

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 3033.25

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 five different firms and received proposals from four of those firms, with the fifth firm denying to quote the Town; and

WHEREAS, the four 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 \$1,200 per member; and

WHEREAS, the Town would like to also offer a buy up option to a higher tier plan 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 Vice Mayor Lusskin, seconded by Councilmember Bernstein.


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

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 16th day of September, 2025.



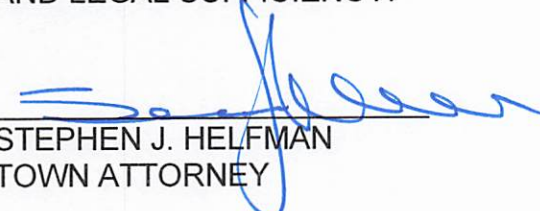
MAYOR GLENN SINGER

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: September 16, 2025

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manager

Alex B

Item Number:

7

Subject: Resolution No. 3033.25 – A Resolution Awarding Comprehensive Health Insurance, Dental Insurance, and Vision Coverage to UnitedHealthcare, Guardian Dental Insurance 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. 3033.25 as presented.

Background:

This year's health insurance renewal process presented significant challenges and has been by far the most challenging one to negotiate in my 18 years as your Town Manager. Initial renewal quotes came in far above what was budgeted (approximately 40% across all plans). After numerous rounds of negotiations and market testing, staff was able to successfully reduce the impact to 12% overall, which is consistent with the budgeted allocation.

I recommend that Riemer Insurance Group, Inc. continue to 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 Guardian 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 United Healthcare came in at a 29% increase. Some of the factors behind the 29% 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 proposals for insurance options, the Town reached out in early June to our current broker and four other firms. One firm, the Florida League of Cities declined to quote the Town, leaving Riemer Insurance Group (the Town's current broker), Brown & Brown Insurance, and Acrisure. We then saw an article in the Miami Herald where it was announced that Miami-Dade County had approved Aetna as their new healthcare provider. We reached out to the County and they were able to connect us with Gallagher Insurance, who helped negotiate the County's partnership with Aetna. Gallagher was able to bring to the table two major insurance providers (Aetna and Cigna) something that we've never been able to in the past. The Town's Administration held numerous meetings (both in-person and virtually) with all four remaining 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.

Ultimately, it came down to Brown & Brown and Riemer, as the proposals from Gallagher were running at 30%+ and Acrisure recommended the Town move away from traditional insurance offerings. Both firms were afforded the opportunity to make a number of plan design revisions to get us to a place that was fiscally responsible for the Town while still providing comparable insurance offerings to what the Town currently offers.

Each firm recommended enhancing the richness of the plan in order to improve the town's competitive outlook for next year's negotiations. In looking at the best and final options from both firms, we decided not to offer the entry-level plan; instead, we are recommending the buy-up option as our primary plan. With this richer plan, it will allow us to have more flexibility in our negotiations for next year. We will remain with our current POS plan as the renewal rates came in exceptionally high, exceeding a 20% increase. We are freezing chartered officer employee contributions, with the Town absorbing the increase for these officers. We are strongly encouraging those employees currently on the POS plan to transition to the new standard buy-up plan which now provides more robust coverage, and cost protections.

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 in the amount of \$1,200, reduced from \$2,000 per employee, which redirects approximately \$56,000 towards premium stabilization, giving us a small buffer for any unforeseen issues that may arise.

The Town will also be switching back to Guardian Insurance for dental coverage (providing for a two-year rate guarantee) and remain with the EyeMed Network for our vision plan (with a rate guarantee through 10/1/2028).

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 2025-2026 budget, sufficient revenues have been allocated for this purpose. In going forward with this plan design, the Town has reduced the overall increase to 12%, consistent with the proposed budget; and reduced out-of-pocket maximums and deductibles, putting the Town in a better position for future renewals.

Town of Golden Beach

Effective Date: 10/1/2025

With the GAP

Medical	Current			Negotiated			Alternate Opt 4	
Plan #	1	2	3	1	2	3	1 & 2	3
Carrier	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
Plan Name	NHP HMO OA DU1V Rx NH41	NHP HMO OA DZD2 Rx NH41	UHC Choice Plus DZD8 Rx A16	NHP HMO OA EKWT Rx NH41	NHP HMO OA EKY4 Rx NH41	UHC Choice Plus EKM4 Rx A16	NHP HMO OA EKWX Rx NH41	UHC Choice Plus EKM4 Rx A16
In Network								
Deductible: Single	\$3,000	\$1,500	\$1,000	\$3,000	\$1,500	\$1,000	\$2,500	\$1,000
Deductible: Family	\$6,000	\$3,000	\$2,000	\$6,000	\$3,000	\$2,000	\$5,000	\$2,000
Member Co-Insurance	20%	10%	20%	20%	10%	20%	20%	20%
Out of Pocket Max: Single	\$7,500	\$4,500	\$4,000	\$7,500	\$4,500	\$4,000	\$5,500	\$4,000
Out of Pocket Max: Family	\$15,000	\$9,000	\$8,000	\$15,000	\$9,000	\$8,000	\$11,000	\$8,000
Copays								
Physician	\$0	\$25	\$30	\$0	\$25	\$30	\$25	\$30
Specialist	\$100	\$45	\$60	\$100	\$45	\$60	\$45	\$60
Urgent Care	\$75	\$75	\$50	\$75	\$75	\$50	\$75	\$50
Emergency Room	\$500+20%	\$350	\$350	\$500+20%	\$350	\$350	Ded+20%	\$350
Testing								
Clinical Labs	\$25	\$0	\$0 Non-DDP: 50%	\$25	\$0	\$0 Non-DDP: 50%	20%	\$0 Non-DDP: 50%
MRI's, CT/PET Scans	Ded+\$400 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$750	Ded+\$400 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$750	Ded+20% Non-DDP: Ded+50%	\$200 Non-DDP: Ded+\$750
Outpatient & Inpatient								
Outpatient Surgery	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+20%
Inpatient Hospital	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+20%
Pharmacy								
Prescription	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)
Out of Network								
Deductible: Single	Not Covered	Not Covered	\$2,000	Not Covered	Not Covered	\$2,000	Not Covered	\$2,000
Deductible: Family	Not Covered	Not Covered	\$4,000	Not Covered	Not Covered	\$4,000	Not Covered	\$4,000
Member Co-Insurance	Not Covered	Not Covered	40%	Not Covered	Not Covered	40%	Not Covered	40%
Out of Pocket Max: Single	Not Covered	Not Covered	\$6,000	Not Covered	Not Covered	\$6,000	Not Covered	\$6,000
Out of Pocket Max: Family	Not Covered	Not Covered	\$12,000	Not Covered	Not Covered	\$12,000	Not Covered	\$12,000
Enrollment: 70	51	4	15	51	4	15	55	15
Employee	38	1	9	38	1	9	39	9
Employee/Spouse	6	1	2	6	1	2	7	2
Employee/Child(ren)	5	1	2	5	1	2	6	2
Family	2	1	2	2	1	2	3	2
Premium Breakdown	w/ Gap 1FL No enhanced rider			w/ Gap 1FL No enhanced rider			w/ Gap 4FL Infusion Therapy and Indpend Lab	
Employee	\$664.24	\$716.60	\$894.71	\$787.34	\$854.92	\$1,073.87	\$784.42	\$1,089.17
Employee/Spouse	\$1,494.09	\$1,627.68	\$2,033.77	\$1,774.76	\$1,943.05	\$2,442.25	\$1,780.16	\$2,474.99
Employee/Child(ren)	\$1,306.10	\$1,417.14	\$1,773.36	\$1,552.30	\$1,693.78	\$2,131.68	\$1,547.33	\$2,156.83
Family	\$2,113.17	\$2,277.12	\$2,847.07	\$2,507.09	\$2,719.75	\$3,420.39	\$2,488.67	\$3,463.87
Monthly Premium Per Plan	\$44,962.50	\$6,038.54	\$21,360.79	\$53,343.16	\$7,211.50	\$25,653.47	\$59,803.49	\$25,993.91
Change from Current	\$51,001.04			\$8,380.66 18.6%	\$1,172.96 19.4%	\$4,292.68 20.1%	\$8,802.45 17.3%	\$4,633.12 21.7%
Premium Per Option	\$72,361.83			\$86,208.13			\$85,797.40	
Change from Current	---			\$13,846.30 19.1%			\$13,435.57 18.6%	
Annual Premium Per Option	\$868,341.96			\$1,034,497.56			\$1,029,568.80	
Change from Current	---			\$166,155.60 19.1%			\$161,226.84 18.6%	

Care Cash, \$300 Rewards, Vital Medications Program, EAP, Virtual Therapy, Behavioral Health Support Services, SelfCare from Able, Cancer Support Program, Real Appeal, Quit Tobacco.

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Town of Golden Beach

Effective Date: 10/1/2025

Without the GAP

Medical	Current			Negotiated			Alternate Opt 4	
Plan #	1	2	3	1	2	3	1 & 2	3
Carrier	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
Plan Name	NHP HMO OA DU1V Rx NH41	NHP HMO OA DZD2 Rx NH41	UHC Choice Plus DZD8 Rx A16	NHP HMO OA EKWT Rx NH41	NHP HMO OA EKY4 Rx NH41	UHC Choice Plus EKM4 Rx A16	NHP HMO OA EKWX Rx NH41	UHC Choice Plus EKM4 Rx A16
In Network								
Deductible: Single	\$3,000	\$1,500	\$1,000	\$3,000	\$1,500	\$1,000	\$2,500	\$1,000
Deductible: Family	\$6,000	\$3,000	\$2,000	\$6,000	\$3,000	\$2,000	\$5,000	\$2,000
Member Co-Insurance	20%	10%	20%	20%	10%	20%	20%	20%
Out of Pocket Max: Single	\$7,500	\$4,500	\$4,000	\$7,500	\$4,500	\$4,000	\$5,500	\$4,000
Out of Pocket Max: Family	\$15,000	\$9,000	\$8,000	\$15,000	\$9,000	\$8,000	\$11,000	\$8,000
Copays								
Physician	\$0	\$25	\$30	\$0	\$25	\$30	\$25	\$30
Specialist	\$100	\$45	\$60	\$100	\$45	\$60	\$45	\$60
Urgent Care	\$75	\$75	\$50	\$75	\$75	\$50	\$75	\$50
Emergency Room	\$500+20%	\$350	\$350	\$500+20%	\$350	\$350	Ded+20%	\$350
Testing								
Clinical Labs	\$25	\$0	\$0 Non-DDP: 50%	\$25	\$0	\$0 Non-DDP: 50%	20%	\$0 Non-DDP: 50%
MRI's, CT/PET Scans	Ded+\$400 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$750	Ded+\$400 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+40%	\$200 Non-DDP: Ded+\$750	Ded+20% Non-DDP: Ded+50%	\$200 Non-DDP: Ded+\$750
Outpatient & Inpatient								
Outpatient Surgery	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+20%
Inpatient Hospital	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+10%	Ded+20%	Ded+20%	Ded+20%
Pharmacy								
Prescription	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)	\$10/50/85 (Adv PDL)
Out of Network								
Deductible: Single	Not Covered	Not Covered	\$2,000	Not Covered	Not Covered	\$2,000	Not Covered	\$2,000
Deductible: Family	Not Covered	Not Covered	\$4,000	Not Covered	Not Covered	\$4,000	Not Covered	\$4,000
Member Co-Insurance	Not Covered	Not Covered	40%	Not Covered	Not Covered	40%	Not Covered	40%
Out of Pocket Max: Single	Not Covered	Not Covered	\$6,000	Not Covered	Not Covered	\$6,000	Not Covered	\$6,000
Out of Pocket Max: Family	Not Covered	Not Covered	\$12,000	Not Covered	Not Covered	\$12,000	Not Covered	\$12,000
Enrollment: 70	51	4	15	51	4	15	55	15
Employee	38	1	9	38	1	9	39	9
Employee/Spouse	6	1	2	6	1	2	7	2
Employee/Child(ren)	5	1	2	5	1	2	6	2
Family	2	1	2	2	1	2	3	2
Premium Breakdown								
Employee	\$586.18	\$671.89	\$850.00	\$709.28	\$810.21	\$1,029.16	\$724.41	\$1,029.16
Employee/Spouse	\$1,336.49	\$1,531.91	\$1,938.00	\$1,617.16	\$1,847.28	\$2,346.48	\$1,651.65	\$2,346.48
Employee/Child(ren)	\$1,172.36	\$1,343.78	\$1,700.00	\$1,418.56	\$1,620.42	\$2,058.32	\$1,448.82	\$2,058.32
Family	\$1,875.78	\$2,150.05	\$2,720.00	\$2,269.70	\$2,592.68	\$3,293.32	\$2,318.12	\$3,293.32
Monthly Premium Per Plan	\$39,907.14	\$5,697.63	\$20,366.00	\$48,287.80	\$6,870.59	\$24,658.68	\$55,460.82	\$24,658.68
Change from Current	\$45,604.77		---	\$8,380.66 21.0%	\$1,172.96 20.6%	\$4,292.68 21.1%	\$9,856.05 21.6%	\$4,292.68 21.1%
Premium Per Option	\$65,970.77			\$79,817.07			\$80,119.50	
Change from Current	---			\$13,846.30 21.0%			\$14,148.73 21.4%	
Annual Premium Per Option	\$791,649.24			\$957,804.84			\$961,434.00	
Change from Current	---			\$166,155.60 21.0%			\$169,784.76 21.4%	

Care Cash, \$300 Rewards, Vital Medications Program, EAP, Virtual Therapy, Behavioral Health Support Services, SelfCare from Able, Cancer Support Program, Real Appeal, Quit Tobacco.

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Town of Golden Beach

Effective Date: 10/1/2025

Dental	Guardian	
Plan #	1	
Carrier	Guardian	
Plan Name	DPPO- Split Value Plan	
Rate Guarantee	2 Years	
In Network	In Net	Out of Net
Deductible: Single	\$25	\$50
Deductible: Family	\$75	\$150
Ded waived for Preventive	Yes	No
Preventive	0%	0%
Basic	0%	20%
Major	40%	50%
Periodontics / Endodontics	Basic	
Annual Maximum Benefit	\$2,000+ Dental Rewards (Rollover)	
Orthodontic	50%	
Orthodontic Eligibility	Adult & Child	
Orthodontic Maximum	\$1,500	
Reimbursement Level	Fee	Mac
Prophylaxis cleanings	Cleanings (once/3 mos.) Combined Cleanings/Perio Maintenance Limit (4 in a 12 consecutive months period)	
Enrollment	68	
Employee	42	
Employee/Spouse	10	
Employee/Child(ren)	9	
Family	7	
Premium Breakdown	Implant coverage & Max Rollover Benefits	
Employee	\$40.84	
Employee/Spouse	\$90.39	
Employee/Child(ren)	\$115.67	
Family	\$154.77	
Monthly Premium Per Plan	\$4,743.60	
Change from Current	-\$655.24 -12.1%	
Annual Premium Per Option	\$56,923.20	
Change from Current	-\$7,862.88 -12.1%	

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Town of Golden Beach

Effective Date: 10/1/2025

Vision	Current	
Plan #	1	
Carrier	EyeMed	
Plan Name	Vision- Insight Network	
Rate Guarantee	Next Renewal: 10/1/2028	
Network Access	In Network Allowance	Out of Network Reimbursement
Eye Care Co-pays		
Exams	+Provider: \$0 All Other: \$10	Up to \$40
Exams Frequency	Once Every 12 Months	
Material copay	\$20	N/A
Lenses		
Single	\$0 After Co-pay	Up to \$30
Bifocal	\$0 After Co-pay	Up to \$50
Trifocals	\$0 After Co-pay	Up to \$70
Lenticular	\$0 After Co-pay	Up to \$70
Lenses Frequency	Once Every 12 Months	
Frames		
Frames Allowance	+Provider: Up to \$200 + 20% off Balance All Other: Up to \$150 + 20% off Balance	Up to \$75
Frames Frequency	Once Every 24 Months	
Contact Lenses	In lieu of any other eyewear benefits	
Contact Lenses Allowance	+Provider: Up to \$200 All Other: Up to \$150	Up to \$75
Contact Lenses Frequency	Once Every 12 Months	
Enrollment:	68	
Employee	43	
Employee/Spouse	10	
Employee/Child(ren)	8	
Family	7	
Premium Breakdown		
Employee	\$4.43	
Employee/Spouse	\$8.87	
Employee/Child(ren)	\$8.43	
Family	\$13.24	
Monthly Premium Per Plan	\$439.31	
Change from Current	---	
Annual Premium Per Plan	\$5,271.72	
Change from Current	---	

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