

City of Coconut Creek
Medical Insurance HDHP (Active) RFP Evaluation
Effective Date: October 1, 2024



CURRENT

RENEWAL 2024-2025

SCHEDULE OF BENEFITS	Cigna HDHP Open Access Plus		Cigna HDHP Open Access Plus	
	In Network	Out of Network	In Network	Out of Network
Plan Basics				
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max		Embedded CYD/OOP Max	
Single	\$2,800	\$5,000	\$2,800	\$5,000
Family	\$3,000(Ind)/\$5,600	\$5,000 (Ind)/\$10,000	\$3,200(Ind)/\$5,600	\$5,000 (Ind)/\$10,000
Out-of-Pocket Maximum				
Single	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$5,000 (Ind)/\$10,000	\$10,000 (Ind)/\$20,000	\$5,000 (Ind)/\$10,000	\$10,000 (Ind)/\$20,000
Coinsurance (Member)	10%	30%	10%	30%
Non-Hospital Services				
Primary Care Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Specialist Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Services	No Charge	30% after CYD	No Charge	30% after CYD
Independent Clinical Laboratory	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	10% after CYD	10% after CYD	10% after CYD	10% after CYD
Telehealth	0% after CYD	Not Covered	0% after CYD	Not Covered
Hospital Services				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room (Waived if admitted)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Mental Health & Substance Abuse				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Services	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Pharmacy				
Tier 1	\$15 after CYD		\$15 after CYD	
Tier 2	\$35 after CYD		\$35 after CYD	
Tier 3	\$60 after CYD	30% after CYD	\$60 after CYD	30% after CYD
Tier 4	\$80 after CYD		\$80 after CYD	
Mail Order	2x Retail Copay after CYD		2x Retail Copay after CYD	
Monthly Premium				
EE Only	171	\$1,002.26		\$1,052.37
EE + Spouse	15	\$1,804.46		\$1,894.68
EE + Child(ren)	25	\$1,712.64		\$1,798.27
EE + Family	61	\$2,440.04		\$2,562.04
Monthly Premium	272	\$390,112		\$409,617
Annual Premium		\$4,681,342		\$4,915,400
\$ Increase		N/A		\$234,058
% Increase		N/A		5.0%

*COBRA & Retiree Employees Rates may differ

City of Coconut Creek
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SCHEDULE OF BENEFITS	CURRENT		PROPOSED OPTION 1	
	Cigna HDHP Open Access Plus		Cigna HDHP Open Access Plus	
Plan Basics	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max		Embedded CYD/OOP Max	
Single	\$2,800	\$5,000	\$2,500	\$5,000
Family	\$3,000(Ind)/\$5,600	\$5,000 (Ind)/\$10,000	\$5,000	\$10,000
Out-of-Pocket Maximum				
Single	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$5,000 (Ind)/\$10,000	\$10,000 (Ind)/\$20,000	\$10,000	\$20,000
Coinsurance (Member)	10%	30%	10%	30%
Non-Hospital Services				
Primary Care Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Specialist Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Services	No Charge	30% after CYD	No Charge	30% after CYD
Independent Clinical Laboratory	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	10% after CYD	10% after CYD	10% after CYD	10% after CYD
Telehealth	0% after CYD	Not Covered	0% after CYD	Not Covered
Hospital Services				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room (Waived if admitted)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Mental Health & Substance Abuse				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Services	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Pharmacy				
Tier 1	\$15 after CYD		\$15 after CYD	
Tier 2	\$35 after CYD		\$35 after CYD	
Tier 3	\$60 after CYD	30% after CYD	\$60 after CYD	30% after CYD
Tier 4	\$80 after CYD		\$80 after CYD	
Mail Order	2x Retail Copay after CYD		2x Retail Copay after CYD	
Monthly Premium				
EE Only	171	\$1,002.26		\$1,059.74
EE + Spouse	15	\$1,804.46		\$1,907.94
EE + Child(ren)	25	\$1,712.64		\$1,810.86
EE + Family	61	\$2,440.04		\$2,579.97
Monthly Premium	272	\$390,112		\$412,484
Annual Premium		\$4,681,342		\$4,949,812
\$ Increase		N/A		\$268,470
% Increase		N/A		5.7%

*COBRA & Retiree Employees Rates may differ

City of Coconut Creek
Medical Insurance HDHP (Active) RFP Evaluation
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SCHEDULE OF BENEFITS	CURRENT		PROPOSED OPTION 2	
	Cigna HDHP Open Access Plus		Cigna HDHP Open Access Plus	
Plan Basics	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max		Embedded CYD/OOP Max	
Single	\$2,800	\$5,000	\$1,600	\$3,200
Family	\$3,000(Ind)/\$5,600	\$5,000 (Ind)/\$10,000	\$3,200	\$6,400
Out-of-Pocket Maximum				
Single	\$5,000	\$10,000	\$3,200	\$6,400
Family	\$5,000 (Ind)/\$10,000	\$10,000 (Ind)/\$20,000	\$6,400	\$12,800
Coinsurance (Member)	10%	30%	10%	30%
Non-Hospital Services				
Primary Care Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Specialist Physician	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Services	No Charge	30% after CYD	No Charge	30% after CYD
Independent Clinical Laboratory	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	10% after CYD	10% after CYD	10% after CYD	10% after CYD
Telehealth	0% after CYD	Not Covered	0% after CYD	Not Covered
Hospital Services				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room (Waived if admitted)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Mental Health & Substance Abuse				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Services	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Pharmacy				
Tier 1	\$15 after CYD		\$15 after CYD	
Tier 2	\$35 after CYD		\$35 after CYD	
Tier 3	\$60 after CYD	30% after CYD	\$60 after CYD	30% after CYD
Tier 4	\$80 after CYD		\$80 after CYD	
Mail Order	2x Retail Copay after CYD		2x Retail Copay after CYD	
Monthly Premium				
EE Only	171	\$1,002.26		\$1,104.99
EE + Spouse	15	\$1,804.46		\$1,989.41
EE + Child(ren)	25	\$1,712.64		\$1,888.18
EE + Family	61	\$2,440.04		\$2,690.14
Monthly Premium	272	\$390,112		\$430,097
Annual Premium		\$4,681,342		\$5,161,170
\$ Increase		N/A		\$479,828
% Increase		N/A		10.2%

*COBRA & Retiree Employees Rates may differ

City of Coconut Creek
Medical Insurance OAPIN RFP Evaluation
Effective Date: October 1, 2024



CURRENT

RENEWAL 2024-2025

SCHEDULE OF BENEFITS	Cigna OAPIN	Cigna OAPIN
Plan Basics	In Network Only	In Network Only
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max Separate OOP max for Rx	Embedded CYD/OOP Max Separate OOP max for Rx
Single	\$1,000	\$1,000
Family	\$2,000	\$2,000
Out-of-Pocket Maximum		
Single	\$6,350 - Total \$4,000 Med / \$2,350 Rx	\$6,350 - Total \$4,000 Med / \$2,350 Rx
Family	\$12,700 - Total \$8,000 Med / \$4,700 Rx	\$12,700 - Total \$8,000 Med / \$4,700 Rx
Coinsurance (Member)	20%	20%
Non-Hospital Services		
Primary Care Physician	\$30	\$30
Specialist Physician	\$50	\$50
Preventive Services	No Charge	No Charge
Laboratory Services	No Charge	No Charge
Advanced Imaging - CT, PET, MRI	20%	20%
Urgent Care Center	\$75	\$75
Telehealth	No Charge	No Charge
Hospital Services		
Inpatient Hospital	20% after CYD	20% after CYD
Outpatient Hospital	20% after CYD	20% after CYD
Emergency Room (Waived if admitted)	\$200	\$200
Physician Services at Hospital	20% after CYD	20% after CYD
Mental Health & Substance Abuse		
Inpatient	20% after CYD	20% after CYD
Outpatient Physician/All Other Services	\$50 / No Charge	\$50 / No Charge
Pharmacy	Separate Out-of-Pocket Max	Separate Out-of-Pocket Max
Tier 1	\$15	\$15
Tier 2	\$35	\$35
Tier 3	\$60	\$60
Tier 4	\$80	\$80
Mail Order	2x Retail Copay	2x Retail Copay
Monthly Premium		
EE Only 38	\$1,225.12	\$1,286.38
EE + Spouse 8	\$2,205.73	\$2,316.02
EE + Child(ren) 11	\$2,093.41	\$2,198.08
EE + Family 16	\$2,982.57	\$3,131.70
Monthly Premium 73	\$134,949	\$141,697
Annual Premium	\$1,619,388	\$1,700,360
\$ Increase	N/A	\$80,972
% Increase	N/A	5.0%

City of Coconut Creek
Medical Insurance OAPIN RFP Evaluation
Effective Date: October 1, 2024



CURRENT

PROPOSED OPTION 1

SCHEDULE OF BENEFITS	Cigna OAPIN	Cigna OAPIN
Plan Basics	In Network Only	In Network Only
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max Separate OOP max for Rx	Embedded CYD/OOP Max Separate OOP max for Rx
Single	\$1,000	\$750
Family	\$2,000	\$1,500
Out-of-Pocket Maximum		
Single	\$6,350 - Total \$4,000 Med / \$2,350 Rx	\$3,000
Family	\$12,700 - Total \$8,000 Med / \$4,700 Rx	\$6,000
Coinsurance (Member)	20%	20%
Non-Hospital Services		
Primary Care Physician	\$30	\$20
Specialist Physician	\$50	\$40
Preventive Services	No Charge	No Charge
Laboratory Services	No Charge	No Charge
Advanced Imaging - CT, PET, MRI	20%	20%
Urgent Care Center	\$75	\$75
Telehealth	No Charge	No Charge
Hospital Services		
Inpatient Hospital	20% after CYD	20% after CYD
Outpatient Hospital	20% after CYD	20% after CYD
Emergency Room (Waived if admitted)	\$200	\$150
Physician Services at Hospital	20% after CYD	20% after CYD
Mental Health & Substance Abuse		
Inpatient	20% after CYD	20% after CYD
Outpatient Physician/All Other Services	\$50 / No Charge	\$50 / No Charge
Pharmacy	Separate Out-of-Pocket Max	Separate Out-of-Pocket Max
Tier 1	\$15	\$15
Tier 2	\$35	\$35
Tier 3	\$60	\$60
Tier 4	\$80	\$80
Mail Order	2x Retail Copay	2x Retail Copay
Monthly Premium		
EE Only 38	\$1,225.12	\$1,314.68
EE + Spouse 8	\$2,205.73	\$2,366.97
EE + Child(ren) 11	\$2,093.41	\$2,246.44
EE + Family 16	\$2,982.57	\$3,200.60
Monthly Premium 73	\$134,949	\$144,814
Annual Premium	\$1,619,388	\$1,737,768
\$ Increase	N/A	\$118,380
% Increase	N/A	7.3%

City of Coconut Creek
Medical Insurance OAPIN RFP Evaluation
Effective Date: October 1, 2024



CURRENT

PROPOSED OPTION 2

SCHEDULE OF BENEFITS	Cigna OAPIN	Cigna OAPIN
Plan Basics	In Network Only	In Network Only
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible (CYD)	Embedded CYD/OOP Max Separate OOP max for Rx	Embedded CYD/OOP Max Separate OOP max for Rx
Single	\$1,000	\$500
Family	\$2,000	\$1,500
Out-of-Pocket Maximum		
Single	\$6,350 - Total \$4,000 Med / \$2,350 Rx	\$3,000
Family	\$12,700 - Total \$8,000 Med / \$4,700 Rx	\$6,000
Coinsurance (Member)	20%	20%
Non-Hospital Services		
Primary Care Physician	\$30	\$25
Specialist Physician	\$50	\$50
Preventive Services	No Charge	No Charge
Laboratory Services	No Charge	No Charge
Advanced Imaging - CT, PET, MRI	20%	20%
Urgent Care Center	\$75	\$75
Telehealth	No Charge	No Charge
Hospital Services		
Inpatient Hospital	20% after CYD	20% after CYD
Outpatient Hospital	20% after CYD	20% after CYD
Emergency Room (Waived if admitted)	\$200	\$200
Physician Services at Hospital	20% after CYD	20% after CYD
Mental Health & Substance Abuse		
Inpatient	20% after CYD	20% after CYD
Outpatient Physician/All Other Services	\$50 / No Charge	\$50 / No Charge
Pharmacy	Separate Out-of-Pocket Max	Separate Out-of-Pocket Max
Tier 1	\$15	\$15
Tier 2	\$35	\$35
Tier 3	\$60	\$60
Tier 4	\$80	\$80
Mail Order	2x Retail Copay	2x Retail Copay
Monthly Premium		
EE Only 38	\$1,225.12	\$1,333.98
EE + Spouse 8	\$2,205.73	\$2,401.71
EE + Child(ren) 11	\$2,093.41	\$2,279.41
EE + Family 16	\$2,982.57	\$3,247.57
Monthly Premium 73	\$134,949	\$146,940
Annual Premium	\$1,619,388	\$1,763,275
\$ Increase	N/A	\$143,886
% Increase	N/A	8.9%

City of Coconut Creek
Dental PPO Insurance RFP Evaluation
Effective: October 1, 2024



DPPO	CURRENT		RENEWAL 2024-2025		PROPOSED OPTION 1	
	Cigna		Cigna		MetLife	
Network Utilized	Total Cigna DPPO	Out of Network	Total Cigna DPPO	Out of Network	In Network	Out of Network
Calendar Year Maximum	Year 1: \$2,000 ⁽²⁾		Year 1: \$2,000 ⁽²⁾		\$2,000	
Calendar Year Deductible						
Single	\$50	\$100	\$50	\$100	\$50	\$100
Family	\$150	\$300	\$150	\$300	\$150	\$300
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes
Benefits						
Preventive	100%	100% ⁽¹⁾	100%	100% ⁽¹⁾	100%	100% ⁽¹⁾
(2) Additional Cleanings	Yes	Yes	Yes	Yes	Yes	Yes
Basic	100% after CYD	80% ⁽¹⁾ after CYD	100% after CYD	80% ⁽¹⁾ after CYD	100% after CYD	80% ⁽¹⁾ after CYD
Major	60% after CYD	50% ⁽¹⁾ after CYD	60% after CYD	50% ⁽¹⁾ after CYD	60% after CYD	50% ⁽¹⁾ after CYD
Coverage Level for Endodontic and Periodontal Services	Basic		Basic		Basic	
Orthodontic Services	Not Covered		Not Covered		Not Covered	
Service Information						
Waiting Period (Timely Entrants)	None		None		None	
Orthodontic Lifetime Maximum	N/A		N/A		N/A	
Out of Network Reimbursement Level	MRC @ 90th percentile		MRC @ 90th percentile		90th Percentile R&C	
Rate Guarantee	9/30/2024		9/30/2026		9/30/2026	
Monthly Premium						
EE Only	98	\$57.59	\$57.59	\$57.59	\$50.68	\$50.68
EE + Spouse	27	\$113.80	\$113.80	\$113.80	\$100.14	\$100.14
EE + Child(ren)	18	\$123.06	\$123.06	\$123.06	\$108.29	\$108.29
EE + Family	35	\$156.54	\$156.54	\$156.54	\$137.76	\$137.76
Monthly Premium	178	\$16,410	\$16,410	\$16,410	\$14,441	\$14,441
Annual Premium		\$196,925	\$196,925	\$196,925	\$173,295	\$173,295
\$ Increase		N/A	\$0	\$0	-\$23,630	-\$23,630
% Increase		N/A	0.0%	0.0%	-12.0%	-12.0%

⁽¹⁾ Subject to Balance Billing

⁽²⁾ Calendar Year Maximum increases by \$150 per year for Years 2 through 4

City of Coconut Creek
Dental PPO Insurance RFP Evaluation
Effective: October 1, 2024



DPPO	CURRENT		PROPOSED OPTION 2		PROPOSED OPTION 3	
	Cigna		Humana		The Standard	
Network Utilized	Total Cigna DPPO	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Maximum	Year 1: \$2,000 ⁽²⁾		\$2,300 (+ extended annual maximum)		\$2,250 (Including Max Builder)	
Calendar Year Deductible						
Single	\$50	\$100	\$50	\$100	\$50	\$100
Family	\$150	\$300	\$150	\$300	\$150	\$300
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes
Benefits						
Preventive	100%	100% ⁽¹⁾	100%	100% ⁽¹⁾	100%	100% ⁽¹⁾
(2) Additional Cleanings	Yes	Yes	Yes	Yes	Yes	Yes
Basic	100% after CYD	80% ⁽¹⁾ after CYD	100% after CYD	80% ⁽¹⁾ after CYD	100% after CYD	80% ⁽¹⁾ after CYD
Major	60% after CYD	50% ⁽¹⁾ after CYD	60% after CYD	50% ⁽¹⁾ after CYD	60% after CYD	50% ⁽¹⁾ after CYD
Coverage Level for Endodontic and Periodontal Services	Basic		Basic		Basic	
Orthodontic Services	Not Covered		Not Covered		Not Covered	
Service Information						
Waiting Period (Timely Entrants)	None		None		None	
Orthodontic Lifetime Maximum	N/A		N/A		N/A	
Out of Network Reimbursement Level	MRC @ 90th percentile		U&C 90		90th U&C	
Rate Guarantee	9/30/2024		9/30/2026		9/30/2026	
Monthly Premium						
EE Only	98	\$57.59		\$51.34		\$60.08
EE + Spouse	27	\$113.80		\$101.45		\$121.56
EE + Child(ren)	18	\$123.06		\$109.70		\$133.40
EE + Family	35	\$156.54		\$139.55		\$194.88
Monthly Premium	178	\$16,410		\$14,629		\$18,392
Annual Premium		\$196,925		\$175,552		\$220,704
\$ Increase		N/A		-\$21,373		\$23,779
% Increase		N/A		-10.9%		12.1%

⁽¹⁾ Subject to Balance Billing

⁽²⁾ Calendar Year Maximum increases by \$150 per year for Years 2 through 4

**City of Coconut Creek
Dental DHMO Insurance RFP Evaluation**

Effective: October 1, 2024



DHMO		CURRENT	RENEWAL 2024-2025
		Cigna	Cigna
Network Utilized		Dental Care HMO	Dental Care HMO
Annual Maximum		Unlimited	Unlimited
Sample Procedures	Code	Fee (Frequency)	Fee (Frequency)
Office Visit Fee		\$5	\$5
Routine Oral Exam	D0150	\$0 (4 per cal. yr.)	\$0 (4 per cal. yr.)
Routine Cleanings	D1110/20	\$0 (2 per cal. yr.)	\$0 (2 per cal. yr.)
Bitewing X-rays (2 Images)	D0272	\$0	\$0
Complete X-rays	D0210	\$0 (1 set every 3 yrs.)	\$0 (1 set every 3 yrs.)
Fluoride (Child to age 19)	D1206/08	\$0	\$0
Sealants - per Tooth	D1351	\$11	\$11
Space Maintainer - Fixed, Unilateral	D1510	\$30	\$30
Palliative Treatment of Pain	D9110	\$6	\$6
Fillings, Amalgam, 1 Surface	D2140	\$0	\$0
Fillings, Composite, 1 Surface, Anterior	D2330	\$0	\$0
Fillings, Composite, 3 Surfaces, Posterior	D2393	\$85	\$85
Simple Extractions	D7140	\$6	\$6
Surgical Extractions, Soft Tissue	D7220	\$55	\$55
Surgical Extractions, Completely Bony	D7240	\$100	\$100
Root Canal, Perm., Excl. Final Restoration	D3330	\$275	\$275
Periodontal Scaling & Root Planing	D4341	\$45 (4 quadrants per 12 mos.)	\$45 (4 quadrants per 12 mos.)
Periodontal Maintenance	D4910	\$35 (4 per cal. yr.)	\$35 (4 per cal. yr.)
General Anesthesia, Each 15 minute Increment	D9223	\$80	\$80
Repair Broken Complete Denture Base	D5511/12	\$35	\$35
Bridge	D5213/14	\$200	\$200
Crown, Porcelain fused to noble metal	D2752	\$230	\$230
Full Upper or Lower Denture	D5110/20	\$185	\$185
Orthodontic Treatment (Child to age 19)	D8670	\$1,464 (24 mo. fee)	\$1,464 (24 mo. fee)
Orthodontic Treatment (Adult)	D8670	\$2,160 (24 mo. fee)	\$2,160 (24 mo. fee)
Rate Guarantee		9/30/2024	9/30/2026
Monthly Premium			
EE Only	109	\$20.86	\$20.86
EE + Spouse	17	\$35.51	\$35.51
EE + Child(ren)	13	\$37.35	\$37.35
EE + Family	38	\$56.02	\$56.02
Monthly Premium:	177	\$5,492	\$5,492
Annual Premium:		\$65,901	\$65,901
\$ Increase:		N/A	\$0
% Increase:		N/A	0.0%

**City of Coconut Creek
Dental DHMO Insurance RFP Evaluation**

Effective: October 1, 2024



DHMO		CURRENT	PROPOSED OPTION 1
		Cigna	Humana
Network Utilized		Dental Care HMO	DHMO/Prepaid HS405
Annual Maximum		Unlimited	Unlimited
Sample Procedures	Code	Fee (Frequency)	Fee (Frequency)
Office Visit Fee		\$5	\$0
Routine Oral Exam	D0150	\$0 (4 per cal. yr.)	\$0 (2 per cal. yr.)
Routine Cleanings	D1110/20	\$0 (2 per cal. yr.)	\$0 (2 per cal. yr.)
Bitewing X-rays (2 Images)	D0272	\$0	\$0
Complete X-rays	D0210	\$0 (1 set every 3 yrs.)	\$0 (1 set every 3 yrs.)
Fluoride (Child to age 19)	D1206/08	\$0	\$0
Sealants - per Tooth	D1351	\$11	\$10
Space Maintainer - Fixed, Unilateral	D1510	\$30	\$50
Palliative Treatment of Pain	D9110	\$6	\$5
Fillings, Amalgam, 1 Surface	D2140	\$0	\$5
Fillings, Composite, 1 Surface, Anterior	D2330	\$0	\$30
Fillings, Composite, 3 Surfaces, Posterior	D2393	\$85	\$80
Simple Extractions	D7140	\$6	\$0
Surgical Extractions, Soft Tissue	D7220	\$55	\$55
Surgical Extractions, Completely Bony	D7240	\$100	\$85
Root Canal, Perm., Excl. Final Restoration	D3330	\$275	\$250
Periodontal Scaling & Root Planing	D4341	\$45 (4 quadrants per 12 mos.)	\$55 (4 quadrants per 12 mos.)
Periodontal Maintenance	D4910	\$35 (4 per cal. yr.)	\$45 (4 per cal. yr.)
General Anesthesia, Each 15 minute Increment	D9223	\$80	\$71
Repair Broken Complete Denture Base	D5511/12	\$35	\$35
Bridge	D5213/14	\$200	\$425
Crown, Porcelain fused to noble metal	D2752	\$230	\$270
Full Upper or Lower Denture	D5110/20	\$185	\$375
Orthodontic Treatment (Child to age 19)	D8670	\$1,464 (24 mo. fee)	\$1,900 *
Orthodontic Treatment (Adult)	D8670	\$2,160 (24 mo. fee)	\$1,900 *
Rate Guarantee		9/30/2024	9/30/2026
Monthly Premium			
EE Only	109	\$20.86	\$12.05
EE + Spouse	17	\$35.51	\$24.10
EE + Child(ren)	13	\$37.35	\$27.12
EE + Family	38	\$56.02	\$43.63
Monthly Premium:	177	\$5,492	\$3,734
Annual Premium:		\$65,901	\$44,804
\$ Increase:		N/A	-\$21,097
% Increase:		N/A	-32.0%

* Code - 8080/8090

**City of Coconut Creek
Dental DHMO Insurance RFP Evaluation**

Effective: October 1, 2024



DHMO		CURRENT	PROPOSED OPTION 2
		Cigna	The Standard
Network Utilized		Dental Care HMO	Solstice DHMO
Annual Maximum		Unlimited	Unlimited
Sample Procedures	Code	Fee (Frequency)	Fee (Frequency)
Office Visit Fee		\$5	\$0
Routine Oral Exam	D0150	\$0 (4 per cal. yr.)	\$0 (2 per cal. yr.)
Routine Cleanings	D1110/20	\$0 (2 per cal. yr.)	\$0 (2 per cal. yr.)
Bitewing X-rays (2 Images)	D0272	\$0	\$0
Complete X-rays	D0210	\$0 (1 set every 3 yrs.)	\$0 (1 set every 3 yrs.)
Fluoride (Child to age 19)	D1206/08	\$0	\$10
Sealants - per Tooth	D1351	\$11	\$0
Space Maintainer - Fixed, Unilateral	D1510	\$30	\$0
Palliative Treatment of Pain	D9110	\$6	\$0
Fillings, Amalgam, 1 Surface	D2140	\$0	\$0
Fillings, Composite, 1 Surface, Anterior	D2330	\$0	\$0
Fillings, Composite, 3 Surfaces, Posterior	D2393	\$85	\$85
Simple Extractions	D7140	\$6	\$10
Surgical Extractions, Soft Tissue	D7220	\$55	\$40
Surgical Extractions, Completely Bony	D7240	\$100	\$75
Root Canal, Perm., Excl. Final Restoration	D3330	\$275	\$225
Periodontal Scaling & Root Planing	D4341	\$45 (4 quadrants per 12 mos.)	\$45 (4 quadrants per 12 mos.)
Periodontal Maintenance	D4910	\$35 (4 per cal. yr.)	\$45
General Anesthesia, Each 15 minute Increment	D9223	\$80	\$50
Repair Broken Complete Denture Base	D5511/12	\$35	\$15 (Additional costs for lab & Material)
Bridge	D5213/14	\$200	\$280
Crown, Porcelain fused to noble metal	D2752	\$230	\$240
Full Upper or Lower Denture	D5110/20	\$185	\$260
Orthodontic Treatment (Child to age 19)	D8670	\$1,464 (24 mo. fee)	\$2,050*
Orthodontic Treatment (Adult)	D8670	\$2,160 (24 mo. fee)	\$2,150*
Rate Guarantee		9/30/2024	9/30/2026
Monthly Premium			
EE Only	109	\$20.86	\$14.91
EE + Spouse	17	\$35.51	\$26.10
EE + Child(ren)	13	\$37.35	\$32.31
EE + Family	38	\$56.02	\$41.01
Monthly Premium:	177	\$5,492	\$4,047
Annual Premium:		\$65,901	\$48,568
\$ Increase:		N/A	-\$17,333
% Increase:		N/A	-26.3%

* Code - 8080/8090

**City of Coconut Creek
Dental DHMO Insurance RFP Evaluation**

Effective: October 1, 2024



DHMO		CURRENT	PROPOSED OPTION 3
		Cigna	MetLife
Network Utilized		Dental Care HMO	MET225-Florida
Annual Maximum		Unlimited	Unlimited
Sample Procedures	Code	Fee (Frequency)	Fee (Frequency)
Office Visit Fee		\$5	\$5
Routine Oral Exam	D0150	\$0 (4 per cal. yr.)	\$0 (2 per cal. yr.)
Routine Cleanings	D1110/20	\$0 (2 per cal. yr.)	\$0 (2 per cal. yr.)
Bitewing X-rays (2 Images)	D0272	\$0	\$0
Complete X-rays	D0210	\$0 (1 set every 3 yrs.)	\$0 (1 set every 3 yrs.)
Fluoride (Child to age 19)	D1206/08	\$0	\$0
Sealants - per Tooth	D1351	\$11	\$0
Space Maintainer - Fixed, Unilateral	D1510	\$30	\$25
Palliative Treatment of Pain	D9110	\$6	\$0
Fillings, Amalgam, 1 Surface	D2140	\$0	\$0
Fillings, Composite, 1 Surface, Anterior	D2330	\$0	\$0
Fillings, Composite, 3 Surfaces, Posterior	D2393	\$85	\$65
Simple Extractions	D7140	\$6	\$0
Surgical Extractions, Soft Tissue	D7220	\$55	\$45
Surgical Extractions, Completely Bony	D7240	\$100	\$80
Root Canal, Perm., Excl. Final Restoration	D3330	\$275	\$210
Periodontal Scaling & Root Planing	D4341	\$45 (4 quadrants per 12 mos.)	\$40 (4 quadrants per 12 mos.)
Periodontal Maintenance	D4910	\$35 (4 per cal. yr.)	\$30
General Anesthesia, Each 15 minute Increment	D9223	\$80	\$60
Repair Broken Complete Denture Base	D5511/12	\$35	\$30
Bridge	D5213/14	\$200	\$260
Crown, Porcelain fused to noble metal	D2752	\$230	\$225
Full Upper or Lower Denture	D5110/20	\$185	\$260
Orthodontic Treatment (Child to age 19)	D8670	\$1,464 (24 mo. fee)	\$1,695 *
Orthodontic Treatment (Adult)	D8670	\$2,160 (24 mo. fee)	\$1,695 *
Rate Guarantee		9/30/2024	9/30/2026
Monthly Premium			
EE Only	109	\$20.86	\$16.69
EE + Spouse	17	\$35.51	\$28.41
EE + Child(ren)	13	\$37.35	\$29.88
EE + Family	38	\$56.02	\$44.82
Monthly Premium:	177	\$5,492	\$4,394
Annual Premium:		\$65,901	\$52,725
\$ Increase:		N/A	-\$13,175
% Increase:		N/A	-20.0%

* Code - 8080/8090

City of Coconut Creek
Limited Vision Insurance RFP Evaluation
Effective Date: October 1, 2024



	CURRENT		RENEWAL 2024-2025		PROPOSED OPTION 1	
Limited Vision Plan	Cigna		Cigna		National Vision Administrators	
Network Utilized	Cigna Vision		Cigna Vision		NVA EyeEssential	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Frequency	12 Months (Calendar Year Basis)		12 Months (Calendar Year Basis)		12 Months (Calendar Year Basis)	
Exam Copay	\$0	N/A	\$0	N/A	\$10	N/A
Exam Allowance	N/A	Up to \$45	N/A	Up to \$45	N/A	Up to \$45
Lenses						
Frequency						
Savings Program	20% discount on frames and/or lenses (not applicable to contact lenses)	N/A	20% discount on frames and/or lenses (not applicable to contact lenses)	N/A	Up to 40% of Retail	N/A
Single Vision	N/A		N/A		N/A	
Lined Bifocal						
Lined Trifocal						
Lenticular						
Frames						
Frequency						
Retail	N/A	N/A	N/A	N/A	N/A	N/A
Contact Lenses						
Elective Lenses	N/A		N/A		N/A	N/A
Medically Necessary Lenses						
Rate Guarantee	9/30/2025		9/30/2025		9/30/2027	
Employee	216	Included in medical premium		Included in medical premium		\$1.23
Employee + Spouse	25	Included in medical premium		Included in medical premium		\$2.46
Employee + Children	35	Included in medical premium		Included in medical premium		\$2.83
Employee + Family	78	Included in medical premium		Included in medical premium		\$3.94
Monthly Premium	354	\$0		\$0		\$734
Annual Premium		\$0		\$0		\$8,803

City of Coconut Creek
Limited Vision Insurance RFP Evaluation
Effective Date: October 1, 2024



	CURRENT		PROPOSED OPTION 2	
Limited Vision Plan	Cigna		Humana Vision Exam Plus	
Network Utilized	Cigna Vision		Humana Vision	
	In Network	Out of Network	In Network	Out of Network
Frequency	12 Months (Calendar Year Basis)		12 Months (Calendar Year Basis)	
Exam Copay	\$0	N/A	\$0	N/A
Exam Allowance	N/A	Up to \$45	N/A	Up to \$30
Lenses				
Frequency	12 Months (Calendar Year Basis)		12 Months (Calendar Year Basis)	
Savings Program	20% discount on frames and/or lenses (not applicable to contact lenses)	N/A	N/A	N/A
Single Vision			\$50	Not Covered
Lined Bifocal			\$70	Not Covered
Lined Trifocal	N/A		\$105	Not Covered
Lenticular			20% off retail	Not Covered
Frames				
Frequency	12 Months (Calendar Year Basis)		12 Months (Calendar Year Basis)	
Retail	N/A	N/A	35% off retail	Not Covered
Contact Lenses				
Elective Lenses		N/A	15% off retail	Not Covered
Medically Necessary Lenses			Not Covered	Not Covered
Rate Guarantee	9/30/2025		9/30/2029	
Employee	216	Included in medical premium		\$2.74
Employee + Spouse	25	Included in medical premium		\$5.50
Employee + Children	35	Included in medical premium		\$5.21
Employee + Family	78	Included in medical premium		\$8.21
Monthly Premium	354	\$0		\$1,552
Annual Premium		\$0		\$18,625

City of Coconut Creek
Vision Insurance RFP Evaluation
Effective Date: October 1, 2024



		BUY-UP OPTION		PROPOSED OPTION 1		PROPOSED OPTION 2	
Limited Vision Plan		Cigna		MetLife		Humana Vision 130	
Network Utilized		Cigna Vision		MetLife		Humana Vision	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Frequency		12 Months		12 Months		12 Months	
Exam Copay		\$0	N/A	\$10	N/A	\$10	N/A
Exam Allowance		N/A	Up to \$45	N/A	Up to \$45	N/A	Up to \$30
Lenses							
Frequency		12 Months		12 Months		12 Months	
Savings Program		N/A	N/A	N/A	N/A	N/A	N/A
Single Vision		\$10 Copay	Up to \$32 Allowance	\$25 Copay	Up to \$30 Allowance	\$15 Copay	Up to \$25 Allowance
Lined Bifocal		\$10 Copay	Up to \$55 Allowance	\$25 Copay	Up to \$50 Allowance	\$15 Copay	Up to \$40 Allowance
Lined Trifocal		\$10 Copay	Up to \$65 Allowance	\$25 Copay	Up to \$65 Allowance	\$15 Copay	Up to \$60 Allowance
Lenticular		\$10 Copay	Up to \$80 Allowance	\$25 Copay	Up to \$100 Allowance	\$15 Copay	Up to \$100 Allowance
Frames							
Frequency		24 Months		24 Months		24 Months	
Retail		Up to \$130 Allowance + 20% off Balance	Up to \$71 Allowance	Up to \$130 Allowance + 20% off Balance	Up to \$70 Allowance	Up to \$130 Allowance + 20% off Balance	Up to \$65 Allowance
Contact Lenses							
Elective Lenses		Up to \$130 Allowance	Up to \$105 Allowance	Up to \$130 Allowance	Up to \$105 Allowance	Up to \$130 Allowance (Coventional addtn'l 15% off Balance)	Up to \$104 Allowance
Medically Necessary Lenses		No Charge	Up to \$210 Allowance	No Charge	Up to \$210 Allowance	No Charge	Up to \$200 Allowance
Rate Guarantee		9/30/2025		9/30/2028		9/30/2029	
Employee	216	\$4.67		\$5.16		\$5.96	
Employee + Spouse	25	\$9.27		\$10.33		\$11.94	
Employee + Children	35	\$9.39		\$12.24		\$12.85	
Employee + Family	78	\$14.78		\$18.72		\$19.32	
Monthly Premium	354	\$2,722		\$3,261		\$3,543	
Annual Premium		\$32,664		\$39,136		\$42,511	

City of Coconut Creek
Vision Insurance RFP Evaluation
Effective Date: October 1, 2024



		BUY-UP OPTION		PROPOSED OPTION 3A		PROPOSED OPTION 3B	
Limited Vision Plan		Cigna		National Vision Administrators		National Vision Administrators	
Network Utilized		Cigna Vision		NVA EyeEssential		NVA EyeEssential	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Frequency		12 Months		12 Months		12 Months	
Exam Copay		\$0	N/A	\$0	N/A	\$0	N/A
Exam Allowance		N/A	Up to \$45	N/A	Up to \$45	N/A	Up to \$45
Lenses		12 Months		12 Months		12 Months	
Savings Program		N/A	N/A	N/A	N/A	N/A	N/A
Single Vision		\$10 Copay	Up to \$32 Allowance	\$0 Copay	Up to \$25 Allowance	\$0 Copay	Up to \$25 Allowance
Lined Bifocal		\$10 Copay	Up to \$55 Allowance	\$0 Copay	Up to \$40 Allowance	\$0 Copay	Up to \$40 Allowance
Lined Trifocal		\$10 Copay	Up to \$65 Allowance	\$0 Copay	Up to \$60 Allowance	\$0 Copay	Up to \$60 Allowance
Lenticular		\$10 Copay	Up to \$80 Allowance	\$0 Copay	Up to \$80 Allowance	\$0 Copay	Up to \$80 Allowance
Frames		24 Months		12 Months		12 Months	
Retail		Up to \$130 Allowance + 20% off Balance	Up to \$71 Allowance	Up to \$150 Allowance + 20% off Balance	Up to \$80 Allowance	Up to \$150 Allowance + 20% off Balance	Up to \$80 Allowance
Contact Lenses		12 Months		12 Months		12 Months	
Elective Lenses		Up to \$130 Allowance	Up to \$105 Allowance	Up to \$150 Allowance (Coventional addtn'l 15% off Balance)	Up to \$100 Allowance	Up to \$150 Allowance (Coventional addtn'l 15% off Balance)	Up to \$100 Allowance
Medically Necessary Lenses		No Charge	Up to \$210 Allowance	No Charge	Up to \$200 Allowance	No Charge	Up to \$200 Allowance
Rate Guarantee		9/30/2025		9/30/2027		9/30/2027	
Employee	216	\$4.67		\$6.60		\$6.88	
Employee + Spouse	25	\$9.27		\$13.19		\$13.76	
Employee + Children	35	\$9.39		\$15.17		\$15.82	
Employee + Family	78	\$14.78		\$21.10		\$22.01	
Monthly Premium	354	\$2,722		\$3,932		\$4,101	
Annual Premium		\$32,664		\$47,185		\$49,207	

*Rates based on Dual Option Purchase Base & Buy Up

City of Coconut Creek
Vision Insurance RFP Evaluation
Effective Date: October 1, 2024



		BUY-UP OPTION		PROPOSED OPTION 4	
Limited Vision Plan		Cigna		The Standard	
Network Utilized		Cigna Vision		VSP-Choice Network	
		In Network	Out of Network	In Network	Out of Network
Frequency		12 Months		12 Months	
Exam Copay		\$0	N/A	\$10	N/A
Exam Allowance		N/A	Up to \$45	N/A	Up to \$45
Lenses					
Frequency		12 Months		12 Months	
Savings Program		N/A	N/A	N/A	N/A
Single Vision		\$10 Copay	Up to \$32 Allowance	\$25 Copay	Up to \$30 Allowance
Lined Bifocal		\$10 Copay	Up to \$55 Allowance	\$25 Copay	Up to \$50 Allowance
Lined Trifocal		\$10 Copay	Up to \$65 Allowance	\$25 Copay	Up to \$65 Allowance
Lenticular		\$10 Copay	Up to \$80 Allowance	\$25 Copay	Up to \$100 Allowance
Frames					
Frequency		24 Months		24 Months	
Retail		Up to \$130 Allowance + 20% off Balance	Up to \$71 Allowance	Up to \$130 Allowance + 20% off Balance	Up to \$70 Allowance
Contact Lenses					
Elective Lenses		Up to \$130 Allowance	Up to \$105 Allowance	Up to \$130 Allowance	Up to \$105 Allowance
Medically Necessary Lenses		No Charge	Up to \$210 Allowance	No Charge	Up to \$210 Allowance
Rate Guarantee		9/30/2025		9/30/2027	
Employee	216	\$4.67		\$7.00	
Employee + Spouse	25	\$9.27		\$13.68	
Employee + Children	35	\$9.39		\$12.16	
Employee + Family	78	\$14.78		\$18.84	
Monthly Premium	354	\$2,722		\$3,749	
Annual Premium		\$32,664		\$44,989	

**City of Coconut Creek
Employee Assistance Program RFP Evaluation**

Effective Date: October 1, 2024



	CURRENT	RENEWAL 2024-2025
Employee Assistance Program	Cigna	Cigna
Number of Face-to-Face Sessions Per Year	Up to 6 per year, per issue	Up to 6 per year, per issue
Eligibility	All household members	All household members
Counseling & Relationship Support	Unlimited, toll-free telephonic access 24/7	Unlimited, toll-free telephonic access 24/7
Online Resources (Research, Topics & Support)	Unlimited Access	Unlimited Access
Relationship Issues	Included	Included
Substance Abuse	Included	Included
Marital Problems	Included	Included
Work/Life Balance	Included	Included
Child & Elder Care	Included	Included
Stress Management	Included	Included
Legal & Financial Services	Included	Included
Identity Theft	Included	Included
Manager & Supervisor Training	Combined Pool of 28 Hrs/1,000 EEs	13 Employer Hours per contract Year; Combined Pool of 28 Hrs/1,000 EEs
Initial Orientation Sessions	Combined Pool of 28 Hrs/1,000 EEs	Combined Pool of 28 Hrs/1,000 EEs
Employee Seminars	Combined Pool of 28 Hrs/1,000 EEs	Combined Pool of 28 Hrs/1,000 EEs
Critical Incident Debriefing	Combined Pool of 28 Hrs/1,000 EEs	Combined Pool of 28 Hrs/1,000 EEs
Brochures & Workplace Posters	Included	Included
Comprehensive Reporting	Included	Included
Rate Guarantee	9/30/2024	9/30/2026
Per Employee Rate Per Month 472	\$2.34	\$2.50
Monthly Premium	\$1,104	\$1,180
Annual Premium	\$13,254	\$14,160
\$ Increase	N/A	\$906
% Increase	N/A	7%

City of Coconut Creek
Employee Assistance Program RFP Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 1
Employee Assistance Program	Cigna	The Standard
Number of Face-to-Face Sessions Per Year	Up to 6 per year, per issue	Up to 6 per year
Eligibility	All household members	All household members
Counseling & Relationship Support	Unlimited, toll-free telephonic access 24/7	Unlimited, toll-free telephonic access 24/7
Online Resources (Research, Topics & Support)	Unlimited Access	Included
Relationship Issues	Included	Included
Substance Abuse	Included	Included
Marital Problems	Included	Included
Work/Life Balance	Included	Included
Child & Elder Care	Included	Included
Stress Management	Included	Included
Legal & Financial Services	Included	Included
Identity Theft	Included	Included
Manager & Supervisor Training	Combined Pool of 28 Hrs/1,000 EEs	Information Not Provided
Initial Orientation Sessions	Combined Pool of 28 Hrs/1,000 EEs	Information Not Provided
Employee Seminars	Combined Pool of 28 Hrs/1,000 EEs	Information Not Provided
Critical Incident Debriefing	Combined Pool of 28 Hrs/1,000 EEs	Information Not Provided
Brochures & Workplace Posters	Included	Information Not Provided
Comprehensive Reporting	Included	Information Not Provided
Rate Guarantee	9/30/2024	9/30/2027
Per Employee Rate Per Month 472	\$2.34	\$0.25
Monthly Premium	\$1,104	\$118
Annual Premium	\$13,254	\$1,416
\$ Increase	N/A	-\$11,838
% Increase	N/A	-89%

*Pricing may be based on Package Sale

City of Coconut Creek
Basic Life and AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	RENEWAL 2024-2025
	Cigna (New York Life)	Cigna (New York Life)
Eligibility	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week
Waiting Period	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.
Benefit Amount	\$20,000	\$20,000
Guarantee Issue Amount	\$20,000	\$20,000
Age Reduction Schedule	To 65% at age 70 To 50% at age 75	To 65% at age 70 To 50% at age 75
Accelerated Death Benefit	50% to maximum of \$10,000	50% to maximum of \$10,000
Waiver of Premium	Begins after 6 months of continuous disability to age 65	Begins after 6 months of continuous disability to age 65
Portability	Included	Included
Conversion	Included	Included
Basic AD&D Benefit	Same as Life	Same as Life
Age Reduction	Same as Life	Same as Life
Seat Belt Benefit	10% to a maximum of \$2,000	10% to a maximum of \$2,000
Air Bag Benefit	5% to a maximum of \$1,000	5% to a maximum of \$1,000
Rate Guarantee	9/30/2026	9/30/2026
Life Rate per \$1,000	\$0.140	\$0.140
AD&D Rate per \$1,000	\$0.020	\$0.020
Basic Life & AD&D Volume	\$9,049,000	\$9,049,000
Monthly Premium	\$1,448	\$1,448
Annual Premium	\$17,374	\$17,374
\$ Increase / Decrease	N/A	\$0
% Increase / Decrease	N/A	0.0%

City of Coconut Creek
Basic Life and AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 1
	Cigna (New York Life)	MetLife
Eligibility	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week
Waiting Period	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.
Benefit Amount	\$20,000	\$20,000
Guarantee Issue Amount	\$20,000	\$20,000
Age Reduction Schedule	To 65% at age 70 To 50% at age 75	By 35% at age 70 By 50% at age 75
Accelerated Death Benefit	50% to maximum of \$10,000	12 months or less to live, up to 80% to maximum of \$500,000
Waiver of Premium	Begins after 6 months of continuous disability to age 65	Disabled prior to 60, waiting period 6 months, coverage continues to 65
Portability	Included	Included
Conversion	Included	Included
Basic AD&D Benefit	Same as Life	Same as Life
Age Reduction	Same as Life	Same as Life
Seat Belt Benefit	10% to a maximum of \$2,000	10% to a maximum of \$2,000
Air Bag Benefit	5% to a maximum of \$1,000	5% to a maximum of \$1,000
Rate Guarantee	9/30/2026	9/30/2026
Life Rate per \$1,000	\$0.140	\$0.115
AD&D Rate per \$1,000	\$0.020	\$0.020
Basic Life & AD&D Volume	\$9,049,000	\$9,049,000
Monthly Premium	\$1,448	\$1,222
Annual Premium	\$17,374	\$14,659
\$ Increase / Decrease	N/A	-\$2,715
% Increase / Decrease	N/A	-15.6%

City of Coconut Creek
Basic Life and AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 2
	Cigna (New York Life)	MetLife
Eligibility	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week
Waiting Period	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.
Benefit Amount	\$20,000	\$50,000
Guarantee Issue Amount	\$20,000	\$50,000
Age Reduction Schedule	To 65% at age 70 To 50% at age 75	By 35% at age 70 By 50% at age 75
Accelerated Death Benefit	50% to maximum of \$10,000	12 months or less to live, up to 80% to maximum of \$500,000
Waiver of Premium	Begins after 6 months of continuous disability to age 65	Disabled prior to 60, waiting period 6 months, coverage continues to 65
Portability	Included	Included
Conversion	Included	Included
Basic AD&D Benefit	Same as Life	Same as Life
Age Reduction	Same as Life	Same as Life
Seat Belt Benefit	10% to a maximum of \$2,000	10% to a maximum of \$2,000
Air Bag Benefit	5% to a maximum of \$1,000	5% to a maximum of \$1,000
Rate Guarantee	9/30/2026	9/30/2026
Life Rate per \$1,000	\$0.140	\$0.115
AD&D Rate per \$1,000	\$0.020	\$0.020
Basic Life & AD&D Volume	\$9,049,000	\$22,622,500
Monthly Premium	\$1,448	\$3,054
Annual Premium	\$17,374	\$36,648
\$ Increase / Decrease	N/A	\$19,274
% Increase / Decrease	N/A	110.9%

City of Coconut Creek
Basic Life and AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 3
	Cigna (New York Life)	The Standard
Eligibility	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week
Waiting Period	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.
Benefit Amount	\$20,000	\$20,000
Guarantee Issue Amount	\$20,000	\$20,000
Age Reduction Schedule	To 65% at age 70 To 50% at age 75	To 65% at age 70 To 50% at age 75
Accelerated Death Benefit	50% to maximum of \$10,000	80% to maximum of \$500,000
Waiver of Premium	Begins after 6 months of continuous disability to age 65	Waived at age 60, waived until SSNRA
Portability	Included	Included
Conversion	Included	Included
Basic AD&D Benefit	Same as Life	Same as Life
Age Reduction	Same as Life	Same as Life
Seat Belt Benefit	10% to a maximum of \$2,000	10% to a maximum of \$2,000
Air Bag Benefit	5% to a maximum of \$1,000	5% to a maximum of \$1,000
Rate Guarantee	9/30/2026	9/30/2027
Life Rate per \$1,000	\$0.140	\$0.060
AD&D Rate per \$1,000	\$0.020	\$0.020
Basic Life & AD&D Volume	\$9,049,000	\$9,049,000
Monthly Premium	\$1,448	\$724
Annual Premium	\$17,374	\$8,687
\$ Increase / Decrease	N/A	-\$8,687
% Increase / Decrease	N/A	-50.0%

City of Coconut Creek
Basic Life and AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 3A
	Cigna (New York Life)	The Standard
Eligibility	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week	All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week
Waiting Period	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.	Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time.
Benefit Amount	\$20,000	Police Union Members: \$20,000 All Other Members: \$50,000
Guarantee Issue Amount	\$20,000	\$50,000
Age Reduction Schedule	To 65% at age 70 To 50% at age 75	To 65% at age 70 To 50% at age 75
Accelerated Death Benefit	50% to maximum of \$10,000	80% to maximum of \$500,000
Waiver of Premium	Begins after 6 months of continuous disability to age 65	Waived at age 60, waived until SSNRA
Portability	Included	Included
Conversion	Included	Included
Basic AD&D Benefit	Same as Life	Same as Life
Age Reduction	Same as Life	Same as Life
Seat Belt Benefit	10% to a maximum of \$2,000	10% to a maximum of \$2,000
Air Bag Benefit	5% to a maximum of \$1,000	5% to a maximum of \$1,000
Rate Guarantee	9/30/2026	9/30/2027
Life Rate per \$1,000	\$0.140	\$0.060
AD&D Rate per \$1,000	\$0.020	\$0.020
Basic Life & AD&D Volume	\$9,049,000	\$19,572,500
Monthly Premium	\$1,448	\$1,566
Annual Premium	\$17,374	\$18,790
\$ Increase / Decrease	N/A	\$1,416
% Increase / Decrease	N/A	8.1%

City of Coconut Creek
Voluntary Life Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT			RENEWAL 2024-2025		
	Cigna (New York Life)			Cigna (New York Life)		
Eligibility	All Active, Full Time Employees working at least 30 hours per week			All Active, Full Time Employees working at least 30 hours per week		
Employee Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 5x annual earnings or \$500,000</i>			In increments of \$10,000 <i>Not to exceed 5x annual earnings or \$500,000</i>		
Guarantee Issue	\$130,000			\$130,000		
Employee Voluntary AD&D	Matches Voluntary Life Benefit			Matches Voluntary Life Benefit		
Spouse Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 100% of EE Amount or \$500,000</i>			In increments of \$10,000 <i>Not to exceed 100% of EE Amount or \$500,000</i>		
Guarantee Issue	\$130,000			\$130,000		
Child Voluntary Life Formula	Birth to 6 Months: \$1,000 6 Months to Age 26: In increments of \$1,000 to a maximum of \$10,000			Birth to 6 Months: \$1,000 6 Months to Age 26: In increments of \$1,000 to a maximum of \$10,000		
Guarantee Issue	\$1,000, \$10,000			\$1,000, \$10,000		
Age Reduction Schedule	65% at age 70 50% at age 75			65% at age 70 50% at age 75		
Annual Enrollment	EOI Required			EOI Required		
Portability	Included			Included		
Conversion	Included			Included		
Waiver of Premium	Included			Included		
Rate Guarantee (Rates include AD&D)	9/30/2026			9/30/2026		
Employee and Spouse Rates per \$1,000 of coverage (Based on Employee Age)	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000
	0-19	\$0.130	\$0.085	0-19	\$0.130	\$0.085
	20-24	\$0.130	\$0.085	20-24	\$0.130	\$0.085
	25-29	\$0.130	\$0.085	25-29	\$0.130	\$0.085
	30-34	\$0.140	\$0.090	30-34	\$0.140	\$0.090
	35-39	\$0.140	\$0.090	35-39	\$0.140	\$0.090
	40-44	\$0.210	\$0.125	40-44	\$0.210	\$0.125
	45-49	\$0.300	\$0.170	45-49	\$0.300	\$0.170
	50-54	\$0.470	\$0.250	50-54	\$0.470	\$0.250
	55-59	\$0.640	\$0.340	55-59	\$0.640	\$0.340
	60-64	\$0.670	\$0.355	60-64	\$0.670	\$0.355
	65-69	\$0.770	\$0.405	65-69	\$0.770	\$0.405
	70-74	\$3.220	\$1.630	70-74	\$3.220	\$1.630
	75-79	\$4.960	\$2.500	75-79	\$4.960	\$2.500
	80-84	\$4.960	\$2.500	80-84	\$4.960	\$2.500
	85-89	\$4.960	\$2.500	85-89	\$4.960	\$2.500
	90-99	\$4.960	\$2.500	90-99	\$4.960	\$2.500
	Child(ren)	\$0.026		Child(ren)	\$0.026	
	AD&D	EE Only: \$0.040	EE + Spouse: \$0.040	AD&D	EE Only: \$0.040	EE + Spouse: \$0.040

City of Coconut Creek
Voluntary Life Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT			PROPOSED OPTION 1		
	Cigna (New York Life)			MetLife		
Eligibility	All Active, Full Time Employees working at least 30 hours per week			All Active, Full Time Employees working at least 30 hours per week		
Employee Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 5x annual earnings or \$500,000</i>			\$10,000 increments to a maximum of the lesser of 5.00 times pay or \$500,000		
Guarantee Issue	\$130,000			\$130,000		
Employee Voluntary AD&D	Matches Voluntary Life Benefit			Matches Voluntary Life Benefit		
Spouse Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 100% of EE Amount or \$500,000</i>			\$5,000 increments to a maximum of \$250,000 , not to exceed 50% of employee's Optional Life Benefit		
Guarantee Issue	\$130,000			\$50,000		
Child Voluntary Life Formula	Birth to 6 Months: \$1,000 6 Months to Age 26: In increments of \$1,000 to a maximum of \$10,000			Child Under 15 days: \$1,000 Child 15 days to 6 months old: \$1,000 Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000.		
Guarantee Issue	\$1,000, \$10,000			\$1,000, \$10,000		
Age Reduction Schedule	65% at age 70 50% at age 75			No Age Reduction		
Annual Enrollment	EOI Required			Not Provided		
Portability	Included			Included		
Conversion	Included			Included		
Waiver of Premium	Included			Included		
Rate Guarantee (Rates include AD&D)	9/30/2026			9/30/2026		
Employee and Spouse Rates per \$1,000 of coverage (Based on Employee Age)	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000
	0-19	\$0.130	\$0.085	0-19	\$0.111	\$0.066
	20-24	\$0.130	\$0.085	20-24	\$0.111	\$0.066
	25-29	\$0.130	\$0.085	25-29	\$0.111	\$0.066
	30-34	\$0.140	\$0.090	30-34	\$0.121	\$0.071
	35-39	\$0.140	\$0.090	35-39	\$0.121	\$0.071
	40-44	\$0.210	\$0.125	40-44	\$0.191	\$0.106
	45-49	\$0.300	\$0.170	45-49	\$0.281	\$0.151
	50-54	\$0.470	\$0.250	50-54	\$0.451	\$0.236
	55-59	\$0.640	\$0.340	55-59	\$0.621	\$0.321
	60-64	\$0.670	\$0.355	60-64	\$0.651	\$0.336
	65-69	\$0.770	\$0.405	65-69	\$0.751	\$0.386
	70-74	\$3.220	\$1.630	70-74	\$3.201	\$1.611
	75-79	\$4.960	\$2.500	75-79	\$3.201	\$1.611
	80-84	\$4.960	\$2.500	80-84	\$3.201	\$1.611
	85-89	\$4.960	\$2.500	85-89	\$3.201	\$1.611
	90-99	\$4.960	\$2.500	90-99	\$3.201	\$1.611
	Child(ren)	\$0.026		Child(ren)	\$0.100	
	AD&D	EE Only: \$0.040	EE + Spouse: \$0.040	AD&D	EE Only: \$0.021	Spouse: \$0.021 / Child \$0.045

City of Coconut Creek
Voluntary Life Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT			PROPOSED OPTION 2		
	Cigna (New York Life)			The Standard		
Eligibility	All Active, Full Time Employees working at least 30 hours per week			All Active, Full Time Employees working at least 30 hours per week		
Employee Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 5x annual earnings or \$500,000</i>			In increments of \$10,000 Not to exceed 5x annual earnings or \$500,000		
Guarantee Issue	\$130,000			\$130,000		
Employee Voluntary AD&D	Matches Voluntary Life Benefit			Matches Voluntary Life Benefit		
Spouse Voluntary Life Formula	In increments of \$10,000 <i>Not to exceed 100% of EE Amount or \$500,000</i>			In increments of \$10,000 Not to exceed 100% of EE Amount or \$250,000		
Guarantee Issue	\$130,000			\$50,000		
Child Voluntary Life Formula	Birth to 6 Months: \$1,000 6 Months to Age 26: In increments of \$1,000 to a maximum of \$10,000			\$1,000 increments to a maximum of \$10,000		
Guarantee Issue	\$1,000, \$10,000			\$10,000		
Age Reduction Schedule	65% at age 70 50% at age 75			65% at age 70 50% at age 75		
Annual Enrollment	EOI Required			Not Provided		
Portability	Included			Included		
Conversion	Included			Included		
Waiver of Premium	Included			Included		
Rate Guarantee (Rates include AD&D)	9/30/2026			9/30/2027		
Employee and Spouse Rates per \$1,000 of coverage (Based on Employee Age)	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000	Age Bracket	Employee Rate/\$1,000	Spouse Rate/\$1,000
	0-19	\$0.130	\$0.085	0-19	\$0.121	\$0.081
	20-24	\$0.130	\$0.085	20-24	\$0.121	\$0.081
	25-29	\$0.130	\$0.085	25-29	\$0.121	\$0.081
	30-34	\$0.140	\$0.090	30-34	\$0.130	\$0.085
	35-39	\$0.140	\$0.090	35-39	\$0.130	\$0.085
	40-44	\$0.210	\$0.125	40-44	\$0.193	\$0.117
	45-49	\$0.300	\$0.170	45-49	\$0.274	\$0.157
	50-54	\$0.470	\$0.250	50-54	\$0.427	\$0.229
	55-59	\$0.640	\$0.340	55-59	\$0.580	\$0.310
	60-64	\$0.670	\$0.355	60-64	\$0.607	\$0.324
	65-69	\$0.770	\$0.405	65-69	\$0.697	\$0.369
	70-74	\$3.220	\$1.630	70-74	\$2.902	\$1.471
	75-79	\$4.960	\$2.500	75-79	\$4.468	\$2.254
	80-84	\$4.960	\$2.500	80-84	\$4.468	\$2.254
	85-89	\$4.960	\$2.500	85-89	\$4.468	\$2.254
	90-99	\$4.960	\$2.500	90-99	\$4.468	\$2.254
	Child(ren)	\$0.026		Child(ren)	\$0.026	
	AD&D	EE Only: \$0.040	EE + Spouse: \$0.040	AD&D	EE Only: \$0.040	Spouse: \$0.040

City of Coconut Creek
Short Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	RENEWAL 2024-2025	PROPOSED OPTION 1
	Cigna (New York Life)	Cigna (New York Life)	The Standard
Eligibility	All Active, Full Time Employees working at least 30 hours per week	All Active, Full Time Employees working at least 30 hours per week	All Active, Full Time Employees working at least 30 hours per week
Definition of Disability	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	Information Not Provided
Elimination Period	14 Days Injury 14 Days Sickness	14 Days Injury 14 Days Sickness	14 Days Injury 14 Days Sickness
Weekly Benefit	70% of Weekly Earnings	70% of Weekly Earnings	70% of Weekly Earnings
Maximum Benefit	\$1,500 per week	\$1,500 per week	\$1,500 per week
Minimum Benefit	\$25 per week	\$25 per week	\$15 per week
Duration of Benefit	24 Weeks (26 Weeks including Elimination Period)	24 Weeks (26 Weeks including Elimination Period)	180 days
Disabled and Working Benefit (See Policy for Details)	Gross disability benefit to 100% of pre-disability earnings and less other deductible income	Gross disability benefit to 100% of pre-disability earnings and less other deductible income	Information Not Provided
Rate Guarantee	Expires 9/30/2026	Expires 9/30/2026	Expires 9/30/2027
Rate per \$10 of weekly benefit	\$0.230	\$0.230	\$0.230
Estimated Volume	\$492,473	\$492,473	\$492,473
Monthly Premium	\$11,327	\$11,327	\$11,327
Annual Premium	\$135,923	\$135,923	\$135,923
\$ Increase / Decrease	N/A	\$0	\$0
% Increase / Decrease	N/A	0.0%	0.0%

City of Coconut Creek
Short Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 2
	Cigna (New York Life)	MetLife
Eligibility	All Active, Full Time Employees working at least 30 hours per week	All Active, Full Time Employees working at least 30 hours per week
Definition of Disability	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job
Elimination Period	14 Days Injury 14 Days Sickness	14 Days Injury 14 Days Sickness
Weekly Benefit	70% of Weekly Earnings	70% of Weekly Earnings
Maximum Benefit	\$1,500 per week	\$1,500 per week
Minimum Benefit	\$25 per week	\$25 per week
Duration of Benefit	24 Weeks (26 Weeks including Elimination Period)	24 Weeks (26 Weeks including Elimination Period)
Disabled and Working Benefit (See Policy for Details)	Gross disability benefit to 100% of pre-disability earnings and less other deductible income	Information Not Provided
Rate Guarantee	Expires 9/30/2026	Expires 9/30/2026
Rate per \$10 of weekly benefit	\$0.230	\$0.337
Estimated Volume	\$492,473	\$492,473
Monthly Premium	\$11,327	\$16,596
Annual Premium	\$135,923	\$199,156
\$ Increase / Decrease	N/A	\$63,234
% Increase / Decrease	N/A	46.5%

City of Coconut Creek
Long Term Disability Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT 2022-2023	RENEWAL 2024-2025	PROPOSED OPTION 1
	Cigna (New York Life)	Cigna (New York Life)	The Standard
Eligibility	Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers Class 2: All active FT Employees working at least 30 hrs/wk, excluding those classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers	Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers Class 2: All active FT Employees working at least 30 hrs/wk, excluding those classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers	A regular employee of the Employer working 30 hours per week Class 1: All City Managers, City Attorneys, Police Lieutenants, and Administrative Officers Class 2: All Other Members
Definition of Disability	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	Material Duties and Earnings Loss (80%/60%)
Elimination Period	180 days	180 days	180 Days
Monthly Benefit	66 2/3% of monthly earnings	66 2/3% of monthly earnings	66 2/3% of monthly earnings
Maximum Benefit	\$5,000 per month	\$5,000 per month	\$5,000 per month
Minimum Benefit	The greater of \$100 per month or 10% of the Gross Disability Benefit	The greater of \$100 per month or 10% of the Gross Disability Benefit	The greater of \$100 per month or 10% of the Gross Disability Benefit
Own Occupation Period	Class 1 - N/A Class 2 - 24 months	Class 1 - N/A Class 2 - 24 months	Class 1 - To Maximum Benefit Period Class 2 - 24 months
Duration of Benefit	SS ADEA or the Maximum Period of Payment (as listed in LTD COC)	SS ADEA or the Maximum Period of Payment (as listed in LTD COC)	SSNRA
Pre-existing Condition Limitation	3/12	3/12	3/12
Mental Illness & Substance Abuse	24 months	24 months	24 months
Survivor Benefit	3x monthly benefit	3x monthly benefit	Included
Disabled and Working Benefit (See Policy for Details)	First 24 Months: Gross benefit + disability earning up to 100% of indexed earnings. After 24 Months: 50% offset	First 24 Months: Gross benefit + disability earning up to 100% of indexed earnings. After 24 Months: 50% offset	First 24 Months: Gross benefit + disability earning up to 100% of indexed earnings. After 24 Months: 50% offset
Rate Guarantee	Expires 9/30/2026	Expires 9/30/2026	Expires 9/30/2027
Rate per \$100 Covered Payroll	\$0.290	\$0.290	\$0.220
Covered Payroll / Benefits Volume	\$2,792,706	\$2,792,706	\$2,792,706
Monthly Premium	\$8,099	\$8,099	\$6,144
Annual Premium	\$97,186	\$97,186	\$73,727
\$ Increase / Decrease	N/A	\$0	-\$23,459
% Increase / Decrease	N/A	0.0%	-24.1%

City of Coconut Creek
Long Term Disability Renewal Evaluation
Effective Date: October 1, 2024



	CURRENT 2022-2023	PROPOSED OPTION 2
	Cigna (New York Life)	MetLife
Eligibility	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers</p> <p>Class 2: All active FT Employees working at least 30 hrs/wk, excluding those classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers</p>	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers</p> <p>Class 2: All active FT Employees working at least 30 hrs/wk, excluding those classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers</p>
Definition of Disability	Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <p>The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and is unable to earn more than 80% of predisability earnings at their Own Occupation for any employer in their National economy.</p>
Elimination Period	180 days	180 Days or until the end of the STD Maximum Benefit Period.
Monthly Benefit	66 2/3% of monthly earnings	66 2/3% of monthly earnings
Maximum Benefit	\$5,000 per month	\$5,000 per month
Minimum Benefit	The greater of \$100 per month or 10% of the Gross Disability Benefit	\$100
Own Occupation Period	Class 1 - N/A Class 2 - 24 months	Class 1 - N/A Class 2 - 24 months
Duration of Benefit	SS ADEA or the Maximum Period of Payment (as listed in LTD COC)	RBD w/ SSNRA
Pre-existing Condition Limitation	3/12	3/12
Mental Illness & Substance Abuse	24 months	24 months
Survivor Benefit	3x monthly benefit	Included
Disabled and Working Benefit (See Policy for Details)	First 24 Months: Gross benefit + disability earning up to 100% of indexed earnings. After 24 Months: 50% offset	First 24 Months: Gross benefit + disability earning up to 100% of indexed earnings. After 24 Months: 50% offset
Rate Guarantee	Expires 9/30/2026	Expires 9/30/2026
Rate per \$100 Covered Payroll	\$0.290	\$0.250
Covered Payroll / Benefits Volume	\$2,792,706	\$2,792,706
Monthly Premium	\$8,099	\$6,982
Annual Premium	\$97,186	\$83,781
\$ Increase / Decrease	N/A	-\$13,405
% Increase / Decrease	N/A	-13.8%

* Includes EAP

City of Coconut Creek
HSA RFP Evaluation
Effective Date: October 1, 2024



	CURRENT	RENEWAL	PROPOSED OPTION 2
General Information	Cigna	Cigna	MetLife
Administration fee if paid by account holder	\$4.50	\$4.50	\$0.00
Administration fee if paid by employer	\$4.50	\$4.50	\$0.00
Account setup fee	N/A	N/A	Included
Debit card daily spending limit	\$5,000 applies to debit card point-of-sale transactions \$2,500 applies to EFTs \$300 applies to cash withdrawals.	\$5,000 applies to debit card point-of-sale transactions \$2,500 applies to EFTs \$300 applies to cash withdrawals.	\$5,000.00
Debit card additional/replacement cost	\$0.00	\$0.00	\$5.00
Brokerage account fees	Fees may vary and are described in the investment prospectuses.	Fees may vary and are described in the investment prospectuses.	Included
Excess contribution adjustments	\$0.00	\$0.00	\$0.00
Fee to Transfer	N/A	N/A	N/A
Minimum balance	\$0.00	\$0.00	\$0.00
Interest rate (subject to change)	0.05%	0.05%	0.15% - 0.35%
Account closure fee	\$0.00	\$0.00	\$0.00
Wire transfer	0	0	Y
Investment fund options	Y	Y	Y
Investment threshold	\$1,000.00	\$1,000.00	\$2,000.00
Customer service phone number			(800) 638-5433
Web address	www.hsabank.com	www.hsabank.com	www.metlife.com
Location	HSA Bank, a division of Webster Bank N.A. 605 N. 8th Street, Suite 320 Sheboygan, WI 53081-4525	HSA Bank, a division of Webster Bank N.A. 605 N. 8th Street, Suite 320 Sheboygan, WI 53081-4525	Fargo, ND and Edina, MN
Banking	N/A	N/A	N/A
HSA access at ATMs? (Y/N)	Y	Y	N
HSA access at bank branches? (Y/N)	N/A	N/A	N
HSA paper checks? (Y/N)	Y	Y	N
HSA website for employers? (Y/N)	Y	Y	Y
Online employee enrollment? (Y/N)	Y	Y	Y
HSA website for account holders? (Y/N)	Y	Y	Y
Run-Out	N/A	N/A	N/A
Rate Guarantee	9/30/2024	9/30/2025	9/30/2027
			*Pricing may be based on Package Sale

**City of Coconut Creek
HSA RFP Evaluation
Effective Date: October 1, 2024**



General Information	CURRENT	PROPOSED OPTION 3
	Cigna	TASC
Administration fee if paid by account holder	\$4.50	\$0.00
Administration fee if paid by employer	\$4.50	\$0.00
Account setup fee	N/A	Waived
Debit card daily spending limit	\$5,000 applies to debit card point-of-sale transactions \$2,500 applies to EFTs \$300 applies to cash withdrawals.	N/A
Debit card additional/replacement cost	\$0.00	\$0.00
Brokerage account fees	Fees may vary and are described in the investment prospectuses.	N/A
Excess contribution adjustments	\$0.00	Included
Fee to Transfer	N/A	N/A
Minimum balance	\$0.00	Waived
Interest rate (subject to change)	0.05%	Participants are paid 25 basis points on their cash balance
Account closure fee	\$0.00	Waived
Wire transfer	0	Waived
Investment fund options	Y	Waived
Investment threshold	\$1,000.00	\$2,000.00
Customer service phone number		(800) 422-4661
Web address	www.hsabank.com	www.tasconline.com
Location	HSA Bank, a division of Webster Bank N.A. 605 N. 8th Street, Suite 320 Sheboygan, WI 53081-4525	uba.tasconline.com/login
Banking	N/A	N/A
HSA access at ATMs? (Y/N)	Y	Y
HSA access at bank branches? (Y/N)	N/A	N/A
HSA paper checks? (Y/N)	Y	Y
HSA website for employers? (Y/N)	Y	Y
Online employee enrollment? (Y/N)	Y	Y
HSA website for account holders? (Y/N)	Y	Y
Run-Out	N/A	N/A
Rate Guarantee	9/30/2024	9/30/2034
		*Pricing may be based on Package Sale

City of Coconut Creek
Flexible Spending Account RFP Evaluation
Effective Date: October 1, 2024



		CURRENT	PROPOSED OPTION 1	PROPOSED OPTION 2
		Chard Snyder	MetLife	TASC
Debit Card Fee		Included	Included	Free
Setup Fee(s)		Included	Included	Waived
Annual Renewal Fee		Waived	N/A	Waived
Processing of Reimbursements (Weekly,		Weekly	Daily	Daily
Claims Submission Method		Mobile App/Web Portal/Fax/Mail	Online Portal, Mail, Fax and Email	Mobile App/Web Portal/Fax/Mail
Mobile App		Yes	Yes	Yes
Mailed Account Statements (Per Paper		N/A	\$1.50 Per Printed Document	Electronic Access Included
Enrollment Meetings (In-Person)		Fees for Services	Included	Included
Enrollment Kits (Paper,		Included	Included (Paper)	Electronic Included
Electronic)				
Web Administration		Included	Included	Included
Reporting Capabilities		Included	Included	Included
Section 125 Document Fee		Included	Included	Included
Non-Discrimination Testing		Included	\$150 Initial test and \$50 any data updates and retest	Included
Run-Out		N/A	N/A	N/A
Dedicated Account Representative		N/A	N/A	N/A
Monthly Premium	EE's			
Rate Guarantee		9/30/2025	9/30/2027	9/30/2034
PEPM Rate (Full Purpose FSA)*	18	\$4.50	\$2.75	\$4.50
PEPM Rate (Limited Purpose FSA)*	8	\$0.00	\$2.75	\$4.00
Monthly Premium		\$81	\$72	\$113
Annual Premium**		\$1,142	\$1,028	\$1,526
\$ Change		N/A	-\$114	\$498
% Change		N/A	-10%	48%

City of Coconut Creek
COBRA RFP Evaluation
Effective Date: October 1, 2024



	CURRENT	PROPOSED OPTION 2
Administration	Chard Snyder	TASC
Plan Basics		
Dedicated Account Manager/Implementation specialist	Included	Included
Electronic Eligibility File Feeds	\$15 Per carrier Per Month	Carrier Notifications - \$1,200
Web Portal	Included	Included
Online Reporting	Included	Included
Participant Payment Options	ACH, Check, /Debit, Mobile App	Credit Card, Debit Card, ACH (one-time or recurring), Paper Check/Money Order/Coupons, split payment options, pay ahead options, pay multiple times during a billing cycle, etc.
Notice Fees		
Initial Notice to ALL Employees (Optional)	\$2.00 per notice if requested	\$2.00 per notice if requested
Initial Notice to All New Hires (Rate Per Notice)	Included	Included
Qualifying Event Notices (Rate Per Notice)	Included	Included
Other Fees		
Cost per Packet for Printed OE Kits	\$15 per packet (\$60 minimum)	\$15 per packet
One-time Implementation Fee	Waived	Waived
Renewal Fee	Waived	Waived
Takeover Fee - Per Member (One-time)	\$15.00	\$10 Per continuant
Monthly Rates		
COBRA Fee - Per Employee Per Month	\$0.60	\$0.50
Monthly Minimum Fee	\$125	Waived
Proposed Rate Guarantee	9/30/2025	9/30/2034

City of Coconut Creek
Retiree Billing RFP Evaluation
Effective Date: October 1, 2024



PROPOSED OPTION 1

Administration	TASC
Dedicated Account Manager/Implementation specialist	Included
Participant Payment Notification	Included
Participant Payment Options	Credit Card, Debit Card, ACH (one-time or recurring), Paper Check/Money Order/Coupons, split payment options, pay ahead options, pay multiple times during a billing cycle, etc.
Implementation Timeline	60-90 Days
Other Fees	
Monthly Minimum Fee	\$3.75
Proposed Rate Guarantee	