

Executive Summary of Medical & Prescription Drug Coverage

City of Edgewater

January 1, 2025 - December 31, 2025

Change to Deductible & OOP Max limits due to 2025 IRS Regulations on HSA Plans

Current Renewal Revised													
Vendor		Florida HealthCare Plans				Florida HealthCare Plans				Florida HealthCare Plans			
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		\$1,650		\$3,300		\$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		\$3,300		\$6,600		\$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				\$35			
Chiropractic Copay:		Deductible + Coinsurance				Deductible + Coinsurance				\$15			
Virtual Visits:		\$0 (PCP) \$30 (Mental/Beh. Health)				Ded (PCP) Ded + Coins (Mental/Beh. Health)				\$0 (PCP) \$30 (Mental/Beh. Health)			
Hospital / Emergency Services													
Inpatient Hospital Per Admission Copay:		Deductible + Coinsurance				Deductible + Coinsurance				\$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				\$0			
Advanced Imaging Services (MRI, MRA, PET, CT):		\$75				Deductible + Coinsurance				\$0			
Prescription Drug													
Deductible:		N/A				Calendar Year Deductible				N/A			
Prescription Tier:		\$3 \$10 \$30 \$55 15% 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		Revised				Current		Renewal	Revised
Employee:		43	\$939.58	\$1,057.07	\$996.00	85	\$736.77	\$828.83	\$780.94	0	\$1,146.44	\$1,289.75	\$1,215.23
Employee + Spouse:		10	\$1,606.66	\$1,807.57	\$1,703.14	13	\$1,259.87	\$1,417.29	\$1,335.40	0	\$1,960.42	\$2,205.48	\$2,078.05
Employee + Child(ren):		7	\$1,606.66	\$1,807.57	\$1,703.14	12	\$1,259.87	\$1,417.29	\$1,335.40	0	\$1,960.42	\$2,205.48	\$2,078.05
Family:		16	\$1,963.68	\$2,209.24	\$2,081.59	15	\$1,539.84	\$1,732.24	\$1,632.16	1	\$2,396.06	\$2,695.58	\$2,539.83
Estimated Monthly Premiums:		76	\$99,134	\$111,531	\$105,087	125	\$117,220	\$131,866	\$124,247	1	\$2,396	\$2,696	\$2,540
Estimated Annual Premiums:			\$1,189,608	\$1,338,366	\$1,261,042		\$1,406,638	\$1,582,397	\$1,490,968		\$28,753	\$32,347	\$30,478
Rate Change from Current (%):				12.5%	6.0%			12.5%	6.0%			12.5%	6.0%
		Current		Renewal		Revised							
Estimated Grand Total Annual Premiums:			\$2,624,999	\$2,953,110	\$2,782,487								
PEPY			\$12,995	\$14,619	\$13,775								
Rate Change from Current (%):				12.5%	6.0%								
Rate Change from Current (\$):				\$328,111	\$157,489								

Notes: Retirees are excluded from enrollments

January 1, 2025 - December 31, 2025

Notes: Enrollment does not include retirees

Executive Summary of Group Life & AD&D Coverage

City of Edgewater
January 1, 2025 - December 31, 2025

Basic Life:	11,598,000
AD&D:	11,598,000

	Current		
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:	1 Yr Remaining (01/01/2024 - 12/31/2025)		
Plan Rates	Current		
Basic Life	\$0.130		
AD&D	\$0.030		
Estimated Monthly Premiums:	\$1,856		
Estimated Annual Premiums:	\$22,268		

Notes:

Executive Summary of Voluntary Group Life & AD&D Coverage

City of Edgewater

January 1, 2025 - December 31, 2025

	Current	
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:	Included	
Portability:	Included	
Accelerated Death Benefit:	Included	
Seatbelt/Safe Driver Benefit:	Included	
Actively at Work Provision:	Included	
Employer Contribution:	0%	
Participation Requirement:	25%	
Rate Guarantee:	1 Yr Remaining (01/01/2024 - 12/31/2025)	
Plan Rates per \$1,000	Current	
	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	

Notes: No Rate Change

Premium Calculation	Example: 44 year old, \$200,000 Benefit
Step 1: Benefit ____ / 1000 = ____ # Units	\$200,000 / 1000= 200 Units
Step 2: # Units ____ x ____ Age-banded Rate = \$____ Premium Per Month	200 x / \$36.00

Executive Summary of Long Term Disability Coverage

City of Edgewater

January 1, 2025 - December 31, 2025

Monthly Eligible Payroll	\$952,351
	Current
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:	1 Yr Remaining (01/01/2024 - 12/31/2025)
Plan Rates	Current
Rate / \$100 Covered Payroll	\$0.330
Estimated Monthly Premiums:	\$3,143
Estimated Annual Premiums:	\$37,713

Notes: