



# LOXAHATCHEE — GROVES — F L O R I D A

## Town of Loxahatchee Groves 2024 Renewal Evaluation Plan Year Effective Date: January 1, 2024

November 10, 2023



**Town of Loxahatchee Groves**  
**Renewal Evaluation - Dental PPO**  
**Effective Date: January 1, 2024**

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%
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>Minimum Participation</b>	<b>Current</b>		<b>Current</b>	
<b>Rate Guarantee</b>	<b>Expires 12/31/2023</b>		<b>Expires 12/31/2024</b>	
<b>Rates</b>	<b>Lives<sup>1</sup></b>			
Employee	6	\$39.30	\$40.48	
Employee + Spouse	1	\$78.59	\$80.96	
Employee + Child(ren)	1	\$100.21	\$103.22	
Employee + Family	0	\$139.51	\$143.70	
<b>Monthly Premium</b>	<b>8</b>	<b>\$415</b>	<b>\$427</b>	
<b>Annual Premium</b>		<b>\$4,975</b>	<b>\$5,125</b>	
<b>Annual \$ Increase/Decrease</b>		<b>N/A</b>	<b>\$150</b>	
<b>Annual % Increase/Decrease</b>		<b>N/A</b>	<b>3.0%</b>	

<sup>1</sup> October Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Vision**  
**Effective Date: January 1, 2024**

SCHEDULE OF BENEFITS	CURRENT		RENEWAL		
	Humana		Humana		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
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	
Frequency					
Examination	Every 12 months		Every 12 months		
Lenses or Contact Lenses	Every 12 months		Every 12 months		
Frames	Every 24 months		Every 24 months		
Lenses					
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	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to \$100	
Contacts Lenses					
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	
Minimum Participation	Current		Current		
Rate Guarantee	Expires 12/31/2023		Expires 12/31/2024		
Monthly Rates	Lives <sup>1</sup>				
Employee	7	\$10.32	\$10.32		
Employee + Spouse	1	\$20.65	\$20.65		
Employee + Child(ren)	0	\$19.61	\$19.61		
Employee + Family	0	\$30.82	\$30.82		
Monthly Premium	8	\$93	\$93		
Annual Premium		\$1,115	\$1,115		
\$ Increase /(Decrease)		N/A	\$0		
% Increase /(Decrease)		N/A	0.0%		

<sup>1</sup> October Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Basic Life and AD&D**  
**Effective Date: January 1, 2024**



		CURRENT	Renewal
		The Hartford	The Hartford
<b>Life and AD&amp;D Benefit</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>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>Expires 12/31/2024</b>
<b>Rates</b>	<b>Lives*</b>		
Volume	15	\$907,500	\$907,500
Basic Term Life Rate / \$1,000		\$0.442	\$0.442
AD&D Rate / \$1,000		\$0.030	\$0.030
Total Life AD&D Rate / \$1,000		\$0.472	\$0.472
<b>Monthly Premium</b>		<b>\$428</b>	<b>\$428</b>
<b>Annual Premium</b>		<b>\$5,140</b>	<b>\$5,140</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, 2024**



	CURRENT	Renewal
Short-Term Disability	The Hartford	The Hartford
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>Expires 12/31/2024</b>
<b>Rates</b>	<b>Lives*</b>	
Volume	14	\$10,463
Rate / \$10 of Weekly Covered Payroll	\$10,463	\$0.165
<b>Monthly Premium</b>	<b>\$173</b>	<b>\$173</b>
<b>Annual Premium</b>	<b>\$2,072</b>	<b>\$2,072</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 November Invoice

**Town of Loxahatchee Groves**  
**Renewal Evaluation - Long Term Disability**  
**Effective Date: January 1, 2024**



	CURRENT	Renewal
Long-Term Disability	The Hartford	The Hartford
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	3/12	3/12
Survivor Benefit	Included	Included
<b>Rate Guarantee</b>	<b>Expires 12/31/2024</b>	<b>Expires 12/31/2024</b>
<b>Rates</b>	<b>Lives*</b>	
Volume	14	
Rate / \$100 of Monthly Covered Payroll	\$75,857	\$75,857
	\$0.385	\$0.385
<b>Monthly Premium</b>	<b>\$292</b>	<b>\$292</b>
<b>Annual Premium</b>	<b>\$3,505</b>	<b>\$3,505</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 November Invoice

Renewal Evaluation - Health Reimbursement Account Admin

Effective Date: January 1, 2024

Proposed

Health Reimbursement Account	Benefits Workshop
Account Setup Fee	\$0
Annual Renewal Fee	\$0
Reporting	Yes
Online Employee Enrollment	Yes
Website for Employers	Yes
Website for Participants	Yes
<i>Rate Guarantee</i>	<i>Expires 12/31/2024</i>
HRA Participant/Month Rate	\$5.00
Monthly Fee	\$60.00
<b>Monthly Premium</b>	<b>\$60</b>
<b>Annual Premium</b>	<b>\$720</b>
<b>\$ Increase</b>	<b>N/A</b>
<b>% Increase</b>	<b>N/A</b>

**Town of Loxahatchee Groves**  
**CAVU Benchmarking - HRA Comparison**

**Effective Date: January 1, 2024**

	Town of Loxahatchee Groves	Town of Gulf Stream	City of Fellsmere	City of Sebastian	Village of Wellington	City of Deerfield Beach	City of Delray Beach
Approximate Number of Employees	16	33	33	134	304	490	816
Base Plan Type	PPO	HMO and PPO	PPO HDHP	PPO HDHP	PPO HDHP	PPO HDHP	PPO HDHP
Single Deductible	\$1,500	Base/Mid/High \$9,100/\$1,000/\$250	\$3,250	\$1,500	\$1,500	\$2,500	\$1,500
Family Deductible	\$3,000	Base/Mid/High \$18,200/\$3,000/\$500	\$6,500	\$3,000	\$3,000	\$5,000	\$3,000
Single Maximum Out of Pocket	\$4,800	Base/Mid/High \$9,100/\$4,900/\$2,450	\$6,550	\$4,500	\$2,500	\$2,500	\$3,000
Family Maximum Out of Pocket	\$9,600	Base/Mid/High \$18,200/\$9,800/\$4,900	\$13,100	\$9,000	\$5,000	\$5,000	\$6,000
HRA Annual Contribution	N/A	\$3,000	EE - \$3,000 EE + Deps - \$6,000	EE - \$2,500 EE + Deps - \$5,000	EE - \$1,350 EE + Deps - \$2,850	EE - \$1,000 ES/EC - \$1,500 Family - \$2,000	EE - \$500 EE + Deps - \$1,000
HRA Qualified Expenses	N/A	Medical, Rx, Dental, Vision	Medical, Rx, Dental, Vision	Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx