RESOLUTION NO. 2025-3470

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SURFSIDE, FLORIDA, APPROVING EMPLOYEE HEALTH BENEFITS RENEWAL CONTRACTS FOR FISCAL YEAR 2025/2026 WITH CIGNA FOR EMPLOYEE HEALTH INSURANCE AND DENTAL AND VISION COVERAGE, MUTUAL OF OMAHA FOR LIFE AND DISABILITY INSURANCE, AND AMERIFLEX FOR FLEXIBLE SPENDING ARRANGEMENT (FSA) BENEFIT SERVICES, HEALTH REIMBURSEMENT AGREEMENT (HRA) SERVICES, AND COBRA ADMINISTRATION; AUTHORIZING THE TOWN MANAGER TO ENTER INTO ANY NECESSARY AGREEMENTS WITH CIGNA, MUTUAL OF OMAHA, AND AMERIFLEX FOR THE RESPECTIVE SERVICES; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town of Surfside (the "Town") continues to work with Adams Benefit ("Adams Benefit") as its insurance agent of record for employee health, dental, vision, life insurance, disability and other related benefit programs; and

WHEREAS, the Town worked with Adams Benefit to renegotiate existing plans or find an acceptable alternative plan from alternative carriers, with the result of renewing existing contracts and maintaining a zero percent (0%) renewal rate increase from the previous year, except for a 2.54% increase for Cigna health insurance; and

WHEREAS, the Town Commission wishes to (i) select/renew Cigna for employee health insurance and dental and vision coverage, (ii) continue with Mutual of Omaha for life and disability insurance, and (iii) select/renew Ameriflex for flexible spending arrangement (FSA) benefit services, health reimbursement agreement (HRA) services, and COBRA administration, all as set forth in the Commission Communication memorandum presented with this Resolution; and

WHEREAS, the Town Commission further wishes to authorize the Town Manager to execute any necessary agreements with Cigna, Mutual of Omaha, and Ameriflex for the respective insurance services; and

WHEREAS, the Town Commission finds that the insurance providers and programs selected and this Resolution are in the best interest and welfare of the employees of the Town.

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

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

Section 2. Approval of Insurance Providers. The Town Commission hereby approves and selects/renews for Fiscal Year 2025/2026: (i) Cigna for employee health insurance and dental and vision insurance; (ii) Mutual of Omaha for life and disability insurance; and (iii) Ameriflex for flexible spending arrangement (FSA) benefit services, health reimbursement agreement (HRA) services, and COBRA administration; all as set forth in the Commission Communication Memorandum presented with this Resolution.

Section 3. Authorization. The Town Manager is hereby authorized to execute any necessary agreements with: (i) Cigna for employee health insurance and dental and vision insurance; (ii) Mutual of Omaha for life and disability insurance; and (iii) Ameriflex for flexible spending arrangement (FSA) benefit services, health reimbursement agreement (HRA) services, and COBRA administration; in accordance with the terms and conditions as set forth in the Commission Communication Memorandum, and subject to the approval of the Town Manager and Town Attorney as to form, content, and legal sufficiency.

Section 4. **Implementation.** The Town Manager and the Human Resources Director are authorized to take all action necessary to implement the purposes of this Resolution and the employee health benefits and insurance programs detailed in the Commission Communication Memorandum presented with this Resolution.

Section 5. Effective Date. This Resolution shall be effective immediately upon adoption.

PASSED and **ADOPTED** on this 9th day of December, 2025.

Motion By: Commissioner Vildostegui
Second By: Vice Mayor Paul

FINAL VOTE ON ADOPTION

Commissioner Ruben A. Coto	Yes
Commissioner Nelly Velasquez	Yes
Commissioner Gerardo Vildostegui	Yes
Vice Mayor Tina Paul	Yes
Mayor Charles W. Burkett	Yes

Charles W. Burkett, Mayor

ATTEST:

Sandra N. McCready, MMC
Town Clerk

TOWN OF SURFSIDE INCORPORATED SEAL 1935 DADE COUNTY, FLA.

Approved as to Form and Legal Sufficiency:

Thais Hernandez, Town Attorney

TOWN OF SURFSIDE
INCORPORATED
SEAL
DADE COUNTY, FLA.
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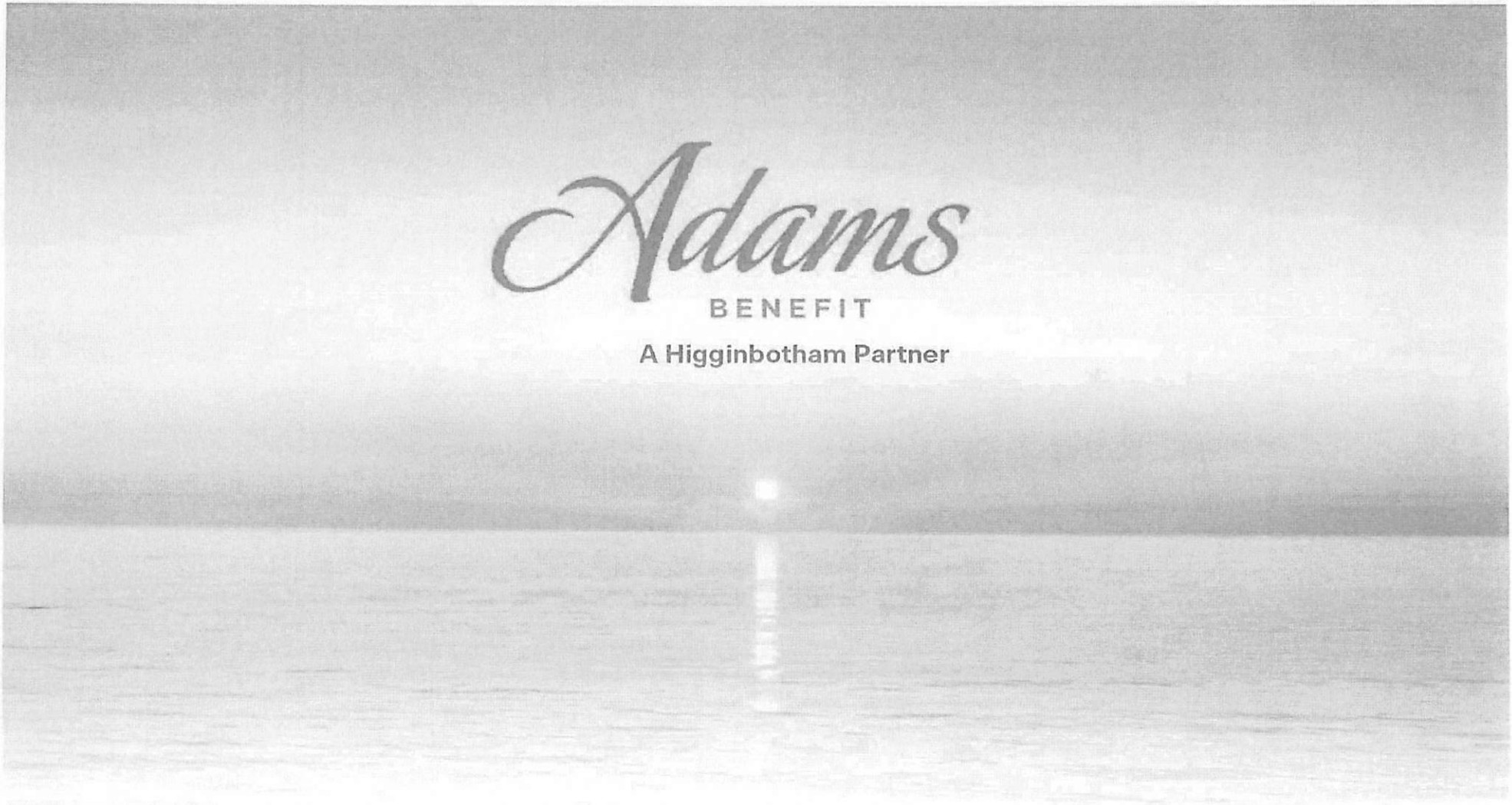

Town of Surfside

Insurance Renewal

09/01/2025

301 Yamato Rd Suite 1200, Boca Raton, FL 33431 | (O):954-772-9320

Town of Surfside

Renewal Analysis - Table of Contents

Higginbotham Insurance Agency

Town of Surfside

Renewal Analysis - Experience Exhibit

Month/Year	EE	EE / SP	EE/CH	FF	Medical Claims	Rx Claims	Gross Claims	Stop Loss	Net Claims	Monthly Claim Funding
Oct-22	55	14	7	22	$25,560	$10,436	$35,996	$0	$35,996	$65,931
Nov-22	55	15	9	22	$76,323	$22,150	$98,474	$0	$98,474	$68,309
Dec-22	57	15	8	22	$25,105	$17,079	$42,184	$0	$42,184	$68,111
Jan-23	56	15	8	21	$19,910	$18,053	$37,963	$0	$37,963	$66,577
Feb-23	56	15	9	21	$144,400	$17,927	$162,326	-$60,349	$101,977	$67,324
Mar-23	56	14	9	21	$27,152	$31,171	$58,322	-$188	$58,134	$66,442
Apr-23	56	16	8	23	$28,027	$21,628	$49,654	-$4,383	$45,271	$69,792
May-23	57	13	9	22	$29,641	$17,056	$46,697	-$7,328	$39,369	$67,002
Jun-23	58	12	9	21	$33,749	$30,745	$64,494	-$18,827	$45,667	$65,321
Jul-23	58	12	9	21	$23,453	$26,028	$49,481	-$9,496	$39,985	$64,862
Aug-23	60	12	9	21	$42,233	$17,097	$59,330	-$13,643	$45,687	$65,597
Sep-23	60	12	9	21	$31,078	$19,866	$50,945	-$4,370	$46,575	$64,771
Oct-23	58	13	7	23	$46,077	$8,130	$54,206	$0	$54,206	$68,352
Nov-23	62	13	8	22	$87,441	$26,510	$113,951	$0	$113,951	$69,429
Dec-23	62	13	9	21	$61,259	$27,846	$89,105	$0	$89,105	$69,000
Jan-24	62	12	10	21	$41,376	$24,199	$65,575	$0	$65,575	$68,861
Feb-24	64	12	10	21	$27,519	$24,228	$51,746	$0	$51,746	$69,615
Mar-24	64	12	10	21	$30,655	$11,321	$41,976	$0	$41,976	$68,334
Apr-24	64	11	10	21	$72,329	$43,781	$116,110	-$1,372	$114,738	$68,711
May-24	67	11	9	19	$53,570	$53,426	$106,996	-$14,780	$92,215	$65,866
Jun-24	67	11	9	18	$32,753	$37,047	$69,800	-$16,881	$52,919	$65,489
Jul-24	67	11	9	18	$58,879	$48,785	$107,664	-$31,370	$76,294	$64,736
Aug-24	65	11	9	17	$44,002	$16,925	$60,927	-$5,902	$55,025	$62,430
Sep-24	66	11	9	15	$45,261	$53,645	$98,906	-$43,762	$55,143	$61,697
Oct-24	67	11	9	16	$38,953	$23,934	$62,887	$0	$62,887	$69,564
Nov-24	67	13	9	15	$37,125	$16,847	$53,972	$0	$53,972	$69,658
Dec-24	67	13	9	15	$47,681	$46,538	$94,220	$0	$94,220	$69,231
Jan-25	71	13	8	15	$49,502	$42,988	$92,490	-$343	$92,147	$67,919
Feb-25	68	13	8	14	$32,670	$44,985	$77,656	-$11,683	$65,973	$66,707
Mar-25	66	14	8	14	$44,377	$26,502	$70,879	-$4,198	$66,681	$64,568
Apr-25	66	14	8	13	$164,640	$48,070	$212,709	-$111,993	$100,716	$66,975
May-25	68	14	8	13	$79,964	$43,082	$123,046	-$53,314	$69,133	$67,802
Jun-25	70	14	8	13	$121,650	$27,800	$149,450	-$28,369	$121,081	$68,643
Jul-25	68	14	9	13	$86,694	$22,121	$108,814	-$48,011	$60,803	$68,643
Total	**2,130**	**439**	**296**	**636**	**$1,811,007**	**$967,944**	**$2,778,951**	**-$490,563**	**$2,288,388**	**$2,282,269**
Current Plan Year	**678**	**133**	**84**	**141**	**$703,256**	**$342,868**	**$1,046,123**	**-$257,912**	**$788,212**	**$679,709**

Net Claims to Monthly Claim Funding
116%

Up from previous month of 114%

Town of Surfside

Renewal Analysis - Large Claim Exhibit

DE-IDENTIFIED CLAIMS EXCEEDING REPORT - Claims Exceeding $25,000
October 2024 thru July 2025

Diagnosis is based on the largest medical claim amount

MEMBER ID	REL	ICD CODE	ICD DESCRIPTION		DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL	ISL $40K
M	66666386470365	SB	*	UNSPECIFIED	$0	$16,617	$16,617	
R	66666386470365	SB	H60332	SWIMMER'S EAR, LEFT EAR	$54,758	($14,758)	$40,000	
	MEMBER ID Total				$54,758	$1,859	$56,617	$16,617
R	66666676470365	SB	*	UNSPECIFIED	$24,916	$3,540	$28,456	
M	66666846470365	SB	*	UNSPECIFIED	$0	$72,488	$72,488	
R	66666846470365	SB	I82220	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	$133	$39,867	$40,000	
	MEMBER ID Total				$133	$112,355	$112,488	$72,488
R	76666846470365	CH	L2089	OTHER ATOPIC DERMATITIS	$37,306	$867	$38,173	
R	66666336470365	SB	E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	$298	$28,134	$28,433	
R	66666606470365	SB	Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	$31,989	$1,611	$33,600	
R	56666096470365	SP	N132	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	$1,163	$25,698	$26,861	
M	66666526470365	SB	*	UNSPECIFIED	$0	$32,119	$32,119	
R	66666526470365	SB	I609	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	$47,763	($7,798)	$39,965	
	MEMBER ID Total				$47,763	$24,321	$72,084	$32,084
M	66666165470365	SB	*	UNSPECIFIED	$0	$40,718	$40,718	
R	66666165470365	SB	K5000	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	$76,606	($36,606)	$40,000	
	MEMBER ID Total				$76,606	$4,112	$80,718	$40,718
M	56666065470365	SP	*	UNSPECIFIED	$0	$20,277	$20,277	
R	56666065470365	SP	N920	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	$2,155	$37,834	$39,989	
	MEMBER ID Total				$2,155	$58,111	$60,266	$20,266
M	56666555470365	SP	*	UNSPECIFIED	$0	$2,928	$2,928	
R	56666555470365	SP	N946	DYSMENORRHEA, UNSPECIFIED	$18	$39,919	$39,937	
	MEMBER ID Total				$18	$42,847	$42,865	$2,865
R	66666377428265	SB	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$14	$38,850	$38,864	
	MEMBER ID Total				$14	$99,112	$99,126	$59,126
M	66666677323655	SB	*	UNSPECIFIED	$0	$12,504	$12,504	
R	66666677323655	SB	I6389	OTHER CEREBRAL INFARCTION	$1,005	$38,522	$39,527	
	MEMBER ID Total				$1,005	$51,026	$52,031	$12,031
Grand Total					$278,122	$453,594	$731,716	$256,193

Town of Surfside

Q1P1 AS IS

Renewal Analysis - Benefit Illustration - Level Funding

Plan Offering	Open Access Plus - NATIONAL OAP - OAPIN
Medical Management Model	Included
Health Advocacy	Excluded
Cigna MEDICAL BENEFITS	
Collective Deductible	NO
Collective OOP	NO
Variable Coinsurance Applies	NO
Plan Deductible Order of Applicability	Benefit Copay, Plan Deductible, Coinsurance
In-Network:	
Office Copay - PCP	$25
Office Copay - SPC	$50
Outpatient Facility Copay	None
Emergency Room Copay	$350
Urgent Care Copay	$50
Deductible - Individual	$1,000
Deductible - Family	$2,000
Out-of-Pocket - Individual	$3,500
Out-of-Pocket - Family	$7,000
Out-of-Pocket - Family - Individual Amount	$3,500
Out-of-Pocket Max Deductibles	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	80%
Cigna Pathwell Specialty Drug Coinsurance	80%
Other Medical Pharmaceutical Drug Coinsurance	80%
Pharmacy Benefits	
Pharmacy Network	Cigna 90 Now CVS
Formulary/Prescription Drug List	Performance
Retail Generic Copay	$10
Retail Pref Brand Copay	$35
Retail Non Pref Brand Copay	$70
Retail Generic Copay (90 Days)	$30
Retail Pref Brand Copay (90 Days)	$105
Retail Non Pref Brand Copay (90 Days)	$210
Home Delivery Generic Copay	$25
Home Delivery Pref Brand Copay	$88
Home Delivery Non Pref Brand Copay	$175
Pharmacy Deductible - Individual	None ($0)
Pharmacy OOP Maximum - Individual	Combined With Medical
Out-of-Pocket Adjuster Program	Excluded

Plan Offering	HSA Open Access Plus - NATIONAL OAP - HSA
Medical Management Model	Included
Health Advocacy	Excluded
Cigna MEDICAL BENEFITS*	
Collective Deductible	YES
Collective OOP	YES
Deductible/OOP Max Accumulator	No Cross Accumulation
Variable Coinsurance Applies	NO
Plan Deductible Order of Applicability	Plan Deductible, Benefit Copay, Coinsurance
In-Network:	
Office Copay - PCP	None
Office Copay - SPC	None
Deductible - Individual	$1,650
Deductible - Family	$3,300
Individual - In a Family Amount Deductible	$3,300
Out-of-Pocket - Individual	$4,000
Out-of-Pocket - Family	$6,000
Out-of-Pocket - Family - Individual Amount	$6,000
Out-of-Pocket Max Deductible	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	90%
Cigna Pathwell Specialty Drug Coinsurance	90%
Other Medical Pharmaceutical Drug Coinsuranc	90%
Adult Preventive Care Office Visit	100%, No Ded
Out of Network:	
Deductible - Individual	$5,000
Deductible - Family	$10,000
Individual - In a Family Amount Deductible	$10,000
Out-of-Pocket - Individual	$10,000
Out-of-Pocket - Family	$20,000
Out-of-Pocket - Family - Individual Amount	$20,000
Out-of-Pocket Max Deductibles	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	50%
MRC Fee Schedule Percentage (Professional)	110%
MRC Fee Schedule Percentage (Facility/Ancillar	110%
Employer Fund Contribution	
Fund Amount - Individual	NA
Fund Amount - Family	NA
Eligible Expense	NA
Pharmacy Benefits	
Pharmacy Network	Cigna 90 Now CVS
Formulary/Prescription Drug List	Performance
Retail Generic Copay	$10
Retail Pref Brand Copay	$35
Retail Non Pref Brand Copay	$70
Retail Generic Copay (90 Days)	$30
Retail Pref Brand Copay (90 Days)	$105
Retail Non Pref Brand Copay (90 Days)	$210
Home Delivery Generic Copay	$25
Home Delivery Pref Brand Copay	$88
Home Delivery Non Pref Brand Copay	$175
Pharmacy Deductible - Individual	Combined With Medical
Pharmacy OOP Maximum - Individual	Combined With Medical
Out-of-Pocket Adjuster Program	Excluded

This is a brief summary of the benefits offered. The Certificate of Coverage (COC) is the governing document for all benefits, requirements and limitations. If there is a variation between this summary and the COC, the COC will govern.

Town of Surfside

Renewal Analysis - Monthly Rates & Factors

	HSA Open Access Plus - National OAP	Rates Based I	Eligible	Actual
Medical Choice:	HSA	Employee	69	60
Plan Name:	Bensum 2023 (21495572)	Emp + Spouse	14	10
		Emp + Child(re	8	7
		Emp + Family	13	12
		Total	104	89

	Admin. Fee	Pharmacy Rebate Credit	Individual Stop Loss	Aggregate Stop Loss	Insurance & Admin. Costs	Claims Funding	Total Costs
Employee	$93.24	($69.21)	$215.17	$25.82	$265.02	$489.18	$754.20
Emp + Spouse	$223.87	($166.17)	$516.58	$61.98	$636.26	$1,174.40	$1,810.66
Emp + Child(ren)	$189.57	($140.71)	$437.45	$52.49	$538.80	$994.51	$1,533.31
Emp + Family	$295.90	($219.63)	$682.77	$81.93	$840.97	$1,552.22	$2,393.19

	Open Access Plus - National OAP	Rates Based I	Eligible	Actual
Medical Choice:	OAPIN	Employee	69	9
Plan Name:	Bensum 2023 (21495571)	Emp + Spouse	14	4
		Emp + Child(re	8	1
		Emp + Family	13	1
		Total	104	15

	Admin. Fee	Pharmacy Rebate Credit	Individual Stop Loss	Aggregate Stop Loss	Insurance & Admin. Costs	Claims Funding	Total Costs
Employee	$108.32	($84.13)	$217.55	$29.18	$270.92	$552.89	$823.81
Emp + Spouse	$260.08	($201.98)	$522.32	$70.06	$650.48	$1,327.44	$1,977.92
Emp + Child(ren)	$220.24	($171.04)	$442.31	$59.33	$550.84	$1,124.10	$1,674.94
Emp + Family	$343.75	($266.96)	$690.36	$92.60	$859.75	$1,754.49	$2,614.24

Stop Loss Details	
Individual Stop Loss Limit (Medical & Rx):	$40,000
Corridor Factor (Total):	110%
Level Funding Arrangement:	1/2 retained by Cigna HealthCare, 1/2 returned to the Employer

Rates are subject to final underwriting terms and conditions.

summary and the COC, the COC will govern.

This is a brief summary of the benefits and rates offered. The Certificate of Coverage (COC) is the governing document for all benefits, requirements and limitations. If there is a variation between this

Town of Surfside

Renewal Analysis - Alternate Provider(s) - Market Summary

			Percentage Change
Current Monthly:	$	106,457.86	
Renewal Monthly:	$	122,425.20	+ 15%
United Health Care	$	140,028.71	+ 32%
UHC / NHP	$	121,259.03	+ 14%
Curative	$	129,986.18	+ 22.1%
Aetna	$	131,092.69	+ 23.1%

Town of Surfside

Renewal Analysis - Dental

Plan Design	In-Network	Out-of-Network
Policy Year Maximum	Progressive Plan	
(Class I, II, III Expenses)	Class I applies Level 1: $2000, Level 2: $2150 Level 3: $2300, Level 4: $2450	Class I applies Level 1: $2000, Level 2: $2150 Level 3: $2300, Level 4: $2450
Policy Year Deductible		
Per Individual	$50	$50
Per Family	$150	$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Brush Biopsy	90%, After Deductible	90%, After Deductible
Class III Expenses - Major Restorative Care		
Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	60%, After Deductible	60%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible $1500	50%, No Ortho Deductible $1500
Class V Expenses - TMJ	Not Covered	Not Covered
Class IX Expenses - Implants	Not Covered	Not Covered
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Allowed Charges***

DHMO	P6X00
Scheduled Co-pays	

		Current	Orig. Renewal	Negotiated		Current	Renewal
Employee	35	$ 39.39	$ 42.94	$ 42.15	33	$ 14.14	$ 14.78
Employee + Spouse	14	$ 87.45	$ 95.32	$ 93.57	3	$ 25.70	$ 26.86
Employee + Child(ren)	4	$ 107.93	$ 117.64	$ 115.49	3	$ 34.31	$ 35.86
Employee + Family	8	$ 151.50	$ 165.14	$ 162.11	4	$ 50.26	$ 52.53
Monthly:	61	$ 4,246.67	$ 4,629.06	$ 4,544.07	43	$ 847.69	$ 886.02
Percentage Change:			9%	7%			4.52%

This is a brief summary of the benefits and rates offered. The Certificate of Coverage (COC) is the governing document for all benefits, requirements and limitations. If there is a variation between this summary and the COC, the COC will govern.

Town of Surfside

Renewal Analysis - Vision

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services:			
Frequency*: once per 12 month Eye Exam	100% after Copay	$10 Copay	Up to $45 Allowance
Retinal Screening	Not Covered	Up to $39	Not Covered
Standard Contact Lens Fit & Follow-up	$0	Up to $40[1]	Not Covered[1]
Premium Contact Lens Fit & Follow-up	$0	90% of Retail[1]	Not Covered[1]
Standard Eyeglass Lenses Allowances:			
Frequency*: one pair per 12 month			
Lenses:			
Single Vision	100% after Copay	$25 Copay	Up to $32 Allowance
Lined Bifocal	100% after Copay	$25 Copay	Up to $55 Allowance
Lined Trifocal	100% after Copay	$25 Copay	Up to $65 Allowance
Lenticular	100% after Copay	$25 Copay	Up to $80 Allowance
Lens Enhancements / Options:			
Oversize lenses	100%	$0	Not Covered
Rose #1 and #2 Solid Tints	100%	$0	Not Covered
Polycarbonate Lenses <19 years of age	100%	$0	Not Covered
Polycarbonate Lenses	$0	$40	Not Covered
Standard Progressives+	$0	$652	Not Covered[2]
Premium Progressive+	$0	Tier 1: $85[2] Tier 2: $95[2] Tier 3: $110[2] Tier 4: $65 plus 20% off retail Less $120 allowance[2]	Not Covered[2]
Plastic Dye Tints	$0	$15	Not Covered
Photochromic – Glass or Plastic	$0	$75	Not Covered
Standard Scratch Coating	$0	$15	Not Covered
Standard Ultraviolet (UV) Coating	$0	$15	Not Covered
Standard Anti-Reflective (AR) Coating+	$0	$45	Not Covered
Premium Anti-Reflective Coating+	$0	Tier 1: $57 Tier 2: $68 Tier 3: 20% off Retail	Not Covered
Hi-Index Lenses	$0	20% off retail	Not Covered
All other lens options	$0	20% off retail	Not Covered
Contact Lenses Retail Allowance:			
Frequency*: one pair or single purchase per 12 month			
Elective – Conventional	100% up to $140 Retail Allowance; Additional 15% off balance over allowance	Balance over $140 Allowance	Up to $115 Allowance
Elective – Disposable	100% up to $140 Retail Allowance		
Therapeutic	100%	$0	Up to $210 Allowance
Frame Allowance			
Frequency*: one per 24 month			
Retail	100% up to $140 Allowance	20% off balance over Allowance	Up to $77 Allowance
Costco	100% up to $95 Allowance	Balance over Allowance	

*Your Frequency Period begins on January 1 (Calendar year basis)

+Changes to the products in each tier and member out-of-pocket amounts are subject to change; All providers are not required to carry all brands at all levels. Check with your in-network provider for details.

[1]May be applied to Contact Lens Allowance.

[2]Member out-of-pocket includes Lined Bifocal copay.

		Current	Renewal
Employee	44	$ 5.80	$ 6.09
Employee + Spouse	16	$ 10.72	$ 11.26
Employee + Child(ren)	8	$ 11.22	$ 11.78
Employee + Family	6	$ 16.81	$ 17.65
Monthly:	74	$ 617.34	$ 648.26
Percentage Change			5%

This is a brief summary of the benefits and rates offered. The Certificate of Coverage (COC) is the governing document for all benefits, requirements and limitations. If there is a variation between this summary and the COC, the COC will govern.

Town of Surfside

Renewal Analysis - Summation

We recommend renewing the medical insurance with CIGNA, maintaining the in-force plan of benefits

The alternatives with UHC / NHP and Aetna are very close to exact duplication of benefits

Curative, which has been in business for about 5 years, provides basically 100% coverage when compliant with a Baseline Visit
The cost for this program is a bit prohibitive based on the cost comparison.

The dental and vision renewals with CIGNA are very minimal and we recommend to renew as is

All other lines of coverage are with Mutual of Omaha and are under a rate guarantee