



**Town of Surfside
Town Commission Meeting
AGENDA**

**September 8, 2015
7 p.m.**

Town Hall Commission Chambers - 9293 Harding Ave, 2nd Floor
Surfside, FL 33154

Rule 7.05 Decorum. Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the commission shall be barred from further appearance before the commission by the presiding officer, unless permission to continue or again address the commission is granted by the majority vote of the commission members present. No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker or his or her remarks shall be permitted. Signs or placards may be disallowed in the commission chamber by the presiding officer. Persons exiting the commission chambers shall do so quietly.

Rule 6.05 Agenda. The good and welfare portion of the agenda set for 8:15 p.m. shall be restricted to discussion on subjects not already specifically scheduled on the agenda for discussion and debate. In no event shall this portion of the agenda be allotted more than 45 minutes with each speaker to be given no more than three minutes, unless by vote of a majority of the members of the commission present, it is agreed to extend the time frames. Likewise, commission members shall be restricted to speaking three minutes each unless an extension is granted in the same manner as set forth in the prior sentence.

Per Miami Dade County Fire Marshal, the Commission Chambers has a maximum capacity of 99 people. Once reached this capacity, people will be asked to watch the meeting from the first floor.

** Denotes agenda items as "must haves" which means there will be significant impacts if the item is not addressed tonight. If these items have not been heard by 10 p.m., the order of the agenda will be changed to allow them to be heard.*

1. Opening

- A. Call to Order**
- B. Roll Call of Members**
- C. Pledge of Allegiance**
- D. Mayor and Commission Remarks – Mayor Daniel Dietch**
- E. Agenda and Order of Business Additions, deletions and linkages**
- F. Community Notes – Mayor Daniel Dietch**
- G. Master Municipal Clerk (MMC) Plaque Presentation to Sandra Novoa, MMC – Florida Association of City Clerks (FACC) President-Elect Chevelle D. Nubin, MMC, City of Delray Beach**

2. Quasi-Judicial Hearings (None)

3. Consent Agenda (*Set for approximately 7:30 p.m.*)

All items on the consent agenda are considered routine or status reports by the Town Commission and will be approved by one motion. Any Commission member may request that an item be removed from the Consent Agenda and discussed separately.

Recommended Motion: To approve all consent agenda items as presented below.

A. Minutes – Sandra Novoa, CMC, Town Clerk

August 11, 2015 – Regular Commission Meeting

B. Budget to Actual Summary as of June 30, 2015 – Guillermo Olmedillo, Town Manager

***C. Town Manager’s Report – Guillermo Olmedillo, Town Manager**

- **See Click Fix**
- **Parking Structure RFEI**
- **Resort Tax Board Ordinance**
- **Ten Year Water Supply Plan**
- **Development Applications**
- **Code Compliance**
- **Enterprise Resource Planning (ERP)**
- **Public Safety Issues**
- **Police Department Events**
- **Information Technology & TV Broadcast**
- **Town-Owned Seawall Repair**

***D. Town Attorney’s Report – Linda Miller, Town Attorney**

E. Committee Reports – Guillermo Olmedillo, Town Manager

- May 6, 2015 Parks and Recreation Committee Meeting Minutes
- June 11, 2015 Pension Board Meeting Minutes

F. After the Fact Approval to Increase the Parking Meter Rate from \$1.25 to \$1.50 Per Hour – Guillermo Olmedillo, Town Manager

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE (“TOWN”), FLORIDA, APPROVING AN AFTER THE FACT INCREASE OF THE PARKING METER RATE FROM \$1.25 TO 1.50 PER HOUR FOR ALL TOWN PARKING SPACES; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

4. Ordinances

(Set for approximately N/A p.m.) (Note: Good and Welfare must begin at 8:15)

A. Second Reading Ordinances

(Set for approximately 8:30 p.m.) (Note: Good and Welfare must begin at 8:15)

B. First Reading Ordinances

1. Structure Window Requirements – Guillermo Olmedillo, Town Manager

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING CHAPTER 90 “ZONING”, AND SPECIFICALLY AMENDING SECTION 90-50 “ARCHITECTURE AND ROOF DECKS” TO MODIFY THE CODE TO REQUIRE FRONT AND STREET SIDE FAÇADES TO HAVE A WINDOW LOCATED ON EACH WALL PLANE AND A TOTAL OF 10% WALL OPENINGS PER ELEVATION FOR SINGLE FAMILY HOMES; PROVIDING FOR INCLUSION IN THE CODE; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

2. Number of Stories – Sarah Sinatra, Town Planner

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING THE TOWN OF SURFSIDE CODE OF ORDINANCES BY AMENDING CHAPTER 90 ZONING; SPECIFICALL AMENDING SECTION 90-43 MAXIMUM BUILDING HEIGHTS; PROVIDING FOR INCLUSION IN THE CODE: PROVIDING FOR SEVERABILITY; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

5. Resolutions and Proclamations

(Set for approximately 8:45 p.m.) (Note: Depends upon length of Good and Welfare)

- A. Employee Health Benefits Contract Renewal FY 15-16 – Guillermo Olmedillo, Town Manager**

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE, FLORIDA, APPROVING THE GROUP HEALTH AND VISION WITH UNITEDHEALTHCARE, DENTAL COVERAGE WITH GUARDIAN AND TERM LIFE INSURANCE, ACCIDENTAL DEATH, SHORT TERM DISABILILTY, AND LONG TERM DISABILITY WITH MUTUAL OF OMAHA; PROVIDING FOR AUTHORIZATION; PROVIDING FOR AN EFFECTIVE DATE.

- B. Employee Health Insurance Broker Services – Guillermo Olmedillo, Town Manager**

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE, FLORIDA, AUTHORIZING THE CONTINUATION OF INSURANCE BROKER SERVICES WITH ADAMS BENEFIT, INC. TO BE THE INSURANCE BROKER FOR ALL OF THE TOWN'S SERVICES RELATED TO EMPLOYEE HEALTH, DISABILITY, LIFE, DENTAL, AND OTHER RELATED BENEFITS PROGRAMS; AUTHORIZING THE TOWN MANAGER TO ACCEPT THE PROPOSAL SUBMITTED BY ADAMS BENEFITS, INC.; PROVIDING FOR AUTHORIZATION; PROVIDING FOR AN EFFECTIVE DATE.

- C. Beach Nourishment Resolution – Mayor Daniel Dietch**

A RESOLUTION OF THE TOWN OF SURFSIDE, FLORIDA, SUPPORTING THE DADE COUNTY BEACH EROSION CONTROL AND HURRICANE PROTECTION PROJECT, AND URGING MIAMI-DADE COUNTY, THE STATE OF FLORIDA, AND THE UNITED STATES ARMY CORPS OF ENGINEERS TO PROVIDE RECURRING APPROPRIATIONS TO ADVANCE BEACH RENOURISHMENT IN SURFSIDE AND MIAMI-DADE COUNTY ON OR AHEAD OF SCHEDULE; PROVIDING DIRECTION TO THE TOWN CLERK TO TRANSMIT A COPY OF THIS RESOLUTION TO THE BOARD OF COUNTY

**COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA
CLERK OF THE HOUSE, GOVERNOR, SENATE PRESIDENT,
HOUSE SPEAKER, CHAIR AND MEMBERS OF THE MIAMI-
DADE STATE LEGISLATIVE DELEGATION, AND THE UNITED
STATES ARMY CORPS OF ENGINEERS; AND PROVIDING FOR
AN EFFECTIVE DATE.**

6. Good and Welfare (Set for approximately 8:15 p.m.)

Public comments for subjects or items not on the agenda. Public comment on agenda items will be allowed when agenda item is discussed by the Commission.

7. Town Manager and Town Attorney Reports

Town Manager and Town Attorney Reports have been moved to the Consent Agenda – Item 3.

All items on the Consent Agenda are considered routine or status reports by the Town Commission and will be approved by one motion. Any Commission member may request that an item be removed from the consent agenda and discussed separately.

8. Unfinished Business and New Business

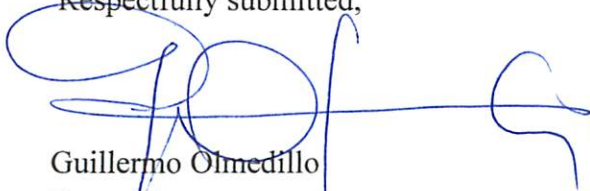
- A. Appointment to the Police Retirement Trust Fund per F.S. Ch. 185 (Verbal) – Guillermo Olmedillo, Town Manager**

9. Mayor, Commission and Staff Communications

- A. Appointment to the Design Review Board (Verbal) – Guillermo Olmedillo**
B. Ad-Hoc Business District Improvement Committee – Vice Mayor Tourgeman

10. Adjournment

Respectfully submitted,



Guillermo Olmedillo
Town Manager

ACCOMMODATIONS TO PARTICIPATE IN THIS MEETING BECAUSE OF THAT DISABILITY SHOULD CONTACT THE OFFICE OF THE TOWN CLERK AT 305-861-4863 EXT. 226 NO LATER THAN FOUR DAYS PRIOR TO SUCH PROCEEDING.

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 286.0105, FLORIDA STATUTES, ANYONE WISHING TO APPEAL ANY DECISION MADE BY THE TOWN OF SURFSIDE COMMISSION, WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING OR HEARING, WILL NEED A RECORD OF THE PROCEEDINGS AND FOR SUCH PURPOSE, MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE WHICH RECORD SHALL INCLUDE THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

AGENDA ITEMS MAY BE VIEWED AT THE OFFICE OF THE TOWN CLERK, TOWN OF SURFSIDE TOWN HALL, 9293 HARDING AVENUE. ANYONE WISHING TO OBTAIN A COPY OF ANY AGENDA ITEM SHOULD CONTACT THE TOWN CLERK AT 305-861-4863. A COMPLETE AGENDA PACKET IS ALSO AVAILABLE ON THE TOWN WEBSITE AT www.townofsurfsidefl.gov.

TWO OR MORE MEMBERS OF OTHER TOWN BOARDS MAY ATTEND THIS MEETING.

THESE MEETINGS MAY BE CONDUCTED BY MEANS OF OR IN CONJUNCTION WITH COMMUNICATIONS MEDIA TECHNOLOGY, SPECIFICALLY, A TELEPHONE CONFERENCE CALL. THE LOCATION 9293 HARDING AVENUE, SURFSIDE, FL 33154, WHICH IS OPEN TO THE PUBLIC, SHALL SERVE AS AN ACCESS POINT FOR SUCH COMMUNICATION.



Florida Association of City Clerks

Founded October 26, 1972

www.floridaclerks.org

2015-2016

Board of Directors

Tracy Ackroyd, MMC
President
685 W. Montrose Street
Clermont, FL 34711
(352) 394-4081

Chevelle D. Nubin, MMC
President-Elect
100 NW 1st Avenue
Delray Beach, FL 33444
(561) 234-7051

Gwen Keough-Johns, MMC
Vice-President
510 N. Baker Street
Mount Dora, FL 32757
(352) 735-7100

John Gill, CMC
Northeast Director
101 White Ave.
Live Oak, FL 32064
(386) 362-2272

Leslie Gonzalez, CMC
Northwest Director
7995 N. Century Boulevard
Century, FL 32535
(850) 256-3208

Patricia Burke, MMC
Central East Director
5030 Paul Hurtt Lane
Palm Shores, FL 32940
(321)242-4555

Kerri Miller, CMC
Central West Director
PO Box C
Plant City, FL 33564
(813) 659-4200

Pamela Latimore, CMC
Southeast Director
17011 NE 19th Avenue
North Miami Beach, FL 33162
(305) 787-6001

Stacey Johnston, MMC
Southwest Director
5801 Marina Drive.
Homes Beach, FL 34217
(941)708-5800

Audrey Sikes, MMC
Immediate Past President
205 N. Marion Avenue
Lake City, FL 32055
(386) 719-5756

August 19, 2015

Ms. Sandra Novoa, MMC
Town of Surfside
9293 Harding Avenue
Surfside, FL 33154-3009

Dear Sandra:

Congratulations on achieving the great honor of Master Municipal Clerk certification. I know that you are truly dedicated to the professionalism of the Municipal Clerk through the completion of the advanced continued education program. The journey towards certification can be time consuming and challenging; however, it is also very educational and rewarding and you prevailed! It is evident that you are highly motivated and dedicated to your profession in attaining this prestigious designation. I commend you for your hard work and perseverance towards achieving this goal.

On behalf of the Florida Association of City Clerks, we salute you on a job well done and we are very proud to have you as our newest Master Municipal Clerk.

Now that you have completed the requirements for the MMC designation; I encourage you to pursue continued professional education. As clerks, we must never stop learning, advancing and gaining new knowledge as our field is constantly changing. I look forward to your participation in future FACC conferences and academies.

If there is anything the FACC can do to assist you, please do not hesitate to contact me, any member of the Board of Directors or our staff.

Sincerely,

Tracy Ackroyd, MMC
President



**Town of Surfside
Town Commission Meeting
MINUTES
August 11, 2015
7 p.m.**

Town Hall Commission Chambers - 9293 Harding Ave, 2nd Floor
Surfside, FL 33154

1. Opening

A. Call to Order

Mayor Dietch called the meeting to order at 7:00 P.M.

B. Roll Call of Members

Town Clerk Sandra Novoa called the roll with the following members present: Mayor Dietch, Commissioner Olchyk, and Commissioner Karukin. Vice Mayor Tourgeman arrived at 7:03 P.M. and Commissioner Cohen arrived at 7:04 PM.

C. Pledge of Allegiance

Commissioner Howard Weinberg from the City of Adventura led the Pledge of Allegiance

D. Mayor and Commission Remarks – Mayor Daniel Dietch

Vice Mayor Tourgeman congratulated Town Clerk Sandra Nova on her being awarded the degree of Masters Municipal Clerk (MMC). He also shared an email he received which said the Grand Beach Hotel had received a very special award.

Commissioner Karukin made a motion to take next Item 9F Appointments to the Coastal Issues Committee. The motion received a second from Vice Mayor Tourgeman and all voted in favor.

E. Agenda and Order of Business Additions, deletions and linkages

Commissioner Karukin appointed Jessica Weiss to the Tourist Board as Sandra Argo has resigned. Ms. Weiss will be submitting her resignation to the Design and Review Board and serve on the Tourist Board. The Mayor directed the Town Clerk to help coordinate finding a replacement and directed the Town Manager to send out a notice that there is an opening on the Design and Review Board as well as any other board openings there may be.

Commissioner Karukin asked that they defer items 4A1 and 4A2 because the Planning and Zoning Committee deferred the items as they requested more information from the Town Planner.

Vice Mayor Tourgeman asked to move Item 5DA to no later than 7:30 p.m. and to hear Item 9F before Good and Welfare.

Town Manager Olmedillo asked that Items 9D and 9E be heard after Good and Welfare.

F. Community Notes – Mayor Daniel Dietch

Mayor Dietch announced the upcoming community events which can be found in the Gazette and on the Town's website. Vice Mayor Tourgeman gave an update on the Tourist Board and upcoming events.

2. Quasi-Judicial Hearings (None)

3. Consent Agenda

Pulled Items:

Commissioner Karukin pulled Item 3A, Item I Minutes, and Item 11. Commissioner Cohen pulled Item 3C Parking Structure.

Commissioner Karukin made a motion to approve the consent agenda minus the pulled items. The motion received a second from Commissioner Olchyk and all voted in favor.

A. Minutes – Sandra Novoa, CMC, Town Clerk

July 14, 2015 – Special Commission Meeting

July 14, 2015 – Regular Commission Meeting

B. Budget to Actual Summary as of May 31, 2015 – Guillermo Olmedillo, Town Manager

***C. Town Manager's Report – Guillermo Olmedillo, Town Manager**

- **Film Ordinance**
- **See Click Fix**
- **Parking Structure RFEI**
- **Resort Tax Board Ordinance**
- **Historic Preservation**
- **Ten Year Water Supply Plan**
- **Development Applications**
- **Code Compliance Cases Settled**
- **Enterprise Resource Planning (ERP)**
- **Traffic Issues**
- **Police Department Events**
- **Information Technology & TV Broadcast**
- **Town-Owned Seawall Repair**

***D. Town Attorney's Report – Linda Miller, Town Attorney**

E. Committee Reports – Guillermo Olmedillo, Town Manager

- May 28, 2015 Planning and Zoning Board and Design Review Board
- June 1, 2015 Tourist Board Meeting Minutes
- July 8, 2015 Tourist Board Meeting Minutes

F. Renewal of Voluntary Cooperation Mutual Aid Agreement with the South Florida Money Laundering Strike Force – Guillermo Olmedillo, Town Manager

A RESOLUTION OF THE TOWN OF SURFSIDE, FLORIDA APPROVING THE RENEWAL OF THE VOLUNTARY COOPERATION MUTUAL AID AGREEMENT BETWEEN THE SOUTH FLORIDA MONEY LAUNDERING STRIKE FORCE AND THE TOWN OF SURFSIDE, FLORIDA; AUTHORIZING THE TOWN MANAGER AND CHIEF OF POLICE TO EXECUTE AND IMPLEMENT THE TERMS AND CONDITIONS OF THE MUTUAL AID AGREEMENT; AND PROVIDING FOR AN EFFECTIVE DATE.

Approved on consent.

Pulled Items:

Commissioner Karukin Item 3A 1 Minutes said on page 11 regarding beach chairs to correct Haulover to read Hallandale.

In the Town Manager's Report he asked if alley way improvement project be added in his budget report.

Commissioner Cohen pulled Item 3C Parking Structure and said he would like to address this at a later time. He also defended the Town Manager on the RFPI in his decision.

Karukin Item 11 regarding background music on the local channel while they are viewing announcements and community notes. The Town Manager is looking into this.

Commissioner Karukin made a motion to approve the pulled items. The motion received a second from Vice Mayor Tourgeman and all voted in favor with Commissioner Olchyk absent for the vote.

4. Ordinances

A. Second Reading Ordinances

- 1. Amendment to Section 90-51. Maximum Frontage of Buildings -**
Commissioner Michael Karukin

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING THE TOWN OF SURFSIDE CODE OF ORDINANCES BY AMENDING CHAPTER 90 ZONING; AMENDING SECTION 90-51 MAXIMUM FRONTAGE OF BUILDINGS; SPECIFICALLY AMENDING SECTION 90-51.1 CONTINUOUS WALL FRONTAGE; PROVIDING FOR INCLUSION IN THE CODE; PROVIDING FOR SEVERABILITY; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the ordinance.

Commissioner Karukin made a motion to defer the item to October 13, 2014 p.m. at 7:00 P.M. in Town Hall Chambers. The motion received a second from Commissioner Olchyk and all voted in favor.

2. Corridor Analysis – Guillermo Olmedillo, Town Manager

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING THE TOWN OF SURFSIDE CODE OF ORDINANCES BY AMENDING CHAPTER 90 ZONING TO IMPLEMENT THE CORRIDOR ANALYSIS PROPOSALS FOR THE AREA BETWEEN COLLINS AND HARDING AVENUES FROM 94TH STREET TO 88TH STREET; AMENDING SECTION 90-2 “DEFINITIONS”; AMENDING SECTION 90-44 “MODIFICATIONS OF HEIGHT REGULATIONS”; AMENDING SECTION 90-44.2; AMENDING SECTION 90-45 –SETBACKS; AMENDING SECTION 90-50 “ARCHITECTURE AND ROOF DECKS”; AMENDING SECTION 90-50.1 “ARCHITECTURE”; AMENDING SECTION 90-51 “MAXIMUM FRONTAGE OF BUILDINGS”; AMENDING SECTION 90-61 “PAVING IN FRONT AND REAR YARDS IN H31 AND H40 DISTRICTS”; AMENDING SECTION 90-61.2; PROVIDING FOR INCLUSION IN THE CODE; PROVIDING FOR SEVERABILITY; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the ordinance.

Commissioner Karukin made a motion to defer the item to October 13, 2014 p.m. at 7:00 P.M. in Town Hall Chambers. The motion received a second from Commissioner Olchyk and all voted in favor.

3. Single Family District Paint Colors – Sarah Sinatra, Town Planner

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING CHAPTER 90 “ZONING”, AND SPECIFICALLY AMENDING SECTION 90-50 “ARCHITECTURE AND ROOF DECKS” TO LIMIT THE PERMITTED COLORS IN THE H30A AND H30B ZONING DISTRICTS TO THE FOUR LIGHTEST COLORS ON A COLOR SWATCH; PROVIDING FOR INCLUSION IN THE CODE; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the ordinance.

Town Planner Sinatra presented the item.

Vice Mayor Tourgeman made a motion to approve. The motion received a second from Commissioner Olchyk. The motion carried 4-1 with Commissioner Karukin voting in opposition.

B. First Reading Ordinances

1. Beach Furniture Ordinance – Guillermo Olmedillo, Town Manager [*Set for Time Certain at 7:30PM*]

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING ARTICLE II “LOCAL BUSINESS TAX RECEIPT” OF CHAPTER 70 “TAXATION” AND SPECIFICALLY AMENDING “SECTION 70-41 “LOCAL BUSINESS TAX SCHEDULE”; AMENDING ARTICLE II, PUBLIC BEACHES, SPECIFICALLY AMENDING SECTION 86-26 “DEFINITIONS”; AMENDING SECTION 86.27 “INTENT OF ARTICLE”; CREATING SECTION 86-30 “BEACH FURNITURE”; CREATING SECTION 86-31 “BEACH FURNITURE PERMIT”; CREATING SECTION 86-32 “PERMIT CONDITIONS”; CREATING SECTION 86-33 “CIVIL FINES AND PENALTIES; DENIAL OF FUTURE PERMITS TO REPEAT VIOLATORS”; CREATING SECTION 86-34 “RIGHTS; PAYMENT OF FINE; RIGHT TO APPEAL; FAILURE TO PAY CIVIL FINE OR TO APPEAL”; PROVIDING FOR INCLUSION IN THE CODE; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the ordinance. Manager Olmedillo gave further information on the item.

Commissioner Karukin made a motion to refer the item to the Coastal Issues Committee and have them come back with a report to the Commission at the October, 2015 meeting. The motion received a second from Commissioner Olchyk. Commissioner Cohen and Vice Mayor Tourgeman voted in opposition. Vice Mayor Tourgeman would like to hear from the public speakers before voting. Commissioner Olchyk would like the recommendation of the Coastal Issues Committee but would like to hear the public views. The Mayor reminded all that he had suggested a town meeting first.

Commissioner Karukin withdrew the motion. The motion received a second from Commissioner Olchyk.

Vice Mayor Tourgeman made a motion to accept and refer to the Coastal Issues Committee. The motion received a second from Commissioner Karukin. Commissioner Karukin withdrew his second to the motion. The motion died for a lack of a second.

Commissioner Karukin made a motion to refer the ordinance to the Coastal Issues Committee. The motion received a second from Commissioner Olchyk. The motion carried 4-1 with Vice Mayor Tourgeman absent for the vote.

Public Speakers:

-Joel Simmonds representing the Grand Beach Hotel said they would like to comply with the town and have a better understanding of the proposal.

-Tina Paul said to be aware that this is a public beach and opening it up to commercial businesses leaves a lot of grey areas and may take away from what the public has been enjoying.

-Alex Tachmes representing the Surf Club, said both hotel guests and the general public can work this out so all can enjoy the beach. He feels the ordinance as presented has some serious issues of their concern. He said that Colin Clark and Stephen Letterman also from the Surf Club (Four Seasons) will give more input on the item.

-Clara Diaz-Leal Parker said there are some people from the hotels who view the public putting their chairs on the beach near the hotel as “what are you doing here?” All have to be reminded that it is a public beach for all to use. She cautions the allowance of vendors on the beach to rent chairs and other beach related items.

-Marisa Alonso agrees that lounge chairs should be put out as needed and hotels should not litter the beach with unoccupied chairs.

The Mayor paused the public hearing on this item to go to Good and Welfare as it is a time certain agenda item.

-Deborah Cimadevilla said this is not a battle between developers and residents but preserving communal space. With new developers coming in where is the public going to enjoy the beach.

-Jeffrey Platt read the analysis which talks about public safety but then on another page the report just deals with how best to sell to vendors. His understanding was that Surfside was not to allow concessions on the beach. He also said he heard someone in Surfside was trying to start a business organizing beach vendors.

-Marianne Meischeid asked who issues permits for beach chairs. Who is in charge of allowing concessions.

-Joel Simmonds, representing the Grand Beach Hotel, said patrons of hotels are also members of the public. He would like to see all working together and having discussions with the Coastal Issues Committee.

-George Kousoulas gave a visual presentation of the diagram of the beach and the ordinance as presented. He suggested they look at his proposal of using 40 feet instead of 20 feet and some other changes he believes would be beneficial to the town.

-Michael Kashton representing the Surf Club said we all have to work together and responded to some of the comments made by the public. He believes the issue should go to a workshop as there is much to be discussed.

-Colin Clark of the Four Seasons in Palm Beach spoke and said they were front and foremost in keeping safety and preservation of the beaches. He also said they have always had positive relations with other communities.

-Louis Cohen said we have to work with developers and is in favor of the new Coastal Issues Committee.

-Stephen Leatherman working with the Surf Club said the placing of beach chairs is something he would like to discuss further.

-Silvia Coltrane a developer, said she is not trying to organize anything. She said she is willing to work with the Committee as all hotels need beach chairs and is in favor of regulation.

-Achlene Ayalin said beach chairs should be put out on an as needed basis. She is against the stacking of chairs on the beach at the end of the day. She also mentioned the issue of litter that may accumulate as non residents may not care as much about keeping the beach clean.

-Jean McKeen thanked the Commission for bringing forth the ordinance and thinks it is a fair document.

Commissioner Cohen said we should also look at the effect that water vehicles have such as wave runners as well as lots of unused chairs on the beach.

Commissioner Olchyk felt the ordinance as presented is very raw and feels it should be referred to the Coastal Issues Committee for further discussion.

Mayor Dietch said for the record the issue of securing beach chairs and removal needs further discussion. He also said for the record that there was a lot of concern from the speakers and the anticipation of what the Surf Club may or may not do but they have not put out beach chairs today. However, there are many multi-family establishments on the beach that do have beach chairs out and they are your neighbors and are residents. To his recollection there is only one hotel that puts out beach chairs. He is in favor of chairs on an as needed basis. As to clean up at the end of the day it should be required. Anyone who is in violation and does not comply with code should have their permit or license revoked. He also talked about town beach related events and also thanked Mr. Kousoulas for his concept of a sketch.

5. Resolutions and Proclamations

A. Purchase a 2015 Ford F-250 P/U Extend Cab with Utility Box – Guillermo Olmedillo, Town Manager

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, TO APPROVE THE PURCHASE OF A 2015 FORD F-250 PICKUP TRUCK PIGGYBACKING OFF THE FLORIDA SHERIFFS ASSOCIATION AND FLORIDA ASSOCIATION OF COUNTIES BID NO. 14-22-0904 FOR \$32,770.00 FROM MACHINERY AND EQUIPMENT ACCOUNT NO. 401-9900-536.64.10; PROVIDING FOR APPROVAL AND AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the resolution.

Commissioner Karukin made a motion to approve. The motion received a second from Commissioner Olchyk and all voted in favor.

B. Purchase a 2015 CASE SR 160 Skid-Steer with Broom Attachment – Guillermo Olmedillo, Town Manager

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, TO APPROVE THE PURCHASE OF A 2015 CASE SR 160 SKID STEER LOADER PIGGYBACKING OFF THE STATE OF FLORIDA TERM CONTRACT NO. 760-000-10-1 FOR \$32,000.00 FROM MACHINERY AND EQUIPMENT ACCOUNT NO. 404-5500-538.64.10; PROVIDING FOR APPROVAL AND AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the resolution.

Commissioner Karukin made a motion to approve. The motion received a second from Commissioner Olchyk and all voted in favor with Commissioner Cohen absent from the dais.

C. South Florida Mayor's Beach Alliance – Mayor Daniel Dietch

A RESOLUTION OF THE TOWN OF SURFSIDE, FLORIDA SUPPORTING THE CREATION OF THE SOUTH FLORIDA MAYORS' BEACH ALLIANCE; DIRECTING THE TOWN CLERK TO TRANSMIT A COPY OF THIS RESOLUTION TO THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY AND ALL THE MEMBER MUNICIPALITIES OF THE SOUTH FLORIDA MAYORS' BEACH ALLIANCE; AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the resolution.

Vice Mayor Tourgeman made a motion to approve. The motion received a second from Commissioner Olchyk and all voted in favor.

The Mayor thanked County Commissioner Xaiver Suarez for his support on this item.

D. A Resolution urging the Florida Legislature to promote and provide therapeutic jurisprudence to children victims and witnesses of human trafficking in the justice system – Vice Mayor Eli Tourgeman [*Set for Time Certain at 7:20PM*]

A RESOLUTION OF THE TOWN OF SURFSIDE, FLORIDA, URGING THE FLORIDA LEGISLATURE TO PROMOTE AND PROVIDE THERAPEUTIC JURISPRUDENCE TO CHILDREN VICTIMS AND WITNESSES OF HUMAN TRAFFICKING IN THE JUSTICE SYSTEM; AND PROVIDING DIRECTION TO THE TOWN CLERK TO TRANSMIT A COPY OF THIS RESOLUTION TO THE FLORIDA LEGISLATURE, GOVERNOR, SENATE PRESIDENT, HOUSE SPEAKER, CHAIR AND MEMBERS OF THE MIAMI-DADE STATE LEGISLATIVE DELEGATION, BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, MIAMI-DADE COUNTY STATE ATTORNEY'S OFFICE, FLORIDA ATTORNEY GENERAL'S OFFICE, UNITED STATES DEPARTMENT OF HOMELAND SECURITY, MIAMI-DADE COUNTY LEAGUE OF CITIES, AND FLORIDA LEAGUE OF CITIES; AND PROVIDING FOR AN EFFECTIVE DATE.

Vice Mayor Tourgeman presented the item. He introduced Miami-Dade County Assistant State Attorney Luis Caso who spoke on the item and its importance. Rachel Tourgeman who leads this task at Florida International University also spoke on the importance of this

issue and ordinance. Vice Mayor Tourgeman thanked the town attorney's office for all their hard work. Mayor Dietch thanked the Vice Mayor for his work on bringing this forward.

Vice Mayor Tourgeman made a motion to approve. The motion received a second from Commissioner Karukin and all voted in favor.

E. Florida for Solar Choice Support Resolution – Mayor Daniel Dietch

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA URGING THE FLORIDA LEGISLATURE TO REMOVE BARRIERS TO CUSTOMER-SITED SOLAR POWER AND EXPRESSING SUPPORT FOR THE FLORIDIANS FOR SOLAR CHOICE BALLOT PETITION; PROVIDING DIRECTION TO THE TOWN CLERK TO TRANSMIT A COPY OF THIS RESOLUTION TO THE FLORIDA LEGISLATURE; THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, ALL MUNICIPALITIES IN MIAMI-DADE COUNTY, THE MIAMI-DADE COUNTY LEAGUE OF CITIES, AND FLORIDA LEAGUE OF CITIES AND PROVIDING FOR AN EFFECTIVE DATE.

Town Clerk Sandra Novoa read the title of the resolution.

Commissioner Cohen made a motion to approve. The motion received a second from Commissioner Karukin and all voted in favor

6. Good and Welfare (*Set for approximately 8:15 p.m.*)

Mayor Dietch opened the meeting to public speakers.

-Marianne Meisheid had questions regarding the RFEI and if the Commission has made any decisions.

No one else wishing to speak the Mayor closed Good and Welfare.

Town Manager Olmedillo responded to Ms. Meisheid and gave more details as to what the RFEI is. He also gave an update as to what the town has done to date.

Mr. Jeffrey Platt asked if he could speak and the Mayor reopened Good and Welfare. Mr. Platt had an issue with the Town Manager not following a direct order from the Commission to send out an RFEI on just one site.

The Mayor closed Good and Welfare and resumed to Item B.1 and the public speakers.

7. Town Manager and Town Attorney Reports

Town Manager and Town Attorney Reports have been moved to the Consent Agenda – Item 3.

8. Unfinished Business and New Business

A. Ethics Ordinance Enhancement – Mayor Daniel Dietch

Mayor Dietch presented the item. Mayor Dietch stated he is clearly for these standards. Other members of the Commission were not supportive and no action was taken.

B. Appointment to the Police Retirement Trust Fund per F.S. Ch. 185 (Verbal) – Guillermo Olmedillo, Town Manager

Town Clerk Nova gave an update and a recommendation. The Commission would like to review and not make a recommendation tonight. No action was taken.

9. Mayor, Commission and Staff Communications

A. Approval to Increase the Parking Meter Rate from \$1.25 to \$1.50 Per Hour – Guillermo Olmedillo, Town Manager

Manager Olmedillo presented the item. Chief Allen also spoke on the item.

Commissioner Olchyk left at 9:55 p.m.

Commissioner Cohen made a motion to approve. The motion received a second from Vice Mayor Tourgeman. The motion carried 3-2 with Commissioner Karukin voting in opposition and Commissioner Olchyk absent.

B. Historic Preservation – Guillermo Olmedillo, Town Manager

Town Planner Sinatra gave a brief explanation on the item.

The Commission was supportive.

C. Requiring Additional Windows for Each Façade – Vice Mayor Tourgeman

The Vice Mayor presented the item.

The Commission was supportive.

D. Paced Development – Guillermo Olmedillo, Town Manager

Manager Olmedillo presented the item. Commissioner Olchyk was delighted with the concept and wished they had known about it years ago. Commissioner Karukin thinks it is a great idea and fully supports it as does the Mayor. Commissioner Cohen questioned whether there really is a need for this and we should get more input.

Public Speaker Alex Tachmes said the Commission should be very careful and discuss this thoroughly before making a decision. He suggested getting attorney client input before going forward as construction will not be going on forever.

The Mayor said this is a discussion item and will look at staff recommendations.

E. Development Limits – Mayor Daniel Dietch

Mayor Dietch presented the item as to what we would like Surfside to look like in the future. Commissioner Olchyk was not in favor of change. Commissioner Karukin said he felt there were better ways to achieve what the Mayor was presenting. Commissioner Cohen had concerns about legal ramifications by down zoning height limits now. There was no support on the item.

Public Speaker George Kousoulas gave his views on the item and that the corridor should also be looked at.

F. Appointments to the Coastal Issues Committee (Verbal)– Guillermo Olmedillo, Town Manager

Manager Olmedillo presented the item and asked the Commission for their appointees.

The following appointments were made to the Coastal Issues Committee:

Mayor Dietch appointed Lou Cohen

Vice Mayor Tourgeman appointed Larisa Alonso

Commissioner Cohen appointed Daniel Gleldchinsky

Commissioner Karukin appointed Dr. David Carmona

Commissioner Olchyk appointed Bertha Goldenberg

The Mayor opened the item to public speakers.

-Marianne Meischeid asked what criteria the Commission used in their selection and why they think their candidate was qualified.

-Deborah Cimadevilla thanked the Commission for creating this Committee.

-Larisa Alonso thanked the Vice Mayor for appointing her and said she will serve with integrity and is a strong believer in the environment. She questioned the process of applying for the committee and if it was advertised.

-George Kousoulas asked the Commission to inform the Committee of all the ordinances, codes and legislation they may need to know.

The Mayor closed the public hearing.

Mayor Dietch said he believed the forming of the committee and applications for serving were advertised. The Commission gave their reasons for their appointments.

Next item taken on the agenda was 5D.A.

10. Adjournment

The meeting adjourned at 10:23 p.m.

Respectfully submitted,

Accepted this ____ day of _____, 2015

Daniel Dietch, Mayor

Attest:

Sandra Novoa, CMC
Town Clerk

TOWN OF SURFSIDE, FLORIDA
MONTHLY BUDGET TO ACTUAL SUMMARY
FISCAL YEAR 2014/2015

AS OF June 30, 2015

75% OF YEAR EXPIRED (BENCHMARK)

Agenda Item #

Page

1 of 3

Agenda Date: September 8, 2015

GOVERNMENTAL FUNDS	ACTUAL	ANNUAL BUDGETED	% BUDGET
<i>GENERAL FUND</i>			
REVENUE	\$10,657,988	\$12,040,318	89%
EXPENDITURES	9,057,742	\$12,040,318	75%
Net Change in Fund Balance	1,600,246		
Fund Balance-September 30, 2014 (Audited)	6,366,391 ^A		
Fund Balance-June 30, 2015 (Reserves)	<u>\$ 7,966,637</u>		
<i>RESORT TAX (TEDAC SHARE)</i>			
REVENUE	\$ 423,102 ^B	\$635,465	67%
EXPENDITURES	280,326	\$635,465	44%
Net Change in Fund Balance	142,776		
Fund Balance-September 30, 2014 (Audited)	180,297		
Fund Balance-June 30, 2015 (Reserves)	<u>\$ 323,073</u>		
<i>POLICE FORFEITURE/CONFISCATION</i>			
REVENUE	\$ 16,214	\$90,300	18%
EXPENDITURES	73,652	\$90,300	82%
Net Change in Fund Balance	\$ (57,438)		
Fund Balance-September 30, 2014 (Audited)	159,626		
Fund Balance-June 30, 2015 (Reserves)	<u>\$ 102,188</u>		
<i>TRANSPORTATION SURTAX</i>			
REVENUE	\$ 150,892	\$197,000	77%
EXPENDITURES	128,199	\$197,000	65%
Net Change in Fund Balance	22,693		
Fund Balance-September 30, 2014 (Audited)	396,740		
Fund Balance-June 30, 2015 (Reserves)	<u>\$ 419,433</u>		
<i>CAPITAL PROJECTS</i>			
REVENUE	\$ 117,036	\$1,249,322	9%
EXPENDITURES	1,029,844	\$1,249,322	82%
Net Change in Fund Balance	(912,808)		
Fund Balance-September 30, 2014 (Audited)	849,445		
Fund Balance-June 30, 2015 (Reserves)	<u>\$ (63,363)</u>		

NOTES:

* Many revenues received in subsequent months (timing difference) and are recorded on a cash basis in the month received.

A. Includes \$2,000,000 available for hurricane/emergencies. The balance of \$4,366,391 is unassigned fund balance (reserves).

B. Resort Tax Revenues for June 2015 are received in July 2015, the (Total collected through June 2015 is \$1,241,978)(\$423,102 is the TEDAC and \$818,876 is the General Fund).

ENTERPRISE FUNDS

ACTUAL

ANNUAL BUDGETED	% BUDGET
------------------------	-----------------

WATER & SEWER

REVENUE	\$ 2,747,594	\$2,909,908	94%
EXPENDITURES	2,319,740	\$2,909,908	80%
Change in Net Position	427,854		
Unrestricted Net Position-September 30, 2014 (Audited)	(3,501,884)		
Restricted Net Position	1,260,776 C1		
Unrestricted Net Position-June 30, 2015 (Reserves)	<u>\$ (1,813,254) C2</u>		

MUNICIPAL PARKING

REVENUE	\$ 721,140	\$1,062,878	68%
EXPENDITURES	729,705	\$1,062,878	69%
Change in Net Position	(8,565)		
Unrestricted Net Position-September 30, 2014 (Audited)	1,000,355		
Unrestricted Net Position-June 30, 2015 (Reserves)	<u>\$ 991,790</u>		

SOLID WASTE

REVENUE	\$ 1,043,267	\$1,261,360	83%
EXPENDITURES	1,001,318	\$1,261,360	79%
Change in Net Position	41,949		
Unrestricted Net Position-September 30, 2014 (Audited)	116,662		
Unrestricted Net Position-June 30, 2015 (Reserves)	<u>\$ 158,611</u>		

STORMWATER

REVENUE	\$ 373,155	\$505,000	74%
EXPENDITURES	598,633	\$505,000	119%
Change in Net Position	(225,478)		
Unrestricted Net Position-September 30, 2014 (Audited)	3,838,412		
Restricted Net Position	347,140 C3		
Unrestricted Net Position-June 30, 2015 (Reserves)	<u>\$ 3,960,074</u>		

NOTES:(con't)

C1. The Restricted Net Position of \$1,260,776 includes \$1,017,776 for renewal and replacement, and \$243,000 for State Revolving Loan reserves.

C2. The reserves balance of (\$1,813,254) is the result of a change in current net position as of June 2015 of \$427,854 net position as of September 30, 2014 of (\$3,501,884) includes \$651,144 for rate stabilization, plus Restricted Net Position of \$1,260,776.

C3. The Restricted Net Position of \$347,140 includes \$266,140 for renewal and replacement, \$81,000 for State Revolving Loan reserves.


 Donald G. Nelson, Finance Director
****ATTACHMENT**


 Guillermo Olmedillo, Town Manager

Town of Surfside
Fund Balance (Reserves)

FUND	9/30/2012	9/30/2013	9/30/2014	6/30/2015
General	\$ 5,266,374	\$ 5,304,042	\$ 6,366,391	\$ 7,966,637
Resort Tax	171,496	94,497	180,297	323,073
Police Forfeiture	122,272	138,143	159,626	102,188
Transportation Surtax	122,302	131,475	396,740	419,433
Capital	132,783	255,263	849,445	(63,363)
Water & Sewer	(1,931,707)	(5,261,333)	(3,501,884)	(1,813,254)
Parking	1,258,325	1,066,574	1,000,355	991,790
Solid Waste	228,437	227,274	116,662	158,611
Stormwater	104,651	2,520,512	3,838,412	3,960,074
Total	\$ 5,474,953	\$ 4,476,447	\$ 9,406,044	\$ 12,045,189



TOWN MANAGER'S REPORT SEPTEMBER 2015

COMMUNITY PROGRAMS / INITIATIVES / ENHANCEMENTS

1. See Click Fix

Report attached.

2. Parking Structure RFEI

The Parking Structure Request for Expression of Interest (RFEI) was issued and advertised on August 3, 2015. Interested respondents have until 2:00 pm September 25, 2015 to submit their information. It is anticipated that the Town Commission will receive a report on the submissions at the October 13, 2015 Town Commission meeting.

3. Resort Tax Board Ordinance

The Tourist Board approved one amendment to the Resort Tax Board Ordinance at the June 1, 2015 meeting. It is anticipated that this item will be brought before the Town Commission at the October 13, 2015 meeting.

PLANNING, ZONING AND DEVELOPMENT

4. Ten Year Water Supply Plan

The Town is required to update its Ten Year Water Supply Plan including identifying any alternate water supply sources and analyzing/updating data from our current supplier. Funds for this project are included in the FY 14/15 Budget. Work Authorization No. 89 – Ten Year Water Supply Plan has been executed with CGA in the amount of \$7,466.92. This was unanimously recommended for approval to the Town Commission by the Planning and Zoning Board at their March 26, 2015 meeting. The Town Commission approved this item until May 12, 2015, on first reading and transmitted it to the State of Florida for review and comment. Once the comments are addressed, we will schedule the item for second reading. It is tentatively scheduled for second reading at the October 2015 Town Commission meeting.

5. Development Applications

- a) 8851 Harding Avenue – A site plan application for a 23 unit development has been submitted to the Town. Staff held a Development Review Meeting with the applicant in January. A resubmittal addressing staff comments has not been received.
- b) 8800 Collins Avenue – A site plan application for a 25 unit development has been submitted to the Town. Staff held a Development Review Meeting with the applicant in March and June and a Development Impact Committee was held on July 22, 2015. Approximately 25 conditions were presented to the applicant and the project was reviewed and approved with conditions at the August 27, 2015 Planning and Zoning Board hearing.
- c) 9415-9421 Harding Avenue – A site plan application for a 145 square foot addition at the rear of the building abutting the alley has been submitted. Staff reviewed the application with the applicant and a Development Impact Committee meeting was held June 23, 2015. The applicant has indicated that they may no longer wish to proceed and has asked to stop any further reviews as this time.
- d) 9011 Collins Avenue – A site plan amendment application for the Surf Club has been received relating to elevation changes and interior breakdown of uses for the north west building. The application is under review and a Development Review meeting has not been scheduled at this time.
- e) 9133-9149 Collins Avenue – A site plan application for the Surf Club II has been received and a Development Review meeting was held on September 4, 2015. The applicant received staff comments and will be required to resubmit revisions prior to scheduling of future meetings. The plans include restoring a 16 dwelling unit historic building (the Seaway Villas) and adding a 34 unit, 12 story building immediately north of the Surf Club I.

TOWN DEPARTMENTS

6. Code Compliance

Code compliance cases settled via settlement agreements after compliance was attained:

Since March of 2012 approximately \$179,170 has been collected for Code Compliance violation related civil penalties, after mitigation or negotiated settlement.

The following is a summary by Fiscal Year:

FY 11/12: 8 cases settled for a total of \$16,875

FY 12/13: 9 cases settled for a total of \$15,750

FY 13/14: 6 cases settled for a total of \$67,293

FY 14/15: To date, 23 cases settled for a total of \$79,752, and a pending settlement for \$40,000.

Finance Department

7. Enterprise Resource Planning – (ERP)

The two ERP vendors that submitted proposals, Tyler Technologies and Springbrook are in the process of being evaluated by the Evaluation Committee. There will be more detailed evaluations of the two ERP vendors by site visits to local governments currently using the applications of these ERP vendors. The goal of the follow up meetings is for each of the Evaluation Committee members to consider functionality, ease of use, service and support, overall product offering and any other added value.

Police Department

8. Public Safety Issues

Traffic: The Town Commission approved the recommendations to reduce the size of the traffic circle, add two sets of curb outs, eliminate the traffic lane lines, and affix “20 MPH” to the roadway. The reduction of the traffic circle and the curb extensions installation were completed August 21, 2015.

Crime Decrease: Below are the Uniform Crime Reports for January to June 2015 and the eight preceding years. Surfside experienced a significant decrease in overall crimes and non-violent crimes particularly in burglaries and thefts for the first six months of the year. Violent crimes did increase as we had four aggravated assaults this time period in 2015 and one aggravated assault this time period in 2014. These crimes were domestic violence related. There was also a decrease in arrests from 75 during the first six months of 2014 to 67 during the first six months of 2015. Violent crimes consist of homicide, sexual battery, robbery, and aggravated assault. Non-violent crimes are burglary, larceny, and motor vehicle theft.

	INDEX TOTAL CRIMES	% CH	VIOLENT CRIME	% CH	NONVIOLENT CRIME	% CH
2007	90	-4.3	13	-50	77	23.1
2008	72	-20	13	0	59	-23.4
2009	84	16.7	12	-7.7	72	22
2010	92	9.5	8	-33.3	84	16.7
2011	87	-5.4	3	-62.5	84	0
2012	82	-5.7	8	166.7	74	-11.9
2013	69	-15.9	5	-37.5	64	-13.5
2014	88	27.5	2	-60	86	34.4
2015	60	-31.8	5	60	55	-36

New Parking Meter Rate: At the August 11, 2015, Town of Surfside Commission Meeting, a Parking Meter rate increase of 25 cents from \$1.25 to \$1.50 per hour was approved and will commence on October 1, 2015. The Parking Meter rate of \$1.25 per hour has been in effect since November of 2011, and increased maintenance and operational costs necessitate the rate increase. The new Parking Meter rate of \$1.50 per hour is comparable to the hourly rates of our surrounding local jurisdictions:

- Sunny Isles: \$2.00
- Bal Harbour: \$2.00
- Bay Harbor: \$1.25
- City of Miami: \$1.50 - \$6.00
- Miami Beach: \$1.75 (South Beach) and \$1.00 (North Beach)
- Coral Gables: \$1.50
- South Miami: \$1.50

As in past years, Surfside residents may participate in the “Annual Resident Parking Program” and purchase up to 3 parking permits per household. An application for the “Annual Resident Parking Permit Program” is included in the September 2015 Gazette and is available at Town Hall during business hours between 9:00 am – 5:00 pm, Monday through Friday.

9. Police Department Events

- The Police Department hosted a Crime Prevention Workshop on August 5, 2015 at 6:30 pm. 17 residents attended and were briefed on crime incidents and crime prevention techniques.
- The missing condo signs on the beach side that note the name of the condominium and numerical address have been replaced. The signs will allow emergency vehicles to easily identify addresses when responding to calls from the beach side. It also allows beachgoers to identify specific addresses when calling police or fire.
- Signs will be added at street entrances to the neighborhoods noting “Slow Down in Our Residential Neighborhoods. Keep Surfside Safe.” This project is expected to be completed by the end of August.
- Five teens from the Surfside/ Bal Harbour/ Bay Harbor Islands Police Explorer Post #4 graduated from the Miami-Dade College School of Justice Explorer Academy in August. Surfside Community Service Aide Danny Sanchez assisted during the academy. CSA Sanchez is a former Captain with the Miami Beach Police Explorer Program.
- Registration is in progress for the 14th Surfside Citizens Police Academy. The CPA is September 8 – November 17, 2015 from 6-9 pm in the police training room. The classes include Patrol Procedures, Fire Rescue, Aviation, K-9, Crime Scene, Marine Patrol, Driving Range, Homicide Investigation, Legal and the Court System, and the Firearms Range. Residents, visitors, and business persons can contact Executive Assistant Dina Goldstein or Neighborhood Resource Officer Dianna Hernandez for further information or apply on the website.
- The prescription drug drop off day was August 26, 2015 at Town Hall.

- The monthly Bike with the Chief was August 23, 2015 at Town Hall and Coffee with the Cops was August 25, 2015 at Starbucks.
- Lt. Bambis attended the Accreditation Manager Conference on August 18 and 19, 2015 and will oversee our accreditation process. The Police Department is preparing for its upcoming law enforcement re-accreditation with a mock exercise next month and the final assessment in December 2015.

Projects Progress Updates

10. Information Technology & TV Broadcasts


The addition of music capability for Channel 77 was approved. Once Finance processes payment, the work will be accomplished; IT will be migrated the fileshare to a new server at the end of August; IT is researching templates for Police ID Cards.

11. Town-Owned Seawall Repair

The Contractor has completed seawall construction and rip-rap installation at all sites; Site #1 (Surfside Park on Bay Drive; south of 96th Street), Site #2 (the street end at 95th Street), Site #3 (Froude Ave), Site #4 (Biscaya Dr.) and Site #5 (the street end at Carlyle Avenue). Remaining activities include site(s) restoration, and clean-up of the Contractor's staging area (north of the entrance / bridge to Indian Creek. Restoration of the 96th Street Park (Site #1) is receiving priority due to the upcoming scheduled Town recreational activities.

All work is expected to be accomplished ahead of the project final completion date.

Respectfully submitted:



Guillermo Olmedillo, Town Manager

Town of Surfside, FL

SEE CLICK FIX REPORT

Between Jan 01, 2008 and Aug 28, 2015

181 issues were opened

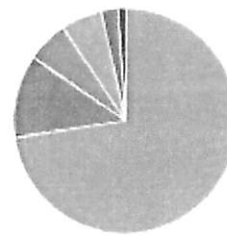
63 issues were acknowledged

152 issues were closed

The average time to acknowledge was 6.0 days.

The average time to close was 18.6 days.

Issues by Source




SERVICE REQUEST TYPE	OPENED	ACKNOWLEDGED	CLOSED	DAYS TO ACK.	DAYS TO CLOSE
Other (PW)	50	13	47	12.7	28.9
Police (Safety Concern)	39	16	39	9.0	12.6
Beach Issue (PW)	18	2	12	0.8	29.8
Street lights (PW)	16	11	3	1.4	16.9
Code Compliance (Violation)	9	5	6	0.2	5.1
96 Street Park (P & R)	7	3	7	0.0	4.5
Surfside Dog Park (P & R)	6	5	6	0.0	1.4
Code Compliance (Safety Concern)	9	2	5	2.1	32.6
Utilities (Water/Sewer) (PW)	5	0	5	0.0	0.6
Hawthorne Tot-Lot (P & R)	4	1	4	0.1	5.2
Pothole (PW)	4	1	4	0.0	5.6
Drainage/Flooding (PW)	3	2	3	2.0	68.3
Community Center (P & R)	3	1	3	0.0	0.1
Graffiti (PW)	3	1	3	39.7	25.2
Dog Stations (P & R)	3	0	3	0.0	0.1
Solid Waste (Residential) (PW)	2	0	2	0.0	2.6
Graffiti (in park) (P & R)	0	0	0	0.0	0.0
Solid Waste (Commercial) (PW)	0	0	0	0.0	0.0
Veterans Park (P & R)	0	0	0	0.0	0.0



TOWN OF SURFSIDE
Office of the Town Attorney
 MUNICIPAL BUILDING
 9293 HARDING AVENUE
 SURFSIDE, FLORIDA 33154-3009
 Telephone (305) 993-1065

TO: Town Commission

FROM: Linda Miller, Town Attorney 

CC: Guillermo Olmedillo, Town Manager
 Jane Graham, Assistant Town Attorney

DATE: September 8, 2015

SUBJECT: Office of the Town Attorney Report for September 8, 2015

This Office attended/prepared and/or rendered advice for the following Public Meetings:

August 17, 2015 – Parks and Recreation Committee Meeting

August 24, 2015 – Coastal Issues Committee Meeting

August 25, 2015– United States Army Corps of Engineers Beach Renourishment project meeting
 in Miami Beach

August 27, 2015 – Planning and Zoning and Design Review Board Meeting

September 8, 2015 – First Budget Hearing

September 8, 2015 – Town Commission Meeting

Ordinances for First Reading:

- Structure Windows Requirements
- Maximum building height

Resolutions prepared and reviewed:

- Adopting the tentative levying of a millage rate for the Fiscal Year 2015/2016
- Adopting Final Budget FY 2015-2016

- Approving United Healthcare
- Approving Adams Benefit, Inc. as Insurance Broker
- After the fact Resolution approving the new parking meter rate charges
- Urging Resolution for Miami-Dade County, the State of Florida, and the United States Army Corps of Engineers to provide recurring appropriations for beach renourishment in Surfside and throughout Miami-Dade County to buffer and protect coastal communities against the effects of beach erosion and sea level rise.

Town Commission/Town Manager:

- Prepared Orientation Packages and briefed new Coastal Issues Committee members
- Research beach ownership, jurisdiction, and responsible parties
- Research beach management during declaration of State of Emergency
- Communicate with Miami-Dade County regarding beach sand testing, maintenance, escarpments, and sea turtles
- Follow up with Florida Department of Environmental Protection and United States Fish and Wildlife Service regarding draft modified consent order with FDEP and Surf Club
- Follow-up with Miami-Dade Historic Preservation Board for the September 16, 2015 Public Hearing to Determine Historic Designation of “Collins Avenue Historic District.”
- Participated and provided counsel in meeting on phased development

Town Clerk:

- Notice requirements
- Provided counsel on Rules of Procedure in Town Code
- Financial disclosure requirements for new members of advisory boards

August 27, 2015 Planning and Zoning and Design Review Board

Design Review Board Applications:

- A. 9016 Froude Avenue - replace the existing roof with a shingle roof
- B. 700 - 88 Street - new single family house
- C. 1413 Biscaya Drive - new single family house
- D. 8851 Dickens Avenue - convert a garage to additional living space
- E. 325-88 Street - convert a garage to additional living space
- F. 9477 Harding Avenue - install a new permanent sign
- G. 9476 Harding Avenue - install a new permanent sign

- H. 9449 Collins Avenue - modify the balconies on the east side of the property
- I. 9580 Abbott Avenue - build a PVC fence along the south end of the property

Planning and Zoning Board:

Quasi-Judicial Applications:

Resolution recommending approval of a site plan application for 8809 Harding Avenue, LLC to permit 25 dwelling units with 50 parking spaces with an address of 201, 203, 205, 207, 209, 215 – 88th Street and 8809 Harding Avenue

Discussion Items:

- A. Corridor Analysis
- B. Future Agenda Items
- C. Roof Pitch

Building Department/Code Enforcement:

- Ongoing review with Code Compliance regarding regulating beach furniture
- Follow up with Code Enforcement for on-going settlement of cases

Finance Department:

- Preparation of the FY 2015/2016 budget and tentative millage rate resolutions

Parks and Recreation:

- Collaborate on beach concession management ideas and implementation

Tourist Bureau/Downtown Vision Advisory Board/Tourist Board:

- Research and analyze Florida law and Attorney General Opinions on use of Resort Tax funds

Public Works:

- Review and research solid waste recycling contracts

Police Department:

- Follow-up review of conditions in approved development resolutions related to traffic

Florida Municipal Insurance Trust ("FMIT") investigates claims and provides legal representation for the Town on the following claims/lawsuits:

1. On June 28, 2014, Claimant alleges while walking in the east alley behind 9577 Harding Avenue she fell through a broken storm grate and sustained severe lacerations to her right leg. FMIT is investigating this claim.
2. Julien Deleon - Equal Employment Opportunity Commission (EEOC) Charge #510-2014-05171. Mr. Deleon has filed a Notice of Charge of Discrimination against the Town and the Town has filed a response.
3. **Pieter Bakker v. Town of Surfside, a municipal corporation of the State of Florida and Young Israel of Bal Harbour, Inc.** On May 30, 2012, Pieter Bakker filed a complaint in State Court against the Town which alleges counts against the Town including contract zoning, Charter violations, and a request for a writ of certiorari to quash Resolution 12-Z-2078 approving a Site Plan Application to permit Young Israel to build a synagogue on 9580 Abbott Avenue. On September 30, 2013, the Court ordered this matter to be transferred to the Appellate Division. Petitioner, Mr. Bakker filed an Amended Petition for Writ of Certiorari and De Novo Complaint and a Motion for Summary Judgment. The Court has issued an Order dismissing the Amended Petition for Writ of Certiorari without prejudice. Petitioner, Pieter Bakker has filed a Third Amended Petition for Writ of Certiorari. Surfside has filed a Renewed Motion to Dismiss Third Amended Petition For Writ Of Certiorari. The Court has not yet ruled on the Town's Renewed Motion to Dismiss.
4. **Parker, et. al. v. American Traffic Solutions, et. al.** United States District Court for the Southern District of Florida Civil Action No. 1:14-CV-24010. This is a class action case brought by plaintiffs who have received red light traffic violations against vendors who contract with municipalities and counties for red-light camera services (American Traffic Solutions "ATS", "Xerox State and Local Solutions "Xerox", and Gatso) along with 69 municipalities and counties. The complaint alleges that the local government defendants have improperly outsourced to the vendors their legislatively granted authority to issue traffic citations and unlawfully delegated to the vendor defendants the authority to determine whether a traffic violation has occurred. The Town and other Defendants filed a Motion to Dismiss. The Court dismissed the federal claims, however, did not dismiss the claims for unjust enrichment, declaratory and injunctive relief. Local government

defendants are appealing the court's ruling. In response, the Plaintiffs have filed a motion to dismiss the appeal. On August 26, 2015, the Court entered an order staying this case until the appeal is over, to which Plaintiffs have filed a motion for reconsideration and Defendants have filed a response in opposition.

5. Henderson v. Police Officer Carrasquillo and Police Officer Fernandez. On May 12, 2015 a complaint was served stating that on December 11, 2010, Mr. Henderson was arrested for Battery on a Law Enforcement Officer, Disorderly Conduct and Resisting Arrest Without Violence. The complaint alleges malicious prosecution against the Officers. FMIT provides coverage for legal defense of this matter. Discovery is ongoing.

Special Matters: Continued monitoring of new case law and legislation from Federal, State and County.



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

PARKS AND RECREATION ADVISORY COMMITTEE MEETING

Tuesday May 26, 2015 7:00 pm
Surfside Community Center
9301 Collins Avenue

MINUTES

1. Roll Call of Committee Members

Retta Logan called the meeting to order at 7:20pm.

Also in attendance: Stacie Barrett, Parks and Recreation Supervisor, Alberto Aguirre, Veronica Lupinacci, Shlomo Danzinger, Jane Graham, Assistant Town Attorney, Frantza Duval, Recording Clerk,

Tim Milian, Martha Olychk, Eliana Salzhauer are absent with regrets.

2. Approval of minutes from 4/27/15

Veronica Lupinacci made a motion to approve the April 27, 2015 minutes; Alberto Aguirre seconded the motion. The motion passed unanimously. The minutes were approved.

3. Higher Education Scholarship (P&R Committee selection)

Stacie Barrett went over the process for voting for the candidates for the scholarship. The five candidates will be listed according to preference and the lowest scoring individuals will be awarded the scholarship.

The following students were candidates for the scholarship and the outcome is as follows:

With 5 points making him the number one pick is Manuel

With 10 points making her the second pick is Evette

With 14 points making her the third pick is Shannon

With 15 points making her the fourth pick is Gemma

With 16 points making him the fifth pick is Christopher.

Both Manuel and Evette are the recipients for the Higher Education Scholarship.

4. Community Input

Stacie Barrett advised that the Memorial Day event was largely attended. It was a great turn-out.

5. Meeting Adjournment

Veronica Lupinacci made a motion to adjourn the meeting, Shlomo Danzinger seconded the motion. The motion passed unanimously. The meeting ended at 7:48pm.

Accepted this 17 day of August, 2015

Betta Logan

Member (Print)

[Handwritten Signature]

Signature

Attest:

[Handwritten Signature]
Frantza Duval
Recording Clerk



**TOWN OF SURFSIDE
PENSION BOARD MEETING**
Thursday, June 11, 2015 – 2:00 p.m.
9293 Harding Avenue - Town Hall - Chambers

MINUTES

Pension Board Members

Michael K. Feldman, Chair
N. Abraham Issa
Guillermo Olmedillo
Sgt. Julio E. Torres
Yamileth “Yami” Slate-McCloud

Town of Surfside Consultants

Michael Futterman, Marcum, LLP
Burgess Chambers, Burgess Chambers & Associates
Grant McMurry, Highland Capital Management
Larry Wilson, Gabriel, Roeder, Smith & Company
Robert Klausner, Esq, Klausner & Kaufman
Donald Nelson, Finance Director
Mayte Gamiotea, Third Party Administrator
Frantza Duval, Recording Clerk

1. Call to Order and Roll Call

The Chair, Michael Feldman at 2:04 pm, called the meeting to order.

The Pension Board members noted above were present and a quorum was established.

Also in attendance were the above noted consultants and Town staff. Adam Levinson attended for Klausner & Kaufman. Todd Wishnia attended alongside of Grant McMurry.

Larry Wilson entered the meeting at 2:12pm.

2. Approval of Minutes

a. Regular Pension Board Meeting – *February 24, 2015*

MOTION:

The Town of Surfside Pension Board recommended approval of the February 24, 2015 minutes of the Regular Board meeting. Yamileth Slate-McCloud moved; Guillermo Olmedillo seconded. The motion passed unanimously.

b. Special Pension Board Meeting – April 13, 2015

MOTION:

The Town of Surfside Pension Board recommended approval of the April 13, 2015 minutes of the Special Pension Board meeting with amendments. Abraham Issa moved; Yamileth Slate-McCloud seconded. The motion passed unanimously.

3. Agenda Additions and Deletions

Mayte Gamiotea advised that there is a correction that needed to be made on her invoice. The date was listed incorrectly. It should have been listed as June 10, 2015.

Mayte Gamiotea also advised that under additions would be a letter submitted after agenda preparation from Burgess Chambers with regards to a rate increase.

Michael Feldman advised that there was a request to hear from Marcum, LLP first, due to additional engagements.

MOTION:

The Town of Surfside Pension Board recommended approval to move Marcum, LLP up as the first agenda item. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously.

4. Public Participation

None.

5. Reports and Updates

a. Burgess Chambers & Associates

• Reports:

- Investment Performance Quarter Ending March 31, 2015
- Westwood Holdings Summary Ending March 31, 2015
- Westwood Holdings Summary Ending April 30, 2015
- MEPT Summary Ending March 31, 2015

Burgess advised the Board that his company was in the process of implementing a new system. With the new system there will be an increase in cost for services to the Board.

The new system is still being tested and will be in full operation next year. It will help to provide for a better and seamless method for reporting performance reviews to the Board.

MOTION:

The Town of Surfside Pension Board recommended approval to authorize the chair to sign the custodian and client authorization letter for Burgess Chambers & Associates which will allow for the Board's financial data to be shared in preparation for the new reporting system. Guillermo Olmedillo moved; Abraham Issa seconded. The motion passed unanimously.

Adam Levinson stated that all underlining data provided to Burgess Chambers for the new program is public record.

Burgess Chambers provided an overview of the Investment Performance Quarter Ending March 31, 2015.

During the quarter the Retirement Plan earned \$353K or 2.2% ahead of the strategic model.

Fiscal year to date, the Plan earned \$974K or 5.9% ahead of the strategic model.

For the trailing one-year period, the Plan earned \$1.3 million (+8.4%) in line with the strategic model (+8.0%) and ranked in the top 21st percentile.

For the rolling five-year period, the Plan earned 8.7% per year (+8.3% net), ahead of the 7.5% actuarial assumed rate of return.

MOTION:

The Town of Surfside Pension Board recommended approval to increase the fees from \$20,000 to \$25,000 for Burgess Chambers and Associates. Yamileth Slate-McCloud; Abraham Issa seconded. The motion passed unanimously.

Burgess Chambers advised that the increase will be effective July 1, 2015.

b. Highland Capital Management

• **Reports: Investment Review for Quarter Ending: March 31, 2015**

Grant McMurry provided an overview of the transition process between ICC Capital and Highland Capital Management. He stated that the process is going well.

Grant McMurry provided an overview of the investment Review for Quarter Ending March 31, 2015

• **Highland Capital Management Portfolio Appraisal as of May 31, 2015
Alternative option**

Grant McMurry provided an overview of the Portfolio Appraisal as of May 31, 2015.

c. Marcum, LLP - Michael Futterman

• **Annual Financial Report for the Fiscal Year Ending September 30, 2014
Audit partner for Marcum.**

Marcum, LLP is the auditor for the Plan for fiscal year ending September 30, 2014.

Michael Futterman provided an overview of the entire report. In reviewing the report, Mr. Futterman advised that the financial statement belongs to the Board, but the individual auditor's report belongs to Marcum, LLP.

The Plan's fiduciary net position available for Plan benefits held in trust increased by \$1,772,296 from \$14,485,734 for the fiscal year ended September 30, 2013, to \$16,258,030 for the fiscal year ended September 30, 2014, (an increase of 12.2% over the prior year) as a result of the current year's activities.

The required contribution from the Town for the year ended September 30, 2014, decreased by \$32,810 to \$631,584, a decrease of approximately 4.94%.

The Plan's investments had net investment income for the fiscal year ended September 30, 2014, of \$1,396,431 compared with the net investment income of \$1,448,336 for the fiscal year ended September 30, 2013, a decrease of \$51,905.

Benefits payments for the fiscal year ended September 30, 2014, were \$504,547, a decrease of \$29,360 of 5.5% from the fiscal year ended September 30, 2013.

The total fund investment performance for the investments under management for the fiscal years ended 2014 and 2013 was 9.5% and 11.5%, respectively, due to better market performance for fiscal year 2013 over fiscal year 2014. The actuarial assumption rate of return is 7.5%. Investments reported investment income of \$1,396,431, net of management fees, and other investment expenses.

The Plan's fiduciary net position as a percentage of the total pension liability is 93.77%.

Adam Levinson suggested that the Board approve the draft financial statements contingent that the final version if similar to draft.

Michael Futterman thanked everyone for their contribution in helping to get the audit completed in a timely manner.

Michael Feldman inquired if the services previously provided by Alyce Jones (i.e. checking invoices, computation, etc...) will be offered to the Board by Marcum, LLP.

Michael Futterman advised the company cannot provide that service as Marcum, LLP is an independent auditor. He can't approve transactions or review statements, which is an administrative function.

Donald Nelson advised that the plan administrator, Mayte Gamiotea would review everything. Donald Nelson advised that he would review all items with

Mayte for final approval. Actuarial review done by Alyce Jones should have been done by Larry Wilson. There were a lot of redundancies and it should reduce the audit fee.

MOTION:

The Town of Surfside Pension Board recommended approval to approve the draft audit as presented by Michael Futterman of Marcum, LLP contingent that no additional corrections are made by representatives in quality control at Marcum, LLP. Yamileth Slate-McCloud moved; Guillermo Olmedillo seconded. The motion passed unanimously.

- Copy of Engagement Letter of Marcum, LLP

Included in the agenda packet was a copy of the Marcum, LLP Engagement Letter Signed by the Chair, Michael Feldman.

- d. Gabriel Roeder Smith & Company – Larry Wilson
 - Actuarial Valuation as of October 1, 2014

Larry Wilson provided an overview of the actuarial report.

The valuation report determines the Town's contribution for fiscal year 15/16.

Once report is approved it has to be submitted to the State for review within 60 days of the approval from the Board.

The Plan experienced an actuarial gain of \$68,556 (1.3%).

The total Town contribution is \$1,106,592 at 21.7%.

The last experience study was done in September 30, 2010 and a new study is needed.

Larry Wilson will work on a report for increased employee contributions and multiplier to present at the next scheduled meeting.

Increased general employee contributions may decrease the Town's contributions.

Yamileth Slate-McCloud suggested that if the increase is approved it should be an option for employees and not a mandate.

MOTION:

The Town of Surfside Pension Board recommended approval of the Actuarial Valuation as of October 1, 2014 as presented by Larry Wilson. Yamileth Slate-McCloud moved; Julio Torres seconded. The motion passed unanimously.

- e. Klausner & Kaufman – Adam Levinson
 - Implementation of Chapter 60T-1.0035, Florida Administrative Code
Adam Levinson reviewed the Implementation of Chapter 60T-1.0035 which describes the new reporting requirements for the actuarial report.
 - Senate Bill 172
Adam Levinson reviewed Senate Bill 172, which pertains primarily to the Police Department. It deals primarily with the premium tax, which is used to fund their department.

Julio Torres exited the meeting at 4:55pm.

6. Administrator

- a. Refund of Fees from Alyce Jones, CPA
Mayte Gamiotea advised that Alyce Jones refunded \$15,800 that was prepaid for the audit and the money has been deposited back into the bank.
- b. Retirement Notice – Gaspar Matos
Mayte Gamiotea advised that Gaspar Matos is retiring on July 31, 2015 and will be collecting his DROP earnings immediately and regular retirement payment thereafter commencing August 1, 2015. Larry Wilson will prepare calculations and provide to Mayte Gamiotea.
- c. Florida Department of Management Services Actuarial Valuations Compliance
Included in the agenda packet is a letter from Florida Department of Management Services approving and accepting the Board's Actuarial Valuations for October 1, 2013, October 1, 2012, and October 1, 2011
- d. Westwood Trust Authorized Signers Form
Mayte Gamiotea advised that she needed the Board members to sign the Westwood Trust Authorized Signers Form.
- e. Financial Disclosure Form (Form 1)
Mayte Gamiotea reminded the Board to complete the Financial Disclosure Form.
- f. NewTower Clarification Letter
NewTower Clarification was included as a part of the agenda packet for review.
- g. SunTrust Authorized Signers
Mayte Gamiotea advised that she needed the Board members to sign the SunTrust Authorized Signers Form.

7. Approval of Invoices

- a. Marcum LLP
 - Invoice 10567956 \$ 16,742.00
 - Invoice 10562428 \$ 867.00
 - \$ 17,609.00

MOTION:

The Town of Surfside Pension Board recommended approval of Marcum, LLP invoices totaling \$17, 609.00. Abraham Issa moved; Yamileth Slate-McCloud seconded. The motion passed unanimously.

- b. Burgess Chambers & Associates, Inc.
 - Invoice #15-98 3/5/2015 \$ 5,000.00

MOTION:

The Town of Surfside Pension Board recommended approval of Burgess Chambers & Associates, Inc. invoice for \$5,000.00. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously.

- c. Gabriel Roeder Smith & Company
 - Invoice # Pending
- d. ICC Capital Management
 - Invoice #57534425 3/31/2015 \$ 7,809.68

MOTION:

The Town of Surfside Pension Board recommended approval of ICC Capital Management invoice for \$7,809.68. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously.

- e. Klausner & Kaufman
 - Invoice #16902 5/31/2015 \$ 1,140.00
 - Invoice #16824 4/30/2015 \$ 427.50
 - Invoice #16731 3/31/2015 \$ 256.50
 - Invoice #16643 2/28/2015 \$2,137.50
 - \$ 3,961.50

MOTION:

The Town of Surfside Pension Board recommended approval of Klausner & Kaufman invoices totaling \$3,961.50. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously.

- f. Frantza Duval
- Invoice #15-03 6/8/2015 \$ 450.00

MOTION:

The Town of Surfside Pension Board recommended approval of Frantza Duval invoice for \$450.00. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously.

- g. SunTrust Bank
- Invoice #6895223 05/01/2015 \$ 4,795.26

MOTION:

Town of Surfside Pension Board recommended approval of SunTrust Bank invoice for \$4,795.26. Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously

- h. Mayte Gamiotea
- Invoice #15-02 \$ 4,061.25

MOTION:

- Town of Surfside Pension Board recommended approval of Mayte Gamiotea invoice for \$4,061.25 Yamileth Slate-McCloud moved; Abraham Issa seconded. The motion passed unanimously

- i. Yamileth Slate-McCloud
- Invoice #031515 \$147.74

MOTION:

Town of Surfside Pension Board recommended approval of Yamileth Slate-McCloud refund for \$147.74. Abraham Issa moved; Guillermo Olmedillo seconded. The motion passed unanimously

- j. Town of Surfside
- Office Depot Invoices (See attached) \$209.07

MOTION:

Town of Surfside Pension Board recommended approval of Town of Surfside Invoice for Office Depot invoice for \$3.78. Abraham Issa moved; Guillermo Olmedillo seconded. The motion passed unanimously.

MOTION:

Town of Surfside Pension Board recommended approval of Town of Surfside Invoice for Office Depot invoices totaling \$209.07. Yamileth Slate-McCloud moved; Guillermo Olmedillo seconded. The motion passed unanimously.

8. New Business/Old Business

- Auditor Year 2 Proposals – Yamileth Slate-McCloud

Yamileth Slate-McCloud advised that the Board needed to engage in conversation about auditors for the upcoming year.

Michael Feldman inquired if the Board was comfortable with Marcum, LLP. Donald Nelson stated that the Town has worked with Marcum on the CAFR for many years. Donald Nelson’s recommendation is to retain Marcum for a second year. The Pension Board has agreed to retain Marcum for another year at a rate of \$16,500. Michael Futterman advised that based on the work his company provided to the Board he can reduce the fee to \$14,500.

Abraham Issa inquired is there is conflict with Marcum working with the Town as their external auditor. Michael Futterman advised that since there two different audits and two separate engagements there would be no conflicts.

Michael Futterman reiterated that unless needed Marcum will not be attending the quarterly meetings, but will make himself available to the Board.

MOTION:

The Town of Surfside Pension Board recommended approval to retain Marcum, LLP as the Pension Board Auditor for an additional year at a rate of \$14,500. Abraham Issa moved; Yamileth Slate-McCloud seconded. The motion passed unanimously.

- Employee Contribution – Yamileth Slate-McCloud
Larry Wilson will do a study on the contribution increase for general employees and will present the report at the next scheduled meeting.

9. Trustees’ Comments/Concerns

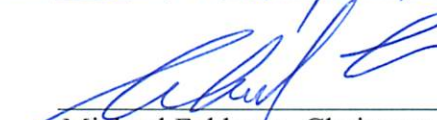
10. Next Regular Scheduled Meeting Date

- August 13, 2015 (Thursday) @ 2:00 pm

11. Adjournment

There being no further business to come before the Board , the meeting unanimously adjourned at 5:24 pm with the motion made by Yamileth Slate-McCloud; receiving a second from Abraham Issa.

Accepted this 13 day of AUGUST, 2015



Michael Feldman, Chairman

Attest:



Frantza Duval
Recording Clerk



Town of Surfside Commission Communication

Agenda Item # 3F

Agenda Date: August 11, 2015 / September 8, 2015

Subject: Approval to Increase the Parking Meter Rate from \$1.25 to \$1.50 Per Hour

Background: Due to increased operation and maintenance costs incurred, the Town is seeking approval to increase the parking meter rate for all Town parking spaces.

Analysis: The current Parking Meter Rate for the Town of Surfside is \$1.25 per hour. This rate has been in effect since November 2011, when the Parking Meter Rate was increased from \$1.00 to \$1.25 per hour.

Based on Calendar Year 2013 financial data for Parking Space usage, the Proposed Parking Meter Rate increase to \$1.50 per hour would generate an estimated total revenue of \$1,176,762.42 per year. The actual revenue realized in 2013 for this Parking Space usage level was \$980,635.35. Therefore, the Proposed Parking Meter Rate increase of \$0.25 per hour would generate an estimated \$196,127.07 in additional revenue per year.

For comparison purposes, the local jurisdictions charge the following rates per hour for parking:

- Sunny Isles: \$2.00
- Bay Harbor: \$1.25
- City of Miami: \$1.50 - \$6.00
- Miami Beach: \$1.75 (South Beach) and \$1.00 (North Beach)
- Coral Gables: \$1.50
- South Miami: \$1.50

Budget Impact: Positive impact on budget by an increased revenue stream of \$196,127.07 per year.

Staff Impact: N/A

Recommendation: Staff recommends a motion to approve a resolution to authorize the increase of the parking meter rate to \$1.50 per hour.



David Allen, Chief of Police



Guillermo Olmedillo, Town Manager

RESOLUTION NO. 15 - _____

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE (“TOWN”), FLORIDA, APPROVING AN AFTER THE FACT INCREASE OF THE PARKING METER RATE FROM \$1.25 TO 1.50 PER HOUR FOR ALL TOWN PARKING SPACES; PROVIDING FOR APPROVAL; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, on August 11, 2015 the Town Commission approved to increase the parking meter rate for all Town parking spaces from \$1.25 to 1.50 per hour for all Town parking spaces; and

WHEREAS, the proposed parking meter increase of \$0.25 per hour is expected to generate an estimated \$196,127.07 in additional revenue per year.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above and foregoing recitals are true and correct and are incorporated herein by reference.

Section 2. Approval. The Town Commission hereby approves after the fact the increase of the parking meter rate from \$1.25 to 1.50 per hour for all Town parking spaces.

Section 3. Authorization. The Town Commission hereby authorizes the Town Manager to take any and all such actions as are required to implement the terms of this Resolution.

Section 4. Effective Date. This Resolution shall become effective immediately upon its adoption.

PASSED and ADOPTED on this _____ day of September 2015.

Motion by _____,

Second by _____.

FINAL VOTE ON ADOPTION

Commissioner Barry R. Cohen

Commissioner Michael Karukin

Commissioner Marta Olchyk

Vice Mayor Eli Tourgeman


Mayor Daniel Dietch

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**



Linda Miller, Town Attorney



Town of Surfside Commission Communication

Agenda # 4B1
Agenda Date: September 8, 2015
Subject: 10% windows for each story
From: Sarah Sinatra Gould, AICP, Town Planner

Background: The Town's zoning code provides a requirement for 10% windows per elevation as well as per story for a single family home. Because the calculation is a cumulative percentage per elevation of the structure, there could be walls that do not have windows. There was recently a home constructed that met the 10% wall opening requirement, however, there are two large blank walls at the front of the structure. The proposed change will require a front or street side façade to have a window located on each wall plane and a total of 10% wall openings per elevation.

Analysis:

Sec. 90-50. Architecture and roof decks.

90-50.1 Architecture.

(1) The architectural design of proposed main buildings shall create a unique elevation compared to the main buildings of the adjacent two homes on each side of the subject property on the same side of street. If the adjacent lot is vacant then the next adjacent lot shall be utilized. A unique elevation shall be created through the modulation of at least three of the following architectural features:

- a. Length, width and massing of the structure;*
- b. Number of stories;*
- c. Facade materials;*
- d. Porches and other similar articulation of the front facade;*
- e. Number and location of doors and windows; and*
- f. Roof style and pitch.*

(2) All elevations for new structures and multi-story additions (additions greater than 15 feet in height) shall provide for a minimum of ten-percent wall openings including windows, doors or transitional spaces defined by porches, porticoes or colonnades per story. The front and street side façades shall also provide a window on each wall plane.

Budget Impact: N/A

Growth Impact: N/A

Staff Impact: N/A

Staff Recommendation: Staff recommends the Town Commission approve this ordinance on first reading.



Sarah Sinatra Gould, AICP, Town Planner



Guillermo Olmedillo, Town Manager

ORDINANCE NO. 15 – _____

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING CHAPTER 90 “ZONING”, AND SPECIFICALLY AMENDING SECTION 90-50 “ARCHITECTURE AND ROOF DECKS” TO MODIFY THE CODE TO REQUIRE FRONT AND STREET SIDE FAÇADES TO HAVE A WINDOW LOCATED ON EACH WALL PLANE AND A TOTAL OF 10% WALL OPENINGS PER ELEVATION; PROVIDING FOR INCLUSION IN THE CODE; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HEREWITH; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town of Surfside (“Town”) proposes to amend its Code of Ordinances to require front and street side façades to have a window located on each wall plane and a total of 10% wall openings per elevation; and

WHEREAS, the Town’s zoning code provides a requirement for 10% windows per elevation as well as per story for a single family home; and

WHEREAS, the calculation is a cumulative percentage per elevation of the structure, therefore meaning pursuant to Code, there could be walls that do not have windows; and

WHEREAS, the Town Commission has a desire to amend its Code of Ordinances to require front and street side façades to have a window located on each wall plane of a single family home; and

WHEREAS, the Town Commission held its first public hearing on September 8, 2015 having complied with the notice requirements required by Florida Statutes; and

WHEREAS, the Planning and Zoning Board, as the local planning agency for the Town, held its hearing on the proposed amendments on September 24, 2015 with due public notice and input; and

WHEREAS, the Town Commission conducted a second duly noticed public hearing on these regulations as required by law on October 13, 2015; and

WHEREAS, the Town Commission hereby finds and declares that adoption of this Ordinance is necessary, appropriate, and advances the public interest.

NOW, THEREFORE, BE IT ORDAINED BY THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AS FOLLOWS:

Section 1. Recitals. The foregoing “WHEREAS” clauses are ratified and confirmed as being true and correct and are made a specific part of this Ordinance.

Section 2. Code Amendment. The code of the Town of Surfside, Florida is hereby amended as follows:

Sec. 90-50. Architecture and roof decks.

* * *

90-50.1 Architecture.

(1) The architectural design of proposed main buildings shall create a unique elevation compared to the main buildings of the adjacent two homes on each side of the subject property on the same side of street. If the adjacent lot is vacant then the next adjacent lot shall be utilized. A unique elevation shall be created through the modulation of at least three of the following architectural features:

- a. Length, width and massing of the structure;
- b. Number of stories;
- c. Facade materials;
- d. Porches and other similar articulation of the front facade;
- e. Number and location of doors and windows; and
- f. Roof style and pitch.

(2) All elevations for new structures and multi-story additions (additions greater than 15 feet in height) shall provide for a minimum of ten-percent wall openings including windows, doors or transitional spaces defined by porches, porticoes or colonnades per story. The front and street side façade shall also provide a window on each wall plane.

* * *

Section 3. Severability. If any section, subsection, clause or provision of this Ordinance is declared invalid or unconstitutional by a court of competent jurisdiction, the remainder shall not be affected by such invalidity.

Section 4. Conflict. All sections or parts of sections of the Town of Surfside Code of Ordinances in conflict herewith are intended to be repealed to the extent of such conflict.

Section 5. Inclusion in the Code of Ordinances. It is the intention of the Town Commission, and it is hereby ordained that the provisions of this Ordinance shall become and made a part of the Town of Surfside Code of Ordinances, that the sections of this Ordinance may be renumbered or re-lettered to accomplish such intentions; and the word “Ordinance” may be changed to “Section” or other appropriate word.

Section 6. Effective Date. This Ordinance shall be effective ten (10) days after adoption on second reading.

PASSED and **ADOPTED** on first reading this ____ day of _____, 2015.

PASSED and **ADOPTED** on second reading this ____ day of _____, 2015.

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND LEGALITY FOR THE USE
AND BENEFIT OF THE TOWN OF SURFSIDE ONLY:**



Linda Miller, Town Attorney

On Final Reading Moved by: _____

On Final Reading Seconded by: _____

VOTE ON ADOPTION:

Commissioner Barry R. Cohen yes ____ no ____

Commissioner Michael Karukin yes ____ no ____

Commissioner Marta Olchyk yes ____ no ____

Vice Mayor Eli Tourgeman yes ____ no ____

Mayor Daniel Dietch yes ____ no ____



**Town of Surfside
Commission Communication**

Agenda # 4B2
Agenda Date: September 8, 2015
Subject: Number of stories
From: Sarah Sinatra Gould, AICP, Town Planner

Background: The November 6, 2012 ballot question modified height to be restricted to the number of feet and the number of stories described in the more restrictive of the Zoning Code or Comprehensive Plan in 2004. The attached ordinance amending Sec. 90-43 Maximum building heights provides consistency within the Code and the Charter amendment. The underlined language in the table reflects these amendments.

Sec. 90-43. - Maximum building heights.

Designation	Maximum Height (Feet)	<u>Maximum Stories</u>
H30A	30 FT	<u>2</u>
H30B	30 FT	<u>2</u>
H30C	30 FT	<u>2</u>
H40	<u>40</u> FT	<u>1 and 2 family = 2 stories, multifamily and hotel = 3 stories</u>
H120	<u>120</u> FT	<u>12</u>
SD-B40	<u>40</u> FT	<u>3</u>
MU	Surrounding Designation	
CF	70 FT	

Budget Impact: N/A

Growth Impact: N/A

Staff Impact: N/A

Staff Recommendation: Town Commission approve the attached Ordinance amending Sec. 90-43. - Maximum building heights.



Sarah Sinatra Gould, AICP, Town Planner



Guillermo Olmedillo, Town Manager

ORDINANCE NO. 15 - _____

AN ORDINANCE OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AMENDING THE TOWN OF SURFSIDE CODE OF ORDINANCES BY AMENDING CHAPTER 90 ZONING; SPECIFICALLY AMENDING SECTION 90-43 MAXIMUM BUILDING HEIGHTS; PROVIDING FOR INCLUSION IN THE CODE; PROVIDING FOR SEVERABILITY; REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT HERewith; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, Sec. 4 of the Town Charter states:

Sec. 4. - General powers of town; powers not deemed exclusive.

The density, intensity, and height of development and structures within the Town of Surfside shall not exceed the maximum allowable units per acre, floor area ratios or the maximum allowable building heights in stories and feet that are set out in the Town of Surfside Comprehensive Plan or the Code of the Town of Surfside, whichever provisions are most restrictive, which were in effect in 2004. This amendment to the Town of Surfside Charter shall not be repealed, revised, amended, or superseded unless repeal, revision, amendment, or superseding provisions are placed on the ballot at a regularly scheduled election of the Town of Surfside and approved by a vote of the electors of the Town of Surfside.

WHEREAS, Sec. 4 of the Town Charter was clarified by the electors on the November 6, 2012 ballot question which modified height to be restricted to the number of feet and the number of stories described in the more restrictive of the Zoning Code or Comprehensive Plan in 2004; and

WHEREAS, amending Sec. 90-43 Maximum building heights provides consistency within the Code and the Charter amendment; and

WHEREAS, the Town Commission held its first duly noticed public hearing on these regulations on September 8, 2015; and

WHEREAS, the Planning and Zoning Board, as the Local Planning Agency for the Town, held its hearing on the proposed amendment to the Code of Ordinances on September 24, 2015 and recommended approval of the proposed amendment to the Code of Ordinances at a public hearing with due notice to the public; and

WHEREAS, the Town Commission has conducted a second duly noticed public hearing on these regulations as required by law on October 13, 2015 and further finds the proposed amendment to the Code in the best interest of the community.

NOW, THEREFORE, BE IT ORDAINED BY THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA AS FOLLOWS:

Section 1. Recitals. The foregoing “WHEREAS” clauses are ratified and confirmed as being true and correct and are made a specific part of this Ordinance.

Section 2. Code Amendment. The code of the Town of Surfside, Florida is hereby amended as follows:

Sec. 90-43. - Maximum building heights.

Designation	Maximum Height (Feet)	Maximum Stories
H30A	30 FT	2
H30B	30 FT	2
H30C	30 FT	2
H40	40 FT	1 and 2 family = 2 stories, multifamily and hotel = 3 stories
H120	120 FT	12
SD-B40	40 FT	3
MU	Surrounding Designation	
CF	70 FT	

Section 3. Severability. If any section, subsection, clause or provision of this Ordinance is declared invalid or unconstitutional by a court of competent jurisdiction, the remainder shall not be affected by such invalidity.

Section 4. Conflict. All sections or parts of sections of the Town of Surfside Code of Ordinances in conflict herewith are intended to be repealed to the extent of such conflict.

Section 5. Inclusion in the Code of Ordinances. It is the intention of the Town Commission, and it is hereby ordained that the provisions of this Ordinance shall become and made a part of the Town of Surfside Code of Ordinances, that the sections of this Ordinance may be

renumbered or relettered to accomplish such intentions; and the word "Ordinance" may be changed to "Section" or other appropriate word.

Section 6. Effective Date. This Ordinance shall be effective upon adoption on second reading.

PASSED and **ADOPTED** on first reading this ____ day of _____, 2015.

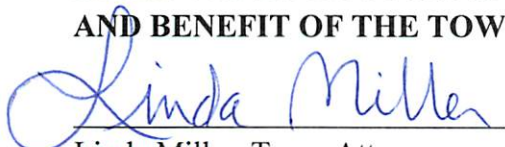
PASSED and **ADOPTED** on second reading this ____ day of _____, 2015.

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND LEGALITY FOR THE USE
AND BENEFIT OF THE TOWN OF SURFSIDE ONLY:**


Linda Miller, Town Attorney

On Final Reading Moved by: _____

On Final Reading Seconded by: _____

VOTE ON ADOPTION:

Commissioner Barry R. Cohen	yes _____	no _____
Commissioner Michael Karukin	yes _____	no _____
Commissioner Marta Olchyk	yes _____	no _____
Vice Mayor Eli Tourgeman	yes _____	no _____
Mayor Daniel Dietch	yes _____	no _____



Commission Communication

Agenda #: 5A

Date: September 8, 2015

Subject: Employee Health Benefits Contract Renewal for FY15-16.

Objective: To provide all eligible employees with Health Insurance coverage(s) and other benefits for FY15-16.

Background: The contract with Unitedhealth will expire on September 30, 2015. The Town has had coverage with Unitedhealth since October 1, 2010 and said coverage will continue to September 30, 2016.

Health insurance premium rates continue to rise each year as the cost of medical treatment increases. The Town's Insurance broker negotiated a rate increase of 7 % from our current carrier.

Adams Benefit our insurance agent of record for employee health, disability, life, dental and all other related benefit programs was directed by staff to renegotiate the existing plan or find an acceptable alternative plan from another carrier with the goal of keeping the cost increase to the lowest level possible while minimizing the impact on our employee coverages.

Adams Benefit provided several proposals to staff including Aetna, Av-Med, Cigna, Florida Blue and Humana. All proposals were analyzed and it was determined that continuing with Unitedhealth care (for health and vision) and providing employees with the option to select either a traditional plan or a health reimbursement account (HRA) plan was the most favorable option.

SUPPLEMENTAL BENEFIT PLANS:

Staff is recommending that we remain with Mutual of Omaha for Life / Accidental Death insurance, Short-Term and Long-Term Disability. The rates for Life / Accidental Death Insurance and Short Term and Long Term disability did not change from the FY 14/15 rates.

The Town will continue its coverage with Mutual of Omaha for the ninth year.

The dental coverage will be transferred from Unitedhealth to Guardian who provides a larger network and lower premiums.

Analysis:

SUMMARY BENEFIT RECAP:

1. The employee share per pay period for employee only coverage will be \$0 if the HRA coverage is selected. The employee share per pay period for employee only coverage for the traditional plan will be \$31.28.

The employee share per pay period for employee and family coverage (HRA) will remain at \$170.50. The employee share per pay period for employee and family coverage (traditional) will be \$220.64.

2. The recommended Health Reimbursement Account (HRA) includes the following: A card will be issued to employees who select this option. The Town will fund \$1,500 for employee only and \$3,000 for family or dependent coverage to assist with the calendar year deductible of the plan. This would equate to a total cost of \$135,000. Any funds not utilized will remain in the Town's account for future use.

The HRA card can be utilized for co-pays, deductibles, lab fees, prescriptions and over the counter medications.

3. The dental HMO and PPO plan will be offered through Guardian. The employee share per pay period for dental HMO employee only coverage will be \$0. The employee share per pay period for employee only PPO coverage will be \$7.74 for FY 15/16, a decreased from FY 14/15 rate of \$12.72.

The employee share per pay period for employee and family dental HMO coverage will be \$12.49. The employee share per pay period for employee and family dental PPO coverage will be \$62.61.

4. The Town will continue to provide Life and Disability coverage to all full time employees. The rates for Life / Accidental Death and Disability coverage did not increase.
5. The Town will continue to provide an Employee Assistance Program (EAP) fully integrated with Mutual of Omaha to help employees experiencing personal problems in a confidential matter.
6. The Flexible Spending Accounts benefit services and the Health Reimbursement Accounts will be managed by Mangrove.

The Flexible Spending Accounts provide tax benefits to employees electing this service.

Budget Impact: The contract cost for health care (**Town plus employee contribution**) is estimated at \$1,099,229 for FY 15/16. The Town's portion is estimated to be approximately \$860,199 which includes \$135,000 for a Health Reimbursement Account (HRA) to cover employee deductions and copayments.


A \$95,321.96 savings to the Town from employees not utilizing all their respective funds in their accounts for FY 13/14 will be rolled forward to cover the increased cost of health insurance for FY 15/16. FY 15/16 budget allocated \$890,061 for the Town's contribution portion of the employees' health care cost.

Staff Impact: Each year at renewal time in September, an "open enrollment" session is held for employees desiring coverage. Once employees make their decisions, the administration is handled by the carriers along with oversight and assistance from the insurance broker.

Recommendation: It is recommended that the Town Commission adopt the attached resolution approving the group health and vision with UnitedHealthcare, dental coverage with Guardian and term life insurance, accidental death, short term disability and long term disability with Mutual of Omaha. The Benefit Summary for each carrier is included in the package, see Attachment A.



Yamileth Slate-McCloud
Human Resources Director



Guillermo Olmedillo
Town Manager



Donald Nelson
Finance Director

RESOLUTION NO. 15 - _____

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE, FLORIDA, APPROVING THE GROUP HEALTH AND VISION WITH UNITEDHEALTHCARE, DENTAL COVERAGE WITH GUARDIAN AND TERM LIFE INSURANCE, ACCIDENTAL DEATH, SHORT TERM DISABILILTY, AND LONG TERM DISABILITY WITH MUTUAL OF OMAHA; PROVIDING FOR APPROVAL AND AUTHORIZATION; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Adams Benefit, Inc. is the Town of Surfside (“Town”) agent of record and has analyzed the best proposals from competitive health care and other benefit providers for the Town employees every year; and

WHEREAS, the dental coverage will be transferred from UnitedHealthcare to Guardian, who provides a large network and lower premiums; and

WHEREAS, the Town intends to continue to engage and renew with UnitedHealthcare and Mutual of Omaha to arrange for the delivery of health and other benefits for Fiscal Year 2015/2016, for qualified Town employees; and

WHEREAS, the Town Commission believes that it is in the best interest of the Town to accept the proposals of these companies (See Attachment “A”).

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above and foregoing recitals are true and correct and are incorporated herein by reference.

Section 2. Approval and Authorization. The Town Commission hereby approves and authorizes the Town Manager and/or designee to enter into an agreement with UnitedHealthcare, Guardian and Mutual of Omaha for group health and other benefits, based on the terms of the proposals attached hereto as Attachment “A.”

Section 3. Effective Date. This Resolution shall become effective immediately upon its adoption.

PASSED and ADOPTED on this _____ day of September 2015.

Motion by _____,

Second by _____.

FINAL VOTE ON ADOPTION

Commissioner Barry R. Cohen _____
Commissioner Michael Karukin _____
Commissioner Marta Olchyk _____
Vice Mayor Eli Tourgeman _____
Mayor Daniel Dietch _____

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**



Linda Miller, Town Attorney



YOUR BENEFITS

Benefit Summary

**Florida - Choice
Consumer - 20/1000/100% Plan 0H9**

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

- **myuhc.com[®]** – Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits
Annual Deductible	
Individual Deductible	\$1,000 per year
Family Deductible	\$2,000 per year

> Copayments do not accumulate towards the Deductible.

> All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.

Out-of-Pocket Maximum	
Individual Out-of-Pocket Maximum	\$3,000 per year
Family Out-of-Pocket Maximum	\$6,000 per year

> All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum, but an individual will not have to pay more than the individual Out-of-Pocket Maximum amount.

> Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

FLCA040H914

Item# Rev. Date
213-6282 0913_rev03

Base/Value/Sep/Emb/12828/2011/HMO

UnitedHealthcare of Florida, Inc.

Prescription Drug Benefits

Prescription drug benefits are shown under separate cover.

Additional Benefit Information

- > Refer to your Certificate of Coverage or Summary of Benefits and Coverage to determine if the Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a Contract or Calendar year basis.
- > Refer to your Certificate of Coverage and your Riders for the definition of Eligible Expenses and information on how Benefits are paid.

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits
Physician's Office Services - Sickness and Injury	
Primary Physician Office Visit	100% after you pay a \$20 Copayment per visit.
Specialist Physician Office Visit	100% after you pay a \$40 Copayment per visit.

- > In addition to the office visit Copayment stated in this section, the Copayment/Coinsurance and any deductible applies when these services are done: CT, PET, MRI, MRA, Nuclear Medicine; Pharmaceutical Products, Scopic Procedures; Surgery; Therapeutic Treatments.

Preventive Care Services

Covered Health Services include but are not limited to:

Primary Physician Office Visit	100%, Copayments and Deductibles do not apply.
Specialist Physician Office Visit	100%, Copayments and Deductibles do not apply.
Lab, X-Ray or other preventive tests	100%, Copayments and Deductibles do not apply.

The health care reform law provides for coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered under this section are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services as described in other areas of this summary, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Urgent Care Center Services

100% after you pay a \$100 Copayment per visit.

- > In addition to the Copayment stated in this section, the Copayment/Coinsurance and any deductible applies when these services are done: CT, PET, MRI, MRA, Nuclear Medicine; Pharmaceutical Products, Scopic Procedures; Surgery; Therapeutic Treatments.

Emergency Health Services - Outpatient

100% after you pay a \$350 Copayment per visit.

Notification is required if confined in a non-Network Hospital.

Hospital - Inpatient Stay

100% after Deductible has been met.

Types of Coverage	Network Benefits
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Ambulance Service - Emergency and Non-Emergency

Ground Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered.	100% after Deductible has been met.
Air Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered.	100% after Deductible has been met.

Prior Authorization is required for non-Emergency Ambulance.

Congenital Heart Disease (CHD) Surgeries

100% after Deductible has been met.

Dental Services - Accident Only

100% after Deductible has been met.

Prior Authorization is required.

Diabetes Services

Diabetes Self Management and Training Diabetic Eye Examinations/Foot Care	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Diabetes Self Management Items	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under Durable Medical Equipment and in the Outpatient Prescription Drug Rider. However diabetes self-management items are not subject to any limits.

Durable Medical Equipment

Benefits are limited as follows: A single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. This limit does not apply to wound vacuums.	100% after Deductible has been met.
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Habilitative Services

Benefits for Habilitative Services are provided under and as part of Rehabilitation Services – Outpatient Therapy and Manipulative Treatment and are subject to the limits as stated below in this benefit summary.

Hearing Aids

Benefits are limited as follows: \$2,500 per year and are limited to a single purchase (including repair/ replacement) per hearing impaired ear every three years.	100% after Deductible has been met.
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ADDITIONAL CORE BENEFITS

Types of Coverage

Network Benefits

Home Health Care

Benefits are limited as follows:
60 visits per year

100% after Deductible has been met.

Hospice Care

100% after Deductible has been met.

Lab, X-Ray and Diagnostics - Outpatient

For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.

Lab Testing - Outpatient

100% Deductible does not apply.

X-Ray and Other Diagnostic Testing - Outpatient

100% Deductible does not apply.

Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient

100% after Deductible has been met.

Ostomy Supplies

Benefits are limited as follows:
\$2,500 per year

100% after Deductible has been met.

Pharmaceutical Products - Outpatient

This includes medications administered in an outpatient setting, in the Physician's Office, or in a Covered Person's home.

100% after Deductible has been met.

Physician Fees for Surgical and Medical Services

100% after Deductible has been met.

Pregnancy - Maternity Services

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

For services provided in the Physician's Office, a Copayment will only apply to the initial office visit.

Prosthetic Devices

Benefits are limited as follows:

A single purchase of each type of prosthetic device every three years.

100% after Deductible has been met.

Reconstructive Procedures

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Types of Coverage

Network Benefits

Rehabilitation Services - Outpatient Therapy and Manipulative Treatment

Benefits are limited as follows: 20 visits of Manipulative Treatments 20 visits of physical therapy 20 visits of occupational therapy 20 visits of speech therapy 20 visits of pulmonary rehabilitation 36 visits of cardiac rehabilitation 30 visits of post-cochlear implant aural therapy 20 visits of cognitive rehabilitation therapy	100% after you pay a \$20 Copayment per visit.
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Scopic Procedures - Outpatient Diagnostic and Therapeutic

Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	100% after Deductible has been met.
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Skilled Nursing Facility / Inpatient Rehabilitation Facility Services

Benefits are limited as follows: 60 days per year	100% after Deductible has been met.
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Surgery - Outpatient

100% after Deductible has been met.

Therapeutic Treatments - Outpatient

Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	100% after Deductible has been met.
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Transplantation Services

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

For Network Benefits, services must be received at a Designated Facility.

Prior Authorization is required.

STATE SPECIFIC BENEFITS

Types of Coverage

Network Benefits

Autism Spectrum Disorder

Note: The visit limits specified under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment in this Benefit Summary do not apply to Autism Spectrum Disorder.

100% after Deductible has been met.

Prior Authorization is required as described in your Schedule of Benefits.

Bones or Joints of the Jaw and Facial Region

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Prior Authorization is required as described in your Schedule of Benefits.

Cleft Lip/Cleft Palate Treatment

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Prior Authorization is required as described in your Schedule of Benefits.

Clinical Trials

Participation in a qualifying clinical trial for the treatment of:

Cancer or other life-threatening disease or condition

Cardiovascular (cardiac/stroke)

Surgical musculoskeletal disorders of the spine, hip and knees

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Prior Authorization is required.

Dental Services - Anesthesia and Hospitalization

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Prior Authorization is required as described in your Schedule of Benefits.

Enteral Formulas

100% after Deductible has been met.

Prior Authorization is required as described in your Schedule of Benefits.

Mental Health Services

Inpatient:

100% after Deductible has been met.

Outpatient:

100% after you pay a \$40 Copayment per visit.

Neurobiological Disorders – Autism Spectrum Disorder Services

Inpatient:

100% after Deductible has been met.

Outpatient:

100% after you pay a \$40 Copayment per visit.

Types of Coverage

Network Benefits

Osteoporosis Treatment

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

Prior Authorization is required as described in your Schedule of Benefits.

Substance Use Disorder Services

Inpatient:

100% after Deductible has been met.

Outpatient:

100% after you pay a \$40 Copayment per visit.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

EXCLUSIONS

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to Benefits as described under Bones or Joints of the Jaw and Facial Region and Dental Services – Anesthesia and Hospitalization in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Contract, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to dental services for which Benefits are provided as described under Bones or Joints of the Jaw and Facial Region and Cleft Lip/Cleft Palate in Section 1 of the COC. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly. This exclusion does not apply to dental services for which Benefits are provided as described under Cleft Lip/Cleft Palate in Section 1 of the COC.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics and some types of braces, including over-the-counter orthotic braces. Cranial banding. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. This exclusion does not apply to Benefits as described under Diabetes Services in Section 1 of the COC. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to medically appropriate medications prescribed for the treatment of cancer. The drug must be recognized for the treatment of that indication, and published within a standard reference compendium or recommended in medical literature. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports.

EXCLUSIONS CONTINUED

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ace bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

Mental Health

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatments for V-code conditions as listed within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias. Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills, and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental retardation and autism spectrum disorder as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits for autism spectrum disorder as a primary diagnosis are described under Neurobiological Disorders - Autism Spectrum Disorder Services in Section 1 of the COC. Services or supplies for the diagnosis or treatment of Mental Illness, that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

Neurobiological Disorders – Autism Spectrum Disorders

Services as treatments of sexual dysfunction and feeding disorders as listed in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. Mental retardation as the primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and which are not a part of Autism Spectrum Disorder. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorder, except as described under Autism Spectrum Disorder in Section 1 of the COC. Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

EXCLUSIONS CONTINUED

Nutrition

Individual and group nutritional counseling. This exclusion does not apply to medical nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. This exclusion does not apply to Benefits described under Enteral Formulas in Section 1 of the COC. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps (This exclusion does not apply to breast pumps for which Benefits are provided under the Health Resources and Services Administration (HRSA) requirement); car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; exercise equipment; home modifications such as elevators, handrails and ramps; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly or Autism Spectrum Disorders. Outpatient cognitive rehabilitation therapy except as Medically Necessary following a post-traumatic brain Injury or cerebral vascular accident. Psychosurgery. Sex transformation operations and related services. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be medical or dental in nature. This exclusion does not apply to Benefits described under Bones or Joints of the Jaw or Facial Region in Section 1 of the COC. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer or obstructive sleep apnea. This exclusion does not apply to Benefits as described under Bones or Joints of the Jaw and Facial Region and Dental Services - Anesthesia and Hospitalization in Section 1 of the COC. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. In vitro fertilization regardless of the reason for treatment.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

EXCLUSIONS CONTINUED

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is paid under arrangements required by federal, state or local law to be purchased or provided through other arrangements. This includes coverage paid by workers' compensation, no-fault auto insurance, or similar legislation. This exclusion does not apply to Enrolling Groups that are not required by law to purchase or provide, through other arrangements, workers' compensation insurance for employees, owners and/or partners. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Substance Use Disorders

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Services or supplies for the diagnosis or treatment of alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Contract.) Health services for transplants involving permanent mechanical or animal organs. Transplant services that are not performed at a Designated Facility. This exclusion does not apply to cornea transplants.

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at our discretion. This exclusion does not apply to ambulance transportation for which Benefits are provided as described under Ambulance Services in Section 1 of the COC.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care or maintenance care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are provided as described under Hospice Care in Section 1 of the COC. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery. Bone anchored hearing aids except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. More than one bone anchored hearing aid per Covered Person who meets the above coverage criteria during the entire period of time the Covered Person is enrolled under the Contract. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions. Routine vision examinations, including refractive examinations to determine the need for vision correction.

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service - see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following: Medically Necessary; described as a Covered Health Service in Section 1 of the COC and Schedule of Benefits; and not otherwise excluded in Section 2 of the COC. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Contract when: required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research (This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC); required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians Injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health services received after the date your coverage under the Contract ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Contract ended. This exclusion does not apply to health services covered under Extended Coverage for Pregnancy or Extended Coverage for Total Disability in Section 4 of the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Contract. In the event a non-Network provider waives Copayments, Coinsurance and/or any deductible for a particular health service, no Benefits are provided for the health service for which the Copayments, Coinsurance and/or deductible are waived. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Foreign language and sign language services. Health services related to a non-Covered Health Service: When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services we would otherwise determine to be Covered Health Services if they are to treat complications that arise from the non-Covered Health Service. For the purpose of this exclusion, a "complication" is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a "complication" are bleeding or infections, following a Cosmetic Procedure, that require hospitalization.



YOUR BENEFITS Benefit Summary

Florida - Choice Plus
HSA - 2000/90% Plan 5Q3

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

- **myuhc.com®** – Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible - Combined Medical and Pharmacy		
Single Coverage Deductible	\$2,000 per year	\$5,000 per year
Family Coverage Deductible	\$4,000 per year	\$10,000 per year

> No one in the family is eligible for benefits until the family coverage deductible is met.

Out-of-Pocket Maximum - Combined Medical and Pharmacy		
Single Coverage Out-of-Pocket Maximum	\$4,000 per year	\$10,000 per year
Family Coverage Out-of-Pocket Maximum	\$8,000 per year	\$20,000 per year

> Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum.

> If more than one person in a family is covered under the Policy, the single Out-of-Pocket Maximum stated above does not apply.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

FLCG075Q314

Item# Rev. Date

213-6946 1213 Base/Value HSA/Comb/NonEmb/14515/2011/INS

UnitedHealthcare Insurance Company

Prescription Drug Benefits

Prescription drug benefits are shown under separate cover.

Additional Benefit Information

- > Refer to your Certificate of Coverage or Summary of Benefits and Coverage to determine if the Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a Policy or Calendar year basis.
- > Refer to your Certificate of Coverage and your Riders for the definition of Eligible Expenses and information on how Benefits are paid.
- > When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit	90% after Deductible has been met.	50% after Deductible has been met.
Specialist Physician Office Visit	90% after Deductible has been met.	50% after Deductible has been met.
		<i>Prior Authorization is required for Genetic Testing - BRCA.</i>

Preventive Care Services

Covered Health Services include but are not limited to:

Primary Physician Office Visit	100%, Copayments and Deductibles do not apply.	Non-Network Benefits are not available, except for "Child Health Supervision Services," one annual female physical, including a pap smear and a mammogram.
Specialist Physician Office Visit	100%, Copayments and Deductibles do not apply.	
Lab, X-Ray or other preventive tests	100%, Copayments and Deductibles do not apply.	

The health care reform law provides for coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered under this section are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services as described in other areas of this summary, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Urgent Care Center Services

	90% after Deductible has been met.	50% after Deductible has been met.
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Emergency Health Services - Outpatient

	90% after Deductible has been met.	90% after Network Deductible has been met.
		<i>Notification is required if confined in a non-Network Hospital.</i>

MOST COMMONLY USED BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Hospital - Inpatient Stay	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required.</i>

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Ambulance Service - Emergency and Non-Emergency		
Ground Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered.	90% after Deductible has been met.	90% after Network Deductible has been met.
Air Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered.	90% after Deductible has been met.	90% after Network Deductible has been met.
	<i>Prior Authorization is required for non-Emergency Ambulance.</i>	<i>Prior Authorization is required for non-Emergency Ambulance.</i>
Congenital Heart Disease (CHD) Surgeries		
	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required.</i>
Dental Services - Accident Only		
	90% after Deductible has been met.	90% after Network Deductible has been met.
	<i>Prior Authorization is required.</i>	<i>Prior Authorization is required.</i>
Diabetes Services		
Diabetes Self Management and Training Diabetic Eye Examinations/Foot Care	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
Diabetes Self Management Items	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under Durable Medical Equipment and in the Outpatient Prescription Drug Rider. However diabetes self-management items are not subject to any limits.	
		<i>Prior Authorization is required for Durable Medical Equipment in excess of \$1,000.</i>
Durable Medical Equipment		
Benefits are limited as follows: A single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. This limit does not apply to wound vacuums.	90% after Deductible has been met.	50% after Deductible has been met.
		<i>Prior Authorization is required for Durable Medical Equipment in excess of \$1,000.</i>
Habilitative Services		
	Benefits for Habilitative Services are provided under and as part of Rehabilitation Services – Outpatient Therapy and Manipulative Treatment and are subject to the limits as stated below in this benefit summary.	
Hearing Aids		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase (including repair/ replacement) per hearing impaired ear every three years.	90% after Deductible has been met.	50% after Deductible has been met.

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Home Health Care		
Benefits are limited as follows: 60 visits per year	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required.</i>
Hospice Care		
	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required for Inpatient Stay.</i>
Lab, X-Ray and Diagnostics - Outpatient		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.		
Lab Testing - Outpatient	90% after Deductible has been met.	50% after Deductible has been met.
X-Ray and Other Diagnostic Testing - Outpatient	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required for sleep studies.</i>
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient		
	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required.</i>
Ostomy Supplies		
Benefits are limited as follows: \$2,500 per year	90% after Deductible has been met.	50% after Deductible has been met.
Pharmaceutical Products - Outpatient		
This includes medications administered in an outpatient setting, in the Physician's Office, or in a Covered Person's home.	90% after Deductible has been met.	50% after Deductible has been met.
Physician Fees for Surgical and Medical Services		
	90% after Deductible has been met.	50% after Deductible has been met.
Pregnancy - Maternity Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Prior Authorization is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</i>
Prosthetic Devices		
Benefits are limited as follows: A single purchase of each type of prosthetic device every three years.	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required for Prosthetic Devices in excess of \$1,000.</i>

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Reconstructive Procedures		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Prior Authorization is required.</i>
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		
Benefits are limited as follows: 20 visits of Manipulative Treatments 20 visits of physical therapy 20 visits of occupational therapy 20 visits of speech therapy 20 visits of pulmonary rehabilitation 36 visits of cardiac rehabilitation 30 visits of post-cochlear implant aural therapy 20 visits of cognitive rehabilitation therapy	90% after Deductible has been met.	50% after Deductible has been met.
		<i>Prior Authorization is required for certain services.</i>
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy	90% after Deductible has been met.	50% after Deductible has been met.
For Preventive Scopic Procedures, refer to the Preventive Care Services category.		
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Benefits are limited as follows: 60 days per year	90% after Deductible has been met.	50% after Deductible has been met.
		<i>Prior Authorization is required.</i>
Surgery - Outpatient		
	90% after Deductible has been met.	50% after Deductible has been met.
		<i>Prior Authorization is required for certain services.</i>

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	90% after Deductible has been met.	50% after Deductible has been met. <i>Prior Authorization is required for certain services.</i>

Transplantation Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. For Network Benefits, services must be received at a Designated Facility. <i>Prior Authorization is required.</i>	<i>Prior Authorization is required.</i>

STATE SPECIFIC BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Autism Spectrum Disorder		
<p>Note: The visit limits specified under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment in this Benefit Summary do not apply to Autism Spectrum Disorder.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>
	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>
Bones or Joints of the Jaw and Facial Region		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>
	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>
Cleft Lip/Cleft Palate Treatment		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>
	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>
Clinical Trials		
<p>Participation in a qualifying clinical trial for the treatment of:</p> <ul style="list-style-type: none"> Cancer or other life-threatening disease or condition Cardiovascular (cardiac/stroke) Surgical musculoskeletal disorders of the spine, hip and knees 	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>
	<p><i>Prior Authorization is required.</i></p>	<p><i>Prior Authorization is required.</i></p>
Dental Services - Anesthesia and Hospitalization		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>
	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>
Enteral Formulas		
	<p>90% after Deductible has been met.</p>	<p>50% after Deductible has been met.</p>
	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>	<p><i>Prior Authorization is required as described in your Schedule of Benefits.</i></p>
Mental Health Services		
	<p>Inpatient: 90% after Deductible has been met.</p>	<p>Inpatient: 50% after Deductible has been met.</p>
	<p>Outpatient: 90% after Deductible has been met.</p>	<p>Outpatient: 50% after Deductible has been met.</p>
		<p><i>Prior Authorization is required for certain services.</i></p>

Types of Coverage	Network Benefits	Non-Network Benefits
Neurobiological Disorders – Autism Spectrum Disorder Services		
	Inpatient: 90% after Deductible has been met.	Inpatient: 50% after Deductible has been met.
	Outpatient: 90% after Deductible has been met.	Outpatient: 50% after Deductible has been met. <i>Prior Authorization is required for certain services.</i>
Osteoporosis Treatment		
	90% after Deductible has been met. <i>Prior Authorization is required as described in your Schedule of Benefits.</i>	50% after Deductible has been met. <i>Prior Authorization is required as described in your Schedule of Benefits.</i>
Substance Use Disorder Services		
	Inpatient: 90% after Deductible has been met.	Inpatient: 50% after Deductible has been met.
	Outpatient: 90% after Deductible has been met.	Outpatient: 50% after Deductible has been met. <i>Prior Authorization is required for certain services.</i>

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

EXCLUSIONS

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to Benefits as described under Bones or Joints of the Jaw and Facial Region and Dental Services – Anesthesia and Hospitalization in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to dental services for which Benefits are provided as described under Bones or Joints of the Jaw and Facial Region and Cleft Lip/Cleft Palate in Section 1 of the COC. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly. This exclusion does not apply to dental services for which Benefits are provided as described under Cleft Lip/Cleft Palate in Section 1 of the COC.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics and some types of braces, including over-the-counter orthotic braces. Cranial banding. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. This exclusion does not apply to Benefits as described under Diabetes Services in Section 1 of the COC. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to medically appropriate medications prescribed for the treatment of cancer. The drug must be recognized for the treatment of that indication, and published within a standard reference compendium or recommended in medical literature. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports.

EXCLUSIONS CONTINUED

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ace bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

Mental Health

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatments for V-code conditions as listed within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias. Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills, and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental retardation and autism spectrum disorder as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits for autism spectrum disorder as a primary diagnosis are described under Neurobiological Disorders - Autism Spectrum Disorder Services in Section 1 of the COC. Services or supplies for the diagnosis or treatment of Mental Illness, that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

Neurobiological Disorders – Autism Spectrum Disorders

Services as treatments of sexual dysfunction and feeding disorders as listed in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. Mental retardation as the primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and which are not a part of Autism Spectrum Disorder. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorder, except as described under Autism Spectrum Disorder in Section 1 of the COC. Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

EXCLUSIONS CONTINUED

Nutrition

Individual and group nutritional counseling. This exclusion does not apply to medical nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. This exclusion does not apply to Benefits described under Enteral Formulas in Section 1 of the COC. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps (This exclusion does not apply to breast pumps for which Benefits are provided under the Health Resources and Services Administration (HRSA) requirement); car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; exercise equipment; home modifications such as elevators, handrails and ramps; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly or Autism Spectrum Disorders. Outpatient cognitive rehabilitation therapy except as Medically Necessary following a post-traumatic brain Injury or cerebral vascular accident. Psychosurgery. Sex transformation operations and related services. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be medical or dental in nature. This exclusion does not apply to Benefits described under Bones or Joints of the Jaw or Facial Region in Section 1 of the COC. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer or obstructive sleep apnea. This exclusion does not apply to Benefits as described under Bones or Joints of the Jaw and Facial Region and Dental Services - Anesthesia and Hospitalization in Section 1 of the COC. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. In vitro fertilization regardless of the reason for treatment.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

EXCLUSIONS CONTINUED

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is paid under arrangements required by federal, state or local law to be purchased or provided through other arrangements. This includes, but is not limited to, coverage paid by workers' compensation, no-fault auto insurance, or similar legislation. This exclusion does not apply to Enrolling Groups that are not required by law to purchase or provide, through other arrangements, workers' compensation insurance for employees, owners and/or partners. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Substance Use Disorders

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Services or supplies for the diagnosis or treatment of alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time.
- Not clinically appropriate for the patient's substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health services for transplants involving permanent mechanical or animal organs.

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at our discretion. This exclusion does not apply to ambulance transportation for which Benefits are provided as described under Ambulance Services in Section 1 of the COC.

Types of Care

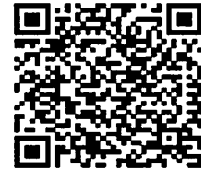
Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care or maintenance care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are provided as described under Hospice Care in Section 1 of the COC. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery. Bone anchored hearing aids except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. More than one bone anchored hearing aid per Covered Person who meets the above coverage criteria during the entire period of time the Covered Person is enrolled under the Policy. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions. Routine vision examinations, including refractive examinations to determine the need for vision correction.

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service - see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following: Medically Necessary; described as a Covered Health Service in Section 1 of the COC and Schedule of Benefits; and not otherwise excluded in Section 2 of the COC. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research (This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC); required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians Injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. This exclusion does not apply to health services covered under Extended Coverage for Pregnancy or Extended Coverage for Total Disability in Section 4 of the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. In the event a non-Network provider waives Copayments, Coinsurance and/or any deductible for a particular health service, no Benefits are provided for the health service for which the Copayments, Coinsurance and/or deductible are waived. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Foreign language and sign language services. Health services related to a non-Covered Health Service: When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services we would otherwise determine to be Covered Health Services if they are to treat complications that arise from the non-Covered Health Service. For the purpose of this exclusion, a "complication" is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a "complication" are bleeding or infections, following a Cosmetic Procedure, that require hospitalization.


Vision Benefit Summary
www.myuhcvision.com
Customer Service: (800) 638-3120
Provider Locator: (800) 839-3242
Plan V0008

	NETWORK	NON-NETWORK
Comprehensive Vision Exam	\$10 Copay	Up to \$40
Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses	\$25 Copay ¹	See below
Frequencies - Based on last date of service	Exam Once every 12 months Lenses Once every 12 months Frames Once every 24 months	

COVERED SERVICES	NETWORK	NON-NETWORK
Pair of Lenses (for Eyewear)		
<ul style="list-style-type: none"> • Standard single vision lenses • Standard lined bifocal lenses • Standard lined trifocal lenses • Standard lenticular lenses <p>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</p>	<p>Covered in full after applicable copay¹</p> <p>Includes standard scratch-resistant coating</p>	<p>Up to \$40</p> <p>Up to \$60</p> <p>Up to \$80</p> <p>Up to \$80</p>
Frames		
<p>You will receive a \$50 wholesale frame allowance (approximate retail value of \$120-\$150) at our private practice providers; or a \$130 retail frame allowance at our retail chain providers. For frames which exceed the allowance, you may receive an additional 30% discount, available only at participating providers.</p>	<p>Up to \$50 wholesale/\$130 retail frame allowance (after applicable copay¹)</p>	<p>Up to \$45</p>
Contact Lenses²		
<ul style="list-style-type: none"> • Covered contact lens selection <p>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today.³ A complete list can be found by visiting our website www.myuhcvision.com.</p>	<p>Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay¹)</p>	<p>Up to \$105</p>
<ul style="list-style-type: none"> • Non-selection contacts <p>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</p>	<p>Up to \$105 (material copay is waived)</p>	<p>Up to \$105</p>
<ul style="list-style-type: none"> • Necessary contact lenses⁴ 	<p>Covered in full after applicable copay¹</p>	<p>Up to \$210</p>

¹ The material copayment will apply once if frames and lenses, or contact lenses in lieu of eyewear, are purchased at the same time at a network provider.

² Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

³ Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

⁴ Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or eyeglass frames; with certain conditions of anisometropia, keratoconus, irregular corneals/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Employees of Town of Surfside

ELIGIBILITY - ALL ELIGIBLE ACTIVE EMPLOYEES

Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 32 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.

GUARANTEE ISSUE AMOUNT(S)

For You	\$175,000
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Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	For You: An amount equal to 1 times your annual salary, up to \$175,000* * In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of life insurance benefit.

FEATURES

Living Care/Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier - Paralysis
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Coverage terminates at retirement.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of Town of Surfside

ELIGIBILITY - ALL ELIGIBLE Active EMPLOYEES	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 32 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> ▪ On the 15th day of your disabling injury. ▪ On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 66% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
Maximum Benefit Period	Short-term disability benefits are available for up to 24 weeks .
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	None
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings is the gross weekly income you receive from your employer for the week immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
EXCLUSIONS & LIMITATIONS	
Information about the exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.	

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of Town of Surfside

ELIGIBILITY - ALL ELIGIBLE ACTIVE EMPLOYEES	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 32 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 180 days after the onset of your disabling injury or illness.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Maximum Monthly Benefit	\$7,000
Minimum Monthly Benefit	\$50
DEFINITIONS	
Definition of Disability	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> ▪ Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and ▪ During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation. <p>You can be totally or partially disabled during the elimination period.</p>
Definition of Monthly Earnings	Monthly earnings is the gross monthly income you receive from your employer for the month immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
Waiver of Premium	The premium for your long-term disability coverage is waived while you are receiving benefits.
Employee Assistance Program	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
Alcohol & Drug Abuse	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
Mental Disorders	For disabilities related to mental disorders, benefits are available for up to 24 months.
Specific Conditions	For disabilities related to specific conditions, benefits are available for up to 24 months.

FEATURES (CONTINUED)

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

EXCLUSIONS & LIMITATIONS

Pre-existing Conditions Exclusion	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
Other Exclusions	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

Dental Benefit Summary

Group Number: 00516368

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **Pre-Paid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	Option 1: Pre-Paid	Option 2: PPO	
Your Network is	Managed DentalGuard	DentalGuard Preferred	
Calendar year deductible	No deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each	100%	100%
Basic Care	covered procedure. See	90%	80%
Major Care	"Plan Details", for	60%	50%
Orthodontia	more information.	50%	50%
Annual Maximum Benefit	Unlimited	\$2000	\$2000
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$800	
Rollover Amount		\$400	
Rollover In-network Amount		\$600	
Rollover Account Limit		\$1500	
Lifetime Orthodontia Maximum	Not Applicable	\$1500	
Office visit copay	\$0	None	
Dependent Age Limits	26 *	26 *	

***Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

A Sample of Services Covered by Your Plan:

		Option 1: Pre-Paid You Pay	Option 2: PPO Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis)	Network only \$0	In-network 100%	Out-of-network 100%
	Frequency:	2 times in 12 months [^]	2 in 12 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	No Age Limits	Under Age 19	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$0	100%	100%
	X-rays	\$0	100%	100%
Basic Care	Anesthesia*	Restrictions Apply	90%	80%
	Fillings [‡]	\$0	90%	80%
	Perio Surgery	\$200-380	90%	80%
	Periodontal Maintenance	\$0	90%	80%
	Frequency:	2 times in 12 months [^] (Standard)	Once Every 6 Months (Standard)	
	Root Canal	\$120-270	90%	80%
	Scaling & Root Planing (per quadrant)	\$0	90%	80%
	Simple Extractions	\$0	90%	80%
Major Care	Surgical Extractions	\$30-200	90%	80%
	Bridges and Dentures	\$381-575	60%	50%
	Inlays, Onlays, Veneers**	\$250-370	60%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0-160	60%	50%
Orthodontia	Single Crowns	\$375	60%	50%
	Orthodontia	\$1,500-2,800	50%	50%
Cosmetic Care	Limits:	Adults & Child(ren)	Child(ren)	
	Bleaching	\$165	Not Covered	Not Covered

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. (^Additional cleanings are available for an additional co-pay).

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00516368

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-I-MDGI, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NYI, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-IMDCI, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TXI, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio), NVI10717, et al (Nevada).
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000



Commission Communication

Agenda #: 5B

Date: September 8, 2015

Subject: Employee Health Insurance Broker Services

Objective: To continue providing insurance broker services to the Town by Adams Benefit, Inc.

Background: On October 8, 2013 by Resolution No. 13-2197, the Town authorized Adams Benefit, Inc. to be the Town's insurance broker for all of the Town's services related to employee health, disability, life, dental and other benefit programs for a fixed fee of \$24,000 a year with no commissions from the insurance carriers.

For the past two years, Adams Benefit, Inc. provided several proposals from Aetna, Av-Med, Cigna, Florida Blue, Humana and Unitedhealth. For FY 14-15 Adams Benefit negotiated a rate increase of 9 % from Unitedhealth. For FY 15-16 Adams Benefit negotiated with our current insurance provider, Unitedhealth a 7 % increase when other carriers were much higher in total cost.

The Town has completed its due diligence and analyzed all three (3) proposals received to provide annual brokerage services. The proposals received as follows: Gehring Group \$75,000 annual, Brown & Brown Insurance \$34,000 annual. Adams Benefit, Inc. submitted the attached letter regarding the renewal for which it is requesting a fee increase effective October 1, 2015. The new annual rate for services to be provided will be \$27,600 for FY 15-16.

Budget Impact: The 2015 – 2016 budget includes funding for the broker fixed fee of \$27,600 a year effective October 1, 2015, with no commissions from the insurance carriers.

Recommendation: It is recommended that the Town Commission continue the services with Adams Benefit to be the insurance broker for all of the Town’s services related to employee health, disability, life, dental and other health services.



Yamileth Slate-McCloud
Human Resources Director



Guillermo Olmedillo
Town Manager



Donald G. Nelson
Finance Director

RESOLUTION NO. 15 - _____

A RESOLUTION OF THE TOWN COMMISSION FOR THE TOWN OF SURFSIDE, FLORIDA, AUTHORIZING THE CONTINUATION OF INSURANCE BROKER SERVICES WITH ADAMS BENEFIT, INC. TO BE THE INSURANCE BROKER FOR ALL OF THE TOWN'S SERVICES RELATED TO EMPLOYEE HEALTH, DISABILITY, LIFE, DENTAL, AND OTHER BENEFIT PROGRAMS; AUTHORIZING THE TOWN MANAGER TO ACCEPT THE PROPOSAL SUBMITTED BY ADAMS BENEFIT, INC.; PROVIDING FOR AUTHORIZATION; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town of Surfside ("Town) has retained Adams Benefit, Inc. to be the agent of record for all of the Town's services related to employee health, disability, life, dental, and other benefit programs; and

WHEREAS, for the fiscal Year 2015/2016, Adams Benefit, Inc. has submitted a new annual rate of \$27,600 for the services provided (See Attachment "A"); and

WHEREAS, the Town has completed its due diligence and analyzed all three (3) proposals received to provide annual brokerage services:

- Gehring Group - \$75,000
- Brown & Brown Insurance - \$34,000
- Adams Benefit - \$27,600.

WHEREAS, the Town Commission has determined that it would be in the Town's best interest to continue insurance brokerage services with Adams Benefit, Inc. as it has the lowest cost and best option for the needs of the Town.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above and foregoing recitals are true and correct and are incorporated herein by reference.

Section 2. Authorization. The Town Commission hereby authorizes the Town Manager or designee to accept the proposal from Adams Benefit, Inc. for insurance brokerage services at an annual rate of \$27,600 (See Attachment "A").

Section 3. Effective Date. This Resolution shall become effective immediately upon its adoption.

PASSED and **ADOPTED** on this _____ day of September 2015.

Motion by _____,

Second by _____.

FINAL VOTE ON ADOPTION

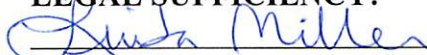
Commissioner Barry R. Cohen	_____
Commissioner Michael Karukin	_____
Commissioner Marta Olchyk	_____
Vice Mayor Eli Tourgeman	_____
Mayor Daniel Dietch	_____

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**



Linda Miller, Town Attorney



August 11, 2015

Town of Surfside
9293 Harding Avenue
Surfside, FL 33154
Attn: Yamileth Slate-McCloud

Re: Renewal Analysis – Consulting Services

Adams Benefit Corporation will continue to provide consulting services to the Town of Surfside as part of the renewal analysis. The monthly fee period will be from 10/1/2015 to 9/30/2016 and the amount will be \$2300.00 per month.

Looking forward to another successful year providing the Town of Surfside with benefit services. Please feel free to reach out to us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David B Adams". The signature is fluid and cursive, with a large loop at the end.

David B Adams
CEO
Adams Benefit Corporation



**Town of Surfside
Town Commission Meeting
September 8, 2015**

7:00 pm

Town Hall Commission Chambers - 9293 Harding Avenue, 2nd Floor
Surfside, FL 33154

Agenda #: 5C
Date: September 8, 2015
From: Daniel Dietch, Mayor
Subject: Beach Renourishment

Objective: To approve the attached “urging” Resolution for Miami-Dade County, the State of Florida, and the United States Army Corps of Engineers to provide recurring appropriations for beach renourishment in Surfside and throughout Miami-Dade County to buffer and protect coastal communities against the effects of beach erosion and sea level rise.

Consideration: Beaches and dunes serve as a vital buffer between coastal infrastructure and the destructive forces of ocean waves and surge during storm events. Beach renourishment adds sand to the coastal system, helps keep the erosive power of strong waves from reaching dunes and structures and buffers against the effects of sea level rise, thereby protecting coastal properties and the coastal environment. Since the last Town-wide beach renourishment project in 1999, our beaches are critically eroding due to winds, tides, currents, waves and coastal storms. To help mitigate these impacts, the Town has supported the strengthening of our dune network including removal on non-native plant species, installed Florida’s first two diverter dunes at street access points, convened workshops to educate our community about the impacts of climate change and sea level rise, joined the Mayor’s Beach Alliance, engaged with Federal, State and municipal partners to raise awareness of responsible beach management and convened a Coastal Issue Committee to recommend coastal mitigation and adaptation approaches and build resiliency in our community and region. Beyond the environmental benefits of beach renourishment, the economic benefits are also essential to sustaining the Town over the long-term. Continued efforts to work collaboratively with other units of government is necessary to prioritize and fund needed beach renourishment for Surfside.

Recommendation: For the Town Commission to approve the attached “urging” Resolution.

RESOLUTION NO. 15 - _____

A RESOLUTION OF THE TOWN OF SURFSIDE, FLORIDA, SUPPORTING THE DADE COUNTY BEACH EROSION CONTROL AND HURRICANE PROTECTION PROJECT, AND URGING MIAMI-DADE COUNTY, THE STATE OF FLORIDA, AND THE UNITED STATES ARMY CORPS OF ENGINEERS TO PROVIDE RECURRING APPROPRIATIONS TO ADVANCE BEACH RENOURISHMENT IN SURFSIDE AND MIAMI-DADE COUNTY ON OR AHEAD OF SCHEDULE; PROVIDING DIRECTION TO THE TOWN CLERK TO TRANSMIT A COPY OF THIS RESOLUTION TO THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA CLERK OF THE HOUSE, GOVERNOR, SENATE PRESIDENT, HOUSE SPEAKER, CHAIR AND MEMBERS OF THE MIAMI-DADE STATE LEGISLATIVE DELEGATION, AND THE UNITED STATES ARMY CORPS OF ENGINEERS; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, beaches and dunes serve as a vital buffer between coastal infrastructure and the destructive forces of ocean waves and surge during storm events; and

WHEREAS, our beaches erode with winds, tides, currents and waves, hurricanes and coastal storms, and beachfront developments interrupt natural movement of sand and narrow beach widths; and

WHEREAS, beach renourishment adds sand to the coastal system, helps keep the erosive power of strong waves from reaching dunes and structures, and buffers against the effects of sea level rise and climate change, thereby protecting coastal properties and the coastal environment; and

WHEREAS, beach renourishment has been an ongoing practice in southeast Florida since the late 1970s, as part of the Dade County Beach Erosion Control and Hurricane Protection Project providing essential economic, environmental and recreational benefit to coastal communities; and

WHEREAS, throughout the region, twenty-four federal and nonfederal beach nourishment projects provide storm damage reduction to infrastructure as well as incidental recreational opportunities; and

WHEREAS, as part of the Dade County Beach Erosion Control and Hurricane Protection Project, the Surfside beach is on schedule to be renourished in 2018; and

WHEREAS, the United States Army Corps of Engineers recommends that future beach renourishment projects utilize the following sand sources: 1) Upland Sources, 2) Off-shore Sources, and 3) Existing Accretion Sources; and

WHEREAS, Miami-Dade County, the State of Florida and the Federal government are cost-sharing partners in the Dade County Beach Erosion Control and Hurricane Protection Project; and

WHEREAS, the Town of Surfside urges the Board of County Commissioners of Miami-Dade County, the Florida Legislature, Governor, Senate President, House Speaker, Chair and Members of the Miami-Dade State Legislative delegation, and the United States Army Corps of Engineers to support the herein resolution.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN OF SURFSIDE, FLORIDA, AS FOLLOWS:

Section 1. Recitals Adopted. That each of the above stated recitals are hereby adopted, confirmed, and incorporated herein.

Section 2. Support for federal, state, and county beach nourishment projects. The Town of Surfside Commission supports the Dade County Beach Erosion Control and Hurricane Protection Project, as well as other federal, state, and county beach nourishment projects to buffer the Town of Surfside beaches against the effects of erosion and sea level rise, and provide economic, environmental, and recreational benefits to the community.

Section 3. Urging for continued funding allocations to advance beach nourishment projects. The Town of Surfside Commission urges Miami-Dade County, the State of Florida, and the United States Army Corps of Engineers to provide recurring appropriations to advance beach renourishment in Surfside and Miami-Dade County on or ahead of schedule.

Section 4. Direction to Town Clerk. The Town Clerk is hereby directed to transmit a copy of this Resolution to the Board of County Commissioners of Miami-Dade County, the Florida Clerk of the House, Governor, Senate President, House Speaker, Chair and Members of the Miami-Dade State Legislative Delegation, and the United States Army Corps of Engineers

Section 5. Implementation. The Town Manager is hereby authorized to take any and all action necessary to implement this Resolution.

Section 6. Effective Date. This Resolution shall become effective immediately upon its adoption.

PASSED AND ADOPTED this _____ day of _____, 2015.

Motion by _____,

Second by _____.

FINAL VOTE ON ADOPTION

Commissioner Barry Cohen _____
Commissioner Michael Karukin _____
Commissioner Marta Olchyk _____
Vice Mayor Eli Tourgeman _____
Mayor Daniel Dietch _____

Daniel Dietch, Mayor

ATTEST:

Sandra Novoa, Town Clerk

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY
FOR THE TOWN OF SURFSIDE ONLY:**



Linda Miller, Town Attorney



Town of Surfside

**Town Commission Meeting
September 8, 2015; 7:00 pm**

Town Hall Commission Chambers - 9293 Harding Ave, 2nd Floor
Surfside, FL 33154

DISCUSSION ITEM MEMORANDUM

Ad-Hoc Business District Improvement Committee

Title: Ad-Hoc Business District Improvement Committee

Submitted By: Eli Tourgeman, Vice- Mayor

Objective: To discuss Commission interest in establishing an Ad-Hoc Business District Improvement Committee to identify and advance a range of opportunities and make recommendations to the Town Commission.

Consideration: Should the Town Commission be agreeable, the role of the Ad-Hoc Business District Improvement Committee could be to identify and promote issues, plans and practices within the Downtown Business District to achieve a thriving district that will serve the permanent community and attract the seasonal visitors to support the commercial activities in Surfside.

The Committee should address among others, issues of landscaping, property maintenance and appearance, proper use of alleys, ADA compliance, building and zoning code compliance, permanent lighting and general promotion of the business district.

The next step would be to establish the duration of the committee, the appointment of a Committee Liaison and five members, as follows:

One property owner from each of the commercially zoned blocks, and one property owner at large.