

Key Largo Wastewater Treatment District Board of Commissioners Meeting Agenda Item Summary

Meeting Date:
September 2, 2025

Agenda Item Number: G-2

Action Required:
Yes

Department:
General Manager

Sponsor:
Peter Rosasco

Subject:
Fiscal Year 2026 Health Insurance Renewal

Summary:
Mr. Rosasco will present the 2026 Health Insurance Renewal proposal to the Board.

Reviewed / Approved

Operations: _____
Administration: _____
Finance: _____
District Counsel: _____
District Clerk: _____
Engineering: _____

Financial Impact

\$ 528,284.52
Expense
Funding Source:
District
Budgeted:
Yes

Attachments

1. FY25-26 Health Insurance
Renewal Quote

Approved By: _____

General Manager



Date: _____

08/27/2025

Florida Municipal Insurance Trust
Key Largo Waterwater Treatment District
Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - UnitedHealthcare Choice Plus Plan 4				
10/01/2024-				
Contract Type	Enrollment	09/30/2025	Monthly Premium	Annual Premium
Single	33	\$1,058.73	\$34,938.09	\$419,257.08
EE + Spouse	0	\$2,276.25	\$0.00	\$0.00
EE + Children	0	\$1,958.63	\$0.00	\$0.00
Family	0	\$3,176.16	\$0.00	\$0.00
Total	33		\$34,938.09	\$419,257.08

Renewal Rates - UnitedHealthcare Choice Plus Plan 4				
10/01/2025-				
Contract Type	Enrollment	09/30/2026	Monthly Premium	Annual Premium
Single	33	\$1,217.54	\$40,178.80	\$482,145.64
EE + Spouse	0	\$2,617.69	\$0.00	\$0.00
EE + Children	0	\$2,252.42	\$0.00	\$0.00
Family	0	\$3,652.58	\$0.00	\$0.00
Total	33		\$40,178.80	\$482,145.64

Percent Change	15.00%
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Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150



This Coverage Agreement shall memorialize the group health plan coverage and required premiums as agreed between Florida Municipal Insurance Trust ("FMIT") and Key Largo Wastewater Treatment District ("Designated Member"). The effective date of this agreement is 10/01/2025-09/30/2026.

Coverage / Plans

Medical Coverage
UnitedHealthcare, Rx Copays \$10/\$35/\$60; 2.5 for mail order \$25/\$87.50/\$150
Delta Dental Coverage DPPO/DHMO-Employer Paid
UnitedHealthcare Vision Coverage-Employer Paid

Premiums

UnitedHealthcare Plan 4	
Employee	\$1,217.54
Employee + Spouse	\$2,617.69
Employee + Children	\$2,252.42
Employee + Family	\$3,652.58

UnitedHealthcare Vision	
Employee	\$5.71
Employee + Spouse	\$10.21
Employee + Children	\$10.36
Employee + Family	\$18.20

Delta Dental PPO 1500	
Employee	\$33.61
Employee + Spouse	\$67.36
Employee + Children	\$71.58
Employee + Family	\$110.27

Delta Dental DHMO	
Employee	\$15.38
Employee + Spouse	\$26.75
Employee + Children	\$32.91
Employee + Family	\$42.14

Other Specified Items

As a condition of the Coverage/Plans provided pursuant to this Coverage Agreement, Designated Member agrees to use UnitedHealthcare Benefit Services for all administration of benefits under the Continuation of Health Coverage requirements of the Consolidated Omnibus Budget Reconciliation Act, more commonly referred to as "COBRA" benefits.

Disclosure (new FMIT groups only)
Dependent SSN for enrollment

Signatures

Representative, Florida Municipal Insurance Trust _____ Date _____

Representative, Key Largo Wastewater Treatment District _____ Date _____

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

**Florida League of Cities United Healthcare Plan 4
FY25 - FY26**

**KLWTD
Health**

Insurance Renewal Quote

Current Rates 10/01/2024-09/30/2025 (FY25) United Healthcare Choice Plus Plan 4				
Contract Type	Proposed Enrollment		Monthly Premium	Annual Premium
Employee Only (Budgeted 36 Employees FY25)	35	\$1,058.73	\$37,055.55 (based on 35)	\$444,666.60

Delta Dental & United Healthcare Vision Rates (FY25)				
Contract Type	Proposed Enrollment	Annual Dental Premium	Annual Vision Premium	Total Dental / Vision Annual Premium All Employees
Employee Only (Budgeted 36 Employees FY25)	36	\$14,519.52	\$2,466.72 (based on 36)	\$16,986.24

Current Budget for Health, Dental, Vision: \$461,652.84

Renewal Rates - 10/01/2025-9/30/2026 (FY26) United Healthcare Plan 4: 36 Full-time Employees				
Contract Type	Budgeted Enrollment	Renewal Rate	Monthly Premium	Annual Premium
Employee Only (Budgeted 35 Employees FY26)	35	\$1,217.54 Up 15%	\$42,613.90 *1 employee will not be enrolled	\$511,366.80

Delta Dental & United Healthcare Vision 10/01/2025-9/30/2026 (FY26): 36 Full-time Employees				
Contract Type	Budgeted Enrollment	Annual Dental Premium	Annual Vision Premium	Total Dental / Vision Annual Premium All Employees
Employee Only	36	\$14,519.52 No Rate Change (budget includes all 36 employees)	\$2,398.20 No Rate Change (calculation base on 35 employees)	\$16,917.72

FY26 Proposed Annual Renewal Rate Includes The Following: \$528,284.52

8/26/2025