

CITY OF OPA-LOCKA

The City of Bright Opportunities



SPECIAL COMMISSION MEETING Agenda

**Monday, August 26, 2024
6:00 PM**

*Commission Chamber
780 Fisherman Street, 3rd Floor
Opa-locka, FL 33054*

City Commission

**Mayor John H. Taylor, Jr.
Vice Mayor Natasha L. Ervin
Commissioner Sherelean Bass
Commissioner Joseph L. Kelley
Commissioner Veronica Williams**

Appointed Officials

**City Manager Darvin Williams
City Attorney Burnadette Norris-Weeks
City Clerk Joanna Flores, CMC**

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."

PROCEDURES FOR PUBLIC PARTICIPATION

How to watch the meeting

Members of the public can watch public meetings and public hearings at <https://www.youtube.com/user/CityofOpaLocka>

City Commission Meetings are held in-person while allowing virtual participation. Members of the public wishing to address the Commission may do so in person or virtually.

To participate virtually, please register by the meeting start time via the City of Opa-locka website at www.opalockafl.gov.

CITY OF OPA-LOCKA
"The City of Bright Opportunities"

AGENDA
SPECIAL COMMISSION MEETING
August 26, 2024
6:00 PM

- 1. CALL TO ORDER:**
- 2. ROLL CALL:**
- 3. INVOCATION:**
- 4. PLEDGE OF ALLEGIANCE:**
- 5. PUBLIC INPUT:**
(agenda items only)
- 6. RESOLUTIONS/ACTION ITEM:**
 - 1. 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, FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2024, AND EXPIRING SEPTEMBER 30, 2025; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE. *Sponsored by City Manager***
 - 2. DISCUSSION AND ACTION RELATED TO CITY OF OPA-LOCKA RESOLUTION NO. 24-116**
 - 3. A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, TERMINATING CITY MANAGER DARVIN E. WILLIAMS AND APPOINTING AN INTERIM CITY MANAGER; PROVIDING FOR BANKING AUTHORITY; INCORPORATION OF RECITALS; AND AN EFFECTIVE DATE. *Sponsored by Vice Mayor Ervin***
- 7. ADJOURNMENT:**

For further information, please contact the Office of the City Clerk by telephone at (305) 953-2800 or email jflores@opalockafl.gov.

RESOLUTION NO. 24-XXX

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, FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2024, AND EXPIRING SEPTEMBER 30, 2025; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Human Resources Department has worked diligently with the City of Opa-Locka's Agent of Record, World Insurance Associates, LLC, formerly known as Sapoznik Insurance, to assess the existing group insurance policies and proposed premium rates from two other carriers than the carriers providing these services in Fiscal Year 2024; and

WHEREAS, the Human Resources Department has worked with the City of Opa-Locka's Agent of Record to assess the existing group insurance policies and proposed premium rated from other carriers (Policy Quote Presentations, attached hereto as Composite Exhibit "A"); and

WHEREAS, Staff has analyzed the results of the competitive Bid Process for Insurance Carriers facilitated by the City of Opa-Locka's current Agent of Record. The City Manager has been determined that it would be in the City's best interest to continue the current plans and renew the contract with the current carriers; and

WHEREAS, the recommended health plan (AvMed) has a 7.74% increase in rates over current year rates. The Fiscal Year 2024-2025 proposed budget assumes a 5% increase, if there were no vacant positions in Fiscal Year 2024-2025, this would result in a Thirty-Seven Thousand Seven Hundred Thirty-Nine Dollars (\$37,739.00) increase over what is currently budgeted. Since there will be vacancies, there is no adverse impact to the City's proposed Fiscal Year 2024-2025 budget. There is no increase in the rates for dental and vision coverage, consistent with what was budgeted for these portions of the coverage; and

WHEREAS, the City desires to renew its current policy agreements with AvMed, Inc. for medical and Metlife for dental, and vision insurance for City employees and their dependents for the fiscal year beginning October 1, 2024, and expiring September 30, 2025; and

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

NOW, THEREFORE, BE IT DULY RESOLVED BY THE CITY 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 Agreements, between the City of Opa-Locka, AvMed, Inc., and Metlife for medical, dental, and vision insurance coverage for City employees and dependents, for the fiscal year beginning October 1, 2024, and expiring September 30, 2025.

SECTION 3. The City Manager and other proper City Officials are hereby authorized to execute any required documents in order to carry out 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 Interim City Manager or the City Manager's designee following review by the City Attorney, without the need of a public hearing by filing a corrected copy of same with the City Clerk.

SECTION 5. This Resolution shall take effect upon the adoption and is subject to the approval of the Governor or Governor's Designee.

PASSED and ADOPTED this 26th day of August, 2024.

John Taylor, Mayor

ATTEST:

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 Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)



City of Opa-locka Agenda Cover Memo

Department Director:	Mary Adams		Department Director's Signature:	Signed by: DocuSigned by: 5BCA354D8CCD43E... C46C07C1E8DE492...		
City Manager:	Darvin Williams		CM Signature:			
Commission Meeting Date:	08.26.2024		Item Type:	Resolution	Ordinance	Other
			(Enter X in box)	X		
Fiscal Impact:	Yes	No	Ordinance Reading:	1st Reading		2nd Reading
(Enter X in box)			(Enter X in box)			
	X		Public Hearing:	Yes	No	Yes No
			(Enter X in box)		X	
Funding Source:	(Enter Fund & Dept)		Advertising Requirement:	Yes		No
Account# :	Ex: See Financial Impact Section		(Enter X in box)			X
Contract/P.O. Required:	Yes	No	RFP/RFQ/Bid#:			
(Enter X in box)		X				
Strategic Plan Related	Yes	No	Strategic Plan Priority Area:	Strategic Plan Obj./Strategy:		
(Enter X in box)		X	Enhance Organizational ☐ Bus. & Economic Dev ☐ Public Safety ☐ Quality of Education ☐ Qual. of Life & City Image ☒ Communication ☐	(list the specific objective/strategy this item will address)		
Sponsor Name	City Manager		Department:	City Manager		

Short Title:

A resolution of the City Commission of the City of Opa-locka authorizing the City Manager to select AvMed Health Plan as the provider for the City's Health Plan and Metlife as the provider for the City's Dental and Vision group plans for the fiscal year beginning October 1, 2024, and expiring September 30, 2025.

Staff Summary:

The Human Resources Department has worked diligently with the City's Agent of Record, World Insurance Associates, LLC formerly known as Sapoznik Insurance to assess the existing group insurance policies and proposed premium rates from three other carriers than the carriers providing these services in FY24.

Staff has analyzed the results of the Competitive Bid Process for Insurance Carriers facilitated by the City's current Agent of Record. It has been determined that it would be in the City's best interest to continue the current plans and renew the contract with the current carriers.

The attachments identify additional quotes and plans received and letters from carriers that declined to provide quotes.

Financial Impact: The recommended health plan (AvMed) has a 7.74% increase in rates over current year rates. The FY 25 proposed budget assumes a 5% increase, If there were no vacant positions in FY 25, this would result in a \$37,739 increase over what is currently budgeted. Since there will be vacancies, there is no adverse impact to the City’s proposed FY 25 budget. There is no increase in the rates for dental and vision coverage, consistent with what was budgeted for these portions of the coverage.

Proposed Action:

Staff recommends the City Commission authorize the City Manager to select AvMed Health Plan (Option 4) as the provider for the City’s Health Plan, and Metlife as the provider for the City’s Dental and Vision group plans, for FY25 and to enter into agreements with these companies to provide these services.

Attachment:

Plan Design and Insurance Bid Results.

City Of Opa-Locka

Rate History Breakdown

Medical	2024							2023							2022							
	2024	#	Total Premium	Renewal Premium	Final Premium	Monthly Savings	Annual Savings	2023	#	Total Premium	Renewal Premium	Final Premium	Monthly Savings	Annual Savings	2022	#	Total Premium	Renewal Premium	Final Premium	Monthly Savings	Annual Savings	
	Plan 1	100	\$77,074.20	\$97,918.88	\$87,822.94	\$10,095.94	\$121,151.28	Plan 1	118	\$83,584.63	\$88,627.06	\$87,778.72	\$848.34	\$10,180.08	Plan 1	101	\$62,900.05	\$82,335.43	\$76,312.20	\$6,023.23	\$72,278.76	
	Plan 2	11	\$15,164.12	\$18,327.07	\$16,437.90	\$1,889.17	\$22,670.04	Plan 2	13	\$13,669.63	\$14,494.18	\$14,355.36	\$138.82	\$1,665.84	Plan 2	11	\$11,198.71	\$14,748.26	\$13,669.36	\$1,078.90	\$12,946.80	
	Total	118	\$92,238.32	\$116,245.95 26.03%	\$104,260.84 13.03%	\$11,985.11	\$143,821.32	Total	131	\$97,254.26	\$103,121.24 6.03%	\$102,134.08 5.02%	\$987.16	\$11,845.92	Total	112	\$74,098.76	\$97,083.69 31.02%	\$89,981.56 21.43%	\$7,102.13	\$85,225.56	
																			5 Years Total Savings		\$310,235.40	
Medical	2021							2020														
	2021	#	Total Premium	Renewal Premium	Final Premium	Monthly Savings	Annual Savings	2020	#	Total Premium	Renewal Premium	Final Premium	Monthly Savings	Annual Savings								
	Plan 1	108	\$63,909.62	\$67,510.20	\$67,259.91	\$250.29	\$3,003.48	Plan 1	116	\$63,262.31	\$68,308.07	\$63,262.31	\$5,045.76	\$60,549.12								
	Plan 2	5	\$6,414.29	\$6,817.12	\$6,414.29	\$402.83	\$4,833.96	Plan 2	1	\$1,164.05	\$1,078.62	\$998.95	\$79.67	\$956.04								
	Total	113	\$70,323.91	\$74,327.32 5.69%	\$73,674.20 4.76%	\$653.12	\$7,837.44	Total	117	\$64,426.36	\$69,386.69 7.70%	\$64,261.26 -0.26%	\$5,125.43	\$61,505.16								

WORLD

BETTER,
NOT JUST BIGGER.

2024-2025

EMPLOYEE BENEFITS PRESENTATION



Presented By:

Eugene Mintze
Benefits Consultant

P: (877)948-8887

EB.WORLDINSURANCE.COM

EXECUTIVE SUMMARY

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Executive Summary

Medical				
Carrier	Options	Monthly Cost	Change From Current	
AvMed	Current	\$92,238.32	---	
AvMed	Renewal	\$116,245.95	\$24,007.63 (26.03%)	
AvMed	Negotiated	\$104,260.84	\$12,022.52 (13.03%)	
AvMed	Alternate Opt 1	\$94,358.70	\$2,120.38 (2.30%)	
AvMed	Alternate Opt 2	\$95,046.44	\$2,808.12 (3.04%)	
AvMed	Alternate Opt 3	\$98,691.64	\$6,453.32 (7.00%)	
AvMed	Alternate Opt 4	\$99,379.38	\$7,141.06 (7.74%)	
Curative	Options #1	\$132,290.89	\$40,052.57 (43.42%)	
FloridaBlue Opt 1	Options #2	\$94,102.33	\$1,864.01 (2.02%)	
FloridaBlue Opt 2	Options #3	\$99,892.31	\$7,653.99 (8.30%)	
FloridaBlue Opt 3	Options #4	\$96,321.97	\$4,083.65 (4.43%)	
UnitedHealthCare	Options #5	\$114,715.78	\$22,477.46 (24.37%)	
GAP				
Carrier	Options	Monthly Cost	Change From Current	
APL	Current	\$3,776.81	---	
APL	Renewal (Final)	\$3,776.81	\$0.00 (0.00%)	
Dental				
Carrier	Options	Monthly Cost	Change From Current	
MetLife	Current	\$4,741.25	---	
MetLife	Renewal (Final)	\$4,741.25	\$0.00 (0.00%)	
Vision				
Carrier	Options	Monthly Cost	Change From Current	
MetLife	Current	\$890.93	---	
MetLife	Renewal (Final)	\$890.93	\$0.00 (0.00%)	
Life & AD&D				
Carrier	Options	Monthly Cost	Change From Current	
Lincoln	Current	\$2,848.56	---	
Lincoln	Renewal (Final)	\$2,848.56	\$0.00 (0.00%)	
Short Term Disability				
Carrier	Options	Monthly Cost	Change From Current	
Lincoln	Current	\$1,460.85	---	
Lincoln	Renewal (Final)	\$1,460.85	\$0.00 (0.00%)	
Long Term Disability				
Carrier	Options	Monthly Cost	Change From Current	
Lincoln	Current	\$1,426.63	---	
Lincoln	Renewal (Final)	\$1,426.63	\$0.00 (0.00%)	
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.				
Information provided is proprietary. It may not be copied, emulated or distributed without express permission				

City Of Opa-Locka

Executive Summary

Current Total Monthly Cost			
Carrier	Options	Monthly Cost	Change From Current
AvMed	Medical	\$92,238.32	---
APL	GAP	\$3,776.81	---
MetLife	Dental	\$4,741.25	---
MetLife	Vision	\$890.93	---
Lincoln	Life & AD&D	\$2,848.56	---
Lincoln	STD	\$1,460.85	---
Lincoln	LTD	\$1,426.63	---
Total		\$107,383.35	---
Renewal Total Monthly Cost			
Carrier	Options	Monthly Cost	Change From Current
AvMed	Negotiated Medical	\$104,260.84	\$12,022.52 (13.03%)
APL	GAP	\$3,776.81	\$0.00 (0.00%)
MetLife	Dental	\$4,741.25	\$0.00 (0.00%)
MetLife	Vision	\$890.93	\$0.00 (0.00%)
Lincoln	Life & AD&D	\$2,848.56	\$0.00 (0.00%)
Lincoln	STD	\$1,460.85	\$0.00 (0.00%)
Lincoln	LTD	\$1,426.63	\$0.00 (0.00%)
Total		\$119,405.87	\$12,022.52 (11.20%)
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. Information provided is proprietary. It may not be copied, emulated or distributed without express permission			

MEDICAL CLAIMS

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

Key Measures Report

City of Opa Locka



Paid Dates: 07/2022 through 06/2024

Month	Contracts	Members	Premium	Capitation	Inpatient	Professional	Outpatient	Other	Pharmacy	Total Medical*	Total Expenses**
07/2022	102	172	\$64,781.68	\$4,538.13	\$851.35	\$13,983.77	\$323,863.41	\$0.00	\$24,260.15	\$338,698.53	\$367,496.81
08/2022	104	173	\$64,735.16	\$4,564.52	\$17,476.67	\$12,082.84	\$59,034.09	\$0.00	\$33,586.29	\$88,593.60	\$126,744.41
09/2022	106	173	\$64,630.47	\$4,564.52	\$613.86	\$14,720.17	\$3,880.12	\$0.00	\$29,915.46	\$19,214.15	\$53,694.13
10/2022	123	191	\$85,822.37	\$5,039.44	\$15,906.19	\$17,618.58	\$42,469.78	\$0.00	\$8,523.05	\$75,994.55	\$89,557.04
11/2022	125	192	\$89,882.77	\$5,065.82	\$67,509.23	\$16,097.01	\$45,669.66	\$0.00	\$29,434.94	\$129,275.90	\$163,776.66
12/2022	123	190	\$88,597.08	\$5,013.05	\$0.00	\$18,182.23	\$14,509.95	\$0.00	\$39,295.07	\$32,692.18	\$77,000.30
01/2023	122	185	\$81,623.24	\$5,712.28	\$1,358.60	\$23,974.02	\$39,072.85	\$0.00	\$26,227.52	\$64,405.47	\$96,345.27
02/2023	123	187	\$81,992.12	\$5,774.03	\$0.00	\$10,640.75	\$15,715.63	\$0.00	\$29,085.58	\$26,356.38	\$61,215.99
03/2023	122	187	\$81,447.38	\$5,774.03	\$9,329.25	\$21,954.04	\$13,999.26	\$0.00	\$25,866.83	\$45,282.55	\$76,923.41
04/2023	128	196	\$93,689.39	\$6,051.93	\$0.00	\$10,087.27	\$12,575.91	\$0.00	\$27,662.46	\$22,663.18	\$56,377.57
05/2023	124	191	\$93,847.22	\$5,897.54	\$0.00	\$23,352.98	\$43,126.59	\$0.00	\$38,332.16	\$66,479.57	\$110,709.27
06/2023	125	192	\$93,673.77	\$5,928.42	\$258,993.14	\$15,412.93	\$21,866.90	\$0.00	\$17,958.51	\$296,272.97	\$320,159.90
07/2023	124	184	\$90,960.40	\$5,681.40	\$25,958.74	\$29,160.93	\$31,553.81	\$0.00	\$31,873.11	\$86,673.48	\$124,227.99
08/2023	125	184	\$91,193.35	\$5,681.40	\$0.00	\$28,242.14	\$22,335.15	\$0.00	\$33,104.76	\$50,577.29	\$89,363.45
09/2023	120	175	\$88,055.39	\$5,403.51	\$0.00	\$19,411.72	\$31,386.44	\$0.00	\$40,233.16	\$50,798.16	\$96,434.83
10/2023	119	189	\$95,064.22	\$5,835.79	\$95,866.58	\$21,526.80	\$27,614.01	\$0.00	\$17,030.56	\$145,007.39	\$167,873.74
11/2023	122	191	\$96,800.20	\$5,897.54	\$0.00	\$20,070.31	\$6,242.55	\$0.00	\$44,305.66	\$26,312.86	\$76,516.06
12/2023	124	193	\$97,378.86	\$5,959.30	\$12,626.63	\$41,825.24	\$48,656.17	\$0.00	\$41,363.22	\$103,108.04	\$150,430.56
01/2024	124	192	\$97,957.52	\$3,865.83	\$0.00	\$27,300.10	\$22,984.82	\$0.00	\$49,638.56	\$50,284.92	\$103,789.31
02/2024	124	192	\$100,046.80	\$3,865.83	\$0.00	\$15,063.50	\$14,649.60	\$0.00	\$26,628.87	\$29,713.10	\$60,207.80
03/2024	127	195	\$101,782.78	\$3,926.23	\$6,225.75	\$17,000.51	\$7,243.94	\$0.00	\$42,765.86	\$30,470.20	\$77,162.29
04/2024	127	195	\$101,782.78	\$3,926.23	\$21,831.06	\$25,062.29	\$40,774.95	\$0.00	\$38,488.28	\$87,668.30	\$130,082.81
05/2024	127	195	\$101,782.78	\$3,926.23	\$15,760.66	\$29,383.89	\$18,384.82	\$59.00	\$40,675.98	\$63,588.37	\$108,190.58
06/2024	125	193	\$100,625.46	\$3,885.97	\$7,682.26	\$24,812.52	\$22,857.24	\$2,645.86	\$14,503.84	\$57,997.88	\$76,387.69

*Total Medical is the sum of Hospital, Outpatient, ER, Specialist, PCP, and Other

**Total Expenses is the sum of Capitation, Pharmacy and Total Medical.

***Subsequent reports may show variations in some of the data values represented in the Key Measures. Variations from month to month are due to claim adjustments.

Prepared by: Group Analytics

Source: AvMed Enterprise Data Warehouse

Wednesday, July 31, 2024

Report is based on paid claims and is not valid for premium rate development. Costs associated with care, disease and utilization management are not included. Premium dollars include broker commissions. Capitation dollars are estimated as provider contracts change throughout the year. Capitation does not include costs for claims related to transplant services that are subject to the deductible. For experience-rated accounts, the group's claims experience from the most recently completed plan year is used as input into the renewal rate development. While each group's most recent performance is taken into consideration, actual claims experience from this period may not be incorporated.

High Cost Claimants Report

City of Opa Locka



Members with >\$50,000 in Total Paid Claims

Paid Dates: 07/2023 through 06/2024

Rank	Most Costly Medical ICD-9 Diagnosis	Pharmacy	Medical	Total Expenses	Member Status
1	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT	\$166,604.72	85.25	\$166,689.97	Active
2	END STAGE RENAL DISEASE	\$3,210.06	145208.89	\$148,418.95	Active
3	GUILLAIN-BARRE SYNDROME	\$2,676.75	65497.8	\$68,174.55	Active
4	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	\$14,766.52	44014.84	\$58,781.36	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.

Wednesday, July 31, 2024

Page 1 of 1

MEDICAL

City Of Opa-Locka

Effective Date: 10/1/2024								
	Current		Renewal		Negotiated		Re-Negotiated	
Plan Nickname	1	2	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	HMO OA 8055/6218	Choice 8096/7479	HMO OA 8055/6218	Choice 8096/7479
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$3,500	\$2,500	\$3,500	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$7,000	\$5,000	\$7,000	\$5,000
Co-Insurance	80%	90%	80%	90%	80%	90%	80%	90%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$13,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Copays								
PCP	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Specialist	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25
ER	\$200	\$350	\$200	\$350	\$200	\$350	\$200	\$350
Other Services								
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400
Prescription Drugs								
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded
Out of Network								
Deductible: Single	-	\$7,500	-	\$7,500	-	\$7,500	-	\$7,500
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000	-	\$15,000
Co-Insurance	-	60%	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$19,500	-	\$19,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$39,000	-	\$39,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	100	11	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0	14	0
Family	6	5	6	5	6	5	6	5
Monthly Premiums								
Employee Only	\$578.66	\$673.96	\$735.16	\$814.46	\$671.00	\$743.47	\$659.36	\$730.57
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,470.31	\$1,629.12	\$1,342.00	\$1,486.95	\$1,318.71	\$1,461.15
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,396.50	\$1,547.34	\$1,274.63	\$1,412.30	\$1,252.52	\$1,387.80
Family	\$1,793.84	\$2,089.28	\$2,278.98	\$2,525.13	\$2,080.10	\$2,304.77	\$2,044.01	\$2,264.78
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$97,918.88	\$18,327.07	\$89,373.42	\$16,728.15	\$87,822.94	\$16,437.90
Change From Current	---	---	\$20,844.68 (27.04%)	\$3,162.95 (20.86%)	\$12,299.22 (15.96%)	\$1,564.03 (10.31%)	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)
Monthly Premium Per Option	\$92,238.32		\$116,245.95		\$106,101.57		\$104,260.84	
Change From Current	---		\$24,007.63 (26.03%)		\$13,863.25 (15.03%)		\$12,022.52 (13.03%)	

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Alternate Opt. 1	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	Aim LH506-LG24 7998/6218	Choice CM380-LG24 8098/7479
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$5,000	\$3,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$10,000	\$7,000
Co-Insurance	80%	90%	80%	90%	80%	100%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$7,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$15,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + \$1,000
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Indp: \$1,000, Hosp: Ded + \$1,000
Copays						
PCP	\$25	\$25	\$25	\$25	\$25	\$35
Specialist	\$50	\$50	\$50	\$50	\$50	\$70
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$35
ER	\$200	\$350	\$200	\$350	\$200	\$600
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: Ded + \$150 / X-Ray: Indp: \$50, Hosp: Ded + \$150
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$450, Hosp: Ded + \$600
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$10,500
Deductible: Family	-	\$15,000	-	\$15,000	-	\$21,000
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$22,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$45,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums					Emps must live in Miami-Dade, Broward & Palm Beach	
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$590.18	\$700.01
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,180.36	\$1,400.01
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,121.10	\$1,329.73
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,829.55	\$2,170.02
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$78,608.54	\$15,750.16
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$1,534.34 (1.99%)	\$586.04 (3.86%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$94,358.70	
Change From Current	---		\$12,022.52 (13.03%)		\$2,120.38 (2.30%)	

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City Of Opa-Locka

Effective Date: 10/1/2024		Current		Re-Negotiated		Alternate Opt. 2	
Plan Nickname	1 AvMed	2 AvMed	1 AvMed	2 AvMed	1 AvMed	2 AvMed	
Carrier							
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	Aim LH506-LG24 7998/6218	Choice 8096/7479	
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO	
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	
Network	-	-	-	-	-	-	
Referrals Required	No	No	No	No	No	No	
In Network		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS	
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$5,000	\$2,500	
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$10,000	\$5,000	
Co-Insurance	80%	90%	80%	90%	80%	90%	
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,500	
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$13,000	
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	
Copays							
PCP	\$25	\$25	\$25	\$25	\$25	\$25	
Specialist	\$50	\$50	\$50	\$50	\$50	\$50	
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	
ER	\$200	\$350	\$200	\$350	\$200	\$350	
Other Services							
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	
Prescription Drugs							
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	
Out of Network							
Deductible: Single	-	\$7,500	-	\$7,500	-	\$7,500	
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000	
Co-Insurance	-	60%	-	60%	-	60%	
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$19,500	
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$39,000	
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%	
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%	
Enrollment	100	11	100	11	100	11	
Employee Only	72	5	72	5	72	5	
Employee + Spouse	8	1	8	1	8	1	
Employee + Child(ren)	14	0	14	0	14	0	
Family	6	5	6	5	6	5	
Monthly Premiums					Emps must live in Miami-Dade, Broward & Palm Beach		
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$590.18	\$730.57	
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,180.36	\$1,461.15	
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,121.10	\$1,387.80	
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,829.55	\$2,264.78	
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$78,608.54	\$16,437.90	
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$1,534.34 (1.99%)	\$1,273.78 (8.40%)	
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$95,046.44		
Change From Current	---		\$12,022.52 (13.03%)		\$2,808.12 (3.04%)		

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Alternate Opt. 3	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	Aim LH306-LG24 6218/7997	Choice CM380-LG24 8098/7479
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$3,000	\$3,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$6,000	\$7,000
Co-Insurance	80%	90%	80%	90%	80%	100%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$7,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$15,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + \$1,000
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Indp: \$1,000, Hosp: Ded + \$1,000
Copays						
PCP	\$25	\$25	\$25	\$25	\$25	\$35
Specialist	\$50	\$50	\$50	\$50	\$50	\$70
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$35
ER	\$200	\$350	\$200	\$350	\$200	\$600
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: Ded + \$150 / X-Ray: Indp: \$50, Hosp: Ded + \$150
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$450, Hosp: Ded + \$600
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$10,500
Deductible: Family	-	\$15,000	-	\$15,000	-	\$21,000
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$22,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$45,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums					Emps must live in Miami-Dade, Broward & Palm Beach	
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$622.71	\$700.01
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,245.42	\$1,400.01
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,182.90	\$1,329.73
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,930.40	\$2,170.02
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$82,941.48	\$15,750.16
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$5,867.28 (7.61%)	\$586.04 (3.86%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$98,691.64	
Change From Current	---		\$12,022.52 (13.03%)		\$6,453.32 (7.00%)	

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Alternate Opt. 4	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	Aim LH306-LG24 6218/7997	Choice 8096/7479
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		In-Network/PHCS
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$3,000	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$6,000	\$5,000
Co-Insurance	80%	90%	80%	90%	80%	90%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$13,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Copays						
PCP	\$25	\$25	\$25	\$25	\$25	\$25
Specialist	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25
ER	\$200	\$350	\$200	\$350	\$200	\$350
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$7,500
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$19,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$39,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums					Emps must live in Miami-Dade, Broward & Palm Beach	
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$622.71	\$730.57
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,245.42	\$1,461.15
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,182.90	\$1,387.80
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,930.40	\$2,264.78
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$82,941.48	\$16,437.90
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$5,867.28 (7.61%)	\$1,273.78 (8.40%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$99,379.38	
Change From Current	---		\$12,022.52 (13.03%)		\$7,141.06 (7.74%)	

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

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Curative		
Plan Nickname	1 AvMed	2 AvMed	1 AvMed	2 AvMed	1 Curative	2 Curative	3 Curative
Carrier	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	EPO - Triple Option	PPO - Triple Option	PPO+ - Triple Option
Plan Name	HMO	PPO	HMO	PPO	EPO	PPO	PPO
Plan Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Funding Type	-	-	-	-	-	-	-
Network	No	No	No	No	No	No	No
Referrals Required							
In Network		In-Network/PHCS		In-Network/PHCS	Baseline/No-Baseline	Baseline/No-Baseline	Baseline/No-Baseline
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$0/\$5,000	\$0/\$5,000	\$0/\$5,000
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$0/\$10,000	\$0/\$10,000	\$0/\$10,000
Co-Insurance	80%	90%	80%	90%	100%/80%	100%/80%	100%/80%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$0/\$7,500	\$0/\$7,500	\$0/\$7,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$0/\$15,000	\$0/\$15,000	\$0/\$15,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	\$0/Ded + 80%	\$0/Ded + 80%	\$0/Ded + 80%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	\$0/Ded + 80%	\$0/Ded + 80%	\$0/Ded + 80%
Copays							
PCP	\$25	\$25	\$25	\$25	\$0/Ded + \$25	\$0/Ded +\$25	\$0/Ded + \$25
Specialist	\$50	\$50	\$50	\$50	\$0/Ded + \$50	\$0/Ded + \$50	\$0/Ded + \$50
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$0/Ded + 80%	\$0/Ded + 80%	\$0/Ded + 80%
ER	\$200	\$350	\$200	\$350	\$0/Ded + 80%	\$0/Ded + 80%	\$0/Ded + 80%
Other Services							
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: \$0/Ded + 80% / X-Ray: \$0/Ded + 80%	Lab: \$0/Ded + 80% / X-Ray: \$0/Ded + 80%	Lab: \$0/Ded + 80% / X-Ray: \$0/Ded + 80%
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	\$0/Ded + 80%	\$0/Ded + 80%	\$0/Ded + 80%
Prescription Drugs					Baseline: \$0/\$50/\$250; No-Baseline: Ded +\$50/Ded + \$100 for brand & generic/Ded + 25% for specialty drugs	Baseline: \$0/\$50/\$250; No-Baseline: Ded +\$50/Ded + \$100 for brand & generic/Ded + 25% for specialty drugs	Baseline: \$0/\$50/\$250; No-Baseline: Ded +\$50/Ded + \$100 for brand & generic/Ded + 25% for specialty drugs
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded			
Out of Network							
Deductible: Single	-	\$7,500	-	\$7,500	-	\$10,000	\$5,000
Deductible: Family	-	\$15,000	-	\$15,000	-	\$20,000	\$10,000
Co-Insurance	-	60%	-	60%	-	50%	80%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$15,000	\$7,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$30,000	\$15,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 50%	Ded + 80%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 50%	Ded + 80%
Enrollment	100	11	100	11	100	11	
Employee Only	72	5	72	5	72	5	
Employee + Spouse	8	1	8	1	8	1	
Employee + Child(ren)	14	0	14	0	14	0	
Family	6	5	6	5	6	5	
Monthly Premiums					\$10,000 Transition Credit		
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$828.50	\$975.08	\$1,071.77
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,657.00	\$1,950.16	\$2,143.54
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,573.82	\$1,852.26	\$2,035.93
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$2,568.35	\$3,022.75	\$3,322.48
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$110,351.58	\$21,939.31	
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$33,277.38 (43.18%)	\$6,775.19 (44.68%)	
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$132,290.89		
Change From Current	---		\$12,022.52 (13.03%)		\$40,052.57 (43.42%)		
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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Florida Blue Option 1	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	Florida Blue	Florida Blue
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	BlueOptions Lower Premium	BlueOptions Predictable Cost
Plan Type	HMO	PPO	HMO	PPO	05906	05773
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	PPO	PPO
Network	-	-	-	-	Fully Insured	Fully Insured
Referrals Required	No	No	No	No	BlueOptions	BlueOptions
In Network		In-Network/PHCS		In-Network/PHCS	No	No
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$5,000	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$10,000	\$7,500
Co-Insurance	80%	90%	80%	90%	80%	80%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$7,900	\$6,350
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$15,800	\$12,700
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	\$300, Ded + 80%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	ASC: \$300, Hosp: Ded + 80%
Copays						
PCP	\$25	\$25	\$25	\$25	\$10	\$35
Specialist	\$50	\$50	\$50	\$50	\$100	\$85
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$75	\$100
ER	\$200	\$350	\$200	\$350	\$250, Ded + 80%	\$350
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: \$0 / X-Ray: Ded + 80%	Lab: \$0 / X-Ray: \$50
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Ded + 80%	\$350
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$10/50/80/250	\$10/50/80/250
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	\$10,000	\$5,000
Deductible: Family	-	\$15,000	-	\$15,000	\$20,000	\$15,000
Co-Insurance	-	60%	-	60%	50%	50%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	\$20,000	\$13,000
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	\$40,000	\$26,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	Ded + 50%	\$500, Ded + 50%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	Ded + 50%	Ded + 50%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums						
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$574.35	\$651.36
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,309.52	\$1,485.10
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,148.70	\$1,302.72
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,837.92	\$2,084.35
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$78,938.68	\$15,163.65
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$1,864.48 (2.42%)	-\$0.47 (0.00%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$94,102.33	
Change From Current	---		\$12,022.52 (13.03%)		\$1,864.01 (2.02%)	

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Florida Blue Option 2	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	Florida Blue	Florida Blue
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	BlueCare Lower Premium 48	BlueOptions Predictable Cost 05773
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$2,000	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$6,000	\$7,500
Co-Insurance	80%	90%	80%	90%	80%	80%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$5,800	\$6,350
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$11,600	\$12,700
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	\$100, Ded + 80%	\$300, Ded + 80%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	ASC: \$250, Hosp: Ded + 80%	ASC: \$300, Hosp: Ded + 80%
Copays						
PCP	\$25	\$25	\$25	\$25	\$35	\$35
Specialist	\$50	\$50	\$50	\$50	\$65	\$85
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$70	\$100
ER	\$200	\$350	\$200	\$350	\$300	\$350
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: \$0 / X-Ray: \$50	Lab: \$0 / X-Ray: \$50
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	\$300	\$350
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$10/50/80/250	\$10/50/80/250
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$5,000
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000
Co-Insurance	-	60%	-	60%	-	50%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$13,000
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$26,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	\$500, Ded + 50%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 50%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums						
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$616.48	\$651.36
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,405.56	\$1,485.10
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,232.95	\$1,302.72
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,972.72	\$2,084.35
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$84,728.66	\$15,163.65
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$7,654.46 (9.93%)	-\$0.47 (0.00%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$99,892.31	
Change From Current	---		\$12,022.52 (13.03%)		\$7,653.99 (8.30%)	

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		Florida Blue Option 3	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	Florida Blue	Florida Blue
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	BlueCare Predictable Cost 53	BlueOptions Predictable Cost 05773
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$3,500	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$5,000	\$7,500
Co-Insurance	80%	90%	80%	90%	70%	80%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,350
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$12,700
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 70%	\$300, Ded + 80%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 70%	ASC: \$300, Hosp: Ded + 80%
Copays						
PCP	\$25	\$25	\$25	\$25	\$40	\$35
Specialist	\$50	\$50	\$50	\$50	\$65	\$85
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$85	\$100
ER	\$200	\$350	\$200	\$350	\$300	\$350
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100/ X-Ray: Indp: \$50, Hosp: \$100	Lab: \$0 / X-Ray: \$65	Lab: \$0 / X-Ray: \$50
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	\$200	\$350
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$10/50/80/250	\$10/50/80/250
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$5,000
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000
Co-Insurance	-	60%	-	60%	-	50%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$13,000
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$26,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	\$500, Ded + 50%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 50%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums						
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$590.50	\$651.36
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,346.34	\$1,485.10
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,181.00	\$1,302.72
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$1,889.60	\$2,084.35
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$81,158.32	\$15,163.65
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$4,084.12 (5.30%)	-\$0.47 (0.00%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$96,321.97	
Change From Current	---		\$12,022.52 (13.03%)		\$4,083.65 (4.43%)	

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City Of Opa-Locka

Effective Date: 10/1/2024	Current		Re-Negotiated		UnitedHealthCare	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	UnitedHealthcare	UnitedHealthcare
Plan Name	HMO OA 7893/6218	Choice 7956/7479	HMO OA 8055/6218	Choice 8096/7479	DU2R-M2 (NHP HMO 2024 (OA)) Rx Plan: NHEX	DZDW-M (NHP Network Flex POS 2024 (OA)) Rx Plan: NHEX
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	Choice NHP HMO NHP *	Choice+ NHP HMO NHP *
Referrals Required	No	No	No	No	No	No
In Network		In-Network/PHCS		In-Network/PHCS		
Deductible: Single	\$3,500	\$2,500	\$3,500	\$2,500	\$3,500	\$2,500
Deductible: Family	\$7,000	\$5,000	\$7,000	\$5,000	\$7,000 (Emb)	\$5,000 (Emb)
Co-Insurance	80%	90%	80%	90%	80%	90%
Out-of-Pocket Limit: Single	\$6,350	\$6,500	\$6,350	\$6,500	\$6,350	\$6,500
Out-of-Pocket Limit: Family	\$12,700	\$13,000	\$12,700	\$13,000	\$12,700	\$13,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Copays						
PCP	\$25	\$25	\$25	\$25	\$25	\$25
Specialist	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40/\$25	\$75/\$25	\$40/\$25	\$75/\$25	\$40	\$75
ER	\$200	\$350	\$200	\$350	\$200	\$350
Other Services						
Diagnostic Lab / X-Ray	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: Routine: \$0, Indp: \$100, Hosp: \$200 / X-Ray: Indp: \$100, Hosp: \$200	Lab: Routine: \$0, Indp: \$50, Hosp: \$100 / X-Ray: Indp: \$50, Hosp: \$100	Lab: \$100 / X-Ray: \$100	Lab: \$50 / X-Ray: \$50
MRI & CT Scan	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	Indp: \$100, Hosp: \$200	Indp: \$200, Hosp: Ded + \$400	\$100 (\$750 Non-DDP)	\$200 (\$750 Non-DDP)
Prescription Drugs						
Rx Tiers	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$20/30/50/100/50%	\$10/25/50/100; 30% After \$500/\$1,000 Ded	\$10/35/70; (Acc PDL) Natl	\$10/60/100; (Acc PDL) Natl
Out of Network						
Deductible: Single	-	\$7,500	-	\$7,500	-	\$7,500
Deductible: Family	-	\$15,000	-	\$15,000	-	\$15,000 (Emb)
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	\$19,500	-	\$19,500	-	\$19,500
Out-of-Pocket Limit: Family	-	\$39,000	-	\$39,000	-	\$39,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	100	11	100	11	100	11
Employee Only	72	5	72	5	72	5
Employee + Spouse	8	1	8	1	8	1
Employee + Child(ren)	14	0	14	0	14	0
Family	6	5	6	5	6	5
Monthly Premiums						
Employee Only	\$578.66	\$673.96	\$659.36	\$730.57	\$733.01	\$759.25
Employee + Spouse	\$1,157.32	\$1,347.92	\$1,318.71	\$1,461.15	\$1,466.02	\$1,518.50
Employee + Child(ren)	\$1,099.22	\$1,280.26	\$1,252.52	\$1,387.80	\$1,392.42	\$1,442.27
Family	\$1,793.84	\$2,089.28	\$2,044.01	\$2,264.78	\$2,272.32	\$2,353.67
Monthly Premium Per Plan	\$77,074.20	\$15,164.12	\$87,822.94	\$16,437.90	\$97,632.68	\$17,083.10
Change From Current	---	---	\$10,748.74 (13.95%)	\$1,273.78 (8.40%)	\$20,558.48 (26.67%)	\$1,918.98 (12.65%)
Monthly Premium Per Option	\$92,238.32		\$104,260.84		\$114,715.78	
Change From Current	---		\$12,022.52 (13.03%)		\$22,477.46 (24.37%)	

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DECLINING / NONCOMPETITIVE

Aetna- Decline Noncompetitive

Cigna- Decline Noncompetitive

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 Viviana Arnold via email arnoldv@aetna.com or at 305/394-8985 via fax.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna). Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it Signature Title Date is subject to change. For more information about Aetna plans, refer to www.aetna.com.

From: [Contour Intake](#)
To: [Linda Jamen](#)
Cc: rick.villena@cignahealthcare.com; Olivia.Johnson@CignaHealthcare.com; grechal.adams@cignahealthcare.com
Subject: Cigna OP-5519259 City of Opa-Locka 10-01-2024 - Response To Your Inquiry DTQ ASO (RFP-2024-31388)
Date: Thursday, August 8, 2024 11:58:16 AM

EXTERNAL: Proceed with Caution Think before clicking.

Dear Linda Jamen:

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 Cigna if you have any questions.

Sincerely,

Ricardo Villena

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|Please do not delete this line from the email to ensure prompt response: RFP Work Item Case # RFP-2024-31388 |

CONFIDENTIALITY NOTICE: If you have received this email in error, please immediately notify the sender by e-mail at the address shown. This email transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright (c) 2024 Cigna

GAP

City Of Opa-Locka

Effective Date: 10/1/2024	Current	Renewal
Plan Nickname	1	1
Carrier	APL	APL
Plan Name	\$3000 50%	\$3000 50%
Contribution	Voluntary	Voluntary
Gap Benefits		
Inpatient Hospital	\$3,000	\$3,000
Outpatient	\$1,000	\$1,000
Additional Riders	\$300 ER Deductible	\$300 ER Deductible
Enrollment	69	69
Employee Only	51	51
Employee + Spouse	4	4
Employee + Child(ren)	8	8
Family	6	6
Monthly Premiums		
Employee Only	\$41.25	\$41.25
Employee + Spouse	\$93.53	\$93.53
Employee + Child(ren)	\$70.38	\$70.38
Family	\$122.65	\$122.65
Monthly Premium Per Plan	\$3,776.81	\$3,776.81
Change From Current	---	\$0.00 (0.00%)
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MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)

City of Opa Locka



Option 1 Summary of Benefits for Separate In-Hospital Benefit and Outpatient Benefit

In-Hospital Benefit

In-Hospital Benefit Maximum	Maximum of \$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.

Outpatient Benefit

Outpatient Benefit Maximum	Maximum of \$1,000 per covered person per calendar year for covered outpatient services. Maximum of \$3,000 per calendar year for all covered persons combined.
Outpatient Benefits	Covered outpatient services include: • Hospital emergency room (subject to emergency room deductible) • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.) All benefits are subject to the outpatient benefit maximum.
Emergency Room Deductible	\$300 per covered person per occurrence

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)

City of Opa Locka



Option 1 Premiums*

Total Monthly Premiums*				
Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$41.25	\$93.53	\$70.38	\$122.65

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

In-Hospital Benefit

The covered person must be covered by the other medical plan at the time any In-Hospital covered charges are incurred.

The in-hospital benefit pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

Outpatient Benefit

Pays the out-of-pocket amount for outpatient covered charges. The covered person must be covered by the other medical plan at the time any covered charges are incurred. The emergency room per occurrence deductible is required to be met with each emergency room visit. This deductible is separate and in addition to the outpatient deductible. The emergency room deductible is not applied to the outpatient deductible even if the visit is for the same or related condition.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A licensed ambulance company must provide the ambulance service.

Exclusions

No benefits will be payable for expenses incurred during any period the covered person does not have coverage under the other medical plan. If a claim is received after coverage under the other medical plan has terminated, APL's liability will be limited to a refund of any premium paid since coverage terminated.

No benefits are payable for expenses incurred resulting from or caused by, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto, (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); outpatient routine newborn care (except newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to you or your covered eligible dependent: where you or your eligible dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.); committing, or attempting to commit, an illegal act that is defined as a felony (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; 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; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by workers' compensation (This does not apply to those sole proprietors or partners not covered by workers' compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy/certificate or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge or outpatient covered charges; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan; or pregnancy of an eligible dependent child.

Non-Duplication of Benefits

Duplication of benefits is not allowed under the policy and/or any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

Optionally Renewable

The policy is renewable at the option of APL. The policyholder or APL may terminate this policy on any premium due date after the first anniversary following the policy effective date, subject to 60 days notice.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the date your coverage under the other medical plan ends; or the date of your death.

Termination of Coverage

Insurance coverage under the certificate and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the date in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. APL may end the coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions and Conditions of the Policy/Certificate to which it is attached, which are not in conflict with those of the Rider. | For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form MEDlink® 7 & 8 Series | FL | Supplemental Limited Benefit Group Medical Expense Insurance | 04/18

DENTAL

City Of Upa-Locka

Effective Date: 10/1/2024		Current		Renewal	
Plan Nickname	1	2	1	2	
Carrier	MetLife	MetLife	MetLife	MetLife	
Plan Name	MET290	PPO	MET290	PPO	
Rate Guarantee	-	-	1 Year	1 Year	
Participation Requirements	-	-	-	-	
In Network					
Deductible: Single	No Ded \$5 Office Visits	\$50	No Ded \$5 Office Visits	\$50	
Deductible: Family	No Ded \$5 Office Visits	\$150	No Ded \$5 Office Visits	\$150	
Preventative / Basic / Major	Co Pays Apply / Co Pays Apply / Co Pays Apply	100% / 90% / 60%	Co Pays Apply / Co Pays Apply / Co Pays Apply	100% / 90% / 60%	
Annual Maximum	None	In: \$3,000 / Out: \$1,500	None	In: \$3,000 / Out: \$1,500	
Endodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic	
Periodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic	
Ortho Coinsurance	Co Pays Apply (Child & Adult)	50% (Child to age 19)	Co Pays Apply (Child & Adult)	50% (Child to age 19)	
Ortho Lifetime Max	None	\$1,000	None	\$1,000	
Out of Network					
Out of Network Reimbursement	-	MAC (Fee)	-	MAC (Fee)	
Deductible: Single	-	\$50	-	\$50	
Deductible: Family	-	\$150	-	\$150	
Preventative / Basic / Major	-	90% / 70% / 40%	-	90% / 70% / 40%	
Enrollment	37	70	37	70	
Employee Only	28	45	28	45	
Employee + Spouse	2	7	2	7	
Employee + Child(ren)	2	10	2	10	
Family	5	8	5	8	
Monthly Premiums			Rate Pass	Rate Pass	
Employee Only	\$13.06	\$36.48	\$13.06	\$36.48	
Employee + Spouse	\$22.85	\$72.95	\$22.85	\$72.95	
Employee + Child(ren)	\$27.41	\$87.98	\$27.41	\$87.98	
Family	\$38.52	\$131.30	\$38.52	\$131.30	
Monthly Premium Per Plan	\$658.80	\$4,082.45	\$658.80	\$4,082.45	
Change From Current	---	---	\$0.00 (0.00%)	\$0.00 (0.00%)	
Monthly Premium Per Option	\$4,741.25		\$4,741.25		
Change From Current	---		\$0.00 (0.00%)		

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VISION

City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname		1	1
Carrier		MetLife	MetLife
Plan Name		M130D 10/10	M130D 10/10
Network		-	-
Rate Guarantee		-	1 Year
Participation Requirements		-	-
In Network			
Exams Copay		\$10	\$10
Exams Frequency		Once Every 12 Months	Once Every 12 Months
Lenses Copay		\$10	\$10
Lenses Frequency		Once Every 12 Months	Once Every 12 Months
Frames Allowance		Up to \$130 + 20% off Balance	Up to \$130 + 20% off Balance
Frames Frequency		Once Every 24 Months	Once Every 24 Months
Contact Lenses Allowance		Up to \$130	Up to \$130
Contact Lenses Frequency		Once Every 12 Months	Once Every 12 Months
Out of Network			
Exams Copay		Up to \$45	Up to \$45
Lenses Copay		Up to \$30	Up to \$30
Frames Allowance		Up to \$70	Up to \$70
Contact Lenses Allowance		Up to \$105	Up to \$105
Enrollment		84	84
Employee Only		51	51
Employee + Spouse		10	10
Employee + Child(ren)		12	12
Family		11	11
Monthly Premiums			Rate Pass
Employee Only		\$6.80	\$6.80
Employee + Spouse		\$13.62	\$13.62
Employee + Child(ren)		\$14.02	\$14.02
Family		\$21.79	\$21.79
Monthly Premium Per Plan		\$890.93	\$890.93
Change From Current		---	\$0.00 (0.00%)

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LIFE & DISABILITY

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname		1	1
Carrier		Lincoln National Corporation	Lincoln National Corporation
Plan Name		Basic Life and AD&D	Basic Life and AD&D (RG 2025)
Rate Guarantee		-	1 Year
Participation Requirements		ER Paid 100%	ER Paid 100%
Benefit			
Benefit Amount		\$50,000	\$50,000
Maximum Benefit		\$50,000	\$50,000
Benefit Reduction		35% At Age 70, 15% At Age 75	35% At Age 70, 15% At Age 75
Guaranteed Issue		\$50,000	\$50,000
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 & Commissioners	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 & Commissioners
Enrollment			
Employee		151	151
Monthly Premiums (Rates Per \$1,000)			Under Rate Guarantee
Volume		\$7,437,500.00	\$7,437,500.00
Basic Life		\$0.361	\$0.361
AD & D		\$0.022	\$0.022
Monthly Premium Per Plan		\$2,848.56	\$2,848.56
Change From Current		---	\$0.00 (0.00%)
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City Of Opa-Locka

Effective Date: 10/1/2024		Renewal	
Plan Nickname	Current	1	
Carrier	Lincoln Financial Group	Lincoln Financial Group	
Plan Name	Voluntary Life and AD&D	Voluntary Life and AD&D (RG 2025)	
Rate Guarantee	-	1 Year	
Participation Requirements	-	-	
Benefit			
Benefit Amount	5 times your annual salary (\$300,000 maximum)	5 times your annual salary (\$300,000 maximum)	
Maximum Benefit	\$300,000	\$300,000	
Benefit Reduction	35% At Age 65, 25% At Age 70, 15% At Age 75, 15% At Age 80	35% At Age 65, 25% At Age 70, 15% At Age 75, 15% At Age 80	
Guaranteed Issue	\$150,000	\$150,000	
Spouse GI	\$30,000	\$30,000	
Child GI	6 Months to 19 (to 25 if FT student) \$10,000, Age 14 to 6 months \$250	6 Months to 19 (to 25 if FT student) \$10,000, Age 14 to 6 months \$250	
Enrollment			
Employee	41	41	
Monthly Premiums (Rates Per \$1,000)		Under Rate Guarantee	
Volume	\$1,979,500.00	\$1,979,500.00	
AD & D	\$0.032	\$0.032	
Spouse AD & D	\$0.032	\$0.032	
Child AD & D	\$2.00	\$2.00	
	0-29: \$0.08	0-29: \$0.08	
	30-34: \$0.09	30-34: \$0.09	
	35-39: \$0.11	35-39: \$0.11	
	40-44: \$0.18	40-44: \$0.18	
	45-49: \$0.29	45-49: \$0.29	
	50-54: \$0.54	50-54: \$0.54	
	55-59: \$0.86	55-59: \$0.86	
	60-64: \$1.01	60-64: \$1.01	
	65-69: \$1.82	65-69: \$1.82	
	70-74: \$3.55	70-74: \$3.55	
	75-79: \$9.57	75-79: \$9.57	
	80-99: \$21.83	80-99: \$21.83	
Monthly Premium Per Plan	\$831.59	\$831.59	
Change From Current	---	\$0.00 (0.00%)	
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.			
Information provided is proprietary. It may not be copied, emulated or distributed without express permission			

City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname	1	1	
Carrier	Lincoln National Corporation	Lincoln National Corporation	
Contrib/Non-Contributory	Contributory	Contributory	
Plan Name	Short Term Disability	Short Term Disability (RG 2025)	
Rate Guarantee	-	1 Year	
Participation Requirements	-	-	
Employer Contribution	100.00%	100.00%	
Benefit			
Benefit Percentage	60%	60%	
Max Weekly Benefit	\$1,000	\$1,000	
Max Benefit Duration	11 weeks	11 weeks	
Elimination Period - Accident	14 Days	14 Days	
Elimination Period - Sickness	14 Days	14 Days	
Pre-existing Conditions	3/6	3/6	
Class Description	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka	
Enrollment			
Employee	72	72	
Monthly Premiums		Under Rate Guarantee	
Rates Per \$10	\$0.387	\$0.387	
Covered Weekly Benefit	\$37,748.00	\$37,748.00	
Monthly Premium Per Plan	\$1,460.85	\$1,460.85	
Change From Current	---	\$0.00 (0.00%)	
Quotes are based on the census received. Rates could be adjusted based on final enrollment.			
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City Of Opa-Locka

Effective Date: 10/1/2024		Current		Renewal	
Plan Nickname		1		1	
Carrier		Lincoln National Corporation		Lincoln National Corporation	
Contrib/Non-Contributory		Contributory		Contributory	
Plan Name		Long Term Disability		Long Term Disability (RG 2025)	
Rate Guarantee		-		1 Year	
Participation Requirements		-		-	
Employer Contribution		0.00%		0.00%	
Benefit					
Benefit Percentage		60%		60%	
Max Monthly Benefit		Class 1 & 3: \$10,000, Class 2 to \$5,000		Class 1 & 3: \$10,000, Class 2 to \$5,000	
Max Benefit Duration		Age 65 or SSNRA		Age 65 or SSNRA	
Elimination Period		90 Days		90 Days	
Definition of Disability		24 Months		24 Months	
Pre-existing Conditions		3/12		3/12	
Guaranteed Issue		Class 1 & 3: \$10,000, Class 2 to \$5,000		Class 1 & 3: \$10,000, Class 2 to \$5,000	
Class Description		Class 1: Elected Officials of City of Opa Locka		Class 1: Elected Officials of City of Opa Locka	
		Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka		Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	
		Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka		Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	
Enrollment					
Employee		41		41	
Monthly Premiums				Under Rate Guarantee	
Rates Per \$100		Age Banded		Age Banded	
Covered Monthly Payroll		\$155,945.00		\$155,945.00	
		Under 30: \$0.156		Under 30: \$0.156	
		30-34: \$0.239		30-34: \$0.239	
		35-39: \$0.405		35-39: \$0.405	
		40-44: \$0.613		40-44: \$0.613	
		45-49: \$0.863		45-49: \$0.863	
		50-54: \$1.101		50-54: \$1.101	
		55-59: \$1.424		55-59: \$1.424	
		60-64: \$1.185		60-64: \$1.185	
		65-69: \$0.925		65-69: \$0.925	
		70-74: \$0.738		70-74: \$0.738	
		Over 75: \$0.811		Over 75: \$0.811	
Monthly Premium Per Plan		\$1,426.63		\$1,426.63	
Change From Current		---		\$0.00 (0.00%)	

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

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ADDITIONAL PRODUCTS

SUPPLEMENTAL WORKSITE BENEFITS

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

Critical Illness 1.0 for FL

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.53	\$2.30	\$1.58	\$2.40
	25-29	\$1.78	\$2.70	\$1.83	\$2.75
	30-34	\$2.18	\$3.30	\$2.23	\$3.35
	35-39	\$2.83	\$4.20	\$2.88	\$4.30
	40-44	\$3.68	\$5.50	\$3.73	\$5.55
	45-49	\$4.78	\$7.20	\$4.83	\$7.25
	50-54	\$6.08	\$9.30	\$6.13	\$9.35
	55-59	\$7.43	\$11.45	\$7.48	\$11.50
	60-64	\$9.08	\$14.10	\$9.13	\$14.20
	65-70	\$10.93	\$16.45	\$10.98	\$16.55
\$25,000	17-24	\$2.21	\$3.28	\$2.33	\$3.53
	25-29	\$2.83	\$4.28	\$2.96	\$4.40
	30-34	\$3.83	\$5.78	\$3.96	\$5.90
	35-39	\$5.46	\$8.03	\$5.58	\$8.28
	40-44	\$7.58	\$11.28	\$7.71	\$11.40
	45-49	\$10.33	\$15.53	\$10.46	\$15.65
	50-54	\$13.58	\$20.78	\$13.71	\$20.90
	55-59	\$16.96	\$26.15	\$17.08	\$26.28
	60-64	\$21.08	\$32.78	\$21.21	\$33.03
	65-70	\$25.71	\$38.65	\$25.83	\$38.90
\$50,000	17-24	\$3.33	\$4.90	\$3.58	\$5.40
	25-29	\$4.58	\$6.90	\$4.83	\$7.15
	30-34	\$6.58	\$9.90	\$6.83	\$10.15
	35-39	\$9.83	\$14.40	\$10.08	\$14.90
	40-44	\$14.08	\$20.90	\$14.33	\$21.15
	45-49	\$19.58	\$29.40	\$19.83	\$29.65
	50-54	\$26.08	\$39.90	\$26.33	\$40.15
	55-59	\$32.83	\$50.65	\$33.08	\$50.90
	60-64	\$41.08	\$63.90	\$41.33	\$64.40
	65-70	\$50.33	\$75.65	\$50.58	\$76.15

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1000, Health Screening: \$50, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$8.52	\$15.26	\$12.61	\$19.35
50-59	\$11.30	\$21.85	\$15.40	\$25.95
60-64	\$14.86	\$29.97	\$18.95	\$34.05
65-99	\$19.33	\$39.55	\$23.41	\$43.64

(Continued...)

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1500, Health Screening: \$50, Outpatient Surgery: Tier 1=\$750, Tier 2=\$1500, CY Max=\$2500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$12.23	\$22.06	\$18.37	\$28.20
50-59	\$16.41	\$31.96	\$22.54	\$38.09
60-64	\$21.74	\$44.11	\$27.89	\$50.25
65-99	\$28.44	\$58.49	\$34.58	\$64.62

Cancer 1000 for FL

Applicable to policy form C1000

- with Progressive Payment Benefit, \$5,000 Initial Diagnosis Benefit

	ISSUE AGE	NAMED INSURED	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-69	\$15.05	\$16.75	\$25.00
Level 3	17-69	\$18.05	\$20.75	\$30.50

Accident 1.0 for FL

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred with health screening	17-80	\$8.62	\$13.83	\$15.80	\$20.95

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Gunshot Wound Rate Sheet for Florida

Monthly premium per \$1,000 of lump-sum benefit in Florida

Plan Code	PS03 <i>Note: the "0" is a zero</i>
Issue Ages 17- 69	\$0.20

Coverage	Employee only
Plan Structure	On/off-job
Benefit Amount	\$1,000 to \$5,000 lump sum, offered in \$1000 increments
Benefit Features	• Non-fatal gunshot wound from a conventional firearm. • One benefit per 24-hour period, regardless of the number of gunshot wounds. • Requires treatment by a physician, including overnight care in a hospital, within 24 hours after the accident.
Eligibility	• Offered to all permanent, benefit-eligible employees ages 17-69 in Florida who work at least 15 hours per week on a regular basis. • The employee must be actively at work at the time of application. • Seasonal and temporary employees are not eligible. Spouse and children are not eligible.
Policy Form	• GSW-FL only

For states other than Florida, see the regular gunshot wound rate sheet, 101717.

Important: The information contained in this rate sheet is confidential and intended for the training and education of Colonial Life & Accident Insurance Company employees and benefit counselors only. Colonial Life has not authorized any other use of this information. Do not give or show it to prospective insureds, employers of prospective insureds, other insurance carrier representatives, work site marketing competitors, or anyone else not employed by or contracted with Colonial Life or other Unum Group business units. This sheet contains highlights of the actual product benefits. Please see the policy for your state for complete details.

DECLINING / NONCOMPETITIVE

Aetna- Decline Noncompetitive

Cigna- Decline Noncompetitive

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

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 Viviana Arnold via email arnoldv@aetna.com or at 305/394-8985 via fax.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna). Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

From: [Contour Intake](#)
To: [Linda Jamen](#)
Cc: rick.villena@cignahealthcare.com; Olivia.Johnson@CignaHealthcare.com; grechal.adams@cignahealthcare.com
Subject: Cigna OP-5519259 City of Opa-Locka 10-01-2024 - Response To Your Inquiry DTQ ASO (RFP-2024-31388)
Date: Thursday, August 8, 2024 11:58:16 AM

EXTERNAL: Proceed with Caution Think before clicking.

Dear Linda Jamen:

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 Cigna if you have any questions.

Sincerely,

Ricardo Villena

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[Please do not delete this line from the email to ensure prompt response: RFP Work Item Case # RFP-2024-31388]

CONFIDENTIALITY NOTICE: If you have received this email in error, please immediately notify the sender by e-mail at the address shown. This email transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright (c) 2024 Cigna

GAP

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname	1	1	
Carrier	APL	APL	
Plan Name	\$3000 50%	\$3000 50%	
Contribution	Voluntary	Voluntary	
Gap Benefits			
Inpatient Hospital	\$3,000	\$3,000	
Outpatient	\$1,000	\$1,000	
Additional Riders	\$300 ER Deductible	\$300 ER Deductible	
Enrollment	69	69	
Employee Only	51	51	
Employee + Spouse	4	4	
Employee + Child(ren)	8	8	
Family	6	6	
Monthly Premiums			
Employee Only	\$41.25	\$41.25	
Employee + Spouse	\$93.53	\$93.53	
Employee + Child(ren)	\$70.38	\$70.38	
Family	\$122.65	\$122.65	
Monthly Premium Per Plan	\$3,776.81	\$3,776.81	
Change From Current	---	\$0.00 (0.00%)	

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

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MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)



City of Opa Locka

Option 1 Summary of Benefits for Separate In-Hospital Benefit and Outpatient Benefit

In-Hospital Benefit

In-Hospital Benefit Maximum	Maximum of \$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.

Outpatient Benefit

Outpatient Benefit Maximum	Maximum of \$1,000 per covered person per calendar year for covered outpatient services. Maximum of \$3,000 per calendar year for all covered persons combined.
Outpatient Benefits	Covered outpatient services include: • Hospital emergency room (subject to emergency room deductible) • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.) All benefits are subject to the outpatient benefit maximum.
Emergency Room Deductible	\$300 per covered person per occurrence

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)



City of Opa Locka

Option 1 Premiums*

Total Monthly Premiums*				
Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$41.25	\$93.53	\$70.38	\$122.65

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

In-Hospital Benefit

The covered person must be covered by the other medical plan at the time any In-Hospital covered charges are incurred.

The in-hospital benefit pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

Outpatient Benefit

Pays the out-of-pocket amount for outpatient covered charges. The covered person must be covered by the other medical plan at the time any covered charges are incurred. The emergency room per occurrence deductible is required to be met with each emergency room visit. This deductible is separate and in addition to the outpatient deductible. The emergency room deductible is not applied to the outpatient deductible even if the visit is for the same or related condition.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A Licensed ambulance company must provide the ambulance service.

Exclusions

No benefits will be payable for expenses incurred during any period the covered person does not have coverage under the other medical plan. If a claim is received after coverage under the other medical plan has terminated, APL's liability will be limited to a refund of any premium paid since coverage terminated.

No benefits are payable for expenses incurred resulting from or caused by, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto, (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); outpatient routine newborn care (except newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to you or your covered eligible dependent: where you or your eligible dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.); committing, or attempting to commit, an illegal act that is defined as a felony (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; 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; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by workers' compensation (This does not apply to those sole proprietors or partners not covered by workers' compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy/certificate or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge or outpatient covered charges; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan; or pregnancy of an eligible dependent child.

Non-Duplication of Benefits

Duplication of benefits is not allowed under the policy and/or any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

Optionally Renewable

The policy is renewable at the option of APL. The policyholder or APL may terminate this policy on any premium due date after the first anniversary following the policy effective date, subject to 60 days notice.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the date your coverage under the other medical plan ends; or the date of your death.

Termination of Coverage

Insurance coverage under the certificate and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the date in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. APL may end the coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions and Conditions of the Policy/Certificate to which it is attached, which are not in conflict with those of the Rider. | For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form MEDlink® 7 & 8 Series | FL | Supplemental Limited Benefit Group Medical Expense Insurance | 04/18

DENTAL

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Effective Date: 10/1/2024	Current		Renewal	
Plan Nickname	1	2	1	2
Carrier	MetLife	MetLife	MetLife	MetLife
Plan Name	MET290	PPO	MET290	PPO
Rate Guarantee	-	-	1 Year	1 Year
Participation Requirements	-	-	-	-
In Network				
Deductible: Single	No Ded \$5 Office Visits	\$50	No Ded \$5 Office Visits	\$50
Deductible: Family	No Ded \$5 Office Visits	\$150	No Ded \$5 Office Visits	\$150
Preventative / Basic / Major	Co Pays Apply / Co Pays Apply / Co Pays Apply	100% / 90% / 60%	Co Pays Apply / Co Pays Apply / Co Pays Apply	100% / 90% / 60%
Annual Maximum	None	In: \$3,000 / Out: \$1,500	None	In: \$3,000 / Out: \$1,500
Endodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic
Periodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic
Ortho Coinsurance	Co Pays Apply (Child & Adult)	50% (Child to age 19)	Co Pays Apply (Child & Adult)	50% (Child to age 19)
Ortho Lifetime Max	None	\$1,000	None	\$1,000
Out of Network				
Out of Network Reimbursement	-	MAC (Fee)	-	MAC (Fee)
Deductible: Single	-	\$50	-	\$50
Deductible: Family	-	\$150	-	\$150
Preventative / Basic / Major	-	90% / 70% / 40%	-	90% / 70% / 40%
Enrollment	37	70	37	70
Employee Only	28	45	28	45
Employee + Spouse	2	7	2	7
Employee + Child(ren)	2	10	2	10
Family	5	8	5	8
Monthly Premiums			Rate Pass	Rate Pass
Employee Only	\$13.06	\$36.48	\$13.06	\$36.48
Employee + Spouse	\$22.85	\$72.95	\$22.85	\$72.95
Employee + Child(ren)	\$27.41	\$87.98	\$27.41	\$87.98
Family	\$38.52	\$131.30	\$38.52	\$131.30
Monthly Premium Per Plan	\$658.80	\$4,082.45	\$658.80	\$4,082.45
Change From Current	---	---	\$0.00 (0.00%)	\$0.00 (0.00%)
Monthly Premium Per Option	\$4,741.25		\$4,741.25	
Change From Current	---		\$0.00 (0.00%)	

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

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VISION

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Effective Date: 10/1/2024		
	Current	Renewal
Plan Nickname	1	1
Carrier	MetLife	MetLife
Plan Name	M130D 10/10	M130D 10/10
Network	-	-
Rate Guarantee	-	1 Year
Participation Requirements	-	-
In Network		
Exams Copay	\$10	\$10
Exams Frequency	Once Every 12 Months	Once Every 12 Months
Lenses Copay	\$10	\$10
Lenses Frequency	Once Every 12 Months	Once Every 12 Months
Frames Allowance	Up to \$130 + 20% off Balance	Up to \$130 + 20% off Balance
Frames Frequency	Once Every 24 Months	Once Every 24 Months
Contact Lenses Allowance	Up to \$130	Up to \$130
Contact Lenses Frequency	Once Every 12 Months	Once Every 12 Months
Out of Network		
Exams Copay	Up to \$45	Up to \$45
Lenses Copay	Up to \$30	Up to \$30
Frames Allowance	Up to \$70	Up to \$70
Contact Lenses Allowance	Up to \$105	Up to \$105
Enrollment	84	84
Employee Only	51	51
Employee + Spouse	10	10
Employee + Child(ren)	12	12
Family	11	11
Monthly Premiums		Rate Pass
Employee Only	\$6.80	\$6.80
Employee + Spouse	\$13.62	\$13.62
Employee + Child(ren)	\$14.02	\$14.02
Family	\$21.79	\$21.79
Monthly Premium Per Plan	\$890.93	\$890.93
Change From Current	---	\$0.00 (0.00%)

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LIFE & DISABILITY

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname		1	1
Carrier		Lincoln National Corporation	Lincoln National Corporation
Plan Name		Basic Life and AD&D	Basic Life and AD&D (RG 2025)
Rate Guarantee		-	1 Year
Participation Requirements		ER Paid 100%	ER Paid 100%
Benefit			
Benefit Amount		\$50,000	\$50,000
Maximum Benefit		\$50,000	\$50,000
Benefit Reduction		35% At Age 70, 15% At Age 75	35% At Age 70, 15% At Age 75
Guaranteed Issue		\$50,000	\$50,000
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 & Commissioners	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 & Commissioners
Enrollment			
Employee		151	151
Monthly Premiums (Rates Per \$1,000)			Under Rate Guarantee
Volume		\$7,437,500.00	\$7,437,500.00
Basic Life		\$0.361	\$0.361
AD & D		\$0.022	\$0.022
Monthly Premium Per Plan		\$2,848.56	\$2,848.56
Change From Current		---	\$0.00 (0.00%)
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. Information provided is proprietary. It may not be copied, emulated or distributed without express permission			

City Of Opa-Locka

Effective Date: 10/1/2024		
	Current	Renewal
Plan Nickname	1	1
Carrier	Lincoln Financial Group	Lincoln Financial Group
Plan Name	Voluntary Life and AD&D	Voluntary Life and AD&D (RG 2025)
Rate Guarantee	-	1 Year
Participation Requirements	-	-
Benefit		
Benefit Amount	5 times your annual salary (\$300,000 maximum)	5 times your annual salary (\$300,000 maximum)
Maximum Benefit	\$300,000	\$300,000
Benefit Reduction	35% At Age 65, 25% At Age 70, 15% At Age 75, 15% At Age 80	35% At Age 65, 25% At Age 70, 15% At Age 75, 15% At Age 80
Guaranteed Issue	\$150,000	\$150,000
Spouse GI	\$30,000	\$30,000
Child GI	6 Months to 19 (to 25 if FT student) \$10,000, Age 14 to 6 months \$250	6 Months to 19 (to 25 if FT student) \$10,000, Age 14 to 6 months \$250
Enrollment		
Employee	41	41
Monthly Premiums (Rates Per \$1,000)		Under Rate Guarantee
Volume	\$1,979,500.00	\$1,979,500.00
AD & D	\$0.032	\$0.032
Spouse AD & D	\$0.032	\$0.032
Child AD & D	\$2.00	\$2.00
	0-29: \$0.08	0-29: \$0.08
	30-34: \$0.09	30-34: \$0.09
	35-39: \$0.11	35-39: \$0.11
	40-44: \$0.18	40-44: \$0.18
	45-49: \$0.29	45-49: \$0.29
	50-54: \$0.54	50-54: \$0.54
	55-59: \$0.86	55-59: \$0.86
	60-64: \$1.01	60-64: \$1.01
	65-69: \$1.82	65-69: \$1.82
	70-74: \$3.55	70-74: \$3.55
	75-79: \$9.57	75-79: \$9.57
	80-99: \$21.83	80-99: \$21.83
Monthly Premium Per Plan	\$831.59	\$831.59
Change From Current	---	\$0.00 (0.00%)

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

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City Of Opa-Locka

Effective Date: 10/1/2024			
		Current	Renewal
Plan Nickname		1	1
Carrier		Lincoln National Corporation	Lincoln National Corporation
Contrib/Non-Contributory		Contributory	Contributory
Plan Name		Short Term Disability	Short Term Disability (RG 2025)
Rate Guarantee		-	1 Year
Participation Requirements		-	-
Employer Contribution		100.00%	100.00%
Benefit			
Benefit Percentage		60%	60%
Max Weekly Benefit		\$1,000	\$1,000
Max Benefit Duration		11 weeks	11 weeks
Elimination Period - Accident		14 Days	14 Days
Elimination Period - Sickness		14 Days	14 Days
Pre-existing Conditions		3/6	3/6
Class Description		Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka
Enrollment			
Employee		72	72
Monthly Premiums			Under Rate Guarantee
Rates Per \$10		\$0.387	\$0.387
Covered Weekly Benefit		\$37,748.00	\$37,748.00
Monthly Premium Per Plan		\$1,460.85	\$1,460.85
Change From Current		---	\$0.00 (0.00%)
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City Of Opa-Locka

Effective Date: 10/1/2024		Current	Renewal
Plan Nickname		1	1
Carrier		Lincoln National Corporation	Lincoln National Corporation
Contrib/Non-Contributory		Contributory	Contributory
Plan Name		Long Term Disability	Long Term Disability (RG 2025)
Rate Guarantee		-	1 Year
Participation Requirements		-	-
Employer Contribution		0.00%	0.00%
Benefit			
Benefit Percentage		60%	60%
Max Monthly Benefit		Class 1 & 3: \$10,000, Class 2 to \$5,000	Class 1 & 3: \$10,000, Class 2 to \$5,000
Max Benefit Duration		Age 65 or SSNRA	Age 65 or SSNRA
Elimination Period		90 Days	90 Days
Definition of Disability		24 Months	24 Months
Pre-existing Conditions		3/12	3/12
Guaranteed Issue		Class 1 & 3: \$10,000, Class 2 to \$5,000	Class 1 & 3: \$10,000, Class 2 to \$5,000
		Class 1: Elected Officials of City of Opa Locka	Class 1: Elected Officials of City of Opa Locka
		Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka
Class Description		Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka
Enrollment			
Employee		41	41
Monthly Premiums			Under Rate Guarantee
Rates Per \$100		Age Banded	Age Banded
Covered Monthly Payroll		\$155,945.00	\$155,945.00
		Under 30: \$0.156	Under 30: \$0.156
		30-34: \$0.239	30-34: \$0.239
		35-39: \$0.405	35-39: \$0.405
		40-44: \$0.613	40-44: \$0.613
		45-49: \$0.863	45-49: \$0.863
		50-54: \$1.101	50-54: \$1.101
		55-59: \$1.424	55-59: \$1.424
		60-64: \$1.185	60-64: \$1.185
		65-69: \$0.925	65-69: \$0.925
		70-74: \$0.738	70-74: \$0.738
		Over 75: \$0.811	Over 75: \$0.811
Monthly Premium Per Plan		\$1,426.63	\$1,426.63
Change From Current		---	\$0.00 (0.00%)

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

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ADDITIONAL PRODUCTS

SUPPLEMENTAL WORKSITE BENEFITS

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

Critical Illness 1.0 for FL

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Applicable to policy form CI-1.0

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.53	\$2.30	\$1.58	\$2.40
	25-29	\$1.78	\$2.70	\$1.83	\$2.75
	30-34	\$2.18	\$3.30	\$2.23	\$3.35
	35-39	\$2.83	\$4.20	\$2.88	\$4.30
	40-44	\$3.68	\$5.50	\$3.73	\$5.55
	45-49	\$4.78	\$7.20	\$4.83	\$7.25
	50-54	\$6.08	\$9.30	\$6.13	\$9.35
	55-59	\$7.43	\$11.45	\$7.48	\$11.50
	60-64	\$9.08	\$14.10	\$9.13	\$14.20
	65-70	\$10.93	\$16.45	\$10.98	\$16.55
\$25,000	17-24	\$2.21	\$3.28	\$2.33	\$3.53
	25-29	\$2.83	\$4.28	\$2.96	\$4.40
	30-34	\$3.83	\$5.78	\$3.96	\$5.90
	35-39	\$5.46	\$8.03	\$5.58	\$8.28
	40-44	\$7.58	\$11.28	\$7.71	\$11.40
	45-49	\$10.33	\$15.53	\$10.46	\$15.65
	50-54	\$13.58	\$20.78	\$13.71	\$20.90
	55-59	\$16.96	\$26.15	\$17.08	\$26.28
	60-64	\$21.08	\$32.78	\$21.21	\$33.03
	65-70	\$25.71	\$38.65	\$25.83	\$38.90
\$50,000	17-24	\$3.33	\$4.90	\$3.58	\$5.40
	25-29	\$4.58	\$6.90	\$4.83	\$7.15
	30-34	\$6.58	\$9.90	\$6.83	\$10.15
	35-39	\$9.83	\$14.40	\$10.08	\$14.90
	40-44	\$14.08	\$20.90	\$14.33	\$21.15
	45-49	\$19.58	\$29.40	\$19.83	\$29.65
	50-54	\$26.08	\$39.90	\$26.33	\$40.15
	55-59	\$32.83	\$50.65	\$33.08	\$50.90
	60-64	\$41.08	\$63.90	\$41.33	\$64.40
	65-70	\$50.33	\$75.65	\$50.58	\$76.15

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1000, Health Screening: \$50, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$8.52	\$15.26	\$12.61	\$19.35
50-59	\$11.30	\$21.85	\$15.40	\$25.95
60-64	\$14.86	\$29.97	\$18.95	\$34.05
65-99	\$19.33	\$39.55	\$23.41	\$43.64

(Continued...)

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

Hospital Confinement: \$1500, Health Screening: \$50, Outpatient Surgery: Tier 1=\$750, Tier 2=\$1500, CY Max=\$2500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$12.23	\$22.06	\$18.37	\$28.20
50-59	\$16.41	\$31.96	\$22.54	\$38.09
60-64	\$21.74	\$44.11	\$27.89	\$50.25
65-99	\$28.44	\$58.49	\$34.58	\$64.62

Cancer 1000 for FL

Applicable to policy form C1000

- with Progressive Payment Benefit, \$5,000 Initial Diagnosis Benefit

	ISSUE AGE	NAMED INSURED	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-69	\$15.05	\$16.75	\$25.00
Level 3	17-69	\$18.05	\$20.75	\$30.50

Accident 1.0 for FL

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred with health screening	17-80	\$8.62	\$13.83	\$15.80	\$20.95

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Gunshot Wound Rate Sheet for Florida

Monthly premium per \$1,000 of lump-sum benefit in Florida

Plan Code	PS03 <i>Note: the "0" is a zero</i>
Issue Ages 17- 69	\$0.20

Coverage	Employee only
Plan Structure	On/off-job
Benefit Amount	\$1,000 to \$5,000 lump sum, offered in \$1000 increments
Benefit Features	• Non-fatal gunshot wound from a conventional firearm. • One benefit per 24-hour period, regardless of the number of gunshot wounds. • Requires treatment by a physician, including overnight care in a hospital, within 24 hours after the accident.
Eligibility	• Offered to all permanent, benefit-eligible employees ages 17-69 in Florida who work at least 15 hours per week on a regular basis. • The employee must be actively at work at the time of application. • Seasonal and temporary employees are not eligible. Spouse and children are not eligible.
Policy Form	• GSW-FL only

For states other than Florida, see the regular gunshot wound rate sheet, 101717.

Important: The information contained in this rate sheet is confidential and intended for the training and education of Colonial Life & Accident Insurance Company employees and benefit counselors only. Colonial Life has not authorized any other use of this information. Do not give or show it to prospective insureds, employers of prospective insureds, other insurance carrier representatives, work site marketing competitors, or anyone else not employed by or contracted with Colonial Life or other Unum Group business units. This sheet contains highlights of the actual product benefits. Please see the policy for your state for complete details.

RESOLUTION NO. 24-116

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, EXERCISING INQUIRY AND INVESTIGATION AUTHORITY PURSUANT TO SECTIONS 2.5 AND 4.2 OF THE CITY OF OPA-LOCKA'S CHARTER; REQUIRING THE CITY MANAGER TO PROVIDE WRITTEN FINDINGS, REPORTS, AND PRODUCE POLICIES AND PROCEDURES AND OTHER RELEVANT INFORMATION PERTAINING TO ACCIDENTS RELATING TO CITY VEHICLES AND PERSONAL VEHICLES; PROVIDING PROCEDURES FOR NOTIFICATION TO THE CITY COMMISSION OF MAJOR CRIMES; PROVIDING INVESTIGATION OF MATTERS HANDLED BY THE CITY'S POLICE DEPARTMENT; PROVIDING INQUIRY RELATED TO A 2024 BONUS STRUCTURE PASSED BY THE CITY COMMISSION, BUT NOT YET IMPLEMENTED; PROVIDING INQUIRY FOR NOTIFICATION PROCEDURE TO THE CITY COMMISSION AFTER AN EMPLOYEE IS TERMINATED; PROVIDING INQUIRY AS TO FACTS AND CIRCUMSTANCES SURROUNDING THREE OR MORE FIRED CITY PARK EMPLOYEES; PROVIDING FOR A COMPLETION DATE FOR INQUIRY AND INVESTIGATION; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City Commission of the City of Opa-Locka desires to implement its authority and powers of inquiry as set forth within Section 2.5 and 4.2 of the City of Opa-Locka's Charter; and

WHEREAS, more specifically, Section 2.5 permits the City Commission to "inquire into the conduct of any office, department or agency of the city and make investigations as to municipal affairs"; and

WHEREAS, according to Section 4.2 of the City of Opa-Locka's Charter, the City Commission may make good faith inquiries and conduct investigations in accordance with a resolution adopted by the City Commission; and

WHEREAS, during the July 24, 2024 City Commission meeting, several concerns were raised by the City Commission to the City Manager resulting in the direction that a "Future Agenda Item" to be drafted for City Commission consideration; and

WHEREAS, the City Commission has an interest in ensuring that the affairs of the City are being handled appropriately, without bias and that investigations are being conducted in a way that is fair and equitable to all employees and all persons conducting business for or on behalf of the City without political agendas or improper motives; and

WHEREAS, the City Commission desires to make inquiry and investigation directed to the City Manager for the following areas set out in this Resolution and specifically for the matter discussed at the July 24, 2024 City Commission meeting involving a city employee who was involved in an automobile accident with a County bus and who left the scene of an accident with damages. The City Manager shall conduct an investigation and report findings to the City Commission to include video evidence from the scene of the accident; the nature of any current review of this matter by the City to include information obtained from Miami-Dade County; upcoming court date(s) set for the matter pertaining to the employee (traffic and criminal court); a timeline of events involving the matter; how the matter was reported to the City and by whom; where documentation is kept regarding the matter; explanation of why the matter was not reported to the City's Human Resources Department Director; explanation of why normal protocols for this type of matter were not followed; copies of all written Human Resources protocols, policies and procedures for any matter involving what employees are supposed to do in the event of an automobile accident involving a vehicle (both City and personal); also include written policies and procedures followed when police are involved in an automobile accident; state name(s) of the person who made the decision to give a citation rather than make arrest; how are vehicle assignments made for City vehicles; state how is it possible for a person to be driving a vehicle not assigned to that person; provide the written policy and procedure for vehicle assignments in general; what is the written penalty, if any, for driving a vehicle not assigned to an employee; provide last update for any policies and procedures requested by this inquiry; provide as a public record all vehicle assignment sheets since March 1, 2022; and

WHEREAS, the City Commission desires to know the written policy and procedures mentioned by the City Manager at the July 24, 2024 City Commission meeting that is in place for notification to the City Commission of all major crimes and potential news stories; and

WHEREAS, the City Commission desires to be made aware of the process used to "investigate" matters handled by the City of Opa-Locka's police department. Specifically, the City Commission desires a written policy of factors, circumstances and analysis utilized in order to initiate an investigation against City employees, a Charter Officer, and a City Commissioner; whether the City Manager is made aware of City investigations conducted by the police department; whether and to what degree does the City Manager participate in City investigations conducted by the police department; list all City closed investigations conducted of a City employee, City Charter Officer and City Commissioner during the tenure of the City Manager, to include interim service as City Manager; whether the City is aware of any current investigations being conducted by FDLE, and if so, how many; whether the City is aware of any criminal investigations being conducted by Miami-Dade County and, if so, how many; whether the City is aware of any other law enforcement agencies conducting criminal investigations of City employees, Charter Officers and City Commissioners and if so, how many; and

WHEREAS, the City Commission desires to inquire as to why a City bonus structure that was passed by the City Commission in or about February 2024 by resolution, which

contained a timeline within the resolution, has not been considered and/or awarded by the City Manager; and

WHEREAS, the City Commission desires to inquire as to the process for notifying the City Commission when employees are terminated; the City Commission further desires to obtain any written procedure for exit interviews conducted by all employees who leave the City; and

WHEREAS, the City Commission expressed great concern during the July 24, 2024 City Commission meeting regarding the use of the City Commission Chambers for pictures taken by a candidate familiar to the City Manager who is running for city office in a nearby municipality. The City Commission specifically desires any written policy and procedure on how the City Commission chambers is made available to outside persons not connected with the City business. The City Commission desires a detailed report on all other instances where the City Chambers and any city facility that has been utilized and approved by the City Manager without knowledge of the City Commission during his tenure with the City. The City Commission further desires investigation into the name of the photographer involved who took pictures related to the discussion that took place during the July 24, 2024 meeting; the date, time and reasons allegedly provided that lead to the approval of the City Manager authorizing political photos to be taken within the chambers of the City Commission; and

WHEREAS, with respect to the matter involving three or more park employees fired by the City Manager during the year 2024 and pertaining to the discussion held at the July 24, 2024 City Commission meeting, the City Commission desires to make inquiry and investigation as to whether inquiries involving park sponsors have anything to do with the three or more park employees fired by the City Manager and if so, the nature of the inquiry; the City Manager shall be required to specify the rationale behind an investigation taking place subsequent to the termination of park employees; the City Manager shall state what other investigations are taking place by naming specific agencies, department and contact people responsible for conducting investigation of park employees; the City Manager shall name any person said to be involved in reports of alleged ethics violations made in connection with park employees; if the City's police department is involved in investigating reasons associated with the firing of park employees; if not, the City Manager shall detailed results of any closed investigations, the person responsible for conducting the investigation shall be named; if the City Manager alleges that investigation is ongoing and active, state the date the investigation started and how long the investigation is expected to be maintained; and

WHEREAS, for all polices provided in response to inquiries and investigation required by this resolution, the City Manager will be required to provide the date of the policy/procedure, date of any amendment(s) to the policy/procedure and the person who created the policy/procedure; and

WHEREAS, all answers, reports, investigation and findings shall be provided to the City Commission no later than August 26 2024.

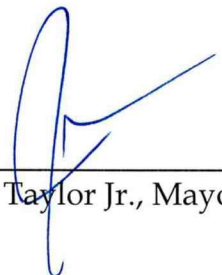
NOW THEREFORE BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF OPA LOCKA, FLORIDA:

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

Section 2. The City Commission of the City of Opa-Locka hereby exercises its inquiry and investigation authority pursuant to Sections 2.5 and 4.2 of the City of Opa-Locka's Charter. The City Commission further desires that the City Manager provide written findings, reports, and produce policies and procedures, and other relevant information required by this Resolution specifically pertaining to accidents relating to city vehicles and personal vehicles; procedures for notification to the City Commission of major crimes as set forth herein; provide information of matters investigated by the City's police department as set forth herein; provide inquiry related to a 2024 bonus structure passed by the City Commission, but not yet implemented; provide information for notification procedures to the City Commission after an employee is terminated; provide information as to facts and circumstances surrounding three or more fired City park employees. Provide all facts and circumstances of photographs taken within the City Commission chambers as inquiry is made by this resolution. The City Manager shall carry out a response as set forth in this resolution no later than August 26 2024.

Section 3. This Resolution shall take effect upon the adoption and may be reviewed by the Governor or Governor's Designee.

PASSED AND ADOPTED this 29th day of July, 2024.



John H. Taylor Jr., Mayor

ATTEST:



Joanna Flores, City Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:



Burnadette Norris-Weeks, P.A.
City Attorney

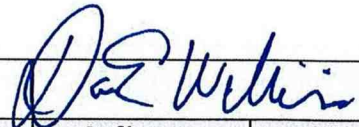
Moved by: Commissioner Kelley

Seconded by: Commissioner Williams

VOTE:	3-0
Commissioner Bass	ABSENT
Commissioner Kelley	YES
Commissioner Williams	YES
Vice Mayor Ervin	ABSENT
Mayor Taylor	YES



**City of Opa-Locka
Agenda Cover Memo**

City Manager:	Darvin E. Williams		CM Signature: 			
Commission Meeting Date:	07.29.2024		Item Type: (Enter X in box)	Resolution X	Ordinance	Other
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	
Funding Source: Account#: 35-535640 Enterprise Fund	(Enter Fund & Dept) See the Financial Impact Section		Advertising Requirement: (Enter X in box)	Yes		No X
Contract/P.O. Required: (Enter X in box)	Yes	No	RFP/RFQ/Bid#: Piggyback			
		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 ☐ Communication ☐	Strategic Plan Obj./Strategy: (list the specific objective/strategy this item will address)		
	X					
Sponsor Name	City Commission		Department:	City Commission		

Short Title:

A resolution of the City Commission of the City of Opa-locka directing the City Manager to address the inquiries raised by the City Commission at the Regular Commission Meeting on July 24, 2024.

Staff Summary:

During the Regular Commission Meeting on July 24, 2024, the City Commission inquired about various timelines, procedures and daily operations of the City, that requires rectification. The City Commission is seeking the assistance of the City Manager to provide the details of these concerns. Therefore, the City Manager is directed to gather the information from the previously recorded meeting and provide a response to the City Commission within the required timeframe.

Financial Impact: There is no financial impact.

Proposed Action:

Staff recommends the City Commission directing the City Manager to address the inquiries raised by the City Commission at the Regular Commission Meeting on July 24, 2024.

Attachment:

Sponsored By: Vice-Mayor Ervin

RESOLUTION NO. _____

RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, TERMINATING CITY MANAGER DARVIN E. WILLIAMS AND APPOINTING AN INTERIM CITY MANAGER; PROVIDING FOR BANKING AUTHORITY; INCORPORATION OF RECITALS; AND AN EFFECTIVE DATE.

WHEREAS, pursuant to Resolution No. 24- 039 the City Commission of the City of Opa-Locka ("City Commission"), Florida appointed Darvin E. Williams as City Manager; and

WHEREAS, the City Commission now desires to terminate Darvin E. Williams, with cause, at its Special Meeting held on August 26, 2024 in accordance with the "for cause" options afforded to the City pursuant to the executed Employment Agreement between the City of Opa-Locka and Darvin Williams, and, for reasons to include the following:

; and

WHEREAS, the City of Opa-Locka desires to appoint _____ to serve as the Interim City Manager, pending the selection of a permanent City Manager, with all legal authority to include authorizing the replacement of Darvin E. Williams as a signatory on all City banking accounts with _____ for City banking purposes; and

WHEREAS, this resolution is being brought to the attention of the City Commission as an emergency item, and is in compliance with the City of Opa-Locka's Code of Ordinances on items to be heard on a Special City Commission agenda with the consent of, at least, three city commissioners to allow an item to be placed on an agenda for City Commission consideration; and

WHEREAS, the City finds that it is in the best interest of the City to terminate the employment agreement with City Manager Darvin E. Williams with cause.

NOW THEREFORE, BE IT RESOLVED THAT THE CITY COMMISSION OF THE CITY OF OPA LOCKA, FLORIDA:

Resolution No. _____

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

Section 2. Termination of City Manager With Cause. The City Commission hereby terminates Darvin E. Williams, as City Manager, with cause, for the reasons set forth herein. The City Commission hereby appoints _____ as the Interim City Manager with all authority afforded to a City Manager, including banking authority.

Section 3. 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 Attorney without need of public hearing by filing a correct4d copy of the same with the City Clerk.

Section 4. Effective Date. This Resolution shall take effect immediately.

PASSED AND ADOPTED this _____ day of _____, 2024.

John Taylor, Mayor

ATTEST:

Joanna Flores, City Clerk

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**

Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

Resolution No. _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)

**CITY MANAGER EMPLOYMENT AGREEMENT
BETWEEN**

DARVIN E. WILLIAMS

AND

THE CITY OF OPA-LOCKA, FL

THIS EMPLOYMENT AGREEMENT hereinafter called this "Agreement", is made and entered into as of the 30th day of April, 2024, by and between the City Commission, hereinafter referred to as the "City" or "Commission", of the City of Opa-locka, a political subdivision of the State of Florida, hereinafter called the "Employer", and Darvin E. Williams, hereinafter referred to as "Employee" or "City Manager."

W-I-T-N-E-S-S

WHEREAS, the Commission desires to employ the services of Darvin E. Williams, as City Manager of the city, hereinafter referred to as the "Manager", pursuant to the terms of the Opa-locka City Charter, hereinafter referred to as the "Charter", the Opa-locka City Code of Ordinances, hereinafter referred to as the "City Code", the Opa-locka City Administrative Code, hereinafter referred to as the "Administrative Code", and all statutes, laws and constitutional provisions applicable to the position of Manager; and,

WHEREAS, it is the desire of the Commission to provide certain benefits and establish certain conditions of employment for Employee as the Manager in accordance with this Agreement; and,

WHEREAS, it is the desire of the Commission to secure and retain the services of Employee as the Manager and to provide inducement for him to remain in such employment; and

WHEREAS, Employee desires to accept employment as the Manager in accordance with the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Section 1. Employment.

- A. The Commission hereby hires and appoints Darvin E. Williams as the Manager, under the terms established herein, to perform the duties and functions specified in the Charter, the City Code, the Administrative Code, and all statutes, laws, constitutional provisions and other city ordinances, regulations, resolutions and policies applicable to the position of Manager, and to perform such other legally permissible and proper duties and functions as the Commission shall assign from time to time.

- B. The Commission's employment of Employee as the Manager shall be effective March 13, 2024 and shall continue for a term of three (3) years.
- C. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Commission to terminate the services of the Manager at any time, subject only to the provisions set forth in Section 3 of this Agreement.
- D. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Manager to resign at any time from his position as the Manager, subject only to the provisions set forth in Section 4 of this Agreement.
- E. It shall be the duty of the City Manager to employ, direct, assign, reassign, evaluate, and accept the resignations of all the employees of the City under his supervision consistent with the City rules, policies, ordinances, charter, county, state and federal law.
- F. It shall be the duty of the City Manager to organize, reorganize and arrange the staff of the City and to develop and establish internal regulations, rules, and procedures which the City Manager deems necessary for the efficient and effective operation of the City consistent with the lawful City directives, policies, ordinances, city charter, county, state and federal law.
- G. The City Manager shall ensure that yearly audits required by the State of Florida are ~~timely~~ submitted and up to date.
- H. The City Manager shall perform the duties of City Manager of the City with reasonable care, diligence, skill and experience.

Section 2. Duties and Obligations.

- A. The Manager shall have the duties, responsibilities and powers of said office under the City of Opa-locka Charter, Code of Ordinances, Administrative Code, and all statutes, laws, constitutional provisions and other city ordinances, regulations, resolutions and policies applicable to the position of Manager. The Manager shall carry these out in a professional and competent manner.
- B. The Manager shall remain in the employ of the Commission and shall devote all such time, attention, knowledge and skills necessary to faithfully perform his duties and responsibilities, and to exercise his powers under this Agreement, having no outside employment whatsoever. He may, however, engage in educational and professional activities and other employment activities upon receipt of prior approval by the Commission, provided that such activities shall not interfere with his primary obligation to the Commission and City as the Manager. The Manager shall dedicate no less than an average of forty (40) hours per week in the performance of his duties as Manager hereunder.

- C. In the event the Manager shall serve on any appointed or elected board of any professional organization, or serve on any committees related to his professional activities, in the event any monies are paid, or gifts received, by him related to such service, such money or property shall be paid over to or delivered to the City, unless otherwise provided by the Commission.

Section 3. Termination and Severance Pay.

- A. Termination without Cause. The Commission may, at any time whatsoever, terminate the employment of the Manager, without cause, by an affirmative vote, upon reasonable prior notice of agenda to the Manager and not less than three members of the Commission voting. Upon such termination, the Manager will be entitled to: 1) a severance payment equal to twenty (20) calendar weeks of base salary; 2) a lump sum payment at his then-hourly rate of base salary as Manager for all annual leave hours accumulated by him but unused as of the date of termination, not to exceed the maximum accrual provided in the City's Personnel Policies Manual applicable to all other non-union employees of the Commission; and 3) continuation of the Manager's health insurance under Section 9 at City expense for a period of one hundred and eighty (180) calendar days following the date of termination in accordance with, and within the limitations of, COBRA and the rates applicable thereunder. The Commission shall not continue any benefits after termination that are directly connected with being the City Manager. In other words, the Commission shall continue paying insurances and pension but not a car allowance, phone, and the like.
- B. Termination for Cause. The Commission may also, for cause, terminate the employment of the Manager at any time whatsoever, by affirmative vote, of not less than three (3) members of the City Commission. In the event the Manager's employment is terminated for cause, the City shall be under no obligation to pay severance pay described under subsection 3 A (1) or the continuation of health insurance. The term "for cause" shall be deemed to include: gross negligence in the handling of City affairs; willful violation of the provisions of law; willful disregard of a direct order, demand, or policy of the Commission; conduct unbecoming a public employee; illegal or habitual drug abuse; arrest; conviction of a felony; conviction of any crime involving moral turpitude or relating to official duties; or violation of the Florida Ethics Code. For the purpose of this subsection, if the Manager pleads guilty or nolo contendere or is found guilty of a felony, he shall be deemed to have been convicted, notwithstanding a suspension of sentence or a withholding of adjudication.

Section 4. Resignation.

- A. In the event the Manager voluntarily resigns his position, he thereby agrees to give the City not less than sixty (60) days' written notice prior to effective date of any voluntary resignation, unless the parties agree otherwise.
- B. In the event the Manager voluntarily resigns his position, the City shall not pay severance pay described under subsection 3 A(1) or pay for the continuation of health insurance described herein.

Section 5. Compensation and Annual Review.

The City shall pay the Manager, for his service, an annual base salary of \$190,000, payable in equal installments pursuant to City policy and may increase it from time to time as herein provided. At any time, the Commission may agree to increase the base salary and/or other benefits received by the Manager in such amounts and to such extent as the Commission may determine to be desirable in its sole discretion.

The City Manager may receive an annual increase equal to the percentage received by general non-union employees upon a majority vote of the City Commission.

- B. Beginning in 2024, as determined by the Commission, the Commission shall review and evaluate the performance of the Manager at least once every fiscal year between May 1st, and June 30th with optional mid-year progress reports to be performed by January 30th of each year. Said review and evaluation shall assess the Manager's performance of all duties and responsibilities, and his exercise of all powers for which he is responsible under this Agreement during the immediately preceding period. Failure by the Commission to conduct such a review and evaluation in any given year or years shall not be considered a breach of this Agreement. An optional performance bonus may be proposed by the City Mayor subject to approval by the City Commission starting at the end of fiscal year 2025.
- C. Within thirty (30) days from the execution of this Agreement and annually thereafter by May 30, 2024, the City Manager and City Commission should make reasonable efforts to jointly define goals and performance objectives that they may be determined necessary for the proper operation of the City and for the attainment of the City's policy objectives. Priority among various goals and objectives shall be reduced to writing when conducted. Objectives shall be reasonably attainable within the time specified, taking into account the City's annual approved operating budget. Failure of the City Commission to participate in goal setting shall not result in a breach of this Agreement.
- D. The City Manager shall receive a monthly car allowance in the amount of \$850.00, payable in equal installments pursuant to City policy. Use of any City vehicle during the term of this Agreement shall be strictly prohibited for any reason.

Section 6. Retirement.

The City shall enroll the Manager in the Senior Management Service employee classification within the FRS (the Florida Retirement System) plan. Furthermore, the City shall contribute the employee share of 3% on behalf of the Manager.

Section 7. Communications Equipment.

The City Manager is required to be on call for twenty-four hour service. In recognition thereof:

- A. The City shall issue a city owned cell phone, computer and provide other mobile connectivity that provides Internet to the Manager to be used solely for City business purposes.

Section 8. Other Benefits.

- A. Except as may be otherwise limited under the terms of this Agreement, the City Manager shall be entitled to earn, use, accrue and be compensated for sick leave and vacation leave consistent with all other city employees, pursuant to the City's personnel policies and procedures. The City Manager shall further be provided a bank of 7.5 days of sick leave and 14.5 days of vacation leave upon execution of this Agreement. A quarterly report of both sick leave and vacation leave shall be provided to the City Commission and filed with the City Clerk.
- B. The Commission, in consultation with the Manager, may fix any such other terms and conditions of employment as it may determine from time to time relating to the performance of the Manager, provided that such terms and conditions are not inconsistent with or in conflict with the provisions of this Agreement or other applicable law.

Section 9. Insurance.

- A. The Commission shall provide term life insurance as is provided to other non-union employees of the Commission.
- B. The Commission shall provide to the Manager medical, dental, and any other offered insurance plan on the same terms and conditions as are available to all other non-union employees of the Commission. The Commission shall further provide for the Manager and his dependent(s) health, dental, and any other available insurance benefit offered at no cost of the Manager.

Section 10. No Reduction of Benefits.

The Commission shall not at any time during the term of this Agreement reduce the salary, compensation or other financial benefits of the Manager, except and to the degree and extent such reduction is also imposed across-the-Commission for all non-union employees of the Commission.

Section 11. General Business Expenses

- A. The Commission agrees to budget pay for the professional travel and state authorized expenses of the Manager necessary for his participation in professional development training applicable to his duties as a City Manager, not to exceed the budgeted amount per year. The Commission may pay for the Manager to be a member of other professional organizations that the Commission agrees are necessary and desirable as authorized in advance.

Section 12. Residence.

The Manager agrees to make all attempts to find suitable housing within the City of Opa-Locka, Florida. In the event he is unable to identify housing within the City of Opa-Locka within a period of twelve (12) months following execution of this Agreement, the Manager agrees to reside within a radius of ten (10) miles from the city limits of Opa-Locka, FL.

Section 13. Suspension

The Commission shall have the authority to suspend the Manager with full pay and benefits pending investigation and a final employment decision made by the Commission, but only if a majority of the Commission members agree; or in the alternative, after a public hearing, if a majority of the Commission members votes to suspend the Manager for just cause.

Section 14. Disability

- A. If the City Manager is permanently disabled or is otherwise unable to perform his duties because of sickness, accident, injury, mental incapacity, or health for a period of twelve (12) successive weeks, the City shall have the option to terminate this Agreement, in accordance with the and requirements of Section 3A (without cause) for the term of the Agreement. Any payments due to the City Manager shall be offset by any disability benefits the City Manager would receive from or through the City for the twelve (12) week period.
- B. Where necessary, to determine whether to continue the services of City Manager due to disability, the City reserves the right to require a physical or psychiatric examination by a certified physician or psychiatrist to be selected by the City from a list of at least three doctors to be approved by the City. In the event such an examination is required, the City shall pay the costs of said examination.

Section 15. Indemnification

The City shall defend, indemnify and pay all judgments or settlements in regard to any personal liability arising out of and in the scope of the City Manager's responsibilities, to the fullest extent authorized by Florida Statutes, and other laws and in accordance with the City of Opa-Locka Code of Ordinances, in addition to any insurance purchased by the City. The City agrees to pay all reasonable litigation expenses of the Manager during the pendency of proceedings, only if actions were taken in the course and scope of the City Manager's employment.

Section 16. Bonding

Employer shall bear the full cost of any fidelity or other bonds required of the Employee under any law or ordinance.

Section 17. Other Terms and Conditions of Employment

The Employer, only upon agreement with Employee, shall fix any such other terms and conditions of employment, as it may determine from time to time, relating to the performance of the Employee, provided such terms and conditions are not inconsistent with or in conflict with the provisions of this Agreement, City Charter, local ordinances or any other law.

Section 18. Notices

Notice pursuant to this Agreement shall be given by depositing in the custody of the United States Postal Service by certified mail return receipt, or any other certified delivery service showing confirmation of process delivery and directed to the City Mayor and Attorney, as to the City, and directed to the City Manager, as to the City Manager.

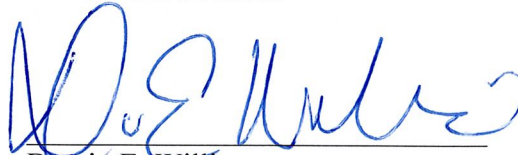
Section 19. Entire Agreement

The text of this document shall constitute the entire Agreement between the parties, except as may be amended in writing by the parties hereto. All provisions contained in this Agreement are subject to and conditioned upon compliance with the Charter, the County Code, the Administrative Code, and all statutes, laws, constitutional provisions and other County ordinances, regulations, resolutions and policies. The Charter, the County Code, the Administrative Code, and all such statutes, laws, constitutional provisions and other County ordinances, regulations, resolutions and policies shall take precedence over any part or portion of this Agreement, any other provisions of this Agreement to the contrary notwithstanding.

Any terms and conditions not specifically addressed in this Agreement shall be deemed to be addressed in the City's Personnel Rules, to the extent there is no conflict with this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to have been executed on behalf of each as of the date and year first above-written.

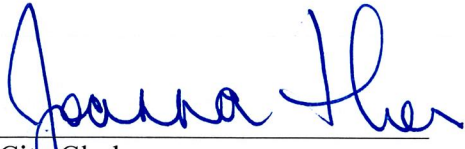
CITY MANAGER:


Darvin E. Williams

CITY:

City Commission of Opa-Locka, a political
subdivision of the State of Florida:

Attest:



City Clerk



City Attorney

By: _____
City Mayor