Effective Date: 10/1/2024

Vision	Cu	rrent				
Plan#		1				
Carrier	Mutual	Of Omaha				
Plan Name	EyeMed's Insight					
Rate Guarantee	Next Renewal 2025					
Network Access	In Network Allowance	Out of Network Reimbursment				
Eye Care Co-pays						
Exams	\$10	Up to \$37				
Exams Frequency	Once Ever	ry 12 Months				
Material copay	\$20	N/A				
Lenses						
Single	\$0 After Co-pay	Up to \$24				
Bifocal	\$0 After Co-pay	Up to \$40				
Trifocals	\$0 After Co-pay	Up to \$68				
Lenticular	\$0 After Co-pay	Up to \$68				
Lenses Frequency	Once Every 12 Months					
Frames	Since Eve	, , , , , , , , , , , , , , , , , , , ,				
Talles						
Frames Allowance	Up to \$130 + 20% off Balance	Up to \$58				
F	Open Eve	n. 24 Months				
Frames Frequency Contact Lenses	Once Every 24 Months In lieu of any other eyewear benefits					
Contact Lenses	in neu or any our	er eyewear benefits				
Contact Lenses Allowance	Up to \$130	Up to \$104				
Contact Lenses Frequency	Once Eve	ry 12 Months				
Enrollment:		64				
Employee		43				
Employee/Spouse		6				
Employee/Child(ren)	8					
Family		7				
Premium Breakdown	Under Rat	e Guarantee				
Employee	\$	4.59				
Employee/Spouse	\$9.19					
Employee/Child(ren)	\$8.73					
Family	\$13.72					
Monthly Premium Per Plan	\$4	18.39				
Change from Current						
Annual Premium Per Plan	\$5,0	020.68				
Change from Current						

Ev	eMed
ENLESS CONTROL OF THE PROPERTY OF	1
Ey	reMed
Vision- Ins	sight Network
4	Years
In Network	Out of Network
Allowance	Reimbursement
+Provider: \$0 All Other: \$10	Up to \$40
	ery 12 Months
\$20	N/A
\$0 After Co-pay	Up to \$30
\$0 After Co-pay	Up to \$50
\$0 After Co-pay	Up to \$70 Up to \$70
\$0 After Co-pay Once Eve	ery 12 Months
+Provider: Up to \$200 +	
20% off Balance	Up to \$75
All Other: Up to \$150 + 20% off Balance	
Once Eve	ery 24 Months
	ner eyewear benefits
+Provider:	
Up to \$200	Up to \$75
All Other: Up to \$150	
	ery 12 Months
	64
	43 6
	8
	7
THE REAL PROPERTY OF THE PARTY.	
	54.43
	58.87 58.43
	13.24
	103.83
	56 (-3.5%)
	845.96
-\$174.	72 (-3.5%)

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.

Effective Date: 10/1/2024

Dental	Cu	rrent	Rei	newal	Ameritas Life Insurance Corp			
Plan # 1 Carrier Guardian Plan Name DPPO Rate Guarantee		1 Guardian DPPO Next Renewal 2025		1 Ameritas Life Insurance Corp DPPO- Classic PPO Network 2 Year				
In Network	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	40% 50%			Basic		Basic		
Annual Maximum Benefit	\$2,000	+ Rollover	\$2,000+ Rollover		\$2,000+ Dental Rewards (Rollover)			
Orthodontic	\$2,000+ Rollover		50%		50%			
	50% Adult & Child		Adult & Child		Adult & Child			
Orthodontic Eligibility								
Orthodontic Maximum		\$1,500		\$1,500		,500		
Reimbursement Level	Fee	Mac	Fee	Mac	Fee	Mac		
Prophylaxis cleanings	Combined Cleanings/Pe	ery 3 months erio Maintenance: 4 in a 12 months period	Combined Cleanings/Pe	ery 3 months erio Maintenance: 4 in a 12 months period	(Once Every 3	nefit period Month to the day) IO frequency limitations		
Enrollment		64		64	64			
Employee		42	42		42			
Employee/Spouse	6 9		6 9		6 9			
Employee/Child(ren) Family		7	7		7			
Premium Breakdown			MI CONT		Dental Rewards, Soun	dCare, LASIK Advantage		
Employee	\$4	16.94	\$4	46.94	\$4	16.48		
Employee/Spouse	\$46.94 \$103.90		\$103.90		\$102.88			
Employee/Child(ren)	\$1	\$132.95		\$132.95		\$131.64		
Family	\$177.90		\$177.90		\$176.16			
Monthly Premium Per Plan	\$5,	036.73	\$5,	036.73	\$4,9	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 (0.0%)	-\$592.92 (-1.0%)			

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Effective Date: 10/1/2024

Gap	Cur	Renewal				
Plan #	1	2	1	2		
Carrier	TransAmerica	TransAmerica	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	STATE OF THE PARTY	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	\$237.39 \$127.07			
Monthly Premium Per Plan	\$1,032.44	\$4,873.90	\$1,032.44	\$4,873.90		
Premium Per Option	\$5,9	06.34	\$5,906.34			
Annual Premium Per Option	\$70,8	76.08	\$70,876.08			

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Effective Date: 10/1/2024

Medical Current			Renewal			U	nitedHealthca	re	
Plan #	1	1	1	1	1	1	1	2	3
Carrier	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue	UHC	UHC	UHC
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
n 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 10%	\$2,000
Member Co-Insurance	20%	30%	20%	20% \$7,900	30% \$6,350	20% \$3,500	20% \$7,500	\$4,500	20% \$4,000
Out of Pocket Max: Single	\$7,900 \$15,800	\$6,350 \$12,700	\$3,500 \$7,000	\$15,800	\$12,700	\$7,000	\$15,000	\$9,000	\$8,000
Out of Pocket Max: Family Copays	\$15,000	\$12,700	\$7,000	\$15,000	\$12,700	\$7,000	\$10,000	\$5,000	ψ0,000
Physician	\$10	\$40	\$25	\$10	\$40	\$25	\$0	\$25	\$30
Specialist	\$100	\$65	\$45	\$100	\$65	\$45	\$100	\$45	\$60
Jrgent 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-DPP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$75
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%
npatient 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 Not Covered	50% \$7,000	Not Covered Not Covered	Not Covered Not Covered	50% \$7,000	Not Covered Not Covered	Not Covered Not Covered	40% \$6,000
Out of Pocket Max: Single Out of Pocket Max: Family	Not Covered 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 Credit, Care (Program, EAP, Virtual	
Premium Breakdown								vices, SelfCare from A	
								m, Real Appeal, Quit T	
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				\$1,050,779.64			\$717,958.32		
This data is provided for Illustrati	ive purposes only. It is n	not intended to repre	sent a binding obligation.	Quotes are based on t	he census received.	Rates could be	Premium Credit		\$59,829.86
			ce Group is proprietary. It				Annual After Credit		\$658,128.46

Page 2 of 2 MEMO RESO No. 2962.24 Health, Dental and Vision Insurance Coverage Proposals

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

100 Ocean Boulevard Golden Beach, FL 33160

MEMORANDUM

Item Number:

10

Date: August 27, 2024

To: Honorable Mayor Glenn Singer &

Town Council Members

From: Alexander Diaz,

Town Manager

Subject: Resolution No. 2962.24 - A Resolution Awarding

Alles B.

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

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:

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:

<u>Section 1.</u> <u>Recitals Adopted.</u> Each of the above recitals are hereby adopted, confirmed and incorporated herein.

<u>Section 2.</u> <u>Proposal Accepted.</u> 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.

<u>Section 3.</u> <u>Implementation</u>. 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.

<u>Section 4.</u> <u>Effective Date.</u> 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 <u>Councilmember</u>

<u>Mendal</u>, seconded by <u>Councilmember Lusskin</u>

Mayor Glenn SingerAyeVice Mayor Bernard EinsteinAyeCouncilmember Kenneth BernsteinAbsentCouncilmember Judy LusskinAyeCouncilmember Jaime MendalAye

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2962.24

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDING 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

Page 1 of 3 Resolution No. <u>2962.24</u>