City of Opa-locka

Commission Chambers
215 Perviz Avenue
Opa-locka, FL 33054

Virtual Special Commission Meeting Agenda

Thursday, August 27, 2020

5:30 PM

City Commission

Mayor Matthew A. Pigatt
Vice Mayor Chris Davis
Commissioner Sherelean Bass
Commissioner Alvin Burke
Commissioner Joseph L. Kelley

Appointed Officials

City Manager John E. Pate
City Attorney Burnadette Norris-Weeks
City Clerk Joanna Flores, CMC

SPEAKING BEFORE THE CITY COMMISSION

NOTE: All persons speaking shall come forward and give your full name and address, and the name and address of the organization you are representing.

There is a three (3) minute time limit for speaker/citizens forum and participation at all city commission meetings and public hearings. Your cooperation is appreciated in observing the three (3) minute time limit policy. If your matter requires more than three (3) minutes, please arrange a meeting or an appointment with the City Clerk prior to the commission meeting. *City of Opa-locka Code of Ordinances Section 2-57*

DECORUM POLICY

Any person making impertinent or slanderous remarks or who become boisterous while addressing the commission, shall be declared to be out of order by the presiding officer, and shall be barred from further audience before the Commission by the presiding officer, unless permission to continue or again address the commission be granted by the majority vote of the commission members. *City of Opa-locka Code of Ordinances Section 2-58*

NOTICE TO ALL LOBBYISTS

Any person appearing in a paid or remunerated representative capacity before the city staff, boards, committees and the City Commission is required to register with the City Clerk before engaging in lobbying activities. *City of Opa-locka Code of Ordinances Section 2-18*

FLORIDA STATUTES, CHAPTER 285.0105:

"If a person decides to appeal any decision made by the Board, Agency or Commission with respect to the proceedings, and that, for such purpose, that person may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based."

CITY OF OPA-LOCKA
VIRTUAL COMMISSION MEETING PROCEDURES

Pursuant to Governor Ron DeSantis Executive Order Number 20-69, the following rules will ensure that the City Commission Meetings and any other necessary city public meetings, governed by Florida's public meeting laws will provide for necessary public notice, allow for public participation and are conducted in the Sunshine. The following rules shall govern all City of Opa-locka public virtual meetings during the duration of Executive Order Number 20-69.

Virtual public meetings will be aired through Livestream, accessible at: https://www.youtube.com/user/CityofOpaLocka

All residents will be able to view the meeting by tuning in to the link mentioned above. If you have comments you must submit those using the email address provided under the Public Comment section below.

Platform

All City of Opa-locka public meetings shall be conducted via Zoom or other similar platform.

Please note that Governor DeSantis' Executive Order 20-69, suspended the requirement of a quorum to be present in person or requires a local government to meet at a specific public place.

Meeting Notice

The City of Opa-locka will send notice of virtual meetings in the same manner as all other commission meetings. Additionally, the notice will include an email address and telephone number with instructions on providing comments ahead of the meeting.

Public Comments

The public may comment by submitting their comment ahead of the meeting via email to PublicComments@opalockafl.gov. Please be sure to state your full name and address in your email for your comment.

Comments submitted by members of the public by email will be read into the record during the meeting as long as they provide the comments by the deadline, 2 hours prior to the scheduled meeting time. Comments received after the deadline will be kept for the record, but will not be read during the meeting.

The public may also submit a pre-recorded message for public comment by calling (786) 618-2636. Please be sure to clearly state your full name and address in your message for your comment. Messages submitted cannot exceed three (3) minutes.

All pre-recorded messages submitted by members of the public via telephone will be played during the meeting as long as the messages are received by the deadline, 2 hours prior to the scheduled meeting time.

For questions and/or additional information, please contact the Office of the City Clerk at (305) 953-2800 or (786) 877-4038.

CITY OF OPA-LOCKA

"The Great City"

VIRTUAL SPECIAL COMMISSION MEETING
Thursday, August 27, 2020
5:30 PM

AGENDA

1. CALL TO ORDER:

2. ROLL CALL:

3. INVOCATION:

4. PLEDGE OF ALLEGIANCE:

5. PUBLIC INPUT:
(Agenda items only)

6. RESOLUTIONS:

a) A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA AUTHORIZING THE CITY MANAGER TO ENTER INTO A RENEWAL INSURANCE AGREEMENT WITH THE FLORIDA LEAGUE OF CITIES, INC. (ADMINISTRATOR OF THE FLORIDA MUNICIPAL INSURANCE TRUST) FOR PROPERTY, LIABILITY AND WORKERS COMPENSATION INSURANCE FOR FISCAL YEAR 2020-2021, ACCEPTING AND IMPLEMENTING THE REQUIRED CONDITIONS AT A COST OF $2,495,253.00 (TWO MILLION, FOUR HUNDRED NINETY-FIVE THOUSAND, TWO HUNDRED FIFTY-THREE DOLLARS). PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE. *Sponsored by City Manager*

b) A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING THE CITY MANAGER TO ENTER INTO RENEWAL INSURANCE CONTRACTS WITH AVMED, INC. AND METLIFE FOR MEDICAL, DENTAL, AND VISION INSURANCE FOR CITY EMPLOYEES; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE. *Sponsored by City Manager*

7. ADJOURMENT:

Sponsored by: City Manager

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA AUTHORIZING THE CITY MANAGER TO ENTER INTO A RENEWAL INSURANCE AGREEMENT WITH THE FLORIDA LEAGUE OF CITIES, INC. (ADMINISTRATOR OF THE FLORIDA MUNICIPAL INSURANCE TRUST) FOR PROPERTY, LIABILITY AND WORKERS COMPENSATION INSURANCE FOR FISCAL YEAR 2020-2021, ACCEPTING AND IMPLEMENTING THE REQUIRED CONDITIONS AT A COST OF $2,495,253.00 (TWO MILLION, FOUR HUNDRED NINETY-FIVE THOUSAND, TWO HUNDRED FIFTY-THREE DOLLARS). PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, there is a continued need for municipal insurance coverage to include general liability, automobile, property, and workers' compensation for the City of Opa-Locka; and

WHEREAS, the City of Opa-Locka ("City") desires to renew its current Florida Municipal Insurance Trust ("FMIT") policy, administered by the Florida League of Cities, Incorporated; and

WHEREAS, the quote of $2,495,253.00 (Two Million, Four Hundred Ninety-Five Thousand, Two Hundred Fifty-Three Dollars)(attached hereto as Exhibit "A") is $162,708 (One Hundred Sixty-Two Thousand, Seven Hundred Eight Dollars) higher than what was budgeted for Fiscal Year ("FY") 2021 due to the workers' compensation coverage being 20% higher than anticipated; and

WHEREAS, the annual workers' compensation audit in January was being conducted to compare actual wages to the wages provided to FMIT when the workers' compensation rate was initially determined; and

WHEREAS, this year the City received a $262,352.00 (Two Hundred Sixty-Two Thousand, Three Hundred Fifty-Two Dollar) refund since the audit for FY 19 charges indicated wages paid were significantly less than what was originally provided to FMIT. For FY 20-21, the budgeted wages were significantly higher than what is anticipated to be paid. Consequently, it is anticipated that the workers' compensation audit, to be conducted next January, will result in another large refund to the City, eliminating the additional aforementioned additional charges; and

WHEREAS, execution of a renewal insurance agreement with the Florida League of Cities, Incorporated is in the best interest of the City.

NOW THEREFORE, BE RESOLVED BY THE COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA:

Section 1. Adoption of Representations. The recitals to the preamble herein are incorporated by reference.

Section 2. Authorization. The City Commission of the City of Opa-Locka, Florida hereby authorizes the City Manager to enter into a Renewal Agreement between the City of Opa-Locka and the Florida League of Cities, Incorporated for municipal insurance coverage to include general liability, automobile, property, and workers' compensation for the City of Opa-Locka. The City Manager and other proper City Officials are hereby authorized to execute any required documents in order to implement the intent of this resolution.

Section 4. Scrivener's Errors. Sections of this Resolution may be renumbered or re-lettered and corrections of typographical errors which do not affect the intent may be authorized by the City Manager or the City Manager's designee, without the need of a public hearing, by filing a corrected copy of same with the City Clerk.

Section 5. Effective Date. This Resolution shall take effect immediately upon adoption and is subject to the approval of the Governor or his designee.

PASSED AND ADOPTED this _____ day of _____, 2020.

_____
Matthew Pigatt, Mayor

Attest to:

_____
Joanna Flores
City Clerk

Approved as to form and legal sufficiency:

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Burke	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Vice-Mayor Davis	_____ (Yes)	_____ (No)
Mayor Pigatt	_____ (Yes)	_____ (No)

City of Opa-locka
Agenda Cover Memo

Department Director:	Kierra Ward, MBA			**Department Director Signature:**			
City Manager:	John E. Pate			**CM Signature:**	John E. Pate		
Commission Meeting Date:	*8/27/2020*		**Item Type:** *(Enter X in box)*	**Resolution**	**Ordinance**		**Other**
				X			
Fiscal Impact: *(Enter X in box)*	**Yes**	**No**	**Ordinance Reading:** *(Enter X in box)*		**1st Reading**		**2nd Reading**
	X		**Public Hearing:** *(Enter X in box)*		**Yes**	**No**	**Yes**	**No**
						X		**X**
Funding Source: *Account#* **:**	*(Enter Fund & Dept)* Ex: 84-513451		**Advertising Requirement:** *(Enter X in box)*		**Yes**		**No**
							X
Contract/P.O. Required: *(Enter X in box)*	**Yes**	**No**	**RFP/RFQ/Bid#:**				
	X						
Strategic Plan Related *(Enter X in box)*	**Yes**	**No**	**Strategic Plan Priority Area:** **Enhance Organizational** ☐ **Bus. & Economic Dev** ☐ **Public Safety** ☐ **Quality of Education** ☐ **Qual. of Life & City Image** ☐ **Communcation** ☐		**Strategic Plan Obj./Strategy:** *(list the specific objective/strategy this item will address)*		
Sponsor Name	City Manager		**Department:**		City Manager		

Short Title:

A resolution authorizing the City Manager to renew the City's insurance coverage with the Florida Municipal Insurance Trust (FMIT)

Staff Summary:

It is in the best interest of the City to renew the contract with FMIT for the City's property, liability, vehicle and workers' compensation insurance.

Financial Impact – The quote of $2,495,253 is $162,708 higher than was budgeted for FY 21 due to the workers' compensation portion being 20% higher than anticipated. However, there is a workers's compensation audit each January to compare actual wages to the wages provided to FMIT when the workers' compensation rate was initially determined. This year the City received a $262,352 refund since the the audit for FY 19 charges indicated wages paid were significantly less than were originally provided to FMIT. For FY 20, budgeted wages were significantly higher than what will be paid. Consequently, it is anticipated that the workers's compensation audit to be conducted next January will result in another large refund to the City,

eliminating the additional charges indicated at the beginning of this section. It should be noted that the workers' compensation quote is based on a rolling average three-year average, in this case based on FY 17 to FY 19. FY 17 was a particularly bad year for the City in regard to workers' compensation. It will drop out of the three-year rolling average next year, resulting in a much more favorable charge to the City. This expense is budgeted in Account 84-513451.

Proposed Action:

Staff recommends approval.

Attachment:

Renewal Quote.

Memorandum

TO:	**Mayor**	**Matthew A. Pigatt**
	Vice-Mayor	**Chris Davis**
	Commissioner	**Sherelean Bass**
	Commissioner	**Alvin Burke**
	Commissioner	**Joseph Kelley**

FROM: **John E. Pate- City Manager**

DATE: **August 21, 2020**

RE: **Liability Insurance Renewal – Florida League of Cities 2020/2021.**

Request: **A RESOLUTION OF THE CITY OF OPA-LOCKA, FLORIDA AUTHORIZING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH THE FLORIDA LEAGUE OF CITIES, FLORIDA MUNICIPAL TRUST, FOR PROPERTY, LIABILITY AND WORKERS COMPENSATION INSURANCE FOR FISCAL YEAR 2020-2021, ACCEPTING AND IMPLEMENTING THE REQUIRED CONDITIONS AT A COST OF $2,495,253.**

Description: The City's renewal with the Florida League of Cities has been increased to an annual amount of $2,495,253. A resolution of the City Commission of Opa-locka, Florida authorizes the City Manager to enter into an agreement with The Florida League of Cities for Property, Liability, and Workers Compensation.

Financial Impact: The annual premium is $2,495,253.

Implementation Timeline: October 1, 2020- September 30, 2021

Legislative History: Resolution NO. 19-9697

Recommendation(s): Staff recommends approval.

Attachments: Premium Renewal Summary from Michael Morrill of Florida League of Cities

PREPARED BY: Kierra Ward, MBA
Human Resources Director

FMIT FLORIDA MUNICIPAL INSURANCE TRUST

*Protecting the **Communities** We Call **Home***

RENEWAL QUOTE FOR 2020-2021

City of Opa-Locka

FMIT 0435

Coverage		Deductible	Limit	Premium
General/Professional Liability Deductible Stoploss Amount		$25,000 $184,132	$1,000,000	$1,307,920
Automobile Liability Deductible Stoploss Amount		$25,000 $75,000	$1,000,000	$61,993
Automobile Physical Damage		Per Schedule		$42,027
Property		$2,500	$20,096,423	$149,613
Workers' Compensation Experience Modification	1.98	$0 10/1/20	Total Payroll $6,769,987	$933,700

TOTAL FMIT PREMIUM **$2,495,253**

*Includes: Drug Free Credit: No
Safety Credit: No

Note: Coverage summaries provided herein are intended as an outline of coverage only and are necessarily brief. In the event of loss, all terms, conditions, and exclusions of actual Agreement and/or Policies will apply.

Sponsored by: City Manager

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING THE CITY MANAGER TO ENTER INTO RENEWAL INSURANCE CONTRACTS WITH AVMED, INC. AND METLIFE FOR MEDICAL, DENTAL, AND VISION INSURANCE FOR CITY EMPLOYEES; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, there is a continued need for municipal health insurance coverage for City of Opa-Locka ("City") employees; and

WHEREAS, the Human Resources Department has worked diligently with the City's Agent of Records firm to assess the existing group insurance policies and proposed premium rates from other carriers (See Exhibit "A" Presentation). Staff has recommended to renew coverage with the current carriers; and

WHEREAS, the City desires to renew its current AvMed, Inc. and Metlife policies for medical, dental, and vision insurance for City employees and their dependents; and

WHEREAS, it is in the best interest of the City to renew the contracts with AvMed and Metlife as the City's benefits providers.

NOW THEREFORE, BE RESOLVED BY THE COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA:

Section 1. The recitals to the preamble herein are incorporated by reference.

Section 2. The City Commission of the City of Opa-Locka, Florida hereby authorizes the City Manager to enter into Renewal Contracts, between the City of Opa-Locka, AvMed, Inc., and Metlife for medical, dental, and vision insurance coverage for City employees and dependents.

Section 3. The City Manager and Proper City Officials are hereby authorized to execute any required documents in order to implement the intent of this resolution.

Section 4. Sections of this Resolution may be renumbered or re-lettered and corrections of typographical errors which do not affect the intent may be

authorized by the City Manager or the City Manager's designee, without the need of a public hearing, by filing a corrected copy of same with the City Clerk.

PASSED AND ADOPTED this _____ day of _____, 2020.

_____
Matthew Pigatt, Mayor

Attest to:

_____
Joanna Flores
City Clerk

Approved as to form and legal sufficiency:

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Burke	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Vice-Mayor Davis	_____ (Yes)	_____ (No)
Mayor Pigatt	_____ (Yes)	_____ (No)

City of Opa-locka
Agenda Cover Memo

Department Director:	Kierra Ward, MBA			**Department Director Signature:**			
City Manager:	John E. Pate			**CM Signature:**	John E. Pate		
Commission Meeting Date:	*8/27/2020*		**Item Type:** *(Enter X in box)*	**Resolution**	**Ordinance**		**Other**
				X			
Fiscal Impact: *(Enter X in box)*	**Yes**	**No**	**Ordinance Reading:** *(Enter X in box)*		**1st Reading**		**2nd Reading**
	X		**Public Hearing:** *(Enter X in box)*		**Yes**	**No**	**Yes**	**No**
						X		**X**
Funding Source: *Account#* **:**	*(Enter Fund & Dept)* Ex:		**Advertising Requirement:** *(Enter X in box)*		**Yes**		**No**
							X
Contract/P.O. Required: *(Enter X in box)*	**Yes**	**No**	**RFP/RFQ/Bid#:**				
	X						
Strategic Plan Related *(Enter X in box)*	**Yes**	**No**	**Strategic Plan Priority Area:** **Enhance Organizational** ☐ **Bus. & Economic Dev** ☐ **Public Safety** ☐ **Quality of Education** ☐ **Qual. of Life & City Image** ☐ **Communcation** ☐		**Strategic Plan Obj./Strategy:** *(list the specific objective/strategy this item will address)*		
Sponsor Name	City Manager		**Department:**		City Manager		

Short Title:

A resolution authorizing the City Manager to enter into an agreement with AvMed, Metlife, and American Public Life for the City Employee's health, vision and dental plans.

Staff Summary:

It is in the best interest of the City to renew the contract with the AvMed, Metlife, and American Public Life Insurance Companies.

Financial Impact – This expense was budgeted for a 10% increase in the FY 21 budget whereas it is indicated that the proposed rates are unchanged from FY 20. This will result in a $91,327 savings to the FY 21 budget with $74,488 of savings in the General Fund and $16,839 of savings in the Enterprise Funds. This budget appears in each division having personnel with the account number XX-XXX230 where the first five numbers vary by division.

Proposed Action:

Staff recommends approval.

Attachment:

Renewal Quote.

Memorandum

TO:	**Mayor**	**Matthew A. Pigatt**
	Vice-Mayor	**Chris Davis**
	Commissioner	**Sherelean Bass**
	Commissioner	**Alvin Burke**
	Commissioner	**Joseph Kelley**

FROM: **John E. Pate, City Manager**

DATE: **August 21, 2020**

RE: **Proposed Health, Dental, Vision Carrier for Fiscal Year 2020/2021.**

Request: **A RESOLUTION OF THE CITY OF OPA-LOCKA, FLORIDA AUTHORIZING THE CITY MANAGER TO SELECT AVMED HEALTH PLAN AS THE PROVIDER FOR THE CITY OF OPA-LOCKA HEALTH PLAN, METLIFE AS THE PROVIDER FOR THE CITY OF OPA-LOCKA'S DENTAL AND VISION GROUP PLANS, FOR THE BENEFIT YEAR BEGINNING OCTOBER 1, 2020 EXPIRING SEPTEMBER 30, 2021.**

Description: The Human Resources Department has worked diligently with the City's Agent of Records, Sapoznik Insurance and Associates, Inc to assess the existing group insurance policies and proposed premium rates from other carriers. Staff has recommended to renew with the current carriers. A resolution of the City Commission of Opa-locka, Florida authorizes the City Manager to enter into an agreement with AvMed and Metlife for the medical, dental, and vision group plans, respectively.

Financial Impact: This item is estimated to present an annual cost of $759,148, and is subject to change upon employee dependant coverage election. This item is currently included in the proposed budget and is less than the proposed allocated amount.

Implementation Timeline: October 1, 2020- September 30, 2021

Legislative History: Resolution NO. 19-9696

Recommendation(s): This approval is based on staff's analysis of the proposed services, providers, and costs. Additionally, the City is proposing to renew the agreement with AvMed and MetLife for the FY 2020-21 Benefit Year.

Analysis: Staff has analyzed the results of the competitive Bid Process for Insurance Carriers facilitated by the City's current Agent of Records Sapoznik Insurance and Associates. It has been determined that it would be in the City's best interest to renew the contract with the current carriers.

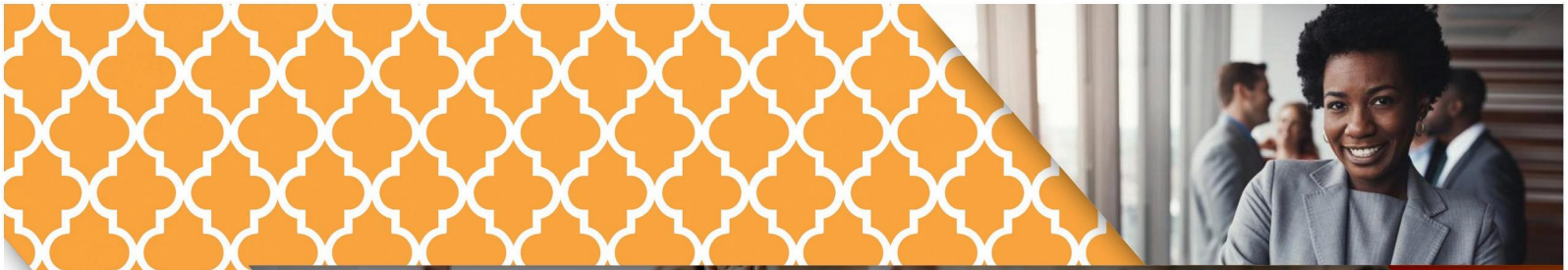
Sapoznik has successfully negotiated the initial renewal of 7.98 % increase with AvMed to a rate pass. The renewal of this plan will present no fiscal impact to the City's budget and would allow the reallocation of funding that was anticipated to absorb the increase projected.

Although the City has two open large claims in excess of $50,000, the continued relationship with AvMed has presented an opportunity to utilize the same benefit plans with no fiscal increase. Metlife also provided a rate pass for the renewal of the dental and vision insurance with no increase.

The packet attached identifies additional quotes and plans received and formal declination letters from carriers that declined to provide a quote.

Attachments: Plan design and Insurance Bid Results

PREPARED BY: Kierra Ward, MBA
Human Resources Director



2020–2021 EMPLOYEE BENEFITS PRESENTATION

sapoznik.
WHERE HEALTH BENEFITS

Presented By:
Rachel Sapoznik
President & CEO

Eugene Mintze III
VP, Benefits Consultant

1-877-948-8887
www.sapoznik.com

Exhibit #1

Medical Claims

CITY OF OPA LOCKA

Month	# of Contracts	# of Members	Premium	Capitation	Hospital	Outpatient	ER	Specialty	PCP	Other	Pharmacy	Medical	TotalCost	MLR
07/2018	129	216	$70,748.69	$1,512.00	$1,220.17	$15,324.49	$729.90	$6,278.08	$1,823.00	$7,337.11	$7,676.28	$32,712.75	$41,901.03	
08/2018	126	210	$69,226.79	$1,470.00	$0.00	$22,647.09	$480.00	$6,800.88	$2,266.53	$9,460.01	$4,708.05	$41,654.51	$47,832.56	
09/2018	123	207	$68,056.10	$1,449.00	$0.00	$5,481.32	$899.20	$1,727.39	$1,078.18	$6,029.54	$5,303.39	$15,215.63	$21,968.02	
10/2018	127	208	$72,456.35	$1,456.00	$15,011.48	$42,909.70	$3,025.15	$6,525.83	$2,155.33	$8,866.63	$4,670.70	$78,494.12	$84,620.82	
11/2018	123	204	$70,817.99	$1,428.00	$17,385.00	$4,260.82	$1,772.79	$2,957.11	$1,627.03	$14,856.24	$10,374.54	$42,858.99	$54,661.53	
12/2018	122	201	$69,179.64	$1,407.00	$118,099.02	$40,855.24	-$2,111.50	$8,318.12	$3,402.97	$8,020.68	$18,060.35	$176,584.53	$196,051.88	
01/2019	119	197	$68,401.42	$1,379.00	$0.00	$7,049.72	$5,862.80	$6,339.99	$1,834.98	$1,703.37	$8,192.28	$22,790.86	$32,362.14	
02/2019	121	198	$69,220.60	$1,386.00	$26,409.05	$48,088.30	$0.00	$5,955.19	$1,635.63	$6,502.51	$6,086.36	$88,590.68	$96,063.04	
03/2019	118	191	$67,131.70	$1,337.00	$17,967.58	$56,862.80	$2,862.85	$5,728.27	$3,430.24	$8,480.29	$18,422.53	$95,332.03	$115,091.56	
04/2019	118	189	$66,353.48	$1,323.00	$691.35	$26,238.84	$1,162.00	$4,944.60	$2,458.85	$7,444.83	$7,199.08	$42,940.47	$51,462.55	
05/2019	118	189	$66,353.48	$1,323.00	$0.00	$17,483.18	$0.00	$7,813.85	$1,740.77	$10,808.98	$19,583.91	$37,846.78	$58,753.69	
06/2019	118	188	$65,943.89	$1,316.00	$630.79	$25,614.82	$1,515.00	$5,415.19	$2,807.28	$9,747.31	$13,506.46	$45,730.39	$60,552.85	
07/2019	119	189	$66,722.11	$1,323.00	$9,899.99	$38,725.27	$365.77	$11,430.91	$2,128.51	$10,560.57	$8,586.57	$73,111.02	$83,020.59	
08/2019	123	193	$68,360.47	$1,351.00	$305.00	$4,329.38	$0.00	$2,573.77	$1,646.53	$6,370.08	$3,513.51	$15,224.76	$20,089.27	
09/2019	122	192	$67,950.88	$1,344.00	$0.00	$50,895.00	$2,245.00	$4,254.68	$1,597.60	$3,233.03	$4,163.90	$62,225.31	$67,733.21	
10/2019	122	196	$72,367.59	$1,372.00	$26,310.38	$35,936.69	$0.00	$5,272.23	$1,426.34	$10,266.14	$20,981.53	$79,211.78	$101,565.31	
11/2019	121	196	$71,936.06	$1,372.00	$7,849.18	$36,093.17	$3,989.04	$8,431.82	$2,534.98	$4,601.02	$2,474.82	$63,499.21	$67,346.03	
12/2019	118	192	$70,554.08	$1,344.00	$0.00	$19,411.54	$1,924.18	$3,226.31	$3,632.11	$5,903.19	$12,016.27	$34,097.33	$47,457.60	
01/2020	119	193	$70,985.61	$1,351.00	$0.00	$14,436.78	$782.69	$1,700.12	$694.19	$2,934.86	$6,064.44	$20,548.64	$27,964.08	
02/2020	119	194	$71,417.14	$1,358.00	$4,972.00	$21,169.70	$1,238.44	$3,933.85	$1,100.53	$5,672.45	$2,959.64	$38,086.97	$42,404.61	
03/2020	119	194	$71,417.14	$1,358.00	$0.00	$16,388.84	$1,571.74	$4,122.35	$2,034.21	$24,441.62	$11,880.77	$48,558.76	$61,797.53	
04/2020	120	196	$71,805.52	$1,372.00	$0.00	$35,444.74	-$14.00	$6,207.89	$924.03	$3,253.82	$10,577.55	$45,816.48	$57,766.03	
05/2020	121	198	$72,625.43	$1,386.00	$0.00	$25,984.56	$800.00	$2,056.53	$1,365.10	$869.59	$4,780.57	$31,075.78	$37,242.35	
06/2020	122	198	$73,056.96	$1,386.00	$84,781.14	$15,787.60	$3,339.68	$3,848.20	$1,631.31	$3,762.27	$3,803.94	$113,150.20	$118,340.14	

High Cost Claimants Report

CITY OF OPA LOCKA

Members with >$50,000 in Total Paid Claims

Paid Dates: 07/2019 through 06/2020

Rank	Most Costly Medical ICD-9 Diagnosis	Pharmacy	Medical	Total Expenses	Member Status
1	10.1 DISEASES OF THE URINARY SYSTEM	$2,378.59	$182,393.03	$184,771.62	Active
2	16.2 FRACTURES	$40.49	$90,490.66	$90,531.15	Active

*Above data excludes capitation costs

Prepared by: Group Analytics

Source: AvMed Enterprise Data Warehouse

This report is based on paid claims and is intended to provide clients with information regarding the total amount of paid claims for their high cost claimants at a specific point in time. For experience-rated groups, the actual amount pooled as part of their renewal rate development may vary in both the time frame and the data incorporated.

Exhibit #2

AvMed
Current/Renewal

877.948.8887
www.sapoznik.com

AvMed - Current/Renewal

Carrier Name		AvMed				AvMed			AvMed		
Plan Name		HMO OA 7254 Renewal: HMO OA 7422				Choice 6083/4010			Choice 7470		
Network Access		In Network Only				In Network	PHCS	Out of Network	In Network	PHCS	Out of Network
Deductible											
Deductible		$5000/$10000				$3000/$6000	$4500/$9000	$6000/$12000	$2500/$5000		$7500/$15000
Member Co-Insurance		20%				15%		40%	10%		40%
Max Benefits											
Out of Pocket Maximum		$6850/$13700				$4000/$8000	$6000/$12000	$8000/$16000	$6500/$13000		$19500/$39000
Lifetime max		Unlimited				Unlimited			Unlimited		
Physician Office Services											
Physician		$25				$25		40% After Ded	$25		40% After Ded
Specialist		$50				$50		40% After Ded	$50		40% After Ded
Preventive Care		Covered 100%				Covered 100%		40%	Covered 100%		40% After Ded
Diagnostic Services											
Independent Clinical Lab		Partic: Covered 100% All Others: $25				Partic: Covered 100% All Others: 15% After Ded	15% After Ded	40% After Ded	Partic: Covered 100% All Others: $50		40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans		Indp: $250 / All Others: $500 Renewal: All Others: $500 After Ded				15% After Ded		40% After Ded	Indp: $200 All Others: $400 After Ded		40% After Ded
ER and Urgent Care											
Emergency Room		$500				$100			$350		
Urgent Care		$75/$25				$40/$25		$60	$75/$25		40% After Ded
Outpatient & Inpatient Services											
Outpatient Surgery- Hospital & Ambulatory Surgical Center (ACS)		20% After Ded				15% After Ded		40% After Ded	10% After Ded		40% After Ded
Inpatient Hospital		20% After Ded				$250 Per Day 5 Day Max		40% After Ded	10% After Ded		40% After Ded
Provider Services Inpatient Hospital		20% After Ded				Covered 100%		40% After Ded	10% After Ded		40% After Ded
Pharmacy Services											
Prescription		$10/35/75; 30%/30% After $250/$500 Ded Renewal: $10/35/75; 30%/30% After Ded				$20/40/60/75/50%	NC		$10/25/50/100; 30% After $500/$1000 Ded		NC
Total Enrolled:		**Current**	**Renewal**	**Negotiated**		**Current**			**Renewal**		**Negotiated**
Employee	94	$431.53	$465.95	$446.69	0	$612.66			$567.69		$546.67
Employee/Spouse	0	$863.06	$931.89	$897.38	0	$1,225.31			$1,135.38		$1,093.34
Employee/Child(ren)	13	$819.91	$885.30	$852.51	1	$1,164.05			$1,078.62		$1,038.67
Employee/Family	9	$1,337.74	$1,444.43	$1,390.94	0	$1,899.24			$1,759.85		$1,694.67
Comments	**116**	Current	7.98%	3.68%	**1**	Current			-7.34%		-10.77%
Monthly Total		**$63,262.31**	**$68,308.07**	**$65,589.95**		**$1,164.05**			**$1,078.62**		**$1,038.67**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

AvMed - Current/Renewal

Carrier Name		AvMed					AvMed			AvMed		
Plan Name		HMO OA 7254 Renewal: HMO OA 7422					Choice 6083/4010			Choice 7470		
Network Access		In Network Only					In Network	PHCS	Out of Network	In Network	PHCS	Out of Network
Deductible												
Deductible		$5000/$10000					$3000/$6000	$4500/$9000	$6000/$12000	$2500/$5000		$7500/$15000
Member Co-Insurance		20%					15%		40%	10%		40%
Max Benefits												
Out of Pocket Maximum		$6850/$13700					$4000/$8000	$6000/$12000	$8000/$16000	$6500/$13000		$19500/$39000
Lifetime max		Unlimited					Unlimited			Unlimited		
Physician Office Services												
Physician		$25					$25		40% After Ded	$25		40% After Ded
Specialist		$50					$50		40% After Ded	$50		40% After Ded
Preventive Care		Covered 100%					Covered 100%		40%	Covered 100%		40% After Ded
Diagnostic Services												
Independent Clinical Lab		Partic: Covered 100% All Others: $25					Partic: Covered 100% All Others: 15% After Ded	15% After Ded	40% After Ded	Partic: Covered 100% All Others: $50		40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans		Indp: $250 / All Others: $500 Renewal: All Others: $500 After Ded					15% After Ded		40% After Ded	Indp: $200 All Others: $400 After Ded		40% After Ded
ER and Urgent Care												
Emergency Room		$500					$100			$350		
Urgent Care		$75/$25					$40/$25		$60	$75/$25		40% After Ded
Outpatient & Inpatient Services												
Outpatient Surgery- Hospital & Ambulatory Surgical Center (ACS)		20% After Ded					15% After Ded		40% After Ded	10% After Ded		40% After Ded
Inpatient Hospital		20% After Ded					$250 Per Day 5 Day Max		40% After Ded	10% After Ded		40% After Ded
Provider Services Inpatient Hospital		20% After Ded					Covered 100%		40% After Ded	10% After Ded		40% After Ded
Pharmacy Services												
Prescription		$10/35/75; 30%/30% After $250/$500 Ded Renewal: $10/35/75; 30%/30% After Ded					$20/40/60/75/50%	NC		$10/25/50/100; 30% After $500/$1000 Ded	NC	
Total Enrolled:		**Current**	**Renewal**	**Negotiated**	**Cost Shift**		**Current**			**Renewal**	**Negotiated**	**Cost Shift**
Employee	94	$431.53	$465.95	$446.69	$431.53	0	$612.66			$567.69	$546.67	$525.76
Employee/Spouse	0	$863.06	$931.89	$897.38	$863.06	0	$1,225.31			$1,135.38	$1,093.34	$1,051.52
Employee/Child(ren)	13	$819.91	$885.30	$852.51	$819.91	1	$1,164.05			$1,078.62	$1,038.67	$998.95
Employee/Family	9	$1,337.74	$1,444.43	$1,390.94	$1,337.74	0	$1,899.24			$1,759.85	$1,694.67	$1,629.86
Comments	**116**	Current	7.98%	3.68%	0.00%	**1**	Current			-7.34%	-10.77%	-14.18%
Monthly Total		**$63,262.31**	**$68,308.07**	**$65,589.95**	**$63,262.31**		**$1,164.05**			**$1,078.62**	**$1,038.67**	**$998.95**

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AvMed - Alternates

Carrier Name		AvMed	AvMed		AvMed			AvMed		
Plan Name		HMO OA 7254 Renewal: HMO OA 7422	HMO OA 7424		Choice 6083/4010			Choice 7470		
Network Access		In Network Only	In Network Only		In Network	PHCS	Out of Network	In Network	PHCS	Out of Network
Deductible										
Deductible		$5000/$10000	$5000/$10000		$3000/$6000	$4500/$9000	$6000/$12000	$2500/$5000		$7500/$15000
Member Co-Insurance		20%	20%		15%		40%	10%		40%
Max Benefits										
Out of Pocket Maximum		$6850/$13700	$7550/$15100		$4000/$8000	$6000/$12000	$8000/$16000	$6500/$13000		$19500/$39000
Lifetime max		Unlimited	Unlimited		Unlimited			Unlimited		
Physician Office Services										
Physician		$25	$35		$25		40% After Ded	$25		40% After Ded
Specialist		$50	$70		$50		40% After Ded	$50		40% After Ded
Preventive Care		Covered 100%	Covered 100%		Covered 100%		40%	Covered 100%		40% After Ded
Diagnostic Services										
Independent Clinical Lab		Partic: Covered 100% All Others: $25	Partic: Covered 100% All Others: $25		Partic: Covered 100% All Others: 15% After Ded	15% After Ded	40% After Ded	Partic: Covered 100% All Others: $50		40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans		Indp: $250 / All Others: $500 Renewal: All Others: $500 After Ded	Indp: $250 All Others: $500 After Ded		15% After Ded		40% After Ded	Indp: $200 All Others: $400 After Ded		40% After Ded
ER and Urgent Care										
Emergency Room		$500	$500		$100			$350		
Urgent Care		$75/$25	$75/$35		$40/$25		$60	$75/$25		40% After Ded
Outpatient & Inpatient Services										
Outpatient Surgery- Hospital & Ambulatory Surgical Center (ACS)		20% After Ded	20% After Ded		15% After Ded		40% After Ded	10% After Ded		40% After Ded
Inpatient Hospital		20% After Ded	20% After Ded		$250 Per Day 5 Day Max		40% After Ded	10% After Ded		40% After Ded
Provider Services Inpatient Hospital		20% After Ded	20% After Ded		Covered 100%		40% After Ded	10% After Ded		40% After Ded
Pharmacy Services										
Prescription		$10/35/75; 30%/30% After $250/$500 Ded Renewal: $10/35/75; 30%/30% After Ded	$10/25/50/100; 30% After $500/$1000 Ded		$20/40/60/75/50%	NC		$10/25/50/100; 30% After $500/$1000 Ded	NC	

Total Enrolled:		**Current**	**Negotiated**	**Negotiated Alternate**		**Current**	**Negotiated**
Employee	94	$431.53	$446.69	$436.38	0	$612.66	$546.67
Employee/Spouse	0	$863.06	$897.38	$872.76	0	$1,225.31	$1,093.34
Employee/Child(ren)	13	$819.91	$852.51	$829.12	1	$1,164.05	$1,038.67
Employee/Family	9	$1,337.74	$1,390.94	$1,352.78	0	$1,899.24	$1,694.67
Comments	**116**	Current	3.68%	1.12%	**1**	Current	-10.77%
Monthly Total		**$63,262.31**	**$65,589.95**	**$63,973.30**		**$1,164.05**	**$1,038.67**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

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Exhibit #4

Gap

City Of Opa-Locka

October 1, 2020

Gap

Carrier		APL	TransAmerica	TransAmerica
Plan Name		**Inpatient: Up to $3,000 Outpatient: Up to $1,000**	**Inpatient: Up to $3,000 Outpatient: Up to $1,500**	**Inpatient: Up to $4,000 Outpatient: Up to $4,000**
Rate Structure		**Composite**	**Composite**	**Composite**
Contribution		**Voluntary**	**Employer Paid- Participation 100% Voluntary- Participation 50%**	**Employer Paid- Participation 100% Voluntary- Participation 50%**
Premium Breakdown		**Current/Renewal**		
Employee	47	$41.25	$41.17	$59.01
Employee/Spouse	7	$93.53	$88.51	$126.65
Employee/Child(ren)	9	$70.38	$72.57	$103.42
Employee/Family	9	$122.65	$128.52	$188.82
Comments	**72**	Rate Pass		
Monthly Total		**$4,330.73**		
Plan Provisions		**$300 ER Deductible**		

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

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AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®

JUNE 29, 2020

CITY OF OPA LOCKA
780 FISHERMAN ST
OPA LOCKA, FL 33054

RE: Group # 17672

Dear Group Administrator:

Your MEDlink® Series Supplemental Limited Benefit Medical Expense Insurance plan will renew on OCTOBER 01, 2020. Your current rates will not change if you renew your current plan design with no change in benefits, riders or contribution strategy. Please contact your broker for assistance in reviewing the attached renewal documents.

Your renewal is contingent upon:

1. meeting and maintaining the required participation *(groups not meeting participation at renewal are subject to termination)*

2. your broker returning, and Underwriting approving, the completed APL Group Coverage & Participation Form *(APL reserves the right to adjust premium, decline coverage or non-renew based on review of submitted form)*

3. your current plan meeting the size classification guidelines per Florida regulation

If we do not receive your information by OCTOBER 01, 2020, billing, for the above referenced product, will be suspended until your plan is renewed. Claims, for the above referenced product, with a date of service of OCTOBER 01, 2020 and later will also be suspended until your plan is renewed.

Thank you for doing business with APL. We appreciate the opportunity to provide you and your employees with this valuable benefit.

Sincerely,

American Public Life Insurance Company

cc: RACHEL SAPOZNIK
THE SOUTHERN REGION LLC

Renewal Information

Group Name: CITY OF OPA LOCKA

Group Number: 17672

Renewal Effective Date: October 1, 2020

Current Plan 1 – MEDlink® Select Voluntary

Family Benefit Max	In-Hospital Benefit	In-Hospital Benefit Type	Outpatient Benefit	Outpatient Benefit Type	ER Deductible	ER Deductible Type	ER Deductible Waived Acc		
$9,000	$3,000	CY	$1,000	CY	$300	PO	No		

Current Rates Plan 1 – MEDlink® Select Voluntary

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Ages 18-99	$41.25	$93.53	$70.38	$122.65

Renewal Information

Group Name: CITY OF OPA LOCKA

Group Number: 17672

Renewal Effective Date: October 1, 2020

Renewal Plan 1 – MEDlink® Select Voluntary

Family Benefit Max	In-Hospital Benefit	In-Hospital Benefit Type	Outpatient Benefit	Outpatient Benefit Type	ER Deductible	ER Deductible Type	ER Deductible Waived Acc		
$9,000	$3,000	CY	$1,000	CY	$300	PO	No		

Renewal Rates Plan 1 – MEDlink® Select Voluntary

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Ages 18-99	$41.25	$93.53	$70.38	$122.65

HELPING WITH YOUR MEDICAL COSTS

***TRANSCONNECT*® WITH OUTPATIENT LAB RIDER FOR FLORIDA SUPPLEMENTAL MEDICAL EXPENSE INSURANCE**

TransConnect for Florida, underwritten by Transamerica Life Insurance Company

Andrea was involved in a serious car accident. After the whirlwind of the ambulance ride, ER, surgery, and hospital stay, she's nervous about how much her major medical insurance will pay. It's a relief to remember that she signed up for *TransConnect* which can pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

MONTHLY PREMIUM	
You	**$41.17**
You and your spouse	**$88.51**
You and your child(ren)	**$72.57**
You, your spouse and your child(ren)	**$128.52**

Visit:
transamerica.com

Customer Service:
888-763-7474

INPATIENT HOSPITAL BENEFITS **$3000**

Your policy pays benefits for inpatient hospital stays, inpatient procedures, inpatient physician charges, and even routine nursery care for dependent children. Your employer determines your calendar year maximum benefit (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS WITH OUTPATIENT LAB RIDER **$1500**

Your policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility
- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests performed in a physician's office (X-rays and lab fees are not included)
- Cardiac catheterizations and stress tests
- Accident, injury, or emergency condition treatment in a hospital ER or urgent care center
- Laboratory tests performed on an outpatient basis in an independent laboratory (a lab that is independent of both an attending or consulting physician's office and of a hospital).

ACCIDENT-ONLY AMBULANCE BENEFIT **$1000**

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ELIGIBILITY

You must be actively employed qualifying as an eligible insured (defined by the employer) and have an employer's basic, major medical, or comprehensive medical plan.

HELPING WITH YOUR MEDICAL COSTS

***TRANSCONNECT*® WITH OUTPATIENT LAB RIDER FOR FLORIDA SUPPLEMENTAL MEDICAL EXPENSE INSURANCE**

TransConnect for Florida, underwritten by Transamerica Life Insurance Company

Andrea was involved in a serious car accident. After the whirlwind of the ambulance ride, ER, surgery, and hospital stay, she's nervous about how much her major medical insurance will pay. It's a relief to remember that she signed up for *TransConnect* which can pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

MONTHLY PREMIUM	
You	**$59.01**
You and your spouse	**$126.65**
You and your child(ren)	**$103.42**
You, your spouse and your child(ren)	**$188.82**

Visit:
transamerica.com

Customer Service:
888-763-7474

INPATIENT HOSPITAL BENEFITS **$4000**

Your policy pays benefits for inpatient hospital stays, inpatient procedures, inpatient physician charges, and even routine nursery care for dependent children. Your employer determines your calendar year maximum benefit (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS WITH OUTPATIENT LAB RIDER **$4000**

Your policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility
- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests performed in a physician's office (X-rays and lab fees are not included)
- Cardiac catheterizations and stress tests
- Accident, injury, or emergency condition treatment in a hospital ER or urgent care center
- Laboratory tests performed on an outpatient basis in an independent laboratory (a lab that is independent of both an attending or consulting physician's office and of a hospital).

ACCIDENT-ONLY AMBULANCE BENEFIT **$1000**

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ELIGIBILITY

You must be actively employed qualifying as an eligible insured (defined by the employer) and have an employer's basic, major medical, or comprehensive medical plan.

IMPORTANT POLICY PROVISIONS

Your employer selects benefit amounts, paid only for deductibles, co-insurance, and co-pays incurred when your major medical plan pays for specified treatments and care.

HOW TO SUBMIT A CLAIM

The ID card you'll receive after enrollment should be presented at time of service so providers are paid directly after your major medical carrier determines what you owe. If you don't do so at time of service, simply submit a *TransConnect*® claim form, UB92 or HCFA (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what you owe after what they paid.

EXCLUSIONS

No benefits are payable under this policy/certificate for any expenses incurred:

- Late enrollees subject to a 30-day waiting period
- During any period the insured person does not have coverage under another medical plan
- As the result of suicide or any attempted suicide, while sane or insane
- For any intentionally self-inflicted injury or sickness
- For rest care or rehabilitative care and treatment
- For voluntary abortion except, with respect to the insured or insured spouse where the insured or the insured's dependent spouse's life would be endangered if the fetus were carried to term; or where medical complications have arisen from abortion
- As a result of commission of a felony
- As a result of participation in a riot, civil commotion, civil disobedience, or unlawful assembly. Excludes loss occurring while acting in a lawful manner within the scope of authority.
- As a result of participation in a contest of speed in power-driven vehicles, parachuting, or hang gliding
- As a result of air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member
- As a result of intoxication as determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred
- For alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed while hospital confined as an inpatient
- For any loss incurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premium paid for any period for which no benefits are provided as a result of this exclusion.
- For pregnancy of a dependent child
- For sex changes
- For experimental treatment, procedures, devices, drugs, or surgery (except that bone marrow transplants will not be considered experimental in the treatment of cancer)
- For accident or sickness arising out of and in the course of any occupation for compensation, wage, or profit (does not apply to sole proprietors or partners not covered by workers' compensation)
- For mental illness or functional or organic nervous disorders — regardless of the cause — if the other medical plan does not cover these conditions
- For dental or vision services, including, but not limited to, treatment, surgery, extractions, or X-rays, unless resulting from an accident occurring while the insured person's insurance under this policy is in force and if performed within 12 months of the date of such accident; or due to congenital disease or anomaly of an insured newborn child; and to assure the safe delivery of necessary dental care provided to an insured person meeting certain criteria
- For routine physical examinations and rest cures

TERMINATION OF INSURANCE

INSURANCE ON AN INSURED WILL END ON THE EARLIEST OF THE FOLLOWING DATES:

- The end of the last period for which premium has been paid
- The policy is terminated
- The insured retires
- The insured ceases to be on active service
- The insured's coverage in the underlying medical plan ends

INSURANCE ON A DEPENDENT WILL END ON THE EARLIEST OF THE FOLLOWING DATES:

- The insured's insurance terminates
- The end of the last period for which premium has been paid
- The dependent no longer meets the definition of dependent
- The dependent's coverage in the underlying medical plan ends
- The policy is modified so as to exclude dependent insurance

THE COMPANY MAY END THE INSURANCE IF:

- Any insured person submits a fraudulent claim
- Participation requirements are not met
- On any premium due date, if the company or employer sends written notice 45 days in advance requesting termination
- If the underlying medical plan terminates

This is a brief summary of *TransConnect*® Supplemental Medical Expense insurance, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.** Policy form series CPGAP2FL and CCGAP2FL , rider form number TRLB1000-1119. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply.
Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at tebcs.com

253889

Exhibit #5

Dental

City Of Opa-Locka

October 1, 2020

Dental DHMO

Carrier Name		MetLife	United
Plan Name		Met290	D1058-S700B
Network Access		In Network Only	In Network Only
Deductible		No Ded $5 Office Visits	No Ded $0 Office Visits
Ded waived for Preventive		None	None
Preventive		Some procedures Covered 100%	Some procedures Covered 100%
Basic		Co-Pays Apply	Co-Pays Apply
Major		Co-Pays Apply	Co-Pays Apply
Periodontics / Endodontics		Co-Pays Apply	Co-Pays Apply
Annual Maximum Benefit		None	None
Out of Network Reimbursement Level		In Network Only	In Network Only
Orthodontic		Co-Pays Apply	Co-Pays Apply
Orthodontic Eligibility		Adult & Child	Adult & Child
Orthodontic Maximum		None	None
Rate Guarantee		**Next Renewal: 10/01/2022**	1 Year
Premium Breakdown		**Current/Renewal**	
Employee	44	$11.86	$12.61
Employee/Spouse	6	$20.75	$22.06
Employee/Child(ren)	6	$24.90	$27.31
Employee/Family	4	$34.99	$34.67
Comments	**60**	**Rate Pass**	5.78%
Monthly Total		**$935.70**	**$989.74**

Dental DPPO

Carrier Name		MetLife		United	
Plan Name		DPPO		DPPO	
Network Access		In Network	Out of Network	In Network	Out of Network
Deductible		$50/$150	$50/$150	$50/$150	$50/$150
Ded waived for Preventive		Yes	No	Yes	Yes
Preventive		100%	90%	100%	90%
Basic		90%	70%	90%	70%
Major		60%	40%	60%	40%
Periodontics / Endodontics		Major Simple Extractions: Basic		Major Simple Extractions: Basic	
Annual Maximum Benefit		$3,000	$1,500	$3,000	$1,500
Out of Network Reimbursement Level		Fee	Fee	Fee	Fee
Orthodontic		50%		50%	
Orthodontic Eligibility		Child(ren) to age 19		Child(ren) to age 19	
Orthodontic Maximum		$1,000		$1,000	
Rate Guarantee		**Next Renewal: 10/01/2022**		1 Year	
Premium Breakdown		**Current/Renewal**			
Employee	30	$40.42		$36.37	
Employee/Spouse	7	$80.83		$72.75	
Employee/Child(ren)	9	$97.48		$82.98	
Employee/Family	10	$145.48		$125.57	
Comments	**56**	**Rate Pass**		-12.35%	
Monthly Total		**$4,110.53**		**$3,602.87**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

Exhibit #6

Vision

Vision

Carrier Name		MetLife *Must be sold with Dental*		United	
Plan Name		M130D-10/10		Vision	
Network Access		In Network Allowance	Out of Network Reimbursement	In Network Allowance	Out of Network Reimbursement
Eye Care Co-pay					
Eye Exam		$10	Up to $45	$10	Up to $40
Frequency		**12 Months**		**12 Months**	
Materials Co-pay		$10	N/A	$10	N/A
Lenses					
Single		$0 After Co-pay	Up to $30	$0 After Co-pay	Up to $40
Bifocal		$0 After Co-pay	Up to $50	$0 After Co-pay	Up to $60
Trifocal		$0 After Co-pay	Up to $65	$0 After Co-pay	Up to $80
Lenticular		$0 After Co-pay	Up to $100	$0 After Co-pay	Up to $80
Frequency		**12 Months**		**12 Months**	
Frames					
Frames		Up to $130 + 20% off Balance	Up to $70	Up to $130 + 30% off Balance	Up to $45
Frequency		**24 Months**		**24 Months**	
Contact Lens Co-pay		**In lieu of any other eyewear benefits**		**In lieu of any other eyewear benefits**	
Elective		Up to $130	Up to $105	Up to $130	Up to $105
Medically Necessary		$0 After Co-pay	Up to $210	$0 After Co-pay	Up to $210
Frequency		**12 Months**		**12 Months**	
Rate Guarantee		**Next Renewal: 10/01/2022**		3 Years	
Premium Breakdown		**Current/Renewal**			
Employee	50	$6.80		$6.59	
Employee/Spouse	13	$13.62		$13.20	
Employee/Child(ren)	9	$14.02		$13.58	
Employee/Family	1	$21.79		$21.11	
Comments	**73**	**Rate Pass**		-3.10%	
Total Monthly		**$665.03**		**$644.43**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

Exhibit #7

Life & DI

City Of Opa-Locka

October 1, 2020

Life & AD&D

Company/Plan	Lincoln
Class Description	Class 1: All Active FT Non-Officials Class 2: Chief of Police & All FT City Managers Class 3: All FT Assistant City Manager & Assistant Chief of Police Class 4: All FT Non-Salaried Officials, Mayor, Vice Mayor & Commissionsers
Life Amount	Class 1 & 3: 1x Annual Class 2: 2x Annual Class 4: $100,000
Maximum Benefits	Class 1 & 4: $100,000 Class 2: $300,000 Class 3: $100,000
Reduction Factor	35% At Age 70 15% At Age 75
Guaranteed Issue Amount	Class 1 & 4: $100,000 Class 2: $300,000 Class 3: $100,000
Rate Guarantee	**Next Renewal: 10/01/2021**
Contribution	Employer Paid
Participation	100%
Premium Breakdown	**Current**
Life	$0.287
AD&D	$0.022
Comment	Under Rate Guarantee
Volume	$7,146,350
Approx. Monthly Premium	**$2,208.22**

STD

Company/Plan	Lincoln
Class Description	Class 1: All FT Employees excluding City Managers, City Managers, City Clerks, Commissioners & Mayor Class 2: All FT City Managers, City Clerks, Commissioners & Mayor
Maximum Weekly Benefit Amount	60% To $1,000
Elimination Period Accident	14 Days
Elimination Period Sickness	14 Days
Maximum Benefit Period	11 Weeks
Rate Guarantee	**Next Renewal: 10/01/2021**
Contribution	Voluntary
Participation	
Premium Breakdown	**Current**
Rate Per $10 of Benefit	$0.41
Comment	Under Rate Guarantee
Volume	$22,315
Approx. Monthly Premium	**$914.92**

LTD

Company/Plan	Lincoln
Class Description	Class 1: Elected Officials Class 2: All Other Active FT Employees except City Managers, City Clerks, Commissioners & Mayor Class 3: All FT City Managers, City Clerks, Commissioner & Mayor
Maximum Benefit Amount	Class 1 & 3: 60% To $10,000 Class 2: 60% To $5,000
Guaranteed Issue Amount	Class 1 & 3: $10,000 Class 2: $5,000
Benefit Period	To Age 65 or SSNRA
Elimination Period	90 Days
Own Occupation	24 Months
Pre-Existing Period	3/12
Rate Guarantee	**Next Renewal: 10/01/2021**
Contribution	Voluntary
Participation	
Premium Breakdown	**Current**
Rate Per $100 of Monthly Income	Age Banded; See Attached Rates
Comment	Under Rate Guarantee
Volume	TBD
Approx. Monthly Premium	**$1,224.18**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

2019 Renewal Rates
LTD

Long Term Disability 000010208159 00000 Class 1		
Age band		**Renewal rate**
0 - 29		$0.206
30 - 34		$0.316
35 - 39		$0.536
40 - 44		$0.811
45 - 49		$1.141
50 - 54		$1.457
55 - 59		$1.883
60 - 64		$1.567
65 - 69		$1.223
70 - 74		$0.976
75 - 99		$1.072

Long Term Disability 000010208159 00000 Class 2		
Age band		**Renewal rate**
0 - 29		$0.206
30 - 34		$0.316
35 - 39		$0.536
40 - 44		$0.811
45 - 49		$1.141
50 - 54		$1.457
55 - 59		$1.883
60 - 64		$1.567
65 - 69		$1.223
70 - 74		$0.976
75 - 99		$1.072

Long Term Disability 000010208159 00000 Class 3		
Age band		**Renewal rate**
0 - 29		$0.206
30 - 34		$0.316
35 - 39		$0.536
40 - 44		$0.811
45 - 49		$1.141
50 - 54		$1.457
55 - 59		$1.883
60 - 64		$1.567
65 - 69		$1.223
70 - 74		$0.976
75 - 99		$1.072

Lincoln Financial Group®

Full-Time Employees of City Of Opa Locka

Benefits At-A-Glance

Supplemental Life and AD&D Insurance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident
- Features group rates for City of Opa Locka employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*℠ services, which give you and your family access to emergency medical help when you're traveling

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	$150,000
Newly hired employee guaranteed coverage amount	$150,000
Continuing employee guaranteed coverage annual increase amount	Choice of $10,000 or $20,000
Maximum coverage amount	5 times your annual salary ($300,000 maximum)
Minimum coverage amount	$10,000
AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Guaranteed coverage amount during initial offering or approved special enrollment period	$30,000
Newly hired employee guaranteed coverage amount	$30,000
Continuing employee guaranteed coverage annual increase amount	Choice of $5,000 or $10,000
Maximum coverage amount	50% of the employee coverage amount ($150,000 maximum)
Minimum coverage amount	$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	$10,000
Age 14 days to 6 months guaranteed coverage amount	$250

What your benefits cover

Employee Coverage

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $150,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by $10,000 or $20,000 without providing evidence of insurability . If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary ($300,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is $50,000.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; and an additional 15% of the original amount when you reach age 80.

Spouse Coverage - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount ($30,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by $5,000 or $10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount ($150,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: $10,000

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: CTYOPALOCK.

Lincoln Financial Group®

Semi-Monthly Supplemental Life and AD&D Insurance Premium
Here's how little you pay with group rates.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000560
25 - 29	0.0000560
30 - 34	0.0000610
35 - 39	0.0000710
40 - 44	0.0001060
45 - 49	0.0001610
50 - 54	0.0002860
55 - 59	0.0004460
60 - 64	0.0005210
65 - 69	0.0009260
70 - 74	0.0017910
75 - 79	0.0048010
80 - 99	0.0109310

Group Rates for You

The estimated semi-monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of $10,000) by the employee age-range premium rate.

$_____ X _____ = $_____

coverage amount | premium rate | semi-monthly premium

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000560
25 - 29	0.0000560
30 - 34	0.0000610
35 - 39	0.0000710
40 - 44	0.0001060
45 - 49	0.0001610
50 - 54	0.0002860
55 - 59	0.0004460
60 - 64	0.0005210
65 - 69	0.0009260

Group Rates for Your Spouse

The estimated semi-monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of $5,000) by the employee age-range premium rate.

$_____ X _____ = $_____

coverage amount | premium rate | semi-monthly premium

Note: Rates are subject to change and can vary over time.

Dependent Children Semi-Monthly Premium for Life Insurance Coverage

Coverage Amount	Semi-Monthly Premium
$10,000	$1.00

Group Rates for Your Dependent Children

One affordable semi-monthly premium covers all of your eligible dependent children.

Note: You must be an active City of Opa Locka employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Supplemental Life and AD&D Insurance Premium Calculation

LFE-ENRO-BRC001-FL

Exhibit #8

Declines/Uncompetitive

City Of Opa-Locka

Medical

Florida Blue– Base Plan: 28.63%

Humana– Base Plan: 12.04%

Aetna—Non-competitive

Cigna—Non-Competitive

Group Proposal For: CITY OF OPA LOCKA
Quote Number: LG-I-31053

Proposal Expiration Date: 10/01/2020
Coverage Effective Date: 10/01/2020

Health Benefits and Rates Summary

Package 1 - Plan Benefits	BlueOptions Predictable Cost 05774	BlueCare Non-Federally Qualified 71	BlueOptions Lower Premium 03566	BlueOptions Lower Premium 05302	BlueCare Non-Federally Qualified 48	BlueOptions Predictable Cost 05773
Deductible (DED)[1] (Per Person/Family Aggregate) In-Network Out-of-Network	 $3,000 / $9,000 $6,000 / $18,000	 $5,000 / $10,000 NA / NA	 $5,000 / $10,000 Combined with In-Network	 $5,000 / $10,000 $10,000 / $30,000	 $2,000 / $6,000 NA / NA	 $2,500 / $7,500 $5,000 / $15,000
Coinsurance (Plan Pays/Member Pays) In-Network Out-of-Network	 80% / 20% 50% / 50%	 80% / 20% NA / NA	 70% / 30% 50% / 50%	 70% / 30% 50% / 50%	 80% / 20% NA / NA	 80% / 20% 50% / 50%
Out of Pocket Maximum[2] (Per Person/Family Aggregate) In-Network Out-of-Network	 $6,350 / $12,700 $15,000 / $30,000	 $7,900 / $15,800 NA / NA	 $6,350 / $12,700 $10,000 / $20,000	 $6,350 / $12,700 $20,000 / $40,000	 $5,500 / $11,000 NA / NA	 $6,350 / $12,700 $13,000 / $26,000
Office Service – Value Choice PCP	$0 Copayment	$0 Copayment	$0 Copayment	$0 Copayment	$0 Copayment	$0 Copayment
Office Services - Family Physician	$40 Copayment	$10 Copayment	$35 Copayment	$30 Copayment	$35 Copayment	$35 Copayment
Office Services – Specialist	$100 Copayment	$100 Copayment	$50 Copayment	$55 Copayment	$65 Copayment	$85 Copayment
Virtual Visits – Family Physician	$10 Copayment	$10 Copayment	$10 Copayment	$10 Copayment	$10 Copayment	$10 Copayment
Inpatient Hospital Facility	Option 1: $500 PAD + DED + 20% / Option 2: $500 PAD + DED + 20%	DED + 20%	Option 1: DED + 30% / Option 2: DED + 30%	Option 1: DED + 30% / Option 2: DED + 30%	$100 PAD + DED + 20%	Option 1: $300 PAD + DED + 20% / Option 2: $300 PAD + DED + 20%
Emergency Room Facility	$400 Copayment	DED + $250 Copayment + 20%	DED + 30%	$300 Copayment	$300 Copayment	$350 Copayment
Urgent Care Centers	$100 Copayment	$75 Copayment	DED + 30%	$60 Copayment	$70 Copayment	$100 Copayment
Retail Pharmacy Deductible [3] Generic/Brand/Non-Preferred	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80

Group Proposal For: CITY OF OPA LOCKA
Quote Number: LG-I-31053

Proposal Expiration Date: 10/01/2020
Coverage Effective Date: 10/01/2020

Coverage Tier	# Members Quoted	Rates					
Employee Only	**94**	$706.11	$550.70	$676.62	$628.94	$657.96	$731.88
Employee/Spouse	**0**	$1,680.55	$1,310.68	$1,610.35	$1,496.87	$1,565.94	$1,741.87
Employee/Child(ren)	**14**	$1,355.74	$1,057.35	$1,299.11	$1,207.56	$1,263.28	$1,405.21
Employee Family	**9**	$2,259.57	$1,762.25	$2,165.18	$2,012.60	$2,105.47	$2,342.01
Total Monthly Premium	**117**	**$105,690.83**	**$82,428.95**	**$101,276.44**	**$94,139.60**	**$98,483.39**	**$109,547.75**

28.63% +

Package 1 - Plan Benefits	BlueCare Non-Federally Qualified 49	BlueOptions Lower Premium 05906	BlueCare Non-Federally Qualified 54
Deductible (DED)[1] (Per Person/Family Aggregate) In-Network Out-of-Network	 $3,000 / $9,000 NA / NA	 $5,000 / $10,000 $10,000 / $20,000	 $5,000 / $10,000 NA / NA
Coinsurance (Plan Pays/Member Pays) In-Network Out-of-Network	 80% / 20% NA / NA	 80% / 20% 50% / 50%	 70% / 30% NA / NA
Out of Pocket Maximum[2] (Per Person/Family Aggregate) In-Network Out-of-Network	 $6,350 / $12,700 NA / NA	 $7,900 / $15,800 $20,000 / $40,000	 $6,350 / $12,700 NA / NA
Office Service – Value Choice PCP	$0 Copayment	$0 Copayment	$0 Copayment
Office Services - Family Physician	$40 Copayment	$10 Copayment	$40 Copayment
Office Services – Specialist	$100 Copayment	$100 Copayment	$65 Copayment
Virtual Visits – Family Physician	$10 Copayment	$10 Copayment	$10 Copayment
Inpatient Hospital Facility	$500 PAD + DED + 20%	Option 1: DED + 20% / Option 2: DED + 20%	DED + 30%
Emergency Room Facility	$400 Copayment	DED + $250 Copayment + 20%	$300 Copayment
Urgent Care Centers	$100 Copayment	$75 Copayment	$85 Copayment
Retail Pharmacy Deductible [3] Generic/Brand/Non-Preferred	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80	 $0 $10 / $50 / $80

Coverage Tier	# Members Quoted	Rates		
Employee Only	**94**	$618.33	$589.75	$596.70
Employee/Spouse	**0**	$1,471.62	$1,403.59	$1,420.14
Employee/Child(ren)	**14**	$1,187.19	$1,132.31	$1,145.66
Employee Family	**9**	$1,978.65	$1,887.18	$1,909.43
Total Monthly Premium	**117**	**$92,551.53**	**$88,273.46**	**$89,313.91**

Effective Date: 10/01/2020

Proposed Plan One

Product Specification			OA HMO 16 COPAYI/80
Health Plan Highlights			Network Key: HMO FL
			Network - Med: HMO Premier Rx: NATIONAL
Non Par Fee Schedule	STANDARD	Skilled Nursing Day Limits	60
Coinsurance % Par	80%	Home Health Care Day Limits	100
Individual Annual Par Deductible	$5000	Injection Copay	$5
Family Annual Par Deductible	$10000	Specialty Drug Admin Office/Home/Clinic	$50
Individual Annual Par OOP Limit	$6500	RX Copay Tier 1	$10
Family Annual Par OOP Limit	$13000	RX Copay Tier 2	$40
PCP OV Copay	$25	RX Copay Tier 3	$70
Specialist OV Copay	$50	RX Coinsurance % Tier 4	25%
Hospital Emergency Copay	$350	Rx Deductible	$250
Urgent Care Copay	$75	RX Mail Order Copay Tier 1	$25
Lifetime Maximum Benefit	UNLIMITED	RX Mail Order Copay Tier 2	$100
Phy/Occup/Cogn/Speech/Hear/Chiro Therapy Limit Visits	30	RX Mail Order Copay Tier 3	$175
Outpt AdvImage Freestanding Copay	300	RX Mail Order Coinsurance % Tier 4	25%
Outpt AdvImage Hospital Copay	300	State of Issue	FL

	EE	EESP	EECH	FAM
Assumed Subscribers	94	0	14	9
Base Rates	$481.54	$963.07	$914.93	$1,492.76
Health Insurer Annual Fee (0.4%)	$1.93	$3.87	$3.67	$6.00
Proposed Rates	$483.47	$966.94	$918.60	$1,498.76

12.04% +

151 Farmington Avenue,F265,
Hartford,CT 06165

Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of CITY OF OPA LOCKA's request for a quote of group health coverage (the "Request"). We have determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should CITY OF OPA LOCKA continue to be interested in this information.

If it is still CITY OF OPA LOCKA's position to have us provide a quote for group health coverage, please
a) Furnish the information indicated below that has not already been provided (where available), and
b) Sign and return this notification to us as indicated below.

In order for us to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
  - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24-month period.
    - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred whether a completion factor has been applied). Provide the information broken down for each unique plan offering.
    - Please identify if any of the plans are capitated. If so, indicate whether capitations are included/excluded from the claim information.
    - Large claim information for individual claims in excess of $25,000 based on the same time period as the claims data provided.
    - **For Hospital or Health Systems only:** Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
    - **Individual Medical Questionnaires (IMQ)**) (Where allowed by state) – will be required if/when monthly claim data is not available
  - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
- 5-year carrier history
- Large Claim Data: including diagnosis and claimant status information. Identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
- Current commission level
- A recent utilization report from the current carrier. This should include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services. The report should also identify the top utilized facilities
- Please provide information/reason on any required data noted as not available

---

CITY OF OPA LOCKA Certification:

I understand Aetna position on its product offerings' alignment with our request, but CITY OF OPA LOCKA requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature	Title	Date

Please send this form back c/o Mark Wilson via email wilsonm1@aetna.com

From: Gustavo Orama-Rios
To: Linda Jamen; ricardo.villena@cigna.com
Subject: Response To Your Inquiry - City of Opa-Locka
Date: Tuesday, August 04, 2020 11:34:11 AM

August 04, 2020

RE: City of Opa-Locka

Dear ,

Thank you for considering Cigna HealthCare for City of Opa-Locka.

Based upon our evaluation of the information provided with your request for proposal, we do not believe that we can offer a competitive proposal. Therefore, we respectfully decline to offer a quote at this time.

We appreciate being given the opportunity to review your request for a proposal and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ricardo Villena
NBM
(954) 514-6895

Attention California Agents/Brokers: A copy of this letter must immediately be forwarded to the client in order to comply with California law, SB 1163 (2010).