

**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		
2020-2021					2021-2022				2021-2022		
Cigna					Cigna - No Increase to Employee Contribution				Per Pay (24)		
MEDICAL									Employer	Employee	EE Chg. Amt
Open Access Plus	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
Employee Only 69	\$686.38	\$583.42	85%	\$102.96	\$734.44	\$631.48	86%	\$102.96	\$315.74	\$51.48	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
Monthly Premium 189	\$261,337	\$222,136		\$39,201	\$279,634	\$240,433		\$39,201			
Annual Premium	\$3,136,046	\$2,665,634		\$470,412	\$3,355,607	\$2,885,194		\$470,412			
\$ Increase / \$ Decrease	-	-		-	\$219,560	\$219,560		\$0			
% Increase / % Decrease	-	-		-	7.0%	8.2%		0.0%			
MotiveMe Incentive Program	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
PEPM 189	\$2.50	\$2.50	100%	\$0.00	\$2.75	\$2.75	100%	\$0.00	\$1.38	\$0.00	\$0.00
Monthly Premium	\$473	\$473		\$0	\$520	\$520		\$0			
Annual Premium	\$5,670	\$5,670		\$0	\$6,237	\$6,237		\$0			
\$ Increase / \$ Decrease	-	-		-	\$567	\$567		\$0			
% Increase / % Decrease	-	-		-	10.0%	10.0%		0.0%			
Monthly Premium	\$261,810	\$222,609		\$39,201	\$280,154	\$240,953		\$39,201			
Annual Premium	\$3,141,716	\$2,671,304		\$470,412	\$3,361,844	\$2,891,431		\$470,412			
\$ Increase / \$ Decrease	-	-		-	\$220,127	\$220,127		\$0			
% Increase / % Decrease	-	-		-	7.0%	8.2%		0.0%			
DENTAL	The Standard				The Standard						
DPPO	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only 66	\$23.48	\$3.52	15%	\$19.96	\$23.48	\$3.52	15%	\$19.96	\$1.76	\$9.98	\$0.00
Employee + Spouse 46	\$49.98	\$7.50	15%	\$42.48	\$49.98	\$7.50	15%	\$42.48	\$3.75	\$21.24	\$0.00
Employee + Child(ren) 10	\$52.98	\$7.95	15%	\$45.03	\$52.98	\$7.95	15%	\$45.03	\$3.98	\$22.52	\$0.00
Employee + Family 61	\$101.98	\$15.30	15%	\$86.68	\$101.98	\$15.30	15%	\$86.68	\$7.65	\$43.34	\$0.00
Monthly Premium 183	\$10,599	\$1,590		\$9,009	\$10,599	\$1,590		\$9,009			
Annual Premium	\$127,192	\$19,081		\$108,111	\$127,192	\$19,081		\$108,111			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2022				Expires 10/31/2022						
VISION	The Standard				The Standard						
VSP Choice	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only 35	\$5.11	\$0.00	0%	\$5.11	\$5.11	\$0.00	0%	\$5.11	\$0.00	\$2.56	\$0.00
Employee + Spouse 32	\$9.43	\$0.00	0%	\$9.43	\$9.43	\$0.00	0%	\$9.43	\$0.00	\$4.72	\$0.00
Employee + Child(ren) 6	\$9.58	\$0.00	0%	\$9.58	\$9.58	\$0.00	0%	\$9.58	\$0.00	\$4.79	\$0.00
Employee + Family 46	\$17.18	\$0.00	0%	\$17.18	\$17.18	\$0.00	0%	\$17.18	\$0.00	\$8.59	\$0.00
Monthly Premium 119	\$1,328	\$0		\$1,328	\$1,328	\$0		\$1,328			
Annual Premium	\$15,940	\$0		\$15,940	\$15,940	\$0		\$15,940			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2022				Expires 10/31/2022						

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



	Current				Renewal				Renewal		
	2020-2021				2021-2022				2021-2022		
	The Standard				The Standard						
LIFE and AD&D	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
Life/AD&D											
Life Rate / \$1,000	\$0.240	\$0.000	0%	\$0.240	\$0.240	\$0.000	0%	\$0.240			
AD&D Rate / \$1,000	\$0.040	\$0.000	0%	\$0.040	\$0.040	\$0.000	0%	\$0.040			
Total Life and AD&D Rate	\$0.280	\$0.000	0%	\$0.280	\$0.280	\$0.000	0%	\$0.280			
Estimated Life Volume	\$6,522,500	\$0		\$6,522,500	\$6,522,500	\$0		\$6,522,500			
Monthly Premium	\$1,826	\$0		\$1,826	\$1,826	\$0		\$1,826			
Annual Premium	\$21,916	\$0		\$21,916	\$21,916	\$0		\$21,916			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	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			
LTD Rate / \$100	\$0.540	\$0.540		\$0.540	\$0.540	\$0.540		\$0.540			
Class 2 Estimated LTD Volume	\$178,649	\$178,649	100%	\$0	\$178,649	\$178,649	100%	\$0			
Class 3 Estimated LTD Volume	\$384,163	\$0	0%	\$384,163	\$384,163	\$0	0%	\$384,163			
Monthly Premium	\$3,039	\$965		\$2,074	\$3,039	\$965		\$2,074			
Annual Premium	\$36,470	\$11,576		\$24,894	\$36,470	\$11,576		\$24,894			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	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	\$0.00
PEPM Not Enrolled in LTD 119	\$1.25	\$1.25	100%	\$0.00	\$0.35	\$0.35	100%	\$0.00	\$0.18	\$0.00	\$0.00
Monthly Premium 217	\$271	\$271		\$0	\$42	\$42		\$0			
Annual Premium	\$3,255	\$3,255		\$0	\$500	\$500		\$0			
\$ 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						
Total Monthly Premium	\$278,874	\$225,435		\$53,439	\$296,988	\$243,549		\$53,439			
Total Annual Premium	\$3,346,490	\$2,705,217		\$641,273	\$3,563,862	\$2,922,589		\$641,273			
\$ 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		Cigna	
	Open Access Plus		Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$500	\$1,000	\$500	\$1,000
Family	\$1,000	\$2,000	\$1,000	\$2,000
Annual Out of Pocket Maximum				
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%
Office Visits				
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
Non Hospital Services				
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
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
Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room	\$150	\$150	\$150	\$150
Mental Health/Substance Abuse Svcs				
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
Prescription Drug Benefit				
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%
Monthly Rates				
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
Monthly Premium	189	\$261,337		\$279,634
Annual Premium		\$3,136,046		\$3,355,607
\$ Increase / \$ Decrease		-		\$219,560
% Increase / % Decrease		-		7.0%

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

		Current	
SCHEDULE OF BENEFITS		The Standard Plan 3 - 90th/Max	
Plan Basics		In-Network	Non-Network
Deductible Type		Calendar Year	
Expenses Apply to Benefit Maximum		Type 1, 2, 3	
Benefit Maximum		\$1,500 with MaxBuilder \$250 Carryover	
Deductibles			
Single		\$50	
Family		\$150	
Benefit Payable			
Type 1 – Diagnostic & Preventive			
Routine Oral Exam (2 Per Year)		100% No Deductible	100% No Deductible
Routine Cleanings (2 Per Year)			
Bitewing X-rays (1 Per Year)			
Complete X-rays (1 Set Every 5 Years)			
Type 2 – Basic Restorative			
Fillings		80% After Deductible	80% After Deductible
Simple Extractions			
Endodontics			
Periodontal			
Oral Surgery			
Anesthesia			
Type 3 – Major Restorative			
Crowns		50% After Deductible	50% After Deductible
Bridges			
Dentures			
Type 4 – Orthodontia			
Benefit (Child Only - Up to age 19)		50% No Deductible	50% No Deductible
Lifetime Maximum Benefit			
		\$1,000	
Service Information			
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	
Rate Guarantee Period		Expires 10/31/2022	
Employee Only	66	\$23.48	
Employee + Spouse	46	\$49.98	
Employee + Child(ren)	10	\$52.98	
Employee + Family	61	\$101.98	
Monthly Premium	183	\$10,599	
Annual Premium		\$127,192	
\$ Increase / \$ Decrease		-	
% Increase / % Decrease		-	

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		<i>In lieu of eyeglasses</i>	
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	
Monthly Premium	119	\$1,328	
Annual Premium		\$15,940	
\$ Increase / \$ Decrease		-	
% Increase / % Decrease		-	

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

	Current
	The Standard
Basic Life Benefit	
Class 2 Eligibility: All Full - Time Employees regularly working at least 30 hours per week	\$50,000
Core Benefits	
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
Rate Guarantee Period	Expires 10/31/2023
Estimated Benefits Volume	\$6,522,500
Basic Term Life Rate / \$1,000	\$0.240
AD&D Rate / \$1,000	\$0.040
Total Rate / \$1,000	\$0.280
Monthly Premium	\$1,826
Annual Premium	\$21,916
\$ Increase / \$ Decrease	-
% Increase / % Decrease	-

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

Current	
	The Standard
Employee Formula	Increments of \$10,000 up to \$300,000
Guarantee Issue	\$80,000
Spouse Formula	Increments of \$5,000 up to \$150,000
Guarantee Issue	\$10,000
Child Formula	\$10,000
Guarantee Issue	\$10,000
Minimum Participation	N/A
Rate Guarantee Period	Expires 10/31/2023
Employee/Spouse Life Rates Per \$1,000	Age Bracket Rate/\$1,000
	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

City of Marco Island
Voluntary Short Term Disability Insurance Evaluation
Effective Date: November 1, 2021

Current	
	The Standard
Core Benefit	
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

	Current
	The Standard
Core Benefit	
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
Rate Guarantee Period	Expires 10/31/2023
Rate / \$100 of Payroll	\$0.540
Estimated Class 2 Volume	\$178,649
Estimated Class 3 Volume	\$384,163
Monthly Premium	\$3,039
Annual Premium	\$36,470
\$ Increase / Decrease	-
% Increase / Decrease	-

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

Current		Renewal
EAP Services	Employee Assistance Program Services	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

Current

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

City of Marco Island
Flexible Spending Accounts Evaluation - Calendar Year
Effective Date: January 1, 2022

Current

FSA Administration		Employee Benefits Corporation	
Plan Design Consultation		Included	
Enrollment Materials		Included	
Plan Documents & Amendments		Included	
Plan Document Amendments		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	
Rate Guarantee		Expires 12/31/2022	
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	
Per Eligible Employee Per Month Fee	28	\$4.25	
Monthly Premium		\$119	
Annual Premium		\$1,428	
\$ Increase / \$ Decrease			
% Increase / % Decrease			