

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2109.10

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDED A COMPREHENSIVE HEALTH INSURANCE PLAN FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town's Neighborhood Health Plan ("NHP") renewal option to provide health insurance benefits to Town employees and their eligible dependents has expired; and

WHEREAS, the Town wishes to enter into an insurance agreement with Cigna Health Insurance through the Florida League of Cities Florida Municipal Insurance Trust (FMIT), as the lowest responsible bidder; and

WHEREAS, the Town's current comprehensive health insurance plan with NHP came in at a more than 20% increase; and

WHEREAS, Cigna Health Insurance provides a comparable level of coverage to that of NHP at a significantly lower cost to the Town and the Town employees; and

WHEREAS, the Town Council finds that entering into this Contract is in the best interest of the Town.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:

Section 1. Recitals Adopted. Each of the above recitals are hereby adopted, confirmed and incorporated herein.

Section 2. Proposal Accepted. The proposal to go into a Contract with Cigna Health Insurance as described and set forth in the Agenda Item Report attached hereto and incorporated herein, and are hereby accepted.

Section 3. Implementation. The Mayor and Town Manager are hereby authorized to take any and all action necessary to implement this Resolution in accordance with its terms and conditions including, but not limited to, the designation of a new agent of record.

Section 4. Effective Date. That this Resolution shall become effective immediately upon approval of the Town Council.

Sponsored by the Administration.

The Motion to adopt the foregoing resolution was offered by Councilmember Rojas, seconded by Councilmember Lusskin, and on roll call the following vote ensued:

Mayor Glenn Singer	<u>N/A</u>
Vice Mayor Bernard Einstein	<u>Aye</u>
Councilmember Kenneth Bernstein	<u>N/A</u>
Councilmember Judy Lusskin	<u>Aye</u>
Councilmember Amy Rojas	<u>Aye</u>

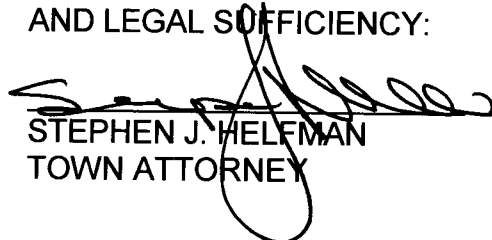
PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida, this 17th day of August, 2010.

ATTEST:


LISSETTE PEREZ
INTERIM TOWN CLERK


MAYOR GLENN SINGER

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:


STEPHEN J. HELEMAN
TOWN ATTORNEY

Florida Municipal Insurance Trust
Town of Golden Beach
Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - NHP				
Contract Type	Enrollment	10/1/2009-	Monthly Premium	Annual Premium
		9/30/2010		
Single	1	\$505.02	\$505.02	\$6,060.24
EE + Spouse	0	\$1,141.37	\$0.00	\$0.00
EE + Children	0	\$959.56	\$0.00	\$0.00
Family	1	\$1,459.51	\$1,459.51	\$17,514.12
Total	2		\$1,964.53	\$23,574.36

Proposed Rates - Care 4-0 Hybrid				
Contract Type	Enrollment	10/1/2010-	Monthly Premium	Annual Premium
		9/30/2011		
Single	1	\$523.35	\$523.35	\$6,280.20
EE + Spouse	0	\$1,125.21	\$0.00	\$0.00
EE + Children	0	\$968.19	\$0.00	\$0.00
Family	1	\$1,570.05	\$1,570.05	\$18,840.60
Total	2		\$2,093.40	\$25,120.80

Percent Change	6.56%
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Medicare Supplement Rate	
Monthly Premium:	\$346.87
Prescription Drug Copays	
Rx Option 2	
Retail:	\$15/\$30/\$45
Mail Order:	\$37.50/\$75/\$112.50
Mandatory Mail:	Not included in rates

BILLING RATES (to be input to FACTS):	
Employee	\$523.35
Spouse	\$601.86
Child	\$444.84
Family	\$1,046.70

08/12/2010

Florida Municipal Insurance Trust
Town of Golden Beach
Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - NHP				
Contract Type	Enrollment	10/1/2009- 9/30/2010	Monthly Premium	Annual Premium
Single	15	\$470.66	\$7,059.90	\$84,718.80
EE + Spouse	7	\$1,063.70	\$7,445.90	\$89,350.80
EE + Children	7	\$894.26	\$6,259.82	\$75,117.84
Family	3	\$1,360.21	\$4,080.63	\$48,967.56
Total	32		\$24,846.25	\$298,155.00

Proposed Rates - Care 4 Hybrid				
Contract Type	Enrollment	10/1/2010- 9/30/2011	Monthly Premium	Annual Premium
Single	15	\$500.13	\$7,501.95	\$90,023.40
EE + Spouse	7	\$1,075.28	\$7,526.96	\$90,323.52
EE + Children	7	\$925.23	\$6,476.61	\$77,719.32
Family	3	\$1,500.38	\$4,501.14	\$54,013.68
Total	32		\$26,006.66	\$312,079.92

Percent Change	4.67%
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Medicare Supplement Rate	
Monthly Premium:	\$346.87
Prescription Drug Copays	
Rx Option 2	
Retail:	\$15/\$30/\$45
Mail Order:	\$37.50/\$75/\$112.50
Mandatory Mail:	Not included in rates

BILLING RATES (to be input to FACTS):	
Employee	\$500.13
Spouse	\$575.15
Child	\$425.10
Family	\$1,000.25

08/12/2010