



City of North Miami Beach

**2026-2027 Employee Benefits
Renewal Analysis**

Presented by

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CORPORATE SYNERGIES®
A Foundation Risk Partners Company

City of North Miami Beach

Medical Market Study

	Results	Comments
Aetna Fully Insured	6% above current	Initial Renewal: 8.4% increase
Cigna Level Funded	0.9% Under Current	85.5% of Premium for Claims 100% Surplus Share
United Healthcare	9.7% above current	
United Healthcare Alt	12.1% under current	3 NHP Plan Alternates
Florida Blue	DTQ	Not Competitive

City of North Miami Beach

Medical

10/01/2026-09/30/2027

	Current						Renewal					
	Aetna OA EPO (Elect Choice) EPO		Aetna OA POS (Managed Choice) OA MC		Aetna OA EPO (Elect Choice) EPO HSA		Aetna OA EPO (Elect Choice) EPO		Aetna OA POS (Managed Choice) OA MC		Aetna OA EPO (Elect Choice) EPO HSA	
Benefits	In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Coinsurance	90% / 10%		80% / 20%		90% / 10%		90% / 10%		80% / 20%		90% / 10%	
Deductible (DED) Type	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Individual DED	\$750		\$1,000		\$3,200		\$750		\$1,000		\$3,200	
Family DED	\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family		\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family	
Calendar Year Out-of-Pocket Maximum					Non-Embedded						Non-Embedded	
Individual	\$4,500		\$4,000		\$4,500		\$4,500		\$4,000		\$4,500	
Family	\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family		\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family	
Inclusions	DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx	
Preventive Care	No Charge		No Charge		No Charge		No Charge		No Charge		No Charge	
Primary Care Physician Office Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Specialist Office Visit	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Virtual Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Urgent Care	\$50 Copay		\$50 Copay		DED, then 10%		\$50 Copay		\$50 Copay		DED, then 10%	
Emergency Room	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Inpatient Hospital (facility services)	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient Hospital (facility services)	\$250 Copay		DED, then 20%		DED, then 10%		\$250 Copay		DED, then 20%		DED, then 10%	
Hospital / Surgical Physician Services	DED, then 10%		DED, then 20%		DED, then 10%		DED, then 10%		DED, then 20%		DED, then 10%	
Mental Health & Substance Abuse												
Inpatient	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Independent Lab and X-Ray - Outpatient												
Clinical Lab (Blood Work)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Diagnostic Testing (X-Rays)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Advanced Imaging (MRI, PET)	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Pharmacy Network	Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded	
Prescription Drug List	Standard with Opt Out		Standard with Opt Out		Standard with Opt Out		Standard with Opt Out		Standard with Opt Out		Standard with Opt Out	
					Deductible, then:						Deductible, then:	
Tier 1	\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
Tier 2	\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay	
Tier 3	\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay	
Tier 4	Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs	
Mail Order	\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175		\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175	
Out-of-Network Benefits												
Deductible: Individual/Family			\$2,000 / \$6,000		No Coverage Except for		No Coverage Except for		\$2,000 / \$6,000		No Coverage Except for	
Coinurance	No Coverage Except for		50% / 50%		Emergency Services		No Coverage Except for		50% / 50%		No Coverage Except for	
Out-of-Pocket Max: Individual/Family	Emergency Services		\$8,000 / \$24,000				No Coverage Except for		\$8,000 / \$24,000		No Coverage Except for	
Financials	Enrolled		Enrolled		Enrolled		Enrolled		Enrolled		Enrolled	
Employee Only	188	\$1,059.45	47	\$1,034.74	18	\$762.38	188	\$1,123.02	47	\$1,096.82	18	\$808.12
Employee & 1 member	72	\$2,288.40	10	\$2,235.02	1	\$1,646.75	72	\$2,425.70	10	\$2,369.12	1	\$1,745.56
Employee & Family	66	\$2,966.47	7	\$2,897.25	5	\$2,134.69	66	\$3,144.46	7	\$3,071.09	5	\$2,262.77
Estimated Monthly Premium	\$559,728		\$91,264		\$26,043		\$593,313		\$96,739		\$27,606	
Estimated Annual Premium	\$6,716,734		\$1,095,164		\$312,516		\$7,119,750		\$1,160,872		\$331,267	
Annual % Change From Current	N / A		N / A		N / A		6.0%		6.0%		6.0%	
Annual \$ Change From Current	N / A		N / A		N / A		\$403,017		\$65,709		\$18,751	
Total Estimated Monthly Premium			\$677,034						\$717,657			
Total Estimated Annual Premium			\$8,124,413						\$8,611,890			
Est Annual % Change From Current			N/A						6.0%			
Est Annual \$ Change From Current			N/A						\$487,476			

	Current						Alternate					
	Aetna OA EPO (Elect Choice) EPO		Aetna OA POS (Managed Choice) OA MC		Aetna OA EPO (Elect Choice) EPO HSA		Cigna OAP Plus (National EPO) National EPO		Cigna OAP Plus (National EPO) National EPO		Cigna HSA OAP Plus National EPO HSA	
Benefits	In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Coinsurance	90% / 10%		80% / 20%		90% / 10%		90% / 10%		80% / 20%		90% / 10%	
Deductible (DED) Type	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Individual DED	\$750		\$1,000		\$3,200		\$750		\$1,000		\$3,200	
Family DED	\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family		\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family	
Calendar Year Out-of-Pocket Maximum					Non-Embedded		Embedded		Embedded		Non-Embedded	
Individual	\$4,500		\$4,000		\$4,500		\$4,500		\$4,000		\$4,500	
Family	\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family		\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family	
Inclusions	DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx	
Preventive Care	No Charge		No Charge		No Charge		No Charge		No Charge		No Charge	
Primary Care Physician Office Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Specialist Office Visit	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Virtual Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Urgent Care	\$50 Copay		\$50 Copay		DED, then 10%		\$50 Copay		\$50 Copay		DED, then 10%	
Emergency Room	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Inpatient Hospital (facility services)	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient Hospital (facility services)	\$250 Copay		DED, then 20%		DED, then 10%		\$250 Copay		DED, then 20%		DED, then 10%	
Hospital / Surgical Physician Services	DED, then 10%		DED, then 20%		DED, then 10%		DED, then 10%		DED, then 20%		DED, then 10%	
Mental Health & Substance Abuse												
Inpatient	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Independent Lab and X-Ray - Outpatient												
Clinical Lab (Blood Work)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Diagnostic Testing (X-Rays)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Advanced Imaging (MRI, PET)	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Pharmacy Network	Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Cigna 90 Now CVS		Cigna 90 Now CVS		Cigna 90 Now CVS	
Prescription Drug List	Standard with Opt Out		Standard with Opt Out		Standard with Opt Out		Advantage		Advantage		Advantage	
					Deductible, then:						Deductible, then:	
Tier 1	\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
Tier 2	\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay	
Tier 3	\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay	
Tier 4	Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs	
Mail Order	\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175		\$25 / \$88 / \$175		\$25 / \$88 / \$175		DED, then \$25/\$88/\$175	
Out-of-Network Benefits												
Deductible: Individual/Family			\$2,000 / \$6,000		No Coverage Except for		No Coverage Except for		\$2,000 / \$6,000		No Coverage Except for	
Coinurance	No Coverage Except for		50% / 50%		Emergency Services		No Coverage Except for		50% / 50%		Emergency Services	
Out-of-Pocket Max: Individual/Family	Emergency Services		\$8,000 / \$24,000				No Coverage Except for		\$8,000 / \$24,000		Emergency Services	
Financials	Enrolled		Enrolled		Enrolled		Enrolled		Enrolled		Enrolled	
Employee Only	188	\$1,059.45	47	\$1,034.74	18	\$762.38	188	\$1,037.51	47	\$1,075.22	18	\$800.51
Employee & 1 member	72	\$2,288.40	10	\$2,235.02	1	\$1,646.75	72	\$2,240.99	10	\$2,322.50	1	\$1,729.10
Employee & Family	66	\$2,966.47	7	\$2,897.25	5	\$2,134.69	66	\$2,904.99	7	\$3,010.64	5	\$2,241.42
Estimated Monthly Premium	\$559,728		\$91,264		\$26,043		\$548,133		\$94,835		\$27,345	
Estimated Annual Premium	\$6,716,734		\$1,095,164		\$312,516		\$6,577,590		\$1,138,018		\$328,145	
Annual % Change From Current	N / A		N / A		N / A		-2.1%		3.9%		5.0%	
Annual \$ Change From Current	N / A		N / A		N / A		-\$139,144		\$42,854		\$15,628	
Total Estimated Monthly Premium			\$677,034						\$670,313			
Total Estimated Annual Premium			\$8,124,413						\$8,043,752			
Est Annual % Change From Current			N/A						-1.0%			
Est Annual \$ Change From Current			N/A						-\$80,661			

City of North Miami Beach

Medical

10/01/2026-09/30/2027

	Current						Alternate					
	Aetna OA EPO (Elect Choice) EPO		Aetna OA POS (Managed Choice) OA MC		Aetna OA EPO (Elect Choice) EPO HSA		UHC EY9P EPO MOD EPO		UHC EY97 PPO MOD PPO		UHC EZCQ EPO MOD EPO HSA	
Benefits	In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Coinsurance	90% / 10%		80% / 20%		90% / 10%		90% / 10%		80% / 20%		90% / 10%	
Deductible (DED) Type	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Individual DED	\$750		\$1,000		\$3,200		\$750		\$1,000		\$3,200	
Family DED	\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family		\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family	
Calendar Year Out-of-Pocket Maximum					Non-Embedded						Non-Embedded	
Individual	\$4,500		\$4,000		\$4,500		\$4,500		\$4,000		\$4,500	
Family	\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family		\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family	
Inclusions	DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx	
Preventive Care	No Charge		No Charge		No Charge		No Charge		No Charge		No Charge	
Primary Care Physician Office Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Specialist Office Visit	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Virtual Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Urgent Care	\$50 Copay		\$50 Copay		DED, then 10%		\$50 Copay		\$50 Copay		DED, then 10%	
Emergency Room	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Inpatient Hospital (facility services)	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient Hospital (facility services)	\$250 Copay		DED, then 20%		DED, then 10%		\$250 Copay		DED, then 20%		DED, then 10%	
Hospital / Surgical Physician Services	DED, then 10%		DED, then 20%		DED, then 10%		DED, then 10%		DED, then 20%		DED, then 10%	
Mental Health & Substance Abuse												
Inpatient	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Independent Lab and X-Ray - Outpatient												
Clinical Lab (Blood Work)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Diagnostic Testing (X-Rays)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Advanced Imaging (MRI, PET)	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$300 Copay		DED, then 10%	
Pharmacy Network	Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Adv PDL Natl		Adv PDL Natl		Adv PDL Natl	
Prescription Drug List	Standard with Opt Out		Standard with Opt Out		Standard with Opt Out							
					Deductible, then:						Deductible, then:	
Tier 1	\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
Tier 2	\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay	
Tier 3	\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay	
Tier 4	Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs	
Mail Order	\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175		\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175	
Out-of-Network Benefits												
Deductible: Individual/Family			\$2,000 / \$6,000		No Coverage Except for		No Coverage Except for		\$2,000 / \$6,000		No Coverage Except for	
Coinurance	No Coverage Except for		50% / 50%		Emergency Services		No Coverage Except for		50% / 50%		No Coverage Except for	
Out-of-Pocket Max: Individual/Family	Emergency Services		\$8,000 / \$24,000				No Coverage Except for		\$8,000 / \$24,000		No Coverage Except for	
Financials	Enrolled		Enrolled		Enrolled		Enrolled		Enrolled		Enrolled	
Employee Only	188	\$1,059.45	47	\$1,034.74	18	\$762.38	188	\$1,159.72	47	\$1,142.67	18	\$849.35
Employee & 1 member	72	\$2,288.40	10	\$2,235.02	1	\$1,646.75	72	\$2,504.98	10	\$2,468.16	1	\$1,834.59
Employee & Family	66	\$2,966.47	7	\$2,897.25	5	\$2,134.69	66	\$3,247.23	7	\$3,199.49	5	\$2,378.19
Estimated Monthly Premium	\$559,728		\$91,264		\$26,043		\$612,703		\$100,784		\$29,014	
Estimated Annual Premium	\$6,716,734		\$1,095,164		\$312,516		\$7,352,437		\$1,209,402		\$348,166	
Annual % Change From Current	N / A		N / A		N / A		9.5%		10.4%		11.4%	
Annual \$ Change From Current	N / A		N / A		N / A		\$635,704		\$114,239		\$35,650	
Total Estimated Monthly Premium			\$677,034						\$742,500			
Total Estimated Annual Premium			\$8,124,413						\$8,910,006			
Est Annual % Change From Current			N/A						9.7%			
Est Annual \$ Change From Current			N/A						\$785,592			

City of North Miami Beach

Medical

10/01/2026-09/30/2027

	Current						Alternate					
	Aetna OA EPO (Elect Choice) EPO		Aetna OA POS (Managed Choice) OA MC		Aetna OA EPO (Elect Choice) EPO HSA		UHC EY2Q NHP HMO MOD NHP HMO		UHC EY2M NHP POS MOD POS		UHC EY2J NHP HMO MOD HSA NHP HMO HSA	
Benefits	In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Coinsurance	90% / 10%		80% / 20%		90% / 10%		90% / 10%		80% / 20%		90% / 10%	
Deductible (DED) Type	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Individual DED	\$750		\$1,000		\$3,200		\$750		\$500		\$3,200	
Family DED	\$1,500		\$3,000		\$3,200 per Person \$6,400 per Family		\$1,500		\$1,000		\$3,200 per Person \$6,400 per Family	
Calendar Year Out-of-Pocket Maximum					Non-Embedded						Non-Embedded	
Individual	\$4,500		\$4,000		\$4,500		\$4,500		\$3,500		\$4,500	
Family	\$9,000		\$12,000		\$4,500 per Person \$9,000 per Family		\$9,000		\$7,000		\$4,500 per Person \$9,000 per Family	
Inclusions	DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx		DED, Coinsurance, Copays, and Rx	
Preventive Care	No Charge		No Charge		No Charge		No Charge		No Charge		No Charge	
Primary Care Physician Office Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$30 Copay		DED, then 10%	
Specialist Office Visit	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$60 Copay		DED, then 10%	
Virtual Visit	\$20 Copay		\$25 Copay		DED, then 10%		\$20 Copay		\$25 Copay		DED, then 10%	
Urgent Care	\$50 Copay		\$50 Copay		DED, then 10%		\$50 Copay		\$75 Copay		DED, then 10%	
Emergency Room	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$350 Copay		DED, then 10%	
Inpatient Hospital (facility services)	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient Hospital (facility services)	\$250 Copay		DED, then 20%		DED, then 10%		\$250 Copay		DED, then 20%		DED, then 10%	
Hospital / Surgical Physician Services	DED, then 10%		DED, then 20%		DED, then 10%		DED, then 10%		DED, then 20%		DED, then 10%	
Mental Health & Substance Abuse												
Inpatient	\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%		\$200 Copay for first 5 days, then DED + 10%		DED, then 20%		DED, then 10%	
Outpatient	\$40 Copay		\$50 Copay		DED, then 10%		\$40 Copay		\$50 Copay		DED, then 10%	
Independent Lab and X-Ray - Outpatient												
Clinical Lab (Blood Work)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Diagnostic Testing (X-Rays)	No Charge		No Charge		DED, then 10%		No Charge		No Charge		DED, then 10%	
Advanced Imaging (MRI, PET)	\$300 Copay		\$300 Copay		DED, then 10%		\$300 Copay		\$350 Copay		DED, then 10%	
Pharmacy Network	Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Nat'l - Retail 90 expanded		Adv PDL Natl		Adv PDL Natl		Adv PDL Natl	
Prescription Drug List	Standard with Opt Out		Standard with Opt Out		Standard with Opt Out							
					Deductible, then:						Deductible, then:	
Tier 1	\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
Tier 2	\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay		\$35 Copay	
Tier 3	\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay		\$70 Copay	
Tier 4	Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost for generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs		Applicable cost to generic or brand drugs	
Mail Order	\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175		\$25 / \$87.50 / \$175		\$25 / \$87.50 / \$175		DED, then \$25/\$87.50/\$175	
Out-of-Network Benefits												
Deductible: Individual/Family			\$2,000 / \$6,000		No Coverage Except for		No Coverage Except for		\$2,000 / \$4,000		No Coverage Except for	
Coinurance	No Coverage Except for		50% / 50%		Emergency Services		Emergency Services		60% / 40%		Emergency Services	
Out-of-Pocket Max: Individual/Family	Emergency Services		\$8,000 / \$24,000				Emergency Services		\$5,000 / \$10,000			
Financials	Enrolled		Enrolled		Enrolled		Enrolled		Enrolled		Enrolled	
Employee Only	188	\$1,059.45	47	\$1,034.74	18	\$762.38	188	\$927.39	47	\$925.13	18	\$683.57
Employee & 1 member	72	\$2,288.40	10	\$2,235.02	1	\$1,646.75	72	\$2,003.15	10	\$1,998.27	1	\$1,476.50
Employee & Family	66	\$2,966.47	7	\$2,897.25	5	\$2,134.69	66	\$2,596.70	7	\$2,590.37	5	\$1,914.00
Estimated Monthly Premium	\$559,728		\$91,264		\$26,043		\$489,958		\$81,596		\$23,351	
Estimated Annual Premium	\$6,716,734		\$1,095,164		\$312,516		\$5,879,500		\$979,157		\$280,209	
Annual % Change From Current	N / A		N / A		N / A		-12.5%		-10.6%		-10.3%	
Annual \$ Change From Current	N / A		N / A		N / A		-\$837,234		-\$116,007		-\$32,307	
Total Estimated Monthly Premium			\$677,034						\$594,905			
Total Estimated Annual Premium			\$8,124,413						\$7,138,866			
Est Annual % Change From Current			N/A						-12.1%			
Est Annual \$ Change From Current			N/A						-\$985,548			

City of North Miami Beach

Dental Market Study

	Results	Comments
Aetna	9.3% Increase	
Cigna	24.7% Above Current	Original Cigna Quote: 30% Above Current
UHC	30% Above Current	Final
Mutual of Omaha	DTQ	Due to lack of DHMO plan option with Mutual of Omaha

City of North Miami Beach

Dental

10/01/2026-09/30/2027

Benefits	Current				Renewal				Revised Alternate				Alternate			
	Aetna		DHMO		Aetna		DHMO		Cigna		DHMO		UHC		DHMO (D1067)	
	DPO	Out-of-Network	In-Network	Calendar Year	DPO	Out-of-Network	In-Network	Calendar Year	DPO	Out-of-Network	In-Network	Calendar Year	DPO (Options PPO 30)	Out-of-Network	In-Network	Calendar Year
Deductible (DED) Type																
Individual DED																
Family DED																
Deductible (DED) applies to:																
Annual Maximum																
Claims Payment Basis																
Type 1: Preventive Services																
Type 2: Basic Services																
Type 3: Major Services																
Type 4: Orthodontics																
Appliances & Related Services																
Lifetime Maximum																
Age Limitation																
Oral Surgery																
Endodontics / Periodontics																
Implant Benefit																
Reimbursement																
Waiting Period for Timely Entrants																
Rate Guarantee																
Participation Requirements																
Enrollment																
Employee Only																
Employee & One Dependent																
Employee & Family																
Estimated Monthly Premium																
Est Annual \$ Change From Current																
Total Estimated Monthly Premium																
Total Estimated Annual Premium																
Total Est Annual % Change From Current																
Total Est Annual \$ Change From Current																

City of North Miami Beach

Vision Market Study

	Results	Comments
Aetna	In Rate Guarantee	
Cigna	7.5% Under Current	
UHC	40% Above Current	
Mutual of Omaha	DTQ	

City of North Miami Beach

Vision

10/01/2026-09/30/2027

Benefits	Current		Renewal		Alternate	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Examinations						
Deductible / Copay	\$10	\$0	\$10	\$0	\$10	\$0
Allowance	Covered after Copay	\$32	Covered after Copay	\$32	Covered after Copay	\$40
Frequency	Once every 12 months		Once every 12 months		Once every 12 months	
Frames						
Deductible / Copay	\$0	\$0	\$0	\$0	\$10	\$0
Allowance	\$130 + 20% off balance	\$65	\$130 + 20% off balance	\$65	\$130 + 30% off balance	\$45
Frequency	One set every 24 months		One set every 24 months		One set every 24 months	
Lenses						
Deductible / Copay	\$10	\$0	\$10	\$0	\$10	\$0
Allowance	Covered after Copay	\$25	Covered after Copay	\$25	Covered after Copay	\$40
Single	Covered after Copay	\$40	Covered after Copay	\$40	Covered after Copay	\$60
Bifocal	Covered after Copay	\$64	Covered after Copay	\$64	Covered after Copay	\$80
Trifocal	Covered after Copay	\$64	Covered after Copay	\$64	Covered after Copay	\$80
Lenticular	Covered after Copay	\$64	Covered after Copay	\$64	Covered after Copay	\$80
Frequency	One pair every 12 months		One pair every 12 months		One pair every 12 months	
Contacts						
Deductible / Copay	\$0	\$0	\$0	\$0	\$10	\$0
Allowance	Covered in Full	\$200	Covered in Full	\$200	Covered in Full	\$210
Medically Necessary	\$130	\$104	\$130	\$104	\$130	\$105
Elective	Once every 12 months in lieu of glasses		Once every 12 months in lieu of glasses		Once every 12 months in lieu of glasses	
Frequency	3 Years (10/1/2024-9/30/2028)		2 Years (10/1/2026-9/30/2028)		3 Years (10/1/2026-9/30/2029)	
Rate Guarantee						
Participation Requirements			15% Participation		None	
Financials	Enrolled		Enrolled		Enrolled	
Employee Only	214	\$5.44	214	\$5.03	214	\$7.63
Employee & 1	76	\$10.34	76	\$9.57	76	\$14.50
Employee & Family	60	\$15.10	60	\$13.97	60	\$21.17
Estimated Monthly Premium	\$2,856.00		\$2,641.94		\$4,005.02	
Estimated Annual Premium	\$34,272.00		\$31,703.28		\$48,060.24	
Est Annual % Change From Current	N/A		0.0%		40.2%	
Est Annual \$ Change From Current	N/A		\$0.00		\$13,788.24	

City of North Miami Beach

Basic Life with AD&D Market Study

	Results	Comments
Mutual of Omaha	No Change	Rate Guarantee through 9/30/2028

Benefits	Current						Renewal					
	Mutual of Omaha Basic Life with AD&D						Mutual of Omaha Basic Life with AD&D					
Class Definition	Class 1: Contracted Managers, Charter Officers, Senior Management, Water Plant Management	Class 2: Elected Officials and Prior Council	Class 3: All other Full Time Employees including Water Plant Customer Service Employees	Class 4: Retirees \$30,000	Class 5: Retirees \$20,000	Class 6: Retirees \$10,000	Class 1: Contracted Managers, Charter Officers, Senior Management, Water Plant Management	Class 2: Elected Officials and Prior Council	Class 3: All other Full Time Employees including Water Plant Customer Service Employees	Class 4: Retirees \$30,000	Class 5: Retirees \$20,000	Class 6: Retirees \$10,000
Life Amount	2 x Annual Salary up to \$200,000	\$30,000	1 x Annual Salary up to \$100,000	\$30,000	\$20,000	\$10,000	2 x Annual Salary up to \$200,000	\$30,000	1 x Annual Salary up to \$100,000	\$30,000	\$20,000	\$10,000
AD&D Amount	Matches Life Amount	Matches Life Amount	Matches Life Amount	Not Available	Not Available	Not Available	Matches Life Amount	Matches Life Amount	Matches Life Amount	Not Available	Not Available	Not Available
Reductions	To 25% at Age 75 To 15% at Age 80	To 25% at Age 75 To 15% at Age 80	To 25% at Age 75 To 15% at Age 80	No Reductions	No Reductions	No Reductions	To 25% at Age 75 To 15% at Age 80	To 25% at Age 75 To 15% at Age 80	To 25% at Age 75 To 15% at Age 80	No Reductions	No Reductions	No Reductions
Portability / Conversion	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Rate Guarantee	3 Years (10/1/2025 - 9/30/2028)						2 Years (10/1/2026 - 9/30/2028)					
Participation Requirements	100% Employer Paid						100% Employer Paid					
Financials	Rates per \$1,000						Rates per \$1,000					
Life Volume	\$36,466,950						\$0.31					
AD&D Volume	\$22,346,950						\$0.02					
Total Rate Per \$1,000	\$0.33						\$0.33					
Estimated Monthly Premium	\$11,951.69						\$11,951.69					
Estimated Annual Premium	\$143,420.32						\$143,420.32					
Est Annual % Change From Current	N/A						0.0%					
Est Annual \$ Change From Current	N/A						\$0.00					

City of North Miami Beach

Voluntary Life/AD&D Market Study

	Results	Comments
Mutual of Omaha	No Change	In Rate Guarantee through 9/30/2028

City of North Miami Beach
Voluntary Life/AD&D
10/01/2026-09/30/2027

Benefits	Current		Renewal	
	Mutual of Omaha Voluntary Life/AD&D		Mutual of Omaha Voluntary Life/AD&D	
Class Definition	Class 1: Contracted Managers Class 2: Senior Management Class 3: Elected Officials Class 4: All other FTE's Class 8: Water Plant Management Class 9: Water Plant Cust Service		Class 1: Contracted Managers Class 2: Senior Management Class 3: Elected Officials Class 4: All other FTE's Class 8: Water Plant Management Class 9: Water Plant Cust Service	
Employee Minimum	\$10,000		\$10,000	
Employee Increment Amount	\$10,000		\$10,000	
Employee Maximum	10x Annual Salary up to \$500,000		10x Annual Salary up to \$500,000	
Employee Guarantee Issue	10x Annual Salary up to \$150,000		10x Annual Salary up to \$150,000	
Spouse Minimum	\$10,000		\$10,000	
Spouse Increment Amount	\$10,000		\$10,000	
Spouse Maximum	100% of EE up to \$250,000		100% of EE up to \$250,000	
Spouse Guarantee Issue	100% of EE up to \$50,000		100% of EE up to \$50,000	
Child(ren) Amount	Ages 14 days to 26 years: \$5,000 or \$10,000		Ages 14 days to 26 years: \$5,000 or \$10,000	
Reductions	To 65% at Age 65 To 40% at Age 70 To 25% at Age 75 To 15% at age 80		To 65% at Age 65 To 40% at Age 70 To 25% at Age 75 To 15% at age 80	
AD&D	Spouse coverage terms at EE age 70		Spouse coverage terms at EE age 70	
Portability / Conversion	Same amount as Life For Employee, Spouse & Child		Same amount as Life For Employee, Spouse & Child	
Spouse Rate based on	Included		Included	
Rate Guarantee	Employee's age as of plan year renewal date		Employee's age as of plan year renewal date	
Participation Requirements	3 Years (10/1/2025 - 9/30/2028)		2 Years (10/1/2026 - 9/30/2028)	
True OE	Greater of 5 lives or 34% Mutual will grandfather in existing benefits New Enrollees will be offered a One-Time True OE After, annual Increase up to \$10k for EE without GI		Greater of 5 lives or 34% Mutual will grandfather in existing benefits New Enrollees will be offered a One-Time True OE After, annual Increase up to \$10k for EE without GI	
Financials	Rates per \$1,000		Rates per \$1,000	
Rates	Age	Volume	Age Banded	Rates per \$1,000
	>25	\$790,000.00		\$0.080
	25-29	\$2,550,000.00		\$0.080
	30-34	\$6,040,000.00		\$0.095
	35-39	\$3,720,000.00		\$0.126
	40-44	\$3,770,000.00		\$0.179
	45-49	\$5,470,000.00		\$0.286
	50-54	\$4,000,000.00		\$0.489
	55-59	\$580,000.00		\$0.752
	60-64	\$630,000.00		\$1.185
	65-69	\$246,175.00		\$2.678
	70-100	\$171,500.00		\$5.084
	Child Life	\$1,140,000.00		\$0.126
	Employee & Spouse AD&D	\$27,967,675.00		\$0.025
	Child AD&D	\$1,140,000.00		\$0.020
Estimated Monthly Premium	\$9,084		\$9,084	
Estimated Annual Premium	\$109,014		\$109,014	
Est Annual % Change From Current	N/A		0.0%	
Est Annual \$ Change From Current	N/A		\$0.00	

City of North Miami Beach

Long-Term Disability Market Study

Results		Comments
Mutual of Omaha		No Change

City of North Miami Beach
Long-Term Disability
10/01/2026-09/30/2027

Benefits	Current		Renewal	
	Mutual of Omaha Long-Term Disability		Mutual of Omaha Long-Term Disability	
Class Definition	Class 1: Contracted Managers		Class 1: Contracted Managers	
Elimination Period	90 days		90 days	
Benefit Percentage of Income	66.7%		66.7%	
Minimum Monthly Benefit	\$100		\$100	
Maximum Monthly Benefit	\$6,000		\$6,000	
Own Occupation Definition	24 months		24 months	
Maximum Benefit Duration	RBD to SSNRA		RBD to SSNRA	
Pre-Existing Condition Exclusion	3 / 12		3 / 12	
Employer Contribution	100%		100%	
Rate Guarantee	1 Year (10/1/2025-9/30/2026)		1 Year (10/1/2026-9/30/2027)	
Participation Requirements	100%, 2 employees		100%, 2 employees	
Covered Payroll	Rate per \$100		Rate per \$100	
\$18,000	\$0.45		\$0.45	
Estimated Monthly Premium	\$81.00		\$81.00	
Estimated Annual Premium	\$972.00		\$972.00	
Est Annual % Change From Current	N/A		0.0%	
Est Annual \$ Change From Current	N/A		\$0.00	

City of North Miami Beach

Voluntary Long-Term Disability Market Study

	Results	Comments
Mutual of Omaha	No Change	In Rate Guarantee through 9/30/2028

City of North Miami Beach
 Voluntary Long-Term Disability
 10/01/2026-09/30/2027

Benefits	Current		Renewal	
	Mutual of Omaha Voluntary Long-Term Disability		Mutual of Omaha Voluntary Long-Term Disability	
Class Definition	Class 2: Senior Management Class 3: Elected Officials Class 4: All other FTE's Class 8: Water Plant Mgmt Class 9: Water Plant Cust Serv		Class 2: Senior Management Class 3: Elected Officials Class 4: All other FTE's Class 8: Water Plant Mgmt Class 9: Water Plant Cust Serv	
Elimination Period	120 days		120 days	
Benefit Percentage of Income	60%		60%	
Minimum Monthly Benefit	\$100		\$100	
Maximum Monthly Benefit	\$5,000		\$5,000	
Own Occupation Definition	2 Years		2 Years	
Maximum Benefit Duration	To SSNRA		To SSNRA	
Pre-Existing Condition Exclusion	3 / 12		3 / 12	
Employer Contribution	0%, Voluntary		0%, Voluntary	
Rate Guarantee	3 Years (10/1/2025 - 9/30/2028)		2 Years (10/1/2026 - 9/30/2028)	
Participation Requirements	25% eligible employees		25% eligible employees	
Age	Volume	Rates per \$100	Volume	Rates per \$100
15-19	\$0	\$0.12	\$0	\$0.12
20-24	\$19,697	\$0.16	\$19,697	\$0.16
25-29	\$43,676	\$0.19	\$43,676	\$0.19
30-34	\$57,524	\$0.27	\$57,524	\$0.27
35-39	\$63,036	\$0.36	\$63,036	\$0.36
40-44	\$33,787	\$0.57	\$33,787	\$0.57
45-49	\$48,060	\$0.87	\$48,060	\$0.87
50-54	\$39,374	\$1.23	\$39,374	\$1.23
55-59	\$6,520	\$1.23	\$6,520	\$1.23
60-64	\$19,208	\$1.23	\$19,208	\$1.23
65-69	\$2,943	\$1.23	\$2,943	\$1.23
70-99	\$9,885	\$1.23	\$9,885	\$1.23
Estimated Monthly Premium	\$2,065.99		\$2,065.99	
Estimated Annual Premium	\$24,791.90		\$24,791.90	
Est Annual % Change From Current	N/A		0.0%	
Est Annual \$ Change From Current	N/A		\$0.00	

City of North Miami Beach

Accident Insurance Market Study

	Results	Comments
Mutual of Omaha	No Change	In Rate Guarantee through 9/30/2028

City of North Miami Beach
Accident Insurance
10/01/2026-09/30/2027

Benefits		Current		Renewal	
		Mutual of Omaha Accident		Mutual of Omaha Accident	
Coverage Type		On and Off-Job		On and Off-Job	
AD&D Benefit Amounts	Employee	\$50,000		\$50,000	
	Spouse	\$25,000		\$25,000	
	Child	\$5,000		\$5,000	
Features	Accident Emergency Room Treatment	\$300		\$300	
	Ambulance (Air / Ground)	\$2,000 / \$600		\$2,000 / \$600	
	Initial Physician Visit	\$150		\$150	
	Follow Up Physician visit	\$150/visit up to 6 visits		\$150/visit up to 6 visits	
	Hospital Admission	\$2,000		\$2,000	
	Hospital Confinement	\$500/day up to 365 days/accident		\$500/day up to 365 days/accident	
	Surgery	Schedule up to \$3,500		Schedule up to \$3,500	
	Diagnostic	Schedule up to \$300		Schedule up to \$300	
	Dental	Schedule up to \$300		Schedule up to \$300	
	Fracture	Schedule up to \$9,000		Schedule up to \$9,000	
	Wellness Benefit	\$100 per year		\$100 per year	
	Age Reduction	Dependent: Birth to Age 26 Employee: 50% at age 70 Terminates at Age 80		Dependent: Birth to Age 26 Employee: 50% at age 70 Terminates at Age 80	
Rate Guarantee		3 Years (10/1/2025 - 9/30/2028)		2 Years (10/1/2026 - 9/30/2028)	
Participation Requirements		23% of eligible employees		23% of eligible employees	
Financials		Enrolled	Rates	Enrolled	Rates
Employee Only Spouse Child(ren) Employee & Family	Employee Only	69	\$10.40	69	\$10.40
	Spouse	16	\$16.80	16	\$16.80
	Child(ren)	12	\$17.60	12	\$17.60
	Employee & Family	17	\$24.00	17	\$24.00
Estimated Monthly Premium		\$1,605.60		\$1,605.60	
Estimated Annual Premium		\$19,267.20		\$19,267.20	
Est Annual % Change From Current		N/A		0.0%	
Est Annual \$ Change From Current		N/A		\$0.00	

City of North Miami Beach

Critical Illness Insurance Market Study

	Results	Comments
Mutual of Omaha	No Change	In Rate Guarantee through 9/30/2028

City of North Miami Beach
Critical Illness Insurance
10/01/2026-09/30/2027

Current		Renewal			
Mutual of Omaha Critical Illness		Mutual of Omaha Critical Illness			
	Employee Minimum	\$10,000	\$10,000		
	Employee Increment Amount	\$10,000	\$10,000		
	Employee Maximum	\$30,000	\$30,000		
	Employee Guarantee Issue	\$30,000	\$30,000		
	Spouse Minimum	\$10,000	\$10,000		
	Spouse Increment Amount	\$10,000	\$10,000		
	Spouse Maximum	100% of Employee up to \$30,000	100% of Employee up to \$30,000		
	Spouse Guarantee Issue	\$30,000	\$30,000		
Child(ren) Amount		50% of employee up to \$15,000	50% of employee up to \$15,000		
Reductions		None	None		
Features		Percentage of Coverage Amount	Percentage of Coverage Amount		
Heart / Circulatory	Heart Attack, Heart Failure or Stroke	100%	100%		
	Coronary Arteriosclerosis	25-50% of benefit	25-50% of benefit		
Organ	Organ Failure or Kidney Failure	100%	100%		
Cancer	Cancer (Invasive)	100%	100%		
	Carcinoma in Situ	25%	25%		
	Benign Brain Tumor	100%	100%		
	Cancer Vaccine Benefit	\$100 per year	\$100 per year		
Pre-Existing Condition Limitation		None	None		
Spouse's Rate based on		Employee's Age - Attained Age	Employee's Age - Attained Age		
Child Coverage		Included at no cost	Included at no cost		
Rate Guarantee		3 Years (10/1/2025 - 9/30/2028)	2 Years (10/1/2026 - 9/30/2028)		
Participation Requirements		11% of eligible employees	11% of eligible employees		
Financials		EE Volume	EE Rates Per \$1K	SP Volume	SP Rates Per \$1K
Under age 30	Under age 30	\$170,000	\$0.22	\$10,000	\$0.22
	30-39	\$310,000	\$0.39	\$95,000	\$0.39
	40-49	\$310,000	\$0.87	\$57,500	\$0.87
	50-59	\$245,000	\$1.71	\$92,500	\$1.71
	60-69	\$70,000	\$2.70	\$72,500	\$2.70
	70+	\$30,000	\$4.64	\$12,500	\$4.64
Estimated Monthly Premium		\$1,678.72			
Estimated Annual Premium		\$20,144.64			
Est Annual % Change From Current		N/A			
Est Annual \$ Change From Current		N/A			
		0.0%			
		\$0.00			

City of North Miami Beach

Hospital Indemnity Insurance Market Study

	Results	Comments
Mutual of Omaha	No Change	In Rate Guarantee through 9/30/2028

City of North Miami Beach
Hospital Indemnity Insurance
10/01/2026-09/30/2027

Benefits	Current		Renewal	
	Mutual of Omaha Hospital Indemnity		Mutual of Omaha Hospital Indemnity	
Class Definition	All Eligible Full-Time Employees		All Eligible Full-Time Employees	
Features				
Hospital Admission	\$2,000 per admission, max of 1 per policy year		\$2,000 per admission, max of 1 per policy year	
Emergency Room / Urgent Care Facility	\$200 per day to a max of 1 day per year for each (No UC)		\$200 per day to a max of 1 day per year for each (No UC)	
Outpatient Surgical				
Category 1	\$100 Physician Office		\$100 Physician Office	
Category 2	\$500 Hospital or ASC		\$500 Hospital or ASC	
Time Limits	Limited to 1 per policy year		Limited to 1 per policy year	
Diagnostic Tests:				
Pre-Existing Condition Exclusion	None Coverage ends when employee reaches age 80		None Coverage ends when employee reaches age 80	
Rate Guarantee	3 Years (10/1/2025 - 9/30/2028)		2 Years (10/1/2026 - 9/30/2028)	
Contributions	Voluntary		Voluntary	
Participation Requirements				
Financials	Enrolled	Rates	Enrolled	Rates
Employee Only	47	\$22.21	47	\$22.21
Employee & Spouse	11	\$38.14	11	\$38.14
Employee & Child(ren)	4	\$38.14	4	\$38.14
Employee & Family	4	\$64.51	4	\$64.51
Estimated Monthly Premium	\$1,873.98		\$1,873.98	
Estimated Annual Premium	\$22,487.81		\$22,487.81	
Est Annual % Change From Current	N/A		0.0%	
Est Annual \$ Change From Current	N/A		\$0.00	

City of North Miami Beach
Leave Management Programs
10/01/2026-09/30/2027

	Results	Comments
Mutual of Omaha	\$1.76 PEPM - FMLA \$1.23 PEPM ADA Expert (ADA Leave Administration with Coaching) \$1.83 PEPM ADA Comprehensive - (ADA Leave Administration and Workplace Accommodation Tracking with Coaching) \$0.08 PEPM per leave type - Add'l leave tracking	90-Day implementation time

City of North Miami Beach

EAP

10/01/2026-09/30/2027

Current	
Mutual of Omaha EAP Included with Basic Life	
Number of Visits	6 counseling sessions with EAP provider - includes Face-to-Face, Telephonic, or Televideo
Worklife Services	Employees are able to substitute one counseling session for a legal consultation with an attorney. Additional visits available at 25% discount
Chat Counseling	Not Available
Standard Critical Incident Support	Fee For Service
Immediate Critical Incident On-Site Support	Fee For Service
Management Consultation	Included
Mandatory Referrals	Included
Webinar Training and Education Sessions	Fee For Service
Onsite Training and Education Sessions	Fee For Service
Enrolled	Rates
PEPM	No Cost
Estimated Monthly Premium	\$0.00
Estimated Annual Premium	\$0.00

Disclosures

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

To Our Valued Clients:

Corporate Synergies Group, LLC (CSG) is committed to following best practices, the highest standards of business ethics and integrity, and complying with the laws and regulations governing its operations. CSG 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. **CSG's Role.** As you know, CSG is your broker, not the carrier's agent, in negotiating your policy, obtaining orders and information from carriers, or providing you with a Proposal (as described below).
- B. **Proposal.** At certain appropriate times, CSG 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.
- C. **General Information.** To the best of CSG's knowledge and efforts, the Proposal is truthful and correct. If discrepancies exist between the Proposal, CSG'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. **Carrier Information.** The information contained in the Proposal is provided by the named carrier(s), not by CSG. Any errors or omissions in the information provided to CSG by you or by the carrier are not CSG's responsibility. If the carrier fails to provide you with any insurance coverage described in its Proposal or otherwise, then CSG has no responsibility for any resulting damages. Similarly, CSG 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. CSG also disclaims liability for any consequential, special, incidental or indirect damages resulting from the carrier's Proposal. CSG has no liability with respect to carrier supplied information in the Proposal.
- E. **Websites.** The Proposal may provide references to independent websites. This information is provided solely as a convenience to you. CSG is not responsible for the content of any of these websites
- F. **Broker Compensation.** CSG believes that its clients should have an understanding of how CSG is compensated. In most cases, CSG is compensated by fees paid by the client and/or by commissions paid directly to CSG by the insurance carriers. A written agreement ("Broker Consulting Services Agreement") between the parties will detail the services to be provided. Compensation, in the form of commission, can range between 3% and 6% of premium for medical plans and from 5% to 15% of premium for life insurance, AD&D, dental, STD and LTD and other ancillary lines. Commissions and fees depend upon the size and complexity of the particular account, state location(s) of risk, the services provided, insurance carriers involved and other factors.

The compensation payable to CSG includes all brokerage services, insurance placements and the cost of any services selected by you and contained in either the written agreement with the client or described in the Proposal. Compensation is subject to change based upon the actual services chosen by you. In some cases, the compensation payable to CSG is detailed in the Form 5500, in either Schedule A or Schedule C, for those clients subject to reporting for ERISA, and in the Proposal that may be delivered to you, if applicable. Schedules A/C are typically supplied directly by the carrier to CSG's clients. Additional information on commission payments and fee schedules for any particular account will be provided upon request.

- G. **Pricing of Services.** CSG provides you with services related to employee benefits that are paid for out of commissions or subject to service fees. We reserve the right to make changes to these services at the policy anniversary for the associated insurance policies or in the event any such changes are required by applicable federal, state or local laws.
- H. **Other Compensation.** CSG also receives from carriers additional compensation, bonuses/overrides and in some cases non-monetary compensation such as travel and gratuities related to business activities. In some cases, this compensation is directly attributed to each employer or, in some cases, it is the overall block of new and renewal business that relates to CSG's production with that carrier based on factors dictated by a carrier. Typically these factors include new business production and renewal persistency. CSG will never place its own financial interest ahead of its clients' interests in determining the best available insurance product or service for its clients.
- I. **Sharing of Proposal.** CSG 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 CSG.

- J. **Contacting CSG.** Your questions or comments about this Notice may be directed to:

Corporate Synergies Group, LLC.
Attn: Director of Commissions and Licensing
2 Aquarium Drive, Suite 200
Camden, NJ 08103