

**TOWN OF GOLDEN BEACH, FLORIDA**

**RESOLUTION NO. 2627.19**

**A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, RENEWING THE AGREEMENTS FOR A DENTAL INSURANCE AND A VISION 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 Council by Resolution 1868.07 awarded to each of Guardian Insurance and Humana Insurance, the lowest responsible bidders, a one year contract with two (2) one-year renewal options (the "Contracts"), to provide dental and vision insurance benefits to Town employees and their eligible dependents; and

**WHEREAS**, that renewal option expired on September 30, 2010 and the Town has granted annual extensions since; and

**WHEREAS**, the Town finds that the renewal rates continue to provide a more competitive comprehensive option than a bid option;

**WHEREAS**, the Town wishes to renew its vision and dental insurance coverage under each of the Contracts; and

**WHEREAS**, the Town Council finds that renewal of the Contracts 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 proposals to renew the Contracts with Guardian Insurance and Humana, 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 **Town Administration.**

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

Mayor Glenn Singer	<u>Aye</u>
Vice Mayor Kenneth Bernstein	<u>Absent</u>
Councilmember Judy Lusskin	<u>Aye</u>
Councilmember Jaime Mendal	<u>Aye</u>
Councilmember Bernard Einstein	<u>Aye</u>

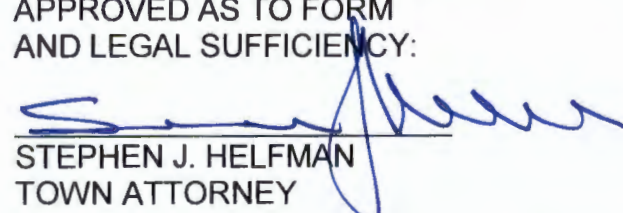
**PASSED AND ADOPTED** by the Town Council of the Town of Golden Beach, Florida, this 20<sup>th</sup> day of August, 2019.

ATTEST:

  
LISSETTE PEREZ  
TOWN CLERK

  
MAYOR GLENN SINGER

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

  
STEPHEN J. HELFMAN  
TOWN ATTORNEY



LISSETTE PEREZ HR MANAGER  
TOWN OF GOLDEN BEACH  
1 GOLDEN BEACH DR  
GOLDEN BEACH, FL 33160

SAPOZNIK INS AGENCY  
1100 NE 163RD STREET  
2ND FLOOR  
N. MIAMI BEACH, FL 33162

Your Guardian employee benefits  
renewal package is enclosed

As a valued Guardian customer, we appreciate your business and hope that you are fully satisfied with our plan offerings and services. Our commitment is to continue providing high-quality plans while placing your benefit needs first.

If you have questions about your renewal package or would like information about other benefits available for your employees, we can assist you. Contact your insurance broker or contact your Guardian Group Sales office at:

1511 N. West Shore Blvd., Tampa, Florida, 33607, (813) 472-6080.



**It's renewal  
time!**

**Guardian is  
here to help.**

**RENEWAL INFORMATION FOR**

**TOWN OF GOLDEN BEACH  
GROUP PLAN # 00429802**

**RENEWAL PERIOD  
October 1, 2019 - September 30, 2020**

** Guardian**

[guardiananytime.com](http://guardiananytime.com)

The Guardian Life Insurance Company of America, New York, NY.

# What you'll find in this package

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<b>RENEWAL INFORMATION</b>	<b>PAGE</b>
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[guardiananytime.com](http://guardiananytime.com)

The Guardian Life Insurance Company of America, New York, NY.

## College Tuition Benefit Rewards Statement as of 06/17/2019

Plan Number: 00429802  
 Plan Name: TOWN OF GOLDEN BEACH  
 Current Lines of Coverage with CTB: Dental  
 Total Estimated Potential Accumulated Rewards For All Lines of Coverage: \$401,500

Dear Planholder,

Thank you for being a valued Guardian customer. This statement provides a snapshot of the total College Tuition Benefit points earned by your members as a result of being enrolled in one or more of the coverages listed above.

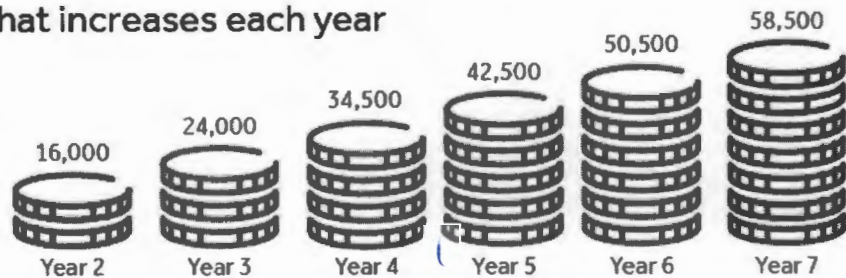
To make sure points are credited to members, they can visit [guardian.collegetuitionbenefit.com](http://guardian.collegetuitionbenefit.com) and register using the following information:

**User ID:** Plan number, **Password:** Guardian

College Tuition Benefit is a great way to help your employees save money on college education. One Tuition Reward = \$1 in tuition reduction and can be used at over 400 private college and universities nationwide. The example below demonstrates how Tuition Rewards build up each year.

### A college tuition benefit that increases each year

Example of how future tuition can be reduced by \$58,500 when the plan participant has four Guardian products (e.g. Dental — with a year 4 bonus of 2,500 rewards, Life, Hospital Indemnity and Critical Illness) over a seven-year period.



#### Important deadlines for members:

- Students must be added to the program **by August 24** the year he/she starts grade 11
- The last day members can transfer earned rewards to a student is **August 24** of the year he/she starts grade 12

If you have any questions, contact your Guardian Group Sales Representative or send your questions via email to [support@collegetuitionbenefit.com](mailto:support@collegetuitionbenefit.com). For general information about the College Tuition Benefit program go to [guardian.collegetuitionbenefit.com](http://guardian.collegetuitionbenefit.com).

Sincerely,

The Guardian Life Insurance Company of America

College Tuition Benefit is a tuition reduction program. This program is currently part of your employee benefit package and addresses a top employee concern -- saving for college. The service is \$0.45 per employee per month for each coverage accumulating the College Tuition Benefit. This is not a separate line item charge for you, but instead reflected in the total premium billed (though not an insurance charge). The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states.

## Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

<b>DENTAL PLAN RATES - VALUE O1</b>					
<b>Tier</b>	<b>Enrolled Employees</b>	<b>CURRENT</b>		<b>RENEWAL</b>	
		<b>Monthly Rate</b>	<b>Annual Premium</b>	<b>Monthly Rate</b>	<b>Annual Premium</b>
EE	29	\$47.41	\$16,499	\$46.94	\$16,335
EE & SP	9	\$104.95	\$11,335	\$103.90	\$11,221
EE & CH	8	\$134.29	\$12,892	\$132.95	\$12,763
FAMILY	8	\$179.70	\$17,251	\$177.90	\$17,078
<b>TOTAL</b>	<b>54</b>		<b>\$57,976</b>		<b>\$57,398</b>

If you have determined that your group is subject to ACA regulations which require you to include pediatric dental essential health benefits, Guardian can provide these benefits. Please contact your local Sales Office for options.

# Current Plan Benefits Summaries

**CONTRACT TYPE: DENTAL GUARD 2000**

**This plan is currently offered for Insurance Class 1**

<b>PLAN BENEFITS SUMMARY</b>		
<b>Network</b>	<b>In-Network</b> DentalGuard Preferred	<b>Out-of-Network</b> None
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
<b>Deductible</b>		
	\$25	\$50
Waived for preventive?	Yes	No
<b>Claim Payment Basis</b>		
	Fee Schedule	Fee Schedule
<b>Maximum</b>		
	\$1,500	\$1,500
<b>Orthodontia</b>		
	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
<b>Maximum Rollover</b>		
Threshold		\$700
Rollover Amount		\$350
In-network only rollover		\$500
Max Rollover Limit		\$1,250
<b>Dependent Age Limit</b>		20/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.



## Additional Dental Information

### DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2019

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	25	\$0.00
\$1 - \$250	1	\$1.20
\$251 - \$500	19	\$8,661.20
\$501 - \$750	3	\$1,997.80
\$751 - \$1,000	12	\$11,550.00
Over \$1,000	29	\$36,050.00
<b>TOTAL</b>	<b>64</b>	<b>\$58,260.20</b>

21 of your Employees and Dependents currently are eligible for additional Maximum Rollover amounts.

"Benefit Year" refers to the 12-month period during which charges are counted toward this plan's annual maximum.

"Number of Qualifying Employees and Dependents" reflects information available at the time this renewal package was issued. Additional claims will affect this count.

"Eligibility for additional rollover amounts reflects information available at the time this renewal package was issued. Additional claims will affect the eligibility for additional rollover amounts"

Rollover amounts earned in the benefit year ending 12/31/2019 are applied to the members Maximum Rollover Account for use starting the next benefit year.

# Humana.

Humana.com  
800-833-6914 option 6  
1100 Employers Blvd  
Green Bay WI 54344

July 23, 2019

MARIA CAMACHO  
THE TOWN OF GOLD  
1 GOLDEN BEACH DR  
N MIAMI BEACH FL 33160

Company Name: THE TOWN OF GOLD  
Group ID(s): 787549  
Renewal Date: 10/01/2019

## Important information regarding your coverage

Dear Maria Camacho:

Thank you for choosing Humana. We value your business and are committed to providing products and services that keep pace with your employees' evolving needs.

This letter contains information about your Humana plan(s). One or more of your plans(s) and/or rates are scheduled for a change on the renewal date noted above. Please review the plan benefit and rate information contained in this letter. You can keep your current coverage with the changes listed in the enclosure, and your employees will automatically be re-enrolled.

Please note: Medical premium rates provided to you are subject to review by Humana. If the medical rates described herein are subsequently modified, Humana will promptly advise you of the change.

To view your plan information and make any changes, go to the secure employer section on [Humana.com](http://Humana.com), select the Benefit Center tab located at the top of the page. You'll also find interactive tools to help you make benefit selections. Or you can contact your agent, RACHEL A SAPOZNIK at (305) 948-8887 to discuss the best benefit solution for your group.

Health and well-being are at the core of everything we do. Our mission is to help people achieve lifelong well-being. We truly appreciate the opportunity to provide benefits to you and your employees and play a role in your journey to optimal health.

Sincerely,

Your Humana Sales Team

cc: SAPOZNIK INS & ASSOC INC



## At A Glance...

### Vision

	<b>Current Plan</b>
Plan Name:	FL Humana Vision 130
Exam Copay (In):	\$10
Exam Allowance (Out):	\$30
Materials Copay (In):	\$15
Single Lens Allowance (Out):	\$25
Frame Allowance (In):	\$130
Frame Allowance (Out):	\$65
Contact Lens Allowance (In):	\$130
Contact Lens Allowance (Out):	\$104
Frequency (In):	12/12/24
Frequency (Out):	12/12/24
Optional Benefits:	N/A
Association Name:	N/A
Other Options:	Open Enrollment
<b>Monthly Vision Premium:</b>	<b>Current \$345.86</b>
	<b>New \$345.50</b>

The federal Affordable Care Act includes several taxes and fees. The vision premiums reflected in this renewal notice will include a prorated portion of the Federal Insurer Annual Fee if applicable.

### General Information:

Vision products insured by Humana Insurance Company and CompBenefits Company



## Rate Detail For Renewing Plans

Vision FL Humana Vision 130			
Coverage Type	Number Enrolled	Current Rates	New Rates
Employee	30	\$4.38	\$4.37
Employee & Spouse	7	\$8.75	\$8.75
Employee & Child(ren)	9	\$8.31	\$8.31
Family	6	\$13.07	\$13.06
<b>Totals</b>	<b>52</b>	<b>\$345.86</b>	<b>\$345.50</b>