



AGENDA

Lake Park Town Commission
Town of Lake Park, Florida
First Public Hearing
On the Budget Meeting
Thursday, September 3, 2015, 6:30 p.m.
Lake Park Town Hall
535 Park Avenue

James DuBois	—	Mayor
Kimberly Glas-Castro	—	Vice-Mayor
Erin T. Flaherty	—	Commissioner
Michael O'Rourke	—	Commissioner
Kathleen Rapoza	—	Commissioner
.....		
John O. D'Agostino	—	Town Manager
Thomas J. Baird, Esq.	—	Town Attorney
Vivian Mendez, CMC	—	Town Clerk

PLEASE TAKE NOTICE AND BE ADVISED, that if any interested person desires to appeal any decision of the Town Commission, with respect to any matter considered at this meeting, such interested person will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. *Persons with disabilities requiring accommodations in order to participate in the meeting should contact the Town Clerk's office by calling 881-3311 at least 48 hours in advance to request accommodations.*

- A. CALL TO ORDER/ROLL CALL
- B. PLEDGE OF ALLEGIANCE
- C. PUBLIC HEARING:

***** OPEN PUBLIC BUDGET HEARING*****

- A. Staff Report
- B. Public Comments
- C. Commission Deliberation

1. Resolution No. 26-09-15 Adopting the Proposed Millage Rate for Fiscal Year 2015-2016

Tab 1

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA, ADOPTING A PROPOSED MILLAGE RATE FOR THE TOWN OF LAKE PARK FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2015 AND ENDING SEPTEMBER 30, 2016; STATING THE ROLLED-BACK RATE FOR THE TOWN OF LAKE PARK; STATING THE PERCENT BY WHICH THE TOWN MILLAGE RATE EXCEEDS, IF ANY, THE ROLLED-BACK MILLAGE RATE; AND LEVYING FOR AD VALOREM TAXES ON ALL

TAXABLE REAL AND TANGIBLE PERSONAL PROPERTY IN THE TOWN OF LAKE PARK FOR FISCAL YEAR 2015/2016; PROVIDING FOR AN EFFECTIVE DATE.

2. Resolution No. 27-09-15 Adopting a Tentative Budget for Fiscal Year 2015-2016 Tab 2

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA, MAKING SEPERATE AND SEVERAL APPROPRIATIONS FOR ITS NECESSARY OPERATING EXPENSES, THE EXPENSES OF THE VARIOUS FUNDS AND DEPARTMENTS OF THE TOWN FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2015, AND ENDING SEPTEMBER 30, 2016, AND PROVIDING FOR THE EFFECTIVE DATE THEREOF.

******* CLOSE PUBLIC BUDGET HEARING*******

D. PUBLIC COMMENT:

This time is provided for addressing items that do not appear on the Agenda. Please complete a comment card and provide it to the Town Clerk so speakers may be announced. Please remember comments are limited to a TOTAL of three minutes.

E. NEW BUSINESS:

3. Resolution No. 28-09-15 Property and Casualty Renewals Tab 3

4. Resolution No. 29-09-15 Renewal of Employee Benefits for Fiscal Year 2016 Tab 4

F. COMMISSIONER COMMENTS, TOWN ATTORNEY, TOWN MANAGER:

G. ADJOURNMENT:

Public Hearing

TAB 1



Town of Lake Park Town Commission

Agenda Request Form

Meeting Date: September 3, 2015 **Agenda Item No.** *Tab 1*

Agenda Title: Resolution Adopting the Proposed Millage Rate For Fiscal Year 2015-2016

- SPECIAL PRESENTATION/REPORTS
- BOARD APPOINTMENT
- PUBLIC HEARING ORDINANCE ON _____ READING
- NEW BUSINESS**
- OTHER: _____

- CONSENT AGENDA
- OLD BUSINESS

Approved by Town Manager *[Signature]* **Date:** *8-27-2015*

Blake K. Rane *[Signature]* **Finance Director**
Name/Title

Originating Department: <p style="text-align: center;">FINANCE</p>	Revenue: \$ 4,038,412 Funding Source: Property Taxes Acct. # 001-311.100 <input checked="" type="checkbox"/> Finance ___BKR___	Attachments: Resolution <u><i>26</i></u> -09-15
Advertised: Date: ___No later than 8/25/2014 Via: ___Mailed TRIM notices___ <input type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone ___BKR___ or Not applicable in this case _____ Please initial one.

Summary Explanation/Background:

This year it is necessary to explain that the Town Millage rate transitioned from containing the Palm Beach Fire/Rescue (PBC F/R) millage for fiscal year 2014-2015 to excluding the PBC F/R millage for fiscal year 2015-2016. While the combined rate remains the same in most documents the rates are separated, which may confuse the reader. Please see the attached table which demonstrates the rate equality:

Town of Lake Park Millage comparison		
	2014-2015	2015-2016
Town Millage Rate	8.8055	5.3474
PBC F/R Millage Rate	0.0000	3.4581
Combined	8.8055	8.8055

In accordance with Florida Statute the Town must approve a Resolution to adopt a "proposed millage" for the next fiscal year. This is required for Statutory Truth in Millage (TRIM) compliance. Any changes proposed by the Town Commission at the First Budget Hearing will be incorporated into this budget.

Fla. Stat. 200.065(2)(c) requires that: "Within 80 days of the certification of value pursuant to subsection (1), but not earlier than 65 days after certification, the governing body of each taxing authority shall hold a public hearing on the tentative budget and proposed millage rate. Prior to the conclusion of the hearing, the governing body of the taxing authority shall amend the tentative budget as it sees fit, adopt the amended tentative budget, recompute its proposed millage rate, and publicly announce the percent, if any, by which the recomputed proposed millage rate exceeds the rolled-back rate computed pursuant to subsection (1). That percent shall be characterized as the percentage increase in property taxes tentatively adopted by the governing body."

Recommended Motion:

I move to approve Resolution No. 26-09-15 setting the proposed millage rate at 5.3474 mills for Fiscal Year 2015-2016.

RESOLUTION NO. 26-09-15

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA, ADOPTING A PROPOSED MILLAGE RATE FOR THE TOWN OF LAKE PARK FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2015 AND ENDING SEPTEMBER 30, 2016; STATING THE ROLLED-BACK RATE FOR THE TOWN OF LAKE PARK; STATING THE PERCENT BY WHICH THE TOWN MILLAGE RATE EXCEEDS, IF ANY, THE ROLLED-BACK MILLAGE RATE; AND LEVYING FOR AD VALOREM TAXES ON ALL TAXABLE REAL AND TANGIBLE PERSONAL PROPERTY IN THE TOWN OF LAKE PARK FOR FISCAL YEAR 2015/2016; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, pursuant to Article VIII, §2 of the Florida Constitution the Town of Lake Park has the governmental, corporate and proprietary powers to conduct municipal government; and

WHEREAS, these powers include the power to adopt millage rates to be levied by the Town of Lake Park on all taxable real and tangible personal property within the Town each fiscal year; and

WHEREAS, the Town Commission has on this date held a properly advertised public hearing pursuant to the requirements of Section 200.065, *F.S.*, to adopt a tentative millage rate for the Town's 2015/2016 Fiscal Year; and

WHEREAS, the Town Commission has discussed "the percentage increase in millage over the rolled-back rate necessary to fund the budget, if any, and the specific purposes for which ad valorem tax revenues are being increased"; and

WHEREAS, the public has been allowed to speak and ask questions regarding the proposed millage rate prior to adoption and the Town Commission has explained the reasons for the increase, if any, over the rolled-back rate.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AS FOLLOWS:

Section 1. The whereas clauses are true and correct and incorporated herein.

Section 2. In order to fund the budget of the Town of Lake Park, a proposed millage rate is hereby adopted and levied by the Town Commission of the Town of Lake Park, pursuant to the Laws and Constitution of the State of Florida, as follows:

The proposed millage rate computed to fund the Town's budget is hereby approved and adopted in the sum of 5.3474 mills. For each \$1,000.00 of assessed valuation, said millage rate will raise a tax of \$5.35.

Section 3. The rolled-back millage rate computed by the Town of Lake Park pursuant to the instructions furnished by the Palm Beach County Property Appraiser for the Fiscal Year 2015/2016 is 8.1200 mills. The percentage, if any, by which the above specified millage rate to be levied by the Town of Lake Park exceeds the rolled-back rate, is as follows:

A. The proposed millage rate is 34.15 percent below the rolled-back millage of 8.1200 mills.

Section 4. In order to fund the voter approved debt service for the Town of Lake Park, a millage rate of 1.5400 mills is hereby adopted by the Town Commission of the Town of Lake Park pursuant to the Laws and Constitution of the State of Florida.

Section 5. Pursuant to the millage rate aforesaid, the following amount of ad valorem taxes shall be raised and collected by the Town of Lake Park for municipal purposes and expenses for the fiscal year beginning October 1, 2015 and ending September 30, 2016, to-wit:

Under the proposed millage rate: \$ 2,664,003

Section 6. Pursuant to the applicable provisions of the Constitution and Laws of the State of Florida and the Charter of the Town of Lake Park, there is hereby levied a general municipal millage rate as above stated, respectively, upon the dollar amount of the assessed valuation of all taxable real and tangible personal property in the Town of Lake Park as returned by the Palm Beach County Property Appraiser in the Town's behalf and fixed by the Town Commission as shown by the 2015 Tax Roll for the Town of Lake Park, allowing the homestead and all other lawful exemptions as shown therein.

Section 7. The millage hereby levied, as above stated, respectively, is hereby approved and certified by the Town Commission of the Town of Lake Park, pursuant to the laws of the State of Florida.

Section 8. The ad valorem taxes hereby levied are for the purpose of raising funds, revenues and moneys to be used, set aside and expended for the functions and purposes of the municipal government of the Town of Lake Park pursuant to the Constitution and Laws of the State of Florida and the Town Charter.

Section 9. The ad valorem taxes, which are hereby levied, are in excess of and above all other revenues to be received by the Town of Lake Park and are to be collected during the fiscal year beginning October 1, 2015 and ending September 30, 2016. All such ad valorem taxes so specified and levied are ordered to be extended upon the tax rolls, books and records of Palm Beach County in the proper millage in proportion to the valuation of such property as returned by the Palm Beach County Property Appraiser and fixed by the Town Commission of the Town of Lake Park.

Section 10. This resolution shall take effect immediately upon adoption.

TAB 2



Town of Lake Park Town Commission

Agenda Request Form

Meeting Date: September 3, 2015 **Agenda Item No.** *Tab 2*

Agenda Title: Resolution Adopting a Tentative Budget for Fiscal Year 2015-2016

- SPECIAL PRESENTATION/REPORTS
- BOARD APPOINTMENT
- PUBLIC HEARING ORDINANCE ON ____ READING
- NEW BUSINESS**
- OTHER: _____

- CONSENT AGENDA
- OLD BUSINESS

Approved by Town Manager *J. R. Carter* **Date:** *8-27-15*

Blake K. Rane *BKR* **Finance Director**
Name/Title

Originating Department: <p style="text-align: center;">FINANCE</p>	General Fund Revenue: \$ 7,195,032 Funding Source: Various Acct. #: Various across all Town Funds <input checked="" type="checkbox"/> Finance ____BKR____	Attachments: Resolution <u>27-09-15</u>
Advertised: Date: <u>No later than 8/25/2015</u> Via: <u>Mailed TRIM notices</u> <input type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone _____ or Not applicable in this case <u>BKR</u> Please initial one.

Summary Explanation/Background:

In accordance with Florida Statute the Town must approve a Resolution to adopt a "tentative budget" for the next fiscal year. This is required for Statutory Truth in Millage (TRIM) compliance. Any changes proposed by the Town Commission at the First Budget Hearing will be incorporated into this budget.

Fla. Stat. 200.065(2)(c) requires that: "Within 80 days of the certification of value pursuant to subsection (1), but not earlier than 65 days after certification, the governing body of each taxing authority shall hold a public hearing on the tentative budget and proposed millage rate. Prior to the conclusion of the hearing, the governing body of the taxing authority shall amend the tentative budget as it sees fit, adopt the amended tentative budget, recompute its proposed millage rate, and publicly announce the percent, if any, by which the recomputed proposed millage rate exceeds the rolled-back rate computed pursuant to subsection (1). That percent shall be characterized as the percentage increase in property taxes tentatively adopted by the governing body."

Recommended Motion:

I move to approve Resolution No. 27-09-14 adopting the tentative budget for Fiscal Year 2014-2015.

RESOLUTION NO. 27-09-15

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA, MAKING SEPARATE AND SEVERAL APPROPRIATIONS FOR ITS NECESSARY OPERATING EXPENSES, THE EXPENSES OF THE VARIOUS FUNDS AND DEPARTMENTS OF THE TOWN FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2015, AND ENDING SEPTEMBER 30, 2016, AND PROVIDING FOR THE EFFECTIVE DATE THEREOF.

WHEREAS, pursuant to Article VIII, §2 of the Florida Constitution the Town of Lake Park has the governmental, corporate and proprietary powers to conduct municipal government; and

WHEREAS, pursuant to Section 166.241, Florida Statutes, each municipality in the state of Florida is required to establish a fiscal year beginning October 1 of each year and ending September 30 of the following year and shall adopt a budget each fiscal year.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA, AS FOLLOWS:

Section 1. As hereinafter stated in this resolution, the term "fiscal year" shall mean that period of time beginning October 1, 2015, and including September 30, 2016.

Section 2. The revenues hereinafter incorporated by reference shall be, and the same hereby are, appropriated to provide the monies to be used to pay the necessary operating and other expenses of the respective funds and departments of the Town of Lake Park for the above described fiscal year.

Section 3. Sums hereinafter incorporated by reference listed as operating and other expenses of the respective funds and departments of the Town shall be, and the same hereby are, appropriated and shall be paid out of the revenues herein appropriated for said fiscal year.

Section 4. The revenues and the expenses for which appropriations are hereby made, all set forth above, shall be as follows:

- A. As set out in the amended proposed Town of Lake Park General Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- B. As set out in the amended proposed Town of Lake Park Debt Service Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- C. As set out in the amended proposed Town of Lake Park Insurance Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- D. As set out in the amended proposed Town of Lake Park Special Projects Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- E. As set out in the amended proposed Town of Lake Park Streets and Roads Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- F. As set out in the amended proposed Town of Lake Park Marina Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.

- G. As set out in the amended proposed Town of Lake Park Stormwater Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.
- H. As set out in the amended proposed Town of Lake Park Sanitation Fund Budget as on file in the Office of the Town Clerk of the Town of Lake Park.

Section 5. The sums hereinbefore incorporated by reference based upon departmental estimates prepared by the Town Manager and the Finance Director shall be, and the same hereby are, fixed and adopted as the budget for the operation of the Town of Lake Park Government and its other enterprises for the fiscal year beginning October 1, 2015.

Section 6. The Town Manager is hereby authorized to amend/transfer appropriations between departmental accounts provided, however, that total appropriated expenditures by fund do not exceed Commission authorized amounts.

Section 7. The Town of Lake Park adopts the provisions of Florida Statutes 200 which provides for the expenditures of monies for the fiscal year based upon the proposed budget approved by the Town Commission of the Town of Lake Park.

Section 8. This Resolution shall take effect immediately upon adoption.

New Business

TAB 3



Town of Lake Park Town Commission

Agenda Request Form

Meeting Date: September 3, 2015

Agenda Item No. *Tab 3*

Agenda Title: Resolution Authorizing and Directing the Town Manager to Obtain Property and Casualty Insurance Coverage from the Preferred Governmental Insurance Trust for Fiscal Year 2016

- SPECIAL PRESENTATION/REPORTS CONSENT AGENDA
 BOARD APPOINTMENT OLD BUSINESS
 PUBLIC HEARING ORDINANCE ON ____ READING
 NEW BUSINESS
 OTHER: _____

Approved by Town Manager *J. J. Light* Date: *8-27-15*

Beverly M. Kilburn
Name/Title *HUMAN RESOURCES DIRECTOR*

Originating Department: Human Resources	Costs: \$178,178.00 Funding Source: Acct. # Various as funded in FY 2016 budget <input checked="" type="checkbox"/> Finance <i>BK2</i>	Attachments: Copy of Resolution and Gehring Group 2015/2016 Property and Casualty Insurance Evaluation
Advertised: Date: _____ Paper: _____ <input checked="" type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone <u>BMT</u> OR Not applicable in this case ____ Please initial one.

Summary Explanation/Background:

At the request of staff, and in order to provide the most competitive rates for the renewal for Fiscal Year 2015-2016 of the Town's property and casualty insurance, Gehring Group issued bids to the insurance marketplace.

The incumbent carrier of the Town's property and casualty insurance coverage (which includes Flood, Inland Marine, Crime Coverage, General Liability, Network Security and Privacy Liability, Public Official Liability and Employment Practices Liability, Automobile Liability, and Workers' Compensation Insurance) is the Florida League of Cities/Florida Municipal Insurance Trust (FMIT). In response to the bids issued by Gehring Group for such coverage, FMIT provided a renewal quote of \$166,286. Added to this amount is the Gehring Group fee of \$16,629, which results in a total net premium of \$182,915, which is a 14.6 percent (or \$31,357) decrease over the expiring coverage.

Preferred Governmental Insurance Trust (PGIT) provided a quote for such property and casualty insurance coverage for a total annual premium of \$162,228. Added to this amount is the Gehring Group fee of \$15,950, which results in a total net premium of \$178,178, which is a 16.8 percent (or a \$36,093) decrease over the expiring coverage. PGIT has also offered its entire insurance program with a two year rate guarantee. The quote provided by PGIT is set forth as Alternate #1 on the attached copy of the Gehring Group 2015/2016 Property and Casualty Insurance Evaluation (Exhibit A to the Resolution).

After careful review, and upon recommendation by Gehring Group, staff recommends that the Town's property and casualty insurance coverage be obtained through PGIT for Fiscal Year 2015 – 2016.

Recommended Motion: I move to adopt Resolution _____.

RESOLUTION NO. 28-09-15

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING AND DIRECTING THE TOWN MANAGER TO OBTAIN FOR FISCAL YEAR 2015 – 2016 THE TOWN’S PROPERTY AND CASUALTY INSURANCE THROUGH THE PREFERRED GOVERNMENTAL INSURANCE TRUST; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, the Town of Lake Park (“Town”) is a municipal corporation of the State of Florida with such power and authority as has been conferred upon it by the Florida Constitution and Chapter 166, Florida Statutes; and

WHEREAS, the Town Commission has determined that it is in the best interest of the Town of Lake Park to provide for property and casualty insurance for Fiscal Year 2015 – 2016; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the 2015/2016 Property and Casualty Insurance Evaluation presented by Gehring Group, a copy of which is attached hereto and incorporated herein as **Exhibit “A”**, for the provision of property and casualty insurance through the Preferred Governmental Insurance Trust; and

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2015 – 2016.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PAK, FLORIDA AS FOLLOWS:

Section 1. The whereas clauses are incorporated herein as true and correct and are hereby made a specific part of this Resolution.

Section 2. The Town Commission hereby authorizes and directs the Town Manager to obtain for Fiscal Year 2015 – 2016 property and casualty insurance through the Preferred Governmental Insurance Trust as outlined in the attached **Exhibit A**.

Section 3. This Resolution shall become effective immediately upon adoption.

Current		Renewal	
Florida Municipal Insurance Trust			
2014-2015		2015-2016	
Coverage Type	Carrier	Deductible	Liability Limits
Property	FMIT	\$5,000 AOP; 5% Named Storm	TIV: \$15,758,357 \$
Flood	FMIT	\$100,000 per occ./ \$500,000 A or V	Included in Property
Earth Movement	FMIT	N/A	Included in Property
Inland Marine	FMIT	N/A	Included in Property
Scheduled Equipment	FMIT	*Various \$	Included in Property
Unscheduled Equipment	FMIT	\$ 500 \$	Included in Property
Equipment Breakdown	FMIT	\$ 5,000 \$	Included in Property
Crime Coverage	FMIT	\$ 10,000 \$	Included in Property
Employee Theft	FMIT	\$ 10,000 \$	Included in Property
Theft of Money & Securities: In/Out	FMIT	\$ 1,000 \$	Included in Property
Faithful Performance of Duty	FMIT	\$ 5,000 \$	Included in Property
Business Interruption	FMIT	\$ 5,000 \$	Included in Property
Total Property			\$ 108,218
General Liability	FMIT	\$ 25,000 \$	\$ 2,000,000 \$
Network Security & Privacy Liability	FMIT	\$ 250,000	Included in GL
Public Official Liability & Employment Practices Liability	FMIT	\$ 25,000 \$	\$ 2,000,000 / Unlimited \$
Inverse Condemnation/Bert Harris	FMIT	\$ 25,000 \$	Included in GL
Auto Liability	FMIT	\$ 25,000 \$	\$ 2,000,000 \$
Personal Injury Protection	FMIT	\$ 10,000 \$	\$ 10,000
Medical Payments	FMIT	\$ 5,000 \$	\$ 5,000
Uninsured Motorists	FMIT	\$ 20,000 \$	\$ 20,000
Hired Non-Owned Liability	FMIT	Included	Included
Auto Physical Damage	FMIT	\$ 4,303	\$ 4,303
Comprehensive Coverage	FMIT	\$ 25,000	Per Schedule
Collision Coverage	FMIT	Per Schedule	Per Schedule
Total Liability & Auto			\$ 54,308
Workers' Compensation	FMIT	\$ -	\$ 41,542
Mod / Payroll	FMIT	.72 / \$2,227,137	Statutory / \$1,000,000
Compulsory / Employer Liability	FMIT	Statutory / \$1,000,000	
Total Workers Comp			\$ 41,542
Total Annual Premium:			\$ 204,068
Gehring Group Service Fee:			\$ 10,203
Total Net Premium:			\$ 214,271
\$ Increase/Decrease			N/A
% Increase/Decrease			N/A

* Wind deductible is 5% of the TIV per bldg., per occ., Piers, wharves and docks excluded.
 ** Inland Marine Deductibles are: \$500 for items up to \$50,000; \$1,000 for items \$50,001 - \$100,000; \$2,000 or 2% (whichever is greater) for items greater than \$100,000
 Excess Flood Deductible - \$500,000 Zones A & V; \$100,000 All other flood zones
 POL/EPLI is written on an Occurrence basis.
 \$100,000 No-Fault Sewer Back-Up
 \$75,000 Stop Loss applies to General Liability and Auto Liability

EXHIBIT A

TOWN OF LAKE PARK

2015/2016 PROPERTY & CASUALTY INSURANCE EVALUATION



Current

Florida Municipal Insurance Trust
2014-2015

Coverage Type	Carrier	Deductible	Liability Limits	Premium
Property	FMIT	\$5,000 AOP; 5% Named Storm	TIV: \$15,758,357	\$ 108,218
Flood	FMIT	\$100,000 per occ./ \$500,000 A or V	\$ 4,500,000	Included in Property
Earth Movement	FMIT	N/A	N/A	Included in Property
Inland Marine	FMIT	*Various	\$ 191,606	Included in Property
Scheduled Equipment		\$ 500	\$ 1,000,000	Included in Property
Unscheduled Equipment	FMIT	\$ 5,000	\$ 15,758,357	Included in Property
Equipment Breakdown	FMIT	\$ 5,000	\$ 300,000	Included in Property
Crime Coverage	FMIT	\$ 10,000	\$ 100,000	Included in Property
Employee Theft		\$ 10,000	\$ 10,000	
Theft of Money & Securities: In/Out		\$ 1,000	\$ 100,000	
Faithful Performance of Duty	FMIT	\$ 5,000	\$ 300,000	Included in Property
Business Interruption				
Total Property				\$ 108,218
General Liability	FMIT	\$ 25,000	\$ 2,000,000	\$ 15,507
Network Security & Privacy Liability			\$ 250,000	Included in GL
Public Official Liability & Employment Practices Liability	FMIT	\$ 25,000	\$2,000,000 / Unlimited	\$ 16,952
Inverse Condemnation/Bert Harris				
Auto Liability	FMIT	\$ 25,000	\$ 300,000	Included in GL
Personal Injury Protection			\$ 2,000,000	\$ 17,546
Medical Payments			\$ 10,000	
Uninsured Motorists			\$ 5,000	
Hired Non-Owned Liability			\$ 20,000	
Auto Physical Damage	FMIT		Included	\$ 4,303
Comprehensive Coverage			Per Schedule	
Collision Coverage			Per Schedule	
Total Liability & Auto				\$ 54,308
Workers' Compensation	FMIT	\$ -		\$ 41,542
Mod / Payroll			.72 / \$2,227,137	
Compulsory / Employer Liability			Statutory / \$1,000,000	
Total Workers Comp				\$ 41,542
Total Annual Premium:				\$ 204,068
Gehring Group Service Fee:				\$ 10,203
Total Net Premium:				\$ 214,271
\$ Increase/Decrease				N/A
% Increase/Decrease				N/A

Alternate #1

Preferred Governmental Insurance Trust
2015-2016

Coverage Type	Carrier	Deductible	Liability Limits	Premium
Property	PGIT	\$5,000 AOP; 5% Named Storm	TIV: \$15,824,207	\$ 82,122
Flood	PGIT	\$5,000 per occ./ \$500,000 A or V	\$ 5,000,000	Included in Property
Earth Movement	PGIT	\$ 5,000	\$ 5,000,000	Included in Property
Inland Marine	PGIT	\$ 1,000	\$ 1,675,950	\$ 5,709
Scheduled Equipment		\$ 500	\$ 1,000,000	Included in Property
Unscheduled Equipment	PGIT	\$ 5,000	\$ 15,824,207	Included in Property
Equipment Breakdown	PGIT	\$ 5,000	\$ 250,000	Included in Property
Crime Coverage	PGIT	\$ 1,000	\$ 100,000	\$ 893
Employee Theft		\$ 1,000	\$ 10,000	
Theft of Money & Securities: In/Out		\$ 1,000	\$ 10,000	
Faithful Performance of Duty		\$ 1,000	cluded in Employee Theft	
Business Interruption	PGIT		\$ 250,000	Included in Property
Total Property				\$ 88,724
General Liability	PGIT	\$ 25,000	\$ 2,000,000	\$ 13,204
Network Security & Privacy Liability			\$ 1,000,000	
Public Official Liability & Employment Practices Liability	PGIT	\$ 25,000	\$2,000,000 / \$2,000,000	\$ 15,629
Inverse Condemnation/Bert Harris				
Auto Liability	PGIT	\$ 25,000	\$ 100,000	
Personal Injury Protection			\$ 2,000,000	\$ 13,178
Medical Payments			\$ 10,000	
Uninsured Motorists			\$ 5,000	
Hired Non-Owned Liability			\$ 20,000	
Auto Physical Damage	PGIT		Included	\$ 4,254
Comprehensive Coverage			Per Schedule	
Collision Coverage			Per Schedule	
Total Liability & Auto				\$ 46,265
Workers' Compensation	PGIT	\$ -		\$ 27,239
Mod / Payroll			.72 / \$ 2,247,833	
Compulsory / Employer Liability			Statutory / \$ 1,000,000	
Total Workers Comp				\$ 27,239
Total Annual Premium:				\$ 162,228
Gehring Group Service Fee:				\$ 15,950
Total Net Premium:				\$ 178,178
\$ Increase/Decrease				(\$ 6,093)
% Increase/Decrease				-16.8%

Property coverage: valuation basis - Replacement Cost; Coverage Form - All Perils
 Property and Boiler & Machinery are provided as blanket limits
 Complimentary appraisals provided for all buildings valued above \$100,000
 POL/EPLI is written on an Occurrence basis.
 \$5,000 Annual Safety Grant
 \$200,000 No-Fault Sewer Back-Up
 Separate deductible for Windstorm of 5% subject to a \$20,000 minimum
 Entire Insurance Program is being offered with a 2-year Rate guarantee

		Current Florida Municipal Insurance Trust 2014-2015			Alternate #2 Public Risk Management of Florida 2015-2016			
Coverage Type	Carrier	Deductible	Liability Limits	Premium	Carrier	Deductible	Liability Limits	Premium
Property	FMIT	\$5,000 AOP; 5% Named Storm	TIV: \$15,758,357	\$ 108,218	PRM	\$1,000 AOP; 5% Named Storm	TIV: \$19,969,075	\$ 81,703
Flood	FMIT	\$100,000 per occ./ \$500,000 A or V	\$ 4,500,000	Included in Property	PRM	\$1,000 per bldg. / \$500,000 A or V	\$ 10,000,000	Included in Property
Earth Movement	FMIT	N/A	N/A	Included in Property	PRM			Included in Property
Inland Marine	FMIT	*Various	\$ 191,606	Included in Property	PRM	\$ 175,950		Included in Property
Scheduled Equipment		\$ 500	\$ 1,000,000	Included in Property				
Equipment Breakdown	FMIT	\$ 5,000	\$ 15,758,357	Included in Property	PRM	\$1,000 / \$10,000 KVA	\$ 50,000,000	\$ 1,400
Crime Coverage	FMIT			Included in Property	PRM			
Employee Theft		\$ 10,000	\$ 100,000			\$ 1,000	\$ 500,000	
Theft of Money & Securities: In/Out		\$ 10,000	\$ 10,000			\$ 1,000	\$ 500,000	
Faithful Performance of Duty		\$ 1,000	\$ 100,000			\$ 1,000	Included	
Business Interruption	FMIT	\$ 5,000	\$ 300,000	Included in Property	PRM	\$ -	\$ 500,000	
Total Property				\$ 108,218				\$ 83,103
General Liability	FMIT	\$ 25,000	\$ 2,000,000	\$ 15,507	PRM	\$ -	\$ 2,000,000	\$ 49,904
Network Security & Privacy Liability		\$	\$ 250,000	Included in GL			Excluded	
Public Official Liability & Employment Practices Liability	FMIT	\$ 25,000	\$ 2,000,000 / Unlimited	\$ 16,952	PRM		\$2,000,000 / \$6,000,000	Included in GL
Inverse Condemnation/Bert Harris		\$ 25,000	\$ 300,000	Included in GL			Included	
Auto Liability	FMIT	\$ 25,000	\$ 2,000,000	\$ 17,546	PRM	\$ -	\$ 2,000,000	Included in GL
Personal Injury Protection		\$ 10,000	\$ 10,000				\$ 10,000	
Medical Payments		\$ 5,000	\$ 5,000				Excluded	
Uninsured Motorists		\$ 20,000	\$ 20,000				Excluded	
Hired Non-Owned Liability			Included				Included	
Auto Physical Damage	FMIT			\$ 4,303	PRM	\$ 1,000	Included in Property	Included in Property
Comprehensive Coverage		\$ 25,000	Per Schedule			\$ 1,000	Included in Property	
Collision Coverage			Per Schedule				Included in Property	
Total Liability & Auto				\$ 54,308				\$ 49,904
Workers' Compensation	FMIT	\$ -		\$ 41,542	PRM	\$ -		\$ 38,965
Mod / Payroll			.72 / \$2,227,137				.72 / \$ 2,247,833	
Compulsory / Employer Liability			Statutory / \$1,000,000				Statutory / \$ 3,000,000	
Total Workers Comp				\$ 41,542				\$ 38,965
Total Annual Premium:				\$ 204,068				\$ 171,972
Gehring Group Service Fee:				\$ 10,203				\$ 17,197
Total Net Premium:				\$ 214,271				\$ 189,169
\$ Increase/Decrease				N/A				(25,102)
% Increase/Decrease				N/A				-11.7%

Inland Marine coverage: Valuation basis -- Replacement Cost
 AOP Property covered under a Member Association limit of \$500,000,000 per occ.
 Named Storm covered under a Member Association limit of \$75,000,000 per occ.
 Flood covered under a Member Association limit of \$50,000,000 per occ.
 Inland Marine written on Replacement Cost Value
 Equipment Breakdown covered under Trust policy with Member Association Limit of \$50,000,000 agg.
 POL/EPL written on a claims-made basis
 Auto Liability Limit provided Per Member

TAB 4



Town of Lake Park Town Commission

Agenda Request Form

Tab

Meeting Date: September 3, 2015

Agenda Item No. 4

Agenda Title: Resolution Authorizing and Directing the Town Manager to Renew for Fiscal Year 2016 the Employee Medical Insurance through Florida Blue; the Employee Dental Insurance with MetLife; to obtain the Employee Vision Insurance through Humana; and, to obtain Basic Life and Accidental Death and Dismemberment Insurance, Short Term Disability and Long Term Disability Insurance through Florida Combined Life

- SPECIAL PRESENTATION/REPORTS
- BOARD APPOINTMENT
- PUBLIC HEARING ORDINANCE ON _____ READING
- NEW BUSINESS**
- OTHER: _____

- CONSENT AGENDA
- OLD BUSINESS

Approved by Town Manager *[Signature]* Date: 9-1-15

[Signature]
Name/Title HUMAN RESOURCES DIRECTOR

<p>Originating Department:</p> <p>Human Resources</p>	<p>Costs: \$ <u>464,334</u></p> <p>Funding Source: Various</p> <p>Acct. # Various as funded in FY 2016 budget</p> <p><input checked="" type="checkbox"/> Finance <u><i>[Signature]</i></u></p>	<p>Attachments:</p> <p>Resolution; Gehring Group Employee Benefits Insurance Renewal Evaluation for Fiscal Year 2016 (Exhibit A); and, Gehring Group Employee Benefits Evaluation (detail) for Fiscal Year 2016 (Exhibit B)</p>
<p>Advertised:</p> <p>Date: _____</p> <p>Paper: _____</p> <p><input checked="" type="checkbox"/> Not Required</p>	<p>All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.</p>	<p>Yes I have notified everyone <u>BMT</u></p> <p>OR</p> <p>Not applicable in this case _____</p> <p>Please initial one.</p>

Summary Explanation/Background

Medical Insurance:

The current provider of the Town's employee medical insurance is Florida Blue, which is due for renewal on October 1, 2015 for Fiscal Year 2016. Gehring Group obtained from Florida Blue an initial in-network renewal rate of 18.7 percent, or approximately \$87,000, over the expiring coverage for Fiscal Year 2015. At the direction of staff, and in order to obtain the most competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers. The following carriers responded:

- Florida Blue
- United Healthcare
- Humana
- Aetna

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

As a result of negotiations conducted by Gehring Group, Florida Blue reduced its quote to an increase of 8.7 percent (or \$40,559). Florida Blue also submitted an alternate proposal resulting in a 6.5 percent (or a \$30,213) increase over the expiring coverage, contingent upon the Town placing its group life, short term disability and long term disability coverage with its subsidiary, Florida Combined Life, which staff is recommending as set forth later in this document.

After careful review, and upon recommendation by Gehring Group, staff recommends that the medical insurance coverage for Town employees be renewed with Florida Blue for Fiscal Year 2016 utilizing the Florida Blue negotiated renewal with ancillary package.

Dental Insurance:

The current provider of the Town's employee dental insurance is MetLife which is due for renewal on October 1, 2015. At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- MetLife
- Florida Combined Life
- United Concordia
- United Healthcare F0008
- Renaissance
- Reliance Standard
- Ameritas Plan 1
- Guardian
- Humana
- Advantica
- Delta Dental

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

MetLife has provided an in-network renewal rate with a 4.6 percent (or a \$1,242) increase over the expiring coverage. Inasmuch as the 4.6 percent increase has been determined by Gehring Group to be below the current dental market trend of 7 percent and that the premium difference generated does not merit the disruption in carrier, administration and plan network, staff recommends that the dental insurance coverage for Town employees be renewed with MetLife for Fiscal Year 2016.

Vision Insurance:

The current provider of the Town's employee vision insurance is MetLife SafeGuard which is due for renewal on October 1, 2015. At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- MetLife SafeGuard
- Superior Vision
- Humana
- United Healthcare
- Guardian
- Advantica
- EyeMed
- Renaissance
- Reliance Standard
- Americas

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

MetLife SafeGuard initially provided an in-network renewal rate with a 19.8 percent (or a \$787) increase over the expiring coverage. As a result of negotiations conducted by Gehring Group, MetLife SafeGuard reduced its quote to an increase of 14.0 percent (or \$558) due to high claims activity as set forth in **Exhibit A**. As a result of this year's RFQ process, Humana proposed a comparable plan that will reduce the annual premium by approximately 11.2 percent (or -\$447).

After careful review, and upon recommendation by Gehring Group, staff recommends that the vision insurance coverage for Town employees be obtained through the Humana for Fiscal Year 2016.

Basic Life and Accidental Death and Dismemberment Insurance:

The current provider of the Town's basic life and accident death and dismemberment insurance (also referred to as "group life insurance") is Lincoln Financial Group which is due for renewal on October 1, 2015 for Fiscal Year 2016. At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- Lincoln Financial Group
- Florida Combined Life
- Reliance Standard
- Humana
- Guardian
- SunLife

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

Lincoln Financial provided a renewal rate with a 9.20 percent (or an \$872) increase over the expiring coverage due to recent high claim activity.

As stated previously in this document, the 6.5 percent increase proposed by Florida Blue for medical insurance coverage is contingent upon the Town placing its group life insurance coverage with its subsidiary, Florida Combined Life, which would result in a 19.5 percent (or -\$1,853) decrease for such coverage.

Florida Combined Life also included a two-year rate guarantee on the basic life, accidental death and dismemberment.

After careful review, and upon recommendation by Gehring Group, staff recommends that the basic life and accident death and dismemberment insurance be obtained through Florida Combined Life for Fiscal Year 2016.

Short Term Disability Insurance:

The current provider of the Town's short term disability insurance is Lincoln Financial Group which is due for renewal on October 1, 2015 for Fiscal Year 2016. At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- Lincoln Financial Group
- SunLife
- Humana
- Guardian
- Florida Combined Life
- Reliance Standard

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

Lincoln Financial provided a renewal quote with a 10.0 percent (or a \$1,785) increase over the expiring coverage.

As stated previously in this document, the 6.5 percent increase proposed by Florida Blue for medical insurance coverage is contingent upon the Town placing its short term disability insurance coverage with its subsidiary, Florida Combined Life, which would result in a decrease of 27.8 percent (or

-\$4,959) decrease for such coverage.

Florida Combined Life also included a two-year rate guarantee on its short term disability coverage.

After careful review, and upon recommendation by Gehring Group, staff recommends that the short term disability insurance be obtained through Florida Combined Life for Fiscal Year 2016.

Long Term Disability Insurance:

The current provider of the Town's long term disability insurance is Lincoln Financial Group which is due for renewal on October 1, 2015 for Fiscal Year 2016. At the direction of staff, and in order to obtain competitive renewal rates, Gehring Group submitted a market request for proposals to several carriers for such coverage. The following carriers responded:

- Lincoln Financial Group
- Reliance Standard
- Florida Combined Life
- SunLife
- Guardian

The details of the quotes received from the above carriers are set forth in the Employee Benefits Evaluation which is attached as **Exhibit B**.

Lincoln Financial provided a renewal quote with a 10.0 percent (or a \$1,083) increase over the expiring coverage.

As stated previously in this document, the 6.5 percent increase proposed by Florida Blue for medical insurance coverage is contingent upon the Town placing its long term disability insurance coverage with its subsidiary, Florida Combined Life, which would result in a -9.6 percent (or a -\$1,041) decrease for such coverage.

Florida Combined Life also included a two-year rate guarantee on its long term disability coverage.

After careful review, and upon recommendation by Gehring Group, staff recommends that the short term disability insurance be obtained through Florida Combined Life for Fiscal Year 2016.

29-09-15

Recommended Motion: I move to adopt Resolution _____.

RESOLUTION NO. 29-09-15

RESOLUTION AUTHORIZING AND DIRECTING THE TOWN MANAGER TO RENEW FOR FISCAL YEAR 2016 THE EMPLOYEE MEDICAL INSURANCE THROUGH FLORIDA BLUE; THE EMPLOYEE DENTAL INSURANCE WITH METLIFE; TO OBTAIN THE EMPLOYEE VISION INSURANCE THROUGH HUMANA; AND, TO OBTAIN BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY AND LONG TERM DISABILITY INSURANCE THROUGH FLORIDA COMBINED LIFE; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Town of Lake Park (“Town”) is a municipal corporation of the State of Florida with such power and authority as has been conferred upon it by the Florida Constitution and Chapter 166, Florida Statutes; and

WHEREAS, the Town Commission has determined that it will provide the Town’s employees with medical insurance, dental insurance, and vision insurance coverage for Fiscal Year 2016; and

WHEREAS, the Town Commission of the Town of Lake Park has reviewed the Employee Benefits Insurance Renewal Evaluation effective October 1, 2015 presented by Gehring Group, a copy of which is attached hereto and incorporated herein as **Exhibit A**; and

WHEREAS, the Town Commission has determined that it is in the best interest of the Town of Lake Park to renew for Fiscal Year 2016 its employee medical insurance through Florida Blue; to renew for Fiscal Year 2016 its employee dental insurance through MetLife; to obtain employee vision insurance through Humana; and, to obtain basic life and accidental death and dismemberment insurance, short term disability and long term disability insurance through Florida Combined Life.

WHEREAS, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2016.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PAK, FLORIDA AS FOLLOWS:

Section 1. The whereas clauses are incorporated herein as true and correct and are hereby made a specific part of this Resolution.

Section 2. The Town Commission hereby authorizes and directs the Town Manager to renew for Fiscal Year 2016 its employee medical insurance through Florida Blue; to renew for Fiscal Year 2016 its employee dental insurance through MetLife; to obtain employee vision insurance through Humana; and, to obtain basic life and accidental death and dismemberment insurance, short term disability and long term disability insurance through Florida Combined Life.

Section 3. This Resolution shall become effective immediately upon adoption.

TOWN OF LAKE PARK

Employee Benefits Insurance Evaluation



RENEWAL RECOMMENDATION FOR:

GROUP MEDICAL INSURANCE
GROUP DENTAL INSURANCE
GROUP VISION INSURANCE
GROUP BASIC LIFE and AD&D INSURANCE
GROUP VOLUNTARY LIFE INSURANCE
GROUP SHORT TERM DISABILITY INSURANCE
GROUP LONG TERM DISABILITY INSURANCE

PLAN YEAR EFFECTIVE: OCTOBER 1, 2015

August 24, 2015

Presented By:

GEHRING GROUP
INSURANCE BROKERS & CONSULTANTS

11505 Fairchild Gardens Ave., Ste. 202

Palm Beach Gardens, FL 33410

Tel: (800) 244-3696 Fax: (561) 626-6970

www.gehringgroup.com

Employee Benefits RFQ Evaluation & Recommendation

Plan Year Effective Date: October 1, 2015

EXECUTIVE SUMMARY

The Town of Lake Park offers eligible employees and their dependents medical insurance through FL Blue. The current program is a PPO plan that utilizes the Blue Options network. The Town contributes 100% of the single employee cost and 50% of the dependent cost. Additionally, the Town pays for 100% of the single employee cost for dental, vision, life and long term disability coverage.

Due to the concern of rising healthcare care inflation, the Town of Lake Park's Agent of Record, the Gehring Group conducted a Request for Quotes (RFQ) to the marketplace as well as an Evaluation of the Medical, Dental, Vision, Life, Voluntary Life and Long Term Disability insurance programs to ensure that the Town was receiving the most competitive plans at the most competitive cost. Conducting an RFQ allows the opportunity to evaluate other available options in the marketplace that may reduce the overall renewal impact on a fiscal basis while attempting to maintain current benefit levels.

Medical Insurance

FL Blue's initial renewal offer for the 2015-2016 plan year generated an 18.7% rate increase or an additional annual premium of approximately \$87,000. Through negotiations with the Gehring Group, FL Blue reduced the 18.7% increase to 8.7% and also submitted an alternate proposal generating a 6.5% increase resulting in additional annual premium of \$30,213 contingent upon the Town placing the life and short and long term disability coverage with their subsidiary, Florida Combined Life (FCL).

As a result of the RFQ responses, it has been determined that the most viable option for the Town is to continue the current PPO plan with FL Blue at the 6.5% annual premium increase. The employees will receive continuity in care, plan design, pharmacy formulary and network.

United Healthcare proposed an HMO plan option generating an approximate -2% savings as well as a comparable POS plan generating a 2% increase but the difference in annual cost is not significant enough to switch insurance carriers and create employee disruption. Humana proposed comparable plans resulting in a 6.6% annual increase which is slightly higher than the FL Blue renewal option and the Aetna plans generated an 11.8% increase for the HMO and an 18.5% increase for the more comparable PPO.

Town of Lake Park
Medical Insurance Evaluation
Effective: October 1, 2015

	CURRENT		RENEWAL	
	Florida Blue		Florida Blue	
	Predictable Cost Plan 03769		Predictable Cost Plan 03769	
Deductible	In Network	Out of Network	In Network	Out of Network
Single	\$500	\$1,500	\$500	\$1,500
Family	\$1,500	\$4,500	\$1,500	\$4,500
Out of Pocket Maximum	<i>Includes All Costs</i>		<i>Includes All Costs</i>	
Single	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance	20%	50%	20%	50%
Office Visits				
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$60	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	50%
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	CYD + 50%
Advanced Imaging	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Chiropractic	\$60	CYD + 50%	\$60	CYD + 50%
Urgent Care Center	\$65	CYD + 50%	\$65	CYD + 50%
Hospital				
Inpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Outpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Physician Services at Hospital	\$100	\$100	\$100	\$100
Emergency Room Visit	\$300	\$300	\$300	\$300
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%
Mental Health / Substance Abuse				
Inpatient	No Charge	50%	No Charge	50%
Outpatient	No Charge	50%	No Charge	50%
Prescription Drugs				
Tier 1	\$10		\$10	
Tier 2	\$50		\$50	
Tier 3	\$80	50%	\$80	50%
Tier 4	\$10/\$50/\$80		\$10/\$50/\$80	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered
	enroll	Total Cost	Total Cost	
Employee	26	\$646.54	\$688.42	
Employee + Spouse	6	\$1,538.77	\$1,638.43	
Employee + Child(ren)	4	\$1,189.63	\$1,266.69	
Family	4	\$2,017.21	\$2,147.87	
Total Monthly Premium	40	\$38,870	\$41,388	
Total Annual Premium		\$466,440	\$496,653	
\$ Increase			\$30,213	
% Increase			6.5%	
		Town Cost	EE Cost	Town Cost
Employee	26	\$646.54	\$0.00	\$688.42
Employee + Spouse	6	\$1,092.66	\$446.12	\$1,163.43
Employee + Child(ren)	4	\$918.09	\$271.55	\$977.56
Family	4	\$1,331.88	\$685.34	\$1,418.15
Monthly Premium	40	\$32,366	\$6,504	\$34,462
Annual Premium		\$388,390	\$78,051	\$413,547
\$ Increase				\$25,158
% Increase				6.5%

Dental Insurance

The Town's current dental program is an employer sponsored PPO plan offered through MetLife. The Town has been insured with MetLife dental since October 1, 2012. The Town contributes 100% of the single employee cost. Benefits eligible employees may enroll their spouses and dependent children and contribute the difference in premium. The MetLife PPO dental renewal generated a 4.6% premium increase or \$1,242 annually. The 4.6% rate increase is below current dental market trend which is 7%. Renaissance and Reliance Standard both proposed comparable plans at a -2% and 2.4% over current costs respectively. The premium difference generated does not merit the disruption in carriers, administration and plan network.

Dental PPO Schedule of Benefits		CURRENT / RENEWAL	
		MetLife PDP Plus Network	
<u>Plan Basics</u>		<i>In Network</i>	<i>Non Network</i>
Calendar Year Maximum		\$1,000	
Annual Deductible			
Single		\$25	\$50
Family		\$75	\$150
Deductible Waived for Preventive Services		Yes	Yes
<u>Benefits</u>			
Preventive		100%	100%
Basic		95%	80%
Major		50%	50%
Orthodontia (up to age 19)		50%	50%
<u>Service Information</u>			
Out of Network Benefits Payable Level		90th UCR	
Waiting Period for Major Services (Timely Entrants)		None	
Endodontics/Periodontics Payable Level		Basic	
Orthodontic Lifetime Maximum		\$1,000	
Rate Guarantee		09/30/15	9/30/16
Monthly Rates	2 tier	CURRENT	RENEWAL
Employee	24	\$30.93	\$33.21
Employee + Family	16	\$95.79	\$98.84
Monthly Premium	40	\$2,275	\$2,378
Annual Premium		\$27,300	\$28,542
\$ Increase		N/A	\$1,242
% Increase		N/A	4.6%

Vision Insurance

The Town currently offers employees and their dependents vision insurance through the MetLife/Safeguard plan. The Town contributes 100% of the single cost. Vision coverage has been in place with MetLife/Safeguard since 2012; however the 2015-2016 plan year resulted in a negotiated increase of 14% due to high claim activity.

Through this year's RFQ process, competitive vision proposals were received. Humana proposed a comparable plan that will reduce the annual premium by approximately -11%. The Humana proposal also reduces the materials copay from \$25 to \$15 and increases the current elective contact lense allowance from \$135 to up to \$150. Employees will continue to benefit from obtaining care from private practitioners as well as some of the larger retail chains such as LensCrafers, Pearle Vision, JC Penny, Sears and Target.

Vision Schedule of Benefits	CURRENT / RENEWAL			ALTERNATE	
	MetLife (SafeGuard)			Humana Plan 56	
	In Network	Non Network	In Network	Non Network	
Exam Copay	\$10		\$10		
Materials Copay	\$25		\$15		
Frequency					
Exam Copay	12 months		12 months		
Lenses	12 months		12 months		
Frames	24 months		24 months		
Benefits Payable	Copay	Reimbursement	Copay	Reimbursement	
Eye Exam	\$10	Up to \$35	\$10	up to \$35	
Single Lenses	\$25	Up to \$25	\$15	Up to \$25	
Bifocal Lenses	\$25	Up to \$35	\$15	Up to \$40	
Trifocal Lenses	\$25	Up to \$45	\$15	Up to \$60	
Lenses and Frames	Reimbursement		Reimbursement		
Contact Lenses (Elective)	Up to \$135	Up to \$100	Up to \$150	Up to \$150	
Contact Lenses (Medically Necessary)	Up to \$250	Up to \$250	Paid in Full	Up to \$210	
Frames	Up to \$100	Up to \$65	\$50 wholesale	Up to \$45	
Rate Guarantee	09/30/15	09/30/16	Expires 09/30/16		
Monthly Rates	2 tier	4 tier	CURRENT	RENEWAL	NEGOTIATED
Employee	23	23	\$5.39	\$6.44	\$6.13
Employee + Spouse	0	7			
Employee + Child(ren)	0	2			
Employee + Family	16	7	\$13.00	\$15.59	\$14.84
Monthly Premium	39	39	\$332	\$398	\$378
Annual Premium			\$3,984	\$4,771	\$4,541
\$ Increase			N/A	\$787	\$558
% Increase			N/A	19.8%	14.0%

Life & Accidental Death and Dismemberment (AD&D) Insurance

As previously mentioned, the 6.5% medical increase is contingent upon the Town of Lake Park placing the life and disability coverage with their subsidiary Florida Combined Life (FCL). In addition to FCL reducing the renewal impact on the medical program, they proposed very competitive life and disability programs which are employer sponsored plans.

These programs have been in place with Lincoln Financial since 2009; however recent claim activity produced a renewal increase on the life insurance program of 9.2% and a 10% renewal on the short and long term disability plans. The combined annual increase in cost to the Town to renew these plans would be approximately \$3,740. FCL's life insurance proposal would reduce the Town's current annual cost by approximately \$1,800 and coupled with FCL's short and long term disability plans, the Town would save a combined annual total of \$7,800 as compared to the current cost. The life and disability benefits proposed by FCL are comparable to the current benefits offered through Lincoln Financial.

Additionally, the optional supplemental life insurance age banded rates are less expensive per \$1,000 of coverage as compared to the current coverage through Lincoln Financial. The optional supplemental life insurance allows employees to purchase additional coverage on themselves and their dependents on a voluntary basis. Lastly, FCL included a two year rate guarantee on basic life and ad&d, voluntary life and short and long term disability coverage.

Town of Lake Park
Basic Life and Accidental Death & Dismemberment Insurance Evaluation
Effective: October 1, 2015

Basic Life / AD&D Schedule of Benefits	CURRENT / RENEWAL		ALTERNATE
	Lincoln Financial		Florida Combined Life
Class Description			
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000		2 x annual salary to a maximum of \$240,000 \$75,000 Guarantee Issue
Class 2: All other FT EE's, Mayor, Commissioners	1 x annual salary to a maximum of \$50,000		1 x annual salary to a maximum of \$50,000
Features			
Waiver of Premium	Included		Included
Conversion Privilege	Included		Included
Age Reduction Schedule <i>Benefits Reduce To:</i>	65% at age 65 40% at age 70 25% at age 75		65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater		Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater
Seat Belt Benefit	Not Included		\$10,000 or 10% of Principal Sum
Airbag Benefit	Not Included		\$10,000 or 10% of Principal Sum
Value Added Features	ID Theft Travel Assist Estate Guidance Beneficiary Services		Repatriation Coma
Rate Guarantee Period	Expires 09/30/15	Expires 09/30/16	Expires 09/30/17
Basic Life Rate / \$1,000	\$0.400	\$0.440	\$0.320
AD&D Rate / \$1,000	\$0.035	\$0.035	\$0.030
Total Life and AD&D Rate	\$0.435	\$0.475	\$0.350
Estimated Volume	\$1,817,000	\$1,817,000	\$1,817,000
Total Monthly Premium	\$790	\$863	\$636
Total Annual Premium	\$9,485	\$10,357	\$7,631
\$ Increase	N/A	\$872	-\$1,853
% Increase	N/A	9.20%	-19.5%

**Town of Lake Park
Voluntary Life Insurance Evaluation
Effective: October 1, 2015**

	CURRENT / RENEWAL	ALTERNATE
Supplemental Life	Lincoln Financial	Florida Combined Life
Core Benefit		
All Eligible Employees Working 24 + hours per week	\$10,000 to \$250,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments
All Eligible Spouses	\$5,000 increments to \$100,000	\$5,000 increments to \$250,000
All Eligible Child(ren)	14 days - 6 months: \$250 6 months - 19 years: Up to \$25,000	14 days - 6 months: \$500 6 months - age 30: \$10,000
Features		
Guarantee Issue Employee	\$50,000	\$60,000
Guarantee Amount Spouse	\$10,000	\$30,000
Employee Age Reduction Schedule	65% at age 65 40% at age 70 25% at age 75	65% at age 65 50% at age 70
Waiver of Premium	Included	Included
Portability Option	Included	Included
Conversion Option	Included	Included
Seatbelt Benefit	Not Included	\$10,000 or 10% of Principal Sum
Airbag Benefit	Not Included	\$10,000 or 10% of Principal Sum
Accelerated Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater
Rate Guarantee Period	Expires 09/30/16	Expires 09/30/17
Rates per \$1,000	Employee & Spouse	Employee & Spouse
Child(ren)	\$0.20/\$1,000 per child	\$5,000 - flat \$1.50/month \$10,000 - flat \$3.00/month
Under Age 20	0.110	0.070
Age 20-24	0.110	0.070
Age 25-29	0.110	0.070
Age 30 - 34	0.120	0.090
Age 35 - 39	0.170	0.120
Age 40 - 44	0.280	0.200
Age 45 - 49	0.460	0.320
Age 50 - 54	0.690	0.530
Age 55 - 59	1.030	0.810
Age 60 - 64	1.710	1.130
Age 65 - 69	3.080	1.870
Age 70 - 74	4.360	3.120
Age 75-79	9.410	5.950
Age 80-84	9.410	5.950

**Town of Lake Park
Short Term Disability Insurance Evaluation
Effective: October 1, 2015**

Short Term Disability	CURRENT / RENEWAL		ALTERNATE
	Lincoln Financial		Florida Combined Life
Benefits			
Eligible Employees	Employees working 24+ hours per week		Employees working 24+ hours per week
Benefit Percent	70% of weekly earnings		70% of weekly earnings
Maximum Benefit per Week	\$1,200		\$1,200
Elimination Period			
Accident Waiting Period	14 Days		14 Days
Illness Waiting Period	14 Days		14 Days
Benefit Duration	13 Weeks		13 Weeks
Rate Guarantee	Expires 09/30/15	Expires 09/30/16	Expires 10/01/2017
Benefits Volume	\$27,550	\$27,550	\$27,550
Rate per \$10	\$0.540	\$0.594	\$0.390
MONTHLY PREMIUM	\$1,488	\$1,636	\$1,074
ANNUAL PREMIUM	\$17,852	\$19,638	\$12,893
\$ INCREASE	N/A	\$1,785	-\$4,959
% INCREASE	N/A	10.0%	-27.8%

**Town of Lake Park
Long Term Disability Insurance Evaluation
Effective: October 1, 2015**

Long Term Disability	CURRENT / RENEWAL		ALTERNATE
	Lincoln Financial		Florida Combined Life
Eligible Employees	All Active Employees working 24+ hours per week		All Active Employees working 24+ hours per week
All Eligible Employees	60% of monthly earnings up to \$5,000		60% of covered monthly earnings
Elimination Period	90 Days		90 Days
Own Occupation Period	24 Months		24 Months
Duration of Benefit	SSNRA		SSNRA
Maximum Monthly Benefit	\$5,000		\$5,000
Mental Illness Limitation	24 Months		24 Months
Pre-Existing Condition Limitation	3/12		3/12
Rate Guarantee Period	Expires 09/30/15	Expires 09/30/16	Expires 09/30/17
LTD Rate / \$100	\$0.520	\$0.572	\$0.470
Estimated Volume	\$173,550	\$173,550	\$173,550
Monthly Premium	\$902	\$993	\$816
Annual Premium	\$10,830	\$11,912	\$9,788
\$ Increase	N/A	\$1,083	-\$1,041
% Increase	N/A	10.0%	-9.6%

RECOMMENDATION

Upon receipt of the proposals, Gehring Group representatives met with Town staff to evaluate the options. Based on the review of the proposals received during the marketing process, and through negotiations, Gehring Group and Town Staff recommend the following for your consideration:

- Maintain current medical insurance program with the Florida Blue at a 6.5% rate increase; this includes no plan changes to the Town's current program;
- Maintain current dental program with MetLife at a 4.6% rate increase;
- Switch vision program from MetLife/Safeguard to Humana with plan modifications and copay enhancements at a 11.2% rate decrease;
- Switch Basic Life and AD&D and Voluntary Life program from Lincoln Financial to Florida Blue at a 19.5% rate decrease;
- Switch Short Term Disability program from Lincoln Financial to Florida Blue at a 27.8% rate decrease;
- Switch Long Term Disability program from Lincoln Financial to Florida Blue at a 9.6% rate decrease;

EXHIBIT B

Town of Lake Park
Employee Benefits Evaluation
DETAIL



August 5, 2015

Analysis by:

GEHRING GROUP
PROFESSIONAL SERVICES

11505 Fairchild Gardens Avenue, Suite 202

Palm Beach Gardens, Florida 33410

(561) 626-6797

(800) 244-3696 / (561) 626-6970 – Fax

www.gehringgroup.com

**Town of Lake Park
2015 Marketing List**

Carrier	Proposal Status
Advantica	Vision
Aetna	Medical
Ameritas Group	Dental, Vision
Assurant	Decline to Quote - Not Competitive
Avesis Vision Plans	No Response
AvMed	Decline to Quote - Network Noncompetitive
CIGNA	Decline to Quote - Not Competitive
Corporate Care Works (a division of Health Advocate)	No Response
Delta Dental	Dental
EyeMed	Vision
Florida Blue (Incumbent)	Medical, Dental, Life
Florida League of Cities (Public Only)	Decline to Quote - Not Competitive
Guardian	Dental, Life, Disability
Health First Health plan	No Response
Humana	Medical, Dental, Vision, Life, STD
Integrated Behavioral Health (Guardian)	No Response
Liberty Dental Plan	Decline to Quote - must have 51 eligible
Lincoln Financial Group (Incumbent)	Life, Disability
MetLife (Incumbent)	Dental, Vision - No Reponse on Life and Disability
MH NET	No Response
MHN	Received
Minnesota Life Municipal (Public Only)	No Response
Mutual of Omaha	No Response
New Directions	EAP
Principal Financial Group	No Response
Reliance Standard	Dental, Vision, Life, Disability
Renaissance	Dental, Vision
Solstice	No Response
SunLife	Life, Disability
Superior Vision	Vision
Symetra Life Insurance Company	Decline to Quote - must have 100 eligible
The Standard	No Response
United Concordia	Received
United HealthCare of Florida	Medical, Dental, Vision
Unum	Decline to Quote - Not Competitive
VSP	Decline to Quote - Not Competitive

Town of Lake Park
Medical Insurance Evaluation
Effective Date: October 1, 2015



NEGOTIATED RENEWAL
MEDICAL ONLY
NEGOTIATED RENEWAL
WITH ANCILLARY PACKAGE

	CURRENT		RENEWAL		NEGOTIATED RENEWAL		NEGOTIATED RENEWAL	
	Florida Blue Predictable Cost Plan 03769		Florida Blue Predictable Cost Plan 03769		Florida Blue Predictable Cost Plan 03769		Florida Blue Predictable Cost Plan 03769	
	In Network	Out of Network						
Deductible								
Single	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500	\$500	\$1,500
Family	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500	\$1,500	\$4,500
Out of Pocket Maximum	<i>Includes All Costs</i>							
Single	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance	20%	50%	20%	50%	20%	50%	20%	50%
Office Visits								
Physician Office Visit	\$25	CYD + 50%						
Specialist Visit	\$60	CYD + 50%						
Preventive Services (Wellness)	No Charge	50%						
Independent Clinical Lab	No Charge	CYD + 50%						
Advanced Imaging	CYD + 20%	CYD + 50%						
Chiropractic	\$60	CYD + 50%						
Urgent Care Center	\$65	CYD + 50%						
Hospital								
Inpatient	CYD + 20%	CYD + 50%						
Outpatient	CYD + 20%	CYD + 50%						
Physician Services at Hospital	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In-Net CYD + 20%
Mental Health / Substance Abuse								
Inpatient	No Charge	50%						
Outpatient	No Charge	50%						
Prescription Drugs								
Tier 1	\$10		\$10		\$10		\$10	
Tier 2	\$50		\$50		\$50		\$50	
Tier 3	\$80		\$80		\$80		\$80	
Tier 4	20%		20%		20%		20%	
Mail Order (90 day supply)	2.5 x Retail	Not Covered						
	Total Cost	Total Cost						
Employee	\$646.54	\$767.30	\$767.30	\$702.76	\$688.42	\$688.42	\$688.42	\$688.42
Employee + Spouse	\$1,538.77	\$1,826.17	\$1,826.17	\$1,672.57	\$1,638.43	\$1,638.43	\$1,638.43	\$1,638.43
Employee + Child(ren)	\$1,189.63	\$1,411.83	\$1,411.83	\$1,293.08	\$1,266.69	\$1,266.69	\$1,266.69	\$1,266.69
Family	\$2,017.21	\$2,393.98	\$2,393.98	\$2,192.61	\$2,147.87	\$2,147.87	\$2,147.87	\$2,147.87
Total Monthly Premium	\$38,870	\$46,130	\$46,130	\$42,250	\$41,388	\$41,388	\$41,388	\$41,388
Total Annual Premium	\$466,440	\$553,561	\$553,561	\$506,999	\$496,653	\$496,653	\$496,653	\$496,653
\$ Increase		\$87,120	\$87,120	\$40,559	\$30,213	\$30,213	\$30,213	\$30,213
% Increase		18.7%	18.7%	8.7%	6.5%	6.5%	6.5%	6.5%
	Town Cost	EE Cost						
Employee	\$646.54	\$0.00	\$767.30	\$0.00	\$702.76	\$0.00	\$688.42	\$0.00
Employee + Spouse	\$1,092.66	\$446.12	\$1,296.74	\$529.44	\$1,187.67	\$484.91	\$1,163.43	\$475.01
Employee + Child(ren)	\$918.09	\$271.55	\$1,089.57	\$322.27	\$997.92	\$295.16	\$977.56	\$289.14
Family	\$1,331.88	\$685.34	\$1,580.64	\$813.34	\$1,447.69	\$744.93	\$1,418.15	\$729.73
Monthly Premium	\$32,366	\$6,504	\$38,411	\$7,719	\$35,180	\$7,070	\$34,462	\$6,925
Annual Premium	\$388,390	\$78,051	\$460,932	\$92,628	\$422,162	\$84,837	\$413,547	\$83,106
\$ Increase			\$72,543	\$14,578	\$33,772	\$6,787	\$25,158	\$5,055
% Increase			18.7%	18.7%	8.7%	8.7%	6.5%	6.5%

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Town of Lake Park
 Medical Insurance Evaluation
 Effective Date: October 1, 2015



ALTERNATE #1

ALTERNATE #2

Deductible	CURRENT Florida Blue Predictable Cost Plan 03769		ALTERNATE #1 United Healthcare Choice 81-Q / 122		ALTERNATE #2 United Healthcare Choice Plus 8M-1 / 122	
	In Network	Out of Network	In Network Only	In Network	Out of Network	
Single	\$500	\$1,500	\$500	\$500	\$1,000	
Family	\$1,500	\$4,500	\$1,000	\$1,000	\$2,000	
Out of Pocket Maximum	<i>Includes All Costs</i>		<i>Includes All Costs</i>		<i>Includes All Costs</i>	
Single	\$3,000	\$6,000	\$3,000	\$3,000	\$6,000	
Family	\$6,000	\$12,000	\$6,000	\$6,000	\$12,000	
Coinsurance	20%	50%	20%	20%	40%	
Office Visits						
Physician Office Visit	\$25	CYD + 50%	\$25	\$25	CYD + 40%	
Specialist Visit	\$60	CYD + 50%	\$50	\$50	CYD + 40%	
Preventive Services (Wellness)	No Charge	50%	No Charge	No Charge	Not Covered	
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	No Charge	Not Covered	
Advanced Imaging	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 20%	CYD + 40%	
Chiropractic	\$60	CYD + 50%	\$25	\$25	CYD + 40%	
Urgent Care Center	\$65	CYD + 50%	\$100	\$100	CYD + 40%	
Hospital						
Inpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 20%	CYD + 40%	
Outpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 20%	CYD + 40%	
Physician Services at Hospital	\$100	\$100	CYD + 20%	CYD + 20%	CYD + 40%	
Emergency Room Visit	\$300	\$300	\$350	\$350	\$350	
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	CYD + 20%	In-Net CYD + 20%	
Mental Health / Substance Abuse						
Inpatient	No Charge	50%	CYD + 20%	CYD + 20%	CYD + 40%	
Outpatient	No Charge	50%	\$50	\$50	CYD + 40%	
Prescription Drugs						
Tier 1	\$10		\$15	\$15	Not Covered	
Tier 2	\$50		\$45	\$45		
Tier 3	\$80	50%	\$75	\$75		
Tier 4	20%		\$125	\$125		
Specialty	20%		\$125	\$125		
Mail Order (90 day supply)	2.5 x Retail	Not Covered	\$15/\$45/\$75/\$125	\$15/\$45/\$75/\$125		
			2.5 x Retail	2.5 x Retail		
Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	
Employee	\$646.54	\$646.54	\$640.31	\$670.04	\$670.04	
Employee + Spouse	\$1,538.77	\$1,538.77	\$1,370.26	\$1,433.89	\$1,433.89	
Employee + Child(ren)	\$1,189.63	\$1,189.63	\$1,306.23	\$1,366.88	\$1,366.88	
Family	\$2,017.21	\$2,017.21	\$1,959.35	\$2,050.32	\$2,050.32	
Total Monthly Premium	\$38,870	\$38,870	\$37,932	\$39,693	\$39,693	
Total Annual Premium	\$466,440	\$466,440	\$455,183	\$476,318	\$476,318	
\$ Increase			-\$11,257	\$9,878	\$9,878	
% Increase			-2.4%	2.1%	2.1%	
Town Cost	Town Cost	Town Cost	Town Cost	Town Cost	Town Cost	
Employee	\$646.54	\$0.00	\$640.31	\$670.04	\$0.00	
Employee + Spouse	\$1,092.66	\$446.11	\$1,005.29	\$1,051.97	\$381.93	
Employee + Child(ren)	\$918.09	\$271.54	\$973.27	\$1,018.46	\$348.42	
Family	\$1,331.88	\$685.33	\$1,299.83	\$1,360.18	\$690.14	
Monthly Premium	\$32,366	\$6,504	\$31,772	\$33,247	\$6,446	
Annual Premium	\$388,391	\$78,050	\$381,266	\$398,969	\$77,349	
\$ Increase			-\$7,125	\$10,578	-\$700	
% Increase			-1.8%	2.7%	-0.9%	

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**Town of Lake Park
Medical Insurance Evaluation
Effective Date: October 1, 2015**

	CURRENT		ALTERNATE #3	
	Florida Blue Predictable Cost Plan 03769		United Healthcare Choice Plus 8M-7 / 122	
	In Network	Out of Network	In Network Only	
Deductible				
Single	\$500	\$1,500	\$0	\$400
Family	\$1,500	\$4,500	\$0	\$1,000
Out of Pocket Maximum	<i>Includes All Costs</i>		<i>Includes All Costs</i>	
Single	\$3,000	\$6,000	\$1,500	\$3,500
Family	\$6,000	\$12,000	\$3,000	\$7,000
Coinurance	20%	50%	20%	40%
Office Visits				
Physician Office Visit	\$25	CYD + 50%	\$15	CYD + 40%
Specialist Visit	\$60	CYD + 50%	\$30	CYD + 40%
Preventive Services (Wellness)	No Charge	50%	No Charge	Not Covered
Independent Clinical Lab	No Charge	CYD + 50%	No Charge	Not Covered
Advanced Imaging	CYD + 20%	CYD + 50%	20%	CYD + 40%
Chiropractic	\$60	CYD + 50%	\$15	CYD + 40%
Urgent Care Center	\$65	CYD + 50%	\$100	CYD + 40%
Hospital				
Inpatient	CYD + 20%	CYD + 50%	20%	CYD + 40%
Outpatient	CYD + 20%	CYD + 50%	20%	CYD + 40%
Physician Services at Hospital	\$100	\$100	20%	CYD + 40%
Emergency Room Visit	\$300	\$300	\$350	\$350
Ambulance	CYD + 20%	In-Net CYD + 20%	20%	20%
Mental Health / Substance Abuse				
Inpatient	No Charge	50%	20%	CYD + 40%
Outpatient	No Charge	50%	\$30	CYD + 40%
Prescription Drugs				
Tier 1	\$10		\$15	
Tier 2	\$50		\$45	
Tier 3	\$80	50%	\$75	
Tier 4	20%		\$125	Not Covered
Specialty	20%		\$15/\$45/\$75/\$125	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	
	Total Cost	Total Cost	Total Cost	
Employee	\$646.54	\$646.54	\$755.79	
Employee + Spouse	\$1,538.77	\$1,538.77	\$1,617.39	
Employee + Child(ren)	\$1,189.63	\$1,189.63	\$1,541.81	
Family	\$2,017.21	\$2,017.21	\$2,312.72	
Total Monthly Premium	\$38,870	\$38,870	\$44,773	
Total Annual Premium	\$466,440	\$466,440	\$537,276	
\$ Increase			\$70,836	
% Increase			15.2%	
	Town Cost	EE Cost	Town Cost	EE Cost
Employee	\$646.54	\$0.00	\$755.79	\$0.00
Employee + Spouse	\$1,092.66	\$446.11	\$1,186.59	\$430.80
Employee + Child(ren)	\$918.09	\$271.54	\$1,148.80	\$393.01
Family	\$1,331.88	\$685.33	\$1,534.26	\$778.47
Monthly Premium	\$32,366	\$6,504	\$37,502	\$7,271
Annual Premium	\$388,391	\$78,050	\$450,028	\$87,248
\$ Increase			\$61,637	\$9,199
% Increase			15.9%	11.8%

*3 employees are currently waiving coverage, 5 are not covered, 1 is on COBRA. The employee in their waiting period was added to the single employee count in this evaluation.

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Town of Lake Park
 Medical Insurance Evaluation
 Effective Date: October 1, 2015



	CURRENT		ALTERNATE #4		ALTERNATE #5	
	Florida Blue Predictable Cost Plan 03769		Humana NPOS 14 Copay Option 52		Humana NPOS Simplicity 14 Copay Option 11	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
Single	\$500	\$1,500	\$500	\$1,500	\$0	\$5,000
Family	\$1,500	\$4,500	\$1,000	\$3,000	\$0	\$10,000
Out of Pocket Maximum						
Single	\$3,000	\$6,000	\$4,000	\$12,000	\$6,350	\$19,050
Family	\$6,000	\$12,000	\$8,000	\$24,000	\$12,700	\$38,100
Coinurance	20%	50%	20%	50%	20%	50%
Office Visits						
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%	\$30	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$40	CYD + 50%	\$55	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	CYD + 50%	No Charge	CYD + 50%
Independent Clinical Lab	No Charge	CYD + 50%	CYD	CYD + 50%	No Charge	CYD + 50%
Advanced Imaging	CYD + 20%	CYD + 50%	\$300	CYD + 50%	\$250	CYD + 50%
Chiropractic	\$60	CYD + 50%	\$40	CYD + 50%	\$55	CYD + 50%
Urgent Care Center	\$65	CYD + 50%	\$100	CYD + 50%	\$100	CYD + 50%
Hospital						
Inpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	\$350/day (days 1-3)	CYD + 50%
Outpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%	\$350	CYD + 50%
Physician Services at Hospital	\$100	\$100	CYD + 20%	CYD + 50%	No Charge	CYD + 50%
Emergency Room Visit	\$300	\$300	\$250	\$250	\$250	\$250
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	CYD + 20%	\$250	\$250
Mental Health / Substance Abuse						
Inpatient	No Charge	50%	CYD + 20%	CYD + 50%	\$350/day (days 1-3)	CYD + 50%
Outpatient	No Charge	50%	\$25	CYD + 50%	\$30	CYD + 50%
Prescription Drugs						
Tier 1	\$10		\$10		\$10	
Tier 2	\$50		\$30		\$35	
Tier 3	\$80	50%	\$50	CYD + 30%	\$55	CYD + 30%
Tier 4	20%		25%		25%	
Specialty	20%		35%	CYD + 50%	35%	CYD + 50%
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered
	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$646.54	\$709.24	\$709.24	\$709.24	\$709.83	\$709.83
Employee + Spouse	\$1,538.77	\$1,418.45	\$1,418.45	\$1,418.45	\$1,419.64	\$1,419.64
Employee + Child(ren)	\$1,189.63	\$1,347.53	\$1,347.53	\$1,347.53	\$1,348.65	\$1,348.65
Family	\$2,017.21	\$2,269.53	\$2,269.53	\$2,269.53	\$2,271.43	\$2,271.43
Total Monthly Premium	\$38,870	\$41,419	\$41,419	\$41,419	\$41,454	\$41,454
Total Annual Premium	\$466,440	\$497,030	\$497,030	\$497,030	\$497,445	\$497,445
\$ Increase		6.6%	6.6%	6.6%	6.6%	6.6%
% Increase						
	Town Cost	Town Cost	Town Cost	Town Cost	Town Cost	Town Cost
Employee	\$646.54	\$709.24	\$709.24	\$709.24	\$709.83	\$709.83
Employee + Spouse	\$1,092.66	\$1,063.85	\$1,063.85	\$1,063.85	\$1,064.74	\$1,064.74
Employee + Child(ren)	\$918.09	\$1,028.39	\$1,028.39	\$1,028.39	\$1,029.24	\$1,029.24
Family	\$1,331.88	\$1,489.39	\$1,489.39	\$1,489.39	\$1,490.63	\$1,490.63
Monthly Premium	\$32,366	\$34,894	\$34,894	\$34,894	\$34,923	\$34,923
Annual Premium	\$388,391	\$418,733	\$418,733	\$418,733	\$419,082	\$419,082
\$ Increase		7.8%	7.8%	7.8%	7.9%	7.9%
% Increase						
	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost	EE Cost
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$446.11	\$354.61	\$354.61	\$354.61	\$354.91	\$354.91
Employee + Child(ren)	\$271.54	\$319.15	\$319.15	\$319.15	\$319.41	\$319.41
Family	\$1,331.88	\$685.33	\$685.33	\$685.33	\$780.15	\$780.15
Monthly Premium	\$6,504	\$6,525	\$6,525	\$6,525	\$6,530	\$6,530
Annual Premium	\$78,050	\$78,297	\$78,297	\$78,297	\$78,363	\$78,363
\$ Increase		\$30,342	\$30,342	\$248	\$314	\$314
% Increase		7.9%	7.8%	0.3%	0.4%	0.4%

3 employees are currently waiving coverage, 5 are not covered, 1 is on COBRA. The employee in their waiting period was added to the single employee count in this evaluation.
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Town of Lake Park
Medical Insurance Evaluation
Effective Date: October 1, 2015

CURRENT **FLORIDA BLUE** **Humana** **ALTERNATE #6**

	Florida Blue Predictable Cost Plan 03769		Humana NPOS 14 Copay Option 53	
	In Network	Out of Network	In Network	Out of Network
Deductible				
Single	\$500	\$1,500	\$1,000	\$3,000
Family	\$1,500	\$4,500	\$2,000	\$6,000
Out of Pocket Maximum	<i>Includes All Costs</i>			
Single	\$3,000	\$6,000	\$4,000	\$12,000
Family	\$6,000	\$12,000	\$8,000	\$24,000
Coinsurance	20%	50%	20%	50%
Office Visits	<i>Includes All Costs</i>			
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$40	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	CYD + 50%
Independent Clinical Lab	No Charge	CYD + 50%	CYD	CYD + 50%
Advanced Imaging	CYD + 20%	CYD + 50%	\$300	CYD + 50%
Chiropractic	\$60	CYD + 50%	\$40	CYD + 50%
Urgent Care Center	\$65	CYD + 50%	\$100	CYD + 50%
Hospital				
Inpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Outpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Physician Services at Hospital	\$100	\$100	CYD + 20%	CYD + 50%
Emergency Room Visit	\$300	\$300	\$250	\$250
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	CYD + 20%
Mental Health / Substance Abuse				
Inpatient	No Charge	50%	CYD + 20%	CYD + 50%
Outpatient	No Charge	50%	\$25	CYD + 50%
Prescription Drugs				
Tier 1	\$10		\$10	
Tier 2	\$50		\$30	
Tier 3	\$80	50%	\$50	
Tier 4	20%		25%	CYD + 30%
Specialty	20%		35%	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2.5 x Retail	CYD + 50%
				Not Covered
	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$646.54	\$646.54	\$671.97	\$671.97
Employee + Spouse	\$1,538.77	\$1,538.77	\$1,343.91	\$1,343.91
Employee + Child(ren)	\$1,189.63	\$1,189.63	\$1,276.72	\$1,276.72
Family	\$2,017.21	\$2,017.21	\$2,150.26	\$2,150.26
Total Monthly Premium	\$38,870	\$38,870	\$39,243	\$39,243
Total Annual Premium	\$466,440	\$466,440	\$470,910	\$470,910
\$ Increase			\$4,470	\$4,470
% Increase			1.0%	1.0%
	Town Cost	EE Cost	Town Cost	EE Cost
Employee	\$646.54	\$0.00	\$671.97	\$0.00
Employee + Spouse	\$1,092.66	\$446.11	\$1,007.94	\$335.97
Employee + Child(ren)	\$918.09	\$271.54	\$974.34	\$302.38
Family	\$1,331.88	\$685.33	\$1,411.11	\$739.15
Monthly Premium	\$32,366	\$6,504	\$33,061	\$6,182
Annual Premium	\$388,391	\$78,050	\$396,727	\$74,183
\$ Increase			\$8,336	-\$3,866
% Increase			2.1%	-5.0%

3 employees are currently waiving coverage, 5 are not covered, 1 is on COBRA. The employee in their waiting period was added to the single employee count in this evaluation. Rates are not firm until final enrollment is submitted.

Town of Lake Park
Medical Insurance Evaluation
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	CURRENT		ALTERNATE #9	
	Florida Blue Predictable Cost Plan 03769		Aetna HN Option Gold 1000 80	
	In Network	Out of Network	In Network	Out of Network
Deductible				
Single	\$500	\$1,500	\$1,000	\$2,000
Family	\$1,500	\$4,500	\$2,000	\$4,000
Out of Pocket Maximum	<i>Includes All Costs</i>			
Single	\$3,000	\$6,000	\$3,500	\$12,000
Family	\$6,000	\$12,000	\$7,000	\$24,000
Coinurance	20%	50%	20%	50%
Office Visits				
Physician Office Visit	\$25	CYD + 50%	\$25	CYD + 50%
Specialist Visit	\$60	CYD + 50%	\$50	CYD + 50%
Preventive Services (Wellness)	No Charge	50%	No Charge	CYD + 50%
Independent Clinical Lab	No Charge	CYD + 50%	\$25	CYD + 50%
Advanced Imaging	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Chiropractic	\$60	CYD + 50%	CYD + 20%	CYD + 50%
Urgent Care Center	\$65	CYD + 50%	\$75	CYD + 50%
Hospital				
Inpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Outpatient	CYD + 20%	CYD + 50%	CYD + 20%	CYD + 50%
Physician Services at Hospital	\$100	\$100	CYD + 20%	CYD + 50%
Emergency Room Visit	\$300	\$300	\$300	\$300
Ambulance	CYD + 20%	In-Net CYD + 20%	CYD + 20%	In Network CYD + 20%
Mental Health / Substance Abuse				
Inpatient	No Charge	50%	CYD + 20%	CYD + 50%
Outpatient	No Charge	50%	\$50	CYD + 50%
Prescription Drugs				
Tier 1	\$10		\$3 / \$10	
Tier 2	\$50		\$50	
Tier 3	\$80	50%	\$75	
Tier 4	20%		30% or \$300 max	Not Covered
Tier 5	N/A		50% or \$500 max	
Mail Order (90 day supply)	2.5 x Retail	Not Covered	2 x Retail	
	Total Cost	Total Cost	Total Cost	Total Cost
Employee	\$646.54	\$646.54	\$793.61	\$793.61
Employee + Spouse	\$1,538.77	\$1,538.77	\$1,587.22	\$1,587.22
Employee + Child(ren)	\$1,189.63	\$1,189.63	\$1,468.18	\$1,468.18
Family	\$2,017.21	\$2,017.21	\$2,261.79	\$2,261.79
Total Monthly Premium	\$38,870	\$38,870	\$45,077	\$45,077
Total Annual Premium	\$466,440	\$466,440	\$540,925	\$540,925
\$ Increase			\$74,484	\$74,484
% Increase			16.0%	16.0%
	Town Cost	EE Cost	Town Cost	EE Cost
Employee	\$646.54	\$0.00	\$793.61	\$0.00
Employee + Spouse	\$1,092.66	\$446.11	\$1,190.42	\$396.81
Employee + Child(ren)	\$918.09	\$271.54	\$1,130.90	\$337.29
Family	\$1,331.88	\$685.33	\$1,527.70	\$734.09
Monthly Premium	\$32,366	\$6,504	\$38,411	\$6,666
Annual Premium	\$388,391	\$78,050	\$460,929	\$79,996
\$ Increase			\$72,538	\$1,946
% Increase			18.7%	2.5%

* 3 employees are currently waiving coverage. 5 are not covered, 1 is on COBRA. The employee in their waiting period was added to the single employee count in this evaluation.
** Rates are not firm until final enrollment is submitted to each carrier.

Town of Lake Park
Dental Insurance Evaluation
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SCHEDULE OF BENEFITS Network	CURRENT / RENEWAL		Alternate #1 • Florida Combined Life Blue Dental Choice		Alternate #2 United Concordia Network		Alternate #3 United Healthcare F0008 Solstice Network	
	MetLife PDP Plus Network		In Network Non Network		In Network Non Network		In Network Non Network	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Plan Basics								
Calendar Year Maximum Annual Deductible	\$1,000	\$1,000			\$1,000	\$1,000	\$1,500	\$1,000
Single	\$25	\$50	\$50	\$50	\$25	\$25	\$50	\$50
Family	\$75	\$150	\$150	\$150	\$75	\$75	\$150	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Benefits								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	80%	80%	90%	80%	90%	80%
Major	50%	50%	50%	50%	60%	50%	60%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits Payable Level	90th UCR	90th UCR	Maximum Allowable Charge	90th UCR	90th UCR	90th UCR	85th UCR	12 months major and ortho
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	Basic
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,000
Rate Guarantee	09/30/15	9/30/16	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016
Monthly Rates	2 tier	4 tier	CURRENT	RENEWAL				
Employee	24	24	\$30.93	\$33.21	\$30.67	\$31.90	\$36.44	\$72.89
	0	6					\$73.56	\$113.38
Employee + Family	16	4	\$95.79	\$98.84	\$88.20	\$88.10	\$2,207	\$26,481
Monthly Premium	40	40	\$2,275	\$2,378	\$2,147	\$2,175	\$26,481	-\$818
Annual Premium			\$27,300	\$28,542	\$25,767	\$26,102		
\$ Increase			N/A	\$1,242	-\$1,532	-\$1,197		
% Increase			N/A	4.6%	-5.6%	-4.4%		-3.0%

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SCHEDULE OF BENEFITS Network	CURRENT / RENEWAL		Alternate #4		Alternate #5		Alternate #6		Alternate #7			
	MetLife		Renaissance		Reliance Standard		Ameritas Plan 1		Guardian			
	PDP Plus Network	Renaissance Network	Ameritas Network	Freedom of Choice Network	Dental Guard Preferred	In Network	Non Network	In Network	Non Network	In Network	Non Network	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum Annual Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits												
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	95%	80%	95%	80%	95%	80%	95%	80%	95%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Service Information												
Out of Network Benefits Payable Level	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee	09/30/15	9/30/16	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016
Monthly Rates	CURRENT	RENEWAL										
Employee	\$30.93	\$33.21	\$30.31	\$30.93	\$34.96	\$74.64	\$95.68	\$135.36	\$35.13			
Employee + Family	\$95.79	\$98.84	\$93.87	\$99.16	\$100.59							
Monthly Premium	\$2,275	\$2,378	\$2,229	\$2,329	\$2,402	\$2,453	\$2,402	\$2,453	\$2,453	\$2,453	\$2,453	\$2,453
Annual Premium	\$27,300	\$28,542	\$26,752	\$27,947	\$28,829	\$29,431	\$28,829	\$29,431	\$29,431	\$29,431	\$29,431	\$29,431
\$ Increase	N/A	\$1,242	-\$547	\$647	\$1,529	\$1,529	\$1,529	\$1,529	\$1,529	\$1,529	\$1,529	\$1,529
% Increase	N/A	4.6%	-2.0%	2.4%	5.6%	7.8%	5.6%	7.8%	7.8%	7.8%	7.8%	7.8%

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SCHEDULE OF BENEFITS Network	CURRENT / RENEWAL		Alternate #8		Alternate #9		Alternate #10	
	MetLife		Humana		Advantica		Delta Dental	
	PPP Plus Network	Humana Dental Network	Advantica Plus & DenteMax	Delta Dental Network	In Network	Non Network	In Network	Non Network
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum Annual Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Single	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	95%	80%	100%	80%	95%	80%	100%	100%
Major	50%	50%	60%	50%	50%	50%	50%	50%
Orthodontia (up to age 19)	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits Payable Level	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Waiting Period for Major Services (Timely Entrants)	None	None	None	None	None	None	None	None
Endodontics/Periodontics Payable Level	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Rate Guarantee	09/30/15	9/30/16	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/2016	Expires 09/30/16	Expires 09/30/16
Monthly Rates	CURRENT	RENEWAL	CURRENT	RENEWAL	CURRENT	RENEWAL	CURRENT	RENEWAL
Employee	24	24	\$30.93	\$33.21	\$38.27	\$37.34	\$38.59	\$38.59
	0	6			\$76.52			
	0	6			\$110.05			
Employee + Family	16	4	\$95.79	\$98.84	\$150.82	\$113.98	\$126.95	\$126.95
Monthly Premium	40	40	\$2,275	\$2,378	\$2,641	\$2,720	\$2,957	\$2,957
Annual Premium			\$27,300	\$28,542	\$31,694	\$32,638	\$35,488	\$35,488
\$ Increase			N/A	\$1,242	\$4,395	\$5,339	\$8,189	\$8,189
% Increase			N/A	4.6%	16.1%	19.6%	30.0%	30.0%

SCHEDULE OF BENEFITS	CURRENT / RENEWAL		Alternate #1		Alternate #2		Alternate #3	
	MetLife (SafeGuard)		Superior Vision		Humana Plan 56		United Healthcare	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25	\$15	\$25	\$25	\$25
Frequency								
Exam Copay	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Frames	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months
Benefits Payable	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$35	\$10	Up to \$40	\$10	up to \$35	\$10	Up to \$40
Single Lenses	\$25	Up to \$25	\$25	Up to \$20	\$15	Up to \$25	\$25	Up to \$40
Bifocal Lenses	\$25	Up to \$35	\$25	Up to \$40	\$15	Up to \$40	\$25	Up to \$60
Trifocal Lenses	\$25	Up to \$45	\$25	Up to \$60	\$15	Up to \$60	\$25	Up to \$80
Lenses and Frames	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement
Contact Lenses (Elective)	Up to \$135	Up to \$100	Up to \$150	Up to \$60	Up to \$150	Up to \$150	Up to \$105	Up to \$105
Contact Lenses (Medically Necessary)	Up to \$250	Up to \$250	Paid in Full	Up to \$250	Paid in Full	Up to \$210	Paid in Full	Up to \$210
Frames	Up to \$100	Up to \$65	Up to \$150	Up to \$40	\$50 wholesale	Up to \$45	Up to \$130	Up to \$45
Rate Guarantee	09/30/15	09/30/16	Expires 09/30/16					
Monthly Rates	CURRENT	RENEWAL						
Employee	\$5.39	\$6.44	\$4.62	\$4.78	\$9.55	\$10.08	\$4.80	\$10.08
Employee + Spouse			\$9.24	\$9.07	\$11.86	\$17.48		
Employee + Child (ren)			\$7.46					
Employee + Family	\$13.00	\$15.59	\$12.62					
Monthly Premium	39	39	\$274	\$295	\$295	\$327	\$327	\$327
Annual Premium	\$3,984	\$4,771	\$3,290	\$3,537	\$3,537	\$3,924	\$3,924	\$3,924
\$ Increase	N/A	\$787	-\$693	-\$447	-\$447	-\$59	-\$59	-\$59
% Increase	N/A	19.8%	-17.4%	-11.2%	-11.2%	-1.5%	-1.5%	-1.5%

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SCHEDULE OF BENEFITS	CURRENT / RENEWAL		Alternate #4		Alternate #5		Alternate #6	
	MetLife (SafeGuard)		Guardian Davis Vision		Advantica		EyeMed	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Frequency								
Exam Copay	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Frames	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months
Benefits Payable								
	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$35	\$10	Up to \$50	\$10	Up to \$40	\$10	Up to \$40
Single Lenses	\$25	Up to \$25	\$25	Up to \$48	\$25	Up to \$20	\$25	Up to \$30
Bifocal Lenses	\$25	Up to \$35	\$25	Up to \$67	\$25	Up to \$40	\$25	Up to \$50
Trifocal Lenses	\$25	Up to \$45	\$25	Up to \$86	\$25	Up to \$60	\$25	Up to \$70
Lenses and Frames								
	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement
Contact Lenses (Elective)	Up to \$135	Up to \$100	Up to \$135	Up to \$105	Up to \$125	Up to \$60	Up to \$120	Up to \$120
Contact Lenses (Medically Necessary)	Up to \$250	Up to \$250	Paid in Full	Up to \$210	Up to \$250	Up to \$250	Paid in Full	Up to \$210
Frames	Up to \$100	Up to \$65	Up to \$135, then 20% discount	Up to \$48	Up to \$125	Up to \$40	Up to \$120, then 15% discount	Up to \$84
Rate Guarantee	09/30/15	09/30/16	Expires 09/30/16	Expires 09/30/16	Expires 09/30/16	Expires 09/30/16	Expires 09/30/2016	Expires 09/30/2016
Monthly Rates	CURRENT	RENEWAL						
Employee	\$5.39	\$6.44	\$5.79	\$5.66	\$5.80	\$5.80	\$5.80	\$5.80
Employee + Spouse	0	7						
Employee + Child(ren)	0	2						
Employee + Family	\$13.00	\$15.59	\$12.45	\$13.92	\$14.78	\$14.78	\$14.78	\$14.78
Monthly Premium	\$332	\$398	\$332	\$353	\$370	\$370	\$370	\$370
Annual Premium	\$3,984	\$4,771	\$3,988	\$4,235	\$4,439	\$4,439	\$4,439	\$4,439
\$ Increase	N/A	\$787	\$5	\$251	\$455	\$455	\$455	\$455
% Increase	N/A	19.8%	0.1%	6.3%	11.4%	11.4%	11.4%	11.4%

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SCHEDULE OF BENEFITS	CURRENT / RENEWAL		Alternate #7		Alternate #8		Alternate #9	
	MetLife (SafeGuard)		Renaissance VSP Access		Reliance Standard EyeMed Access		Ameritas VSP Access VS2001	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Exam Copay	\$10		\$10		\$10		\$10	
Materials Copay	\$25		\$25		\$25		\$25	
Frequency								
Exam Copay	12 months		12 months		12 months		12 months	
Lenses	12 months		12 months		12 months		12 months	
Frames	24 months		24 months		24 months		24 months	
Benefits Payable								
	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Eye Exam	\$10	Up to \$35	\$10	Up to \$45	\$10	Up to \$25	\$10	Up to \$45
Single Lenses	\$25	Up to \$25	\$25	Up to \$30	\$25	Up to \$40	\$25	Up to \$30
Bifocal Lenses	\$25	Up to \$35	\$25	Up to \$50	\$25	Up to \$55	\$25	Up to \$50
Trifocal Lenses	\$25	Up to \$45	\$25	Up to \$65	\$25	Up to \$65	\$25	Up to \$65
Lenses and Frames								
	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement	Copay	Reimbursement
Contact Lenses (Elective)	Up to \$135	Up to \$100	Up to \$130	Up to \$105	Up to \$130	Up to \$104	Up to \$115	Up to \$105
Contact Lenses (Medically Necessary)	Up to \$250	Up to \$250	Up to \$250	Up to \$105	Paid in Full	Up to \$200	Paid in Full	Up to \$210
Frames	Up to \$100	Up to \$65	Up to \$130	Up to \$70	Up to \$130, then 20% discount	Up to \$65	Up to \$100, then 20% discount	Up to \$70
Rate Guarantee	09/30/15	09/30/16	Expires 09/30/15	Expires 10/01/17	Expires 09/30/16	Expires 09/30/16	Expires 09/30/16	Expires 09/30/16
Monthly Rates	CURRENT	RENEWAL						
Employee	\$5.39	\$6.44	\$5.76		\$5.96		\$7.36	
Employee + Spouse	0	7			\$16.44		\$13.36	
Employee + Child (ren)	0	2			\$17.24		\$22.44	
Employee + Family	16	7	\$15.88					
Monthly Premium	39	39	\$387		\$413		\$468	
Annual Premium	\$3,984	\$4,771	\$4,639		\$4,955		\$5,618	
\$ Increase	N/A	\$787	\$655		\$971		\$1,634	
% Increase	N/A	19.8%	16.4%		24.4%		41.0%	

CURRENT / RENEWAL

Alternate #1

Alternate #2

Basic Life / AD&D	Lincoln Financial	Florida Combined Life	Reliance Standard
Class Description			
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000	2 x annual salary to a maximum of \$240,000 \$75,000 Guarantee Issue	2 x annual salary to a maximum of \$240,000
Class 2: All other FT EE's, Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features			
Waiver of Premium	Included	Included	Included
Conversion Privilege	Included	Included	Included
Age Reduction Schedule	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amount	35% at age 65 50% at age 70 25% at age 75	35% at age 65 40% at age 70 20% at age 75
Accelerated Death Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater
Seat Belt Benefit	Not Included	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum
Airbag Benefit	Not Included	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum
Value Added Features	ID Theft Travel Assist Estate Guidance Beneficiary Services	Repatriation Coma	ID Theft Travel Assist
Rate Guarantee Period	Expires 09/30/15	Expires 09/30/17	Expires 09/30/18
Basic Life Rate / \$1,000	\$0.400	\$0.330	\$0.350
AD&D Rate / \$1,000	\$0.035	\$0.030	\$0.030
Total Life and AD&D Rate	\$0.435	\$0.360	\$0.380
Estimated Volume	\$1,817,000	\$1,817,000	\$1,817,000
Total Monthly Premium	\$790	\$654	\$690
Total Annual Premium	\$9,485	\$7,849	\$8,286
\$ Increase	N/A	-\$1,635	-\$1,308
% Increase	N/A	-17.2%	-13.6%

Basic Life / AD&D	CURRENT / RENEWAL		Alternate #3	Alternate #4	Alternate #5
	Lincoln Financial	Humana	Guardian	SunLife	
Class Description					
Class 1: Town Manager	2 x annual salary to a maximum of \$240,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	2 x annual salary to a maximum of \$240,000
Class 2: All other FT EE's, Mayor, Commissioners	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000	1 x annual salary to a maximum of \$50,000
Features					
Waiver of Premium	Included	Included	Included	Included	Included
Conversion Privilege	Included	Included	Included	Included	Included
Age Reduction Schedule	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amount	35% at age 65 50% at age 70+	35% at age 65 40% at age 70 25% at age 75 *all reductions based on original amount	35% at age 65 40% at age 70 25% at age 75 *all reductions based on original amount	40% at age 65 40% at age 70 25% at age 75
Accelerated Death Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 50% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater
Seat Belt Benefit	Not Included	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum
Airbag Benefit	Not Included	\$5,000 or 5% of Principal Sum	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum	\$10,000 or 10% of Principal Sum
Value Added Features	ID Theft Travel Assist Estate Guidance Beneficiary Services	Repatriation Coma	If 3 lines are implemented including STD & LTD: EAP Will Prep Travel Aide	ID Theft Travel Assist	
Rate Guarantee Period	Expires 09/30/15	Expires 09/30/16	Expires 09/30/17	Expires 09/30/17	Expires 09/30/17
Basic Life Rate / \$1,000	\$0.400	\$0.440	\$0.340	\$0.400	\$0.408
AD&D Rate / \$1,000	\$0.035	\$0.035	\$0.020	\$0.040	\$0.044
Total Life and AD&D Rate	\$0.435	\$0.475	\$0.360	\$0.440	\$0.452
Estimated Volume	\$1,817,000	\$1,817,000	\$1,817,000	\$1,817,000	\$1,817,000
Total Monthly Premium	\$790	\$863	\$654	\$799	\$821
Total Annual Premium	\$9,485	\$10,357	\$7,849	\$9,594	\$9,855
\$ Increase	N/A	\$872	-\$2,006	\$109	\$1,570
% Increase	N/A	9.20%	-20.4%	1.1%	18.9%

Town of Lake Park
 Supplemental Life Insurance Evaluation
 Effective Date: October 1, 2015

	CURRENT / RENEWAL	Alternate #1	Alternate #2
Supplemental Life	Lincoln Financial	Florida Combined Life	Reliance Standard
Core Benefit			
All Eligible Employees Working 24 + hours per week	\$10,000 to \$250,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$500,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$250,000 up to 5 x annual salary \$10,000 Increments
All Eligible Spouses	\$5,000 increments to \$100,000	\$5,000 increments to \$250,000	\$5,000 increments to \$100,000
All Eligible Child(ren)	14 days - 6 months: \$250 6 months - 19 years: Up to \$25,000	14 days - 6 months: \$500 6 months - age 30: \$10,000	14 days - 6 months: \$250 6 months - 19/25 FTS: \$5,000 increments Up to \$25,000
Features			
Guarantee Issue Employee	\$50,000	\$60,000	\$50,000
Guarantee Amount Spouse	\$10,000	\$30,000	\$10,000
Employee Age Reduction Schedule	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amt	35% at age 65 50% at age 70	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amt
Waiver of Premium	Included	Included	Included
Portability Option	Included	Included	Included
Conversion Option	Included	Included	Included
Seatbelt Benefit	Not Included	\$10,000 or 10% of Principal Sum	Not Included
Airbag Benefit	Not Included	\$10,000 or 10% of Principal Sum	Not Included
Accelerated Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater
Rate Guarantee Period	Expires 09/30/16	Expires 09/30/17	Expires 09/30/18
Rates per \$1,000	Employee & Spouse	Employee & Spouse	Employee & Spouse
Child(ren)	\$0.20/\$1,000 per child	\$5,000 - flat \$1.50/month \$10,000 - flat \$3.00/month	\$0.200/\$1,000
Under Age 20	0.110	0.070	0.110
Age 20-24	0.110	0.070	0.110
Age 25-29	0.110	0.070	0.110
Age 30 - 34	0.120	0.090	0.120
Age 35 - 39	0.170	0.120	0.170
Age 40 - 44	0.280	0.200	0.280
Age 45 - 49	0.460	0.320	0.460
Age 50 - 54	0.690	0.530	0.690
Age 55 - 59	1.030	0.810	1.030
Age 60 - 64	1.710	1.130	1.710
Age 65 - 69	3.080	1.870	3.080
Age 70 - 74	4.360	3.120	4.360
Age 75-79	9.410	5.950	9.410
Age 80-84	9.410	5.950	9.410

Town of Lake Park
Supplemental Life Insurance Evaluation
Effective Date: October 1, 2015

Supplemental Life	CURRENT / RENEWAL	Alternate #3		Alternate #4
	Lincoln Financial	Humana		Guardian
Core Benefit				
All Eligible Employees Working 24 + hours per week	\$10,000 to \$250,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$250,000 in \$10,000 Increments		\$10,000 to \$250,000 in \$10,000 Increments
All Eligible Spouses	\$5,000 increments to \$100,000	\$125,000		\$5,000 increments to \$100,000; not to exceed 100% of EE amount
All Eligible Child(ren)	14 days - 6 months: \$250 6 months - 19 years: Up to \$25,000	\$5000/\$10000 (depends on selection)		\$5,000 increments to \$20,000; not to exceed 10% of EE amount 14 days - 26 years
Features				
Guarantee Issue Employee	\$50,000	\$75,000		\$50,000
Guarantee Amount Spouse	\$10,000	\$35,000		\$10,000
Employee Age Reduction Schedule	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amt	35% at age 65 50% at age 70+		35% at age 65 40% at age 70 25% at age 75 *all reductions based on original amt
Waiver of Premium	Included	Included		Included
Portability Option	Included	Included		Included
Conversion Option	Included	Included		Included
Seatbelt Benefit	Not Included	\$10,000 or 10% of Principal Sum		\$10,000 or 10% of Principal Sum
Airbag Benefit	Not Included	\$5,000 or 5% of Principal Sum		\$10,000 or 10% of Principal Sum
Accelerated Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Maximum of \$250,000 or 50% of claimants amount of life insurance whichever is greater		75% of claimants amount of life insurance whichever is greater
Rate Guarantee Period	Expires 09/30/16	Expires 10/01/17		Expires 09/30/17
Rates per \$1,000	Employee & Spouse	Employee	Spouse	Employee & Spouse
Child(ren)	\$0.20/\$1,000 per child	\$0.200/\$1,000		\$1.00/\$1,000
Under Age 20	0.110	0.06	0.05	0.110
Age 20-24	0.110	0.06	0.05	0.110
Age 25-29	0.110	0.06	0.05	0.110
Age 30 - 34	0.120	0.07	0.06	0.120
Age 35 - 39	0.170	0.09	0.08	0.170
Age 40 - 44	0.280	0.14	0.12	0.280
Age 45 - 49	0.460	0.22	0.19	0.460
Age 50 - 54	0.690	0.34	0.30	0.690
Age 55 - 59	1.030	0.55	0.47	1.030
Age 60 - 64	1.710	0.77	0.66	1.710
Age 65 - 69	3.080	1.27	1.09	3.080
Age 70 - 74	4.360	2.47	2.14	4.360
Age 75-79	9.410	4.77	4.13	4.360
Age 80-84	9.410	8.90	7.70	4.360

Town of Lake Park
 Supplemental Life Insurance Evaluation
 Effective Date: October 1, 2015

Supplemental Life	CURRENT / RENEWAL	Alternate #5	
	Lincoln Financial	SunLife	
Core Benefit			
All Eligible Employees Working 24 + hours per week	\$10,000 to \$250,000 up to 5 x annual salary \$10,000 Increments	\$10,000 to \$250,000 in \$10,000 Increments	
All Eligible Spouses	\$5,000 increments to \$100,000	\$5,000 increments to \$100,000	
All Eligible Child(ren)	14 days - 6 months: \$250 6 months - 19 years: Up to \$25,000	14 days - 6 months: \$500 14 days - 19 years or 25 if full-time student: Up to \$10,000	
Features			
Guarantee Issue Employee	\$50,000	\$50,000	
Guarantee Amount Spouse	\$10,000	\$10,000	
Employee Age Reduction Schedule	35% at age 65 25% at age 70 15% at age 75 *all reductions based on original amt	35% at age 65 40% at age 70 25% at age 75 *all reductions based on original amt	
Waiver of Premium	Included	Included	
Portability Option	Included	Included	
Conversion Option	Included	Included	
Seatbelt Benefit	Not Included	\$10,000 or 10% of Principal Sum	
Airbag Benefit	Not Included	\$10,000 or 10% of Principal Sum	
Accelerated Benefit	Maximum of \$250,000 or 75% of claimants amount of life insurance whichever is greater	Not Included	
Rate Guarantee Period	Expires 09/30/16	Expires 10/01/17	
Rates per \$1,000	Employee & Spouse	Employee	Spouse
Child(ren)	\$0.20/\$1,000 per child	\$0.230/\$1,000	
Under Age 20	0.110	0.064	0.060
Age 20-24	0.110	0.640	0.060
Age 25-29	0.110	0.076	0.072
Age 30 - 34	0.120	0.102	0.095
Age 35 - 39	0.170	0.114	0.107
Age 40 - 44	0.280	0.127	0.119
Age 45 - 49	0.460	0.191	0.179
Age 50 - 54	0.690	0.292	0.274
Age 55 - 59	1.030	0.547	0.513
Age 60 - 64	1.710	0.839	0.787
Age 65 - 69	3.080	1.614	1.514
Age 70 - 74	4.360	2.619	
Age 75-79	9.410	2.619	
Age 80-84	9.410	2.619	

Town of Lake Park
Short Term Disability Insurance Evaluation
Effective Date: October 1, 2015

SHORT TERM DISABILITY	CURRENT / RENEWAL			Alternate #1		Alternate #2		Alternate #3	
	Lincoln Financial	SunLife	Humana (1)	Guardian (2)					
Benefits									
Eligible Employees	Employees working 24+ hours per week	Employees working 24+ hours per week	Employees working 24+ hours per week						
Benefit Percent	70% of weekly earnings	66.67% of weekly earnings	70% of weekly earnings	70% of weekly earnings	70% of weekly earnings				
Maximum Benefit per Week	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$900	Flat \$500/week; not to exceed 70% of weekly earnings		
Elimination Period									
Accident Waiting Period	14 Days	14 Days	14 Days						
Illness Waiting Period	14 Days	14 Days	14 Days						
Benefit Duration	13 Weeks	13 Weeks	13 Weeks						
Rate Guarantee	Expires 09/30/15	Expires 09/30/16	Expires 10/01/2017	Expires 10/01/2017	Expires 10/01/2017				
Benefits Volume	\$27,550	\$27,550	\$27,550	\$27,550	\$27,550	\$27,550	\$27,550	\$27,550	\$27,550
Rate per \$10	\$0.540	\$0.594	\$0.284	\$0.320	\$0.360	\$0.320	\$0.360	\$0.360	\$0.360
MONTHLY PREMIUM	\$1,488	\$1,636	\$782	\$882	\$992	\$882	\$992	\$992	\$992
ANNUAL PREMIUM	\$17,852	\$19,638	\$9,389	\$10,579	\$11,902	\$10,579	\$11,902	\$11,902	\$11,902
\$ INCREASE	N/A	\$1,785	-\$8,463	-\$7,273	-\$5,951	-\$7,273	-\$5,951	-\$5,951	-\$5,951
% INCREASE	N/A	10.0%	-47.4%	-40.7%	-33.3%	-40.7%	-33.3%	-33.3%	-33.3%

(1) Employees earning over \$70,196 annually will cap out at the \$900 per week benefit.

(2) Employees earning over \$37,143 annually will cap out at the \$500 per week benefit.

**Town of Lake Park
Long Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2015**

	CURRENT / RENEWAL				Alternate #1	Alternate #2	Alternate #3	Alternate #4
Long Term Disability	Lincoln Financial				Reliance Standard	Florida Combined Life	SunLife	Guardian
Eligible Employees	All Active Employees working 24+ hours per week				All Active Employees working 24+ hours per week	All Active Employees working 24+ hours per week	All Active Employees working 24+ hours per week	All Active Employees working 24+ hours per week
All Eligible Employees	60% of monthly earnings up to \$5,000				60% of covered monthly earnings	60% of covered monthly earnings	60% of monthly earnings	70% of monthly earnings
Elimination Period	90 Days				90 Days	90 Days	90 Days	90 Days
Own Occupation Period	24 Months				24 Months	24 Months	24 Months	24 Months
Duration of Benefit	SSNRA				SSNRA	SSNRA	not provided	SSNRA
Maximum Monthly Benefit	\$5,000				\$5,000	\$5,000	\$5,000	\$1,500
Mental Illness Limitation	24 Months				24 Months	24 Months	24 Months	24 Months
Pre-Existing Condition Limitation	3/12				3/12	3/12	3/12	3/12
Rate Guarantee Period	Expires 09/30/15	Expires 09/30/15	Expires 09/30/15	Expires 09/30/15	Expires 09/30/18	Expires 09/30/17	Expires 09/30/17	Expires 09/30/17
LTD Rate / \$100	\$0.520	\$0.572	\$0.490	\$0.520 .47	\$0.490	\$0.660	\$1.090	
Estimated Volume	\$173,550	\$173,550	\$173,550	\$173,550	\$173,550	\$171,368	\$173,550	
Monthly Premium	\$902	\$993	\$850	\$902	\$902	\$1,131	\$1,892	
Annual Premium	\$10,830	\$11,912	\$10,205	\$10,830	\$10,830	\$13,572	\$22,700	
\$ Increase	N/A	\$1,083	-\$625	\$0	\$0	\$2,743	\$11,871	
% Increase	N/A	10.0%	-5.8%	0.0%	0.0%	25.3%	109.6%	

CURRENT / RENEWAL **Alternate #1** **Alternate #2** **Alternate #3**

EAP Benefits	CURRENT / RENEWAL			Alternate #1		Alternate #2		Alternate #3	
	CompPsych (Lincoln Financial)	Reliance Standard	New Directions (FL Blue)	Reliance Standard	New Directions (FL Blue)	Reliance Standard	New Directions (FL Blue)	Reliance Standard	MHN
Number of Sessions Per EE or Dependent Per Year	6 referrals to local counselors	3 referrals to local counselors	3 or 5 referrals to local counselors	3 referrals to local counselors	3 or 5 referrals to local counselors	3 or 5 referrals to local counselors	3 or 5 referrals to local counselors	3 or 5 referrals to local counselors	
Relationship Issues	Included	Included	Included	Included	Included	Included	Included	Included	
Substance Abuse	Included	Included	Included	Included	Included	Included	Included	Included	
Marital Problems	Included	Included	Included	Included	Included	Included	Included	Included	
Financial/Legal Issues	Included	Included	Included	Included	Included	Included	Included	Included	
Stress Management	Included	Included	Included	Included	Included	Included	Included	Included	
Manager & Supervisor Training	Available at additional cost	Unlimited Management Consultations	Available via phone	Unlimited Management Consultations	Available via phone	Available via phone	Available via phone	Included- up to 8 hours	
Brochures & Workplace Posters	Not Included	Included	Included	Included	Included	Included	Included	Included	
Comprehensive Reporting	Not Included	N/A to groups under 100	Included	N/A to groups under 100	Included	Included	Included	Included	
Wallet ID & Information Care	Included	Included	Included	Included	Included	Included	Included	Included	
Quarterly Newsletters	Not Included	Included	Included	Included	Included	Included	Included	Included	
Initial Orientation Sessions	Not Included	Included	Included - 2 hours	Included	Included - 2 hours	Included - 2 hours	Included - 2 hours	Included- telephonic or via web video	
Employee Seminars	Not Included	Additional Cost	Included in initial orientation hours	Additional Cost	Included in initial orientation hours	Included in initial orientation hours	Included in initial orientation hours	Included- up to 8 hours	
Critical Incident Debriefing	Not Included	Additional Cost	Included	Additional Cost	Included	Included	Included	Included- up to 20 hours	
Rate Guarantee	Expires 09/30/2016	Expires 09/30/2018	Expires 09/30/2017	Expires 09/30/2018	Expires 09/30/2017	Expires 09/30/2017	Expires 09/30/2018	Expires 09/30/2018	
PEPM Rate	Bundled with LTD	Bundled with LTD	3- Sessions: \$1.88 5- Sessions: \$2.38	Bundled with LTD	3- Sessions: \$1.88 5- Sessions: \$2.38	3- Sessions: \$1.88 5- Sessions: \$2.38	3- Sessions: \$2.06 5- Sessions: \$2.50	3- Sessions: \$2.06 5- Sessions: \$2.50	
Monthly Premium	\$0	\$0	\$92	\$0	\$117	\$101	\$123	\$101	\$123
Annual Premium	\$0	\$0	\$1,105	\$0	\$1,399	\$1,211	\$1,470	\$1,211	\$1,470