

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2892.23

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDED AN AGREEMENT FOR THE PROVISION OF A COMPREHENSIVE HEALTH INSURANCE PLAN, INCLUDING A VISION PROVISION AND A DENTAL PLAN, FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR CONDITION OF AWARD; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICT; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town wishes to award its comprehensive health insurance program provided to its employees including vision and dental coverage; and

WHEREAS, the Administration wishes to designate Sapoznik Insurance as Agent of Record for comprehensive health insurance, including vision and dental coverage; and

WHEREAS, the Town received proposals from two different firms; and

WHEREAS, the firms presented their recommendations for the most competitive and responsible offerings available to the employees of the Town; and

WHEREAS, Sapoznik Insurance presented the most competitive and responsible proposal from FloridaBlue BlueCare (the "PLAN"), with a Transamerica Life GAP Plan and a Health Reimbursement Account, in an amount not to exceed \$1800 per member; and

WHEREAS, the Town would like to also offer a buy up option to a higher tier plan (FloridaBlue Blue Options) at the employee's own expense, causing no additional cost to the Town; and

WHEREAS, the Town Council finds that entering into an Agreement for service is in the best interest of the Town; and

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 renew a Contract with Sapoznik Insurance, a World Company, as described and set forth in the Agenda Item Report attached hereto and incorporated herein, 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 Lusskin, seconded by Vice Mayor Bernstein

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

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida, this 22nd day of August, 2023.



MAYOR GLENN SINGER

ATTEST:



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 22, 2023

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manager

Item Number:

13

Subject: Resolution No. 2892.23- A Resolution Awarding Comprehensive Health Insurance, Dental Insurance, and Vision Coverage to FloridaBlue, Guardian Insurance and Mutual of Omaha with Sapoznik Insurance as the agent of record

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2892.23 as presented.

Background:

I recommend that Sapoznik Insurance continue to be the agent of record for comprehensive group health insurance, vision coverage, and dental coverage. The resolution renews the following: comprehensive health insurance to FloridaBlue, dental coverage to Guardian Insurance, and vision coverage to Mutual of Omaha.

Sapoznik has worked with the Town for over 16 years and provided a proposal that meets the coverage needs of the employees while being financially prudent.

Our original renewal for our existing plan design came in at a 38% increase, however in working with our broker and FloridaBlue, we were able to bring that number down to 18%, which although high is much lower than what the Florida League of Cities quoted us at, with a considerable 40-48% increase (see attached documents). Some of the factors behind the 38% renewal rate was the hospitalization rate of our members, procedures and other factors. If you wish to know more about what these factors are, please meet with me privately.

Attached to this item is our original plan renewal as well as an Alternative #1 option, which I am currently reviewing. At the Council Meeting I will make my recommendation as to which of the two options we should offer to our members.

The Town will once again incorporate the TransAmerica Life GAP Insurance plan as a secondary insurance plan for employees to cover the out-of-pocket max and deductibles.

I am also recommending the Town continue to offer the Health Reimbursement Account, but have not determined what that amount will be for (the amount will not exceed \$1,800.00).

The Town will keep its current dental and vision plan offerings through Guardian Insurance and Mutual of Omaha's EyeMed Network. The Town received a rate pass for this year on both.

Fiscal Impact:

Because we have not held open enrollment, it is too early to know the exact impact, but know that in the fiscal year 2023-2024 budget sufficient revenues have been allocated for this purpose.

There will be no increase to the current rates for the dental and vision coverages.

Town of Golden Beach

Effective Date: 10/1/2023

	Current		Negotiated		Alternates Opt 1	
Plan Nickname	1	2	1	2	1	2
Carrier	Florida Blue BlueCare HMO 54	Florida Blue BlueOptions PPO 05770	Florida Blue BlueCare HMO 54	Florida Blue BlueOptions PPO 05770	Florida Blue BlueCare HMO 54	NEW LOW PPO Florida Blue BlueOptions PPO 05302
Plan Name	HMO Fully Insured BlueCare	PPO Fully Insured BlueOptions	HMO Fully Insured BlueCare	PPO Fully Insured BlueOptions	HMO Fully Insured BlueCare	PPO Fully Insured BlueOptions
Funding Type	No	No	No	No	No	No
Network						
Referrals Required						
In Network						
Deductible: Single	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000
Deductible: Family	\$10,000	\$3,000	\$10,000	\$3,000	\$10,000	\$3,000
Co-Insurance	70%	80%	70%	80%	70%	80%
Out-of-Pocket Limit: Single	\$6,350	\$3,500	\$6,350	\$3,500	\$6,350	\$3,500
Out-of-Pocket Limit: Family	\$12,700	\$7,000	\$12,700	\$7,000	\$12,700	\$7,000
Inpatient Facility	Ded+70%	Ded+80%	Ded+70%	Ded+80%	Ded+70%	Ded+80%
Outpatient Surgery	Ded+70%	ASC: \$150 Hosp: Ded+80%	Ded+70%	ASC: \$150 Hosp: Ded+80%	Ded+70%	ASC: \$150 Hosp: Ded+80%
Copays						
PCP	\$40	\$25	\$40	\$25	\$40	\$25
Specialist	\$65	\$45	\$65	\$45	\$65	\$45
Urgent Care	\$85	\$50	\$85	\$50	\$85	\$50
ER	\$300	\$200	\$300	\$200	\$300	\$200
Other Services						
Diagnostic Lab / X-Ray	Lab: \$0 / X-Ray: \$65	Lab: \$0 / X-Ray: \$50	Lab: \$0 / X-Ray: \$65	Lab: \$0 / X-Ray: \$50	Lab: \$0 / X-Ray: \$65	Lab: \$0 / X-Ray: \$50
MRI & CT Scan	\$200	\$200	\$200	\$200	\$200	\$200
Prescription Drugs						
Rx Tiers	\$10/\$50/\$80	\$10/\$50/\$80	\$10/\$50/\$80	\$10/\$50/\$80	\$10/\$50/\$80	\$10/\$50/\$80
Out of Network						
Deductible: Single	Not Covered	\$3,000	Not Covered	\$3,000	Not Covered	\$3,000
Deductible: Family	Not Covered	\$6,000	Not Covered	\$6,000	Not Covered	\$6,000
Co-Insurance	Not Covered	50%	Not Covered	50%	Not Covered	50%
Out-of-Pocket Limit: Single	Not Covered	\$7,000	Not Covered	\$7,000	Not Covered	\$7,000
Out-of-Pocket Limit: Family	Not Covered	\$14,000	Not Covered	\$14,000	Not Covered	\$14,000
Inpatient Facility	Not Covered	\$3,500 Per Admit	Not Covered	\$3,500 Per Admit	Not Covered	\$3,500 Per Admit
Outpatient Surgery	Not Covered	Ded+50%	Not Covered	Ded+50%	Not Covered	Ded+50%
Enrollment	46	14	46	14	46	14
Employee Only	32	8	32	8	32	8
Employee + Spouse	4	1	4	1	4	1
Employee + Child(ren)	8	2	8	2	8	2
Family	2	3	2	3	2	3
Monthly Premiums						
Employee Only	\$633.76	\$811.86	\$760.37	\$941.03	\$760.37	\$941.03
Employee + Spouse	\$1,444.97	\$1,851.05	\$1,733.63	\$2,145.56	\$1,733.63	\$2,145.56
Employee + Child(ren)	\$1,267.52	\$1,623.73	\$1,520.73	\$1,882.07	\$1,520.73	\$1,882.07
Family	\$2,028.03	\$2,597.97	\$2,433.18	\$3,011.31	\$2,433.18	\$3,011.31
Monthly Premium Per Plan	\$40,256.42	\$19,387.30	\$48,298.56	\$22,471.87	\$41,862.90	\$22,471.87
Change From Current	---	---	\$8,042.14 (19.98%)	\$3,084.57 (15.91%)	\$1,606.48 (3.99%)	\$3,084.57 (15.91%)
Monthly Premium Per Option	---	---	\$70,770.43	\$70,770.43	\$64,334.77	\$64,334.77
Change From Current	---	---	\$11,126.71 (18.66%)	\$11,126.71 (18.66%)	\$4,691.05 (7.87%)	\$4,691.05 (7.87%)

Quotes are based on the census received. Rates could be adjusted based on final enrollment. This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary. Information provided is proprietary. It may not be copied, emulated or distributed without express permission.

GAP

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com



Town of Golden Beach

Effective Date: 10/1/2023	Current	Renewal
Plan Nickname	1	1
Carrier	TransAmerica	TransAmerica
Plan Name	Inpatient: Up to \$6000 Outpatient: Up to \$6000 w/o Riders (TC3 1FL)	Inpatient: Up to \$6000 Outpatient: Up to \$6000 w/o Riders (TC3 1FL)
Contribution	EE 100% / Dep 50%	EE 100% / Dep 50%
Monthly Premiums		
Employee	\$78.06	\$78.06
Employee/Spouse	\$157.60	\$157.60
Employee/Child(ren)	\$133.74	\$133.74
Employee/Family	\$237.39	\$237.39
Monthly Premium Per Plan	\$4,483.60	\$4,483.60
Change From Current	---	\$0.00 (0.00%)

Effective Date: 10/1/2023	Current	Renewal
Plan Nickname	2	2
Carrier	TransAmerica	TransAmerica
Plan Name	Inpatient: Up to \$3000 Outpatient: Up to \$3000 w/o Riders (TC3 1FL)	Inpatient: Up to \$3000 Outpatient: Up to \$3000 w/o Riders (TC3 1FL)
Contribution	EE 100% / Dep 50%	EE 100% / Dep 50%
Monthly Premiums		
Employee	\$44.71	\$44.71
Employee/Spouse	\$95.77	\$95.77
Employee/Child(ren)	\$73.36	\$73.36
Employee/Family	\$127.07	\$127.07
Monthly Premium Per Plan	\$981.38	\$981.38
Change From Current	---	\$0.00 (0.00%)
Total Monthly Premium	\$5,464.98	\$5,464.98
Total Monthly Premium	---	\$0.00 (0.00%)
Change From Current	---	\$0.00 (0.00%)

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DENTAL



Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

Town of Golden Beach

Effective Date: 10/1/2023	Current	Renewal
Plan Nickname	1	1
Carrier	Guardian	Guardian
Plan Name	PPO 02	PPO 02
Rate Guarantee	---	Next Renewal 2024
In Network		
Deductible: Single	\$25	\$25
Deductible: Family	\$75	\$75
Preventative / Basic / Major	100%/100%/60%	100%/100%/60%
Annual Maximum	\$2,000	\$2,000
Endodontic Oral Surgery	Basic	Basic
Periodontic Oral Surgery	Basic	Basic
Ortho Coinsurance	50% (Adult & Child)	50% (Adult & Child)
Ortho Lifetime Max	\$1,500	\$1,500
Cleanings	Once Every 3 Months	Once Every 3 Months
Out of Network		
Out of Network Reimbursement	MAC	MAC
Deductible: Single	\$50	\$50
Deductible: Family	\$150	\$150
Preventative / Basic / Major	100%/80%/50%	100%/80%/50%
Enrollment	58	58
Employee Only	35	35
Employee + Spouse	6	6
Employee + Child(ren)	8	8
Family	9	9
Monthly Premiums		
Employee Only	\$46.94	\$46.94
Employee + Spouse	\$103.90	\$103.90
Employee + Child(ren)	\$132.95	\$132.95
Family	\$177.90	\$177.90
Monthly Premium Per Plan	\$4,931.00	\$4,931.00
Change From Current	---	\$0.00 (0.00%)

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VISION



Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

Town of Golden Beach

Effective Date: 10/1/2023	Current	Renewal
Plan Nickname	1 Mutual of Omaha Vision Eyemed Network	1 Mutual of Omaha Vision EyeMed's Insight Next Renewal 2025
Carrier	Mutual of Omaha Vision	Mutual of Omaha Vision
Plan Name	--- Eyemed Network	EyeMed's Insight
Network	---	Next Renewal 2025
Rate Guarantee	---	---
Participation Requirements	Greater of 10 enrolled EE's or 100%	Greater of 10 enrolled employees or 100%
In Network		
Exams Copay	\$10	\$10
Exams Frequency	Once Every 12 Months	Once every 12 months
Lenses Copay	\$20	\$20
Lenses Frequency	Once Every 12 Months	Once every 12 months
Frames Allowance	Up to \$130	Up to \$130
Frames Frequency	Once Every 24 Months	Once every 24 months
Contact Lenses Allowance	Up to \$130	Up to \$130
Contact Lenses Frequency	Once Every 12 Months	Once every 12 months
Out of Network		
Exams Copay	Up to \$37	Up to \$37
Lenses Copay	Up to \$24	Up to \$24
Frames Allowance	Up to \$58	Up to \$58
Contact Lenses Allowance	Up to \$104	Up to \$104
Enrollment	59	59
Employee Only	36	36
Employee + Spouse	6	6
Employee + Child(ren)	9	9
Family	8	8
Monthly Premiums		
Employee Only	\$4.59	\$4.59
Employee + Spouse	\$9.19	\$9.19
Employee + Child(ren)	\$8.73	\$8.73
Family	\$13.72	\$13.72
Monthly Premium Per Plan	\$408.71	\$408.71
Change From Current	---	\$0.00 (0.00%)

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