

ATTACHMENT B

Florida Keys Mosquito Control District
Coverage Agreement
01/01/2022-12/31/2022



The following Coverage Agreement outlines, in detail, the coverages and premiums agreed upon by the Florida Municipal Insurance Trust and Florida Keys Mosquito Control District.
The effective date of this agreement is 01/01/2022-12/31/2022.

Coverage / Plans

Delta Dental Coverage

Premiums

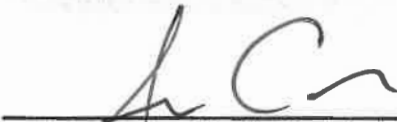
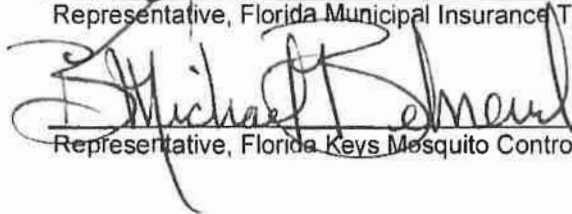
Delta Dental PPO 2500 ER Paid	
Employee	\$24.24
Employee + Spouse	\$57.53
Employee + Children	\$69.29
Employee + Family	\$112.34

Other Specified Items

Effective October 1, 2015, the Florida League of Cities is partnering with UnitedHealthcare to offer AARP Medicare Supplement and Medicare Advantage plans to decrease the overall cost to the retirees. The current Medicare Supplement plan will no longer be available due to the UnitedHealthcare plans being a more cost effective alternative.

Disclosure (new FMIT groups only)
Dependent SSN for enrollment

Signatures

	
_____ Representative, Florida Municipal Insurance Trust	_____ Representative, Florida Keys Mosquito Control District
11/30/21 Date	11-29-2021 Date

Note: Termination of coverage requires a 45 day written notice.

UnitedHealthcare Dental and Vision Coverage

The FMIT Dental and Vision plans are defined as Employer paid or Voluntary, this is based on employee participation levels which are a key factor in the underwriting formula. Employer paid plans are when the employer pays at least 50% of the cost and has at least 75% of eligible employees covered. Voluntary plans are when the employee pays the premium through payroll deduction. **Please fill out the below statement regarding your cities Dental and/or Vision coverage and return with your signed Coverage Agreement to crochester@flcities.com or**

Health/Benefit Services Department
Florida League of Cities
PO Box 530065
Orlando, Florida 32853-0065

We are electing the following coverages for our employees:

Employer Paid Dental Coverage

Voluntary Dental Coverage

Employer Paid Vision Coverage

Voluntary Vision Coverage

Signature



Date

11/29/2021



Plan Benefit Highlights for: Florida Municipal Insurance Trust (FMIT)

Group No: 18430 – 03001, 03002 & 03003

Effective Date: 1/1/2021

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the year dependent turns age 26			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$2,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, (3) cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures	50 %	50 %
Orthodontic Benefits Adult and dependent children	50 %	50 %
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.