

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

		Current		Renewal	
Accident		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

RISK
strategies

GEHRING
GROUP
A RISK STRATEGIES COMPANY

		Current		Renewal	
Group Hospital		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	