254 and add an employer funded Health Reimbursement Arrangement (HRA) to offset the increase in deductible. As an initial rollout for a wellness program, each person enrolled in medical will receive \$500 in their HRA account. This would result in an approximate 5% increase, which equates to about an \$8,500 increase.</p>
<b>Health Reimbursement Arrangement</b>	<p>For 2025 plan year, an initial incentive of \$500 will be funded by the town in an HRA for medical and Rx expenses. HRA accounts will be set up through UpSwing/Benefits Workshop as the administrator and a debit card will be sent to all employees enrolled in medical.</p>
<b>Wellness Program Tied to Medical/Rx HRA funding for 2026</b>	<p>Starting December 2024 - November 2025, a wellness program will be implemented for employees to earn a \$1,000 maximum HRA funding for 2026 plan year. Employees <u>must</u> complete certain preventive screenings worth a total of \$750 and then the remaining balance of \$250 can be earned with a variety of activities. See flyer.</p>
<b>Flexible Spending Account</b>	<p>Health Care and Dependent Care flexible spending accounts (FSA) will renew as is.  <u>This is an employee paid benefit.</u></p>
<b>Dental</b>	<p>Renew with Humana dental plan for 5.7% <b>savings/decrease</b> to rates.  <u>This is an employee paid benefit.</u></p>
<b>Vision</b>	<p>Renew with Humana vision plan as under a rate guarantee until 12/31/2025. <u>This is an employee paid benefit.</u></p>
<b>Basic Life and AD&amp;D</b>	<p>Renew with The Hartford with no increase. Plan will be under a rate guarantee for another 2 years.</p>
<b>STD</b>	<p>Renew with The Hartford with no increase. Plan will be under a rate guarantee for another 2 years.</p>
<b>LTD</b>	<p>Renew with The Hartford with no increase. Plan will be under a rate guarantee for another 2 years.</p>

Town of Loxahatchee Groves  
Renewal Evaluation - Medical  
Effective Date: January 1, 2025



Schedule of Benefits	CURRENT - FL Blue - Age Banded Rates		RENEWAL - FL Blue - Age Banded Rates		ALTERNATE 1 - FL Blue - Age Banded Rates			
	BlueCare 14304		BlueCare 14304		BlueCare 16254			
	In Network Only		In Network Only		In Network Only			
<b>Deductible (Calendar Year - CYD)</b>	<i>Embedded</i>		<i>Embedded</i>		<i>Embedded</i>			
Single	\$1,500	\$1,500	\$1,500	\$2,000				
Family	\$3,000	\$3,000	\$3,000	\$4,000				
Coinsurance	20%	20%	20%	0%				
<b>Out of Pocket Maximum (OOPM)</b>								
Single	\$4,800	\$4,800	\$4,800	\$6,500				
Family	\$9,600	\$9,600	\$9,600	\$13,000				
<b>Non-Hospital Services</b>								
Virtual Visit (PCP/Spec) / Telemedicine	\$0 / \$40 / \$0	\$0 / \$40 / \$0	\$0 / \$40 / \$0	\$0 / \$45 / \$0				
Physician Office Visit	VCP: \$0 / \$10	VCP: \$0 / \$10	VCP: \$0 / \$10	VCP: \$0 / \$20				
Specialist Visit	VCP: \$20 / \$40	VCP: \$20 / \$40	VCP: \$20 / \$40	VCP: \$20 / \$45				
Independent Lab / X-Ray	ICL: No Charge / IDTC: \$50	ICL: No Charge / IDTC: \$50	ICL: No Charge / IDTC: \$50	ICL: \$60 / IDTC: \$100				
Advanced Imaging (MRI, PET, CT scans)	\$300	\$300	\$300	\$200				
Urgent Care Center	VCP: \$0 Visits 1-2; \$55/ \$55	VCP: \$0 Visits 1-2; \$55/ \$55	VCP: \$0 Visits 1-2; \$55/ \$55	VCP: \$0 Visits 1-2; \$50/ \$50				
<b>Hospital Services</b>								
Inpatient	20% after CYD	20% after CYD	20% after CYD	\$350 per day (\$1,050 max)+ CYD				
Outpatient Surgery	ASC: 20% / Hosp: 20% after CYD	ASC: 20% / Hosp: 20% after CYD	ASC: 20% / Hosp: 20% after CYD	ASC: \$100/ Hosp: \$200				
Emergency Room Visit (facility)	\$200	\$200	\$200	\$350 + CYD				
<b>Mental Health / Substance Abuse Services</b>								
Inpatient	No Charge	No Charge	No Charge	No Charge				
Outpatient	No Charge	No Charge	No Charge	No Charge				
<b>Prescription Drug Benefits</b>								
Tier 1 - Generic	\$0 / \$4 / \$10	\$0 / \$4 / \$10	\$0 / \$4 / \$10	\$0 / \$4 / \$10				
Tier 2 - Preferred Brand	\$15 / \$30	\$15 / \$30	\$15 / \$30	\$15 / \$30				
Tier 3 - Non-Preferred Brand	\$50	\$50	\$50	\$50				
Tier 4 - Specialty	\$150	\$150	\$150	\$200				
Mail Order (90 day supply)	2x Retail/Spec: NC	2x Retail/Spec: NC	2x Retail/Spec: NC	2x Retail/Spec: NC				
<b>Monthly Age-Banded Rates</b>	<b>Tier</b>	<b>Lives*</b>	<b>Town Cost</b>	<b>FL Blue Gross Premium</b>	<b>Town Cost</b>	<b>FL Blue Gross Premium</b>	<b>Town Cost</b>	<b>FL Blue Gross Premium</b>
Employee 1	EE	1	\$684.98	\$684.98	\$781.07	\$781.07	\$699.71	\$699.71
Employee 2	EE	1	\$485.74	\$485.74	\$545.70	\$545.70	\$488.86	\$488.86
Employee 3	EE	1	\$476.26	\$476.26	\$533.21	\$533.21	\$477.67	\$477.67
Employee 4	F	1	\$925.95	\$2,209.57	\$1,062.25	\$2,512.95	\$951.60	\$2,251.19
Employee 5	ES	1	\$606.23	\$1,197.28	\$677.96	\$1,335.10	\$607.34	\$1,196.03
Employee 6	EE	1	\$1,423.08	\$1,423.08	\$1,562.13	\$1,562.13	\$1,399.41	\$1,399.41
Employee 7	EC	1	\$591.05	\$953.94	\$657.14	\$1,055.48	\$588.69	\$945.54
Employee 8	EC	1	\$598.64	\$1,324.42	\$665.47	\$1,497.56	\$596.15	\$1,341.57
Employee 9	EC	1	\$591.05	\$953.94	\$648.80	\$1,047.14	\$581.22	\$938.07
Employee 10	EE	1	\$1,106.68	\$1,106.68	\$1,268.97	\$1,268.97	\$1,136.79	\$1,136.79
Employee 11	EE	1	\$587.26	\$587.26	\$648.80	\$648.80	\$581.22	\$581.22
Employee 12	EE	1	\$684.98	\$684.98	\$781.07	\$781.07	\$699.71	\$699.71
Employee 13	EE	1	\$847.21	\$847.21	\$971.12	\$971.12	\$869.97	\$869.97
Employee 14	EE	1	\$1,362.84	\$1,362.84	\$1,537.14	\$1,537.14	\$1,377.02	\$1,377.02
Employee 15	EE	1	\$925.95	\$925.95	\$1,062.25	\$1,062.25	\$951.60	\$951.60
Employee 16	EE	1	\$1,423.08	\$1,423.08	\$1,562.13	\$1,562.13	\$1,399.41	\$1,399.41
<b>Monthly Premium</b>		<b>16</b>	<b>\$13,321</b>	<b>\$16,647</b>	<b>\$14,965</b>	<b>\$18,702</b>	<b>\$13,406</b>	<b>\$16,754</b>
<b>Annual Premium</b>			<b>\$159,852</b>	<b>\$199,767</b>	<b>\$179,583</b>	<b>\$224,422</b>	<b>\$160,876</b>	<b>\$201,045</b>
<b>TOTAL Premium</b>			<b>\$159,852</b>	<b>\$199,767</b>	<b>\$179,583</b>	<b>\$224,422</b>	<b>\$160,876</b>	<b>\$201,045</b>
<b>Annual \$ Increase/(Decrease)</b>					<b>\$19,731</b>	<b>\$24,656</b>	<b>\$1,025</b>	<b>\$1,279</b>
<b>Annual % Increase/(Decrease)</b>					<b>12.3%</b>	<b>12.3%</b>	<b>0.6%</b>	<b>0.6%</b>
<b>HRA Max Cost</b>							<b>\$7,500.00</b>	
<b>TOTAL Annual Premium with HRA Max Cost</b>							<b>\$168,376</b>	<b>\$208,545</b>
<i>*Lives from October Invoice</i>								



## Loxahatchee Groves Wellness Program

The Lox Living Well Wellness program is launching on December 1, 2024. We believe that a healthy, vibrant workforce will enhance job performance, service levels and lower our medical insurance costs.

Employees can earn funds from December 1, 2024 through November 30, 2025 to receive 2026 funding beginning January 1, 2026.

The goal of the 2025 Lox Living Well Wellness Program is to help employees be better healthcare consumers, and reward employees for being active, healthy and completing annual preventive exams. There is a choice of four activities to unlock 2026 HRA funding within Table 1 and of those four, you may choose three to complete worth \$250 each. The remaining balance of \$250 may be earned by any other screenings or activities listed in Table 2 below to earn the full \$1,000 HRA funding. All rewards earned from December 1, 2024 through November 30, 2025 count toward the 2026 plan year. If an employee chooses not to participate in the program or only participates totaling less than \$1,000, employee would only earn up to the value of the activities. The maximum funding by the Town is \$1,000.

The 2025 Lox Living Well activities are listed within the tables below. Beginning December 1, 2024 through November 30, 2025 any of the listed activities will count toward the program.

### 2025 Wellness Program Summary Activities for Program Funding

(Participation Dates: December 1, 2024 to November 30, 2025 for 2026 Plan Year Funding)



#### Table 1

#### References

\*All preventive forms are available with Amber Schneider, Senior Administrator. Completed form or corresponding EOB should be submitted no later than 11/30/2025 directly to Amber Schneider.

Preventive Screenings	Reward Amount	Maximum
<i>You must complete three out of the four preventive screenings to earn 2026 HRA Funding, for a maximum of \$750 from Table 1.</i>		
Annual Wellness Physical with biometric screening* (Preventive form <u>must</u> be submitted)	\$250	1 Per Year
Annual Dental Checkups* (Cleanings - must complete 2 to earn full \$250)	\$250	1 Per Year
Personal Health Assessment from Florida Blue*	\$250	\$250
Annual Skin Cancer Screening*	\$250	1 Per Year

#### Table 2

Activities	Reward Amount	Maximum
<i>You may earn the remainder of your funding by completing the activities within Table 2, for a maximum of \$250.</i>		
Mindfulness Map Challenge (14 days)	\$50	\$50
Hydration Challenge (14 or 28 days)	\$50	\$50
Wellness BINGO Challenge (14 or 21 days)	\$50	\$50
Annual Vision Screening	\$100	1 Per Year
Colonoscopy	\$150	1 Per Year
Mammogram	\$150	1 Per Year
Flu / Covid and/or Shingles Vaccine	\$50/vaccine	\$150

**Town of Loxahatchee Groves**  
**Renewal Evaluation - FSA**  
**Effective Date: January 1, 2025**



		CURRENT/RENEWAL
		UpSwing/Benefits Workshop
<b>Administraiton Details</b>		
Debit Card Fee		2 cards included (add'l \$10)
Claim Submission Options		Mail, Mobile App, Fax, Email, Online Portal upload
Claims Processing and Payment Timing		Daily
Reimbursement Options		Check (Weekly mailing of checks) or ACH
FSA Funding (from ER to TPA)		Payroll deduction funding and weekly ACH for negative balances
<b>Technology Resources</b>		
Employer Portal & Training		Yes
Employee/Consumer Portal		<a href="http://www.upswing-tech.com">www.upswing-tech.com</a>
Electronic Enrollment		Available on Portal or File Submission
Employee App		Yes, download
Employee Communications/Education		Included - guides and flyers available
FSA Aggregate Guarantee		N/A
Reporting Capabilities		24/7 online reports
<b>Compliance Resources</b>		
Compliance Documents (SPD)		Included
Value Adds		N/A
Non-Discrimination Testing		Included
Minimum Participation		None
<b>Rate Guarantee</b>		<b>2 years</b>
Monthly Rate/Fees	Lives	
Administration Fee (PEPM)	2	\$5.00
Implementation Fee (One time)		\$0.00
Annual Renewal Fee		\$0.00
<b>Minimum Monthly</b>		<b>Monthly = \$60</b>
<b>Annual Premium</b>		<b>\$720</b>

Town of Loxahatchee Groves  
 Renewal Evaluation - Dental PPO  
 Effective Date: January 1, 2025



Schedule of Benefits	CURRENT		RENEWAL	
	Humana		Humana	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Do Class 1 services apply toward Annual Max?	Yes		Yes	
<b>Deductible</b>	<b>Calendar Year</b>		<b>Calendar Year</b>	
Single/Family	\$50 / \$150		\$50 / \$150	
Is deductible waived for Class 1 services?	Yes		Yes	
<b>Class 1 Services: Preventive and Diagnostic</b>				
Office Visit	100%	100%	100%	100%
Routine Oral Exam (3 per year)	100%	100%	100%	100%
Routine Cleaning (3 per year)	100%	100%	100%	100%
Complete X-rays	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%
<b>Class 2 Services: Basic Restorative</b>	<b>Deductible Applies</b>		<b>Deductible Applies</b>	
Fillings	80%	80%	80%	80%
Simple Extractions (Oral Surgery)	80%	80%	80%	80%
Periodontics (Major and Minor Surgery)	80%	80%	80%	80%
Endodontics (Root Canal Therapy)	80%	80%	80%	80%
<b>Class 3 Services: Major Restorative</b>	<b>Deductible Applies - 12 Month WP</b>		<b>Deductible Applies - 12 Month WP</b>	
Bridges	50%	50%	50%	50%
Crowns	50%	50%	50%	50%
Dentures	50%	50%	50%	50%
<b>Class 4 Services: Orthodontia</b>				
Orthodontia Services	N/A		N/A	
<b>Dental Plan Reimbursement Level</b>				
Benefits Reimbursement Level	Contracted Fees	Fee Schedule	Contracted Fees	Fee Schedule
<b>Rate Guarantee</b>	<b>Expires 12/31/2024</b>		<b>1 Year</b>	
<b>Monthly Rates</b>	<b>Lives*</b>			
Employee	9	\$40.48	\$38.18	
Employee + Spouse	3	\$80.96	\$76.36	
Employee + Child(ren)	0	\$103.22	\$97.36	
Employee + Family	1	\$143.70	\$135.53	
<b>Monthly Premium</b>	<b>13</b>	<b>\$751</b>	<b>\$708</b>	
<b>Annual Premium</b>		<b>\$9,011</b>	<b>\$8,499</b>	
<b>Annual \$ Increase/Decrease</b>		<b>N/A</b>	<b>-\$512</b>	
<b>Annual % Increase/Decrease</b>		<b>N/A</b>	<b>-5.7%</b>	

\*Lives from October Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Vision**  
**Effective Date: January 1, 2025**



Schedule of Benefits	CURRENT		RENEWAL	
	Humana		Humana	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Examination</b>				
Eye Exam Copay	No Charge	Up to \$30	No Charge	Up to \$30
Materials Copay	No Charge	Varies	No Charge	Varies
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered
<b>Frequency</b>				
Examination	Every 12 months		Every 12 months	
Lenses or Contact Lenses	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 24 months	
<b>Lenses</b>				
Single	No Charge	Up to \$25	No Charge	Up to \$25
Bifocal	No Charge	Up to \$40	No Charge	Up to \$40
Trifocal	No Charge	Up to \$60	No Charge	Up to \$60
Lenticular	No Charge	Up to \$100	No Charge	Up to \$100
Standard Progressive	No Charge	Up to \$40	No Charge	Up to \$40
<b>Frames</b>				
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to \$100
<b>Contacts Lenses</b>				
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200 + 15% off retail	Up to \$160
Non-Elective (Medically Necessary)	No Charge	Up to \$210	No Charge	Up to \$210
Fitting and Evaluation - Standard	No Charge	Up to \$30	No Charge	Up to \$30
<b>Rate Guarantee</b>	<b>Expires 12/31/2025</b>		<b>Expires 12/31/2025</b>	
<b>Monthly Rates</b>	<b>Lives*</b>			
Employee	8	\$10.32	\$10.32	
Employee + Spouse	3	\$20.65	\$20.65	
Employee + Child(ren)	0	\$19.61	\$19.61	
Employee + Family	1	\$30.82	\$30.82	
<b>Monthly Premium</b>	<b>12</b>	<b>\$175</b>	<b>\$175</b>	
<b>Annual Premium</b>		<b>\$2,104</b>	<b>\$2,104</b>	
<b>\$ Increase /(Decrease)</b>		<b>N/A</b>	<b>\$0</b>	
<b>% Increase /(Decrease)</b>		<b>N/A</b>	<b>0.0%</b>	

\*Lives from October Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Basic Life and AD&D**  
**Effective Date: January 1, 2025**



	CURRENT	RENEWAL
Schedule of Benefits	The Hartford	The Hartford
<b>Core Features</b>		
Eligibility	All active full-time employees working at least 30 hours per week.	All active full-time employees working at least 30 hours per week.
Basic Term Life	1x Annual Salary to a maximum of \$150,000	1x Annual Salary to a maximum of \$150,000
Guarantee Issue Amount	Equal to Benefit Amount	Equal to Benefit Amount
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit
<b>Additional Features</b>		
Portability/Conversion Privilege	Yes/Yes	Yes/Yes
Waiver of Premium	Included	Included
Age Reduction (Reduces by)	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70
Accelerated Death Benefit	Included	Included
<b>Rate Guarantee</b>	<b>Expires 12/31/2024</b>	<b>2 Years</b>
<b>Monthly Rates</b>	<b>Lives*</b>	
Volume	16	
Volume		
Basic Term Life Rate / \$1,000	\$988,000	\$988,000
AD&D Rate / \$1,000	\$0.442	\$0.442
Total Life AD&D Rate / \$1,000	\$0.030	\$0.030
	\$0.472	\$0.472
<b>Monthly Premium</b>	<b>\$466</b>	<b>\$466</b>
<b>Annual Premium</b>	<b>\$5,596</b>	<b>\$5,596</b>
<b>\$ Increase /(Decrease)</b>	<b>N/A</b>	<b>\$0</b>
<b>% Increase /(Decrease)</b>	<b>N/A</b>	<b>0.0%</b>

\*Lives and volume from October Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Short Term Disability**  
**Effective Date: January 1, 2025**



	CURRENT	RENEWAL
Schedule of Benefits	The Hartford	The Hartford
<b>Core Features</b>		
Eligibility	All active full-time employees working at least 30 hours per week.	All active full-time employees working at least 30 hours per week.
Weekly Benefit	60% of Weekly Earnings	60% of Weekly Earnings
Maximum Weekly Benefit	\$1,500	\$1,500
Elimination Period for Accident/Sickness	0/7 Days	0/7 Days
Benefit Duration	13 Weeks	13 Weeks
Portability/Conversion	Not Included	Not Included
<b>Rate Guarantee</b>	<b>Expires 12/31/2024</b>	<b>2 Years</b>
<b>Monthly Rates</b>	<b>Lives*</b>	
Volume	16	
Rate / \$10 of Weekly Covered Payroll		
	\$11,295	\$11,295
	\$0.165	\$0.165
<b>Monthly Premium</b>	<b>\$186</b>	<b>\$186</b>
<b>Annual Premium</b>	<b>\$2,237</b>	<b>\$2,237</b>
<b>\$ Increase /(Decrease)</b>	<b>N/A</b>	<b>\$0</b>
<b>% Increase /(Decrease)</b>	<b>N/A</b>	<b>0.0%</b>

\*Lives and volume from October Invoice



**Town of Loxahatchee Groves**  
**Renewal Evaluation - Long Term Disability**  
**Effective Date: January 1, 2025**



	CURRENT	RENEWAL
Schedule of Benefits	The Hartford	The Hartford
<b>Core Features</b>		
Eligibility	All active full-time employees working at least 30 hours per week.	All active full-time employees working at least 30 hours per week.
Benefit	60% of Monthly Earnings	60% of Monthly Earnings
Maximum Monthly Benefit	\$7,500	\$7,500
Own Occupation Period	24 months	24 months
Elimination Period	90 days	90 days
Duration of Benefit	SSNRA	SSNRA
Pre-existing Condition	3 months lookback / 12 months enrolled on the plan	3 months lookback / 12 months enrolled on the plan
Survivor Benefit	Included	Included
<b>Rate Guarantee</b>	<b>Expires 12/31/2024</b>	<b>2 Years</b>
<b>Monthly Rates</b>	<b>Lives*</b>	
Volume	16	
Rate / \$100 of Monthly Covered Payroll		
	\$81,870	\$81,870
	\$0.385	\$0.385
<b>Monthly Premium</b>	<b>\$315</b>	<b>\$315</b>
<b>Annual Premium</b>	<b>\$3,782</b>	<b>\$3,782</b>
<b>\$ Increase /(Decrease)</b>	<b>N/A</b>	<b>\$0</b>
<b>% Increase /(Decrease)</b>	<b>N/A</b>	<b>0.0%</b>

\*Lives and volume from October Invoice