

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2757.21

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 Vice Mayor Lusskin seconded by Councilmember Mendal and on roll call the following vote ensued:

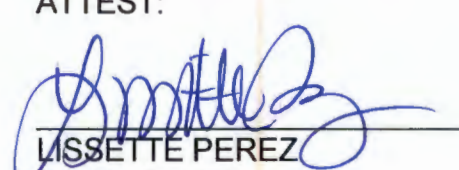
Mayor Glenn Singer	<u>Aye</u>
Vice Mayor Judy Lusskin	<u>Aye</u>
Councilmember Bernard Einstein	<u>Aye</u>
Councilmember Jaime Mendal	<u>Aye</u>
Councilmember Kenneth Bernstein	<u>Aye</u>

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 31st day August, 2021.

ATTEST:

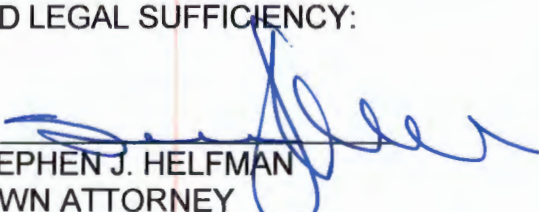


MAYOR GLENN SINGER



LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:



STEPHEN J. HELFMAN
TOWN ATTORNEY



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 31, 2021

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, 
Town Manager

Subject: **Resolution No. 2757.21 – Renewing the agreements for Dental Insurance and Vision Coverage to Guardian Insurance and Humana with Sapoznik Insurance as the agent of record**

Item Number:

9

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2757.21 as presented.

Background:

I recommend that Sapoznik Insurance be renewed as the agent of record for vision coverage and dental coverage. The resolution renews the following: dental coverage to Guardian Insurance, and vision coverage to Humana.

The Town has received a rate pass for the dental insurance and a 5% increase for the vision coverage.

Dental (Guardian) a rate pass, no increase from last fiscal year.

Vision (Humana Vision 130) a 5% increase from last fiscal year from \$350.25 monthly to \$367.91 monthly, an increase of \$17.66 per month.

Fiscal Impact:

No rate increase from what the Town's current monthly rates are for dental and an annual increase of \$211.92 for vision insurance.



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

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

**RENEWAL PERIOD
October 1, 2021 - September 30, 2022**



guardiananytime.com

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

What you'll find in this package

RENEWAL INFORMATION	PAGE
College Tuition Benefit Annual Statement	1
Renewal Rates At-a-Glance	2
Current Plan Benefit Summaries By Product	3

Please note:

If your group plan includes multiple lines of coverage, a multi-line discount was used in the pricing. If you do not wish to renew all lines of coverage, please contact us for revised pricing.



Participating Policy and Producer Compensation Disclosure Statement

Participating Policy Statement:

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

Producer Compensation Disclosure:

As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager.



guardiananytime.com

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



College Tuition Benefit Rewards Statement as of 06/15/2021

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: \$633,000

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.

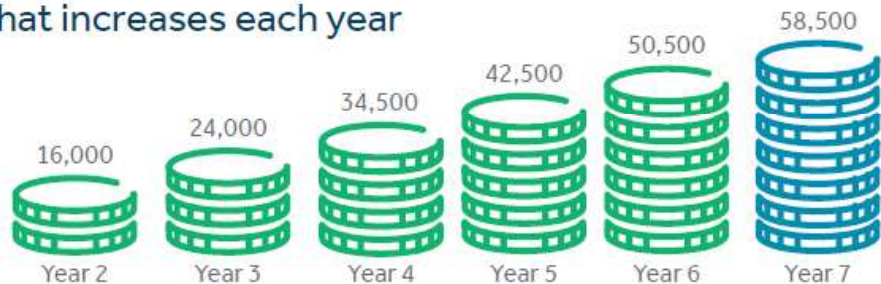
To make sure points are credited to members, they can visit guardian.collegetuitionbenefit.com and register using the following information:

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. For general information about the College Tuition Benefit program go to 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. (i.e. except for Guardian Davis Vision plan Rewards, which are offered by Davis Vision) 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

DENTAL PLAN RATES - VALUE O1					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	29	\$46.94	\$16,335	\$46.94	\$16,335
EE & SP	8	\$103.90	\$9,974	\$103.90	\$9,974
EE & CH	8	\$132.95	\$12,763	\$132.95	\$12,763
FAMILY	8	\$177.90	\$17,078	\$177.90	\$17,078
TOTAL	53		\$56,151		\$56,151

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

PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
Coinsurance		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Deductible	\$25	\$50
Waived for preventive?	Yes	No
Claim Payment Basis	Fee Schedule	Fee Schedule
Maximum	\$2,000	\$2,000
Orthodontia	Included	
Lifetime Maximum	\$1,500	
Coinsurance	50%	
Maximum Rollover		
Threshold		\$800
Rollover Amount		\$400
In-network only rollover		\$600
Max Rollover Limit		\$1,500
Dependent Age Limit		26/26

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: 12/31/2021

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	5	\$0.00
\$1 - \$250	5	\$500.00
\$251 - \$500	17	\$8,500.00
\$501 - \$750	8	\$5,400.00
\$751 - \$1,000	6	\$5,411.20
Over \$1,000	52	\$74,738.80
TOTAL	88	\$94,550.00

15 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 12/31/2021 are applied to the members Maximum Rollover Account for use starting the next benefit year.

Humana.

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

July 21, 2021

AB 01 002052 61748 B 8 A



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: 10/01/2021

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 plan(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. No further action is needed to accept the changes outlined.

Please note: Premium rates provided to you are subject to review by Humana. If the 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, 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.

Contractual documents – including, but not limited to, the policy and certificate – will be delivered to you electronically through the secure employer section of the Humana.com website. If you would prefer a mailed paper copy of any document, please contact Humana at 1-800-232-2006.

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.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana Insurance agent or broker.

Sincerely,

Your Humana Sales Team

cc: SAPOZNIK INS & ASSOC INC

GCHKT26EN

UW0322

At A Glance...

Vision

	Current Plan
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
Monthly Vision Premium:	Current \$350.25
	New \$367.91

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.

Rate Detail For Renewing Plans

Coverage Type	Vision FL Humana Vision 130		
	Number Enrolled	Current Rates	New Rates
Employee	30	\$4.37	\$4.59
Employee & Spouse	7	\$8.75	\$9.19
Employee & Child(ren)	8	\$8.31	\$8.73
Family	7	\$13.06	\$13.72
Totals	52	\$350.25	\$367.91

General Information:

Vision products Insured by Humana Insurance Company and CompBenefits Company