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

Meeting Date:
August 4, 2026

Agenda Item Number: G-2

Action Required:
Yes

Department:
General Manager

Sponsor:
Peter Rosasco

Subject:
Fiscal Year 2027 Health Insurance Renewal

Summary:
Mr. Rosasco will present the 2027 Health Insurance Renewal Proposal to the Board.

Reviewed / Approved

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

Financial Impact

$ 522,145.56
Expense
Funding Source:
District
Budgeted:
Yes

Attachments

1. FY26-27 Health Insurance Renewal Quote

Approved By: _____ **Date:** 7-30-26
General Manager

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

Contract Type	Enrollment	10/01/2025-09/30/2026	Monthly Premium	Annual Premium
Single	34	$1,217.54	$41,396.36	$496,756.32
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	**34**		**$41,396.36**	**$496,756.32**

Renewal Rates - UnitedHealthcare Choice Plus Plan 4

Contract Type	Enrollment	10/01/2026-09/30/2027	Monthly Premium	Annual Premium
Single	34	$1,239.46	$42,141.49	$505,697.93
EE + Spouse	0	$2,664.81	$0.00	$0.00
EE + Children	0	$2,292.96	$0.00	$0.00
Family	0	$3,718.33	$0.00	$0.00
Total	**34**		**$42,141.49**	**$505,697.93**

Percent Change	**1.80%**

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 10/01/2026-09/30/2027.

Coverage / Plans

UnitedHealthcare - Medical Coverage
Optum RX - Prescription Coverage
Delta Dental Coverage - DPPO/DHMO-Employer Paid
UnitedHealthcare Vision Coverage-Employer Paid

Premiums

UnitedHealthcare Plan 4	
Employee	$1,239.46
Employee + Spouse	$2,664.81
Employee + Children	$2,292.96
Employee + Family	$3,718.33

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

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

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
KLWTD FY26 - FY27
Health Insurance Renewal Quote

Current Rates 10/01/2025-09/30/2026 (FY26) *United Healthcare Choice Plus Plan 4*				
Contract Type	**Health Premium Annual**	**Dental Premium Annual**	**Vision Premium Annual**	**Annual Total**
Employee Only	$511,366.80	$14,519.52	$2,398.20	**$528,284.52**
(Fiscal Year 2026)	35 Employees	36 Employees	35 Employees	
Current Budget for Health, Dental, Vision:				**$528,284.52**
Renewal Rates - 10/01/2026-9/30/2027 (FY27) ***United Healthcare Choice Plus Plan 4***				
Contract Type	**Health Premium Renewal Rate**	**Dental Premium Renewal Rate**	**Vision Premium Renewal Rate**	**Annual Total**
	1.8% Increase			
Employee Only	$505,699.68	$14,116.20	$2,329.68	**$522,145.56**
(Fiscal Year 2027)	34 Employees	35 Employees	34 Employees	
Requested Budget for Health, Dental, Vision:				**$522,145.56**

7/29/2026