

City of Palm Bay
Supplemental Accident Insurance
Effective Date: January 1, 2025



Accident	Current		Renewal		
	Cigna		Cigna		
Pre-existing Condition	None		None		
Coverage	24 Hours		24 Hours		
Accidental Death Benefit	Loss of Life \$50,000 Auto Accidental Death \$75,000 Common Carrier \$100,000		Loss of Life \$50,000 Auto Accidental Death \$75,000 Common Carrier \$100,000		
Ambulance	Ground: \$200 Air: \$1,500		Ground: \$200 Air: \$1,500		
Accident Emergency Treatment	\$125		\$125		
Hospital Admission	\$1,000		\$1,000		
Hospital Confinement	\$200 per day (up to 365)		\$200 per day (up to 365)		
ICU Stay	\$400 per day (up to 365)		\$400 per day (up to 365)		
Diagnostic Exam (w/x-ray, lab)	\$30		\$30		
General Anesthesia	\$100		\$100		
Physical Therapy	\$25 (up to 10 treatments per accident)		\$25 (up to 10 treatments per accident)		
Accident Follow Up treatment	\$50 (up to 10 visits per accident)		\$50 (up to 10 visits per accident)		
Wellness Benefit	\$50 per year		\$50 per year		
Guarantee Issue	Yes		Yes		
Injury - Dislocation/Open Reduction					
Hip	\$6,000		\$6,000		
Knee	\$6,000		\$6,000		
Ankle	\$2,000		\$2,000		
Wrist	\$1,600		\$1,600		
Elbow	\$1,200		\$1,200		
Shoulder	\$800		\$800		
Premium		Per Pay (26)	Monthly	Per Pay (26)	Monthly
Employee Only	51	\$7.09	\$15.37	\$7.09	\$15.37
Employee + Spouse	18	\$10.66	\$23.10	\$10.66	\$23.10
Employee + Children	9	\$12.32	\$26.70	\$12.32	\$26.70
Employee + Family	28	\$15.89	\$34.43	\$15.89	\$34.43
Annual Premium	106	\$28,848.12		\$28,848.12	
\$ Change		-		\$0	
% Change		-		0%	
Rate Guarantee		12/31/2024		12/31/2027	
Portability		Yes		Yes	
Individual or Group		Group		Group	
Participation Requirement		Greater of 10% or 10 Employees		Greater of 10% or 10 Employees	

City of Palm Bay
Supplemental Critical Illness Insurance
Effective Date: January 1, 2025



	Current		Renewal	
Critical Illness	Cigna		Cigna	
Pre-Existing Condition Limitation	12 / 12		12 / 12	
Wellness Benefit (Annual)	\$50 per year		\$50 per year	
Age Reduction	None		None	
Benefit Level - Employee	\$5,000, \$10,000 or \$20,000		\$5,000, \$10,000 or \$20,000	
Benefit Level - Spouse	50% of Employee Amount		50% of Employee Amount	
Benefit Level - Child	25% of Employee Amount		25% of Employee Amount	
Guarantee Issue	Employee: \$20,000 Spouse: \$10,000 Child: \$5,000		Employee: \$20,000 Spouse: \$10,000 Child: \$5,000	
Coverage Amount (% of)				
Cancer - Invasive	100%		100%	
Cancer - In Situ	25%		25%	
Cancer - Skin	\$250 (1 per lifetime)		\$250	
Heart Attack	100%		100%	
Stroke	100%		100%	
Transient Ischemic Attack (TIA)	N/A		N/A	
Coronary Artery Disease	25%		25%	
Major Organ Failure/Transplant	100%		100%	
Reoccurrence Benefit - Separation Period	12 months		12 months	
Monthly Premium - Example	\$10k EE Only Coverage		\$10k EE Only Coverage	
Age Banded Rates	0 - 25	\$8.60	0 - 25	\$8.60
	25 - 29	\$8.60	25 - 29	\$8.60
	30 - 34	\$10.54	30 - 34	\$10.54
	35 - 39	\$10.54	35 - 39	\$10.54
	40 - 44	\$15.91	40 - 44	\$15.91
	45 - 49	\$15.91	45 - 49	\$15.91
	50 - 54	\$28.00	50 - 54	\$28.00
	55 - 59	\$28.00	55 - 59	\$28.00
	60 - 64	\$40.59	60 - 64	\$40.59
	65 - 69	\$40.59	65 - 69	\$40.59
	70 - 74	\$59.62	70 - 74	\$59.62
	75 - 79	\$59.62	75 - 79	\$59.62
80 +	\$139.61	80 +	\$139.61	
Rate Guarantee	12/31/2024		12/31/2027	
Rate Type	Attained Age		Attained Age	
Portability	Yes		Yes	
Individual or Group	Group		Group	
Participation Requirement	Greater of 10% or 10 Employees		Greater of 10% or 10 Employees	

City of Palm Bay
Supplemental Hospital Insurance
Effective Date: January 1, 2025



Group Hospital	Current		Renewal	
	Cigna		Cigna	
Pre-existing Condition Limitation	None		None	
Wellness Benefit	\$50 per year		\$50 per year	
Hospital Admission (per admission)	\$1,000		\$1,000	
Hospital Confinement (per day)	\$100 per day up to 30 days		\$100 per day up to 30 days	
Hospital Intensive Care	\$200 per day up to 30 days		\$200 per day up to 30 days	
Hospital Emergency Room	N/A		N/A	
Guarantee Issue	Yes		Yes	
Premium	Per Pay (26)	Monthly	Per Pay (26)	Monthly
Employee Only 32	\$9.16	\$19.85	\$9.16	\$19.85
Employee + Spouse 5	\$18.51	\$40.10	\$18.51	\$40.10
Employee + Child(ren) 11	\$15.57	\$33.74	\$15.57	\$33.74
Employee + Family 20	\$24.92	\$53.99	\$24.92	\$53.99
Annual Premium 68	\$27,439.68		\$27,439.68	
\$ Change	-		\$0	
% Change	-		0%	
Rate Guarantee	12/31/2024		12/31/2027	
Portability	Yes		Yes	
Individual or Group	Group		Group	
Participation Requirement	Greater of 10% or 10 Employees		Greater of 10% or 10 Employees	