

**RESOLUTION NO. 25-06**

**A RESOLUTION OF THE CITY OF PANAMA CITY BEACH, FLORIDA, APPROVING THE RENEWAL OF STOP LOSS INSURANCE FROM ONE80 INTERMEDIARIES, INC. FOR AN ESTIMATED ANNUAL PREMIUM AMOUNT OF \$938,612.00.**

**BE IT RESOLVED** that:

1. The appropriate officers of the City are authorized to renew on behalf of the City those certain insurance coverages and benefits from One80 Intermediaries, Inc., relating to stop loss insurance for the City, in the estimated annual premium amount of Nine Hundred Thirty Eight Thousand Six Hundred Twelve Dollars (\$938,612.00), in substantially the form of the quote **attached** as Exhibit A, as presented to the Council today, and under the terms and conditions approved by Resolution No. 23-18, with such changes, insertions or omissions as may be approved by the City Manager and whose execution shall be conclusive evidence of such approval.
2. The appropriate officers of the City are further authorized to approve additional renewals of insurance coverages and benefits under the rates, terms and conditions approved by Resolution No. 23-18.

**THIS RESOLUTION** shall be effective immediately upon passage.

**PASSED** in regular session this 10<sup>th</sup> day of October, 2024.

**CITY OF PANAMA CITY BEACH**

By:   
\_\_\_\_\_  
Stuart Tettemer, Mayor

**ATTEST:**

  
\_\_\_\_\_  
Lynne Fasone, City Clerk



## **EMPLOYER STOP LOSS PROPOSAL**

**Prepared for:  
City of Panama City Beach  
Panama City Beach, FL**

**Producer:  
City of Panama City Beach**

**Underwriting Contact:  
Margaret Dougherty**

**Marketing Contact:  
Justin Cech**

**Stop Loss Coverage Provided by:  
Gerber Life Insurance Company**

Insured: **City of Panama City Beach**  
Claims Administrator: **Blue Cross Blue Shield of Florida**  
Underwriter: **Margaret Dougherty**

Proposal #: **1351**  
Proposal Date: **10/03/2024** Valid Through: **10/16/2025**  
Effective Date: **01/01/2025** Expiration: **12/31/2025**

**SPECIFIC STOP LOSS BENEFIT**

|   | <u>Option 1</u>         |                  |
|---|-------------------------|------------------|
| Covered Benefits                          | <b>Medical, Rx Card</b> |                  |
| Contract Basis                            |                         | <b>24/12</b>     |
| Annual Specific Deductible per Individual | \$                      | <b>100,000</b>   |
| except for                                |                         |                  |
| <b>Member ***-**-4167</b>                 | \$                      | <b>290,000</b>   |
| Maximum Annual Reimbursement              |                         | <b>Unlimited</b> |
| Maximum Lifetime Reimbursement            |                         | <b>Unlimited</b> |
| Quoted Rate Per Month                     | <u>Enrollment</u>       |                  |
| Single                                    | 358 \$                  | <b>144.99</b>    |
| Family                                    | 56 \$                   | <b>426.67</b>    |
| Estimated Annual Premium                  | \$                      | <b>909,599</b>   |
| Quoted Rate(s) includes Commissions of    |                         | <b>10.00%</b>    |

**AGGREGATE STOP LOSS BENEFIT**

|                                 | <u>Option 1</u>         |                  |
|---------------------------------|-------------------------|------------------|
| Covered Benefits                | <b>Medical, Rx Card</b> |                  |
| Contract Basis                  |                         | <b>24/12</b>     |
| Loss Limit Per Individual       | \$                      | <b>100,000</b>   |
| Maximum Annual Reimbursement    | \$                      | <b>1,000,000</b> |
| Rate Per Month                  | <u>Enrollment</u>       |                  |
| Composite                       | 414 \$                  | <b>5.84</b>      |
| Estimated Annual Premium        | \$                      | <b>29,013</b>    |
| Rate(s) includes Commissions of |                         | <b>10.00%</b>    |
| Annual Aggregate Deductible     | \$                      | <b>3,766,140</b> |
| Minimum Aggregate Deductible    | \$                      | <b>3,766,140</b> |
| Monthly Aggregate Claim Factors | <u>Enrollment</u>       |                  |
|                                 | <u>Medical, RxCard</u>  |                  |
| Single                          | 358 \$                  | <b>585.01</b>    |
| Family                          | 56 \$                   | <b>1,864.49</b>  |

**OVERALL COST SUMMARY**

|                          | <u>Option 1</u> |                  |
|--------------------------|-----------------|------------------|
| Total Annual Fixed Costs | \$              | <b>938,612</b>   |
| Variable Costs           | \$              | <b>3,766,140</b> |
| Maximum Annual Liability | \$              | <b>4,704,752</b> |

**PROPOSAL QUALIFICATIONS AND CONTINGENCIES**

- Underwriting reserves the right to modify coverage terms when the participation varies by more than 10% of the quoted or prior enrollment, when a new division is added or deleted from coverage, or when plan and/or network changes occur.
- Specific Advance is included.
- This proposal assumes utilization of the proposed plan designs and continuing utilization of the existing BCBS PPO network.
- This proposal is based on covering Retirees. Medicare will be primary for retirees age 65 and older, regardless of whether or not the person has enrolled in all parts of Medicare when eligible .
- Aggregate terms are based upon paid claim and enrollment information through 8/31/2024.
- A complete 12 month aggregate report is required within 20 days of the conclusion of the prior policy period. Recalculation of aggregate factors will be required retroactive to the effective date if it is determined that the average of the last two (2) months of aggregate claims exceed the average of the first ten (10) months by 10% or more.
- Vendor fees for negotiations of any claim greater than \$15,000 are subject to carrier review. Failure to provide this data will result in claim denial of vendor fees.
- Vendor fees are limited to 25% of true savings.
- Proposal is based on a minimum of 75% participation of "net" eligible employees. "Net eligible" is total eligible employees minus those eligible employees with credible coverage elsewhere.
- For any claimant on a transplant list or being evaluated for a transplant, please provide network and facility selected and case rate for transplantation if already negotiated.
- THIS PROPOSAL INCLUDES A NO NEW LASER WITH A MAXIMUM RATE CAP of 50% AT RENEWAL.
- This is a firm proposal that will expire after 10/16/2024.
- This proposal assumes that Member \*\*\*-\*\*-6349 will have primary coverage through Medicare parts A and B as of 12/1/2023. If this assumption is not correct, underwriting will reserve the right to reevaluate the proposed renewal terms.

Initial next to the selected proposal option:

|           |                 |
|-----------|-----------------|
|           | <u>Option 1</u> |
| Specific  | _____           |
| Aggregate | _____           |

The Premium and Aggregate Deductible are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date: \_\_\_\_\_ By:  \_\_\_\_\_  
Agent of Record or Administrator

This proposal expires if applications are not requested before the void through date.

## ONE80 INTERMEDIARIES

### Instructions for Completing the Attached Disclosure Form

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**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of “health care operations”.** One80 Intermediaries and the Carrier (hereinafter “we” or “us”) shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

**We will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage.** The purpose of the form is to allow us to take underwriting action on all known individuals in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claim reports, disability records, payroll records, current information from administrators, insurers, utilization management companies, case management companies, managed care companies and any Agent/Broker of the Plan Sponsor. In exchange we will accept the liability for any truly unknown claimants. The attached disclosure form must be completed and signed by the appropriate parties.

Upon receipt of the completed disclosure, we will assess all data, new and previously reported, and will inform the producer in writing of any changes to the rates, factors or terms of coverage. We reserve the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan Participants may include those on short or long-term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote, *and also individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* List on the disclosure form all Plan Participants who are known to meet any of the following criteria:

1. Currently confined to a Medical Facility, or who have been pre-certified for same within the last 90 days.
2. Have received medical services during the past twelve (12) months, the cost of which exceeds to the lesser of, 50% of the lowest Specific Deductible/Retention applied for or \$50,000, and for which the bills have been received by the Claims Administrator and entered into their claims system.
3. Have been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000 during the policy period.
4. Have been diagnosed within the past 12 months with a condition represented by any of the ICD-10 codes contained in the attached list and have also incurred charges of \$5,000 or more during the same period.

**If the Plan Sponsor fails to disclose any Participant known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant’s participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.**

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**ONE80 INTERMEDIARIES  
Disclosure Form**

| Claimant | DOB | Status  | Diagnosis | Prognosis | Most Recent DOS | Claims Paid in Last 12 months | Pended, Denied, and Pre-Authorized Claims During The Past 12 Months |
|----------|-----|---|-----------|-----------|-----------------|-------------------------------|---|
|          |     | <input type="checkbox"/> Employee<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> COBRA |           |           |                 |                               |   |
|          |     | <input type="checkbox"/> Employee<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> COBRA |           |           |                 |                               |   |
|          |     | <input type="checkbox"/> Employee<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> COBRA |           |           |                 |                               |   |
|          |     | <input type="checkbox"/> Employee<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> COBRA |           |           |                 |                               |   |
|          |     | <input type="checkbox"/> Employee<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> COBRA |           |           |                 |                               |   |

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that it is the result of a diligent search in accordance with those instructions. *Such disclosure includes, but is not limited to, those individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* The Plan Sponsor recognizes that if the Plan Sponsor fails to disclose any Participant known to fall into one of the categories set forth in the instructions attached to this form, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant's participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.

Plan Sponsor: City of Panama City Beach, FL  
 Signature: *[Signature]*  
 Printed Name: Drew Whitman  
 Title: City Manager  
 Date: \_\_\_\_\_

Claims Admin: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

# ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

## **A00-B99 Certain Infectious and Parasitic Diseases**

|         |  |
|---------|--|
| A40     | Streptococcal sepsis                       |
| A41     | Other Sepsis                               |
| B15-B19 | Viral hepatitis                            |
| B20     | Human immunodeficiency virus [HIV] disease |

## **C00-D49 Neoplasms**

|         |                           |
|---------|---------------------------|
| C00-C96 | Malignant neoplasms       |
| D46     | Myelodysplastic syndromes |

## **D50-D89 Diseases of the Blood and Blood-Forming Organs & Disorders involving the Immune Mechanism**

|         |   |
|---------|---|
| D57     | Sickle-cell disorders   |
| D59     | Acquired hemolytic anemia                                     |
| D60-D64 | Aplastic and other anemias                                    |
| D65-D69 | Coagulation defects, purpura and other hemorrhagic conditions |
| D70-D77 | Other diseases of blood and blood-forming organs              |
| D80-D89 | Certain disorders involving the immune mechanism              |

## **E00-E89 Endocrine, Nutritional and Metabolic Diseases**

|         |   |
|---------|---|
| E10-E13 | Diabetes mellitus   |
| E15-E16 | Other disorders of glucose regulation and pancreatic internal secretion |
| E65-E68 | Obesity and other hyperalimentation                                     |
| E70-E89 | Metabolic disorders   |

## **F01-F99 Mental, Behavioral and Neurodevelopmental Disorders**

|             |  |
|-------------|--|
| F10.1       | Alcohol Abuse  |
| F11.1       | Opioid Abuse   |
| F20         | Schizophrenia  |
| F31         | Bipolar Disorder   |
| F32.3       | Major depressive disorder, single episode, severe with psychotic feature |
| F33.1-F33.3 | Major Depressive Disorder, recurrent                                     |
| F84.0       | Autistic Disorder  |
| F84.2       | Reye's Syndrome  |
| F84.5       | Asperger's syndrome  |

## **G00-99 Diseases of the Nervous System**

|         |   |
|---------|---|
| G00     | Bacterial Meningitis                                  |
| G04     | Encephalitis Myelitis and Encephalomyelitis.          |
| G06-G07 | Intracranial and intraspinal abscess and granuloma    |
| G12.21  | Amyotrophic Lateral Sclerosis                         |
| G35     | Multiple Sclerosis                                    |
| G36     | Other Acute Disseminated Demyelination                |
| G37     | Other Demyelinating disease of central nervous system |
| G82.5   | Quadraplegia  |
| G83.4   | Cauda Equina Syndrome                                 |
| G92     | Toxic Encephalopathy                                  |
| G93.1   | Anoxic Brain Injury                                   |

## **I00-I99 Diseases of Circulatory System**

|            |  |
|------------|--|
| I20        | Angina Pectoris                                  |
| I21.09-I22 | Acute myocardial infarction                      |
| I24        | Acute and Subacute Ischemic Heart Disease        |
| I25        | Chronic ischemic heart disease                   |
| I26        | Pulmonary embolism                               |
| I27        | Other pulmonary heart disease                    |
| I28        | Other diseases of pulmonary vessels              |
| I33        | Acute & Subacute Endocarditis                    |
| I34-I38    | Heart Valve Disorders                            |
| I42-I43    | Cardiomyopathy                                   |
| I44-I45    | Conduction Disorders                             |
| I46        | Cardiac Arrest                                   |
| I47-I49    | Cardiac Dysrhythmias                             |
| I50        | Heart Failure                                    |
| I60-161    | Subarachnoid Hemorrhage/Intercerebral Hemorrhage |
| I63        | Cerebral infarction                              |
| I65.8-I66  | Occlusion of Precerebral/Cerebral Arteries       |
| I67        | Other cerebrovascular disease                    |
| I70        | Atherosclerosis/Aortic Aneurysm                  |

## **J00-J99 Diseases of Respiratory System**

|               |  |
|---------------|--|
| J40-J44       | Chronic Obstructive Pulmonary Disease (COPD) |
| J84.10-J84.89 | Post-inflammatory Pulmonary Fibrosis         |
| J98.11-J98.4  | Pulmonary Collapse/Respiratory Failure       |

## **K00-K95 Diseases of Digestive System**

|         |  |
|---------|--|
| K22     | Esophageal obstruction   |
| K25-K28 | Ulcers   |
| K31     | Other diseases of stomach & duodenum                                     |
| K50     | Crohn's disease  |
| K51     | Ulcerative colitis   |
| K55-K64 | Diseases of intestine  |
| K65-K68 | Diseases of peritoneum & retroperitoneum                                 |
| K70-K77 | Diseases of liver  |
| K83     | Diseases of biliary tract  |
| K85-K86 | Diseases of pancreatitis   |
| K90-K95 | Other diseases of digestive system/Complications of bariatric procedures |

## **M00-M99 Diseases of Musculoskeletal System & Connective Tissue**

|         |   |
|---------|---|
| M15-M19 | Osteoarthritis  |
| M32     | Systemic lupus erythematosus  |
| M34     | Systemic sclerosis  |
| M41     | Scoliosis   |
| M43     | Spondylolysis   |
| M50     | Cervical disc disorders   |
| M51     | Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders |
| M72.6   | Necrotizing Fasciitis   |
| M86     | Osteomyelitis   |

**N00-N99 Diseases of the Genitourinary System**

|         |   |
|---------|---|
| N00-N01 | Acute and Rapidly Progressive Nephritic Syndrome      |
| N03     | Chronic Nephritic Syndrome                            |
| N04     | Nephrotic Syndrome                                    |
| N05-N07 | Nephritis and Nephropathy                             |
| N08     | Glomerular Disorders in diseases classified elsewhere |
| N17     | Acute Kidney Failure                                  |
| N18     | Chronic Kidney Disease (CKD)                          |
| N19     | Renal Failure, Unspecified                            |

**O00-O9A Pregnancy, Childbirth and the Puerperium**

|         |   |
|---------|---|
| O09     | High Risk Pregnancy                                 |
| O11     | Pre-Existing Hypertension with Pre-Eclampsia        |
| O14-O15 | Pre-Eclampsia and Eclampsia                         |
| O30     | Multiple Gestation                                  |
| O31     | Other complications specific to Multiple Gestations |

**P00-P96 Certain Conditions Originating in the Perinatal Period**

|         |  |
|---------|--|
| P07     | Disorders of newborn related to short gestation and low birth weight |
| P10-P15 | Birth Trauma   |
| P19     | Fetal distress   |
| P23-P28 | Other respiratory conditions of newborn                              |
| P29     | Cardiovascular disorders originating in the perinatal period         |
| P36     | Bacterial sepsis of newborn  |
| P52-P53 | Intracranial hemorrhage of newborn                                   |
| P77     | Necrotizing enterocolitis of newborn                                 |
| P91     | Other disturbances of cerebral status newborn                        |

**Q00-Q99 Congenital Malformations, Deformations and Chromosomal Abnormalities**

|         |  |
|---------|--|
| Q00-Q07 | Congenital malformations of the nervous system               |
| Q20-Q26 | Congenital Cardiac malformations                             |
| Q41-Q45 | Congenital Anomalies of Digestive system                     |
| Q85     | Phakomatoses, not elsewhere classified                       |
| Q87     | Congenital malformation syndromes affecting multiple systems |
| Q89     | Other Congenital malformations                               |

**R00-R99 Symptoms, Signs and Abnormal Clinical and Laboratory Findings, or Not Elsewhere Classified**

|              |                   |
|--------------|-------------------|
| R07.1-R07.9  | Chest Pain        |
| R40-R40.236  | Coma              |
| R57-R58      | Shock, Hemorrhage |
| R65.2-R65.21 | Severe sepsis     |

**S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes**

|               |   |
|---------------|---|
| S02           | Fracture of skull and facial bones  |
| S06           | Intracranial injury   |
| S07           | Crush injury to head  |
| S08           | Avulsion and traumatic amputation of part of head                             |
| S12-S13       | Fracture and injuries of cervical vertebra and other parts of neck            |
| S14.0-S14.15  | Injury of nerves and spinal cord at neck level                                |
| S22.0         | Fracture of thoracic vertebra   |
| S24           | Injury of nerves and spinal cord at thorax level                              |
| S25           | Injury of blood vessels of thorax   |
| S26           | Injury of heart   |
| S32.0-S32.2   | Fracture of lumbar vertebra   |
| S34           | Injury of lumbar and sacral spinal cord and nerves                            |
| S35           | Injury of blood vessels at abdomen, lower back and pelvis                     |
| S36-S37       | Injury of intra-abdominal organs  |
| S48           | Traumatic amputation of shoulder and upper arm                                |
| S58           | Traumatic amputation of elbow and forearm                                     |
| S68.4-S68.7   | Traumatic amputation of hand at wrist level                                   |
| S78           | Traumatic amputation of hip and thigh   |
| S88           | Traumatic amputation of lower leg   |
| S98           | Traumatic amputation of ankle and foot  |
| T30-T32       | Burns and corrosions of multiple body regions                                 |
| T81.11-T81.12 | Post-procedural cardiogenic and septic shock                                  |
| T82           | Complications of cardiac and vascular prosthetic devices, implants and grafts |
| T83-T85       | Complications of prosthetic devices, implants and grafts                      |
| T86           | Complications of transplanted organs and tissue                               |
| T87           | Complications to reattachment and amputation                                  |

**Z00-Z99 Factors Influencing Health Status and Contact with Health Services**

|             |  |
|-------------|--|
| Z37.5-Z37.6 | Multiple births                                      |
| Z38.3-Z38.8 | Multiple births                                      |
| Z48-Z48.298 | Encounter for aftercare following organ transplant   |
| Z49         | Encounter for care involving renal dialysis          |
| Z94         | Transplanted organ and tissue status                 |
| Z95         | Presence of cardiac and vascular implants and grafts |
| Z98.85      | Transplanted organ removal status                    |
| Z99.1       | Dependence on respirator                             |
| Z99.2       | Dependence on dialysis                               |