

**City of Marco Island  
Renewal Recommendation  
Plan Year Effective Date: November 1, 2021**

**October 4, 2021**





## BACKGROUND

The City of Marco Island currently offers a comprehensive employee benefits program to its employees, and retirees and their dependents (subject to eligibility guidelines). The program includes group medical, dental, vision, employee assistance program and flexible spending account administration. In addition, employees have the option to purchase basic life and accidental death & dismemberment, supplemental life, short-term and long-term disability insurance as well as supplemental worksite products.



## MARKETING SUMMARY

The cost of health care remains a major concern for employer groups. Last year in July 2020, Gehring Group released a Request for Proposal (RFP) for medical, dental and vision insurance. Based on the Committee Recommendation, the City changed medical, dental and vision carriers for the 2020-21 plan year with an overall 10.8% reduction in benefits costs.



## MEDICAL / PRESCRIPTION

In preparation for the 2021-22 renewal, Gehring Group analyzed the City's medical claims and prepared an independent cost projection that generated an annual increase over current plan spend of 13.7% based on the City's historical claims utilization. Medical cost trends in the State of Florida have been increasing from 8% to 12% on an annual basis. Additionally, increased prescription costs (especially specialty medications) in the market are driving higher plan spend, absent higher utilization.

The first renewal offer from Cigna, was at a 9% increase over current. Gehring Group was able to negotiate with Cigna to reduce the 9% to a 7% renewal increase which results in an annual dollar increase of \$220,000 for the plan year. City staff and Gehring Group are recommending the continuation of the current medical program at a 7% increase.



## DENTAL

The City's dental coverage is with The Standard and is currently in a rate guarantee through October 31, 2022. There will be no change in rates for the 2021-22 plan year. City staff and Gehring Group are recommending continuation of the current dental benefits with no change in rates or benefits.



## VISION

The City's vision coverage is with The Standard utilizing the VSP Choice network and is currently in a rate guarantee through October 31, 2022. There will be no change in rates for the 2021-22 plan year. City staff and Gehring Group are recommending continuation of the current vision benefits with no change in rates or benefits.



## LIFE AND DISABILITY

The City's basic life and accidental death & dismemberment, supplemental life and short and long-term disability benefits are provided through The Standard. The Standard coverage is in a rate guarantee through October 31, 2023. City staff and Gehring Group are recommending continuation of the current life and disability benefits with no change in rates or benefits.



## EMPLOYEE ASSISTANCE PROGRAM

The current Employee Assistance Program (EAP) provider, The Employee Assistance Program Services in Naples will no longer provide services to clients at the end of the 2021 calendar year. The Gehring Group released an RFP for EAP services. Two proposals were received from the following:

- Cigna – Increase in cost of \$963 annually
- The Standard – Decrease in cost of \$2,755 annually

The Standard's EAP program is administered by Health Advocate. They are offering enhanced services to eligible employees which include virtual behavioral health visits, work/life services, legal and financial consultation, and a robust website. In addition, the City will have available Critical Incident Response debriefing hours if a need should arise. City staff and Gehring Group are recommending implementing EAP services with The Standard.



## RECOMMENDATION

City staff and Gehring Group are recommending the following:

Coverage	Current Carrier	Recommended Carrier	Cost Impact
Medical	Cigna	Cigna	7%
Dental	The Standard	The Standard	0%
Vision	The Standard / VSP	The Standard / VSP	0%
Life Basic and Voluntary	The Standard	The Standard	0%
Short-Term / Long-Term Disability	The Standard	The Standard	0%
Employee Assistance Program	EAP Services	The Standard / Health Advocate	-84%
Flexible Spending Accounts	Employee Benefits Corporation	Employee Benefits Corporation	0%
COBRA Administration	Employee Benefits Corporation	Employee Benefits Corporation	0%



**City of Marco Island**  
**Employee Benefits Executive Summary**  
**Effective Date: November 1, 2021**

Current					Renewal				Renewal		
MEDICAL	2020-2021				2021-2022				2021-2022		
	Cigna				Cigna - No Increase to Employee Contribution				Employer	Employee	EE Chg. Amt
<b>Open Access Plus</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Employer</b>	<b>Employee</b>	<b>EE Chg. Amt</b>
Employee Only	69	\$686.38	\$583.42	85%	\$102.96	\$734.44	\$631.48	86%	\$102.96	\$315.74	\$51.48
Employee + Spouse	35	\$1,526.82	\$1,297.80	85%	\$229.02	\$1,633.71	\$1,404.69	86%	\$229.02	\$702.35	\$114.51
Employee + Child(ren)	23	\$1,285.71	\$1,092.85	85%	\$192.86	\$1,375.72	\$1,182.86	86%	\$192.86	\$591.43	\$96.43
Employee + Family	62	\$2,112.37	\$1,795.51	85%	\$316.86	\$2,260.26	\$1,943.40	86%	\$316.86	\$971.70	\$158.43
<b>Monthly Premium</b>	<b>189</b>	<b>\$261,337</b>	<b>\$222,136</b>		<b>\$39,201</b>	<b>\$279,634</b>	<b>\$240,433</b>		<b>\$39,201</b>		
<b>Annual Premium</b>		<b>\$3,136,046</b>	<b>\$2,665,634</b>		<b>\$470,412</b>	<b>\$3,355,607</b>	<b>\$2,885,194</b>		<b>\$470,412</b>		
<b>\$ Increase / \$ Decrease</b>	-	-	-	-	-	<b>\$219,560</b>	<b>\$219,560</b>		<b>\$0</b>		
<b>% Increase / % Decrease</b>	-	-	-	-	-	<b>7.0%</b>	<b>8.2%</b>		<b>0.0%</b>		
<b>MotiveMe Incentive Program</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Employer</b>	<b>Employee</b>	<b>EE Chg. Amt</b>
PEPM	189	\$2.50	\$2.50	100%	\$0.00	\$2.75	\$2.75	100%	\$0.00	\$1.38	\$0.00
<b>Monthly Premium</b>		<b>\$473</b>	<b>\$473</b>		<b>\$0</b>	<b>\$520</b>	<b>\$520</b>		<b>\$0</b>		
<b>Annual Premium</b>		<b>\$5,670</b>	<b>\$5,670</b>		<b>\$0</b>	<b>\$6,237</b>	<b>\$6,237</b>		<b>\$0</b>		
<b>\$ Increase / \$ Decrease</b>	-	-	-	-	-	<b>\$567</b>	<b>\$567</b>		<b>\$0</b>		
<b>% Increase / % Decrease</b>	-	-	-	-	-	<b>10.0%</b>	<b>10.0%</b>		<b>0.0%</b>		
<b>Monthly Premium</b>		<b>\$261,810</b>	<b>\$222,609</b>		<b>\$39,201</b>	<b>\$280,154</b>	<b>\$240,953</b>		<b>\$39,201</b>		
<b>Annual Premium</b>		<b>\$3,141,716</b>	<b>\$2,671,304</b>		<b>\$470,412</b>	<b>\$3,361,844</b>	<b>\$2,891,431</b>		<b>\$470,412</b>		
<b>\$ Increase / \$ Decrease</b>	-	-	-	-	-	<b>\$220,127</b>	<b>\$220,127</b>		<b>\$0</b>		
<b>% Increase / % Decrease</b>	-	-	-	-	-	<b>7.0%</b>	<b>8.2%</b>		<b>0.0%</b>		
<b>DENTAL</b>	The Standard					The Standard					
<b>DPPO</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Employer</b>	<b>Employee</b>	<b>EE Chg. Amt</b>
Employee Only	66	\$23.48	\$3.52	15%	\$19.96	\$23.48	\$3.52	15%	\$19.96	\$1.76	\$9.98
Employee + Spouse	46	\$49.98	\$7.50	15%	\$42.48	\$49.98	\$7.50	15%	\$42.48	\$3.75	\$21.24
Employee + Child(ren)	10	\$52.98	\$7.95	15%	\$45.03	\$52.98	\$7.95	15%	\$45.03	\$3.98	\$22.52
Employee + Family	61	\$101.98	\$15.30	15%	\$86.68	\$101.98	\$15.30	15%	\$86.68	\$7.65	\$43.34
<b>Monthly Premium</b>	<b>183</b>	<b>\$10,599</b>	<b>\$1,590</b>		<b>\$9,009</b>	<b>\$10,599</b>	<b>\$1,590</b>		<b>\$9,009</b>		
<b>Annual Premium</b>		<b>\$127,192</b>	<b>\$19,081</b>		<b>\$108,111</b>	<b>\$127,192</b>	<b>\$19,081</b>		<b>\$108,111</b>		
<b>\$ Increase / \$ Decrease</b>	-	-	-	-	-	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>		
<b>% Increase / % Decrease</b>	-	-	-	-	-	<b>0.0%</b>	<b>0.0%</b>		<b>0.0%</b>		
<b>Rate Guarantee</b>	Expires 10/31/2022					Expires 10/31/2022					
<b>VISION</b>	The Standard					The Standard					
<b>VSP Choice</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Total</b>	<b>Employer</b>	<b>ER%</b>	<b>Employee</b>	<b>Employer</b>	<b>Employee</b>	<b>EE Chg. Amt</b>
Employee Only	35	\$5.11	\$0.00	0%	\$5.11	\$5.11	\$0.00	0%	\$5.11	\$0.00	\$2.56
Employee + Spouse	32	\$9.43	\$0.00	0%	\$9.43	\$9.43	\$0.00	0%	\$9.43	\$0.00	\$4.72
Employee + Child(ren)	6	\$9.58	\$0.00	0%	\$9.58	\$9.58	\$0.00	0%	\$9.58	\$0.00	\$4.79
Employee + Family	46	\$17.18	\$0.00	0%	\$17.18	\$17.18	\$0.00	0%	\$17.18	\$0.00	\$8.59
<b>Monthly Premium</b>	<b>119</b>	<b>\$1,328</b>	<b>\$0</b>		<b>\$1,328</b>	<b>\$1,328</b>	<b>\$0</b>		<b>\$1,328</b>		
<b>Annual Premium</b>		<b>\$15,940</b>	<b>\$0</b>		<b>\$15,940</b>	<b>\$0</b>			<b>\$15,940</b>		
<b>\$ Increase / \$ Decrease</b>	-	-	-	-	-	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>		
<b>% Increase / % Decrease</b>	-	-	-	-	-	<b>0.0%</b>	<b>0.0%</b>		<b>0.0%</b>		
<b>Rate Guarantee</b>	Expires 10/31/2022					Expires 10/31/2022					

**City of Marco Island**  
**Employee Benefits Executive Summary**  
**Effective Date: November 1, 2021**

LIFE and AD&D	Current				Renewal				Renewal		
	2020-2021				2021-2022				2021-2022		
	The Standard				The Standard						
Life/AD&D	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Life Rate / \$1,000	\$0.240	\$0.000	0%	\$0.240	\$0.240	\$0.000	0%	\$0.240	\$0.00	\$0.240	\$0.00
AD&D Rate / \$1,000	\$0.040	\$0.000	0%	\$0.040	\$0.040	\$0.000	0%	\$0.040	\$0.00	\$0.040	\$0.00
Total Life and AD&D Rate	\$0.280	\$0.000	0%	\$0.280	\$0.280	\$0.000	0%	\$0.280	\$0.00	\$0.280	\$0.00
Estimated Life Volume	\$6,522,500	\$0		\$6,522,500	\$6,522,500	\$0		\$6,522,500	\$0	\$6,522,500	
<b>Monthly Premium</b>	<b>\$1,826</b>	<b>\$0</b>		<b>\$1,826</b>	<b>\$1,826</b>	<b>\$0</b>		<b>\$1,826</b>	<b>\$0</b>	<b>\$1,826</b>	
<b>Annual Premium</b>	<b>\$21,916</b>	<b>\$0</b>		<b>\$21,916</b>	<b>\$21,916</b>	<b>\$0</b>		<b>\$21,916</b>	<b>\$0</b>	<b>\$21,916</b>	
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0	\$0	\$0	
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%	0.0%	0.0%	
Rate Guarantee	Expires 10/31/2023				Expires 10/31/2023						
LTD	The Standard				The Standard						
Class 2 (Police) & Class 3 (All Other)	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
LTD Rate / \$100	\$0.540	\$0.540		\$0.540	\$0.540	\$0.540		\$0.540	\$0.00	\$0.540	\$0.00
Class 2 Estimated LTD Volume	\$178,649	\$178,649	100%	\$0	\$178,649	\$178,649	100%	\$0	\$0.00	\$0.00	\$0.00
Class 3 Estimated LTD Volume	\$384,163	\$0	0%	\$384,163	\$384,163	\$0	0%	\$384,163	\$0.00	\$384,163	\$0.00
<b>Monthly Premium</b>	<b>\$3,039</b>	<b>\$965</b>		<b>\$2,074</b>	<b>\$3,039</b>	<b>\$965</b>		<b>\$2,074</b>	<b>\$0.00</b>	<b>\$2,074</b>	
<b>Annual Premium</b>	<b>\$36,470</b>	<b>\$11,576</b>		<b>\$24,894</b>	<b>\$36,470</b>	<b>\$11,576</b>		<b>\$24,894</b>	<b>\$0.00</b>	<b>\$24,894</b>	
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0	\$0	\$0	
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%	0.0%	0.0%	
Rate Guarantee	Expires 10/31/2023				Expires 10/31/2023						
EAP	The Employee Assistance Program Services				The Standard						
Employee Assistance Program	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
PEPM Enrolled in LTD	98	\$1.25	\$1.25	100%	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00
PEPM Not Enrolled in LTD	119	\$1.25	\$1.25	100%	\$0.00	\$0.35	\$0.35	100%	\$0.00	\$0.00	\$0.00
<b>Monthly Premium</b>	<b>217</b>	<b>\$271</b>	<b>\$271</b>		<b>\$42</b>	<b>\$42</b>		<b>\$0</b>	<b>\$0.18</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Annual Premium</b>	<b>\$3,255</b>	<b>\$3,255</b>		<b>\$0</b>	<b>\$500</b>	<b>\$500</b>		<b>\$0</b>			
\$ Increase / \$ Decrease	-	-		-	-\$2,755	-\$2,755		\$0			
% Increase / % Decrease	-	-		-	-84.6%	-84.6%		0.0%			
Rate Guarantee	Expires 10/31/2021				Expires 10/31/2023						
<b>Total Monthly Premium</b>	<b>\$278,874</b>	<b>\$225,435</b>		<b>\$53,439</b>	<b>\$296,988</b>	<b>\$243,549</b>		<b>\$53,439</b>			
<b>Total Annual Premium</b>	<b>\$3,346,490</b>	<b>\$2,705,217</b>		<b>\$641,273</b>	<b>\$3,563,862</b>	<b>\$2,922,589</b>		<b>\$641,273</b>			
\$ Increase / \$ Decrease	-	-		-	\$217,372	\$217,372		\$0			
% Increase / % Decrease	-	-		-	6.5%	8.0%		0.0%			

**City of Marco Island**  
**Medical Insurance Evaluation**  
**Effective Date: November 1, 2021**

SCHEDULE OF BENEFITS	Current		Renewal	
	Cigna Open Access Plus		Cigna Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Single	\$500	\$1,000	\$500	\$1,000
Family	\$1,000	\$2,000	\$1,000	\$2,000
<b>Annual Out of Pocket Maximum</b>				
Single	\$2,500	\$5,000	\$2,500	\$5,000
Family	\$5,000	\$10,000	\$5,000	\$10,000
Coinsurance (Member Responsibility)	10%	30%	10%	30%
<b>Office Visits</b>				
Primary Care Physician Office Visit	\$20	30% after CYD	\$20	30% after CYD
Specialist Office Visit	\$40	30% after CYD	\$40	30% after CYD
Telemedicine/Virtual Visit	\$20	Not Covered	\$20	Not Covered
Preventive Care Visit	No Charge	30% after CYD	No Charge	30% after CYD
<b>Non Hospital Services</b>				
Independent Clinical Lab	No Charge	30% after CYD	No Charge	30% after CYD
X-rays	No Charge	30% after CYD	No Charge	30% after CYD
Advanced Imaging (CT, PET, MRI)	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	\$50	30% after CYD	\$50	30% after CYD
Outpatient Surgery at Surgical Center	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Physician Services at Surgical Center	10% after CYD	30% after CYD	10% after CYD	30% after CYD
<b>Hospital Services</b>				
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
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room	\$150	\$150	\$150	\$150
<b>Mental Health/Substance Abuse Svcs</b>				
Inpatient Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Facility	10%	30% after CYD	10%	30% after CYD
Outpatient Office Visit	\$20	30% after CYD	\$20	30% after CYD
<b>Prescription Drug Benefit</b>				
Tier 1 Drugs - Generic	\$10	50%	\$10	50%
Tier 2 Drugs - Preferred	\$35	50%	\$35	50%
Tier 3 Drugs - Non Preferred	\$60	50%	\$60	50%
Specialty Drugs & Injectables	Tier 1,2,3	50%	Tier 1,2,3	50%
90 Day Supply - Home Delivery/Retail	\$25 / \$88 / \$150	50%	\$25 / \$88 / \$150	50%
<b>Monthly Rates</b>				
Employee Only	69	\$686.38		\$734.44
Employee + Spouse	35	\$1,526.82		\$1,633.71
Employee + Child(ren)	23	\$1,285.71		\$1,375.72
Employee + Family	62	\$2,112.37		\$2,260.26
<b>Monthly Premium</b>	<b>189</b>	<b>\$261,337</b>		<b>\$279,634</b>
<b>Annual Premium</b>		<b>\$3,136,046</b>		<b>\$3,355,607</b>
<b>\$ Increase / \$ Decrease</b>		-		<b>\$219,560</b>
<b>% Increase / % Decrease</b>		-		<b>7.0%</b>

**City of Marco Island**  
**Dental Insurance Evaluation**  
**Effective Date: November 1, 2021**

<b>SCHEDULE OF BENEFITS</b>	<b>Current</b>	
	<b>The Standard</b>	<b>Plan 3 - 90th/Max</b>
<b>Plan Basics</b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible Type		Calendar Year
Expenses Apply to Benefit Maximum		Type 1, 2, 3
Benefit Maximum	\$1,500 with MaxBuilder \$250 Carryover	
<b>Deductibles</b>		
Single		\$50
Family		\$150
<b>Benefit Payable</b>		
<b>Type 1 – Diagnostic &amp; Preventive</b>		
Routine Oral Exam (2 Per Year)		
Routine Cleanings (2 Per Year)	100%	100%
Bitewing X-rays (1 Per Year)	No Deductible	No Deductible
Complete X-rays (1 Set Every 5 Years)		
<b>Type 2 – Basic Restorative</b>		
Fillings		
Simple Extractions		
Endodontics	80%	80%
Periodontal	After Deductible	After Deductible
Oral Surgery		
Anesthesia		
<b>Type 3 – Major Restorative</b>		
Crowns	50%	50%
Bridges	After Deductible	After Deductible
Dentures		
<b>Type 4 – Orthodontia</b>		
Benefit (Child Only - Up to age 19)	50%	50%
Lifetime Maximum Benefit	No Deductible	No Deductible
		\$1,000
<b>Service Information</b>		
Waiting Period - Timely Entrants		None
Waiting Period - Late Entrant		Type 2, 3, 4: 12 Months
Out of Network Reimbursement Level		90th Percentile
Participation Requirements		10 Enrolled
<b>Rate Guarantee Period</b>	<b>Expires 10/31/2022</b>	
Employee Only	66	\$23.48
Employee + Spouse	46	\$49.98
Employee + Child(ren)	10	\$52.98
Employee + Family	61	\$101.98
<b>Monthly Premium</b>	<b>183</b>	<b>\$10,599</b>
<b>Annual Premium</b>		<b>\$127,192</b>
<b>\$ Increase / \$ Decrease</b>		-
<b>% Increase / % Decrease</b>		-

**City of Marco Island**  
**Voluntary Vision Evaluation**  
**Effective Date: November 1, 2021**

		Current	
SCHEDULE OF BENEFITS		The Standard VSP Choice Network	
Examination		In-Network	Out-of-Network
Eye Exam		\$10	Up to \$45
Contact Lens Exam (Standard Fit/Follow-up)		Up to \$60	Not Covered
Retinal Imaging		Up to \$39	Not Covered
Frequency			
Examination			12 months
Lenses			12 months
Frames			24 months
Contact Lenses			12 months
Lenses		Copay	Reimbursement
Single		\$0	Up to \$30
Bifocal		\$0	Up to \$50
Trifocal		\$0	Up to \$65
Lentical		\$0	Up to \$100
Standard Progressive		Difference between Base & Progressive	Up to \$50
Polycarbonate (up to age 19)		\$0	Not Covered
Frames			
Retail		\$150 allowance, then 20% discount	Up to \$70
Contacts Lenses		In lieu of eyeglasses	
Conventional		\$150 allowance	Up to \$120
Disposable		\$150 allowance	Up to \$120
Non-Elective (Medically Necessary)		No Charge	Up to \$210
Rate Guarantee Period		Expires 10/31/2022	
Employee Only	35		\$5.11
Employee + Spouse	32		\$9.43
Employee + Child(ren)	6		\$9.58
Employee + Family	46		\$17.18
<b>Monthly Premium</b>	<b>119</b>		<b>\$1,328</b>
<b>Annual Premium</b>			<b>\$15,940</b>
<b>\$ Increase / \$ Decrease</b>			-
<b>% Increase / % Decrease</b>			-

**City of Marco Island**  
**Basic Life Insurance Evaluation**  
**Effective Date: November 1, 2021**

	<b>Current</b>	
	<b>The Standard</b>	
<b>Basic Life Benefit</b>		
Class 2 Eligibility: All Full - Time Employees regularly working at least 30 hours per week		\$50,000
<b>Core Benefits</b>		
Waiver of Premium		Included
Accelerated Benefit		Up to 75% of benefit
Age Reduction Schedule		65% at Age 65 50% at Age 70 35% at Age 75
Required Participation		Current Enrollment
<b>Rate Guarantee Period</b>		<b>Expires 10/31/2023</b>
Estimated Benefits Volume		\$6,522,500
Basic Term Life Rate / \$1,000		\$0.240
AD&D Rate / \$1,000		\$0.040
<b>Total Rate / \$1,000</b>		<b>\$0.280</b>
<b>Monthly Premium</b>		<b>\$1,826</b>
<b>Annual Premium</b>		<b>\$21,916</b>
<b>\$ Increase / \$ Decrease</b>		-
<b>% Increase / % Decrease</b>		-

**City of Marco Island****Voluntary Supplemental Life Insurance Evaluation****Effective Date: November 1, 2021**

		<b>Current</b>
		<b>The Standard</b>
<b>Employee Formula</b>		Increments of \$10,000 up to \$300,000
Guarantee Issue		\$80,000
<b>Spouse Formula</b>		Increments of \$5,000 up to \$150,000
Guarantee Issue		\$10,000
<b>Child Formula</b>		\$10,000
Guarantee Issue		\$10,000
<b>Minimum Participation</b>		N/A
<b>Rate Guarantee Period</b>		<b>Expires 10/31/2023</b>
<b>Employee/Spouse Life Rates Per \$1,000</b>		<b>Age Bracket</b>
		Up to 34
		\$0.080
		35-39
		\$0.100
		40-44
		\$0.160
		45-49
		\$0.260
		50-54
		\$0.400
		55-59
		\$0.540
		60-64
		\$0.820
		65-69
		\$1.380
		70-74
		\$2.480
		75+
		\$9.360
		Child(ren)
		\$0.100

Core Benefit	Current	
	The Standard	
Eligibility	Class 2: All Active Full-Time Employees	
Weekly Benefit	60%	
Weekly Maximum Benefit	\$1,000	
Partial Disability	Included	
Elimination Period	30 Days	
Duration of Benefit	180 days	
Current Participation	25% of Eligible Employees	
Rate Guarantee Period	Expires 10/31/2023	
Voluntary STD Rate / \$10 of Benefit	Age Bracket	Rate / \$10
	Up to 29	\$0.340
	30-34	\$0.380
	35-39	\$0.340
	40-44	\$0.360
	45-49	\$0.464
	50-54	\$0.556
	55-59	\$0.778
	60+	\$0.940

**City of Marco Island**  
**Long Term Disability Insurance Evaluation**  
**Effective Date: November 1, 2021**



	<b>Current</b>	<b>The Standard</b>
<b>Core Benefit</b>		
Class 2: Police Officers, Lieutenants, Investigators, and Captains		Non-Contributory
Class 3: All Other Full Time Employees		Voluntary
Elimination Period		180 Days
Monthly Benefit		60%
Maximum Monthly Benefit		\$5,000
Minimum Monthly Benefit		\$100
Own Occupation Period		2 Years
Duration of Benefit		To Age 65
Survivor Benefit		3 x LTD Benefit
<b>Rate Guarantee Period</b>		<b>Expires 10/31/2023</b>
Rate / \$100 of Payroll		\$0.540
Estimated Class 2 Volume		\$178,649
Estimated Class 3 Volume		\$384,163
<b>Monthly Premium</b>		<b>\$3,039</b>
Annual Premium		\$36,470
\$ Increase / Decrease		-
% Increase / Decrease		-

**City of Marco Island**  
**Employee Assistance Program Evaluation**  
**Effective Date: November 1, 2021**

EAP Services	Employee Assistance Program Services	Current		Renewal	
		The Standard		HealthAdvocate	
Eligibility	Employees and their household members			Employees and household family members	
Dedicated Account Manager	Yes			Yes	
Number of Sessions per Employee or Member	3 Face-To-Face Sessions per Year			3 Face-To-Face Sessions per Issue	
Telehealth / Virtual Visits	Not Included			Included in Face-to-Face Sessions	
Training Hours: Manager, Supervisor, and/or Employee	Fee For Service			2 hours Management/Supervisor Orientation Add'l Sessions: \$275/hour plus \$75 travel	
Management Referrals	Included			Included	
Critical Incident Response Debriefing	Fee For Service			10 hours Add'l Sessions: \$275/hour plus travel	
Minimum Level of Intake Staff Education	Master's			Master's	
Frequency of Reporting	Upon Request			Upon Request	
Mobile App	No			No	
Telephonic Consultation and Support	Information Not Provided			24/7/365 access	
Telephonic Work Life Support (i.e., child/elder care, convenience svcs)	Not Included			Included	
Legal Services	Not Included			30-minute consultation, then 25% discount on services	
Financial Services	Not Included			30-minute consultation, then 25% discount on services	
Rate Guarantee	Expires 12/31/2021			Expires 10/31/2023	
Per Employee Per Month Rate	217	\$1.25		Enrolled in LTD	Not Enrolled in LTD
				\$0.00	\$0.35
				98	119
Monthly Premium		\$271		\$42	
Annual Premium		\$3,255		\$500	
\$ Increase / \$ Decrease		-		-\$2,755	
% Increase / % Decrease		-		-84.6%	

**City of Marco Island  
COBRA Administration Evaluation  
Effective Date: November 1, 2021**

<b>Current</b>	
<b>Core Features</b>	<b>Employee Benefits Corporation</b>
<b>Plan Basics</b>	
Notices for all Covered Lines	All COBRA-Eligible Plans
Dedicated Account Manager	Included
Electronic Eligibility File Fees	Included
Web Administration	Included
<b>Notice Fees</b>	
Initial Notice to New Hires (Rate Per Notice)	\$0.00
Blanket Initial Notice to ALL Employees (Rate Per Notice)	\$2.75
Qualifying Event Notices (Rate Per Notice)	\$0.00
<b>Implementation/Renewal Fees</b>	
Cost/packet for Printed Open Enrollment Kits	\$15/Kit
Implementation Fee	\$0.00
Renewal Fee	\$0.00
Takeover fee (0 EEs)	N/A
<b>Monthly Rates</b>	
Per Employee Per Month	\$0.79
Monthly Premium Minimum	\$60
<b>Rate Guarantee</b>	<b>Expires 10/31/2023</b>
<b>Monthly Premium (217 EEs)</b>	<b>\$171</b>
<b>Annual Premium</b>	<b>\$2,057</b>
<b>\$ Increase / \$ Decrease</b>	-
<b>% Increase / % Decrease</b>	-

		<b>Current</b>
<b>FSA Administration</b>		<b>Employee Benefits Corporation</b>
Plan Design Consultation		Included
Enrollment Materials		Included
Plan Documents & Ammendments		Included
Plan Document Ammendments		Included
Discrimination Testing		Included
Section 125 POP		Included
Debit Card		Included
Types of Accounts	Health Care FSA, Dependent Care FSA	
Processing of Claims	Daily	
Payment of Claims	Daily	
Processing of Reimbursements	Check, direct deposit or debit card	
Reporting	Secure online real-time reports	
Participant Communication	Mobile App and Online trackers	
Customer Service	Web-based Account support & Dedicated Account Manager	
Online Service	Included for participants and employer Custom site	
<b>Rate Guarantee</b>		<b>Expires 12/31/2022</b>
Debit Card Fee	Included \$5.00 for second or replacement card	
Debit Card Set-up Fee	None	
One Time Set-up Fee	Waived	
Annual Renewal Fee	Waived	
<b>Per Eligible Employee Per Month Fee</b>	<b>28</b>	<b>\$4.25</b>
<b>Monthly Premium</b>		<b>\$119</b>
<b>Annual Premium</b>		<b>\$1,428</b>
<b>\$ Increase / \$ Decrease</b>		
<b>% Increase / % Decrease</b>		