RESOLUTION NO. 25-05

A RESOLUTION OF THE CITY OF PANAMA CITY BEACH, FLORIDA, APPROVING THE RENEWAL OF ANCILLARY INSURANCE COVERAGE AND SERVICES FROM HUMANA, INC., MINNESOTA LIFE, AND ALLSTATE INSURANCE COMPANY AS MORE PARTICULARY DESCRIBED IN THE BODY OF THE RESOLUTION AND AUTHORIZING ADDITIONAL RENEWALS UNDER THE SAME TERMS AND CONDITIONS.

BE IT RESOLVED by the City Council of the City of Panama City Beach that:

- The appropriate officers of the City are authorized to renew on behalf of the City those certain insurance coverages and benefits from Humana, Inc. relating to employee dental and vision insurance for the City; Minnesota Life Insurance Company relating to employee short-term disability insurance; and Allstate Insurance Company relating to group accident insurance, employee critical illness insurance, and hospital indemnity insurance, consistent with the rates reflected in Exhibit A, attached, as presented to the Council today, and under the terms and conditions approved by Resolution No. 23-14, 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. 23-14.

THIS RESOLUTION shall be effective immediately upon passage.

PASSED in regular session this ______ day of October, 2024.

CITY OF PANAMA CITY BEACH

ATTEST:

Stuart Tettemer, Mayor

Dental fully-insured renewal summary

City of Panama City Beach

Group 404252

Renewal date: January 1, 2025

Your current and renewal dental rates

Renewal rates guaranteed through: December 31, 2025

Plan description	Coverage type	Enrollment	Current	Monthly premium	Renewal	Monthly premium
Plan 1						
Traditional Preferred INFS Non-Vol, 100/100/60; periodontics in Basic, endodontics in Basic, \$2000 annual maximum; \$50 deductible; deductible waived on preventive; child only orthodontia with \$1000 lifetime maximum, implant coverage, composite coverage, oral surgery Basic	Employee	269	\$27.48	\$7,392	\$27.48	\$7,392
	Employee & Spouse	43	\$62.33	\$2,580	\$62.33	\$2,580
	Employee & Child(ren)	22	\$76.79	\$1,689	\$76.79	\$1,689
	Family	27	\$114.96	\$3,104	\$114.96	\$3,104
	Total	361		\$14,866		\$14,866
lan 2 raditional Preferred U&C Non-Vol, 100/80/50;	Employee	35	\$27.48	\$962	\$27.48	\$962
eriodontics in Basic, endodontics in Basic,	Employee & Spouse	8	\$62.33	\$499	\$62.33	\$499
2000 annual maximum; \$50 deductible; eductible waived on preventive; child only	Employee & Child(ren)	4	\$76.79	\$307	\$76.79	\$307
orthodontia with \$1000 lifetime maximum, implant coverage, composite coverage, oral surgery Basic	Family	5	\$114.96	\$575	\$114.96	\$575
	Total	52		\$2.342		\$2,342

Humana is committed to addressing the link between oral and overall health through member education and targeted benefits.

You also receive:

EyeMed Vision discount program, where you and your employees can save money with more than 92,800 unique providers at 264,482 access points nationwide including optometrists, ophthalmologists, opticians.

Access anytime to dental benefits information through our automated information line (1-800-233-4013) and Humana.com.

Humana group dental plans are offered by Humana insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Health Benefit Plan of Louisiana, Humana Employer's Health Plan of Georgia, or DentiCare, Inc. (d/b/a CompBenefits)

Dental fully-insured renewal summary

City of Panama City Beach

Group 404252

Renewal date: January 1, 2025

Claims and enrollment history

August 1, 2023 - July 31, 2024

Month	Number of procedures	Paid claims	Premium	Total employees
August	151	\$10,274.96	\$15,113.65	370
September	162	\$12,253.80	\$15,285.90	375
October	126	\$9,902.13	\$15,381.36	379
November	160	\$11,544.17	\$15,441.97	383
December	165	\$10,500.12	\$15,674.22	387
January	201	\$15,130.04	\$16,459.73	394
February	215	\$12,097.31	\$16,608.27	399
March	156	\$10,917.13	\$17,074.82	411
April	137	\$9,758.47	\$17,186.46	412
May	204	\$13,194.35	\$17,449.96	417
June	170	\$11,065.39	\$17,083.63	409
July	178	\$13,032.38	\$17,208.01	413

Average Loss Ratio (i.e. Claims divided by Premium)	71.3%	

^{*}Data excludes dental HMO/Prepaid products.

Humana

Vision fully-insured renewal summary

City of Panama City Beach

Group 404252

Renewal date: January 1, 2025

Your current and renewal vision rates

Renewal rates guaranteed through: December 31, 2026

Plan description	Coverage type	Enrollment	Current rate	Monthly premium	Renewal rate	Monthly
Plan 1		1		CALADE ASSISTANCE	The second secon	of the state of th
Vision Plus Employer Sponsored, \$10/\$15 In	Employee	194	\$5.24	\$1,017	\$5.24	\$1,017
letwork Exam/Material Copay, \$130 in letwork Frame Allowance, \$130 in Network	Employee & Spouse	58	\$10.50	\$609	\$10.50	\$609
	Employee & Child(ren)	17	\$9.97	\$169	\$9.97	\$169
Contact Lens Allowance, 12/12/24 Exam/Lens	Family	27	\$15.67	\$423	\$15.67	\$423
or Contact Lens/Frame Frequency Limitation,						
polycarb for children	Total	296		\$2,218		\$2,218

Humana Vision

It needs to be easy for your employees to get the vision care they need. At home or on the road, your employees will find a provider with convenient hours and locations. And they'll receive substantial savings on eye wear and exams when they visit network providers.

It's important your employees keep their eyes healthy and get routine care. Exams can help prevent vision loss, but also detect more serious diseases in the body such as diabetes, hypertension, multiple sclerosis, and brain tumors.

Humana Vision plans encourage prevention, early diagnosis, and treatment, helping employees stay healthy and possibly prevent permanent vision loss.

Humana group vision plans are offered by Humana Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dentai Concern, Inc.



Madison National Life Insurance Company

RATE CONFIRMATION

1. Policyholder: City of Panama City Beach

2. Group Number: 33785

3. Insurance Product: Short Term Disability

4. Rate Coverage Period: January 1, 2025 – December 31, 2025

Short Term Disability

Premium Rates:

	Current Rates	Renewal Rates
Coverage	Monthly rate per \$10 of weekly benefit	Monthly rate per \$10 of weekly benefit
Short Term Disability	\$0.299	\$0.299

Julie Roeder

From:

Bowden, Rebecca < Rebecca. Bowden@allstate.com >

Sent:

Friday, August 16, 2024 3:08 PM

To: Subject:

Ashley Croxdale City of Panama City Beach

This Message originated outside your organization.

Hi Ashley,

Confirming the following Allstate lines under an extended rate guarantee through 12/31/2025.

Group Accident Group Critical Illness Hospital Indemnity Allstate Identity Protection (AIP) US Legal

Thank you so much for your partnership!

Rebecca

Rebecca Bowden

Senior Sales Executive

Allstate Benefits - Georgia (SE Region)

Cell:

404-661-3535

Email:

Rebecca.Bowden@allstate.com

Broker Sales Support Center ABSalesSupportSET@allstate.com

Customer Support: 800-521-3535 or AB-CustomerCare@allstate.com

Humana Dental Plans 1/1/2025 - 12/31/2025

Traditional INFS (MAC)					
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost	
Employee	269	\$27.48	\$27.48	\$0.00	
Employee + Spouse	43	\$62.33	\$27.48	\$34.85	
Employee + Child(ren)	22	\$76.79	\$27.48	\$49.31	
Family	27	\$114.96	\$27.48	\$87.48	
Total Monthly Cost		\$14,866	\$9,920	\$4,945	
Total Annual Cost		\$178,387	\$119,043	\$59,344	

Traditional U&C (Open Network Plan)					
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost	
Employee	35	\$27.48	\$27.48	\$0.00	
Employee + Spouse	8	\$62.33	\$27.48	\$34.85	
Employee + Child(ren)	4	\$76.79	\$27.48	\$49.31	
Family	5	\$114.96	\$27.48	\$87.48	
Total Monthly Cost		\$2,342	\$1,429	\$913	
Total Annual Cost		\$28,109	\$17,148	\$10,961	

	To	otal Plans Combined		
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost
Total Monthly Cost		\$17,208	\$11,349	\$5,859
Total Annual Cost		\$206,496	\$136,191	\$70,305

City of Panama City Beach Humana Vision Plan 1/1/2025 - 12/31/2025

Vision						
Tier		Total Monthly Rate	ER Cost	EE Cost		
Employee	194	\$5.24	\$0.00	\$5.24		
Employee + Spouse	58	\$10.50	\$0.00	\$10.50		
Employee + Child(ren)	17	\$9.97	\$0.00	\$9.97		
Family	27	\$15.67	\$0.00	\$15.67		
Total Monthly Cost		\$2,218	\$0	\$2,218		
Total Annual Cost	1	\$26,618	\$0	\$26,618		

City of Panama City Beach

Securian Life STD 1/1/2025 - 12/31/2025

Ees	Volume	Rate per \$10	Monthly Total	Annual Total
375	\$278,461	\$0.299	\$8,325.98	\$99,911.81

Allstate Hospital Indemnity 1/1/2025 - 12/31/2025

Hospital Indemnity						
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost		
Employee	33	\$17.29	\$0.00	\$17.29		
Employee + Spouse	7	\$47.32	\$0.00	\$47.32		
Employee + Child(ren)	4	\$19.11	\$0.00	\$19.11		
Family	4	\$51.48	\$0.00	\$51.48		
Total Monthly Cost		\$1,184	\$0	\$1,184		
Total Annual Cost		\$14,210	\$0	\$14,210		

Allstate Accident 1/1/2025 - 12/31/2025

Accident						
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost		
Employee	87	\$12.69	\$0.00	\$12.69		
Employee + Spouse	8	\$21.94	\$0.00	\$21.94		
Employee + Child(ren)	9	\$27.35	\$0.00	\$27.35		
Family	12	\$34.47	\$0.00	\$34.47		
Total Monthly Cost		\$1,939	\$0	\$1,939		
Total Annual Cost		\$23,272	\$0	\$23,272		

Allstate Critical Illness 1/1/2025 - 12/31/2025

Critial Illness				
Tier	EEs	Total Monthly Rate	ER Cost	EE Cost
Employee	55	\$12.69	\$0.00	\$12.69
Employee + Spouse	6	\$21.94	\$0.00	\$21.94
Employee + Child(ren)		\$27.35	\$0.00	\$27.35
Family	11	\$34.47	\$0.00	\$34.47
Total Monthly Cost		\$1,209	\$0	\$1,209
Total Annual Cost		\$14,505	\$0	\$14,505