



**Renewal/RFP Evaluation**  
**Plan Year Effective Date: October 1, 2025**

**Workshop Date: August 4, 2025**



Carrier	Medical	Dental	Vision	Life	Disability
Mutual of Omaha (incumbent)	N/A	✓	✓	✓	✓
Florida Blue (incumbent)	✓	N/A	N/A	N/A	N/A
FMIT (UHC-Medical)	DTQ	N/A	N/A	N/A	N/A
Humana	N/A	✓	✓	✓	✓
MetLife	N/A	✓	✓	✓	✓
Principal	N/A	Declined to Quote (DTQ)			
Unum	N/A	✓	✓	✓	✓
Symetra	N/A	Declined to Quote (DTQ)			
UHC (Medical)	✓	N/A	N/A	N/A	N/A

**City of Clewiston**  
**Renewal Recommendations**  
**Effective Date: October 1, 2025**

Line of Coverage	Recommendation
<b>Medical</b>	Renew with Florida Blue at the negotiated 7% increase (original 12%) with no plan design changes. Market was not competitive and Florida Blue has the best network in the Clewiston/Hendry County area.
<b>Dental</b>	Renew with Mutual of Omaha for another year as they are the most competitive in the market.
<b>Vision</b>	Renew with Mutual of Omaha for another 2 years as they are the most competitive in the market. <b>This is 100% paid by the Employee.</b>
<b>Basic Life and AD&amp;D</b>	Renew with Mutual of Omaha for another 2 years as retirees are included for Basic Life and the risk is too high for other carriers to quote and/or be competitive with Mutual's rates.
<b>Short Term Disability (STD)</b>	Quoted this line of coverage as an option to add for full Disability package for Employees and use as a recruiting tool.
<b>Long Term Disability (LTD)</b>	Renew with Mutual of Omaha for another 2 years.
<b>Employee Assistance Program (EAP)</b>	Mutual of Omaha includes a free EAP with their Disability package and the City had a stand alone program that is a cost to the City until 7/16/2025
<b>COBRA</b>	Our recommendation is to have a third party vendor administer COBRA for the CITY for less liability. Any 1 of the 3 carriers listed will do a great job. UpSwing has the better value on the spreadsheet.

				CURRENT - Florida Blue			NEGOTIATED RENEWAL (Original Increase 12.6%) - Florida Blue		
SCHEDULE OF BENEFITS				BlueCare HMO 67	BlueCare HMO 59	BlueCare HMO 55	BlueCare HMO 67	BlueCare HMO 59	BlueCare HMO 55
				In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only
Deductible (Calendar Year - CYD)									
Single				\$1,000	\$500	\$0	\$1,000	\$500	\$0
Family				\$3,000	\$1,000	\$0	\$3,000	\$1,000	\$0
Coinsurance				0%	0%	20%	0%	0%	20%
Out of Pocket Maximum									
Single				\$4,000	\$3,500	\$2,500	\$4,000	\$3,500	\$2,500
Family (Single/Family)				\$8,000	\$7,000	\$7,500	\$8,000	\$7,000	\$7,500
Physician Services									
Virtual Visits (PCP/Sp/Telemed)				\$0/\$45/\$0	\$0/\$35/\$0	\$0/\$10/\$0	\$0/\$45/\$0	\$0/\$35/\$0	\$0/\$10/\$0
Primary Care Office Visit				VCP: \$0/\$25	VCP: \$0/\$15	VCP: \$0/\$10	VCP: \$0/\$25	VCP: \$0/\$15	VCP: \$0/\$10
Specialist Office Visit				VCP: \$20/\$45	VCP: \$20/\$35	\$10	VCP: \$20/\$45	VCP: \$20/\$35	\$10
X-Ray/Laboratory Services				ICL \$0/VCP: \$20 IDTC: \$45	ICL \$0/VCP: \$20 IDTC: \$35	ICL \$0/VCP: \$10 IDTC: \$10	ICL \$0/VCP: \$20 IDTC: \$45	ICL \$0/VCP: \$20 IDTC: \$35	ICL \$0/VCP: \$10 IDTC: \$10
Advanced Imaging (CT/PET scans)				OV: \$250/IDTC: \$350	OV: \$175/IDTC: \$75	OV: \$75/IDTC: \$50	OV: \$250/IDTC: \$350	OV: \$175/IDTC: \$75	OV: \$75/IDTC: \$50
Urgent Care Center				VCP: \$0/Visits 1-2 \$0; \$50	VCP: \$0/Visits 1-2 \$0; \$35	VCP:\$0 Visits1&2/\$10	VCP: \$0/Visits 1-2 \$0; \$50	VCP: \$0/Visits 1-2 \$0; \$35	VCP:\$0 Visits1&2/\$10
Hospital Services									
Emergency Room (facility)				\$250	\$100	\$100	\$250	\$100	\$100
Inpatient (facility)				\$250/day to \$750 max	\$500 per admit	\$250 per admit	\$250/day to \$750 max	\$500 per admit	\$250 per admit
Outpatient Surgery (facility)				ASC: \$150/Hosp: \$350	ASC: \$250/Hosp: \$350	ASC: \$100/Hosp: \$150	ASC: \$150/Hosp: \$350	ASC: \$250/Hosp: \$350	ASC: \$100/Hosp: \$150
Mental Health / Substance Abuse									
Inpatient Hospital				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drug Benefit									
Tier 1				\$10	\$10	\$10	\$10	\$10	\$10
Tier 2				\$30	\$30	\$30	\$30	\$30	\$30
Tier 3				\$50	\$50	\$50	\$50	\$50	\$50
Tier 4				N/A	N/A	N/A	N/A	N/A	N/A
Specialty (pref/nonpref)				Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3
Mail Order Retail/Specialty				2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.
Monthly Rate				Low - HMO 67	Mid - HMO 59	High - HMO 55	Low - HMO 67	Mid - HMO 59	High - HMO 55
Employee Only				\$822.38	\$832.19	\$894.75	\$878.62	\$897.92	\$920.33
Employee + Spouse				\$1,957.25	\$1,980.63	\$2,129.50	\$2,003.25	\$2,047.27	\$2,098.35
Employee + Child(ren)				\$1,578.97	\$1,597.81	\$1,717.91	\$1,757.24	\$1,795.85	\$1,840.66
Employee + Family				\$2,631.61	\$2,663.02	\$2,863.19	\$2,811.58	\$2,873.36	\$2,945.05
Monthly Premium				\$35,198	\$50,697	\$15,479	\$37,570	\$55,061	\$15,903
Annual Premium				\$422,374	\$608,366	\$185,750	\$450,837	\$660,727	\$190,840
TOTAL Combined Annual Premium				\$1,216,490			\$1,302,404		
TOTAL \$ Increase /(Decrease)				N/A			\$85,915		
TOTAL % Increase /(Decrease)				N/A			7.1%		
*Lives from July invoice									

				CURRENT - Florida Blue			Renewal Alternate #1 - Florida Blue		
SCHEDULE OF BENEFITS				BlueCare HMO 67	BlueCare HMO 59	BlueCare HMO 55	BlueCare HMO 47	BlueCare HMO 67	BlueCare HMO 55
				<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Deductible (Calendar Year - CYD)									
Single				\$1,000	\$500	\$0	<b>\$1,500</b>	<b>\$1,000</b>	\$0
Family				\$3,000	\$1,000	\$0	<b>\$4,500</b>	<b>\$3,000</b>	\$0
Coinsurance				0%	0%	20%	<b>20%</b>	0%	20%
Out of Pocket Maximum									
Single				\$4,000	\$3,500	\$2,500	<b>\$4,500</b>	<b>\$4,000</b>	\$2,500
Family (Single/Family)				\$8,000	\$7,000	\$7,500	<b>\$9,000</b>	<b>\$8,000</b>	\$7,500
Physician Services									
Virtual Visits (PCP/Sp/Telemed)				\$0/\$45/\$0	\$0/\$35/\$0	\$0/\$10/\$0	\$0/ <b>\$55</b> /\$0	\$0/ <b>\$45</b> /\$0	\$0/\$10/\$0
Primary Care Office Visit				VCP: \$0/\$25	VCP: \$0/\$15	VCP: \$0/\$10	VCP: \$0/ <b>\$30</b>	VCP: \$0/\$25	VCP: \$0/\$10
Specialist Office Visit				VCP: \$20/\$45	VCP: \$20/\$35	\$10	VCP: \$20/ <b>\$55</b>	VCP: \$20/ <b>\$45</b>	\$10
X-Ray/Laboratory Services				ICL \$0/VCP: \$20 IDTC: \$45	ICL \$0/VCP: \$20 IDTC: \$35	ICL \$0/VCP: \$10 IDTC: \$10	ICL \$0/VCP: \$20 IDTC: <b>\$50</b>	ICL \$0/VCP: \$20 IDTC: <b>\$45</b>	ICL \$0/VCP: \$10 IDTC: \$10
Advanced Imaging (CT/PET scans)				OV: \$250/IDTC: \$350	OV: \$175/IDTC: \$75	OV: \$75/IDTC: \$50	OV: \$250/IDTC: <b>\$250</b>	<b>OV: \$250/IDTC: \$350</b>	OV: \$75/IDTC: \$50
Urgent Care Center				VCP: \$0/Visits 1-2 \$0; \$50	VCP: \$0/Visits 1-2 \$0; \$35	VCP:\$0 Visits1&2/\$10	VCP: \$0/Visits 1-2 \$0; <b>\$60</b>	VCP: \$0/Visits 1-2 \$0; <b>\$50</b>	VCP:\$0 Visits1&2/\$10
Hospital Services									
Emergency Room (facility)				\$250	\$100	\$100	\$250	<b>\$250</b>	\$100
Inpatient (facility)				\$250/day to \$750 max	\$500 per admit	\$250 per admit	<b>20% after CYD</b>	<b>\$250/day to \$750 max</b>	\$250 per admit
Outpatient Surgery (facility)				ASC: \$150/Hosp: \$350	ASC: \$250/Hosp: \$350	ASC: \$100/Hosp: \$150	ASC: \$200/Hosp: <b>20% after CYD</b>	ASC: <b>\$150</b> /Hosp: \$350	ASC: \$100/Hosp: \$150
Mental Health / Substance Abuse									
Inpatient Hospital				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drug Benefit									
Tier 1				\$10	\$10	\$10	\$10	\$10	\$10
Tier 2				\$30	\$30	\$30	\$30	\$30	\$30
Tier 3				\$50	\$50	\$50	\$50	\$50	\$50
Tier 4				N/A	N/A	N/A	N/A	N/A	N/A
Specialty (pref/nonpref)				Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3
Mail Order Retail/Specialty				2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x / N.C.
Monthly Rate				*Low	*Mid	*High	Low - HMO 67	Mid - HMO 67	High - HMO 55
Employee Only				31	29	13	\$822.38	\$832.19	\$894.75
Employee + Spouse				2	4	1	\$1,957.25	\$1,980.63	\$2,129.50
Employee + Child(ren)				2	10	1	\$1,578.97	\$1,597.81	\$1,717.91
Employee + Family				1	1	0	\$2,631.61	\$2,663.02	\$2,863.19
Monthly Premium				36	44	15	\$35,198	\$50,697	\$15,479
Annual Premium					95		\$422,374	\$608,366	\$185,750
TOTAL Combined Annual Premium							\$1,216,490		
TOTAL \$ Increase /(Decrease)							N/A		
TOTAL % Increase /(Decrease)							N/A		
*Lives from July invoice									

				CURRENT - Florida Blue			Renewal Alternate #2 - Florida Blue		
SCHEDULE OF BENEFITS				BlueCare HMO 67	BlueCare HMO 59	BlueCare HMO 55	BlueCare HSA 126/127	BlueCare HMO 68	BlueCare HMO 59
				<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Deductible (Calendar Year - CYD)							<i>Non-Embedded</i>		
Single				\$1,000	\$500	\$0	<b>\$1,650</b>	<b>\$1,000</b>	<b>\$500</b>
Family				\$3,000	\$1,000	\$0	<b>\$3,300</b>	<b>\$3,000</b>	<b>\$1,000</b>
Coinsurance				0%	0%	20%	<b>10%</b>	<b>20%</b>	<b>0%</b>
Out of Pocket Maximum									
Single				\$4,000	\$3,500	\$2,500	<b>\$3,300</b>	<b>\$4,500</b>	<b>\$3,500</b>
Family (Single/Family)				\$8,000	\$7,000	\$7,500	<b>\$6,600 / \$6,600</b>	<b>\$9,000</b>	<b>\$7,000</b>
Physician Services									
Virtual Visits (PCP/Sp/Telemed)				\$0/\$45/\$0	\$0/\$35/\$0	\$0/\$10/\$0	10% after CYD	\$0/\$35/\$0	\$0/ <b>\$35</b> /\$0
Primary Care Office Visit				VCP: \$0/\$25	VCP: \$0/\$15	VCP: \$0/\$10	VCP: CYD / 10% after CYD	VCP: \$0/ <b>\$35</b>	VCP: \$0/ <b>\$15</b>
Specialist Office Visit				VCP: \$20/\$45	VCP: \$20/\$35	\$10	VCP: CYD / 10% after CYD	VCP: \$20/ <b>\$60</b>	<b>VCP: \$20/\$35</b>
X-Ray/Laboratory Services				ICL \$0/VCP: \$20 IDTC: \$45	ICL \$0/VCP: \$20 IDTC: \$35	ICL \$0/VCP: \$10 IDTC: \$10	10% after CYD	ICL \$0/VCP: \$20 IDTC: <b>\$60</b>	ICL \$0/VCP: <b>\$20</b> IDTC: <b>\$35</b>
Advanced Imaging (CT/PET scans)				OV: \$250/IDTC: \$350	OV: \$175/IDTC: \$75	OV: \$75/IDTC: \$50	10% after CYD	<b>OV: \$500/IDTC: \$500</b>	<b>OV: \$175/IDTC: \$75</b>
Urgent Care Center				VCP: \$0/Visits 1-2 \$0; \$50	VCP: \$0/Visits 1-2 \$0; \$35	VCP:\$0 Visits1&2/\$10	VCP: CYD / 10% after CYD	VCP: \$0/Visits 1-2 \$0; <b>\$65</b>	VCP: \$0/Visits 1-2 \$0; <b>\$35</b>
Hospital Services									
Emergency Room (facility)				\$250	\$100	\$100	10% after CYD	<b>\$500</b>	\$100
Inpatient (facility)				\$250/day to \$750 max	\$500 per admit	\$250 per admit	10% after CYD	<b>\$500/day to \$1,500 max</b>	<b>\$500 per admit</b>
Outpatient Surgery (facility)				ASC: \$150/Hosp: \$350	ASC: \$250/Hosp: \$350	ASC: \$100/Hosp: \$150	10% after CYD	<b>ASC: 20% after CYD / Hosp: \$600</b>	<b>ASC: \$250/Hosp: \$350</b>
Mental Health / Substance Abuse									
Inpatient Hospital				No Charge	No Charge	No Charge	10% after CYD	No Charge	No Charge
Outpatient Visits				No Charge	No Charge	No Charge	10% after CYD	No Charge	No Charge
Prescription Drug Benefit							<i>Deductible applies</i>		
Tier 1				\$10	\$10	\$10	\$10 after CYD	\$10	\$10
Tier 2				\$30	\$30	\$30	\$30 after CYD	\$30	\$30
Tier 3				\$50	\$50	\$50	\$50 after CYD	\$50	\$50
Tier 4				N/A	N/A	N/A	N/A	N/A	N/A
Specialty (pref/nonpref)				Tier 1-3	Tier 1-3	Tier 1-3	\$250 after CYD	Tier 1-3	Tier 1-3
Mail Order Retail/Specialty				2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x after CYD/ N.C.	2.5x / N.C.	2.5x / N.C.
Monthly Rate				*Low	*Mid	*High	Low - HMO 67	Mid - HMO 59	High - HMO 55
Employee Only				31	29	13	\$822.38	\$832.19	\$894.75
Employee + Spouse				2	4	1	\$1,957.25	\$1,980.63	\$2,129.50
Employee + Child(ren)				2	10	1	\$1,578.97	\$1,597.81	\$1,717.91
Employee + Family				1	1	0	\$2,631.61	\$2,663.02	\$2,863.19
Monthly Premium				36	44	15	\$35,198	\$50,697	\$15,479
Annual Premium					95		\$422,374	\$608,366	\$185,750
TOTAL Combined Annual Premium							\$1,216,490		
TOTAL \$ Increase /(Decrease)							N/A		
TOTAL % Increase /(Decrease)							N/A		
*Lives from July invoice									



				CURRENT - Florida Blue			Alternate #3 - UHC/NHP		
SCHEDULE OF BENEFITS				BlueCare HMO 67	BlueCare HMO 59	BlueCare HMO 55	NHP HMO EKY6	NHP HMO EKW9	NHP EKXM HMO
				<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Deductible (Calendar Year - CYD)									
Single				\$1,000	\$500	\$0	\$1,000	\$500	\$0
Family				\$3,000	\$1,000	\$0	\$2,000	\$1,000	\$0
Coinsurance				0%	0%	20%	0%	10%	0%
Out of Pocket Maximum									
Single				\$4,000	\$3,500	\$2,500	\$4,000	\$3,500	\$1,500
Family (Single/Family)				\$8,000	\$7,000	\$7,500	\$8,000	\$7,000	\$3,000
Physician Services									
Virtual Visits (PCP/Sp/Telemed)				\$0/\$45/\$0	\$0/\$35/\$0	\$0/\$10/\$0	\$0/\$45/\$0	\$0/\$30/\$0	\$0/\$15/\$0
Primary Care Office Visit				VCP: \$0/\$25	VCP: \$0/\$15	VCP: \$0/\$10	\$25	\$20	\$15
Specialist Office Visit				VCP: \$20/\$45	VCP: \$20/\$35	\$10	\$45	\$30	\$30
X-Ray/Laboratory Services				ICL \$0/VCP: \$20 IDTC: \$45	ICL \$0/VCP: \$20 IDTC: \$35	ICL \$0/VCP: \$10 IDTC: \$10	\$0	\$0	\$0
Advanced Imaging (CT/PET scans)				OV: \$250/IDTC: \$350	OV: \$175/IDTC: \$75	OV: \$75/IDTC: \$50	DP: \$200; NDDP: 60% after CYD	DP: 10% after CYD; NDDP: 50% after CYD	DP: \$50; NDDP: 60%
Urgent Care Center				VCP: \$0/Visits 1-2 \$0; \$50	VCP: \$0/Visits 1-2 \$0; \$35	VCP:\$0 Visits1&2/\$10	\$75	\$75	\$75
Hospital Services									
Emergency Room (facility)				\$250	\$100	\$100	\$350	\$350	\$350
Inpatient (facility)				\$250/day to \$750 max	\$500 per admit	\$250 per admit	\$250	10% after CYD	\$250/day up to 5 days
Outpatient Surgery (facility)				ASC: \$150/Hosp: \$350	ASC: \$250/Hosp: \$350	ASC: \$100/Hosp: \$150	\$250	10% after CYD	\$250
Mental Health / Substance Abuse									
Inpatient Hospital				No Charge	No Charge	No Charge	CYD	10% after CYD	\$0
Outpatient Visits				No Charge	No Charge	No Charge	\$45	\$30	\$30
Prescription Drug Benefit									
Tier 1				\$10	\$10	\$10	\$10	\$10	\$10
Tier 2				\$30	\$30	\$30	\$35	\$35	\$35
Tier 3				\$50	\$50	\$50	\$70	\$70	\$70
Tier 4				N/A	N/A	N/A	N/A	N/A	N/A
Specialty (pref/nonpref)				Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3
Mail Order Retail/Specialty				2.5x / N.C.	2.5x / N.C.	2.5x / N.C.	2.5x Retail	2.5x Retail	2.5x Retail
Monthly Rate				Low - HMO 67	Mid - HMO 59	High - HMO 55			
Employee Only				\$822.38	\$832.19	\$894.75	\$859.15	\$861.99	\$931.70
Employee + Spouse				\$1,957.25	\$1,980.63	\$2,129.50	\$2,044.76	\$2,051.52	\$2,217.43
Employee + Child(ren)				\$1,578.97	\$1,597.81	\$1,717.91	\$1,649.57	\$1,655.02	\$1,788.86
Employee + Family				\$2,631.61	\$2,663.02	\$2,863.19	\$2,749.27	\$2,758.36	\$2,981.43
Monthly Premium				\$35,198	\$50,697	\$15,479	\$36,772	\$52,512	\$16,118
Annual Premium				\$422,374	\$608,366	\$185,750	\$441,259	\$630,148	\$193,421
TOTAL Combined Annual Premium				\$1,216,490			\$1,264,828		
TOTAL \$ Increase /(Decrease)				N/A			\$48,338		
TOTAL % Increase /(Decrease)				N/A			4.0%		
*Lives from July invoice							Includes \$5,000 of Wellness Funds		

# City of Clewiston

## Renewal Evaluation - Dental PPO

Effective Date: October 1, 2025

	Current/Renewal		Alternative #1		Alternative #2		Alternative #3	
Schedule of Benefits	Mutual of Omaha		Humana		MetLife		Unum	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Benefit Maximum	\$2,500 + rollover benefit		\$2,500 + 30% discount after annual max is met		\$2,750		\$2,500 + rollover benefit	
Do Class 1 services apply toward Annual Max?	Yes		Yes		Yes		Yes	
Deductible	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Single/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Is deductible waived for Class 1 services?	Yes		Yes		Yes		Yes	
Class 1 Services: Preventive and Diagnostic								
Office Visit	100%	100%	100%	100%	100%	100%	100%	100%
Routine Oral Exam	100% (2x/12m)	100%	100% (3x/12m)	100%	100% (2x/12m)	100%	100% (2x/12m)	100%
Routine Cleaning	100% (2x/12m)	100%	100% (2x/12m)	100%	100% (2x/12m)	100%	100% (2x/12m)	100%
Complete X-rays (1x every 60 months)	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 Services: Basic Restorative	Deductible Applies				Deductible Applies		Deductible Applies	
Fillings (Amalgam and Composite)	90%	90%	90% (C. anterior)	90%	90% (C. anterior)	90%	90% (C. anterior)	90%
Simple Extractions	90%	90%	90%	90%	90%	90%	90%	90%
Periodontics (Maintenance & Root planing)	90%	90%	90%	90%	90%	90%	90%	90%
Class 3 Services: Major Restorative	Deductible Applies		Deductible Applies		Deductible Applies		Deductible Applies	
Endodontics (Root Canal) & Periodontics	60%	60%	60%	60%	60%	60%	60%	60%
Bridges	60%	60%	60%	60%	60%	60%	60%	60%
Crowns	60%	60%	60%	60%	60%	60%	60%	60%
Dentures	60%	60%	60%	60%	60%	60%	60%	60%
Implants (1 per tooth per lifetime)	60%	60%	60% (1 per tooth per 5yr)	60% (1 per tooth per 5yr)	60% (1 per tooth per 10 yr)	60% (1 per tooth per 10 yr)	60%	60%
Dental Plan Reimbursement Level								
Benefits Reimbursement Level	Contracted Fees	90th %ile	Contracted Fees	MAC	Contracted Fees	UCR	Contracted Fees	90th %ile
Rate Guarantee	1 year		2 year		1 year with 2nd & 3rd year rate cap of 7%		1 year	
Monthly Rate	Lives*							
Employee	60	\$40.38	\$43.21	\$40.04	\$38.92		\$37.67	
Employee + Spouse	16	\$79.65	\$85.23	\$80.09	\$76.78		\$74.31	
Employee + Child(ren)	13	\$83.24	\$89.07	\$102.11	\$80.24		\$77.66	
Employee + Family	5	\$122.51	\$131.09	\$142.16	\$118.11		\$114.29	
Monthly Premium	94	\$5,392	\$5,770	\$5,722	\$5,197		\$5,030	
Annual Premium		\$64,702	\$69,236	\$68,665	\$62,368		\$60,362	
Annual \$ Increase/Decrease		\$0	\$4,533	\$3,962	-\$2,334		-\$4,340	
Annual % Increase/Decrease		0.0%	7.0%	6.1%	-3.6%		-6.7%	
*Lives from July Invoice	Includes retirees and commissioners		Includes retirees and commissioners		Includes retirees and commissioners		Includes retirees and commissioners	



	Current/Renewal		Alternative #1		Alternate #2		Alternate #3	
Schedule of Benefits	Mutual of Omaha		Humana - EyeMed Insight		MetLife - Superior Vision		Unum - EyeMed Insight	
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam Copay	\$10	Up to \$37	\$10	Up to \$30	\$10	Up to \$45	\$10	Up to \$40
Materials Copay	\$20	Varies	\$15	Varies	\$20	Varies	\$25	Varies
Retinal Imaging	Up to \$39	Applies to Exam Allowance	Up to \$39	Not Covered	Up to \$39	Applies to Exam Allowance	Up to \$39	Not Covered
Frequency	Date of Service		Date of Service		Date of Service		Date of Service	
Examination	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Lenses or Contact Lenses	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Frames	Every 24 months		Every 24 months		Every 24 months		Every 24 months	
Lenses								
Single	\$20	Up to \$24	\$15	Up to \$25	\$20	Up to \$30	\$25	Up to \$30
Bifocal	\$20	Up to \$40	\$15	Up to \$40	\$20	Up to \$50	\$25	Up to \$50
Trifocal	\$20	Up to \$68	\$15	Up to \$60	\$20	Up to \$65	\$25	Up to \$70
Lenticular	\$20	Up to \$68	\$15	Up to \$100	\$20	Up to \$100	\$25	Up to \$70
Standard Progressive	\$65	Up to \$40	\$30	Up to \$40	\$55	Up to \$50	\$90	Up to \$50
Frames								
Retail Allowance	Up to \$130 + 20% off retail	Up to \$58	Up to \$130 + 20% off retail	Up to \$65	Up to \$130 + 20% off retail	Up to \$70	Up to \$130 + 20% off retail	Up to \$91
Contacts Lenses								
Elective	Up to \$130 + 15% off balance	Up to \$89	Up to \$130 + 15% off balance	Up to \$104	Up to \$130 + 10-20% off balance	Up to \$105	Up to \$130 + 15% off balance	Up to \$130
Non-Elective (Medicaly Necessary)	Paid in Full	Up to \$210	Paid in Full	Up to \$200	Paid in Full	Up to \$210	Paid in Full	Up to \$210
Fit and Follow Up	Standard/Prem: \$40/\$10 off retail	N/A	Standard/Prem: \$40/\$10 off retail	N/A	Standard/Prem: \$25/\$75 allowance	N/A	Standard/Prem: \$25/\$55 allowance	N/A
Rate Guarantee	2 years		2 years		4 years		2 years	
Monthly Rate	Lives*							
Employee	50	\$5.98		\$6.22		\$7.03		\$5.42
Employee + Spouse	11	\$10.77		\$12.45		\$12.67		\$9.76
Employee + Child(ren)	11	\$11.38		\$11.83		\$13.38		\$10.31
Employee + Family	2	\$17.97		\$18.59		\$21.13		\$16.29
Monthly Premium	74	\$579		\$615		\$680		\$524
Annual Premium		\$6,943		\$7,383		\$8,164		\$6,292
\$ Increase / (Decrease)		N/A		\$440		\$1,221		-\$651
% Increase / (Decrease)		N/A		6.3%		17.6%		-9.4%
*Lives from July Invoice	Includes retirees and commissioners		Includes retirees and commissioners		Includes retirees and commissioners		Includes retirees and commissioners	

		Current/Renewal	Alternative #1	Alternative #2	Alternative #3
Schedule of Benefits		Mutual of Omaha	Humana	MetLife	Unum
Core Features					
Eligibility		All Active Employees Working 30 Hours/Week, Retirees	All Active Employees Working 30 Hours/Week, <b>No Retirees</b>	All Active Employees Working 30 Hours/Week, Retirees excludes commissioners.	All Active Employees Working 30 Hours/Week, <b>No Retirees</b>
Basic Term Life		Active: 2x Annual Earnings up to max of \$160,000 Retiree: 1x Annual Earnings up to max of \$100,000	Active: 2x Annual Earnings up to max of \$160,000 <b>Retiree: Not Covered</b>	Active: 2x Annual Earnings up to max of \$160,000 <b>Retiree: 1x Annual Earnings up to max of \$80,000</b>	Active: 2x Annual Earnings up to max of \$160,000 <b>Retiree: Not Covered</b>
Basic AD&D		Active: Equal to Life Benefit Retiree - Not Covered	Active: Equal to Life Benefit Retiree - Not Covered	Active: Equal to Life Benefit Retiree - Not Covered	Active: Equal to Life Benefit Retiree - Not Covered
Additional Features					
Age Reduction (Reduced By)		Age 70, 50% on 1st day of month coincides or follows the day you reach 70.	Age 70 reduces 50%	Active: Age 70 reduces 50% <b>Retiree: No age reduction</b>	Age 70 reduces 50%
Portability/Conversion Privilege		No/Yes	No/Yes	No/Yes	<b>Yes (Up to age 70 YO)</b> / Yes
Waiver of Premium		Included for Life Only	Included for Life Only , Waiver ends at age 65	Included for Life Only	Included for Life Only, Waiver ends at age 65
Accelerated Benefit		Active: 80% or \$128,000 whichever is less Retiree: Not Covered	Active: 50% to \$250,000 whichever is less Retiree: Not Covered	Active: 80% or \$500,000 whichever is less Retiree: Not Covered	<b>Active: 50% of coverage amount</b> , up to \$750,000 Retiree: Not Covered
Rate Guarantee		<b>2 years</b>	<b>2 years</b>	<b>2 years</b>	<b>2 years</b>
Monthly Rate	Lives*				
Volume (Life)		\$10,189,000	\$9,653,000	\$12,844,000	\$10,048,000
Basic Term Life Rate / \$1,000	120	\$0.325	\$0.290	\$0.490	\$0.300
Volume (ADD)		\$9,478,000	\$9,653,000	\$12,030,000	\$10,048,000
AD&D Rate / \$1,000	92	\$0.030	\$0.030	\$0.021	\$0.034
Total Life AD&D Rate / \$1,000		\$0.355	\$0.320	\$0.511	\$0.334
Monthly Premium		<b>\$3,596</b>	<b>\$3,089</b>	<b>\$6,546</b>	<b>\$3,356</b>
Annual Premium		<b>\$43,149</b>	<b>\$37,068</b>	<b>\$78,554</b>	<b>\$40,272</b>
\$ Increase / (Decrease)		<b>N/A</b>	<b>-\$6,082</b>	<b>\$35,405</b>	<b>-\$2,877</b>
% Increase / (Decrease)		<b>N/A</b>	<b>-14.1%</b>	<b>82.1%</b>	<b>-6.7%</b>
* Lives from July Invoice		Includes Retirees for Life only	No Retirees	Includes Retirees for Life only	No Retirees

		Current/Renewal		Alternative #1		Alternative #2		Alternative #3	
Schedule of Benefits		Mutual of Omaha		Humana		MetLife		Unum	
Life Benefit									
Eligibility		All Active Employees Working 30 Hours/Week, <b>No Retirees</b>		All Active Employees Working 30 Hours/Week, <b>No Retirees</b>		All Active Employees Working 30 Hours/Week, <b>No Retirees</b>		All Active Employees Working 30 Hours/Week, <b>No Retirees</b>	
Employee		Increments of \$10,000 to max of the lesser of 5x pay or \$500,000. <i>Annual increase of \$10K is allowed with no EOI up to GI amt.</i>		Increments of \$1,000 to max of \$500,000.		Increments of \$10,000 to max of the lesser of 5x pay or \$500,000. <i>Annual increase of \$10K is allowed with no EOI up to GI amt.</i>		Increments of \$10,000 to max of the lesser of 5x pay or \$500,000.	
Guarantee Issue		\$100,000		\$100,000, <b>EOI required on all EE's over age 70</b>		\$100,000		\$100,000	
Spouse		Increments of \$5,000 to max of \$250,000 not to exceed 100% of EE amount; terms at age 85		Increments of \$1,000 to max of the \$250,000 not to exceed <b>50%</b> of EE amount		Increments of \$5,000 to max of \$250,000 not to exceed <b>50%</b> of EE amount		Increments of \$5,000 to max of \$250,000 not to exceed 100% of EE amount; terms at age 85	
Guarantee Issue		\$50,000		\$50,000, EOI required over age 65		\$50,000		<b>\$20,000</b>	
Child		\$5,000 or \$10,000 not exceed 100% of EE amount		\$5,000 or \$10,000 not exceed 100% of EE amount		Options of \$1k, \$2k, \$4k, \$5k, or \$10k		\$5,000 or \$10,000 not exceed 100% of EE amount	
Guarantee Issue		100% of EE benefit unless insured under prior plan and is so, amount is qual to prior in force amt		\$10,000		<b>15 days to 6 mths: \$1,000</b> 6 mths to 26 YO: \$10,000		<b>Live birth to 6 mths: \$1,000</b> 6 mths to 26 YO: \$2,000 increments to max of \$10,000	
A&DD Benefit		Not Applicable		Not Applicable		Not Applicable		Sames as Life	
Evidence of Insurability		Required after initial enrollment period.		Required after initial enrollment period, EE's over age 70, deps over age 65.		Required after initial enrollment period.		Required after initial enrollment period.	
Age Reduction (Reduced By)		Age 70 reduces 50%		Age 70 reduces 50%		<b>None</b>		Age 70 reduces 50%	
Accelerated Benefit Option		Included - 80% up to \$400,000		Included - <b>50% up to \$250,000</b>		Included - 80% up to \$500,000		<b>Included - 50% up to \$750,000</b>	
Portability/Conversion Option		Yes/Yes		Yes / <b>No</b>		Yes/Yes		Yes (Up to age 70 YO), Yes	
Rate Guarantee		<b>2 years</b>		<b>2 years</b>		<b>2 years</b>		<b>2 years</b>	
Monthly Rates		Lives*							
Volume*		47		\$1,652,500		\$1,652,500		\$1,652,500	
Monthly Premium		\$849		Less than current		\$849		\$849	
Annual Premium		\$10,186		Less than current		\$10,186		\$10,186	
Employee/Spouse Age Bracket		Employee/Sp Rate same schedule				Employee/Sp Rate same schedule		Employee/Sp Rate same schedule	
Spouse rate based on EE's age	EE/SP	Employee Rate	Spouse Rate	Employee Rate	Spouse Rate	Employee Rate	Spouse Rate	Employee Rate	Spouse Rate
<25	2/0	\$0.080	\$0.080	\$0.060	\$0.050	\$0.080	\$0.080	\$0.080	\$0.080
25 - 29	1/0	\$0.080	\$0.080	\$0.060	\$0.050	\$0.080	\$0.080	\$0.080	\$0.080
30 - 34	1/0	\$0.120	\$0.120	\$0.060	\$0.060	\$0.120	\$0.120	\$0.120	\$0.120
35 - 39	2/0	\$0.150	\$0.150	\$0.090	\$0.070	\$0.150	\$0.150	\$0.150	\$0.150
40 - 44	4/0	\$0.250	\$0.250	\$0.130	\$0.110	\$0.250	\$0.250	\$0.250	\$0.250
45 - 49	3/1	\$0.410	\$0.410	\$0.200	\$0.170	\$0.410	\$0.410	\$0.410	\$0.410
50 - 54	6/0	\$0.660	\$0.660	\$0.310	\$0.270	\$0.660	\$0.660	\$0.660	\$0.660
55 - 59	3/1	\$1.120	\$1.120	\$0.500	\$0.430	\$1.120	\$1.120	\$1.120	\$1.120
60 - 64	4/4	\$1.610	\$1.610	\$0.700	\$0.610	\$1.610	\$1.610	\$1.610	\$1.610
65 - 69	1/0	\$1.610	\$1.610	\$1.160	\$1.000	\$1.610	\$1.610	\$1.610	\$1.610
70 - 74	1/1	\$1.610	\$1.610	\$2.270	\$1.960	\$1.610	\$1.610	\$1.610	\$1.610
75 - 79	0	\$1.610	\$1.610	\$4.370	\$3.780	\$1.610	\$1.610	\$1.610	\$1.610
80-999	0	\$1.610	\$1.610	\$8.160	\$7.060	\$1.610	\$1.610	\$1.610	\$1.610
Child(ren) Life	12	\$0.21		\$5,000 = \$1.00; \$10,000 = \$2.00 or \$0.20		\$0.21		\$0.21 ADD: \$0.08	
* Lives and volume from July Invoice								Quoted ADD: EE=\$.046; SP=\$.051	

		Option 1	Option 2	Option 3	Option 4
Schedule of Benefits		Mutual of Omaha	Humana	MetLife	Unum
Eligibility		Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours/Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours/Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours/Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours/Week
Weekly Benefit		60% of Weekly Earnings	60% of Weekly Earnings	60% of Weekly Earnings	60% of Weekly Earnings
Maximum Weekly Benefit		<b>\$1,700</b>	<b>\$750</b>	<b>\$1,500</b>	<b>\$2,000</b>
Elim. Period for Accident/Sickness		7 Days	7 Days	7 Days	7 Days
Benefit Duration		12 Weeks	12 Weeks	12 Weeks	12 Weeks
Guarantee Issue		Yes, Non-Contributory (Employer Paid)	Yes, Non-Contributory (Employer Paid)	Yes, Non-Contributory (Employer Paid)	Yes, Non-Contributory (Employer Paid)
W-2 Services / FICA		Included / Not Included	Included / Not Included	<b>Not Included</b> / Not Included	Included / Not Included
Pre-existing Condition Limitation (Treatment/On plan)		None	None	None	None
<b>Rate Guarantee</b>		<b>2 years</b>	<b>2 years</b>	<b>2 years</b>	<b>2 years</b>
<b>Monthly Rate</b>	<b>Lives</b>				
Volume	92	\$56,645	\$56,645	\$56,645	\$56,645
Rate/\$10 of Weekly Benefit		\$0.23	\$0.29	\$0.292	\$0.290
<b>Monthly Premium</b>		<b>\$1,303</b>	<b>\$1,643</b>	<b>\$1,654</b>	<b>\$1,643</b>
<b>Annual Premium</b>		<b>\$15,634</b>	<b>\$19,712</b>	<b>\$19,848</b>	<b>\$19,712</b>

		Current / Renewal	Alternative #1	Alternative #2	Alternative #3
Schedule of Benefits		Mutual of Omaha	Humana	MetLife	Unum
Core Benefit					
Eligibility		Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours A Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours A Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours A Week	Active Full Time Employees (exlcuding Commissioners / Retirees) Working 30 Hours A Week
Benefit		60% of covered earnings	60% of covered earnings	60% of covered earnings	60% of covered earnings
Min/Max Monthly Benefit		\$100/\$6,000	\$100/\$6,000	\$100/\$6,000	\$100/\$6,000
Own Occupation Period		24 months	24 months	24 months	24 months
Elimination Period		90 Days	90 Days	90 Days	90 Days
Substance Abuse/Mental Disorder		24 months	24 months	24 months	24 months
Duration of Benefit		To SSNRA or 3.5 years, whichever is longest	ADEA with SSNRA	ADEA with SSNRA	ADEA with SSNRA
W-2 Services/FICA		Included	Included	Not Included	Included
Pre-existing Condition Limitation		3 mos lookback/12 mos on plan	3 mos lookback/12 mos on plan	3 mos lookback/12 mos on plan	3 mos lookback/12 mos on plan
Rate Guarantee		2 years	2 years	2 years	2 years
Monthly Rate	Lives*				
Rate / \$100 of covered payroll	92	\$0.550	\$0.529	\$0.413	\$0.550
Volume*		\$415,381	\$415,381	\$415,381	\$415,381
Monthly Premium		\$2,285	\$2,197	\$1,716	\$2,285
Annual Premium		\$27,415	\$26,368	\$20,586	\$27,415
\$ Incease/Decrease		N/A	-\$1,047	-\$6,829	\$0
% Increase/Decrease		N/A	-3.8%	-24.9%	0.0%
*Lives and volume from July invoice		Includes EAP	Includes EAP, with bundle	Includes EAP	Includes EAP

City of Clewiston  
Renewal Evaluation - EAP  
Effective Date: October 1, 2025



Schedule of Benefits	Mutual of Omaha (included with Basic Life benefit)	ESI - Stand Alone (12/1 renewal)
Counseling Sessions per Issue	Up to 3 (in person, video or phone) consultation with Licensed counselor for you and your household members, per calendar year.	Up to 3 (in person, video or phone) consultation with Licensed counselor for you and your household members, per calendar year.
Access	Via Phone hotline, text, chat, or video	Unlimited Telephonic counseling
Work/Life Benefits		
Legal	30 minute consultation with 25 % discount after consult	Included
Financial Planning	Financial platform with tools, personalized courses to help monitor financial health	Included
ID Theft Services & Travel Assistance	Included	Included
Hearing Discounts	Included	Included
Reporting Capabilities	Annual	Annual
Peak Performance Coaching	Not Included	Included
Administrative Referrals	Not Included	Included
Trauma Resources	Additional Fee	\$250/hr for OnSite, Telephonic, or private
Rate Guarantee	N/A	Cancelled 7/16/2025
Monthly Rate	Lives	
Per Employee Per Year	119	\$0.00
Annual Premium		\$2,044



	Option 1	Option 2	Option 3
Administration/Schedule	Ameriflex	P&A	UpSwing
Notices			
Initial Rights Notice (General Rights) to New Hire	Included	Included, After Retainer, \$12/notice	Included
Initial Notice to ALL Employees	Included	\$5/notice for 1-100 employees; \$3.25/notice for 101+ Employees	\$2.00 / notice
Qualifying Event	Included	After Retainer, \$24/notice	Included
Open Enrollment Packets	\$15 up to 30 pages	\$25/packet	\$25/packet
Fees			
Implementation Fee	\$300	\$150	None
Annual renewal	\$100	None	None
Annual Retainer/Notice Fee	PEPM rate charged monthly	\$1,000 Retainer - If retainer is depleted before end of plan year, clients will be billed per event.	PEPM rate charged monthly
Electronic Eligibility File Feeds Fee	Integration with Employee Navigator	Integration with Employee Navigator	Integration with Employee Navigator
Additional Features			
Enrollment system integration	Free with EN	Free with EN	Free with EN
Web administration Ability	Included	Included - HRConnect	Included
Eligibilty Reporting	Included	Included	Included
Payment Options for Participants	Check, online payment, ACH	Check, online payment	Check, online payment
Marketplace Option for Coverage	Not Included	Not Included	Not Included
Rate Guarantee	N/A	N/A	3 years
Monthly PremiumLives			
Minimum Monthly	\$50.00	N/A	\$40.00
Per Employee Per Month92	\$0.75	N/A	\$0.75
Monthly Premium	\$69	N/A	\$69
Annual Premium	\$828	\$1,000	\$828

