Executive Summary of Medical & Prescription Drug Coverage

City of Edgewater												
January 1, 2024 - December 31, 2024	Г						Sold Plans					
	L						Sola Halis					
Vendor		1	Florida HealthCare Plan	IS			Florida HealthCare Plai	ns			Florida HealthCare Plan	IS
Plan Name		TB4				T83				T29		
Network		Florida HealthCare Plans				Florida HealthCare Plans				Florida HealthCare Plans		
Plan Type			HMO			HMO - HSA				POS		
Plan Details			Network				Network				Network	
		Single		Family		Single		Family		Single		Family
Plan Deductible		\$250		\$750	_	\$1,600		\$3,200		\$0		\$0
Embedded Deductible:			Yes				No				N/A	
Calendar or Policy Year:			Calendar				Calendar		Calendar			
Coinsurance:			10%				10%				15%	
Maximum Out-of-Pocket:		\$2,000		\$4,000		\$3,200		\$6,400		\$2,500		\$5,000
(Includes Deductible, Copay, Rx)			Yes , Yes , Yes				Yes , Yes , Yes				Yes , Yes , Yes	
Physician Services												
Office Visit Copay:			\$20				Deductible + Coinsurance				\$20	
Specialist Copay:			\$35				Deductible + Coinsurance	2			\$35	
Chiropractic Copay:			Deductible + Coinsurance				Deductible + Coinsurance	2		\$15		
Virtual Visits:		\$0 (F	PCP) \$30 (Mental/Beh. He	ealth)		Ded (PCF) Ded + Coins (Mental/B	eh. Health)		\$0 (PCP) \$30 (Mental/Beh. Health)		
Hospital / Emergency Services												
Inpatient Hospital Per Admission Copay:		Deductible + Coinsurance Deductible + Coinsuran			2			\$200				
Emergency Room Copay:		\$100				Deductible + Coinsurance				\$100		
Urgent Care Copay:		\$60				Deductible + Coinsurance				\$60		
Outpatient Surgical Facility Copay:		Deductible + Coinsurance				Deductible + Coinsurance					\$0	
Ambulatory Surgery Center:		Deductible + Coinsurance				Deductible + Coinsurance					\$0	
Diagnostic Services												
Lab & X-Ray Outpatient:			\$0 (Lab) \$35 (X-ray)				Deductible + Coinsurance	2			\$0	
Advanced Imaging Services (MRI, MRA, PET, CT):			\$75			Deductible + Coinsurance					\$0	
Prescription Drug												
Deductible:			N/A				Calendar Year Deductible	2		N/A		
Prescription Tier:		\$3	\$10 \$30 \$55 15% 2	25%		\$3	\$10 \$30 \$55 15%	25%		\$3 \$10 \$30 \$55 15% 25%		
Walgreens:			\$15 \$15 \$35 \$60				\$15 \$15 \$35 \$60			\$15 \$15 \$35 \$60		
Mail Order Prescription (90 Day Supply):			\$6 \$27 \$87 \$162				\$6 \$27 \$87 \$162			\$6 \$27 \$87 \$162		
Non-Network Plan Details			Non-Network				Non-Network				Non-Network	
Plan Deductible			N/A				N/A			\$500		\$1,500
Coinsurance:			N/A				N/A				30%	
Maximum Out-of-Pocket:			N/A				N/A			\$5,000		\$10,000
Per Occurrence Deductible (Inpatient/Outpatient):			N/A				N/A				N/A	
Plan Rates Current Enrollment		Current	Renewal	Sold		Current	Renewal	Sold		Current	Renewal	Sold
Employee:	46	\$878.19	\$1,004.54	\$939.58	73	\$688.63	\$751.01	\$736.77	0	\$1,071.54	\$1,168.61	\$1,146.44
Employee + Spouse:	16	\$1,501.69	\$1,717.75	\$1,606.66	18	\$1,177.56	\$1,284.24	\$1,259.87	0	\$1,832.34	\$1,998.33	\$1,960.42
Employee + Child(ren):	5	\$1,501.69	\$1,717.75	\$1,606.66	10	\$1,177.56	\$1,284.24	\$1,259.87	0	\$1,832.34	\$1,998.33	\$1,960.42
Family:	22	\$1,835.39	\$2,099.46	\$1,963.68	14	\$1,439.24	\$1,569.62	\$1,539.84	1	\$2,239.52	\$2,442.40	\$2,396.06
Estimated Monthly Premiums:	89	\$112,311	\$128,470	\$120,162	115	\$103,391	\$112,757	\$110,618	1	\$2,240	\$2,442	\$2,396
Estimated Annual Premiums:		\$1,347,730	\$1,541,637	\$1,441,938		\$1,240,692	\$1,353,086	\$1,327,420		\$26,874	\$29,309	\$28,753
Rate Change from Current (%):		Y1,371,130	14.4%	7.0%		Y1,270,032	9.1%	7.0%		7£0,07 T	9.1%	7.0%
			2	,,,,,			3.270	,,,			3.270	,

	Current	Renewal	Sold
Estimated Grand Total Annual Premiums:	\$2,615,296	\$2,924,031	\$2,798,111
PEPY	\$12,758	\$14,264	\$13,649
Rate Change from Current (%):		11.8%	7.0%
Rate Change from Current (\$):		\$308,735	\$182,814

Retirees are excluded from enrollments Notes:

Executive Summary of Dental Coverage

City of Edgewater

January 1, 2024 - December 31, 2024

	Sold Plans						
Vendor		Pr	incipal		Pri	incipal	
Network:		Pr	incipal	Principal			
Plan Name:			w Plan		High Plan		
			etwork			etwork	
Plan Details		Single	Family	Single Family			
Coinsurance Percentage (Preventive Basic Major Ortho):		100% 100	0% 60% N/A	100% 80% 50% N/A			
Peductible (Family Maximum):		\$50	\$150		\$50	\$150	
Deductible Waived for Preventive:			Yes			Yes	
alendar or Policy Year Maximum:		\$	1,000		\$	1,000	
Orthodontic Lifetime Maximum:		N/A			N/A		
ncluded Adult Ortho:			N/A	N/A			
Dental Services		Benefit Level	Frequency		Benefit Level	Frequency	
Noutine Exam & Cleaning:		Preventive	2 per year	-	Preventive	2 per year	
luoride Treatment:		Preventive	2 per yr, under 19		Preventive	2 per yr, under 19	
-Ray (Bitewings):		Preventive	1 per year		Preventive	1 per year	
-Ray (Full Mouth):		Preventive	1 per 3 years		Preventive	1 per 3 years	
ealants:		Preventive	1 per 3 yrs, under 19		Preventive	1 per 3 yrs, under 19	
illings:		Basic	1 per 2 years		Basic	1 per 2 years	
Oral Surgery (Simple):		Basic			Basic		
ral Surgery (Complex):		Basic			Basic		
oot Canal Therapy:		Basic			Basic		
eriodontal Scaling:		Basic	1 per 2 years		Basic	1 per 2 years	
eriodontal Surgery:		Basic	1 per 3 years		Basic	1 per 3 years	
rowns:		Major	1 per 5 years		Major	1 per 5 years	
ridges		Major	1 per 5 years		Major	1 per 5 years	
entures:		Major	1 per 5 years		Major	1 per 5 years	
		-			-		
mplants:		Major	1 per 5 years		Major	1 per 5 years	
Non-Network Details			Network			Network	
Coinsurance Percentage (Preventive Basic Major Ortho):			0% 60% N/A			% 50% N/A	
Deductible (Family Maximum):		\$50	\$150		\$50	\$150	
Deductible Waived for Preventive:			Yes			Yes	
Calendar Year Maximum:		\$	1,000		\$	1,000	
Percent of UCR:		ļ	MAC			90th	
Vaiting Periods:			None	_		None	
ate Entrant Penalties:		Not F	Permitted		Not F	Permitted	
Illows Annual Open Enrollment:			Yes			Yes	
ncluded Rollover:			Yes			Yes	
mployer Contribution:			50%	_		50%	
articipation Requirement:			50%			50%	
ate Guarantee:		1 Year (01/01/2	2024 - 12/31/2024)		1 Year (01/01/	2024 - 12/31/2024)	
lan Rates Current Enrollment		Current	Sold		Current	Sold	
imployee:	65	\$25.90	\$26.68	29	\$25.90	\$26.68	
amily:	58	\$66.94	\$68.95	37	\$66.94	\$68.95	
otal:	123			66			
stimated Monthly Premiums:		\$5,566	\$5,733	_	\$3,228	\$3,325	
stimated Annual Premiums:		\$66,792	\$68,800	_	\$38,735	\$39,898	
ate Change from Current:	_		3.0%	•		3.0%	
		Current	Renewal	J			
		6405 537	\$108,698				
stimated Grand Total Annual Premiums:		\$105,527	7100,030				
		\$10 5,527 \$558	\$575				
Estimated Grand Total Annual Premiums: DEPY Rate Change from Current (%):							

Notes:

Executive Summary of Group Life & AD&D Coverage

City of Edgewater

January 1, 2024 - December 31, 2024

Basic Life: 10,560,200 AD&D: 10,560,200

		Sold Plan			
Vendor	Mut	ual of Omal	าล		
			Guarantee		
Class Definition Plan Details:	Benefit	Maximum	Issue		
Class 1: All Employees	1x's Salary	\$200,000	\$200,000		
	3!	5% at age 65			
Reduction Schedule:	50	0% at age 70			
	Term	is at Retireme	nt		
Waiver of Premium:		Included			
Conversion:		Included			
Accelerated Death Benefit:		Included			
Seatbelt/Safe Driver Benefit:		Included			
Actively at Work Provision:		Included			
Employer Contribution:	_	100%			
Participation Requirement:		100%			
Rate Guarantee:	2 Yrs (01/0	2 Yrs (01/01/2024 - 12/31/2025)			
Plan Rates	Current		Sold		
Basic Life	\$0.130		\$0.130		
AD&D	\$0.030		\$0.030		
Estimated Monthly Premiums:	\$1,690		\$1,690		
Estimated Annual Premiums:	\$20,276		\$20,276		
Rate Change from Current (%):			0.0%		
Rate Change from Current (\$):			\$0		

Notes:

Executive Summary of Voluntary Group Life & AD&D Coverage

City of Edgewater

January 1, 2024 - December 31, 2024

	Sold P	lan			
Vendor	Mutual of	Omaha			
Plan Details (Employee)	4				
Benefit (Increments of):	\$10,000				
Not to Exceed:	5x's Sa	•			
Maximum Benefit:	\$500,0	000			
Guarantee Issue:	\$100,0	000			
Plan Details (Dependent)					
Spouse Benefit (Increments of):	\$5,00				
Maximum Benefit:	\$100,0				
Guarantee Issue:	\$50,0				
Not to Exceed:	50% of Employe	ee's amount			
Child(ren) Benefit:	14 Days - 21 Years				
Full-Time Student:	25 Yea	ars			
	35% at a	ge 65			
Reduction Schedule:	50% at a	ge 70			
	Terms at Re				
Waiver of Premium:	Includ	lod			
Portability:	Includ				
Accelerated Death Benefit:	Includ				
Seatbelt/Safe Driver Benefit:	Includ				
Actively at Work Provision: Included					
Employer Contribution:	0%				
Participation Requirement:	25%	ć			
Participation Requirement: Rate Guarantee:	25% 2 Yrs (01/01/2024				
Rate Guarantee:		- 12/31/2025)			
	2 Yrs (01/01/2024	- 12/31/2025)			
Rate Guarantee:	2 Yrs (01/01/2024 Sold	- 12/31/2025)			
Rate Guarantee: Plan Rates per \$1,000	2 Yrs (01/01/2024 Sold Employee	- 12/31/2025) Spouse			
Rate Guarantee: Plan Rates per \$1,000 Under 20	2 Yrs (01/01/2024 Sold Employee \$0.070	- 12/31/2025) Spouse \$0.070			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24	2 Yrs (01/01/2024 Sold Employee \$0.070 \$0.070	- 12/31/2025) Spouse \$0.070 \$0.070			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29	2 Yrs (01/01/2024 Sold Employee \$0.070 \$0.070 \$0.070	- 12/31/2025) Spouse \$0.070 \$0.070 \$0.070			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34	2 Yrs (01/01/2024 Sold Employee \$0.070 \$0.070 \$0.070 \$0.090	- 12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.070 \$0.090			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39	2 Yrs (01/01/2024) Sold Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110	Spouse \$0.070 \$0.070 \$0.070 \$0.070 \$0.090 \$0.110			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44	2 Yrs (01/01/2024	- 12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49	2 Yrs (01/01/2024	- 12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54	2 Yrs (01/01/2024	12/31/2025) Spouse 50.070 \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 55 - 59	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 50 - 54 Age 50 - 64	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120	Spouse \$0.070 \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 50 - 54 Age 50 - 64 Age 65 - 69	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 55 - 59 Age 60 - 64 Age 65 - 69 Age 70 - 74	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 50 - 54 Age 60 - 64 Age 65 - 69 Age 70 - 74 Age 75 - 79	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.070 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 50 - 54 Age 50 - 64 Age 65 - 69 Age 70 - 74 Age 75 - 79 Age 80 - 84 Age 85 - 89	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860	Spouse \$0.070 \$0.070 \$0.070 \$0.070 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 35 - 59 Age 50 - 54 Age 55 - 59 Age 60 - 64 Age 55 - 69 Age 70 - 74 Age 75 - 79 Age 80 - 84 Age 85 - 89 Age 90+	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 45 - 49 Age 50 - 54 Age 50 - 54 Age 50 - 64 Age 65 - 69 Age 70 - 74 Age 75 - 79 Age 80 - 84 Age 85 - 89	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860	Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 35 - 59 Age 50 - 54 Age 55 - 59 Age 60 - 64 Age 55 - 69 Age 70 - 74 Age 75 - 79 Age 80 - 84 Age 85 - 89 Age 90+	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860			
Rate Guarantee: Plan Rates per \$1,000 Under 20 Age 20 - 24 Age 25 - 29 Age 30 - 34 Age 35 - 39 Age 40 - 44 Age 35 - 59 Age 50 - 54 Age 55 - 59 Age 60 - 64 Age 65 - 69 Age 70 - 74 Age 75 - 79 Age 80 - 84 Age 85 - 89 Age 90+ AD&D	2 Yrs (01/01/2024 Employee \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860 \$0.030	12/31/2025) Spouse \$0.070 \$0.070 \$0.070 \$0.090 \$0.110 \$0.180 \$0.320 \$0.490 \$0.790 \$1.120 \$1.920 \$2.860 \$2.860 \$2.860 \$2.860 \$2.860			

Vol Life & AD&D (Combined or Separate):

True Open Enrollment :

Incremental Increase:

Notes: No Rate Change

Premium Calcula	ition				
Step 1: Benefit _	/ 100	0 =	# Units		
Step 2: # Units	x	_ Age-ba	nded Rate = \$_	 Premium Per Month	

Executive Summary of Long Term Disability Coverage

City of Edgewater

January 1, 2024 - December 31, 2024

Monthly Eligible Payroll

\$879,039

Sold Plan

Vendor	Mutual of Omaha						
Plan Details							
Elimination Period:		90 Days					
Percent of Salary		60%					
Maximum Monthly Benefit:		\$5,000					
Benefit Period:	RBD to SSNRA						
Integration:		Primary & Family					
Definition of Disability:		2 Years Own Occ					
And / Or		And					
Earnings Test:	99% 85%						
Pre-Existing Conditions:		3 / 12					
Mental & Nervous Limitations:		24 Months					
Self-Reported Limitations:		None					
Return to Work Incentive:	Included						
Rehabilitation Benefit:	Voluntary						
Worksite Modification:	Not Included						
Actively at Work Provision:	Included						
EAP:	Included						
Employer Contribution:	100%						
Participation Requirement:	100%						
Rate Guarantee:	2 Yrs (01/01/2024 - 12/31/2025)						
Plan Rates	Current	Renewal	Sold				
		•					
Rate / \$100 Covered Payroll	\$0.300	\$0.360	\$0.330				
Estimated Monthly Premiums:	\$2,637	\$3,165	\$2,901				
Estimated Annual Premiums:	\$31,645	\$37,974	\$34,810				
Rate Change from Current (%):		20.0%	10.0%				
Rate Change from Current (\$):		\$6,329	\$3,165				

Notes: Revised Rate is available as a No-Shop Agreement