

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2962.24

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 Riemer Insurance as Agent of Record for comprehensive health insurance, including vision and dental coverage; and

WHEREAS, the Town reached out to three different firms and received proposals from two of those firms, with the third firm denying to quote the Town; and

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

WHEREAS, Riemer Insurance presented the most competitive and responsible proposal from United Healthcare (the "PLAN"), with a TransAmerica Life GAP Plan and a Health Reimbursement Account, in an amount not to exceed \$2,000 per member; and

WHEREAS, the Town would like to also offer a two buy up options to higher tier plans 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 accept a Contract with Riemer Insurance, 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 Mendal, seconded by Councilmember Lusskin

Mayor Glenn Singer	<u>Aye</u>
Vice Mayor Bernard Einstein	<u>Aye</u>
Councilmember Kenneth Bernstein	<u>Absent</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 27th day of August, 2024.



MAYOR GLENN SINGER

ATTEST:



LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:



STEPHEN J. HELFMAN
TOWN ATTORNEY



TOWN OF GOLDEN BEACH

100 Ocean Boulevard
Golden Beach, FL 33160

MEMORANDUM

Date: August 27, 2024

Item Number:

To: Honorable Mayor Glenn Singer &
Town Council Members

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From: Alexander Diaz,
Town Manager

Subject: Resolution No. 2962.24 – A Resolution Awarding Comprehensive Health Insurance, Dental Insurance, and Vision Coverage to UnitedHealthcare, Ameritas Insurance Corp and EyeMed with Riemer Insurance Group, Inc. as the Agent of Record

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2962.24 as presented.

Background:

I recommend that Christine Nunzio, with the Riemer Insurance Group, Inc. be the agent of record for comprehensive group health insurance, vision coverage, and dental coverage. This resolution awards the following: comprehensive health insurance to UnitedHealthcare, dental coverage to Ameritas Insurance, and vision coverage to EyeMed.

Riemer has provided a proposal that meets the coverage needs of the employees while being financially prudent.

Our original renewal for our existing plan design with Florida Blue came in at a 40% increase. Some of the factors behind the 40% renewal rate were 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.

In going through the process of seeking out proposals for insurance options, the Town reached out to our current broker and two other firms. One firm, the Florida League of Cities declined to quote the Town, leaving Riemer Insurance and World Insurance (the Town's current broker) as the two firms that were tasked with providing the Town with

renewal options. The Town's Administration held over 20 meetings (both in-person and virtually) with both firms to work up a plan design that would meet the coverage needs of our employees while providing the most fiscally prudent options to the Town. Both firms were afforded the opportunity to make plan design revisions twice, for a total of three submittals from each firm respectively. In working with our current broker and FloridaBlue, we were able to bring that number down to 24%. In working with Riemer, we were able to attain a savings of over 10%, by switching to a new carrier. Although it is not ideal to switch carriers, my recommendation is to do so this year as it would be the most financially prudent thing to do for both the Town and the employees.

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 \$2,000.00).

The Town will also be switching its current dental offering from Guardian Insurance to Ameritas Insurance and switching the vision plan offering to go directly through the Eyemed Network as both of those methods provide savings (of almost 4% combined) and increases in offerings.

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 2024-2025 budget sufficient revenues have been allocated for this purpose. By switching carriers, the Town will see a combined savings of almost 15% in costs for our Health, Dental and Vision Offerings.

Town of Golden Beach
Effective Date: 10/1/2024

Medical	Current			Renewal			UnitedHealthcare		
	1	1	1	1	1	1	1	2	3
Plan #	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue	UHC	UHC	UHC
Carrier	BlueCare 71	BlueCare 54	BlueOptions 05770	BlueCare 71	BlueCare 54	BlueOptions 05770	NHP HMO OA DU1V Rx NH41	NHP HMO OA DZD2 Rx NH41	UHC Choice Plus DZD8 Rx A16
Plan Name	BlueCare 71	BlueCare 54	BlueOptions 05770	BlueCare 71	BlueCare 54	BlueOptions 05770	NHP HMO OA DU1V Rx NH41	NHP HMO OA DZD2 Rx NH41	UHC Choice Plus DZD8 Rx A16
In Network									
Deductible: Single	\$5,000	\$5,000	\$1,000	\$5,000	\$5,000	\$1,000	\$3,000	\$1,500	\$1,000
Deductible: Family	\$10,000	\$10,000	\$3,000	\$10,000	\$10,000	\$3,000	\$6,000	\$3,000	\$2,000
Member Co-Insurance	20%	30%	20%	20%	30%	20%	20%	10%	20%
Out of Pocket Max: Single	\$7,900	\$6,350	\$3,500	\$7,900	\$6,350	\$3,500	\$7,500	\$4,500	\$4,000
Out of Pocket Max: Family	\$15,800	\$12,700	\$7,000	\$15,800	\$12,700	\$7,000	\$15,000	\$9,000	\$8,000
Copays									
Physician	\$10	\$40	\$25	\$10	\$40	\$25	\$0	\$25	\$30
Specialist	\$100	\$65	\$45	\$100	\$65	\$45	\$100	\$45	\$60
Urgent Care	\$75	\$85	\$50	\$75	\$85	\$50	\$75	\$75	\$50
Emergency Room	\$250, Ded+20%	\$300	\$200	\$250, Ded+20%	\$300	\$200	\$500	\$350	\$350
Testing									
Clinical Labs	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$0	\$0 Non-DDP: 50%
MRI's, CT/PET Scans	Ded+20%	\$200	\$200	Ded+20%	\$200	\$200	Ded+\$400 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$750
Outpatient & Inpatient									
Outpatient Surgery	Ded+20%	Ded+30%	ASC: \$150 Hosp: Ded+20%	Ded+20%	Ded+30%	ASC: \$150 Hosp: Ded+20%	Ded+20%	Ded+10%	Ded+20%
Inpatient Hospital	Ded+20%	Ded+30%	Ded+20%	Ded+20%	Ded+30%	Ded+20%	Ded+20%	Ded+10%	Ded+20%
Pharmacy									
Prescription	\$10/\$50/\$80/20%	\$10/\$50/\$80	\$10/\$50/\$80	\$10/\$50/\$80/20%	\$10/\$50/\$80	\$10/\$50/\$80	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)
Out of Network									
Deductible: Single	Not Covered	Not Covered	\$3,000	Not Covered	Not Covered	\$3,000	Not Covered	Not Covered	\$2,000
Deductible: Family	Not Covered	Not Covered	\$6,000	Not Covered	Not Covered	\$6,000	Not Covered	Not Covered	\$4,000
Member Co-Insurance	Not Covered	Not Covered	50%	Not Covered	Not Covered	50%	Not Covered	Not Covered	40%
Out of Pocket Max: Single	Not Covered	Not Covered	\$7,000	Not Covered	Not Covered	\$7,000	Not Covered	Not Covered	\$6,000
Out of Pocket Max: Family	Not Covered	Not Covered	\$14,000	Not Covered	Not Covered	\$14,000	Not Covered	Not Covered	\$12,000
Enrollment	51	0	13	51	0	13	51	0	13
Employee	34	0	8	34	0	8	34	0	8
Employee/Spouse	6	0	1	6	0	1	6	0	1
Employee/Child(ren)	9	0	2	9	0	2	9	0	2
Family	2	0	2	2	0	2	2	0	2
Premium Breakdown							Included: 1 Month Premium Credit, Care Cash, \$300 Rewards, Vital Medications Program, EAP, Virtual Therapy, Behavioral Health Support Services, SelfCare from Able, Cancer Support Program, Real Appeal, Quit Tobacco.		
Employee	\$659.05	\$760.37	\$941.03	\$860.99		\$1,233.31	\$586.18	\$671.89	\$850.00
Employee/Spouse	\$1,502.64	\$1,733.63	\$2,145.56	\$1,963.05		\$2,811.95	\$1,336.49	\$1,531.91	\$1,938.00
Employee/Child(ren)	\$1,318.10	\$1,520.73	\$1,882.07	\$1,721.98		\$2,466.62	\$1,172.36	\$1,343.78	\$1,700.00
Family	\$2,108.97	\$2,433.18	\$3,011.31	\$2,755.16		\$3,946.60	\$1,875.78	\$2,150.05	\$2,720.00
Monthly Premium Per Plan	\$47,504.38	\$0.00	\$19,460.56	\$62,060.10	\$0.00	\$25,504.87	\$42,251.86	\$0.00	\$17,578.00
Premium Per Option		\$66,964.94			\$87,564.97			\$59,829.86	
Annual Premium Per Option		\$803,579.28			\$1,050,779.64			\$717,958.32	
This data is provided for illustrative purposes only. It is not intended to represent a binding obligation. Quotes are based on the census received. Rates could be adjusted based on final enrollment. Information provided by Riemer Insurance Group is proprietary. It may not be copied, emulated or distributed without express written permission.							Premium Credit	\$59,829.86	
							Annual After Credit	\$658,128.46	
							Change from Current	-\$145,450.82 (-18.1%)	

Town of Golden Beach

Effective Date: 10/1/2024

Gap	Current		Renewal	
	1	2	1	2
Plan #	TransAmerica		TransAmerica	
Carrier	TransAmerica		TransAmerica	
Plan Name	1FK \$3000 100% Transconnect	1FL \$6000 100% Transconnect	1FK \$3000 100% Transconnect	1FL \$6000 100% Transconnect
Benefits				
Inpatient Hospital	\$3,000	\$6,000	\$3,000	\$6,000
Outpatient	\$3,000	\$6,000	\$3,000	\$6,000
Additional Riders	N/A	N/A	N/A	N/A
Enrollment	14		14	
Employee	7	38	7	38
Employee/Spouse	2	4	2	4
Employee/Child(ren)	2	6	2	6
Family	3	2	3	2
Premium Breakdown				
Employee	\$44.71	\$78.06	\$44.71	\$78.06
Employee/Spouse	\$95.77	\$157.60	\$95.77	\$157.60
Employee/Child(ren)	\$73.36	\$133.74	\$73.36	\$133.74
Family	\$127.07	\$237.39	\$127.07	\$237.39
Monthly Premium Per Plan	\$1,032.44	\$4,873.90	\$1,032.44	\$4,873.90
Premium Per Option	\$5,906.34		\$5,906.34	
Annual Premium Per Option	\$70,876.08		\$70,876.08	

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Dental	Current		Renewal		Ameritas Life Insurance Corp	
Plan #	1		1		1	
Carrier	Guardian		Guardian		Ameritas Life Insurance Corp	
Plan Name	DPPO		DPPO		DPPO- Classic PPO Network	
Rate Guarantee	---		Next Renewal 2025		2 Year	
In Network	In Net	Out of Net	In Net	Out of Net	In Net	Out of Net
Deductible: Single	\$25	\$50	\$25	\$50	\$25	\$50
Deductible: Family	\$75	\$150	\$75	\$150	\$75	\$150
Preventive	0%	0%	0%	0%	0%	0%
Basic	0%	20%	0%	20%	0%	20%
Major	40%	50%	40%	50%	40%	50%
Periodontics / Endodontics	Basic		Basic		Basic	
Annual Maximum Benefit	\$2,000+ Rollover		\$2,000+ Rollover		\$2,000+ Dental Rewards (Rollover)	
Orthodontic	50%		50%		50%	
Orthodontic Eligibility	Adult & Child		Adult & Child		Adult & Child	
Orthodontic Maximum	\$1,500		\$1,500		\$1,500	
Reimbursement Level	Fee	Mac	Fee	Mac	Fee	Mac
Prophylaxis cleanings	Once Every 3 months Combined Cleanings/Perio Maintenance: 4 in a 12 consecutive months period		Once Every 3 months Combined Cleanings/Perio Maintenance: 4 in a 12 consecutive months period		4 per benefit period (Once Every 3 Month to the day) Perio Maintenance: NO frequency limitations	
Enrollment	64		64		64	
Employee	42		42		42	
Employee/Spouse	6		6		6	
Employee/Child(ren)	9		9		9	
Family	7		7		7	
Premium Breakdown					Dental Rewards, SoundCare, LASIK Advantage	
Employee	\$46.94		\$46.94		\$46.48	
Employee/Spouse	\$103.90		\$103.90		\$102.88	
Employee/Child(ren)	\$132.95		\$132.95		\$131.64	
Family	\$177.90		\$177.90		\$176.16	
Monthly Premium Per Plan	\$5,036.73		\$5,036.73		\$4,987.32	
Change from Current	---		\$0.00 (0.0%)		-\$49.41 (-1.0%)	
Premium Per Option	\$5,036.73		\$5,036.73		\$4,987.32	
Change from Current	---		\$0.00 (0.0%)		-\$49.41 (-1.0%)	
Annual Premium Per Option	\$60,440.76		\$60,440.76		\$59,847.84	
Change from Current	---		\$0.00 (0.0%)		-\$592.92 (-1.0%)	

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Vision	Current		EyeMed	
Plan #	1		1	
Carrier	Mutual Of Omaha		EyeMed	
Plan Name	EyeMed's Insight		Vision- Insight Network	
Rate Guarantee	Next Renewal 2025		4 Years	
Network Access	In Network Allowance	Out of Network Reimbursement	In Network Allowance	Out of Network Reimbursement
Eye Care Co-pays				
Exams	\$10	Up to \$37	+Provider: \$0 All Other: \$10	Up to \$40
Exams Frequency	Once Every 12 Months		Once Every 12 Months	
Material copay	\$20	N/A	\$20	N/A
Lenses				
Single	\$0 After Co-pay	Up to \$24	\$0 After Co-pay	Up to \$30
Bifocal	\$0 After Co-pay	Up to \$40	\$0 After Co-pay	Up to \$50
Trifocals	\$0 After Co-pay	Up to \$68	\$0 After Co-pay	Up to \$70
Lenticular	\$0 After Co-pay	Up to \$68	\$0 After Co-pay	Up to \$70
Lenses Frequency	Once Every 12 Months		Once Every 12 Months	
Frames				
Frames Allowance	Up to \$130 + 20% off Balance	Up to \$58	+Provider: Up to \$200 + 20% off Balance All Other: Up to \$150 + 20% off Balance	Up to \$75
Frames Frequency	Once Every 24 Months		Once Every 24 Months	
Contact Lenses	In lieu of any other eyewear benefits		In lieu of any other eyewear benefits	
Contact Lenses Allowance	Up to \$130	Up to \$104	+Provider: Up to \$200 All Other: Up to \$150	Up to \$75
Contact Lenses Frequency	Once Every 12 Months		Once Every 12 Months	
Enrollment:	64		64	
Employee	43		43	
Employee/Spouse	6		6	
Employee/Child(ren)	8		8	
Family	7		7	
Premium Breakdown	Under Rate Guarantee			
Employee	\$4.59		\$4.43	
Employee/Spouse	\$9.19		\$8.87	
Employee/Child(ren)	\$8.73		\$8.43	
Family	\$13.72		\$13.24	
Monthly Premium Per Plan	\$418.39		\$403.83	
Change from Current	---		-\$14.56 (-3.5%)	
Annual Premium Per Plan	\$5,020.68		\$4,845.96	
Change from Current	---		-\$174.72 (-3.5%)	

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