

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2561.18

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.

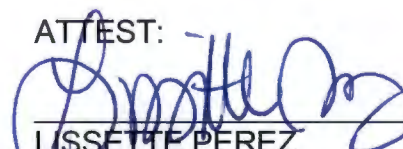
Sponsored by the **Town Administration.**

The Motion to adopt the foregoing resolution was offered by Councilmember Rojas, seconded by Councilmember Lusskin, 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-Rojas | <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, 
Town Manager

Subject: **Resolution No. 2561.18 – Renewing the agreements for Dental Insurance and Vision Coverage to Guardian Insurance and Humana with Sapoznik Insurance as the agent of record**

Item Number:

10

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2561.18 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 both the dental insurance and the vision coverage.

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

Vision (Humana Vision 130) a rate pass, no increase from last fiscal year.

Fiscal Impact:

No rate increase from what the Town's current monthly rates are for both dental and vision.

Humana

1100 Employers Blvd
Green Bay, WI 54344
www.humana.com
1-800-327-9728

July 27, 2017

THE TOWN OF GOLDEN BEACH
ATTN: MARIA CAMACHO
1 GOLDEN BEACH DR
GOLDEN BEACH FL 33160

OFFICE OF THE
TOWN CLERK
AUG 07 2017
RECEIVED

Dear Group Benefits Administrator:

Thank you for allowing Humana the opportunity to provide our vision plan as part of your employee benefits package. It is our pleasure to provide you with the details of your new vision plan effective October 1, 2017. Our goal is to ensure that you experience the highest quality service and benefits.

Your new rates for the next benefit period are as follows:

Effective Date and Rate Guarantee Period: October 1, 2017 - September 30, 2019

| | Current Plan (Discontinued*) | New Plan |
|------------------------------|------------------------------|----------------------------|
| Plan Name: | VCP468 | Humana Vision 130 |
| Exam Copay (In): | \$10 | \$10 |
| Materials Copay (In): | \$15 | \$15 |
| Frame Allowance (In): | \$45 | \$130 |
| Contact Lens Allowance (In): | \$105 | \$130 |
| Frequency (In): | Exams/Lens/Frames:12/12/24 | Exams/Lens/Frames:12/12/24 |
| | Current Monthly Rates | New Monthly Rates |
| Employee Only: | \$4.86 | \$4.38 |
| Employee & Spouse: | \$9.68 | \$8.75 |
| Employee & Child(ren): | \$9.20 | \$8.31 |
| Employee & Family: | \$14.40 | \$13.07 |

*You should have received a letter from Humana notifying you that your current plan is being discontinued.

Please feel free to contact either our office or your agent should you have any questions. We appreciate your business.

Sincerely,

Your Humana Sales Team

<cc> <Agent>



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

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

**RENEWAL PERIOD
October 1, 2018 - September 30, 2019**



LIFE | DENTAL | VISION | DISABILITY | ABSENCE | SUPPLEMENTAL HEALTH | STOP LOSS | ASO

GuardianAnytime.com

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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 |



LIFE | DENTAL | VISION | DISABILITY | ABSENCE | SUPPLEMENTAL HEALTH | STOP LOSS | ASO



College Tuition Benefit Rewards Statement

As of 06/15/2018

Plan Number: 00429802

Plan Name: TOWN OF GOLDEN BEACH

CTB Effective Date: September 16, 2015

Current Lines of Coverage with CTB: Dental

Total Accumulated Rewards For All Lines of Coverage: \$188,000

Dear Guardian Planholder,

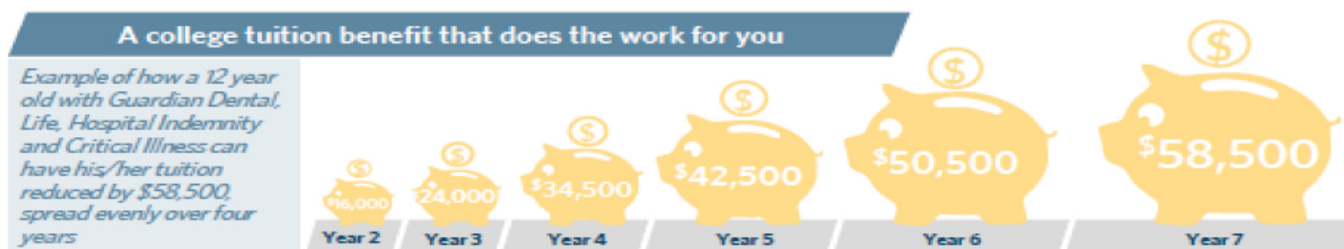
Thank you for being a valued Guardian customer. This statement provides a snapshot of the total College Tuition Benefit points earned by your employees enrolled in one or more of the coverages listed above.

To make sure points are properly credited, members can visit: www.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. The example below demonstrates how College Tuition Benefit works. One Tuition Reward = \$1 in tuition reduction. Please send any questions via email to admin@collegetuitionbenefit.com.



See how Guardian plan participants can earn even more rewards to help them save with multiple Guardian products:

| Guardian Insurance Product | Sign-up Bonus | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | TOTAL |
|----------------------------------|-----------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|-----------------|
| Dental | \$500 per child | \$2,000 | \$2,000 | \$2,000 | \$4,500* | \$2,000 | \$2,000 | \$2,000 | \$16,500 |
| *Year 4 = Bonus year with dental | | | | | | | | | |
| Life | | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$14,000 |
| Hospital Indemnity | | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$14,000 |
| Critical Illness | | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$14,000 |
| TOTAL | \$500 | \$8,000 | \$8,000 | \$8,000 | \$10,500 | \$8,000 | \$8,000 | \$8,000 | \$58,500 |

Visit <https://guardian.collegetuitionbenefit.com/> for more information

Sincerely,

The Guardian Life Insurance Company of America

College Tuition Benefit is a tuition reduction program for a network of over 380 colleges and universities. 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 College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. The College Tuition Benefit is not an insurance benefit and may not be available in all states. #2017-44972 (exp. 8/19).

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

| DENTAL PLAN RATES - VALUE O1 | | | | | |
|------------------------------|--------------------|--------------|-----------------|--------------|-----------------|
| CURRENT | | | | RENEWAL | |
| Tier | Enrolled Employees | Monthly Rate | Annual Premium | Monthly Rate | Annual Premium |
| EE | 27 | \$47.41 | \$15,361 | \$47.41 | \$15,361 |
| EE & SP | 9 | \$104.95 | \$11,335 | \$104.95 | \$11,335 |
| EE & CH | 8 | \$134.29 | \$12,892 | \$134.29 | \$12,892 |
| FAMILY | 7 | \$179.70 | \$15,095 | \$179.70 | \$15,095 |
| TOTAL | 51 | | \$54,682 | | \$54,682 |

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 | \$1,500 | \$1,500 |
| Orthodontia | Included | |
| Lifetime Maximum | \$1,000 | |
| Coinsurance | 50% | |
| Maximum Rollover | | |
| Threshold | | \$700 |
| Rollover Amount | | \$350 |
| In-network only rollover | | \$500 |
| Max Rollover Limit | | \$1,250 |
| Dependent Age Limit | | 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: 12/31/2018

| ROLLOVER ACCOUNT SIZE | NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS | TOTAL ACCOUNT VALUE |
|-----------------------|---|---------------------|
| \$0 | 24 | \$0.00 |
| \$1 - \$250 | 0 | \$0.00 |
| \$251 - \$500 | 21 | \$9,561.20 |
| \$501 - \$750 | 2 | \$1,316.00 |
| \$751 - \$1,000 | 7 | \$6,426.40 |
| Over \$1,000 | 29 | \$35,725.80 |
| TOTAL | 59 | \$53,029.40 |

11 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 12/31/2018 are applied to the members Maximum Rollover Account for use starting the next benefit year.