

Executive Summary of Medical & Prescription Drug Coverage
City of Edgewater
January 1, 2024 - December 31, 2024

Sold Plans												
Vendor												
Plan Name												
Network												
Plan Type												
Plan Details												
Plan Deductible												
Embedded Deductible:												
Calendar or Policy Year:												
Coinsurance:												
Maximum Out-of-Pocket:												
(Includes Deductible, Copay, Rx)												
Physician Services												
Office Visit Copay:												
Specialist Copay:												
Chiropractic Copay:												
Virtual Visits:												
Hospital / Emergency Services												
Inpatient Hospital Per Admission Copay:												
Emergency Room Copay:												
Urgent Care Copay:												
Outpatient Surgical Facility Copay:												
Ambulatory Surgery Center:												
Diagnostic Services												
Lab & X-Ray Outpatient:												
Advanced Imaging Services (MRI, MRA, PET, CT):												
Prescription Drug												
Deductible:												
Prescription Tier:												
Walgreens:												
Mail Order Prescription (90 Day Supply):												
Non-Network Plan Details												
Plan Deductible												
Coinsurance:												
Maximum Out-of-Pocket:												
Per Occurrence Deductible (Inpatient/Outpatient):												
Plan Rates Current Enrollment												
Employee:												
Employee + Spouse:												
Employee + Child(ren):												
Family:												
Estimated Monthly Premiums:												
Estimated Annual Premiums:												
Rate Change from Current (%):												
Current												
Renewal												
Sold												
Estimated Grand Total Annual Premiums:												
PEPY												
Rate Change from Current (%):												
Rate Change from Current (\$):												
Notes:												

Executive Summary of Dental Coverage
City of Edgewater
January 1, 2024 - December 31, 2024

Sold Plans								
Vendor	Principal				Principal			
Network:	Principal				Principal			
Plan Name:	Low Plan				High Plan			
Plan Details	Network				Network			
	Single	Family		Single	Family			
	100% 100% 60% N/A				100% 80% 50% N/A			
	\$50		\$150		\$50		\$150	
	Yes		Yes		N/A		N/A	
Calendar or Policy Year Maximum:		\$1,000		N/A		N/A		
Orthodontic Lifetime Maximum:		N/A		N/A		N/A		
Included Adult Ortho:		N/A		N/A		N/A		
Dental Services	Benefit Level	Frequency		Benefit Level	Frequency			
Routine Exam & Cleaning:	Preventive	2 per year		Preventive	2 per year			
Fluoride Treatment:	Preventive	2 per yr, under 19		Preventive	2 per yr, under 19			
X-Ray (Bitewings):	Preventive	1 per year		Preventive	1 per year			
X-Ray (Full Mouth):	Preventive	1 per 3 years		Preventive	1 per 3 years			
Sealants:	Preventive	1 per 3 yrs, under 19		Preventive	1 per 3 yrs, under 19			
Fillings:	Basic	1 per 2 years		Basic	1 per 2 years			
Oral Surgery (Simple):	Basic			Basic				
Oral Surgery (Complex):	Basic			Basic				
Root Canal Therapy:	Basic			Basic				
Periodontal Scaling:	Basic	1 per 2 years		Basic	1 per 2 years			
Periodontal Surgery:	Basic	1 per 3 years		Basic	1 per 3 years			
Crowns:	Major	1 per 5 years		Major	1 per 5 years			
Bridges	Major	1 per 5 years		Major	1 per 5 years			
Dentures:	Major	1 per 5 years		Major	1 per 5 years			
Implants:	Major	1 per 5 years		Major	1 per 5 years			
Non-Network Details	Non-Network				Non-Network			
Coinsurance Percentage (Preventive Basic Major Ortho):	100% 100% 60% N/A				100% 80% 50% N/A			
Deductible (Family Maximum):	\$50		\$150		\$50		\$150	
Deductible Waived for Preventive:	Yes		Yes		Yes		Yes	
Calendar Year Maximum:	\$1,000		\$1,000		\$1,000		\$1,000	
Percent of UCR:	MAC		MAC		90th		90th	
Waiting Periods:	None				None			
Late Entrant Penalties:	Not Permitted				Not Permitted			
Allows Annual Open Enrollment:	Yes				Yes			
Included Rollover:	Yes				Yes			
Employer Contribution:	50%				50%			
Participation Requirement:	50%				50%			
Rate Guarantee:	1 Year (01/01/2024 - 12/31/2024)				1 Year (01/01/2024 - 12/31/2024)			
Plan Rates Current Enrollment	Current	Sold		Current	Sold			
Employee:	65	\$25.90	\$26.68	29	\$25.90	\$26.68		
Family:	58	\$66.94	\$68.95	37	\$66.94	\$68.95		
Total:	123			66				
Estimated Monthly Premiums:	\$5,566		\$5,733		\$3,228		\$3,325	
Estimated Annual Premiums:	\$66,792		\$68,800		\$38,735		\$39,898	
Rate Change from Current:			3.0%				3.0%	
	Current		Renewal					
Estimated Grand Total Annual Premiums:	\$105,527		\$108,698					
PEPY	\$558		\$575					
Rate Change from Current (%):			3.0%					
Rate Change from Current (\$):			\$3,171					

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	Mutual of Omaha		
Class Definition Plan Details:	Benefit	Maximum	Guarantee Issue
Class 1: All Employees	1x's Salary	\$200,000	\$200,000
Reduction Schedule:	35% at age 65 50% at age 70 Terms at Retirement		
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 (01/01/2024 - 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 Plan	
Vendor	Mutual of Omaha	
Plan Details (Employee)		
Benefit (Increments of):	\$10,000	
Not to Exceed:	5x's Salary	
Maximum Benefit:	\$500,000	
Guarantee Issue:	\$100,000	
Plan Details (Dependent)		
Spouse Benefit (Increments of):	\$5,000	
Maximum Benefit:	\$100,000	
Guarantee Issue:	\$50,000	
Not to Exceed:	50% of Employee's amount	
Child(ren) Benefit:	14 Days - 21 Years	
Full-Time Student:	25 Years	
Reduction Schedule:		
	35% at age 65	
	50% at age 70	
Terms at Retirement		
Waiver of Premium:		
Portability:	Included	
Accelerated Death Benefit:	Included	
Seatbelt/Safe Driver Benefit:	Included	
Actively at Work Provision:	Included	
Employer Contribution:		
	0%	
Participation Requirement:	25%	
Rate Guarantee:	2 Yrs (01/01/2024 - 12/31/2025)	
Plan Rates per \$1,000		
	Sold	
	Employee	Spouse
Under 20	\$0.070	\$0.070
Age 20 - 24	\$0.070	\$0.070
Age 25 - 29	\$0.070	\$0.070
Age 30 - 34	\$0.090	\$0.090
Age 35 - 39	\$0.110	\$0.110
Age 40 - 44	\$0.180	\$0.180
Age 45 - 49	\$0.320	\$0.320
Age 50 - 54	\$0.490	\$0.490
Age 55 - 59	\$0.790	\$0.790
Age 60 - 64	\$1.120	\$1.120
Age 65 - 69	\$1.920	\$1.920
Age 70 - 74	\$2.860	\$2.860
Age 75 - 79	\$2.860	\$2.860
Age 80 - 84	\$2.860	\$2.860
Age 85 - 89	\$2.860	\$2.860
Age 90+	\$2.860	\$2.860
AD&D	\$0.030	\$0.030
Child	\$2.00 for \$10k	
AD&D	\$0.400	

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

True Open Enrollment :

Incremental Increase:

Notes: No Rate Change

Premium Calculation

Step 1: Benefit _____ / 1000 = _____ # Units

Step 2: # Units _____ x _____ Age-banded 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