City Commission Regular Meeting Agenda

Wednesday, September 2, 2026 at 5:00 PM

City Commission Chambers – 105 S. 2ND Street, Flagler Beach, FL 32136

All meeting items will be continued until meeting is complete.

1. **Call the meeting to order**

2. **Pledge of Allegiance followed by a moment of silence to honor our Veterans, members of the Armed Forces and First Responders**

3. **General Business**

   a. RESOLUTION 2026-70 A RESOLUTION BY CITY COMMISSION OF THE CITY OF FLAGLER BEACH, FLORIDA, APPROVING A ONE-YEAR CONTRACT WITH FLORIDA HEALTH CARE/FLORIDA BLUE PROVIDER FOR HEALTH INSURANCE, GUARDIAN FOR DENTAL INSURANCE, METLIFE FOR LIFE INSURANCE, AND AMERICAN FIDELITY FOR HOSPITAL GAP INSURANCE; PROVIDING FOR CONFLICT AND AN EFFECTIVE DATE.

4. **Adjournment**

   RECORD REQUIRED TO APPEAL: In accordance with Florida Statute 286.0105 if you should decide to appeal any decision the Commission makes about any matter at this meeting, you will need a record of the proceedings. You are responsible for providing this record. You may hire a court reporter to make a verbatim transcript. The City is not responsible for any mechanical failure of the recording equipment. In accordance with the Americans with Disabilities Act, persons needing assistance to participate in any of these proceedings should contact the City Clerk at (386) 517-2000 ext 233 at least 72 hours prior to the meeting. The City Commission reserves the right to request that all written material be on file with the City Clerk when the agenda item is submitted.

Staff Report

City Commission Regular Meeting

September 2, 2026

To:	City Commission
From:	Liz Mathis, Human Resources Manager
Meeting Date:	September 2, 2026
Item Name:	Resolution 2026-70. A Resolution by the City Commission of the City of Flagler Beach, Florida, approving a one-year contract with Florida Health Care/Florida Blue for health insurance, Guardian for dental insurance, MetLife for life insurance and American Fidelity for hospital gap insurance; providing for conflict and an effective date.

Background: The employee health, dental and life insurance coverages are due for renewal 10/1/2026. The City currently utilizes United Healthcare for 3 plan options, Guardian for dental coverage and Florida Blue Cross Blue Shield for life insurance.

Medical: Through the City's employee benefit consultant, Brown and Brown, United Healthcare proposed a renewal at a 34% increase. A market analysis was conducted, and proposals were obtained from Florida Health Care/Florida Blue, United Healthcare, Curative, and Sidecar, with Florida Health Care/Florida Blue providing the most competitive proposal for a traditional health care plan.

Dental: The City currently utilizes Guardian as our dental coverage provider. Dental insurance is primarily an employee paid benefit with a small City contribution. The City's benefit consultant, Brown and Brown, conducted a market analysis for employee dental insurance and received proposals from Guardian, MetLife, United Healthcare and Sun Life. Guardian proposed a 40% premium increase. The other providers' proposals ranged from a -4.1% to a 30.6% increase; however, changes in the provider network would be required and some retained benefits through Guardian (a rollover feature that is utilized by many employees on the plan) would be lost.

Life: The City currently utilizes Florida Blue Cross Blue Shield as our life insurance provider for all full-time employees. The City's benefit consultant, Brown and Brown, conducted a market analysis for life insurance and received proposals from Blue Cross Blue Shield, United Healthcare, MetLife and Sun Life with proposals ranging from -6.8% to 52%. MetLife proposed a 6.8% decrease while maintaining the current benefit program.

Hospital Gap Plan: To coordinate with the plan designs we are continuing to recommend American Fidelity Employer Paid Gap Insurance to offset out of pocket costs to employees enrolled in our group healthcare plans. There was a 20% decrease in the individual cost.

All plans would be effective October 1, 2026 for the 2026/27 plan year.

Fiscal Impact:
The approximately 16.9 % healthcare premium increase has been recognized and is already reflected in the 2026-2027 draft budget.

Staff Recommendation:
Staff recommends approval of Resolution 2026-70, approving one-year contracts with Florida Healthcare/Florida Blue for employee Health Insurance, with Guardian for Dental Insurance, with MetLife for employee life insurance and American Fidelity to provide GAP Insurance Plan.

Attachments:
1. Dental Plan Options
2. Life Insurance Plan Options
3. 2026-70 Employee Health and Dental Updated for 09.02.2026 Mtg
4. FHC and FL Blue Plan Comparison
5. Recommended Florida Health Care Plans Cost Breakdown

City of Flagler Beach
Employee Benefits Renewal Analysis
October 1 2026

Dental Coverage

	CURRENT		RENEWAL		OPTION 1		OPTION 2		OPTION 3	
Vendor	Guardian		Guardian		MetLife		UnitedHealthcare		Sun Life	
Provider Network	PPO		PPO		MetLife PPO		National Options PPO 20		Sun Life Dental Network	
Plan Name	Dental		Dental		Dental		5P182		Dental	
Plan Type	PPO		PPO		PPO		PPO		PPO	
Benefits Comparison	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar or Policy Year Deductible										
Deductible (Individual)	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50
Deductible (Family)	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Benefit Maximum	$3,000	$3,000	$3,000	$3,000	$3,000	$3,000	Unlimited	Unlimited	$3,000	$3,000
Preventive Applies to Annual Max	Yes		Yes		Yes		Yes		Yes	
Reimbursement Schedule	Contracted Rates	MAC	Contracted Rates	MAC	Contracted Rates	MAC	Contracted Rates	MAC	Contracted Rates	90th
Orthodontia Lifetime Maximum	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orthodontia Eligibility	n/a		n/a		n/a		n/a		n/a	
Coinsurance	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Major	60%	50%	60%	50%	60%	50%	50%	50%	60%	50%
Orthodontia	Not included	Not included	Not included	Not included	Not included	Not included	Not included	Not included	Not included	Not included
Schedule of Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Routine Exams & Cleaning	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X-Ray - Full Mouth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fillings - Amalgam	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Fillings - Composite	90% (anterior only)	80% (anterior only)	90% (anterior only)	80% (anterior only)	90%	80%	80%	80%	90% (anterior only)	80% (anterior only)
Endodontics	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Extractions - Simple	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Extractions - Surgical	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Periodontics - Non-Surgical	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Periodontics - Surgical	90%	80%	90%	80%	90%	80%	80%	80%	90%	80%
Crowns	60%	50%	60%	50%	60%	50%	50%	50%	60%	50%
Bridges	60%	50%	60%	50%	60%	50%	50%	50%	60%	50%
Dentures	60%	50%	60%	50%	60%	50%	50%	50%	60%	50%
Implants	60%	50%	60%	50%	60%	50%	Not covered	Not covered	60%	50%
Policy Provisions										
Waiting Periods	No waiting period		No waiting period		No waiting period		No waiting period		No waiting period	
Late Entrant Penalties	Type II - 6 mo, Type III - 12 mo		Type II - 6 mo, Type III - 12 mo		No waiting period		No waiting period		Type II Basic Restorations - 6 mo, Type II	
Maximum Rollover	$1,500		$1,500		n/a		n/a		$1,500	
Annual Rollover Amount	$750		$750		n/a		n/a		$750	
Admin/Implementation Credit	Included		Included		Included		Included		Not included	
Rate Guarantee			12 Months		12 Months		12 Months		12 Months	

Cost Comparison	CURRENT	RENEWAL	OPTION 1	OPTION 2	OPTION 5
Employee	$27.40	$38.36	$26.29	$30.12	$35.78
Employee + Spouse	$55.94	$78.32	$53.67	$60.23	$73.04
Employee + Child(ren)	$64.54	$90.36	$61.92	$63.40	$84.27
Employee + Family	$102.04	$142.86	$97.90	$97.95	$133.23
		40.0%	-4.1%	6.2%	30.6%

City of Flagler Beach
Employee Benefits Renewal Analysis
October 1 2026

Group Life & AD&D Coverage

	CURRENT	RENEWAL	OPTION 1	OPTION 2	OPTION 3
Vendor	Blue Cross Blue Shield	Blue Cross Blue Shield	UnitedHealthcare	MetLife	Sun Life
Schedule of Benefits					
Class Definition	All Active Full-Time Employees	All Active Full Time Employees	All Active Full-Time Employees	All Active Full-Time Employees	All Active Full-Time Employees
Life/AD&D Benefit Schedule	1 x salary	1 x salary	1 x salary	1 x salary	1 x salary
Life/AD&D Benefit Maximum	$50,000	$50,000	$50,000	$50,000	$50,000
Guarantee Issue	Full amount	Full amount	Full amount	Full amount	Full amount
Age Reduction Schedule	To 65% at 65, to 50% at 70	To 65% at 65, to 50% at 70	To 65% at 65, to 50% at 70	By 35% at 65, by 50% at 70	To 65% at 65, to 50% at 70
Life Benefit Schedule - Spouse					
Life Benefit Schedule - Child					
Policy Provisions					
Waiver of Premium - Eligibility	Age 60	Age 60	Included	Age 60	Age 60
Waiver of Premium - Elimination Period	6 mo	6 mo	Included	6 mo	6 mo
Waiver of Premium - Duration	Age 65	Age 65	Included	Age 65	12 mo
Conversion	Included; EOI is not required	Included; EOI is not required	Included	Included; EOI is not required	Included; EOI is not required
Portability	Not included	Not included	Included	Not included	Not included
Accelerated Death Benefit	75% to $250,000	75% to $250,000	Included	80% to $500,000	75% to $500,000
Seatbelt/ Safe Driver Benefit	10% to $10,000	10% to $10,000	Included	10% to $25,000	Included
Employer Contribution	Noncontributory	Noncontributory	Noncontributory	Noncontributory	Noncontributory
Participation Requirements	100%	100%	100%	100%	100%
Admin/Implementation Credit	Included	Included	Included	Included	Not included
Packaged Discount	--	--	Included	Not included	Not included
Rate Guarantee		12 Months	24 Months	36 Months	24 Months
Cost Comparison	**CURRENT**	**RENEWAL**	**OPTION 1**	**OPTION 2**	**OPTION 3**
Estimated Volume	$4,555,000	$4,555,000	$4,555,000	$4,555,000	$4,555,000
Life Rate (per $1,000)	$0.220	$0.220	$0.360	$0.213	$0.328
AD&D Rate (per $1,000)	$0.030	$0.030	$0.020	$0.020	$0.029
Dependent Unit Count	0	0	0	0	0
Dependent Rate per Unit	$0.000	$0.000	$0.000	$0.000	$0.000
Estimated Monthly Premium	$1,139	$1,139	$1,731	$1,061	$1,626
Estimated Annual Premium	**$13,665**	**$13,665**	**$20,771**	**$12,736**	**$19,514**
HIDE ROW - ONLY ONE CLASS	**$13,665**	**$13,665**	**$20,771**	**$12,736**	**$19,514**
Rate Change from Current (%)	N/A	0.0%	52.0%	-6.8%	42.8%

RESOLUTION 2026-70

A RESOLUTION BY CITY COMMISSION OF THE CITY OF FLAGLER BEACH, FLORIDA, APPROVING A ONE-YEAR CONTRACT WITH FLORIDA HEALTH CARE/FLORIDA BLUE PROVIDER FOR HEALTH INSURANCE, GUARDIAN FOR DENTAL INSURANCE, METLIFE FOR LIFE INSURANCE, AND AMERICAN FIDELITY FOR HOSPITAL GAP INSURANCE; PROVIDING FOR CONFLICT AND AN EFFECTIVE DATE.

WHEREAS, the City of Flagler Beach provides health, dental, life, and gap insurance benefits to its eligible employees; and,

WHEREAS, the current contracts with United Healthcare, Guardian Dental, and Florida Blue expire on September 30, 2026; and,

WHEREAS, Florida Health Care/Florida Blue has provided a proposal to provide health insurance coverage for a one-year term beginning October 1, 2026, and ending September 30, 2027; and,

WHEREAS, Guardian Dental has provided a proposal to provide dental insurance coverage for a one-year term beginning October 1, 2026, and ending September 30, 2027; and,

WHEREAS, MetLife has provided a proposal to provide life insurance coverage for a one-year term beginning October 1, 2026 and ending September 30, 2027; and

WHEREAS, American Fidelity has provided a proposal to provide Hospital Gap insurance coverage for a one-year term beginning October 1, 2026 and ending September 30, 2027; and

WHEREAS, the City has reviewed the proposals and determined it is in the best interest of the organization and its employees;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF FLAGLER BEACH, FLORIDA AS FOLLOWS:

SECTION 1. The City Commission hereby approves the one-year contracts for employee benefits with Florida Health Care/Florida Blue, Guardian Dental, MetLife, and American Fidelity as described in the attached summaries, effective October 1, 2026.

SECTION 2. All resolutions and parts of resolutions in conflict with this Resolution are hereby repealed.

SECTION 3. If any portion of the Resolution shall be declared unconstitutional or if the applicability of this Resolution or any portion thereof to any person or circumstances shall be held invalid, the validity of the remainder of this Resolution and the applicability of this Resolution, or any portion thereof to other persons or circumstances, shall not be affected thereby.

Upon motion duly made and carried, the foregoing Resolution was accepted by the City Commission of the City of Flagler Beach on this 2nd day of September 2026.

CITY OF FLAGLER BEACH, FLORIDA

ATTEST

Patti King, Mayor

PENNY OVERSTREET, CITY CLERK

Vendor	Florida Health Care Plans		Florida Health Care Plans		BlueCross BlueShield	
Plan Name	T41		TL6		BlueOptions 03748	
Network	FHCP		FHCP		BlueOptions	
Plan Type	HMO		HMO		PPO	
Plan Details	Network		Network		Network	
	Single	Family	Single	Family	Single	Family
Plan Deductible	$1,000	$2,000	$500	$1,000	$0	$0
Embedded Deductible:	Yes		Yes		N/A	
Calendar or Policy Year:	Calendar		Calendar		Calendar	
Coinsurance:	20%		20%		0	
Maximum Out-of-Pocket:	$5,000	$10,000	$4,000	$8,000	$1,500	$3,000
(Includes Deductible, Copay, Rx)	Yes, Yes, Yes		Yes, Yes, Yes		N/A, Yes, Yes	
Physician Services						
Office Visit:	$30		$25		$10	
Specialist:	$50		$50		$25	
Chiropractic:	$30		$25		$25	
Virtual Visits:	$0 (PCP) | $30 (Beh. Health)		$0 (PCP) | $30 (Beh. Health)		$0 (PCP) | $25 (Spec.)	
Hospital / Emergency Services						
Inpatient Hospital Per Admission:	Deductible + Coinsurance		$500 / Day ($2,500 Max.)		250	
Emergency Room | ER Physician:	$350		$350		$100	
Urgent Care:	$100		$100		$30	
Outpatient Surgical Facility:	Deductible + Coinsurance		$500		$150	
Ambulatory Surgery Center:	Deductible + Coinsurance		$300		$50	
Diagnostic Services						
Lab & X-Ray Outpatient:	$0 (Lab) | $35 (X-ray)		0		$0 (Lab) | $50 (X-ray)	
Advanced Imaging Services (MRI, MRA, PET, CT):	$200		$150		$125	
Prescription Drug						
Pharmacy Network:	FHCP		FHCP		N/A	
Prescription Drug List:	FHCP		FHCP		ValueScript	
Deductible:	N/A		N/A		N/A	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%		$3 | $10 | $30 | $55 | 15% | 25%		$0 | $10 | $25 | $75 | 50%	
Non-Preferred Pharmacy	$15 | $15 | $35 | $60		$15 | $15 | $35 | $60		N/A	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162		$6 | $27 | $87 | $162		2.5x's Copay	
Non-Network Plan Details	Non-Network		Non-Network		Non-Network	
Plan Deductible	N/A		N/A		$500	$1,500
Coinsurance:	N/A		N/A		40%	
Maximum Out-of-Pocket:	N/A		N/A		$3,000	$6,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A		N/A		N/A	
Plan Rates | Current Enrollment						
Employee:	$913.20		$976.63		$1,137.06	
Employee + Spouse:	$1,954.25		$2,089.99		$2,592.49	
Employee + Child(ren):	$1,862.92		$1,992.32		$2,274.11	
Family:	$2,794.39		$2,988.49		$3,729.54	

Florida Health Care T41							
Coverage	Monthly Premium	Employer Monthly Contribution	Employee Monthly Premium	EE cost per Paycycle (24)	ER cost per Paycycle (24)	COBRA	ER %
Employee Only	$ 913.20	$ 913.20	$ -	$ -	$ 456.60	$ 931.46	100%
Employee + Spouse	$ 1,954.25	$ 913.20	$ 1,041.05	$ 520.53	$ 456.60	$ 1,993.34	47%
Employee + Child(ren)	$ 1,862.92	$ 913.20	$ 949.72	$ 474.86	$ 456.60	$ 1,900.18	49%
Family	$ 2,794.39	$ 913.20	$ 1,881.19	$ 940.60	$ 456.60	$ 2,850.28	33%

Florida Health Care TL6							
Coverage	Monthly Premium	Employer Monthly Contribution	Employee Monthly Premium	EE cost per Paycycle (24)	ER cost per Paycycle (24)	COBRA	ER %
Employee Only	$ 976.63	$ 913.20	$ 63.43	$ 31.72	$ 456.60	$ 996.16	94%
Employee + Spouse	$ 2,089.99	$ 913.20	$ 1,176.79	$ 588.40	$ 456.60	$ 2,131.79	44%
Employee + Child(ren)	$ 1,992.32	$ 913.20	$ 1,079.12	$ 539.56	$ 456.60	$ 2,032.17	46%
Family	$ 2,988.49	$ 913.20	$ 2,075.29	$ 1,037.65	$ 456.60	$ 3,048.26	31%

Florida Blue Options 03748							
Coverage	Monthly Premium	Employer Monthly Contribution	Employee Monthly Premium	EE cost per Paycycle (24)	ER cost per Paycycle (24)	COBRA	ER %
Employee Only	$ 1,137.06	$ 913.20	$ 223.86	$ 111.93	$ 456.60	$ 1,159.80	80%
Employee + Spouse	$ 2,592.49	$ 913.20	$ 1,679.29	$ 839.65	$ 456.60	$ 2,644.34	35%
Employee + Child(ren)	$ 2,274.11	$ 913.20	$ 1,360.91	$ 680.46	$ 456.60	$ 2,319.59	40%
Family	$ 3,729.54	$ 913.20	$ 2,816.34	$ 1,408.17	$ 456.60	$ 3,804.13	24%