

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 3091.26

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDED AN AGREEMENT FOR THE PROVISION OF A COMPREHENSIVE HEALTH INSURANCE PLAN, INCLUDING A VISION PROVISION AND A DENTAL PLAN, FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR CONDITION OF AWARD; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICT; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town wishes to award its comprehensive health insurance program provided to its employees including vision and dental coverage; and

WHEREAS, the Administration wishes to designate Foundation Risk Partners as Agent of Record for comprehensive health insurance, including vision and dental coverage; and

WHEREAS, the Town reached out to six different firms and received proposals from four of those firms, with the remaining two firms denying to quote the Town; and

WHEREAS, the three firms presented their recommendations for the most competitive and responsible offerings available to the employees of the Town; and

WHEREAS, Foundation Risk Partners presented the most competitive and responsible proposal from United Healthcare (the "PLAN"), with a TransAmerica Life GAP Plan and a Health Reimbursement Account, in an amount not to exceed \$1,200 per member; and

WHEREAS, the Town would like to also offer a buy up option to a higher tier plan at the employee's own expense, causing no additional cost to the Town; and

WHEREAS, the Town Council finds that entering into an Agreement for service is in the best interest of the Town; and

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:

Section 1. Recitals Adopted. Each of the above recitals are hereby adopted, confirmed and incorporated herein.

Section 2. Proposal Accepted. The proposal to accept a Contract with Foundation Risk Partners, as described and set forth in the Agenda Item Report attached hereto and incorporated herein, are hereby accepted.

Section 3. Implementation. The Mayor and Town Manager are hereby authorized to take any and all action necessary to implement this Resolution in accordance with its terms and conditions including, but not limited to, the designation of a new agent of record.

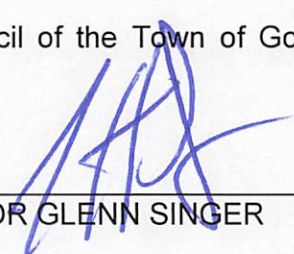
Section 4. Effective Date. That this Resolution shall become effective immediately upon approval of the Town Council.

Sponsored by the Administration

The Motion to adopt the foregoing Resolution was offered by Councilmember Lusskin, seconded by Councilmember Bernstein, and on roll call the following vote ensued:

Mayor Glenn Singer	<u>Aye</u>
Vice Mayor Jessie Mendal	<u>Aye</u>
Councilmember Kenneth Bernstein	<u>Aye</u>
Councilmember Bernard Einstein	<u>Aye</u>
Councilmember Judy Lusskin	<u>Aye</u>

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 15th day of September, 2026.



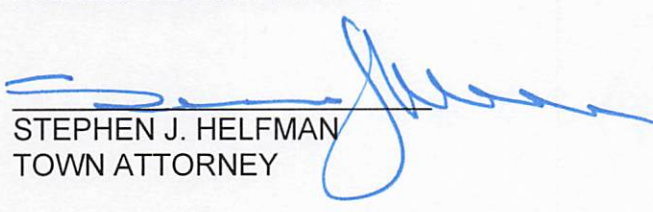
MAYOR GLENN SINGER

ATTEST:



LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:



STEPHEN J. HELFMAN
TOWN ATTORNEY

Employee Benefits Analysis



Prepared for:
Town of Golden Beach

GOLDEN
BEACH

Effective: 10/01/2026

Prepared by:



Ethan Sale - Employee Benefits
Consultant

Ethan.Sale@foundationrp.com

Robin Riley- SVP Client Services

NOTICE OF IMPORTANT INFORMATION RELATING TO BROKERAGE SERVICES, COMPENSATION AND PRIVACY

Acentria Insurance (Acentria) is committed to following best practices, the highest standards of business ethics and integrity, and complying with the laws and regulations governing its operations. Acentria is required to provide our clients with information about some of our legal obligations. Below are several important items of which you should be aware:

- A. Acentria's Role.** As the named Broker of Record/Consultant for the insurance policies associated with your Health & Welfare Plan, Acentria will collaborate with you on your overall benefits strategy, market, support and provide ongoing maintenance for each of these insurance policies as well as delivering certain administrative services for your Health & Welfare Plan. In negotiating your policy, obtaining orders and information from insurance carriers, or providing you with a proposal, Acentria is your broker, not the insurance carrier's agent.
- B. Proposal.** At certain appropriate times, Acentria will provide you with a Proposal. A Proposal contains information received from carriers and is intended for illustrative purposes only and provides only summaries of the programs described. In instances of a discrepancy between Acentria's Proposal and the carrier Plan Documents, the Plan documents will prevail.
- C. General Information.** To the best of Acentria's knowledge and efforts, the Proposal is truthful and correct. If discrepancies exist between the Proposal, Acentria's advice regarding a carrier's quote, and the carrier's policy, the policy issued by the carrier will govern. All products are subject to the carrier's underwriting requirements. All benefits payable are subject to the terms and conditions of the policy, including benefit durations, limitations and exclusions. Not all benefits and exclusions are covered in every state. Please consult the policy form and outline of coverage for details.
- D. Final Rating.** Insurance Carriers often reserve the right to re-rate a policy based upon final enrollments, final enrollment information is typically not available at the time of quoting. Re-rating will commonly occur with small group fully insured medical coverage when changing carriers or offering coverage for the first time.
- E. Carrier Information.** The information contained in the Proposal is provided by the named carrier(s), not by Acentria. Any errors or omissions in the information provided to Acentria by you or by the carrier are not Acentria's responsibility. If the carrier fails to provide you with any insurance coverage described in its Proposal or otherwise, then Acentria has no responsibility for any resulting damages. Similarly, Acentria assumes no liability for any claims, losses, or damages resulting from the use, inability to use, or the results of use of the carrier's Proposal or the material or information contained therein. Representations of past performance are not a guarantee that similar results will be achieved in the future. Acentria also disclaims liability for any consequential, special, incidental or indirect damages resulting from the carrier's Proposal. Acentria has no liability with respect to carrier supplied information in the Proposal.
- F. Websites.** The Proposal may provide references to independent websites. This information is provided solely as a convenience to you. Acentria is not responsible for the content of any of these websites.
- G. Broker Compensation.** Acentria is either compensated by fees paid by the Client and/or by the commissions paid directly to Acentria by the Client's insurance carriers as outlined herein. Compensation is based on the services that are to be provided to Client as mutually agreed upon. Any material changes to compensation based on the services provided will be disclosed and mutually agreed upon (in writing) in advance of the change. However, please note that the specific amount of compensation may vary over time (especially in the case when compensation is derived by the commissions paid by the Client's insurance carriers) based on several factors including (but not limited to) the lines of in-force coverage offered, number of participants enrolled, premium cost per member, and the commission rates set by the insurance carriers. State insurance laws will typically dictate which market segment a groups' medical coverage will be written under. In the Florida small group health insurance market segment, the broker compensation is included in the rates and varies between \$40-\$22 Per Employee Per Month as determined by the groups location, new or renewal policy status and broker tier status. Large group health insurance commission typically ranges from 3-6 percent of the premium. Group Dental and Vision insurance coverage typically ranges from 5-15 percent of the premium. In some cases, the compensation payable to Acentria is also detailed in the Form 5500, in either Schedule A or Schedule C, for those clients subject to ERISA Form 5500 reporting requirements, and/or in the policy renewal/declaration page that the insurance carriers will deliver to the Client, as applicable. Additional information on commission payments and fee schedules for any particular account will be provided upon request (see our contact information below).
- H. Other Compensation.** Acentria may also be paid indirect/other compensation, including bonuses, overrides, and in some cases reimbursement for travel, meal and event-related expenses related to business activities paid by the carriers, normally calculated at the calendar year end that are contingent on a number of factors including the overall number of employer plans and/or employee participants in plans for which we have placed the insurance, premium retention/persistency and premium growth. Historically, these contingent commissions have ranged between 0-3 percent of the premiums placed on behalf of the carrier. Acentria will never place its own financial interest ahead of its client's interest in determining the best available insurance product or service.
- I. Sharing of Proposal.** Acentria retains all proprietary rights to material and information we develop. Except for duplicating the information for your in-house professional review, the Proposal material and information may not be reproduced, transmitted, distributed or displayed without the prior written consent of Acentria.
- J. Contacting Acentria.** Your questions or comments about this Notice may be directed to:

Attn: Director of Commissions and Licensing
4634 Gulfstar Drive
Destin, FL 32541
ClientNotice@acentria.com

Town of Golden Beach Marketing Summary

MEDICAL

Carrier	Product(s)	Response
UHC	Medical	<i>Current - Renewal</i>
FMIT - UHC	Medical	<i>Quoted</i>

DENTAL

Carrier	Product(s)	Response
Guardian	DHMO/DPPO	<i>Current - Renewal</i>

VISION

Carrier	Product(s)	Response
EyeMed	Vision	<i>Current - Renewal</i>

GAP

Carrier	Product(s)	Response
Transamerica	GAP	<i>Current - Renewal</i>

LIFE & DISABILITY

Carrier	Product(s)	Response
The Standard	Life & AD&D	<i>Current - Renewal</i>

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

Town of Golden Beach

Dental - DPPO - DPPO

Dental PPO	
Effective Date: 10/1/2026	
Calendar Year Maximum	
Per Member	
Calendar Year Deductible	
Individual	
Family	
Diagnostic and Preventive	
Oral Exam	
Bitewing X-Rays	
Full Mouth X-Rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Basic Services	
Fillings	
Anesthesia	
Periodontics (Gum disease)	
Endodontics (Root Canal)	
Simple & Surgical Extractions	
Major Services	
Inlays, Onlays, Crowns	
Dental Implants	
Prosthodontics (Bridges & Dentures)	
Repair & Maintenance of Bridgework & Dentures	
Orthodontics	
Benefit Percentage	
Lifetime Maximum	
Out-of-Network Reimbursement	
Monthly Rates	Lives
Employee Only	44
Employee + Spouse	14
Employee + Child(ren)	10
FAM	5
Monthly Premium	
Annual Premium	
Annual \$ Change	
Annual % Change	

Guardian	
Current / Renewal	
In-Network	Out-of-Network
\$2,000	\$2,000
\$50	\$50
\$150	\$150
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100% after Ded	80% after Ded
100% after Ded	80% after Ded
100% after Ded	80% after Ded
100% after Ded	80% after Ded
100% after Ded	80% after Ded
60% after Ded	50% after Ded
60% after Ded	50% after Ded
60% after Ded	50% after Ded
60% after Ded	50% after Ded
90th	
Current	Renewal
\$40.84	\$40.84
\$90.39	\$90.39
\$115.67	\$115.67
\$154.77	\$154.77
\$4,993	\$4,993
\$59,916	\$59,916
\$59,916 Rate Pass	

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

Town of Golden Beach

Vision - EyeMed

Vision
Effective Date :10/1/2026

Exam
Lenses
Single
Bifocal
Trifocal
Contact Lenses*
Medical Necessary
Elective
Frames
Frequency of Services
Eye Examination
Lenses
Frames
Contact Lenses*

* In lieu of eyeglasses
Rate Guarantees

Monthly Rates	Lives
Employee Only	43
Employee + Spouse	14
Employee + Child(ren)	10
FAM	5

Monthly Premium
Annual Premium

Annual \$ Change
Annual % Change

EyeMed		
Current / Renewal Plan 130		
Plus In-Network	In-Network	Out-of-Network
		Plan pays <u>up to</u> :
\$0.00	\$10	Up to \$40
\$20.00	\$20	Up to \$30
\$20.00	\$20	Up to \$50
\$20.00	\$20	Up to \$70
Paid in Full	Paid in Full	\$300 Allowance
\$0 Copayment, up to \$200 Allowance	\$0 Copayment, up to \$150	\$75 Allowance
\$0 Copayment, up to \$200 Allowance	\$0 Copayment, up to \$150 Allowance	\$65 Allowance
	12 months	12 months
	12 months	12 months
	24 months	24 months
	12 months	12 months
	24 months	
	Current	
	\$4.43	
	\$8.87	
	\$8.43	
	\$13.24	
	\$465.17	
	\$5,582.04	
	Rate Pass	

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

Town of Golden Beach

GAP Transamerica

GAP		GAP	
Effective Date: 10/1/2026		Current / Renewal	
Calendar Year Deductible			
	Individual		\$0
	Family		\$0
In-Patient			
Benefits			
Individual			\$3000 per covered person
Family			3 times per Family
Outpatient			
Benefits			
	Radiation therapy or Chemotherapy		\$3000 per covered person
	Surgery		3 times per Family
	X-ray, Mis, CT Scan, Pet Scan, EKG Stress Test, Cardia Catheterization		Hospital/Free Standing or
	Treatment due to sickness or injury in Hospital Emergency or Urgent care		Physician Office
	Outpatient mental health and substance abuse treatment,		Covered
	Kidney dialysis in a hospital outpatient facility or dialysis treatment center		Covered
	Infusion therapy, Laboratory testing (includes tests performed in an independent laboratory)		Covered
OUTPATIENT AMBULANCE BENEFIT			
Benefit Percentage			
	Individual		\$2,500 per Covered Person,
	Family		3 times per Family
Monthly Rates		Lives	Current
	Employee Only	50	\$60.01
	Employee + Spouse	11	\$128.51
	Employee + Child(ren)	9	\$98.51
	FAM	4	\$170.55
Monthly Premium			\$5,983
Annual Premium			\$71,795



TOWN OF GOLDEN BEACH

100 Ocean Boulevard
Golden Beach, FL 33160

MEMORANDUM

Date: September 15, 2026

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manager

Item Number:

10

Subject: Resolution No. 3091.26 – Awarding an Agreement for Comprehensive Health, Vision and Dental Insurance for the Employees of the Town and Eligible Dependents

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 3091.26 as presented, renewing the Town's comprehensive group health insurance coverage with UnitedHealthcare and appointing Foundation Risk Partners as the Town's Agent of Record.

Background:

The renewal of the Town's employee health insurance continues to be one of the most challenging components of our annual budget process. Healthcare costs continue to increase nationally and throughout South Florida, particularly for smaller employer groups such as the Town of Golden Beach.

UnitedHealthcare's initial renewal proposal reflected an increase of approximately 45% over the Town's current premium rates. Because that level of increase was not acceptable, the Administration worked with multiple insurance professionals, obtained proposals from a variety of vendors, and explored numerous carriers and plan alternatives in an effort to identify a more cost-effective and sustainable solution.

After extensive negotiations and market testing, we were able to reduce the proposed renewal increase from approximately 45% to 18%.

Following a comprehensive review of the available options, I am recommending that the Town remain with UnitedHealthcare and renew the exact same health insurance plan currently offered to our employees and eligible dependents.

Under the recommended renewal, there will be no changes to the plan design. Employees will retain the same insurance coverage, deductibles, copayments, coinsurance requirements, provider network, and other plan benefits they currently have.

Most importantly, the Town will implement a full rate pass for its employees. This means the Town will absorb the entire 18% renewal increase and will not pass any portion of that increase on to our workforce. Employees will continue paying the same premium contributions they paid during the current plan year.

Given the current economic climate and the increasing cost of housing, food, transportation, insurance, and other necessities, I believe it is important that the Town protect our employees from an additional financial burden while continuing to provide them with comprehensive and reliable health insurance.

Health Insurance Market Conditions:

The Town's renewal is occurring during a period of significant cost escalation throughout the employer-sponsored health insurance market. National surveys project that employer health-benefit costs will continue increasing well above general inflation.

These trends have forced many employers to increase employee premium contributions, raise deductibles and copayments, reduce benefits, or change insurance carriers and provider networks. The Town's recommendation avoids each of those measures.

The impact of these market conditions is even more significant for a small governmental employer. Because the Town maintains a relatively small insurance group, the claims experience of a limited number of members can have a substantial effect on the overall renewal rate. Our covered population also includes several high-cost members and an increasing number of Medicare-age participants. Hospitalizations, major procedures, specialty medications, and other high-cost claims have contributed to the Town's renewal experience.

While an 18% increase remains significant, reducing the initial proposal from 45% to 18%, while preserving the existing plan and protecting employees from additional costs, represents the most responsible option available to the Town.

Agent of Record:

I am also recommending that the Town appoint **Foundation Risk Partners** as its Agent of Record. Although Foundation's headquarters is located in Orlando they maintain a local office in Plantation, which will provide the Town with access to both statewide resources and local assistance.

The Administration made this change because the Town wants to begin working with the Florida Municipal Insurance Trust. The Trust works through only two approved brokerage firms in the State of Florida, and Foundation is one of those firms.

As part of our negotiations, the Town used the brokerage arrangement secured by North Bay Village as a benchmark. Foundation agreed to provide its services under a **2% commission structure**. This represents a reduction from the approximately 4% commission structure associated with other brokerage arrangements considered by the Town.

In addition to the reduced commission, Foundation offers a robust Medicare education and advocacy program. Given the demographics and claims experience of the Town's covered population, this service was a significant factor in the Administration's recommendation.

Medicare Education and Advocacy Program:

The Town has an aging covered population that includes active employees, retirees, and eligible dependents who are either Medicare eligible or approaching Medicare eligibility. It is important that these individuals fully understand the coverage and financial benefits that may be available to them through Medicare.

The Town intends to use the upcoming renewal period to enroll all eligible employees and participants in the renewed UnitedHealthcare plan without disrupting their current coverage. Between now and January, Foundation will work with the Town to develop and implement a comprehensive Medicare education and advocacy program.

Foundation will conduct confidential, one-on-one consultations with Medicare-age employees, retirees, and other eligible participants. These consultations will explain:

- Medicare eligibility and enrollment requirements;
- Original Medicare Parts A and B;
- Medicare Advantage plans;
- Medicare supplement coverage;
- Medicare Part D prescription-drug coverage;
- The coordination of Medicare with employer-sponsored insurance;
- Provider-network and prescription-drug considerations; and
- The potential premiums and out-of-pocket expenses associated with each alternative.

The purpose of this program is to give each eligible participant the individualized information needed to make an informed decision. Medicare enrollment will not be treated as a one-size-fits-all solution. Each participant's healthcare needs, physicians, prescriptions, financial circumstances, and family coverage requirements must be considered.

By January, the Administration also intends to evaluate an incentive program for eligible employees and retirees who voluntarily elect to transition to an appropriate Medicare-based plan. The objective will be to provide those participants with equal or improved coverage at an affordable cost while reducing the Town's exposure to high-cost claims under its group plan.

Any Medicare incentive program will be reviewed by the Town Attorney and the Town's benefit professionals to ensure compliance with Medicare coordination requirements, applicable employment laws, collective-bargaining obligations, and the Town's governing insurance documents before implementation.

Fiscal Impact:

Because open enrollment has not yet been completed, the Town cannot determine the precise cost of the renewal until final enrollment elections are received. However, sufficient revenues have been allocated in the Fiscal Year 2026–2027 Budget for this purpose.

The recommended UnitedHealthcare renewal represents an 18% increase over the Town's current premium rates. The Town will absorb the full amount of that increase so that employee premium contributions, deductibles, copayments, coinsurance, and plan benefits remain unchanged.

The reduction of the original proposed increase from 45% to 18% represents a substantial avoidance of additional costs. The change in Agent of Record also reduces the applicable commission structure from approximately 4% to 2%.

The Medicare education and advocacy initiative may produce additional savings during the plan year by helping eligible participants identify Medicare-based coverage that meets their individual needs while reducing claims exposure within the Town's group plan. Because participation will depend upon individual eligibility and voluntary elections, no anticipated Medicare savings have been included in the fiscal impact of this renewal.

For these reasons, I recommend that the Town Council approve the renewal of the Town's comprehensive group health insurance coverage with UnitedHealthcare, authorize the Town to absorb the 18% renewal increase without increasing employee contributions, and approve Foundation Risk Partners as the Town's Agent of Record.