Town of Lake Park

RFP & Renewal Evaluation

September 16, 2026

GEHRING GROUP

BROWN & BROWN PUBLIC SECTOR

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Corporate Headquarters
3500 Kyoto Gardens Dr
Palm Beach Gardens, FL 33410

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To: Richard Reade, Town Manager
Town of Lake Park
From: Athena Erchard, Senior Benefits Consultant
Gehring Group, A Brown & Brown Company

Date: Sept 2026

Subject: Employee Benefits Renewal and Medical Insurance RFP Recommendation
Effective: October 1, 2027

Background
The Town conducted a comprehensive review of its employee benefits program in advance of the October 1, 2026 renewal date. The review included a formal Request for Proposal (RFP) for medical coverage as well as renewal evaluations for dental, vision, life, and disability benefits. Several carriers were invited to participate in the medical RFP process, including Aetna, Benecon, Cigna, Curative, Florida Blue, FMIT, and UnitedHealthcare. Cigna, Curative, and FMIT submitted proposals, while Aetna, Benecon, and UnitedHealthcare declined to quote. Florida Blue submitted proposals that were not competitive and reflected increases exceeding 65%.

Medical Plan Evaluation
The Town's current medical coverage is provided through FMIT's fully insured UnitedHealthcare Choice Plus Plan. The current annual premium is approximately $880,311. Renewal rates from FMIT reflect a substantial increase of approximately 40%, resulting in an annual premium of approximately $1,232,436.

Several alternative funding arrangements were evaluated, including:

- Cigna Open Access Plus Level-Funded Alternative #1
- Cigna Open Access Plus Level-Funded Alternative #2
- FMIT UnitedHealthcare Choice Plan 19 PPO
- Curative Fully Insured Option

After a detailed review of plan design, provider access, financial exposure, and projected costs, the most favorable proposal was identified as **Cigna Open Access Plus Level-Funded Alternative #1**. The proposal provides benefits substantially comparable to the current plan while reducing the projected increase from 40% under the fully insured renewal to approximately **28.7%**. The maximum annual liability under this option is approximately **$1,132,787**, representing a savings of approximately **$100,000** compared to the FMIT renewal. The Cigna Alternate #1 plan is being recommended over Alternate #2 due to the following:

- Alternate #2 is an in-network only plan with no out of network benefits. Employees mainly remain in-network due to the lower annual deductible and maximum out-of-pocket amounts; however, if an employee or family member is diagnosed with a rare condition that merits a doctor or facility that specializes in this type of diagnosis, this situation would not provide any coverage for the employee if the provider or facility of choice was out of network.

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- Gehring Group carefully evaluated both Cigna alternatives and determined that the approximate $55,756 difference compared to Alternative #1, does not outweigh the reduction in benefit value. Alternate #2 increases employee financial responsibility through higher deductibles, higher out-of-pocket maximums, and substantially higher specialty prescription drug costs.
- Alternate #2 substantially increases the specialty prescription drug cost for the employee from $60 to $250. Due to the potential impact on employees and their families, staff and Gehring Group recommend Cigna Alternate #1 as the option that best balances cost containment with maintaining a competitive and affordable benefits program.

Cigna Alternates #1 and #2 are level-funded arrangements that include:

- A 50% surplus-sharing provision;
- Fixed stop-loss protection with a $50,000 specific deductible;
- Comprehensive national Open Access Plus provider network access; and
- A lower projected annual cost than all other comparable alternatives evaluated

Dental Insurance Renewal

The Town's dental coverage with Cigna was reviewed for renewal. The carrier proposed a 3.0% increase, or $1,074 annually, compared to the current annual premium. Benefits remain unchanged, including:

- 100% preventive services;
- 95% basic services;
- 50% major services;
- Orthodontia coverage for dependents under age 19; and
- Implant coverage at 50%

The renewal also includes a rate guarantee through September 30, 2028. The 3.0% increase is below state wide trend ranging from 4-8%.

Vision Insurance Renewal

Humana Vision proposed a renewal with no rate increase. The annual premium remains approximately $4,333, and plan benefits remain unchanged. The renewal includes a rate guarantee through September 30, 2027.

Life, Disability and EAP Insurance Renewals

The Town's life and disability coverages through The Hartford were reviewed and renewed with no changes to plan design or cost to the Town or staff. The program includes:

- Basic Life and AD&D Insurance;
- Supplemental Life Insurance;
- Short-Term Disability; and
- Long-Term Disability
- Employee Assistance Program

These benefits continue to provide valuable income and financial protection for employees and their families

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while maintaining stable pricing and coverage terms. The Town's current EAP program offers three face-to-face visits per occurrence per year. There is no proposed change to these coverages or to the cost to the Town or the staff.

COBRA Administration Services

As part of the Town's annual employee benefits review, COBRA administration services were evaluated to ensure ongoing compliance with federal continuation coverage requirements. Currently, FMIT includes the cost of COBRA administration in their offering at no cost to the Town. If medical coverage is moved to Cigna, it is recommended that the Town implement a COBRA administrator.

The Town received a proposal from UpSwing for comprehensive COBRA administration services effective October 1, 2026.

The proposed services include:

- Preparation and distribution of required COBRA initial notices to new hires;
- Issuance of qualifying event notices;
- Premium collection and monthly billing administration;
- Multiple participant payment options, including ACH, credit card, and check;
- Ongoing administration of COBRA elections and cancellations.

The proposal includes no implementation fee and no annual renewal fee. The monthly administrative charge is $0.75 per employee per month or a $40 monthly minimum fee for the Town's 48 enrolled employees, resulting in an estimated annual cost of approximately $480.

The utilization of a dedicated COBRA administrator will provide enhanced compliance support, streamline administration since Upswing currently administers the flexible spending accounts, reduce internal staff workload, and ensure timely delivery of federally required notifications to eligible participants.

Fiscal Impact

The recommended medical plan will increase the Town's healthcare costs; however, the recommendation significantly mitigates the impact that would otherwise result from the FMIT renewal. The Cigna Level-Funded Alternative #1 reduces the projected increase from 40% to 28.7% and provides substantial savings compared to the FMIT renewal.

The dental renewal increase is limited to 3%, while vision, life, and disability premiums remain stable. The COBRA administration cost is minimal at approximately $480 annually.

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Recommendation
The Gehring Group and Staff recommend the Town:

1. Approve the award of medical coverage to Cigna Open Access Plus Level-Funded Alternative #1, effective October 1, 2026.
2. Approve the renewal of the Town's Cigna Dental Plan effective October 1, 2026.
3. Approve the renewal of the Town's Humana Vision Plan effective October 1, 2026.
4. Approve the renewal of The Hartford Life and Disability Programs effective October 1, 2026.
5. Approve the implementation of Upswing as the Town's COBRA administrator effective October 1, 2026.

This recommendation provides the most financially responsible solution available while maintaining a competitive employee benefits package and minimizing disruption to employees and their families.

Respectfully submitted,

Athena Erchard

Athena Erchard
Senior Benefits Consultant
Gehring Group, A Brown & Brown Company

Town of Lake Park
Medical Carrier Bid List
Effective Date: October 1, 2026

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Carrier	Did the Carrier Provide a Quote?
Aetna	Declined to Quote
Benecon	Declined to Quote
Cigna	✓
Curative	✓
Florida Blue	Proposed but not shown: Increases yielding 69%, 65%, & 67%
FMIT	✓
UHC	Declined to Quote

Town of Lake Park
Medical Insurance Renewal Evaluation
Effective Date: October 1, 2026

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Medical		2025-2026 FMIT Fully Insured UnitedHealthcare Choice Plus Plan 14		2026-2027 Cigna Open Access Plus Level-Funded - Q3P1	
Calendar Year Deductible (CYD)		In Network	Out of Network	In Network	Out of Network
Single		$1,000	$1,000	$1,000	$1,000
Family		$2,000	$2,000	$2,000	$2,000
Out of Pocket Maximum					
Single		$4,000	$6,000	$4,000	$6,000
Family (Ind/Family)		$8,000	$12,000	$8,000	$12,000
Coinsurance		20%	30%	20%	**40%**
Office Visits					
Physician Office Visit		$25	CYD + 30%	$25	CYD + **40%**
Specialist Visit		$50	CYD + 30%	$50	CYD + **40%**
Virtual Visit / Telehealth		$0	Not Covered	**$25** PCP/**$50** Spec	Not Covered
Preventive Services (Wellness)		$0	Not Covered	$0	Not Covered
Independent Clinical Lab		$0	CYD + 30%	$0	CYD + **40%**
X-Ray at Indep. Diagnostic Center		$0	CYD + 30%	$0	CYD + **40%**
Advanced Imaging at Indep. Diagnostic Center		CYD + 20%	CYD + 30%	CYD + 20%	CYD + **40%**
Urgent Care Center		$35	CYD + 30%	$35	CYD + **40%**
Hospital					
Inpatient Facility (per admission)		CYD + 20%	CYD + 30%	CYD + 20%	CYD + **40%**
Outpatient Surgery		CYD + 20%	CYD + 30%	CYD + 20%	CYD + **40%**
Physician Services at Hospital		CYD + 20%	CYD + 30%	CYD + 20%	CYD + **40%**
Emergency Room Visit		$200	$200	$200	$200
Mental Health / Substance Abuse					
Inpatient Facility		CYD + 20%	CYD + 30%	CYD + 20%	CYD + **40%**
Outpatient Facility (OV/Other)		$25	CYD + 30%	$25 / **20%**	CYD + **40%**
Prescription Drugs					
Generic Preferred Brand Non-Preferred Brand Specialty Mail Order (90-Day Supply)		$10 $35 $60 $10/$35/$60 $25/$87.50/$150	INN Copay + any amount over the allowed amount Not Covered	$10 $35 $60 $10/$35/$60 $25/**$88**/$150	50% Not Covered
Monthly Rates	**Enroll**				
Employee	40	$1,219.40		$1,569.13	
Employee + Spouse	2	$2,780.25		$3,577.63	
Employee + Child(ren)	3	$2,438.82		$3,138.27	
Family	3	$3,902.11		$5,021.22	
Total Monthly Premium	**48**	**$73,359**		**$94,399**	
Total Annual Premium		**$880,311**		**$1,132,787**	
$ Increase		**N/A**		**$252,476**	
% Increase		**N/A**		**28.7%**	

Town of Lake Park

Medical/Rx Admin & Stop Loss Evaluation

Effective Date: October 1, 2026

		2026-2027
Administration		**Cigna Q3P1**
Administration		**Level Funding**
Medical Network		Cigna OAP
Surplus Share		50%
Administration Fees		
Employee Only	40	$96.54
Employee + Spouse	2	$220.12
Employee + Child(ren)	3	$193.09
Employee + Family	3	$308.93
Monthly Cost	**48**	**$5,808**
Stop Loss		
Individual Stop Loss		
Specific Deductible		$50,000
Employee Only	40	$461.53
Employee + Spouse	2	$1,052.29
Employee + Child(ren)	3	$923.06
Employee + Family	3	$1,476.89
Monthly Cost		**$27,766**
Aggregate Stop Loss		
Employee Only	40	$43.38
Employee + Spouse	2	$98.92
Employee + Child(ren)	3	$86.77
Employee + Family	3	$138.83
Monthly Cost		**$2,610**
Total Monthly Fixed Costs	**48**	**$36,183**
Total Annual Fixed Costs		**$434,200**
$ Increase / $ Decrease		**-**
% Increase / % Decrease		**-**
Claims Funding		
Corridor Factor		**120%**
Employee Only	40	$967.68
Employee + Spouse	2	$2,206.30
Employee + Child(ren)	3	$1,935.35
Employee + Family	3	$3,096.57
Monthly Cost		**$58,216**
Total Monthly Liability Costs	**48**	**$58,216**
Total Annual Liability Costs		**$698,587**
$ Increase / $ Decrease		**-**
% Increase / % Decrease		**-**
Total Costs		
Fixed Costs + Claims		
Employee Only	40	$1,569.13
Employee + Spouse	2	$3,577.63
Employee + Child(ren)	3	$3,138.27
Employee + Family	3	$5,021.22
Monthly Cost		**$94,399**
Total Monthly Max Liability Cost	**48**	**$94,399**
Total Annual Max Liability Cost		**$1,132,787**
$ Increase / $ Decrease		**$252,476**
% Increase / % Decrease		**28.7%**

Town of Lake Park
Dental Insurance Renewal Evaluation
Effective Date: October 1, 2026

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		CURRENT		RENEWAL	
DENTAL SCHEDULE OF BENEFITS		**Cigna**		**Cigna**	
Network		**DPPO Progressive Plan**		**DPPO Progressive Plan**	
Plan Basics		***In-Network***	***Non-Network***	***In-Network***	***Non-Network***
Calendar Year Maximum		Year 1: $1,500	Year 2: $1,600	Year 1: $1,500	Year 2: $1,600
		Year 3: $1,700	Year 4: $1,800	Year 3: $1,700	Year 4: $1,800
Annual Deductible					
Single		$25	$50	$25	$50
Family		$75	$150	$75	$150
Deductible Waived for Preventive Services		Yes	Yes	Yes	Yes
Benefits					
Preventive		100%	100%	100%	100%
Basic		95%	80%	95%	80%
Major		50%	50%	50%	50%
Orthodontia (up to age 19)		50%	50%	50%	50%
Implants		50%	50%	50%	50%
Service Information					
Out of Network Benefits Payable Level		90th Percentile		90th Percentile	
Waiting Period for Major Services (Timely Entrants)		None		None	
Endodontics/Periodontics Payable Level		Basic		Basic	
Orthodontic Lifetime Maximum		$1,000		$1,000	
Rate Guarantee Expiration Date		**Expires 9/30/2026**		**Expires 9/30/2028**	
Monthly Rates	**Enroll**				
Employee	42	$37.63		$38.76	
Employee + Family	12	$116.50		$120.00	
Monthly Premium	**54**	**$2,978**		**$3,068**	
Annual Premium		**$35,742**		**$36,815**	
$ Increase		**N/A**		**$1,074**	
% Increase		**N/A**		**3.0%**	

Town of Lake Park
Vision Insurance Renewal Evaluation
Effective Date: October 1, 2026

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		CURRENT/RENEWAL	
VISION SCHEDULE OF BENEFITS		**Humana Plan 130 (EyeMed/Insight Network)**	
Frequency		***In Network***	***Out of Network***
Exam Copay		12 months	
Lenses		12 months	
Frames		24 months	
Exams		**Copay**	**Reimbursement**
Eye Exam		$10	Up to $30
Retinal Imaging		Up to $39	Not Covered
Contact Lens Exams (Fit & Follow Up)			
Standard Contact Lens		Up to $40	Not Covered
Lenses and Frames			
Single Lenses		$15	Up to $25
Bifocal Lenses		$15	Up to $40
Trifocal Lenses		$15	Up to $60
Contact Lenses (Elective)		Up to $130, 15% discount over $130	Up to $104
Contact Lenses (Disposable)		Up to $130	Up to $104
Contact Lenses (Medically Necessary)		No Charge	Up to $200
Frames		Up to $130, 20% discount over $130	Up to $65
Diabetic Eye Care			
Eye Exam		$0	Up to $77
Retinal Imaging		$0	Up to $50
Extended Ophthalmoscopy		$0	Up to $15
Gonioscopy		$0	Up to $15
Scanning Laser		$0	Up to $33
Rate Guarantee		**Expires 9/30/2027**	
Monthly Rates	**Enroll**		
Employee	40	$4.59	
Employee + Spouse	9	$9.19	
Employee + Child(ren)	3	$8.73	
Employee + Family	5	$13.72	
Monthly Premium	**57**	**$361**	
Annual Premium		**$4,333**	
$ Increase		**N/A**	
% Increase		**N/A**	

Town of Lake Park
Basic Life with AD&D Insurance Renewal Evaluation
Effective Date: October 1, 2026

	CURRENT/RENEWAL
Basic Life / AD&D	**The Hartford**
Class Description	
Eligibility	All Active Full time Employees Working at least 30 hours per week
Full Time Employees	1 x annual salary to a maximum of $50,000
Features	
Waiver of Premium	Included
Conversion Privilege	Included
Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75
Accelerated Death Benefit	80% up to $500,000
Rate Guarantee	**Expires 9/30/2027**
Basic Life Rate / $1,000	$0.185
AD&D Rate / $1,000	$0.018
Total Life and AD&D Rate	**$0.203**
Estimated Volume	**$2,985,500**
Monthly Premium	**$606**
Annual Premium	**$7,273**
$ Increase	**N/A**
% Increase	**N/A**

Town of Lake Park
Supplemental Life Insurance Renewal Evaluation
Effective Date: October 1, 2026

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	CURRENT/RENEWAL
Supplemental Life	**The Hartford**
Core Benefit	
All Active Full time Employees Working at least 30 hours per week	3X Annual Salary to $300,000 $10,000 Increments
All Eligible Spouses	$5,000 increments to $150,000 (Cannot exceed 50% of the employee amount)
All Eligible Child(ren)	Birth - age 26: $10,000
Features	
Guarantee Issue Employee	$100,000
Guarantee Amount Spouse	$30,000
Employee Age Reduction Schedule (Reduces to)	65% at age 65 50% at age 70 25% at age 75
Waiver of Premium	Included
Portability Option	Included
Conversion Option	Included
Rate Guarantee Period	**Expires 9/30/2027**
Rates per $1,000	**AD&D Included in Rate**
Under Age 20	$0.101
Age 20-24	$0.101
Age 25-29	$0.101
Age 30 - 34	$0.121
Age 35 - 39	$0.151
Age 40 - 44	$0.231
Age 45 - 49	$0.351
Age 50 - 54	$0.561
Age 55 - 59	$0.841
Age 60 - 64	$1.161
Age 65 - 69	$1.901
Age 70 - 74	$3.151
Age 75-79	$5.981
Age 80+	$5.981
Child(ren)	$0.135
AD&D (EE,Spouse,Child)	$0.031

Town of Lake Park
Short Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2026

	CURRENT/RENEWAL
SHORT-TERM DISABILITY	**The Hartford**
Benefits	
Eligible Employees	All Active Full time Employees Working at least 30 hours per week
Benefit Percent	70% of weekly earnings
Maximum Benefit per Week	$1,200
Elimination Period	
Accident Waiting Period	14 Days
Illness Waiting Period	14 Days
Benefit Duration	11 weeks
Rate Guarantee	**Expires 9/30/2027**
Benefits Volume	**$51,895**
Rate per $10	**$0.150**
Monthly Premium	**$778**
Annual Premium	**$9,341**
$ Increase	**N/A**
% Increase	**N/A**

Town of Lake Park
Long Term Disability Insurance Renewal Evaluation
Effective Date: October 1, 2026

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	CURRENT/RENEWAL
Long Term Disability	**The Hartford**
Benefits	
Eligible Employees	All Active Full time Employees Working at least 30 hours per week
All Eligible Employees	60% of covered monthly earnings
Elimination Period	90 Days
Own Occupation Period	24 Months
Duration of Benefit	ADEA 1 with SSNRA
Maximum Monthly Benefit	$5,000
Mental Health & Substance Abuse Limitation	24 Months
Pre-Existing Condition Limitation	3/12
Rate Guarantee Period	**Expires 9/30/2027**
LTD Rate / $100	**$0.320**
Estimated Volume	**$332,860**
Monthly Premium	**$1,065**
Annual Premium	**$12,782**
$ Increase	**N/A**
% Increase	**N/A**

EAP: Ability Assist Program Included with LTD

Lake Park

Renewal Evaluation - COBRA Administration

Effective Date: October 1, 2026

Schedule of Benefits		UpSwing
Implementation Fee		$0
Annual Renewal Fee		$0
Provide Initial Notices to new hires		Included
Provide Initial Notices to All Active Employees *Optional Service / One Time Event*		$2.25 per notice
Issuance of Qualifying Event Notices		Included
Premium Collections and Monthly Invoicing		Included
Participant Monthly Payment Options		ACH, Credit Card, Check
Notifiying Carrier of Elections & COBRA cancellations		Included
Healthcare Marketplace education		N/A
Open Enrollment Kits - *Optional Service*		$25 per packet
Web Administration		Reporting on portal
Eligibility Reporting		Included on portal
Technology Integration (Employee Nav)		No fee
Monthly Rate	**Lives**	**Min $40**
Per employee per month	48	$0.75
Monthly Premium		**$36.00**
Annual Premium		**$480**
$ Increase / Decrease		**$480**

Town of Lake Park
Executive Cost Summary - Based on 24 Deductions (except FSA - 26)
Effective Date: October 1, 2026

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		CURRENT				RENEWAL				RENEWAL		
Medical		**2025-2026 FMIT/UHC - Plan 14**				**2026-2027 Cigna - Plan Q3P1**				**2026-2027 Per Pay (24)**		
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer***	**Employee***	**EE Chg. Amt**
Employee Only	40	$1,219.40	$1,219.40	100%	$0.00	$1,569.13	$1,569.13	100%	$0.00	$784.00	$0.00	$0.00
Employee + Spouse	2	$2,780.25	$1,999.83	72%	$780.42	$3,577.63	$2,573.38	72%	$1,004.25	$1,286.69	$502.13	$111.92
Employee + Child(ren)	3	$2,438.82	$1,829.11	75%	$609.71	$3,138.27	$2,353.70	75%	$784.57	$1,176.85	$392.29	$87.44
Employee + Family	3	$3,902.11	$2,560.76	66%	$1,341.35	$5,021.22	$3,295.18	66%	$1,726.04	$1,647.59	$863.02	$192.35
MONTHLY PREMIUM	**48**	**$73,359**	**$65,945**		**$7,414**	**$94,399**	**$84,859**		**$9,540**			
ANNUAL PREMIUM		**$880,311**	**$791,343**	**90%**	**$88,968**	**$1,132,787**	**$1,018,303**	**90%**	**$114,484**			
$ CHANGE		-	-		-	**$252,476**	**$226,960**		**$25,516**			
% CHANGE		-	-		-	**28.7%**	**28.7%**		**28.7%**			
Dental		**Cigna**				**Cigna**				**Per Pay (24)**		
DPPO		**Total**	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer***	**Employee***	**EE Chg. Amt**
Employee Only	42	$37.63	$37.63	100%	$0.00	$38.76	$38.76	100%	$0.00	$19.38	$0.00	$0.00
Employee + Family	12	$116.50	$37.63	32%	$78.87	$120.00	$38.76	32%	$81.24	$19.38	$40.62	$4.22
MONTHLY COST	**54**	**$2,978**	**$2,032**		**$946**	**$3,068**	**$2,093**		**$975**			
ANNUAL COST		**$35,742**	**$24,384**	**68%**	**$11,357**	**$36,815**	**$25,116**	**68%**	**$11,699**			
$ CHANGE		-	-		-	**$1,074**	**$732**		**$341**			
% CHANGE		-	-		-	**3.0%**	**3.0%**		**3.0%**			
Vision		**Humana**				**Humana**				**Per Pay (24)**		
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**	**Employer***	**Employee***	**EE Chg. Amt**
Employee Only	40	$4.59	$4.59	100%	$0.00	$4.59	$4.59	100%	$0.00	$2.30	$0.00	$0.00
Employee + Spouse	9	$9.19	$4.59	50%	$4.60	$9.19	$4.59	50%	$4.60	$2.30	$2.30	$0.18
Employee + Child(ren)	3	$8.73	$4.59	53%	$4.14	$8.73	$4.59	53%	$4.14	$2.30	$2.07	$0.16
Employee + Family	5	$13.72	$4.59	33%	$9.13	$13.72	$4.59	33%	$9.13	$2.30	$4.57	$0.35
MONTHLY COST	**57**	**$361**	**$262**		**$99**	**$361**	**$262**		**$99**			
ANNUAL COST		**$4,333**	**$3,140**	**72%**	**$1,194**	**$4,333**	**$3,140**	**72%**	**$1,194**			
$ CHANGE		-	-		-	**$0**	**$0**		**$0**			
% CHANGE		-	-		-	**0.0%**	**0.0%**		**0.0%**			
Basic Life and AD&D		**Hartford**				**Hartford**						
		Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume		$2,985,500	$2,985,500		$0	$2,985,500	$2,985,500		$0.00	-	-	-
Life		$0.185	$0.185	100%	$0.00	$0.185	$0.185	100%	$0.00	-	-	-
AD&D		$0.018	$0.018	100%	$0.00	$0.018	$0.018	100%	$0.00	-	-	-
MONTHLY COST		**$606**	**$606**		**$0**	**$606**	**$606**		**$0**			
ANNUAL COST		**$7,273**	**$7,273**		**$0**	**$7,273**	**$7,273**		**$0**			
$ CHANGE		-	-		-	**$0**	**$0**		**$0**			
% CHANGE		-	-		-	**0.0%**	**0.0%**		**0.0%**			

Town of Lake Park
Executive Cost Summary - Based on 24 Deductions (except FSA - 26)
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

	CURRENT				RENEWAL				RENEWAL		
Short Term Disability	**2025-2026 Hartford**				**2026-2027 Hartford**				**2026-2027**		
	Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume	$51,895	$51,895		$0	$51,895	$51,895		$0	-	-	-
LTD	$0.150	$0.150	100%	$0.00	$0.150	$0.150	100%	$0.00	-	-	-
MONTHLY COST	**$778**	**$778**		**$0**	**$778**	**$778**		**$0**			
ANNUAL COST	**$9,341**	**$9,341**		**$0**	**$9,341**	**$9,341**		**$0**			
$ CHANGE	-	-		-	**$0**	**$0**		**$0**			
% CHANGE	-	-		-	**0.0%**	**0.0%**		**0.0%**			
Long-Term Disability	**Hartford**				**Hartford**						
	Total	**Employer**	**ER %**	**Employee**	**Total**	**Employer**	**ER %**	**Employee**			
Benefits Volume	$332,860	$332,860		$0.00	$332,860	$332,860		$0.00	-	-	-
LTD	$0.320	$0.320	100%	$0.00	$0.320	$0.320	100%	$0.00	-	-	-
MONTHLY COST	**$1,065**	**$1,065**		**$0**	**$1,065**	**$1,065**		**$0**			
ANNUAL COST	**$12,782**	**$12,782**		**$0**	**$12,782**	**$12,782**		**$0**			
$ CHANGE	-	-		-	**$0**	**$0**		**$0**			
% CHANGE	-	-		-	**0.0%**	**0.0%**		**0.0%**			
SUMMARY	**Total**	**Employer**		**Employee**	**Total**	**Employer**		**Employee**			
TOTAL MONTHLY PREMIUM	**$79,148**	**$70,689**	**89%**	**$8,460**	**$100,278**	**$89,663**	**89%**	**$10,615**			
TOTAL ANNUAL PREMIUM	**$949,782**	**$848,262**		**$101,519**	**$1,203,331**	**$1,075,955**		**$127,376**			
$ CHANGE	-	-		-	**$253,549**	**$227,693**		**$25,857**			
% CHANGE	-	-		-	**26.7%**	**26.8%**		**25.5%**			

**Medical, Dental, Vision, Voluntary Life have 24 payroll deductions. FSA has 26 deductions.*