#### Executive Summary of Medical & Prescription Drug Coverage

City of Edgewater

City of Edgewater January 1, 2025 - December 31, 2025				Change to Deductible 9 C	OD May limite due to 2025	IDC Degulations on UCA Diagra				
January 1, 2025 - December 31, 2025	Change to Deductible & OOP Max limits due to 2025 IRS Regulati  Current   Renewal   Revised									
Vendor		Florida HealthCare Plai	ns		Florida HealthCare Plan	ns		Florida HealthCare Plar	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	
lan Deductible	\$250		\$750	\$1,650		\$3,300	\$0		\$0	
mbedded 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	2		\$20		
Specialist Copay:		\$35			Deductible + Coinsurance			\$35		
Chiropractic Copay:	Deductible + Coinsurance				Deductible + Coinsurance			\$15		
Virtual Visits:	\$0 (PCP)   \$30 (Mental/Beh. Health)			Ded (PC	P)   Ded + Coins (Mental/B	eh. Health)	\$0 (PCP)   \$30 (Mental/Beh. Health)			
Hospital / Emergency Services										
npatient 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	1		\$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	1	-	N/A		
Prescription Tier:	\$3   \$10   \$30   \$55   15%   25%			\$3   \$10   \$30   \$55   15%   25%			\$3	\$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	Current	Renewal	Revised	
	\$939.58	\$1,057.07	\$996.00	85 \$736.77	\$828.83		\$1,146.44	\$1,289.75	\$1,215.23	
	.0 \$1,606.66	\$1,807.57	\$1,703.14	13 \$1,259.87	\$1,417.29	\$1,335.40		\$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		\$2,205.48	\$2,078.05	
	.6 \$1,963.68	\$2,209.24	\$2,081.59	15 \$1,539.84	\$1,732.24	\$1,632.16	\$2,396.06	\$2,695.58	\$2,539.83	
	6 \$99,134	\$111,531	\$105,087	125 \$117,220	\$131,866	\$124,247	\$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 (%):	71,103,003	12.5%	6.0%	71,700,030	12.5%	6.0%	720,733	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

## Executive Summary of Dental Coverage

City of Edgewater

January 1, 2025 - December 31, 2025

Vendor	Principal			Principal		
Network:		Principal		Principal		
Plan Name:	Low Plan		High Plan			
		Network			Network	
Plan Details	Single	Network	Family	Single	IVELVIOIR	Family
Coinsurance Percentage (Preventive   Basic   Major   Ortho):	Single	100%   100%   60%   N/A	<u> </u>	Single	100%   80%   50%   N/A	
Deductible (Family Maximum):	\$50	100/0   100/0   00/0   11//1	\$150	\$50	10070   0070   5070   11/71	\$150
Deductible Waived for Preventive:	730	Yes	<b>7130</b>	730	Yes	7130
Calendar 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	14/71	Frequency	Benefit Level	14/71	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
(-Ray (Bitewings):	Preventive		1 per year	Preventive		1 per year
(-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 1
illings:	Basic		1 per 2 years	Basic		1 per 2 years
Oral Surgery (Simple):	Basic		I per 2 years	Basic		I per Z years
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
mplants:	Major		1 per 5 years	Major		1 per 5 years
Non-Network Details	iviajoi	Non-Network	i per 3 years	iviajoi	Non-Network	i per 5 years
Coinsurance Percentage (Preventive   Basic   Major   Ortho):		100%   100%   60%   N/A			100%   80%   50%   N/A	
Deductible (Family Maximum):	\$50	100%   100%   00%   11/A	\$150	\$50	100%   80%   30%   11/A	\$150
Deductible Waived for Preventive:	730	Yes	<b>Ş130</b>	750	Yes	\$150
Calendar Year Maximum:		\$1,000			\$1,000	
Percent of UCR:		MAC			90th	
reitent of ock.		IVIAC			30tii	
Waiting Periods:		None			None	
Late Entrant Penalties:		Not Permitted			Not Permitted	
Allows Annual Open Enrollment:		Yes			Yes	
ncluded Rollover:		Yes			Yes	
Employer Contribution:		50%			50%	
Participation Requirement:		50%			50%	
Rate Guarantee:	1,	90% Year (01/01/2024 - 12/31/20	124)	1 \	90% Year (01/01/2024 - 12/31/2	024)
atte Guarantee.		rear (01/01/202+ 12/01/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rear (01/01/202+ 12/31/2	02-1)
Plan Rates   Current Enrollment	Current	Renewal	Revised	Current	Renewal	Revised
Employee:	73 \$26.68	\$28.41	\$27.48	\$26.68	\$28.41	\$27.48
Family:	\$68.95	\$73.43	\$71.02	\$68.95	\$73.43	\$71.02
Total:	130		59			
Estimated Monthly Dramiums	\$5,878	\$6,259	\$6,054	\$3,011	\$3,207	\$3,102
stillated Monthly Premiums.		\$75,113	\$72,650	\$36,136	\$38,482	\$37,220
Estimated Monthly Premiums: Estimated Annual Premiums:	\$70 <i>,</i> 533	713,113	-			
·	\$70,533	6.5%	3.0%		6.5%	3.0%
stimated Annual Premiums:	\$70,533 Current		3.0% Revised		6.5%	3.0%
Estimated Annual Premiums: Rate Change from Current:	Current	6.5% Renewal	Revised		6.5%	3.0%
Estimated Annual Premiums: Rate Change from Current: Estimated Grand Total Annual Premiums:	Current \$106,669	6.5% Renewal \$113,596	Revised \$109,870		6.5%	3.0%
Estimated Annual Premiums: Rate Change from Current: Estimated Grand Total Annual Premiums: PEPY	Current	6.5%  Renewal  \$113,596  \$601	Revised \$109,870 \$581		6.5%	3.0%
Estimated Annual Premiums:	Current \$106,669	6.5% Renewal \$113,596	Revised \$109,870		6.5%	3.0%

Current | Renewal | Revised

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: Incl					
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

Notes:

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				
	35% at age 65				
Reduction Schedule:	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	Curr	ent
	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	

 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

No Rate Change

### 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			
Vorksite 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: