

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2560.18

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 wishes to renew its current insurance agreement with the Florida League of Cities who has indicated their agent of record to be the Florida Municipal Insurance Trust (FMIT); and

WHEREAS, the Town's current comprehensive health insurance plan with FMIT came in at a 2.8% decrease: and

WHEREAS, this year, the Town would like to also offer a buy up option to a higher tier plan at the employee's own expense, causing no increase in cost to the Town; 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 the Florida League of Cities 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.

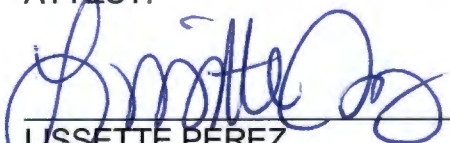
Sponsored by the Town Administration.

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

Mayor Glenn Singer	<u>Aye</u>
Vice Mayor Jaime Mendal	<u>Absent</u>
Councilmember Kenneth Bernstein	<u>Aye</u>
Councilmember Amy Isackson-Roajs	<u>Aye</u>
Councilmember Judy Lusskin	<u>Aye</u>

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida, this 21st day of August, 2018.

ATTEST:



LISSETTE PEREZ
TOWN CLERK



MAYOR GLENN SINGER

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 21, 2018

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, *Alex B*
Town Manager

Subject: **Resolution No. 2560.18 – A Resolution Renewing
Comprehensive Health Insurance through the Florida League
of Cities who has indicated their agent of record will be Florida
Municipal Insurance Trust**

Item Number:

9

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2560.18 as presented.

Background:

This past year we took a comprehensive approach in determining what kind of health insurance we offer our employees and the level of coverage. In doing so, we conducted a survey of the insurance offerings by municipalities in our area (attached), and the variety of plans offered by our current provider the Florida League of Cities (attached).

Our findings- we offer a competitive and fair plan compared to neighboring cities. In relation to the plan we currently offer, we found that keeping the current plan serves the Town well (financially) and the employees.

As you may recall, last year we changed the Town's offering from Plan 2 to Plan 3 as offered by the Florida League of Cities. This change resulted in a savings to the Town of approximately \$30,000.00. To ease the burden of the change in co-pays, deductibles, and out of pocket costs between plans, we self-funded the additional out of pocket costs (the employees have been very appreciative). To date, we have reimbursed employees approximately \$2,800.00. Netting the Town a savings of \$28,000.00.

For the coming year, I recommend that the Town's comprehensive group health insurance be awarded to the Florida League of Cities Florida Municipal Insurance Trust (FMIT) as the agent of record. Because of the competitive nature of the FMIT's renewal, the Town finds staying with its current agent and carrier the most fiscally prudent course of action to take. I am also recommending the Town continue to cover all employee out of pocket costs in excess of that between Plan 2 as found in the attached.

The renewal premium in comparison to the Town's current premium has decreased by 2.8% from \$55,121.44 to \$53,578.04.

This coming year we are able to offer a "Buy-Up" option; Plan 1 (Cadillac Plan) at no additional cost to the Town. For employees that elect to choose Plan 1, the Town will only cover the cost for Plan 3 and the employees will have to pay the difference in the increase in cost. In addition, the Town will not cover out of pocket costs, because they will already be covered in the Plan.

Fiscal Impact:

Because we have not completed our Open Enrollment, it is difficult to provide an exact cost.

Florida Municipal Insurance Trust
Town of Golden Beach

Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2017 -		
		9/30/2018	Monthly Premium	Annual Premium
Single	31	\$841.87	\$26,097.97	\$313,175.64
EE + Spouse	6	\$1,810.02	\$10,860.12	\$130,321.44
EE + Children	11	\$1,557.46	\$17,132.06	\$205,584.72
Family	3	\$2,525.61	\$7,576.83	\$90,921.96
Total	51		\$61,666.98	\$740,003.76

Renewal Rates - UnitedHealthcare Choice Plus Plan 1				
Contract Type	Enrollment	10/1/2018 -		
		9/30/2019	Monthly Premium	Annual Premium
Single	31	\$889.55	\$27,576.05	\$330,912.60
EE + Spouse	6	\$1,912.53	\$11,475.18	\$137,702.16
EE + Children	11	\$1,645.67	\$18,102.37	\$217,228.44
Family	3	\$2,668.65	\$8,005.95	\$96,071.40
Total	51		\$65,159.55	\$781,914.60

Percent Change	5.66%
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Medicare Exchange Available	
Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150

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

Current Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2017 -		
		9/30/2018	Monthly Premium	Annual Premium
Single	31	\$841.87	\$26,097.97	\$313,175.64
EE + Spouse	6	\$1,810.02	\$10,860.12	\$130,321.44
EE + Children	11	\$1,557.46	\$17,132.06	\$205,584.72
Family	3	\$2,525.61	\$7,576.83	\$90,921.96
Total	51		\$61,666.98	\$740,003.76

Renewal Rates - UnitedHealthcare Choice Plus Plan 2				
Contract Type	Enrollment	10/1/2018 -		
		9/30/2019	Monthly Premium	Annual Premium
Single	31	\$853.07	\$26,445.17	\$317,342.04
EE + Spouse	6	\$1,834.10	\$11,004.60	\$132,055.20
EE + Children	11	\$1,578.18	\$17,359.98	\$208,319.76
Family	3	\$2,559.21	\$7,677.63	\$92,131.56
Total	51		\$62,487.38	\$749,848.56

Percent Change	1.33%
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Medicare Exchange Available	
Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150

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

Current Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2017 -		
		9/30/2018	Monthly Premium	Annual Premium
Single	31	\$841.87	\$26,097.97	\$313,175.64
EE + Spouse	6	\$1,810.02	\$10,860.12	\$130,321.44
EE + Children	11	\$1,557.46	\$17,132.06	\$205,584.72
Family	3	\$2,525.61	\$7,576.83	\$90,921.96
Total	51		\$61,666.98	\$740,003.76

Renewal Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2018 -		
		9/30/2019	Monthly Premium	Annual Premium
Single	31	\$818.31	\$25,367.61	\$304,411.32
EE + Spouse	6	\$1,759.37	\$10,556.22	\$126,674.64
EE + Children	11	\$1,513.87	\$16,652.57	\$199,830.84
Family	3	\$2,454.93	\$7,364.79	\$88,377.48
Total	51		\$59,941.19	\$719,294.28

Percent Change	-2.80%
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Medicare Exchange Available	
Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150

Health Plans offered by the Florida League of Cities

In Network Benefits	ASO Choice Plus 3	ASO Choice Plus 2	ASO Choice Plus 1	ASO Choice Plus 4	ASO Choice 10	ASO Choice Plus 14	ASO Choice Plus 6	ASO Choice Plus 6	HSA Choice Plus 5 (Family)	HSA Choice Plus 5 (Single)
Calendar Year Deductible (CYD) Individual/Family	\$500 / \$1,000	\$250/ \$500	\$250/\$500	\$500/\$1,000	\$2,500/\$5,000	\$1,000/ \$2,000	\$2,500/ \$5,000	\$2,600/ \$5,000	\$2,700/ \$2,700	\$1,350/\$2,700
Coinsurance	90% (after deductible)	90% (after deductible)	100% (after deductible)	80% (after deductible)	80% (after deductible)	80% (after deductible)	80% (after deductible)	80% (after deductible)	10% Coinsurance	10% Coinsurance
Annual Out-of-Pocket Maximum Individual/Family	\$2,500 / \$5,000	\$2,500/ \$5,000	\$2,000/ \$4,000	\$3000/ \$6,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$3,750/ \$7,500	\$3,750/\$7,500
Referrals									Not Required	Not Required
Primary Care Office Visit	\$20	\$15	\$15	\$25	\$20	\$25	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Specialist Office Visit	\$40	\$30	\$30	\$50	\$80	\$50	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No Charge	No Charge	No Charge
Routine Lab / X-ray	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No Charge	10% Coinsurance	10% Coinsurance
Advanced Imaging	90% After deductible has been met	\$100 Copayment	\$100 Copayment	80% After deductible has been met	80% After deductible has been met	80% After deductible has been met	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Urgent Care	\$50	\$50	\$50	\$50	\$80	\$35	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Emergency Room	\$150	\$125	\$125	\$150	\$250	\$200	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Outpatient Hospital Facility	90% after deductible has been met	\$100 Copayment	\$100 Copayment	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance
Inpatient Hospital	90% after deductible has been met	90% after deductible has been met	100% after deductible has been met	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	80% after deductible has been met	10% Coinsurance	10% Coinsurance

Non-Network	ASO Choice Plus 3	ASO Choice Plus 2	ASO Choice Plus 1	ASO Choice Plus 4	ASO Choice 10	ASO Choice Plus 14	ASO Choice Plus 6	ASO Choice Plus 6	HSA Choice Plus 5 (Family)	HSA Choice Plus 5 (Single)
Calendar Year Deductible (CYD) Individual/Family	\$1,000/ \$2,000	\$500/ \$1,000	\$500/ \$1,000	\$1,000/ \$2,000	Not Offered	\$1,000/ \$2,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	70%	70%	70%	70%	Not Offered	70%	70%	70%	10%	10%
Annual Out-of-Pocket Maximum Individual/Family	\$5,000/ \$10,000	\$5,000/ \$10,000	\$4,000/ \$8,000	\$6,000/ \$12,000	Not Offered	\$6,000/ \$12,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$7,500/\$15,000	\$7,500/\$15,000
Employee	\$818.31	\$853.07	\$889.55	\$791.86						
Employee + Spouse	\$1,759.37	\$1,834.10	\$1,912.53	\$1,702.50						
Employee + Child(ren)	\$1,513.87	\$1,578.18	\$1,645.67	\$1,464.94						
Employee + Family	\$2,454.93	\$2,559.21	\$2,668.65	\$2,375.58						

Health Plan Benefit Benchmark - PPO/POS

	BAL HARBOUR	TOWN OF BAY HARBOR	CITY OF AVENTURA	SUNNY ISLES	TOWN OF SURFSIDE	MIAMI SHORES VILLAGE	MIAMI SHORES VILLAGE	TOWN OF GOLDEN BEACH
In Network Benefits	Florida Blue Blue Options PPO 03748	Florida Blue Blue Options PPO 03769	United Health Care Choice Plus POS AQQH	United Health Care Choice Plus POS AQO6 MOD	AetnaHNOption 2000 80/50 HSA T*	Humana Medical Plan POS FL LG MPOS14M	Humana Health Ins. PPO FL LG PPO08-Sep	United Health Care POS
Calendar Year Deductible (CYD)Individual/Family	\$0	\$500 / \$1,500	\$0	\$250 / \$500	\$2,000 / \$4,000	\$0/\$0	\$500/ \$1,500	\$500 / \$1,000
Coinsurance	0%	20%	20%	0%	20%	30%	40%	90% (after deductible)
Annual Out-of-Pocket Maximum Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$6,850 / \$13,700	\$4,000 / \$6,550	\$1,500/\$3,000	\$5,000/\$15,000	\$2,500 / \$5,000
Referrals	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not Required
Primary Care Office Visit	\$10	\$25	\$15	\$15	20% after CYD	\$10	\$25	\$20
Specialist Office Visit	\$25	\$60	\$30	\$30	20% after CYD	100%	\$25	\$40
Preventive Care	No charge	No charge	No charge	No charge	No charge	No Charge	No Charge	No Charge
Routine Lab / X-ray	\$0 / Independent Facility \$50	\$0 / Independent Facility \$50	\$0	No charge	20% after CYD	No Charge	No Charge After Deductible	No charge
Advanced Imaging	\$125	CYD + 20%	20%	\$150	20% after CYD	No Charge	20% Coinsurance	90% After deductible has been met
Urgent Care	\$30	\$65	\$100	\$30	20% after CYD	\$25	\$25	\$50
Emergency Room	\$100 (waived if admitted) + \$10 phys. Fee	\$300	\$350	\$500	20% after CYD	\$50 copay	\$100 copay	\$150
Outpatient Hospital Facility	Independent: \$50 + \$25 phys. Fee Hospital Opt. 1: \$150 + \$10 phys. Fee Hospital Opt. 2: \$250 + \$60 phys. Fee	Facility Fee : CYD + 20% Phys. Fee Independent: \$60Phys. Fee Hospital: \$100	20%	CYD only	20% after CYD	Facility Fee: 100% Phys. Fee: No Charge	Facility Fee: 20% coinsurance Phys. Fee: 20% coinsurance	90% after deductible has been met
Inpatient Hospital	Opt. 1 \$250 + \$10 phys. Fee Opt. 2 (out of state) \$50 + \$10 phys. Fee	Facility fee: CYD + 20%Phys. Fee \$100	20%	\$250 after CYD	20% after CYD	Facility Fee: \$200 Phys. Fee: No Charge	Facility Fee: 20% coinsurance Phys. Fee: 20% coinsurance	90% after deductible has been met
Prescription Drugs – Retail Generic / Tier 1Preferred Brand / Tier 2Non-Preferred Brand / Tier 3Specialty	\$10 \$30 \$50 \$10/\$30/\$50	\$10\$50\$80\$10/\$50/\$80	\$7\$25\$40\$7/\$25/\$40	\$7 \$25 \$40 \$7/\$25/\$40	Deductible then; \$3 - \$10 \$40 \$65 Preferred Spec. 30% to \$300 Non Preferred Spec. 50% to \$500	\$10/ \$20/ \$40/ 25%	\$10/ \$25/ \$45/ 25%	\$10\$35\$60

Prescription Drugs - Mail Order Generic / Tier 1 Preferred Brand / Tier 2 Non-Preferred Brand / Tier 3 Specialty	\$25 \$75 \$125 n/a	\$25 \$125 \$200 n/a	\$17.50 \$62.50 \$100 n/a	\$17.50 \$62.50 \$100 n/a	Deductible then, \$6 - \$20 \$80 \$130 n/a	\$25/\$50/\$100/ 25%	\$25/ \$62.50/ \$112.50/ 25%	\$25/\$87.50/\$150
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Out of Network Benefits

Calendar Year Deductible (CYD) Individual/Family	\$500 / \$1,500	\$1,500 / \$4,500	\$400 / \$1,000	\$1,000 / \$2,000	\$4000 / \$8000	\$400/\$800	\$1,500/ \$4,500	\$1,000/ \$2,000
Coinsurance	40%	50%	40%	40%	50%	30%	40%	70%
Annual Out-of-Pocket Maximum Individual/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$13,700 / \$27,400	\$12,000 / \$24,000	\$2,500/\$5,000	\$15,000/ \$45,000	\$5,000/ \$10,000

Monthly Premium

Employee	\$876.52	\$632.23	\$836.61	\$764.45	\$497.00			\$841.87
Employee + Spouse	\$2,086.12	\$1,504.70	\$1,690.67	\$1,605.33	\$1,191.00			\$1810.02
Employee + Child(ren)	\$1,612.80	\$1,163.30	\$1,575.81	\$1,452.46	\$1,008.00			\$155.46
Employee + Family	\$2,734.74	\$1,972.56	\$2,383.90	\$2,293.36	\$1,573.00			\$2525.61

Municipalities Included in Benchmark Results:

Bal Harbour Village - Two fully insured medical plans: Florida Blue BlueCare HMO and BlueOptions PPO. Coverage date is 10/1/17

Town of Bay Harbor Village- Two fully insured medical plans: Florida Blue BlueCare HMO and BlueOptions PPO. Coverage date is 1/1/17

City of Aventura - One fully insured medical plan. UnitedHealthcare Choice Plus POS. Coverage date is 9/1/17

Sunny Isles Beach - Two fully insured medical plans; UnitedHealthcare Choice EPO and Choice Plus POS. Coverage date is 3/1/18

Town of Surfside - Two fully insured medical plans: Aetna HNOOnly and HNOOption with HSA. Coverage date is 10/1/17

Data provided by each entity above with the exception of Bal Harbour and City of Aventura

Prepared by The Rhodes Insurance Group

5/7/2018