

City of Cocoa
Medical Evaluation - Fully Insured
Effective Date: October 1, 2024



SCHEDULE OF BENEFITS	2023-2024	2024-2025
	Cigna Open Access Plus	Cigna Open Access Plus
Calendar Year Deductible (CYD)	In Network Only	In Network Only
Single	\$2,000	\$2,000
Family	\$6,000	\$6,000
Out of Pocket Max	Deductible, Coinsurance, Copays, and Rx	Deductible, Coinsurance, Copays, and Rx
Single	\$6,000	\$6,000
Family	\$12,000	\$12,000
Coinsurance	20%	20%
Office Visits		
Primary Care Physician	\$25	\$25
Specialist	\$50	\$50
Preventive Services	\$0	\$0
Virtual Visits	\$25/\$50	\$25/\$50
Non Hospital Services		
Clinical Lab	\$0	\$0
X-rays	\$0	\$0
Advanced Imaging - CT, PET, MRI	\$100	\$100
Urgent Care Center	\$50	\$50
Outpatient Surgery in Surgical Center	20% after CYD	20% after CYD
Physician Services in Surgical Center	20% after CYD	20% after CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% after CYD	20% after CYD
Outpatient Hospital (Per Visit)	20% after CYD	20% after CYD
Physician Services at Hospital	20% after CYD	20% after CYD
Emergency Room (Per Visit)	\$250	\$250
Mental Health/Substance Abuse		
Inpatient Hospital	20% after CYD	20% after CYD
Outpatient Services	\$0	\$0
Outpatient Office Visit	\$50	\$50
Retail Pharmacy Plan		
Tier 1 Drugs - Generic	\$20	\$20
Tier 2 Drugs - Preferred	\$40	\$40
Tier 3 Drugs - Non-Preferred	\$70	\$70
Tier 4 Drugs - Specialty	\$20 / \$40 / \$70	\$20 / \$40 / \$70
90-Day Supply - Mail Order/Retail	\$40 / \$80 / \$140	\$40 / \$80 / \$140
Monthly Rates		
Employee Only 331	\$928.90	\$975.08
Employee + One 66	\$1,763.64	\$1,851.34
Employee + Family 42	\$2,644.76	\$2,776.28
Monthly Premium 439	\$534,946	\$561,544
Annual Premium	\$6,419,353	\$6,738,524
\$ Increase / Decrease	-	\$319,171
% Increase / Decrease	-	5.0%

Enrollment as of May 1, 2024

City of Cocoa
Dental Evaluation
Effective Date: October 1, 2024



SCHEDULE OF BENEFITS	2023-2024		2024-2025	
	Cigna Total DPPO		Cigna Total DPPO	
Plan Basics	In Network	Out of Network	In Network	Out of Network
Deductible Type	Calendar Year		Calendar Year	
Class Expenses Apply to Benefit Maximum	Class I, II, III		Class I, II, III	
Benefit Maximum	\$1,500		\$1,500	
Deductible				
Single	\$25	\$25	\$25	\$25
Family	\$50	\$50	\$50	\$50
Benefits				
Class I – Diagnostic & Preventive				
Routine Oral Exam (2 Per Year)	100% No Deductible		100% No Deductible	
Routine Cleanings (2 Per Year)	100% No Deductible		100% No Deductible	
Bitewing X-rays (1 Per Year)	100% No Deductible		100% No Deductible	
Complete X-rays (1 Set Every 3 Years)	100% No Deductible		100% No Deductible	
Class II – Basic Restorative				
Fillings	80% After Deductible		80% After Deductible	
Oral Surgery	80% After Deductible		80% After Deductible	
Simple Extractions	80% After Deductible		80% After Deductible	
Endodontics	80% After Deductible		80% After Deductible	
Periodontal	80% After Deductible		80% After Deductible	
Anesthesia	80% After Deductible		80% After Deductible	
Class III – Major Restorative				
Crowns	50% After Deductible		50% After Deductible	
Bridges	50% After Deductible		50% After Deductible	
Dentures	50% After Deductible		50% After Deductible	
Class IV – Orthodontia				
Benefit (Children & Adult)	50% No Deductible		50% No Deductible	
Orthodontia Lifetime Max	\$2,000		\$2,000	
Service Information				
Out of Network Benefits Payable Level	80th Percentile		80th Percentile	
Waiting Period (Timely Entrant)	None		None	
Missing Tooth Provision	Payments Reduced by 50% for 12 Months, then considered Class III expense		Payments Reduced by 50% for 12 Months, then considered Class III expense	
Rate Guarantee	9/30/2025		9/30/2025	
Monthly Rates				
Employee Only	409	\$29.42	\$29.42	
Employee + One	101	\$73.92	\$73.92	
Employee + Family	80	\$101.52	\$101.52	
Monthly Premium	590	\$27,620	\$27,620	
Annual Premium		\$331,444	\$331,444	
\$ Increase / Decrease		-	\$0	
% Increase / Decrease		-	0.0%	

Enrollment as of May 1, 2024

City of Cocoa
Vision Evaluation
Effective Date: October 1, 2024



SCHEDULE OF BENEFITS	2023-2024		2024-2025	
	EyeMed Insight Network		EyeMed Insight Network	
Exams	In Network	Out of Network	In Network	Out of Network
Eye Exam	\$0	Up to \$40	\$0	Up to \$40
Retinal Imaging	Up to \$39	Not covered	Up to \$39	Not covered
Contact Lens Exam (Standard Fit/Follow-up)	Up to \$40	Not Covered	Up to \$40	Not Covered
Frequency				
Exam	12 Months		12 Months	
Lenses	12 Months		12 Months	
Frames	24 Months		24 Months	
Contracts	12 Months		12 Months	
Lenses				
Single	\$0	Up to \$30	\$0	Up to \$30
Bifocal	\$0	Up to \$50	\$0	Up to \$50
Trifocal	\$0	Up to \$70	\$0	Up to \$70
Lenticular	\$0	Up to \$70	\$0	Up to \$70
Progressive - Standard	\$55	Up to \$52	\$55	Up to \$52
Polycarbonate - Up to Age 19	\$0	Up to \$32	\$0	Up to \$32
Frames				
Retail	Up to \$150, then 20% discount	Up to \$105	Up to \$150, then 20% discount	Up to \$105
Contact Lenses	<i>In lieu of eyeglass lenses and frames</i>		<i>In lieu of eyeglass lenses and frames</i>	
Contact Lenses (Conventional)	Up to \$150, then 15% discount	Up to \$150	Up to \$150, then 15% discount	Up to \$150
Contact Lenses (Disposable)	Up to \$150	Up to \$150	Up to \$150	Up to \$150
Contact Lenses (Medically Necessary)	\$0	Up to \$300	\$0	Up to \$300
Rate Guarantee	Expires 9/30/2026		Expires 9/30/2026	
Monthly Rates	Current		Renewal	
Employee Only	421	\$5.68		\$5.68
Employee + Family	166	\$15.16		\$15.16
Monthly Premium	587	\$4,908		\$4,908
Annual Premium		\$58,894		\$58,894
\$ Increase / Decrease		-		\$0
% Increase / Decrease		-		0.0%

Enrollment as of May 1, 2024

City of Cocoa
Employee Assistance Program Evaluation
Effective Date: October 1, 2024



EAP	2023-2024	2024-2025
	Cigna	Cigna
Eligibility	Employees and their household members	Employees and their household members
Number of Sessions per Employee or Dependent	8 Face-to-Face Visits per Issue	8 Face-to-Face Visits per Issue
Manager / Supv Training or Employee Seminars	5 hours of Training (combined with CIS)	5 hours of Training (combined with CIS)
Frequency of Comprehensive Reporting	Quarterly	Quarterly
Critical Incident Debriefing	5 hours per incident (unlimited incidents)	5 hours per incident (unlimited incidents)
Management Referrals	Included	Included
Telephonic Management / Supervisor Consultation and Support	Included	Included
Counselors Available 24/7	Included	Included
Work/Life Support	Online/Telephone Referrals	Online/Telephone Referrals
Legal/Financial Services	30-minute Consult for each Legal / Financial Topic	30-minute Consult for each Legal / Financial Topic
ID Theft Services	60-minute Consult with Fraud Resolution Specialist	60-minute Consult with Fraud Resolution Specialist
Child/Elder Care Referrals	Included	Included
Monthly Rates	Included in Medical Premium	Included in Medical Premium
Rate Guarantee	Expires 9/30/2025	Expires 9/30/2025
Per Employee Per Month	465	\$2.79
Monthly Premium	\$1,297	\$1,297
Annual Premium	\$15,568	\$15,568
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

No cost to the City - Cigna Provided Service

City of Cocoa
Flexible Spending Account Evaluation
Effective Date: October 1, 2024

	2023-2024	2024-2025
	P&A Group	P&A Group
Administration		
One Time Setup Fee	\$0	\$0
Annual Renewal Fee	\$0	\$0
Debit Card Fee	Included	Included
Debit Card Setup Fee	Included	Included
Reimbursements Frequency	Daily Processing	Daily Processing
Paper Confirmation Statements	Electronic Only	Electronic Only
Direct Deposit Setup	Included	Included
Online Enrollment Meetings	Included	Included
Web Administration	Included	Included
Enrollment Kits	Electronic/Paper	Electronic/Paper
Custom Reporting	Included	Included
Monthly Rates		
Per Employee Per Month 95	\$3.65	\$3.65
Rate Guarantee	9/30/2025	9/30/2025
Monthly Premium	\$347	\$347
Annual Premium	\$4,161	\$4,161
\$ Increase / \$ Decrease	-	\$0
% Increase / % Decrease	-	0.0%

City of Cocoa
COBRA & Retiree Billing Evaluation
Effective Date: October 1, 2024

COBRA/Retiree Billing Administration		2024-2025 P&A Group
Plan Basics		
Dedicated Account Manager		Yes
Electronic Eligibility File Fees		Included
Web Administration		Included
Liability - Indemnify/Hold Client Harmless		Included
Notice Fees¹		Per Notice Billing
Initial Notice to New Hires Fee	79	\$10.00
Initial Notice to ALL Employees Fee		\$3.25
Qualifying Event Per Notice Fee	94	\$20.00
Monthly Invoice - Retirees PRPM		\$0.00
Implementation/Renewal Fees		
Cost per Printed OE Kits		\$0.00
Implementation Fee/Set Up Fee		\$0.00
Renewal Fee		\$0.00
Takeover Fee - Per Member (One-time)		\$0.00
Monthly Rates		
COBRA Fee - Per Employee Per Month		Per Event Notice
Retiree Fee - Per Retiree Per Month	55	\$3.50
Monthly Premium Minimum (if applies)		\$0
Rate Guarantee		9/30/2025
Monthly Premium - COBRA (Estimated)		\$223
Monthly Premium - Retiree		\$193
Annual Premium		\$4,980
\$ Increase / \$ Decrease		-
% Increase / % Decrease		-

¹Estimated number of new hires, terminations and other qualifying events; fluctuation in status changes may increase or decrease the annual estimates.

City of Cocoa
Basic Life and AD&D Evaluation
Effective Date: October 1, 2024

	Current	Renewal
	New York Life	New York Life
Basic Life and AD&D Benefit		
Class 1: Mayor & Council Members	All active, FT Employees classified as a Mayor or Council Member working a minimum of 30 hours per week: \$50,000	All active, FT Employees classified as a Mayor or Council Member working a minimum of 30 hours per week: \$50,000
Class 2: All other Full-Time Employees	All active, FT Employees working a minimum of 30 hours per week: 1 X Annual Salary, rounded to the next higher \$1,000, to a Max of \$100,000	All active, FT Employees working a minimum of 30 hours per week: 1 X Annual Salary, rounded to the next higher \$1,000, to a Max of \$100,000
Class 3: Executives	All active, FT Employees classified as an Executive working a minimum of 30 hours per week: 2 X Annual Salary, rounded to next higher \$1,000, to a Max of \$200,000	All active, FT Employees classified as an Executive working a minimum of 30 hours per week: 2 X Annual Salary, rounded to next higher \$1,000, to a Max of \$200,000
Features		
Waiver of Premium	Disabled Prior to Age 60 6 month waiting period, benefit to age 70	Disabled Prior to Age 60 6 month waiting period, benefit to age 70
Conversion Privileges	Available	Available
Accelerated Benefit	75% to Plan Maximum	75% to Plan Maximum
Age Reduction Schedule (Reduced to)	65% at age 65 50% at age 70 35% at age 75	65% at age 65 50% at age 70 35% at age 75
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2027
Monthly Rates		
Estimated Volume	\$25,203,450	\$25,203,450
Employee Life Rate / \$1,000	\$0.253	\$0.190
Employee AD&D Rate / \$1,000	\$0.040	\$0.025
Monthly Premium	\$7,385	\$5,419
Annual Premium	\$88,615	\$65,025
\$ Increase / Decrease	-	-\$23,590
% Increase / Decrease	-	-26.6%

City of Cocoa
Supplemental Life and AD&D Evaluation
Effective Date: October 1, 2024

	Current	Renewal
	New York Life	New York Life
Supplemental Employee Life / AD&D Benefit		
Class 2: All Other Full-Time Employees	All active, FT Employees working a minimum of 30 hours per week: Up to 3X Salary, rounded to the next higher \$1,000, not to exceed \$300,000	All active, FT Employees working a minimum of 30 hours per week: Up to 3X Salary, rounded to the next higher \$1,000, not to exceed \$300,000
Class 3: Retirees	All former Employees who retire from the Employer: \$10,000	All former Employees who retire from the Employer: \$10,000
Class 4: Executives	All active, FT Employees classified as an Executive working a minimum of 30 hours per week: Up to 3X Salary, rounded to the next higher \$1,000, not to exceed \$300,000	All active, FT Employees classified as an Executive working a minimum of 30 hours per week: Up to 3X Salary, rounded to the next higher \$1,000, not to exceed \$300,000
Supplemental Dependent Life / AD&D Benefit		
Spouse Benefit (to Age 70)	Units of \$10,000 up to \$50,000, not to exceed 50% of Employee Amount	Units of \$10,000 up to \$50,000, not to exceed 50% of Employee Amount
Spouse Coverage Limit	to age 70	to age 70
Child(ren) Benefit	\$10,000 \$500 (birth to 6 months)	\$10,000 \$500 (birth to 6 months)
Child(ren) Coverage Limit	to age 19 / 23 if FT student	to age 19 / 23 if FT student
Family Benefit	Spouse/Child(ren): \$5,000	Spouse/Child(ren): \$5,000
Guaranteed Issue		
Class 2 & Class 4	\$250,000 (combined with Basic Life)	<i>Offer a Full Open Enrollment (No EOI up to GI)</i> \$250,000 (combined with Basic Life)
Class 3	\$10,000	\$10,000
Spouse	\$30,000	\$30,000
Child(ren)	Guaranteed Issue	Guaranteed Issue
Rate Guarantee	Expires 9/30/2024	Expires 9/30/2027
Monthly Rates - Employee/Retiree		
Employee Life Volume	\$16,567,750	\$16,567,750
Employee Life Rate / \$1,000	\$0.254	\$0.254
Employee AD&D Rate / \$1,000	\$0.040	\$0.040
Retiree Life Rate / \$1,000 37	\$0.250	\$0.240
Monthly Premium	\$4,963	\$4,960
Annual Premium	\$59,561	\$59,517
\$ Increase / Decrease	-	-\$44
% Increase / Decrease	-	-0.1%
Monthly Rates - Dependent Life		
Spouse Life Volume	\$1,010,000	\$1,010,000
Spouse Life Rate / \$1,000	\$0.294	\$0.294
Spouse AD&D Rate / \$1,000	\$0.040	\$0.040
Child(ren) Life Rate 28	\$0.184	\$0.184
Family Dependent Life Per Unit 23	\$1.380	\$1.380
Monthly Premium	\$421	\$421
Annual Premium	\$5,047	\$5,047
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%
Monthly Premium	\$5,384	\$5,380
Annual Premium	\$64,608	\$64,564
\$ Increase / Decrease	-	-\$44
% Increase / Decrease	-	-0.1%

City of Cocoa
Long Term Disability Evaluation
Effective Date: October 1, 2024

	Current	Renewal
	New York Life	New York Life
Long Term Disability		
Eligibility	All Active Employees Working 30 + hours per week	All Active Employees Working 30 + hours per week
Benefit	60%	60%
Maximum Monthly Benefit	\$6,000	\$6,000
Elimination Period	90 Days	90 Days
Own Occupation Period	24 months	24 months
Duration of Benefit	SSNRA	SSNRA
Pre-existing Condition	3 / 12	3 / 12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 months	24 months
Waiver of Premium	Included	Included
Rate Guarantee Period	Expires 9/30/2024	Expires 9/30/2027
Monthly Rates		
Estimated Volume	\$1,211,965	\$1,211,965
LTD Rate / \$100 Covered Payroll	\$0.359	\$0.295
Monthly Premium	\$4,351	\$3,575
Annual Premium	\$52,211	\$42,904
\$ Increase / Decrease	-	-\$9,308
% Increase / Decrease	-	-17.8%

City of Cocoa
Life & Disability - Rate Summary
Effective Date: October 1, 2024

	Current		Renewal	
Life/Disability	New York Life		New York Life	
Basic Life/AD&D	Rate Per \$1,000	Premium	Rate Per \$1,000	Premium
Basic Life	\$0.253	\$6,376	\$0.190	\$4,789
Basic AD&D	\$0.040	\$1,008	\$0.025	\$630
Monthly Total		\$7,385		\$5,419
Annual Total		\$88,615		\$65,025
\$ Increase / Decrease		-		-\$23,590
% Increase / Decrease		-		-26.6%
Supplemental Life	Rate Per \$1,000	Premium	Rate Per \$1,000	Premium
Supplemental Life	\$0.254	\$4,871	\$0.254	\$4,871
Supplemental AD&D	\$0.040		\$0.040	
Dependent Life	Varies by Coverage	\$421	Varies by Coverage	\$421
Retiree Life	\$0.250	\$93	\$0.240	\$89
Monthly Total		\$5,384		\$5,380
Annual Total		\$64,608		\$64,564
\$ Increase / Decrease		-		-\$44
% Increase / Decrease		-		-0.1%
Disability	Rate Per \$10 / \$100	Premium	Rate Per \$10 / \$100	Premium
Short-Term Per \$10	Age Banded	\$3,591	Age Banded	\$3,591
Long-Term Per \$100	\$0.359	\$4,351	\$0.295	\$3,575
Monthly Total		\$7,942		\$7,166
Annual Total		\$95,300		\$85,993
\$ Increase / Decrease		-		-\$9,308
% Increase / Decrease		-		-9.8%
Monthly Total		\$20,710		\$17,965
Annual Total		\$248,524		\$215,581
\$ Increase / \$ Decrease		-		-\$32,943
% Increase / % Decrease		-		-13.3%