CURRENT BLUE OPTIONS MEDICAL PLAN # 03768 TIERS	MONTHLY PREMIUM	% PAID BY EMPLOYER	EMPLOYER COST/MO	EMPLOYEE COST/MO	EMPLOYEE BIWEEKLY COST	# EE Covered
EMPLOYEE - SINGLE	$ 951.73	94%	$ 894.62	$ 57.10	$ 26.35	45
EMPLOYEE + SPOUSE	$ 2,169.95	78%	$ 1,692.56	$ 477.38	$ 220.33	6
EMPLOYEE + CHILDREN	$ 1,903.47	78%	$ 1,484.70	$ 418.77	$ 193.27	11
FAMILY	$ 3,045.54	78%	$ 2,375.52	$ 670.01	$ 309.23	28

CURRENT BLUE OPTIONS MEDICAL HIGH DEDUCTIBLE PLAN # 05190/05191	MONTHLY PREMIUM	% PAID BY EMPLOYER	EMPLOYER COST/MO	EMPLOYEE COST/MO	EMPLOYEE BIWEEKLY COST
EMPLOYEE - SINGLE	$ 776.02	100%	$ 776.02	$ -	$ -
EMPLOYEE + SPOUSE	$ 1,769.32	84.45%	$ 1,494.19	$ 275.12	$ 126.98
EMPLOYEE + CHILDREN	$ 1,552.03	84.45%	$ 1,310.68	$ 241.34	$ 111.38
FAMILY	$ 2,483.25	84.45%	$ 2,097.10	$ 386.14	$ 178.22

NOT OFFERED IN PLAN YEAR 2025-2026					

RENEWAL 2025 DENTAL INS. HUMANA PPO	MONTHLY PREMIUM	% PAID BY EMPLOYER	EMPLOYER COST/MO	EMPLOYEE COST/MO	EMPLOYEE BIWEEKLY COST
EMPLOYEE - SINGLE	$ 32.80	100%	$ 32.80	$ -	$ -
FAMILY	$ 101.62	34.45%	$ 32.80	$ 68.82	$ 31.76

RENEWAL 2025 VISION INS. HUMANA PPO	MONTHLY PREMIUM	% PAID BY EMPLOYER	EMPLOYER COST/MO	EMPLOYEE COST/MO	EMPLOYEE BIWEEKLY COST
EMPLOYEE - SINGLE	$ 7.24	100%	$ 7.24	$ -	$ -
FAMILY	$ 18.46	39.21%	$ 7.24	$ 11.22	$ 5.18

CURRENT BLUE OPTIONS MEDICAL PPO PLAN # 03768 TIERS	PPO - Florida Blue Current MONTHLY PREMIUM	PPO -2026-2027 Renewal Blue Options Plan #03768	PPO - BENECON/United Health Care (*Most comparable to our current*) *	PPO - BENECON/UnitedHealth Care (*Choice Plus Plan 1)* *	Cigna OAP PPO (*Comparable*)	PPO AvMed Choice CM 075 w/Rx 8013 (*lesser coverage than our current)*	PPO AvMed Choice CM 175 w/Rx 8013 (lesser coverage than our current)
EMPLOYEE - SINGLE	$ 951.73	$1,055.71	$1,086.30	$1,098.90	$1,271.62	$1,209.62	$1,057.06
EMPLOYEE + SPOUSE	$ 2,169.95	$2,407.03	$2,172.59	$2,197.81	$2,899.29	$2,757.94	$2,410.09
EMPLOYEE + CHILDREN	$ 1,903.47	$2,111.42	$1,748.94	$1,769.24	$2,543.25	$2,419.24	$2,114.12
FAMILY	$ 3,045.54	$3,462.74	$3,139.39	$3,175.83	$4,069.20	$3,870.79	$3,382.59

CURRENT BLUE OPTIONS MEDICAL HIGH DEDUCTIBLE HSA PLAN # 05190/05191	HSA - Florida Blue Current MONTHLY PREMIUM	HSA - 2026-2027 Renewal Blue Options Plan #05190/05191	HSA - BENECON/UnitedHealth Care *	HSA - BENECON/UnitedHealth Care *Choice Plus Plan 5* *	Cigna HSA OAP	HSA AvMed Choice HSAQ CK 362 w/RX6540 (*lesser coverage than our current*)	HSA AvMed Choice HSAQ CK 410 w/RX6539 (*lesser coverage than our current*)
EMPLOYEE - SINGLE	$ 776.02	$870.84	$974.62	$1,008.52	$1,155.79	$743.03	$1,033.38
EMPLOYEE + SPOUSE	$ 1,769.32	$1,985.51	$1,949.24	$2,017.04	$2,635.20	$1,694.11	$2,356.12
EMPLOYEE + CHILDREN	$ 1,552.03	$1,741.67	$1,569.14	$1,623.72	$2,311.58	$1,486.07	$2,066.77
FAMILY	$ 2,483.25	$2,856.35	$2,816.65	$2,914.63	$3,698.53	$2,377.71	$3,306.83

Increace Percentage		12.40%	5.20%	6.60%	34.60%	25.10%	12.50%

Exhibit B