

**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.<br/> <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.<br/> <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                          |                                  |                   |                              |
|   | Embedded                             |                                 | Embedded                             |                                 | Embedded                                 |                                  |                   |                              |
| <b>Deductible (Calendar Year - CYD)</b>         |                                      |                                 |                                      |                                 |  |                                  |                   |                              |
| Single  | \$1,500                              | \$1,500                         | \$1,500                              | \$1,500                         | \$2,000                                  | \$2,000                          |                   |                              |
| Family  | \$3,000                              | \$3,000                         | \$3,000                              | \$3,000                         | \$4,000                                  | \$4,000                          |                   |                              |
| Coinsurance                                     | 20%                                  | 20%                             | 20%                                  | 20%                             | 0%                                       | 0%                               |                   |                              |
| <b>Out of Pocket Maximum (OOPM)</b>             |                                      |                                 |                                      |                                 |  |                                  |                   |                              |
| Single  | \$4,800                              | \$4,800                         | \$4,800                              | \$4,800                         | \$6,500                                  | \$6,500                          |                   |                              |
| Family  | \$9,600                              | \$9,600                         | \$9,600                              | \$9,600                         | \$13,000                                 | \$13,000                         |                   |                              |
| <b>Non-Hospital Services</b>                    |                                      |                                 |                                      |                                 |  |                                  |                   |                              |
| Virtual Visit (PCP/Spec) / Telemedicine         | \$0 / \$40 / \$0                     | \$0 / \$40 / \$0                | \$0 / \$40 / \$0                     | \$0 / \$40 / \$0                | \$0 / \$45 / \$0                         | \$0 / \$45 / \$0                 |                   |                              |
| Physician Office Visit                          | VCP: \$0 / \$10                      | VCP: \$0 / \$10                 | VCP: \$0 / \$10                      | VCP: \$0 / \$10                 | VCP: \$0 / \$20                          | VCP: \$0 / \$20                  |                   |                              |
| Specialist Visit                                | VCP: \$20 / \$40                     | VCP: \$20 / \$40                | VCP: \$20 / \$40                     | VCP: \$20 / \$40                | VCP: \$20 / \$45                         | VCP: \$20 / \$45                 |                   |                              |
| Independent Lab / X-Ray                         | ICL: No Charge / IDTC: \$50          | ICL: No Charge / IDTC: \$50     | ICL: No Charge / IDTC: \$50          | ICL: No Charge / IDTC: \$50     | ICL: \$60 / IDTC: \$100                  | ICL: \$60 / IDTC: \$100          |                   |                              |
| Advanced Imaging (MRI, PET, CT scans)           | \$300                                | \$300                           | \$300                                | \$300                           | \$200                                    | \$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; \$55/ \$55 | VCP: \$0 Visits 1-2; \$50/ \$50          | VCP: \$0 Visits 1-2; \$50/ \$50  |                   |                              |
| <b>Hospital Services</b>                        |                                      |                                 |                                      |                                 |  |                                  |                   |                              |
| Inpatient                                       | 20% after CYD                        | 20% after CYD                   | 20% after CYD                        | 20% after CYD                   | \$350 per day (\$1,050 max)+ 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: 20% / Hosp: 20% after CYD  | ASC: \$100/ Hosp: \$200                  | ASC: \$100/ Hosp: \$200          |                   |                              |
| Emergency Room Visit (facility)                 | \$200                                | \$200                           | \$200                                | \$200                           | \$350 + CYD                              | \$350 + CYD                      |                   |                              |
| <b>Mental Health / Substance Abuse Services</b> |                                      |                                 |                                      |                                 |  |                                  |                   |                              |
| Inpatient                                       | No Charge                            | No Charge                       | No Charge                            | No Charge                       | No Charge                                | No Charge                        |                   |                              |
| Outpatient                                      | No Charge                            | No Charge                       | 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                | \$0 / \$4 / \$10                         | \$0 / \$4 / \$10                 |                   |                              |
| Tier 2 - Preferred Brand                        | \$15 / \$30                          | \$15 / \$30                     | \$15 / \$30                          | \$15 / \$30                     | \$15 / \$30                              | \$15 / \$30                      |                   |                              |
| Tier 3 - Non-Preferred Brand                    | \$50                                 | \$50                            | \$50                                 | \$50                            | \$50                                     | \$50                             |                   |                              |
| Tier 4 - Specialty                              | \$150                                | \$150                           | \$150                                | \$150                           | \$200                                    | \$200                            |                   |                              |
| Mail Order (90 day supply)                      | 2x Retail/Spec: NC                   | 2x Retail/Spec: NC              | 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*<br>(Preventive form <u>must</u> be submitted)                                    | \$250         | 1 Per Year |
| Annual Dental Checkups*<br>(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,<br>50% at age 70                                    | 35% at age 65,<br>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