September 8, 2025



# Recommendations



| \$4,250<br>\$8,500<br>\$9,300<br>\$18,600 | \$1,000<br>\$5,500<br>\$11,000   | Florida Blue - BlueCare 16253 In Network Only \$4,250 \$8,500 0%   | 2025-2026  Florida Blue - BlueCare 14256  In Network Only  \$1,000 \$3,000 20%   |
|---|--|--|--|
| \$4,250<br>\$8,500<br>0%                  | \$1,000<br>\$3,000<br>\$5,500  | \$4,250<br>\$8,500   | \$1,000<br>\$3,000   |
| \$4,250<br>\$8,500<br>0%<br>\$9,300       | \$1,000<br>\$3,000<br>20%<br>\$5,500   | \$4,250<br>\$8,500   | \$1,000<br>\$3,000   |
| \$8,500<br>0%<br>\$9,300                  | \$3,000<br>20%<br>\$5,500  | \$8,500  | \$3,000  |
| \$8,500<br>0%<br>\$9,300                  | \$3,000<br>20%<br>\$5,500  | \$8,500  | \$3,000  |
| \$9,300                                   | \$5,500  | . ,  |  |
| \$9,300                                   | \$5,500  | 0%   | 20%  |
|   |  |  |  |
|   |  |  |  |
| \$18,600                                  | \$11,000   | \$9,200  | \$5,500  |
|   | 711,000  | \$18,400   | \$11,000   |
|   |  |  |  |
| \$25                                      | \$20   | \$35   | \$20   |
| \$55                                      | \$45   | \$65   | \$45   |
| No Charge                                 | No Charge  | No Charge  | No Charge  |
| \$55                                      | \$25   | \$55   | \$25   |
| \$350                                     | \$250  | \$550  | \$350  |
| \$400                                     | \$200  | \$400  | \$200  |
| \$150                                     | \$100  | \$150  | \$150  |
| \$60                                      | \$50   | \$60   | \$50   |
|   |  |  |  |
| CYD + \$1.000/adm                         | CYD + \$500/adm  | CYD + \$1.000/adm  | CYD + \$500/adm  |
|   |  |  | \$450  |
| ·   |  | ·  | \$150  |
| ·   |  | ·  | \$600  |
| C15 : \$300                               | <b>\$300</b>   | C15 · \$300  | <b>4000</b>  |
| No Chargo                                 | No Chargo  | No Chargo  | No Charge  |
| _   |  | _  | No Charge  |
| No Charge                                 | NO Charge  | No charge  | No Charge  |
| 40 /44 /445                               | 40 /64 / 645   | 60 / 64 / 645  | 40 /44 / 445   |
|   |  |  | \$0 /\$4 / \$15  |
|   |  |  | \$30 / \$60  |
|   |  |  | \$100  |
|   |  |  | N/A  |
| \$300                                     | \$200  | \$300  | \$200  |
|   | 2x Retail  | 2x Retail  | 2x Retail  |
| 21  |  |  |  |
| 22 \$769.07                               | \$886.83   | \$839.30   | \$967.42   |
| 0 \$1,538.13                              | \$1,773.67   | \$1,678.59   | \$1,934.84   |
| 0 \$1,422.77                              | \$1,640.64   | \$1,552.70   | \$1,789.73   |
| 0 \$2,191.84                              | \$2,527.48   | \$2,392.00   | \$2,757.15   |
|   |  |  | \$21,283<br>\$255,399  |
| \$25                                      | 2,581  | \$275  | 5,542  |
|   |  |  | ,961<br>1%   |
|   | No Charge \$55 \$350 \$400 \$150 \$60  CYD + \$1,000/adm \$500 \$150 CYD + \$300  No Charge No Charge No Charge No Charge 20 \$30 / \$4 / \$15 \$30 / \$75 \$150 N/A \$300 2x Retail 21 22 \$769.07 0 \$1,538.13 0 \$1,422.77 0 \$2,191.84 22 \$1,538 \$18,458 | No Charge \$55 \$25 \$25 \$350 \$250 \$350 \$2200 \$150 \$100 \$60 \$50 \$50 \$250 \$350 \$350 \$350 \$350 \$350 \$150 \$100 \$500 \$350 \$150 \$100 \$500 \$350 \$350 \$150 \$100 \$500 \$350 \$350 \$350 \$350 \$350 \$350 \$3 | No Charge         No Charge         No Charge           \$55         \$25         \$55           \$400         \$200         \$400           \$150         \$100         \$150           \$60         \$50         \$60           CYD + \$1,000/adm         CYD + \$500/adm         CYD + \$1,000/adm           \$500         \$350         \$650           \$150         \$100         \$150           \$150         \$500         \$750           \$150         \$100         \$150           No Charge         No Charge         No Charge           No Charge         No Charge         No Charge           No Charge         No Charge         No Charge           \$0 / \$4 / \$15         \$0 / \$4 / \$15         \$0 / \$4 / \$15           \$30 / \$75         \$30 / \$60         \$30 / \$75           \$150         \$100         \$150           N/A         N/A         N/A           \$300         \$200         \$300           2x Retail         2x Retail         2x Retail           22         \$769.07         \$886.83         \$839.30           0         \$1,538.13         \$1,773.67         \$1,678.59           0         \$2,191.84 |

<sup>1</sup>Lives from July Invoice

**Effective Date: October 1, 2025** 



#### **RECOMMENDATION**

| Negotiated Renewal 2025-2026 |  |
|------------------------------|--|
| Humana                       |  |
| ut of Network                |  |
| Unlimited                    |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| 100%                         |  |
| 100%                         |  |
| 100%                         |  |
| 100%                         |  |
| 100%                         |  |
| 2004                         |  |
| 80%                          |  |
| 80%                          |  |
|                              |  |
| 50%                          |  |
| 50%                          |  |
| 50%                          |  |
| 50%                          |  |
| 50%                          |  |
| N/A                          |  |
|                              |  |
| 50% up to \$2,000            |  |
|                              |  |
| Fee Schedule                 |  |
|                              |  |
| 26                           |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |

<sup>1</sup> Lives from July Invoice

\*Original Renewal: 13.9%

**Effective Date: October 1, 2025** 



#### **RECOMMENDATION**

| ,                                     |         | Current 2024-2025              | Renewal 2025-2026              |
|---------------------------------------|---------|--------------------------------|--------------------------------|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | Humana<br>Dental Prepaid HS210 |
| Plan Basics                           | Code    | In Network Only                | In Network Only                |
| Office Visit                          | D9430   | \$10                           | \$10                           |
| Periodic Exam                         | D0120   | \$0                            | \$0                            |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                            |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$0                            |
| Restorative Services (Fillings)       |         |                                |                                |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$20                           |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$35                           |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | \$30                           |
| Crowns                                |         |                                |                                |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$350                          |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$350                          |
| Endodontics (Root Canal Services)     |         |                                |                                |
| Anterior                              | D3310   | \$135                          | \$135                          |
| Bicuspid                              | D3320   | \$240                          | \$240                          |
| Molar                                 | D3330   | \$310                          | \$310                          |
| Periodontics                          |         |                                |                                |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$135                          |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$70                           |
| Extraction Services (Oral Surgery)    |         |                                |                                |
| Single Tooth                          | D7111   | \$0                            | \$0                            |
| Partial Bony Impaction                | D7230   | \$85                           | \$85                           |
| Complete Bony Impaction               | D7240   | \$105                          | \$105                          |
| Orthodontia                           |         |                                |                                |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$2,195                        |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$2,195                        |
| Required Participation                |         | Current                        | Current                        |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026              |
| Rates                                 | Lives 1 |                                |                                |
| Employee                              | 5       | \$12.95                        | \$12.95                        |
| Employee + Spouse                     | 1       | \$25.91                        | \$25.91                        |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$29.14                        |
| Employee + Family                     | 1       | \$46.89                        | \$46.89                        |
| Monthly Premium                       | 8       | \$167                          | \$167                          |
| Annual Premium                        |         | \$2,000                        | \$2,000                        |
| \$ Increase / (Decrease)              |         |                                |                                |
| % Increase / (Decrease)               |         | N/A                            | \$0                            |
| /o micrease / (Decrease)              |         | N/A                            | 0.0%                           |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

#### **RFP Evaluation - Vision**

RISK GROUP

A RISK STRATEGIES COMPANY

**Effective Date: October 1, 2025** 

#### RECOMMENDATION

**Current 2024-2025** Renewal 2025-2026 **SCHEDULE OF BENEFITS Humana - Vision 200 Humana - Vision 200 Examination** In-Network **Out-of-Network** In-Network **Out-of-Network** \$0 \$0 Eye Exam Copay Up to \$30 Up to \$30 \$0 \$0 Materials Copay Varies Varies **Retinal Imaging** Up to \$39 Not Covered Up to \$39 Not Covered Frequency Examination Every 12 months Every 12 months Lenses or Contact Lenses Every 12 months Every 12 months Frames Every 24 months Every 24 months Lenses \$0 \$0 Single Up to \$25 Up to \$25 \$0 **Bifocal** \$0 Up to \$40 Up to \$40 Trifocal \$0 Up to \$60 \$0 Up to \$60 Lenticular \$0 Up to \$100 \$0 Up to \$100 Standard Progressive \$0 Up to \$40 \$0 Up to \$40 **Frames** Up to \$200 + 20% off Up to \$200 + 20% off Retail Allowance Up to \$100 Up to \$100 retail retail **Contacts Lenses** Up to \$200 + 15% off Up to \$200 + 15% off Elective Up to \$160 Up to \$160 retail retail Non-Elective (Medically Necessary) \$0 Up to \$210 \$0 Up to \$210 Fitting and Evaluation (Standard) \$0 Up to \$30 \$0 Up to \$30 Expires 9/30/2026 Expires 9/30/2026 Rate Guarantee Lives 1 **Monthly Rates** \$9.83 \$9.83 **Employee** 8 **Employee + Spouse** 3 \$19.66 \$19.66 \$18.68 \$18.68 Employee + Child(ren) 3 **Employee + Family** 3 \$29.36 \$29.36 **Monthly Premium** 17 \$282 \$282 **Annual Premium** \$3,381 \$3,381 \$ Increase /(Decrease) N/A \$0 N/A 0.0% % Increase /(Decrease)

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### City of Pahokee RFP Evaluation - Basic Life and AD&D



**Effective Date: October 1, 2025** 

### **RECOMMENDATION**

Current 2024-2025 Negotiated Renewal 2025-2026

|                                  |            | Current 2024-2025   | Negotiated Renewal 2025-2026  |
|----------------------------------|------------|---|---|
| Schedule of Benefits             |            | Humana  | Humana  |
| Life and AD&D Benefit            |            |   |   |
| Eligibility                      |            | All active employees working 30 hours/week  | All active employees working 30 hours/week  |
| Basic Term Life                  |            | \$25,000  | \$25,000  |
| Basic AD&D                       | Basic AD&D |   | Equal to Life Benefit   |
| Features                         |            |   |   |
| Portability/Conversion Privilege |            | No/Yes  | No/Yes  |
| Waiver of Premium                |            | Included  | Included  |
| Age Reduction (Reduces By)       |            | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 |
| Accelerated Death Benefit        |            | 50% of the Basic Life Benefit   | 50% of the Basic Life Benefit   |
| Rate Guarantee                   |            | Expires 9/30/2025   | Expires 9/30/2026   |
| Rates                            | Lives*     |   |   |
| Volume                           | 27         | \$666,300   | \$666,300   |
| Basic Term Life Rate / \$1,000   |            | \$0.310   | \$0.310   |
| AD&D Rate / \$1,000              |            | \$0.030   | \$0.030   |
| Total Life AD&D Rate / \$1,000   |            | \$0.340   | \$0.340   |
| Monthly Premium                  |            | \$227   | \$227   |
| Annual Premium                   |            | \$2,719   | \$2,719   |
| \$ Increase /(Decrease)          |            | N/A   | \$0   |
| % Increase /(Decrease)           |            | N/A   | 0.0%  |
|                                  |            |   |   |

**Effective Date: October 1, 2025** 



### **RECOMMENDATION**

| Effective Date: October 1, 2025   | Current 2   | 2024-2025   | Renewal 2025-2026   |   |  |
|---|---|---|---|---|--|
| Schedule of Benefits  |   | nana  | Hum   |   |  |
| Eligibility   |   | mployees working 30<br>/week  | All active Full Time en   | mployees working 30<br>/week  |  |
| Employee  |   | 000 to the lesser of<br>or 7x salary  | Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary   |   |  |
| Guarantee Issue   | \$75  | ,000  | \$75,   | .000  |  |
| Spouse  | Increments of \$1,0   | 000 up to \$500,000   | Increments of \$1,0   | 00 up to \$500,000  |  |
| Guarantee Issue   | \$35  | ,000  | \$35,   | 000   |  |
| Child   | 15 days - 6 months: \$500,<br>6 months and older: \$10,000  |   | 15 days - 6 months: \$500,<br>6 months and older: \$10,000  |   |  |
| Guarantee Issue   | \$10  | ,000  | \$10,   | .000  |  |
| AD&D Benefit  | 100% of Life Benefit  |   | 100% of Life Benefit  |   |  |
| Age Reduction (Reduces By)  | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85%   |   | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85%   |   |  |
| Portability/Conversion Option   | Yes   | /Yes  | Yes/Yes   |   |  |
| Annual Enrollment Option  |   | nay add or increase<br>up to \$25,000.  | At OE, employees may add or increase coverage by up to \$25,000.  |   |  |
| Minimum Participation   | Current Current   |   | ent   |   |  |
| Rate Guarantee  | Expires 9   | /30/2025  | Expires 9/30/2026   |   |  |
| Rates per \$1,000   | Employee  | Spouse (Based on Spouse age)  | Employee  | Spouse (Based on Spouse age)  |  |
| <25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+ | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 |  |
| Child(ren) - per \$10,000<br>AD&D - Employee/Spouse   | \$2.0<br>\$0.   | 030   | \$2.000<br>\$0.030  |   |  |

### City of Pahokee Executive Summary Effective Date: October 1, 2025

## RISK GEHRING GROUP A RISK STRATEGIES COMPAN

#### RECOMMENDATION

#### **Current 2024-2025**

### Renewal 2025-2026

|                         | Current 2024-2025 |            |                |               |            |            |                 | 11 2025-2020 |            |      |
|-------------------------|-------------------|------------|----------------|---------------|------------|------------|-----------------|--------------|------------|------|
|                         | Lives*            | Employee   | EE/Pay (24)    | Employer      | Total      | Employee   | EE/Pay (24)     | Employer     | Total      | ER%  |
| Medical HMO Plan 1      |                   |            | Florida Blue B | lueCare 16253 |            |            | Florida Blue Bl | ueCare 16253 |            |      |
| Employee Only           | 2                 | \$76.91    | \$38.45        | \$692.16      | \$769.07   | \$83.93    | \$41.97         | \$755.37     | \$839.30   | 90%  |
| Employee + Spouse       | 0                 | \$845.97   | \$422.98       | \$692.16      | \$1,538.13 | \$923.22   | \$461.61        | \$755.37     | \$1,678.59 | 45%  |
| Employee + Child(ren)   | 0                 | \$730.61   | \$365.30       | \$692.16      | \$1,422.77 | \$797.33   | \$398.67        | \$755.37     | \$1,552.70 | 49%  |
| Employee + Family       | 0                 | \$1,499.68 | \$749.84       | \$692.16      | \$2,191.84 | \$1,636.63 | \$818.32        | \$755.37     | \$2,392.00 | 32%  |
| Medical HMO Plan 2      |                   |            | Florida Blue B | lueCare 14256 |            |            | Florida Blue Bl | ueCare 14256 |            |      |
| Employee Only           | 22                | \$88.68    | \$44.34        | \$798.15      | \$886.83   | \$96.74    | \$48.37         | \$870.68     | \$967.42   | 90%  |
| Employee + Spouse       | 0                 | \$975.52   | \$487.76       | \$798.15      | \$1,773.67 | \$1,064.16 | \$532.08        | \$870.68     | \$1,934.84 | 45%  |
| Employee + Child(ren)   | 0                 | \$842.49   | \$421.25       | \$798.15      | \$1,640.64 | \$919.05   | \$459.53        | \$870.68     | \$1,789.73 | 49%  |
| Employee + Family       | 0                 | \$1,729.33 | \$864.67       | \$798.15      | \$2,527.48 | \$1,886.47 | \$943.24        | \$870.68     | \$2,757.15 | 32%  |
| Annual Total            | 24                | \$25,257   |                | \$227,323     | \$252,581  | \$27,554   |                 | \$247,988    | \$275,542  |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$2,296    |                 | \$20,665     | \$22,961   |      |
| % Increase/Decrease     |                   |            |                |               |            | 9.1%       |                 | 9.1%         | 9.1%       |      |
| Dental HMO              |                   |            | Hum            | nana          |            |            | Hum             | ana          |            |      |
| Employee Only           | 5                 | \$6.47     | \$3.24         | \$6.48        | \$12.95    | \$6.47     | \$3.24          | \$6.48       | \$12.95    | 50%  |
| Employee + Spouse       | 1                 | \$19.43    | \$9.72         | \$6.48        | \$25.91    | \$19.43    | \$9.72          | \$6.48       | \$25.91    | 25%  |
| Employee + Child(ren)   | 1                 | \$22.66    | \$11.33        | \$6.48        | \$29.14    | \$22.66    | \$11.33         | \$6.48       | \$29.14    | 22%  |
| Employee + Family       | 1                 | \$40.41    | \$20.21        | \$6.48        | \$46.89    | \$40.41    | \$20.21         | \$6.48       | \$46.89    | 14%  |
| Dental PPO              |                   |            | Hum            | nana          |            |            | Hum             | ana          |            |      |
| Employee Only           | 10                | \$28.36    | \$14.18        | \$6.48        | \$34.84    | \$32.62    | \$16.31         | \$6.48       | \$39.10    | 17%  |
| Employee + Spouse       | 1                 | \$63.19    | \$31.60        | \$6.48        | \$69.67    | \$71.72    | \$35.86         | \$6.48       | \$78.20    | 8%   |
| Employee + Child(ren)   | 1                 | \$94.55    | \$47.28        | \$6.48        | \$101.03   | \$105.43   | \$52.72         | \$6.48       | \$111.91   | 6%   |
| Employee + Family       | 2                 | \$132.64   | \$66.32        | \$6.48        | \$139.12   | \$147.78   | \$73.89         | \$6.48       | \$154.26   | 4%   |
| Annual Total            | 22                | \$9,858    |                | \$1,711       | \$11,568   | \$10,965   |                 | \$1,711      | \$12,676   |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$1,107    |                 | \$0          | \$1,107    |      |
| % Increase/Decrease     |                   |            |                |               |            | 11.2%      |                 | 0.0%         | 9.6%       |      |
| Vision                  |                   |            | Hum            | nana          |            |            | Hum             | ana          |            |      |
| Employee Only           | 8                 | \$9.83     | \$4.92         | \$0.00        | \$9.83     | \$9.83     | \$4.92          | \$0.00       | \$9.83     | 0%   |
| Employee + Spouse       | 3                 | \$19.66    | \$9.83         | \$0.00        | \$19.66    | \$19.66    | \$9.83          | \$0.00       | \$19.66    | 0%   |
| Employee + Child(ren)   | 3                 | \$18.68    | \$9.34         | \$0.00        | \$18.68    | \$18.68    | \$9.34          | \$0.00       | \$18.68    | 0%   |
| Employee + Family       | 3                 | \$29.36    | \$14.68        | \$0.00        | \$29.36    | \$29.36    | \$14.68         | \$0.00       | \$29.36    | 0%   |
| Annual Total            | 17                | \$3,381    |                | \$0           | \$3,381    | \$3,381    |                 | \$0          | \$3,381    |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$0        |                 | \$0          | \$0        |      |
| % Increase/Decrease     |                   |            |                |               |            | 0.0%       |                 | 0.0%         | 0.0%       |      |
| Basic Life and AD&D     |                   |            | Hum            | nana          |            |            | Hum             | ana          |            |      |
| Estimated Volume        |                   | N/A        | N/A            | \$666,300     | \$666,300  | N/A        | N/A             | \$666,300    | \$666,300  | 100% |
| Basic Life Rate/\$1,000 |                   | \$0.000    | \$0.000        | \$0.310       | \$0.310    | \$0.000    | \$0.000         | \$0.310      | \$0.310    | 100% |
| AD&D Rate/\$1,000       |                   | \$0.000    | \$0.000        | \$0.030       | \$0.030    | \$0.000    | \$0.000         | \$0.030      | \$0.030    | 100% |
| Total Rate/\$1,000      |                   | \$0.000    | \$0.000        | \$0.340       | \$0.340    | \$0.000    | \$0.000         | \$0.340      | \$0.340    | 100% |
| Annual Total            | 27                | \$0        |                | \$2,719       | \$2,719    | \$0        |                 | \$2,719      | \$2,719    |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$0        |                 | \$0          | \$0        |      |
| % Increase/Decrease     |                   |            |                |               |            | 0.0%       |                 | 0.0%         | 0.0%       |      |
| Voluntary Life and AD&I | )                 |            | Hum            | nana          |            |            | Hum             | ana          |            |      |
| Voluntary Life Rate     |                   |            | Age Band       | led Rates     |            |            | Age Band        | ed Rates     |            | 0%   |
| Annual Total            |                   | \$4,788    |                | <b>\$0</b>    | \$4,788    | \$4,788    |                 | \$0          | \$4,788    |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$0        |                 | \$0          | \$0        |      |
| % Increase/Decrease     |                   |            |                |               |            | 0.0%       |                 | 0.0%         | 0.0%       |      |
| COMBINED ANNUAL TO      | TAL               | \$43,284   | N/A            | \$231,753     | \$275,037  | \$46,688   | N/A             | \$252,418    | \$299,105  |      |
| \$ Increase/Decrease    |                   |            |                |               |            | \$3,404    |                 | \$20,665     | \$24,069   |      |
| % Increase/Decrease     |                   |            |                |               |            | 7.9%       |                 | 8.9%         | 8.8%       |      |
|                         |                   |            |                |               |            |            |                 |              |            |      |

<sup>\*</sup>Enrollment lives from July 2025 Invoices

## **Addendum**

#### Renewal & RFP Evaluation - Medical

Effective Date: October 1, 2025



| chedule of Benefits                      | Florida Blue -      | Florida Blue -     | Elevisia Dive                     |                                  |
|--|---------------------|--------------------|-----------------------------------|----------------------------------|
|  | BlueCare 16253      | BlueCare 14256     | Florida Blue -<br>BlueCare 24301  | Florida Blue -<br>BlueCare 14353 |
|  | In Network Only     | In Network Only    | In Network Only                   | In Network Only                  |
| eductible (Calendar Year - CYD)          |                     |                    |                                   |                                  |
| Single                                   | \$4,250             | \$1,000            | \$5,000                           | \$2,000                          |
| Family                                   | \$8,500             | \$3,000            | \$10,000                          | \$4,000                          |
| Coinsurance                              | 0%                  | 20%                | 20%                               | 20%                              |
| laximum Out of Pocket (MOOP)             |                     |                    |                                   |                                  |
| Single                                   | \$9,300             | \$5,500            | \$9,100                           | \$5,000                          |
| Family                                   | \$18,600            | \$11,000           | \$18,200                          | \$10,000                         |
| on-Hospital Services                     |                     |                    |                                   |                                  |
| Physician Office Visit                   | \$25                | \$20               | No Charge (Visits 1-3), then \$50 | \$35                             |
| Specialist Visit                         | \$55                | \$45               | \$85                              | \$60                             |
| Preventive Services (Wellness)           | No Charge           | No Charge          | No Charge                         | No Charge                        |
| Clinical Laboratory Services             | \$55                | \$25               | \$50                              | <b>\$50</b>                      |
| Advanced Imaging (MRI, PET, CT scans)    | \$350               | \$250              | 20% after CYD                     | 20% after CYD                    |
| Outpatient Surgery in Surgical Center    | \$400               | \$200              | 20% after CYD                     | 20%                              |
| Physician Services at Surgical Center    | \$150               | \$100              | 20% after CYD                     | \$100                            |
| Urgent Care Center                       | \$60                | \$50               | \$90                              | \$65                             |
|  | 300                 | ,300<br>           | 390                               | <b>303</b>                       |
| ospital Services                         | CVD + \$1,000/s day | CVD + 6500/- 4     | 200/ - 1                          | 200/                             |
| Inpatient Hospital                       | CYD + \$1,000/adm   | CYD + \$500/adm    | 20% after CYD                     | 20% after CYD                    |
| Outpatient Hospital                      | \$500               | \$350              | 20% after CYD                     | 20% after CYD                    |
| Physician Services at Hospital           | \$150               | \$100              | 20% after CYD                     | \$100                            |
| Emergency Room Visit                     | CYD + \$300         | \$500              | \$750                             | 20% after CYD                    |
| Iental Health / Substance Abuse Services |                     |                    |                                   |                                  |
| Inpatient Facility                       | No Charge           | No Charge          | No Charge                         | No Charge                        |
| Outpatient Services                      | No Charge           | No Charge          | No Charge                         | No Charge                        |
| rescription Drug Benefits                |                     |                    |                                   |                                  |
| Tier 1                                   | \$0 / \$4 / \$15    | \$0 /\$4 / \$15    | \$0 / \$4 / \$15                  | \$0/\$4/ <b>\$10</b>             |
| Tier 2                                   | \$30 / \$75         | \$30 / \$60        | \$20 / CYD + \$40                 | \$15 / \$30                      |
| Tier 3                                   | \$150               | \$100              | CYD + \$75                        | \$50                             |
| Tier 4                                   | N/A                 | N/A                | N/A                               | N/A                              |
| Tier 5 - Specialty                       | \$300               | \$200              | CYD + \$200                       | \$150                            |
| Mail Order (90 day supply)               | 2x Retail           | 2x Retail          | 2x Retail                         | 2x Retail                        |
| ates 1 2                                 | 1                   |                    |                                   |                                  |
| Employee Only 2 2:                       | 2 \$769.07          | \$886.83           | \$797.68                          | \$928.41                         |
| Employee + Spouse 0 0                    | \$1,538.13          | \$1,773.67         | \$1,595.35                        | \$1,856.81                       |
| Employee + Child(ren) 0 0                | \$1,422.77          | \$1,640.64         | \$1,475.70                        | \$1,717.55                       |
| Employee + Family 0 0                    | \$2,191.84          | \$2,527.48         | \$2,273.38                        | \$2,645.96                       |
| Ionthly Premium 2 2                      |                     | \$19,510           | \$1,595                           | \$20,425                         |
| nnual Premium 24 OTAL Premium            | \$18,458            | \$234,123<br>2,581 | \$19,144<br>\$264                 | \$245,100                        |

<sup>1</sup>Lives from July Invoice



| Effective Date: October 1, 202!                            |                                  | T 2024-2025                      | ALTERNATE #2*                           |   |  |
|--|----------------------------------|----------------------------------|---|---|--|
| Schedule of Benefits                                       | Florida Blue -<br>BlueCare 16253 | Florida Blue -<br>BlueCare 14256 | UnitedHealthcare -<br>NHP HMO DYZY NH2S | UnitedHealthcare -<br>NHP HMO DY1X NH2S |  |
|  | In Network Only                  | In Network Only                  | In Network Only                         | In Network Only                         |  |
| Deductible (Calendar Year - CYD)                           |                                  |                                  |   |   |  |
| Single   | \$4,250                          | \$1,000                          | \$5,000                                 | \$1,750                                 |  |
| Family   | \$8,500                          | \$3,000                          | \$10,000                                | \$3,500                                 |  |
| Coinsurance  | 0%                               | 20%                              | 50%                                     | 30%                                     |  |
| Maximum Out of Pocket (MOOP)                               |                                  |                                  |   |   |  |
| Single   | \$9,300                          | \$5,500                          | \$9,100                                 | \$5,250                                 |  |
| Family   | \$18,600                         | \$11,000                         | \$18,200                                | \$10,500                                |  |
| Non-Hospital Services                                      |                                  |                                  |   |   |  |
| Physician Office Visit                                     | \$25                             | \$20                             | \$50                                    | DDP: \$35 / NDDP: \$45                  |  |
| Specialist Visit   | \$55                             | \$45                             | \$75                                    | DDP: \$70 / NDDP: \$80                  |  |
| Preventive Services (Wellness)                             | No Charge                        | No Charge                        | No Charge                               | No Charge                               |  |
| Clinical Laboratory Services                               | \$55                             | \$25                             | \$50                                    | \$35                                    |  |
| Advanced Imaging (MRI, PET, CT scans)                      | \$350                            | \$250                            | DDP: <b>\$500</b> /                     | DDP: \$500 /                            |  |
| Outpatient Surgery in Surgical Center                      | \$400                            | \$200                            | Non-DDP: 50% after CYD 50% after CYD    | Non-DDP: 50% after CYD 30% after CYD    |  |
| Physician Services at Surgical Center                      | \$150                            | \$100                            | 50% after CYD                           | 30% after CYD                           |  |
| Urgent Care Center   | \$60                             | \$50                             | \$75                                    | \$75                                    |  |
|  | 300                              | \$50                             | \$75                                    | \$75                                    |  |
| Hospital Services  | CVD + \$1,000/s days             | CVD + 6500/- de-                 | 500/ -ft-:: CVD                         | 200/ - ft CVD                           |  |
| Inpatient Hospital   | CYD + \$1,000/adm                | CYD + \$500/adm                  | 50% after CYD                           | 30% after CYD                           |  |
| Outpatient Hospital  | \$500                            | \$350                            | 50% after CYD                           | 30% after CYD                           |  |
| Physician Services at Hospital                             | \$150                            | \$100                            | 50% after CYD                           | 30% after CYD                           |  |
| Emergency Room Visit                                       | CYD + \$300                      | \$500                            | 50% after CYD                           | \$750                                   |  |
| Mental Health / Substance Abuse Services                   |                                  |                                  |   |   |  |
| Inpatient Facility   | No Charge                        | No Charge                        | 50% after CYD                           | 30% after CYD                           |  |
| Outpatient Services  | No Charge                        | No Charge                        | OV: \$75 / Other: 50%                   | OV: \$70 / Other: CYD                   |  |
| Prescription Drug Benefits                                 |                                  |                                  |   |   |  |
| Tier 1   | \$0 / \$4 / \$15                 | \$0 /\$4 / \$15                  | \$10                                    | \$10                                    |  |
| Tier 2   | \$30 / \$75                      | \$30 / \$60                      | \$40                                    | \$40                                    |  |
| Tier 3   | \$150                            | \$100                            | \$140                                   | \$140                                   |  |
| Tier 4   | N/A                              | N/A                              | \$300                                   | \$300                                   |  |
| Tier 5 - Specialty   | \$300                            | \$200                            | \$10/\$40/\$140/\$500                   | \$10/\$40/\$140/\$500                   |  |
| Mail Order (90 day supply)                                 | 2x Retail                        | 2x Retail                        | 2.5x Retail                             | 2.5x Retail                             |  |
| Rates 1  | 21                               |                                  |   |   |  |
| Employee Only 2  | 22 \$769.07                      | \$886.83                         | \$842.43                                | \$961.50                                |  |
| Employee + Spouse 0  | 0 \$1,538.13                     | \$1,773.67                       | \$1,684.86                              | \$1,923.00                              |  |
| Employee + Child(ren) 0                                    | 0 \$1,422.77                     | \$1,640.64                       | \$1,558.50                              | \$1,778.78                              |  |
| Employee + Family 0  | 0 \$2,191.84                     | \$2,527.48                       | \$2,400.93                              | \$2,740.28                              |  |
| Monthly Premium 2  | 22 \$1,538                       | \$19,510                         | \$1,685                                 | \$21,153                                |  |
| Annual Premium 2 TOTAL Premium                             |                                  | \$234,123<br>52,581              | \$20,218<br>\$27                        | \$253,836<br>4,054                      |  |
| Annual \$ Increase/(Decrease) Annual % Increase/(Decrease) |                                  | N/A                              |   | .,474<br>5%                             |  |
| 1 ives from July Invoice                                   |                                  | N/A                              |   | o change hased on final enrollment      |  |

Effective Date: October 1, 2025



#### Current 2024-2025

|  | Curren           | Current 2024-2025 Alternate #1 |                    |                    |
|--|------------------|--------------------------------|--------------------|--------------------|
| SCHEDULE OF BENEFITS                         | Н                | umana                          | Guai               | rdian              |
|  | In Network       | Out of Network                 | In Network         | Out of Network     |
| Annual Benefit Maximum                       | Unlimited        | Unlimited                      | \$5,000 + Rollover | \$5,000 + Rollover |
| Do Class 1 services apply toward Annual Max? |                  | Yes                            | N                  | lo                 |
| Waiting Period(s)                            |                  | None                           | No                 | one                |
| Deductible                                   | Cale             | endar Year                     | Calend             | ar Year            |
| Single/Family                                | \$.              | 50/\$150                       | \$50/              | \$150              |
| Is deductible waived for Class 1 services?   |                  | Yes                            | Y                  | es                 |
| Class 1 Services: Preventive and Diagnostic  |                  |                                |                    |                    |
| Routine Oral Exam                            | 100%             | 100%                           | 100%               | 100%               |
| Routine Cleaning                             | 100% (2x/year)   | 100%                           | 100% (2x/year)     | 100%               |
| Complete X-rays                              | 100%             | 100%                           | 100%               | 100%               |
| Bitewing X-rays                              | 100%             | 100%                           | 100%               | 100%               |
| Class 2 Services: Basic Restorative          |                  |                                |                    |                    |
| Fillings                                     | 80%              | 80%                            | 80%                | 80%                |
| Simple Extractions (Oral Surgery)            | 80%              | 80%                            | 80%                | 80%                |
| Class 3 Services: Major Restorative          |                  |                                |                    |                    |
| Periodontics                                 | 50%              | 50%                            | 50%                | 50%                |
| Endodontics                                  | 50%              | 50%                            | 50%                | 50%                |
| Bridges                                      | 50%              | 50%                            | 50%                | 50%                |
| Crowns                                       | 50%              | 50%                            | 50%                | 50%                |
| Dentures                                     | 50%              | 50%                            | 50%                | 50%                |
| Implants                                     | N/A              | N/A                            | N/A                | N/A                |
| Class 4 Services: Orthodontia                |                  | ,                              |                    |                    |
| Orthodontia Lifetime Maximum (Adult & Child) | 50% ı            | ıp to \$2,000                  | 50% up t           | to <b>\$1,500</b>  |
| Dental Plan Reimbursement Level              |                  |                                |                    |                    |
| Benefits Reimbursement Level                 | Fee Schedule     | Fee Schedule                   | Fee Schedule       | Fee Schedule       |
| Required Participation                       | (                | Current                        | 81% of eligib      | le employees       |
| Rate Guarantee                               | Expire           | s 9/30/2025                    | Expires 9,         | /30/2026           |
| Rates Li                                     | ves <sup>1</sup> |                                |                    |                    |
| Employee                                     | 10               | 34.84                          | \$30               |                    |
| Employee + Spouse                            |                  | 669.67                         | \$61               |                    |
| Employee + Child(ren)                        | •                | 101.03                         | \$82               |                    |
| Employee + Family                            |                  | 139.12                         | \$123              |                    |
| •  | 14               | \$797                          |                    | 91                 |
| Annual Premium                               |                  | \$9,568                        |                    | 298                |
| Annual \$ Increase/Decrease                  |                  | N/A                            |                    | ,271               |
| Annual % Increase/Decrease                   |                  | N/A                            | -13                | .3%                |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

Effective Date: October 1, 2025



#### Current 2024-2025

|  |        | Current        | 2024-2025      | Alternate #2            |                  |  |
|--|--------|----------------|----------------|-------------------------|------------------|--|
| SCHEDULE OF BENEFITS                         |        | Hur            | mana           | Met                     | tLife            |  |
|  |        | In Network     | Out of Network | In Network              | Out of Network   |  |
| Annual Benefit Maximum                       |        | Unlimited      | Unlimited      | \$2,500                 | \$2,500          |  |
| Do Class 1 services apply toward Annual Max? |        | Y              | es es          | Ye                      | es               |  |
| Waiting Period(s)                            |        | N              | one            | No                      | ne               |  |
| Deductible                                   |        | Calend         | dar Year       | Calendo                 | ar Year          |  |
| Single/Family                                |        | \$50           | /\$150         | \$50/                   | \$150            |  |
| Is deductible waived for Class 1 services?   |        | Y              | 'es            | Ye                      | es               |  |
| Class 1 Services: Preventive and Diagnostic  |        |                |                |                         |                  |  |
| Routine Oral Exam                            |        | 100%           | 100%           | 100%                    | 100%             |  |
| Routine Cleaning                             |        | 100% (2x/year) | 100%           | 100% (2x/year)          | 100%             |  |
| Complete X-rays                              |        | 100%           | 100%           | 100%                    | 100%             |  |
| Bitewing X-rays                              |        | 100%           | 100%           | 100%                    | 100%             |  |
| Class 2 Services: Basic Restorative          |        |                |                |                         |                  |  |
| Fillings                                     |        | 80%            | 80%            | 80%                     | 80%              |  |
| Simple Extractions (Oral Surgery)            |        | 80%            | 80%            | 80%                     | 80%              |  |
| Class 3 Services: Major Restorative          |        | 55%            | 30,0           | 55/2                    | 0078             |  |
| Periodontics                                 |        | 50%            | 50%            | 50%                     | 50%              |  |
| Endodontics                                  |        | 50%            | 50%            | 50%                     | 50%              |  |
| Bridges                                      |        | 50%            | 50%            | 50%                     | 50%              |  |
| Crowns                                       |        | 50%            | 50%            | 50%                     | 50%              |  |
| Dentures                                     |        | 50%            | 50%            | 50%                     | 50%              |  |
| Implants                                     |        | N/A            | N/A            | 50%                     | 50%              |  |
| Class 4 Services: Orthodontia                |        | NA             | N/A            | 30%                     | 30%              |  |
| Orthodontia Lifetime Maximum (Adult & Child) |        | 50% un         | to \$2,000     | 50% up to \$2.0         | 00 (Child Only)  |  |
| Dental Plan Reimbursement Level              |        | 30% up         | 10 \$2,000     | 30% up to \$2,0         | oo (cilia olily) |  |
| Benefits Reimbursement Level                 |        | Fee Schedule   | Fee Schedule   | Fee Schedule            | 90th Percentile  |  |
| Required Participation                       |        |                | rent           | Greater of 52% of all a |                  |  |
| Rate Guarantee                               |        |                | 7/30/2025      | Expires 9,              |                  |  |
|  | ives 1 | ,              |                |                         |                  |  |
| Employee                                     | 10     | \$34           | 4.84           | \$44                    | .41              |  |
| Employee + Spouse                            | 1      | \$69           | 9.67           | \$87                    | .17              |  |
| Employee + Child(ren)                        | 1      | \$10           | 1.03           | \$103                   | 3.40             |  |
| Employee + Family                            | 2      | \$13           | 9.12           | \$157                   | 7.09             |  |
| Monthly Premium                              | 14     | \$             | 797            | \$9                     | 49               |  |
| Annual Premium                               |        | \$9            | ,568           | \$11,                   | ,386             |  |
| Annual \$ Increase/Decrease                  |        | N              | I/A            |                         | 818              |  |
| Annual % Increase/Decrease                   |        | N              | I/A            | 19.                     | 0%               |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



#### Current 2024-2025

|  | Cu           | Current 2024-2025 Alternate #3 |                         |                    |
|--|--------------|--------------------------------|-------------------------|--------------------|
| SCHEDULE OF BENEFITS                         |              | Humana                         | Prin                    | cipal              |
|  | In Network   | Out of Network                 | In Network              | Out of Network     |
| Annual Benefit Maximum                       | Unlimited    | Unlimited                      | \$2,000 + Rollover      | \$2,000 + Rollover |
| Do Class 1 services apply toward Annual Max? |              | Yes                            | Y                       | es                 |
| Waiting Period(s)                            |              | None                           | No                      | ne                 |
| Deductible                                   |              | Calendar Year                  | Calend                  | ar Year            |
| Single/Family                                |              | \$50/\$150                     | \$50/                   | \$150              |
| Is deductible waived for Class 1 services?   |              | Yes                            | Y                       | es                 |
| Class 1 Services: Preventive and Diagnostic  |              |                                |                         |                    |
| Routine Oral Exam                            | 100%         | 100%                           | 100%                    | 100%               |
| Routine Cleaning                             | 100% (2x/yea | ar) 100%                       | 100% ( <b>4x</b> /year) | 100%               |
| Complete X-rays                              | 100%         | 100%                           | 100%                    | 100%               |
| Bitewing X-rays                              | 100%         | 100%                           | 100%                    | 100%               |
| Class 2 Services: Basic Restorative          |              |                                |                         |                    |
| Fillings                                     | 80%          | 80%                            | 80%                     | 80%                |
| Simple Extractions (Oral Surgery)            | 80%          | 80%                            | 80%                     | 80%                |
| Class 3 Services: Major Restorative          |              |                                |                         |                    |
| Periodontics                                 | 50%          | 50%                            | 50%                     | 50%                |
| Endodontics                                  | 50%          | 50%                            | 50%                     | 50%                |
| Bridges                                      | 50%          | 50%                            | 50%                     | 50%                |
| Crowns                                       | 50%          | 50%                            | 50%                     | 50%                |
| Dentures                                     | 50%          | 50%                            | 50%                     | 50%                |
| Implants                                     | N/A          | N/A                            | N/A                     | N/A                |
| Class 4 Services: Orthodontia                |              |                                |                         |                    |
| Orthodontia Lifetime Maximum (Adult & Child) | 5            | 0% up to \$2,000               | 50% up t                | o \$2,000          |
| Dental Plan Reimbursement Level              |              |                                |                         |                    |
| Benefits Reimbursement Level                 | Fee Schedul  | e Fee Schedule                 | Fee Schedule            | Fee Schedule       |
| Required Participation                       |              | Current                        | 50% of eligib           | le employees       |
| Rate Guarantee                               | Ex           | pires 9/30/2025                | Expires 9,              | /30/2026           |
| Rates Li                                     | ives 1       |                                |                         |                    |
| Employee                                     | 10           | \$34.84                        | \$38                    |                    |
| Employee + Spouse                            | 1            | \$69.67                        | \$74                    |                    |
| Employee + Child(ren)                        | 1            | \$101.03                       | \$90                    |                    |
| Employee + Family                            | 2            | \$139.12                       | \$133                   |                    |
| Monthly Premium                              | 14           | \$797                          |                         | 13                 |
| Annual Premium                               |              | \$9,568                        |                         | 760                |
| Annual \$ Increase/Decrease                  |              | N/A                            |                         | 92                 |
| Annual % Increase/Decrease                   |              | N/A                            | 2.0                     | 0%                 |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

Effective Date: October 1, 2025



#### Current 2024-2025

|  | Curren           | 2024-2025          | Alternate #4            |                   |  |
|--|------------------|--------------------|-------------------------|-------------------|--|
| SCHEDULE OF BENEFITS                         | Hu               | Humana UnitedHealt |                         | ealthcare         |  |
|  | In Network       | Out of Network     | In Network              | Out of Network    |  |
| Annual Benefit Maximum                       | Unlimited        | Unlimited          | Unlimited               | Unlimited         |  |
| Do Class 1 services apply toward Annual Max? |                  | Yes                |                         | Yes               |  |
| Waiting Period(s)                            |                  | None               | No                      | None              |  |
| Deductible                                   | Cale             | ndar Year          | Calend                  | ar Year           |  |
| Single/Family                                | \$5              | 0/\$150            | \$50/                   | \$150             |  |
| Is deductible waived for Class 1 services?   |                  | Yes                | Ye                      | es                |  |
| Class 1 Services: Preventive and Diagnostic  |                  |                    |                         |                   |  |
| Routine Oral Exam                            | 100%             | 100%               | 100%                    | 100%              |  |
| Routine Cleaning                             | 100% (2x/year)   | 100%               | 100% ( <b>4x</b> /year) | 100%              |  |
| Complete X-rays                              | 100%             | 100%               | 100%                    | 100%              |  |
| Bitewing X-rays                              | 100%             | 100%               | 100%                    | 100%              |  |
| Class 2 Services: Basic Restorative          |                  |                    |                         |                   |  |
| Fillings                                     | 80%              | 80%                | 80%                     | 80%               |  |
| Simple Extractions (Oral Surgery)            | 80%              | 80%                | 80%                     | 80%               |  |
| Class 3 Services: Major Restorative          |                  |                    |                         |                   |  |
| Periodontics                                 | 50%              | 50%                | 50%                     | 50%               |  |
| Endodontics                                  | 50%              | 50%                | 80%                     | 80%               |  |
| Bridges                                      | 50%              | 50%                | 50%                     | 50%               |  |
| Crowns                                       | 50%              | 50%                | 50%                     | 50%               |  |
| Dentures                                     | 50%              | 50%                | 50%                     | 50%               |  |
| Implants                                     | N/A              | N/A                | 50%                     | 50%               |  |
| Class 4 Services: Orthodontia                |                  |                    |                         |                   |  |
| Orthodontia Lifetime Maximum (Adult & Child) | 50% u            | p to \$2,000       | 50% up t                | 50% up to \$2,000 |  |
| Dental Plan Reimbursement Level              |                  |                    |                         |                   |  |
| Benefits Reimbursement Level                 | Fee Schedule     | Fee Schedule       | Fee Schedule            | Fee Schedule      |  |
| Required Participation                       | C                | urrent             | 50% of eligib           | le employees      |  |
| Rate Guarantee                               | Expires          | 9/30/2025          | Expires 9,              | /30/2026          |  |
| Rates Lin                                    | ves <sup>1</sup> |                    |                         |                   |  |
| • •  |                  | 34.84              | \$41                    |                   |  |
| Employee + Spouse                            |                  | \$69.67            |                         | .12               |  |
| Employee + Child(ren)                        |                  | 101.03             | \$96                    |                   |  |
| Employee + Family                            |                  | 139.12             | \$145                   |                   |  |
| •  |                  | \$797              |                         | 880               |  |
| Annual Premium                               |                  | 9,568              |                         | ,554              |  |
| Annual \$ Increase/Decrease                  |                  | N/A                |                         | 186               |  |
| Annual % Increase/Decrease                   |                  | N/A                | 10.                     | .3%               |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

Effective Date: October 1, 2025



#### Current 2024-2025

|  |        | Current 2      | 2024-2025      | Alternate #5       |                    |  |
|--|--------|----------------|----------------|--------------------|--------------------|--|
| SCHEDULE OF BENEFITS                         |        | Hun            | nana           | Unum               |                    |  |
|  |        | In Network     | Out of Network | In Network         | Out of Network     |  |
| Annual Benefit Maximum                       |        | Unlimited      | Unlimited      | \$5,000 + Rollover | \$5,000 + Rollover |  |
| Do Class 1 services apply toward Annual Max? |        | Y              | es             | Yes                |                    |  |
| Waiting Period(s)                            |        | No             | one            | Ortho: 12 Months   |                    |  |
| Deductible                                   |        | Calend         | lar Year       | Calendar Year      |                    |  |
| Single/Family                                |        | \$50,          | <b>/</b> \$150 | \$50/              | \$150              |  |
| Is deductible waived for Class 1 services?   |        | Υ              | es             | Ye                 | 28                 |  |
| Class 1 Services: Preventive and Diagnostic  |        |                |                |                    |                    |  |
| Routine Oral Exam                            |        | 100%           | 100%           | 100%               | 100%               |  |
| Routine Cleaning                             |        | 100% (2x/year) | 100%           | 100% (2x/year)     | 100%               |  |
| Complete X-rays                              |        | 100%           | 100%           | 80%                | 80%                |  |
| Bitewing X-rays                              |        | 100%           | 100%           | 100%               | 100%               |  |
| Class 2 Services: Basic Restorative          |        |                |                |                    |                    |  |
| Fillings                                     |        | 80%            | 80%            | 80%                | 80%                |  |
| Simple Extractions (Oral Surgery)            |        | 80%            | 80%            | 80%                | 80%                |  |
| Class 3 Services: Major Restorative          |        |                |                |                    |                    |  |
| Periodontics                                 |        | 50%            | 50%            | 50%                | 50%                |  |
| Endodontics                                  |        | 50%            | 50%            | 50%                | 50%                |  |
| Bridges                                      |        | 50%            | 50%            | 50%                | 50%                |  |
| Crowns                                       |        | 50%            | 50%            | 50%                | 50%                |  |
| Dentures                                     |        | 50%            | 50%            | 50%                | 50%                |  |
| Implants                                     |        | N/A            | N/A            | 50%                | 50%                |  |
| Class 4 Services: Orthodontia                |        |                |                |                    |                    |  |
| Orthodontia Lifetime Maximum (Adult & Child) |        | 50% up         | to \$2,000     | 50% up t           | o \$2,000          |  |
| Dental Plan Reimbursement Level              |        |                |                |                    |                    |  |
| Benefits Reimbursement Level                 |        | Fee Schedule   | Fee Schedule   | Fee Schedule       | Fee Schedule       |  |
| Required Participation                       |        | Cur            | rent           | 51% of eligible    | e employees        |  |
| Rate Guarantee                               |        | Expires 9      | /30/2025       | Expires 9,         | /30/2026           |  |
| Rates Li                                     | ives 1 |                |                |                    |                    |  |
| Employee                                     | 10     |                | 1.84           | \$39               |                    |  |
| Employee + Spouse                            | 1      | \$69.67        |                | \$78.78            |                    |  |
| Employee + Child(ren)                        | 1      |                | 1.03           | \$100              |                    |  |
| Employee + Family                            | 2      |                | 9.12           | \$150              |                    |  |
| Monthly Premium                              | 14     |                | 797            |                    | 79                 |  |
| Annual Premium                               |        |                | .568           | \$10,              |                    |  |
| Annual \$ Increase/Decrease                  |        | N/A            |                | \$9                |                    |  |
| Annual % Increase/Decrease                   |        | N              | /A             | 10.                | 2%                 |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



| _ |     |    |     |    |
|---|-----|----|-----|----|
|   | l+n | rn | 2+0 | #1 |

|                                       |         | Current 2024-2025              | Alternate #1                         |
|---------------------------------------|---------|--------------------------------|--------------------------------------|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | Guardian<br>Managed Dental Care N200 |
| Plan Basics                           | Code    | In Network Only                |                                      |
| Office Visit                          | D9430   | \$10                           | \$5                                  |
| Periodic Exam                         | D0120   | \$0                            | \$0                                  |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                                  |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$0                                  |
| Restorative Services (Fillings)       |         |                                |                                      |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$20                                 |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$26                                 |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | Covered with surgical procedure      |
| Crowns                                |         |                                |                                      |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$430                                |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$430                                |
| Endodontics (Root Canal Services)     |         |                                |                                      |
| Anterior                              | D3310   | \$135                          | \$130                                |
| Bicuspid                              | D3320   | \$240                          | \$150                                |
| Molar                                 | D3330   | \$310                          | \$195                                |
| Periodontics                          |         |                                |                                      |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$150                                |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$55                                 |
| Extraction Services (Oral Surgery)    |         |                                |                                      |
| Single Tooth                          | D7111   | \$0                            | \$20                                 |
| Partial Bony Impaction                | D7230   | \$85                           | \$75                                 |
| Complete Bony Impaction               | D7240   | \$105                          | \$125                                |
| Orthodontia                           |         |                                |                                      |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$1,895                              |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$2,195                              |
| Required Participation                |         | Current                        | Current                              |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026                    |
| Rates                                 | Lives 1 |                                |                                      |
| Employee                              | 5       | \$12.95                        | \$14.76                              |
| Employee + Spouse                     | 1       | \$25.91                        | \$29.52                              |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$32.24                              |
| Employee + Family                     | 1       | \$46.89                        | \$49.78                              |
| Monthly Premium                       | 8       | \$167                          | \$185                                |
| Annual Premium                        |         | \$2,000                        | \$2,224                              |
| \$ Increase / (Decrease)              |         | N/A                            | \$224                                |
| % Increase / (Decrease)               |         | N/A                            | 11.2%                                |
|                                       |         | IV/A                           | 11.6/0                               |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

|                                       |         | Current 2024-2025              | Alternate #2                   |
|---------------------------------------|---------|--------------------------------|--------------------------------|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | MetLife<br>Managed Dental Plan |
| Plan Basics                           | Code    | In Network Only                | In Network Only                |
| Office Visit                          | D9430   | \$10                           | \$0                            |
| Periodic Exam                         | D0120   | \$0                            | \$0                            |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                            |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$5                            |
| Restorative Services (Fillings)       |         |                                |                                |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$12                           |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$12                           |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | \$15                           |
| Crowns                                |         |                                |                                |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$335                          |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$335                          |
| Endodontics (Root Canal Services)     |         |                                |                                |
| Anterior                              | D3310   | \$135                          | \$130                          |
| Bicuspid                              | D3320   | \$240                          | \$215                          |
| Molar                                 | D3330   | \$310                          | \$305                          |
| Periodontics                          |         |                                |                                |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$150                          |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$60                           |
| Extraction Services (Oral Surgery)    |         |                                |                                |
| Single Tooth                          | D7111   | \$0                            | \$5                            |
| Partial Bony Impaction                | D7230   | \$85                           | \$65                           |
| Complete Bony Impaction               | D7240   | \$105                          | \$135                          |
| Orthodontia                           |         |                                |                                |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$2,410                        |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$2,410                        |
| Required Participation                |         | Current                        | 10 enrolled                    |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026              |
| Rates                                 | Lives 1 |                                |                                |
| Employee                              | 5       | \$12.95                        | \$11.72                        |
| Employee + Spouse                     | 1       | \$25.91                        | \$20.52                        |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$24.62                        |
| Employee + Family                     | 1       | \$46.89                        | \$34.58                        |
| Monthly Premium                       | 8       | \$167                          | \$138                          |
| Annual Premium                        |         | \$2,000                        | \$1,660                        |
| \$ Increase / (Decrease)              |         | N/A                            | -\$340                         |
| % Increase / (Decrease)               |         | N/A                            | -17.0%                         |
|                                       |         |                                |                                |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

|                                       |         | Current 2024-2025              | Alternate #3                              |
|---------------------------------------|---------|--------------------------------|---|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | Principal<br>Solstice S700B               |
| Plan Basics                           | Code    | In Network Only                | In Network Only                           |
| Office Visit                          | D9430   | \$10                           | \$0                                       |
| Periodic Exam                         | D0120   | \$0                            | \$0                                       |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                                       |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$0                                       |
| Restorative Services (Fillings)       |         |                                |   |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$0                                       |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$30                                      |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | \$20                                      |
| Crowns                                |         |                                |   |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$245                                     |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$245                                     |
| Endodontics (Root Canal Services)     |         |                                |   |
| Anterior                              | D3310   | \$135                          | \$110                                     |
| Bicuspid                              | D3320   | \$240                          | \$195                                     |
| Molar                                 | D3330   | \$310                          | \$245                                     |
| Periodontics                          |         |                                |   |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$175                                     |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$50                                      |
| Extraction Services (Oral Surgery)    |         |                                |   |
| Single Tooth                          | D7111   | \$0                            | \$50                                      |
| Partial Bony Impaction                | D7230   | \$85                           | \$65                                      |
| Complete Bony Impaction               | D7240   | \$105                          | \$80                                      |
| Orthodontia                           |         |                                |   |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$2,250                                   |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$2,350                                   |
| Required Participation                |         | Current                        | 2 enrolled in DHMO, 50% across both plans |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026                         |
| Rates                                 | Lives 1 |                                |   |
| Employee                              | 5       | \$12.95                        | \$12.09                                   |
| Employee + Spouse                     | 1       | \$25.91                        | \$21.17                                   |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$26.21                                   |
| Employee + Family                     | 1       | \$46.89                        | \$33.26                                   |
| Monthly Premium                       | 8       | \$167                          | \$141                                     |
| Annual Premium                        |         | \$2,000                        | \$1,693                                   |
| \$ Increase / (Decrease)              |         | N/A                            | -\$307                                    |
| % Increase / (Decrease)               |         | N/A                            | -15.4%                                    |
|                                       |         | IV/A                           | -13:7/0                                   |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

|                                       |         | Current 2024-2025              | Alternate #4              |
|---------------------------------------|---------|--------------------------------|---------------------------|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | UnitedHealthcare<br>D1056 |
| Plan Basics                           | Code    | In Network Only                | In Network Only           |
| Office Visit                          | D9430   | \$10                           | \$0                       |
| Periodic Exam                         | D0120   | \$0                            | \$0                       |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                       |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$0                       |
| Restorative Services (Fillings)       |         |                                |                           |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$0                       |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$20                      |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | \$20                      |
| Crowns                                |         |                                |                           |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$195                     |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$195                     |
| Endodontics (Root Canal Services)     |         |                                |                           |
| Anterior                              | D3310   | \$135                          | \$100                     |
| Bicuspid                              | D3320   | \$240                          | \$175                     |
| Molar                                 | D3330   | \$310                          | \$210                     |
| Periodontics                          |         |                                |                           |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$175                     |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$36                      |
| Extraction Services (Oral Surgery)    |         |                                |                           |
| Single Tooth                          | D7111   | \$0                            | \$45                      |
| Partial Bony Impaction                | D7230   | \$85                           | \$55                      |
| Complete Bony Impaction               | D7240   | \$105                          | \$63                      |
| Orthodontia                           |         |                                |                           |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$1,850                   |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$1,950                   |
| Required Participation                |         | Current                        | Current                   |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026         |
| Rates                                 | Lives 1 |                                |                           |
| Employee                              | 5       | \$12.95                        | \$14.10                   |
| Employee + Spouse                     | 1       | \$25.91                        | \$24.68                   |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$30.55                   |
| Employee + Family                     | 1       | \$46.89                        | \$38.78                   |
| Monthly Premium                       | 8       | \$167                          | \$165                     |
| Annual Premium                        |         | \$2,000                        | \$1,974                   |
| \$ Increase / (Decrease)              |         | N/A                            | -\$26                     |
| % Increase / (Decrease)               |         | N/A                            | -1.3%                     |
|                                       |         |                                |                           |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

|                                       |         | Current 2024-2025              | Alternate #5              |
|---------------------------------------|---------|--------------------------------|---------------------------|
| SCHEDULE OF BENEFITS                  |         | Humana<br>Dental Prepaid HS210 | UnitedHealthcare<br>D1057 |
| Plan Basics                           | Code    | In Network Only                | In Network Only           |
| Office Visit                          | D9430   | \$10                           | \$0                       |
| Periodic Exam                         | D0120   | \$0                            | \$0                       |
| Full Mouth X-rays (Bitewings)         | D0210   | \$0                            | \$0                       |
| Prophylaxis (Cleaning)                | D1110   | \$0                            | \$0                       |
| Restorative Services (Fillings)       |         |                                |                           |
| Amalgam - 1 surface                   | D2140   | \$20                           | \$0                       |
| Resin - 1 surface - anterior          | D2330   | \$35                           | \$25                      |
| Anesthesia/Nitrous Oxide              | D9230   | \$30                           | \$20                      |
| Crowns                                |         |                                |                           |
| Porcelain fused to High Noble Metal   | D2750   | \$350                          | \$240                     |
| Full Cast High Noble Metal            | D2790   | \$350                          | \$240                     |
| Endodontics (Root Canal Services)     |         |                                |                           |
| Anterior                              | D3310   | \$135                          | \$100                     |
| Bicuspid                              | D3320   | \$240                          | \$185                     |
| Molar                                 | D3330   | \$310                          | \$225                     |
| Periodontics                          |         |                                |                           |
| Gingivectomy (per quad)               | D4210   | \$135                          | \$175                     |
| Scaling and Root Planning (per quad)  | D4341   | \$70                           | \$45                      |
| Extraction Services (Oral Surgery)    |         |                                |                           |
| Single Tooth                          | D7111   | \$0                            | \$45                      |
| Partial Bony Impaction                | D7230   | \$85                           | \$60                      |
| Complete Bony Impaction               | D7240   | \$105                          | \$75                      |
| Orthodontia                           |         |                                |                           |
| Comprehensive Treatment - Child (<19) | D8080   | \$2,195                        | \$2,050                   |
| Comprehensive Treatment - Adult       | D8090   | \$2,195                        | \$2,150                   |
| Required Participation                |         | Current                        | Current                   |
| Rate Guarantee                        |         | Expires 9/30/2025              | Expires 9/30/2026         |
| Rates                                 | Lives 1 |                                |                           |
| Employee                              | 5       | \$12.95                        | \$13.11                   |
| Employee + Spouse                     | 1       | \$25.91                        | \$22.94                   |
| Employee + Child(ren)                 | 1       | \$29.14                        | \$28.41                   |
| Employee + Family                     | 1       | \$46.89                        | \$36.06                   |
| Monthly Premium                       | 8       | \$167                          | \$153                     |
| Annual Premium                        |         | \$2,000                        | \$1,836                   |
| \$ Increase / (Decrease)              |         | N/A                            | -\$165                    |
| % Increase / (Decrease)               |         | N/A                            | -8.2%                     |
|                                       |         | ii) ri                         | OIE/0                     |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



Curre

| ent 2024-2025 | Alternate #2* |
|---------------|---------------|
|               |               |

|                                    | Current 2                       | 024-2025       | Alternate #2*                             |                                    |  |  |
|------------------------------------|---------------------------------|----------------|---|------------------------------------|--|--|
| SCHEDULE OF BENEFITS               | Humana -                        | Vision 200     | Guardian - VSP Enhanced Choice B          |                                    |  |  |
| Examination                        | In-Network                      | Out-of-Network | In-Network                                | Out-of-Network                     |  |  |
| Eye Exam Copay                     | \$0                             | Up to \$30     | \$0                                       | Up to <b>\$39</b>                  |  |  |
| Materials Copay                    | \$0                             | Varies         | \$0                                       | Varies                             |  |  |
| Retinal Imaging                    | Up to \$39                      | Not Covered    | Up to \$39                                | Not Covered                        |  |  |
| Frequency                          |                                 |                |   |                                    |  |  |
| Examination                        | Every 12                        | ! months       | Every 12                                  | 2 months                           |  |  |
| Lenses or Contact Lenses           | Every 12                        | ? months       | Every 12                                  | 2 months                           |  |  |
| Frames                             | Every 24                        | months         | Every 24                                  | l months                           |  |  |
| Lenses                             |                                 |                |   |                                    |  |  |
| Single                             | \$0                             | Up to \$25     | \$0                                       | Up to <b>\$23</b>                  |  |  |
| Bifocal                            | \$0                             | Up to \$40     | \$0                                       | Up to <b>\$37</b>                  |  |  |
| Trifocal                           | \$0                             | Up to \$60     | \$0                                       | Up to <b>\$49</b>                  |  |  |
| Lenticular                         | \$0                             | Up to \$100    | \$0                                       | Up to <b>\$64</b>                  |  |  |
| Standard Progressive               | \$0                             | Up to \$40     | \$55                                      | Not Provided                       |  |  |
| Frames                             |                                 |                |   |                                    |  |  |
| Retail Allowance                   | Up to \$200 + 20% off retail    | Up to \$100    | Up to \$200 + 20% off<br>retail           | Up to <b>\$46</b>                  |  |  |
| Contacts Lenses                    |                                 |                |   |                                    |  |  |
| Elective                           | Up to \$200 + 15% off<br>retail | Up to \$160    | Up to \$200                               | Up to <b>\$100</b>                 |  |  |
| Non-Elective (Medically Necessary) | \$0                             | Up to \$210    | \$0                                       | Up to \$210                        |  |  |
| Fitting and Evaluation (Standard)  | \$0                             | Up to \$30     | Copay not to exceed \$60;<br>15% discount | Included in contact lens allowance |  |  |
| Rate Guarantee                     | Expires 9,                      | /30/2026       | Expires 9,                                | /30/2026                           |  |  |
| Monthly Rates Lives 1              |                                 |                |   |                                    |  |  |
| Employee 8                         | \$9.                            | 83             | \$12.11                                   |                                    |  |  |
| Employee + Spouse 3                | \$19.66                         |                | \$22.93                                   |                                    |  |  |
| Employee + Child(ren) 3            | \$18.68                         |                | \$23                                      | .36                                |  |  |
| Employee + Family 3                | \$29                            | .36            | \$36                                      | .98                                |  |  |
| Monthly Premium 17                 | \$2                             | 82             | \$3                                       | 47                                 |  |  |
| Annual Premium                     | \$3,                            | 381            | \$4,                                      | 160                                |  |  |
| \$ Increase /(Decrease)            | N,                              | /A             | \$7                                       | 79                                 |  |  |
| % Increase /(Decrease)             | N,                              | /A             | 23.                                       | .1%                                |  |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

\*Vision is contingent on sale of dental.

### **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



| ΔΙ | ltΔ | rn | 2 | tΔ | #3 |
|----|-----|----|---|----|----|
|    |     |    |   |    |    |

|                                    | Current 2024-2025 Alternate #3 |                |                                 |                                       |  |
|------------------------------------|--------------------------------|----------------|---------------------------------|---------------------------------------|--|
| SCHEDULE OF BENEFITS               | Humana -                       | Vision 200     | MetLife - M200D                 |                                       |  |
| Examination                        | In-Network                     | Out-of-Network | In-Network                      | Out-of-Network                        |  |
| Eye Exam Copay                     | \$0                            | Up to \$30     | \$0                             | Up to <b>\$45</b>                     |  |
| Materials Copay                    | \$0                            | Varies         | \$0                             | Varies                                |  |
| Retinal Imaging                    | Up to \$39                     | Not Covered    | Up to \$39                      | Applied to exam allowance             |  |
| Frequency                          |                                |                |                                 |                                       |  |
| Examination                        | Every 12                       | ! months       | Every 12                        | 2 months                              |  |
| Lenses or Contact Lenses           | Every 12                       | 2 months       | Every 12                        | 2 months                              |  |
| Frames                             | Every 24                       | months         | Every 24                        | months                                |  |
| Lenses                             |                                |                |                                 |                                       |  |
| Single                             | \$0                            | Up to \$25     | \$0                             | Up to <b>\$30</b>                     |  |
| Bifocal                            | \$0                            | Up to \$40     | \$0                             | Up to <b>\$50</b>                     |  |
| Trifocal                           | \$0                            | Up to \$60     | \$0                             | Up to <b>\$65</b>                     |  |
| Lenticular                         | \$0                            |                |                                 | Up to \$100                           |  |
| Standard Progressive               | \$0                            | Up to \$40     | \$55                            | Up to <b>\$50</b>                     |  |
| Frames                             |                                |                |                                 |                                       |  |
| Retail Allowance                   | Up to \$200 + 20% off retail   | Up to \$100    | Up to \$200 + 20% off<br>retail | Up to <b>\$70</b>                     |  |
| Contacts Lenses                    |                                |                |                                 |                                       |  |
| Elective                           | Up to \$200 + 15% off retail   | Up to \$160    | Up to \$200                     | Up to <b>\$105</b>                    |  |
| Non-Elective (Medically Necessary) | \$0                            | Up to \$210    | \$0                             | Up to \$210                           |  |
| Fitting and Evaluation (Standard)  | \$0                            | Up to \$30     | Copay not to exceed \$60        | Included in contact lens<br>allowance |  |
| Rate Guarantee                     | Expires 9,                     | /30/2026       | Expires 9,                      | /30/2027                              |  |
| Monthly Rates Lives                | 1                              |                |                                 |                                       |  |
| Employee 8                         | \$9.                           | 83             | \$8.33                          |                                       |  |
| Employee + Spouse 3                | \$19.66                        |                | \$16.70                         |                                       |  |
| Employee + Child(ren) 3            | \$18.68                        |                | \$14                            | .14                                   |  |
| Employee + Family 3                | \$29                           | .36            | \$23                            | .32                                   |  |
| Monthly Premium 17                 | \$2                            | 82             | \$2                             | 29                                    |  |
| Annual Premium                     | \$3,                           | 381            | \$2,                            | 749                                   |  |
| \$ Increase /(Decrease)            | N                              | /A             | -\$631                          |                                       |  |
| % Increase /(Decrease)             | N                              | /A             | -18                             | .7%                                   |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



| SCHEDULE OF BENEFITS               | Humana - Vision 200             |                | Principal                       |                    |  |  |
|------------------------------------|---------------------------------|----------------|---------------------------------|--------------------|--|--|
| Examination                        | In-Network                      | Out-of-Network | In-Network                      | Out-of-Network     |  |  |
| Eye Exam Copay                     | \$0                             | Up to \$30     | \$0                             | Up to <b>\$45</b>  |  |  |
| Materials Copay                    | \$0                             | Varies         | \$10                            | Varies             |  |  |
| Retinal Imaging                    | Up to \$39                      | Not Covered    | Not Provided                    | Not Provided       |  |  |
| Frequency                          |                                 |                |                                 |                    |  |  |
| Examination                        | Every 12                        | months         | Every 12                        | Every 12 months    |  |  |
| Lenses or Contact Lenses           | Every 12                        | ! months       | Every 12                        | months             |  |  |
| Frames                             | Every 24                        | months         | Every 24                        | months             |  |  |
| Lenses                             |                                 |                |                                 |                    |  |  |
| Single                             | \$0                             | Up to \$25     | \$10                            | Up to <b>\$30</b>  |  |  |
| Bifocal                            | \$0                             | Up to \$40     | \$10                            | Up to <b>\$50</b>  |  |  |
| Trifocal                           | \$0                             | Up to \$60     | \$10                            | Up to <b>\$65</b>  |  |  |
| Lenticular                         | \$0                             | Up to \$100    | \$10                            | Up to \$100        |  |  |
| Standard Progressive               | \$0                             | Up to \$40     | \$10                            | Not Provided       |  |  |
| Frames                             |                                 |                |                                 |                    |  |  |
| Retail Allowance                   | Up to \$200 + 20% off retail    | Up to \$100    | Up to \$200 + 20% off<br>retail | Up to <b>\$70</b>  |  |  |
| Contacts Lenses                    |                                 |                |                                 |                    |  |  |
| Elective                           | Up to \$200 + 15% off<br>retail | Up to \$160    | Up to \$200                     | Up to <b>\$105</b> |  |  |
| Non-Elective (Medically Necessary) | \$0                             | Up to \$210    | \$10                            | Up to \$210        |  |  |
| Fitting and Evaluation (Standard)  | \$0                             | Up to \$30     | Copay not to exceed \$60        | Not Provided       |  |  |
| Rate Guarantee                     | Expires 9,                      | /30/2026       | Expires 9/                      | /30/2026           |  |  |
| Monthly Rates Lives 1              |                                 |                |                                 |                    |  |  |
| Employee 8                         | \$9.                            | 83             | \$8.04                          |                    |  |  |
| Employee + Spouse 3                | \$19                            | .66            | \$15.26                         |                    |  |  |
| Employee + Child(ren) 3            | \$18                            | .68            | \$16.74                         |                    |  |  |
| Employee + Family 3                | \$29.36                         |                | \$25.69                         |                    |  |  |
| Monthly Premium 17                 | \$282                           |                | \$2                             | 37                 |  |  |
| Annual Premium                     | \$3,381                         |                | \$2,849                         |                    |  |  |
| \$ Increase /(Decrease)            | N,                              | /A             | -\$532                          |                    |  |  |
| % Increase /(Decrease)             | N,                              | /A             | -15                             | .7%                |  |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



| Λ | 1+~ | rn      | 2+0 | #5   |
|---|-----|---------|-----|------|
| м | ıte | : 1 1 1 | ale | #1-3 |

|                                   | Current 2024-2025            |                | Alternate #5                                  |                    |  |
|-----------------------------------|------------------------------|----------------|---|--------------------|--|
| SCHEDULE OF BENEFITS              | Humana -                     | Vision 200     | UnitedHealthcare - SH509                      |                    |  |
| Examination                       | In-Network                   | Out-of-Network | In-Network                                    | Out-of-Network     |  |
| Eye Exam Copay                    | \$0                          | Up to \$30     | \$0   | Up to <b>\$40</b>  |  |
| Materials Copay                   | \$0                          | Varies         | \$0   | Varies             |  |
| Retinal Imaging                   | Up to \$39                   | Not Covered    | \$0 (Diabetics only)                          | Not Covered        |  |
| Frequency                         |                              |                |   |                    |  |
| Examination                       | Every 12                     | 2 months       | Every 12                                      | ! months           |  |
| Lenses or Contact Lenses          | Every 12                     | 2 months       | Every 12                                      | ! months           |  |
| Frames                            | Every 24                     | 1 months       | Every 24                                      | months             |  |
| Lenses                            |                              |                |   |                    |  |
| Single                            | \$0                          | Up to \$25     | \$0   | Up to <b>\$40</b>  |  |
| Bifocal                           | \$0                          | Up to \$40     | \$0   | Up to <b>\$60</b>  |  |
| Trifocal                          | \$0                          | Up to \$60     | \$0   | Up to <b>\$80</b>  |  |
| Lenticular                        | \$0                          | Up to \$100    | \$0   | Up to <b>\$80</b>  |  |
| Standard Progressive              | \$0                          | Up to \$40     | \$55  | Up to <b>\$60</b>  |  |
| Frames                            |                              |                |   | -                  |  |
| Retail Allowance                  | Up to \$200 + 20% off retail | Up to \$100    | Up to \$200 + <b>30% off</b><br><b>retail</b> | Up to <b>\$45</b>  |  |
| Contacts Lenses                   |                              |                |   |                    |  |
| Elective                          | Up to \$200 + 15% off retail | Up to \$160    | Up to \$200                                   | Up to <b>\$175</b> |  |
| Non-Elective (Medically Necessary | \$0                          | Up to \$210    | \$0   | Up to \$210        |  |
| Fitting and Evaluation (Standard) | \$0                          | Up to \$30     | \$40  | Not Covered        |  |
| Rate Guarantee                    | Expires 9,                   | /30/2026       | Expires 9,                                    | /30/2026           |  |
| Monthly Rates Live                | s <sup>1</sup>               |                |   |                    |  |
| Employee 8                        | \$9.                         | .83            | \$8.  | 94                 |  |
| Employee + Spouse 3               | \$19                         | \$19.66        |   | .95                |  |
| Employee + Child(ren) 3           | \$18                         | \$18.68        |   | .89                |  |
| Employee + Family 3               | \$29                         | \$29.36        |   | .99                |  |
| Monthly Premium 17                | \$2                          | 282            | \$2   | 66                 |  |
| Annual Premium                    | \$3,                         | 381            | \$3,  | 192                |  |
| \$ Increase /(Decrease)           | N,                           | N/A            |   | 189                |  |
| % Increase /(Decrease)            | N,                           | /A             | -5.   | 6%                 |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



**Current 2024-2025** 

|                                   | Current 2                       | Current 2024-2025 |                                 | Alternate #5       |  |  |
|-----------------------------------|---------------------------------|-------------------|---------------------------------|--------------------|--|--|
| SCHEDULE OF BENEFITS              | Humana -                        | Vision 200        | Unum - EyeMed Plan              |                    |  |  |
| Examination                       | In-Network                      | Out-of-Network    | In-Network                      | Out-of-Network     |  |  |
| Eye Exam Copay                    | \$0                             | Up to \$30        | \$10                            | Up to <b>\$40</b>  |  |  |
| Materials Copay                   | \$0                             | Varies            | \$25                            | Varies             |  |  |
| Retinal Imaging                   | Up to \$39                      | Not Covered       | Up to \$39                      | Not Covered        |  |  |
| Frequency                         |                                 |                   |                                 |                    |  |  |
| Examination                       | Every 12                        | 2 months          | Every 12                        | 2 months           |  |  |
| Lenses or Contact Lenses          | Every 12                        | 2 months          | Every 12                        | 2 months           |  |  |
| Frames                            | Every 24                        | 4 months          | Every 24                        | 1 months           |  |  |
| Lenses                            |                                 |                   |                                 |                    |  |  |
| Single                            | \$0                             | Up to \$25        | \$25                            | Up to <b>\$30</b>  |  |  |
| Bifocal                           | \$0                             | Up to \$40        | \$25                            | Up to <b>\$50</b>  |  |  |
| Trifocal                          | \$0                             | Up to \$60        | \$25                            | Up to <b>\$70</b>  |  |  |
| Lenticular                        | \$0                             | Up to \$100       | \$25                            | Up to <b>\$70</b>  |  |  |
| Standard Progressive              | \$0                             | Up to \$40        | \$90                            | Up to <b>\$50</b>  |  |  |
| Frames                            |                                 |                   |                                 |                    |  |  |
| Retail Allowance                  | Up to \$200 + 20% off retail    | Up to \$100       | Up to \$200 + 20% off<br>retail | Up to <b>\$140</b> |  |  |
| Contacts Lenses                   |                                 |                   |                                 |                    |  |  |
| Elective                          | Up to \$200 + 15% off<br>retail | Up to \$160       | Up to \$200                     | Up to <b>\$200</b> |  |  |
| Non-Elective (Medically Necessa   | ry) \$0                         | Up to \$210       | \$0                             | Up to \$210        |  |  |
| Fitting and Evaluation (Standard) | \$0                             | Up to \$30        | \$40                            | Not Covered        |  |  |
| Rate Guarantee                    | Expires 9                       | /30/2026          | Expires 9,                      | /30/2026           |  |  |
| Monthly Rates Liv                 | res <sup>1</sup>                |                   |                                 |                    |  |  |
| Employee                          | 8 \$9                           | \$9.83            |                                 | 46                 |  |  |
| Employee + Spouse                 | 3 \$19                          | \$19.66           |                                 | .91                |  |  |
| Employee + Child(ren)             | 3 \$18                          | \$18.68           |                                 | .41                |  |  |
| Employee + Family                 | 3 \$29                          | \$29.36           |                                 | 53                 |  |  |
| Monthly Premium                   | 17 \$2                          | 282               | \$2                             | 01                 |  |  |
| Annual Premium                    | \$3,                            | 381               | \$2,                            | 415                |  |  |
| \$ Increase /(Decrease)           | N                               | N/A               |                                 | -\$966             |  |  |
| % Increase /(Decrease)            | N                               | /A                | -28                             | .6%                |  |  |

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

### RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



### Current 2024-2025

|                                  |        | 0000  | 7  |
|----------------------------------|--------|---|--|
| Schedule of Benefits             |        | Humana  | Guardian   |
| Life and AD&D Benefit            |        |   |  |
| Eligibility                      |        | All active employees working 30 hours/week  | All active employees working 30 hours/week                       |
| Basic Term Life                  |        | \$25,000  | \$25,000   |
| Basic AD&D                       |        | Equal to Life Benefit   | 2x Life Benefit to Max of \$25,000                               |
| Features                         |        |   |  |
| Portability/Conversion Privilege |        | No/Yes  | <b>Yes</b> /Yes  |
| Waiver of Premium                |        | Included  | Included   |
| Age Reduction (Reduces By)       |        | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80 |
| Accelerated Death Benefit        |        | 50% of the Basic Life Benefit   | 50% of the Basic Life Benefit                                    |
| Rate Guarantee                   |        | Expires 9/30/2025   | Expires 9/30/2027  |
| Rates                            | Lives* |   |  |
| Volume                           | 27     | \$666,300   | \$666,300  |
| Basic Term Life Rate / \$1,000   |        | \$0.310   | \$0.401  |
| AD&D Rate / \$1,000              |        | \$0.030   | \$0.020  |
| Total Life AD&D Rate / \$1,000   |        | \$0.340   | \$0.421  |
| Monthly Premium                  |        | \$227   | \$281  |
| Annual Premium                   |        | \$2,719   | \$3,366  |
| \$ Increase /(Decrease)          |        | N/A   | \$648  |
| % Increase /(Decrease)           |        | N/A   | 23.8%  |
|                                  |        |   |  |

<sup>\*</sup>Lives and volume from July invoice

### RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



### Current 2024-2025

|                                  |        | 00 0 0 = 0 = 1 = 0 = 0  | 7  |
|----------------------------------|--------|---|--|
| Schedule of Benefits             |        | Humana  | MetLife                                    |
| Life and AD&D Benefit            |        |   |  |
| Eligibility                      |        | All active employees working 30 hours/week  | All active employees working 40 hours/week |
| Basic Term Life                  |        | \$25,000  | \$25,000                                   |
| Basic AD&D                       |        | Equal to Life Benefit   | Equal to Life Benefit                      |
| Features                         |        |   |  |
| Portability/Conversion Privilege |        | No/Yes  | No/Yes                                     |
| Waiver of Premium                |        | Included  | Included                                   |
| Age Reduction (Reduces By)       |        | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>50% at age 70             |
| Accelerated Death Benefit        |        | 50% of the Basic Life Benefit   | 80% of the Basic Life Benefit              |
| Rate Guarantee                   |        | Expires 9/30/2025   | Expires 9/30/2026                          |
| Rates                            | Lives* |   |  |
| Volume                           | 27     | \$666,300   | \$666,300                                  |
| Basic Term Life Rate / \$1,000   |        | \$0.310   | \$0.240                                    |
| AD&D Rate / \$1,000              |        | \$0.030   | \$0.020                                    |
| Total Life AD&D Rate / \$1,000   |        | \$0.340   | \$0.260                                    |
| Monthly Premium                  |        | \$227   | \$173                                      |
| Annual Premium                   |        | \$2,719   | \$2,079                                    |
| \$ Increase /(Decrease)          |        | N/A   | -\$640                                     |
| % Increase /(Decrease)           |        | N/A   | -23.5%                                     |
|                                  |        |   |  |

<sup>\*</sup>Lives and volume from July invoice

### RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



Alternate #3

| Schedule of Benefits             | Humana  | Principal                                  |
|----------------------------------|---|--|
| Life and AD&D Benefit            |   |  |
| Eligibility                      | All active employees working 30 hours/week  | All active employees working 30 hours/week |
| Basic Term Life                  | \$25,000  | \$25,000                                   |
| Basic AD&D                       | Equal to Life Benefit   | Equal to Life Benefit                      |
| Features                         |   |  |
| Portability/Conversion Privilege | No/Yes  | No/Yes                                     |
| Waiver of Premium                | Included  | Included                                   |
| Age Reduction (Reduces By)       | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>50% at age 70             |
| Accelerated Death Benefit        | 50% of the Basic Life Benefit   | <b>75%</b> of the Basic Life Benefit       |
| Rate Guarantee                   | Expires 9/30/2025   | Expires 9/30/2027                          |
| Rates Lives                      | *   |  |
| Volume 27                        | \$666,300   | \$666,300                                  |
| Basic Term Life Rate / \$1,000   | \$0.310   | \$0.294                                    |
| AD&D Rate / \$1,000              | \$0.030   | \$0.025                                    |
| Total Life AD&D Rate / \$1,000   | \$0.340   | \$0.319                                    |
| Monthly Premium                  | \$227   | \$213                                      |
| Annual Premium                   | \$2,719   | \$2,551                                    |
| \$ Increase /(Decrease)          | N/A   | -\$168                                     |
| % Increase /(Decrease)           | N/A   | -6.2%                                      |

<sup>\*</sup>Lives and volume from July invoice

### RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



Alternate #4

|                                  |        | Current 2024-2025   | Alternate #4                               |
|----------------------------------|--------|---|--|
| Schedule of Benefits             |        | Humana  | UnitedHealthcare                           |
| Life and AD&D Benefit            |        |   |  |
| Eligibility                      |        | All active employees working 30 hours/week  | All active employees working 30 hours/week |
| Basic Term Life                  |        | \$25,000  | \$25,000                                   |
| Basic AD&D                       |        | Equal to Life Benefit   | Equal to Life Benefit                      |
| Features                         |        |   |  |
| Portability/Conversion Privilege |        | No/Yes  | No/Yes                                     |
| Waiver of Premium                |        | Included  | Included                                   |
| Age Reduction (Reduces By)       |        | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>50% at age 70             |
| Accelerated Death Benefit        |        | 50% of the Basic Life Benefit   | 50% of the Basic Life Benefit              |
| Rate Guarantee                   |        | Expires 9/30/2025   | Expires 9/30/2027                          |
| Rates                            | Lives* |   |  |
| Volume                           | 27     | \$666,300   | \$666,300                                  |
| Basic Term Life Rate / \$1,000   |        | \$0.310   | \$0.480                                    |
| AD&D Rate / \$1,000              |        | \$0.030   | \$0.020                                    |
| Total Life AD&D Rate / \$1,000   |        | \$0.340   | \$0.500                                    |
| Monthly Premium                  |        | \$227   | \$333                                      |
| Annual Premium                   |        | \$2,719   | \$3,998                                    |
| \$ Increase /(Decrease)          |        | N/A   | \$1,279                                    |
| % Increase /(Decrease)           |        | N/A   | 47.1%                                      |

<sup>\*</sup>Lives and volume from July invoice

### RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



### Current 2024-2025

|                                  |        | 00 0 0 = 0 = 1 = 0 = 0  | 7  |
|----------------------------------|--------|---|--|
| Schedule of Benefits             |        | Humana  | Unum   |
| Life and AD&D Benefit            |        |   |  |
| Eligibility                      |        | All active employees working 30 hours/week  | All active employees working 30 hours/week                       |
| Basic Term Life                  |        | \$25,000  | \$25,000   |
| Basic AD&D                       |        | Equal to Life Benefit   | Equal to Life Benefit  |
| Features                         |        |   |  |
| Portability/Conversion Privilege |        | No/Yes  | <b>Yes</b> /Yes  |
| Waiver of Premium                |        | Included  | Included   |
| Age Reduction (Reduces By)       |        | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80<br>85% at age 85 | 35% at age 65<br>55% at age 70<br>70% at age 75<br>80% at age 80 |
| Accelerated Death Benefit        |        | 50% of the Basic Life Benefit   | 50% of the Basic Life Benefit                                    |
| Rate Guarantee                   |        | Expires 9/30/2025   | Expires 9/30/2027  |
| Rates                            | Lives* |   |  |
| Volume                           | 27     | \$666,300   | \$666,300  |
| Basic Term Life Rate / \$1,000   |        | \$0.310   | \$0.320  |
| AD&D Rate / \$1,000              |        | \$0.030   | \$0.050  |
| Total Life AD&D Rate / \$1,000   |        | \$0.340   | \$0.370  |
| Monthly Premium                  |        | \$227   | \$247  |
| Annual Premium                   |        | \$2,719   | \$2,958  |
| \$ Increase /(Decrease)          |        | N/A   | \$240  |
| % Increase /(Decrease)           |        | N/A   | 8.8%   |
|                                  |        |   |  |

<sup>\*</sup>Lives and volume from July invoice

**Effective Date: October 1, 2025** 



| Schedule of Benefits  | Hun   | nana  | Guai  | dian   |
|---|---|---|---|--|
| Eligibility   |   | mployees working 30<br>/week  |   | mployees working 30<br>/week   |
| Employee  |   | 000 to the lesser of or 7x salary   | Increments of \$10,   | 000 up to <b>\$250,000</b>   |
| Guarantee Issue   | \$75  | ,000  | \$100   | ),000  |
| Spouse  | Increments of \$1,0   | 000 up to \$500,000   |   | ) up to <b>\$250,000</b> NTE<br>(\$10,000 minimum)   |
| Guarantee Issue   | \$35  | ,000  | \$25  | ,000   |
| Child   | •   | nonths: \$500,<br>older: \$10,000   | 14 days and older: Inc  | days: \$500,<br>crements of \$1,000 to<br>E 100% of EE Amount  |
| Guarantee Issue   | \$10  | ,000  | \$10  | ,000   |
| AD&D Benefit  | 100% of L   | ife Benefit   | 100% of Life Benefit  |  |
| Age Reduction (Reduces By)  | Age 70<br>Age 70<br>Age 80  | 5: 35%<br>0: 55%<br>5: 70%<br>0: 80%<br>5: 85%  | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%  |  |
| Portability/Conversion Option   | Yes   | /Yes  | Yes,  | /Yes   |
| Annual Enrollment Option  |   | may add or increase<br>up to \$25,000.  | coverage by an election \$50,000, not to exc  | may increase their ctable amount up to ceed the Guarantee ue.  |
| Minimum Participation   | Curi  | rent  | Greater of 41%  | or 10 enrolled   |
| Rate Guarantee  | Expires 9   | /30/2025  | Expires 9,  | /30/2027   |
| Rates per \$1,000   | Employee  | Spouse (Based on<br>Spouse age)   | Employee  | Spouse* (Based on<br>Employee age)   |
| <25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+ | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 | \$0.074<br>\$0.074<br>\$0.080<br>\$0.108<br>\$0.155<br>\$0.246<br>\$0.403<br>\$0.630<br>\$0.900<br>\$1.600<br>\$3.109<br>\$3.109<br>\$3.109 | \$0.074<br>\$0.074<br>\$0.080<br>\$0.108<br>\$0.155<br>\$0.246<br>\$0.403<br>\$0.630<br>\$0.900<br>\$1.600 |
| Child(ren) - per \$10,000<br>AD&D - Employee/Spouse   |   | 030   | \$1.!<br>\$0.032 (Child A   | 550<br>D&D Available)  |
| a.z. z.inprojecjepować  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | <del>-</del>  | TOIOSE (Cillid A  |  |

**Minimum Participation** 

Rate Guarantee

### RFP Evaluation - Voluntary Life and AD&D



Greater of 44% or 12 enrolled

Expires 9/30/2027

#### Effective Date: October 1, 2025 **Current 2024-2025** Alternate #2 Schedule of Benefits Humana MetLife All active Full Time employees working 40 All active Full Time employees working 30 Eligibility hours/week hours/week Increments of \$1,000 to the lesser of Increments of \$10,000 to the lesser of **Employee** \$1,000,000 or 7x salary **\$500,000** or **5x** salary Guarantee Issue \$75,000 \$100,000 Increments of \$5,000 up to \$100,000 NTE Increments of \$1,000 up to \$500,000 Spouse 50% of EE Amount

| Guarantee Issue               | \$35,000  | \$25,000   |
|-------------------------------|---|--|
| Child                         | 15 days - 6 months: \$500,<br>6 months and older: \$10,000              | 15 days - 6 months: <b>\$1,000</b> ,<br>6 months and older: \$10,000                             |
| Guarantee Issue               | \$10,000  | \$10,000   |
| AD&D Benefit                  | 100% of Life Benefit  | 100% of Life Benefit   |
| Age Reduction (Reduces By)    | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85% | None   |
| Portability/Conversion Option | Yes/Yes   | Yes/Yes  |
| Annual Enrollment Option      | At OE, employees may add or increase coverage by up to \$25,000.        | At OE, employees may increase their coverage to the next benefit level without EOI up to the GI. |

| •        |   | 1   |   |  |
|----------|---|---|---|--|
| Employee | Spouse (Based on Spouse age)  | Employee  | Spouse (Based on<br><u>Employee</u> age)  |  |
| \$0.060  | \$0.060   | \$0.080   | \$0.080   |  |
| \$0.060  | \$0.060   | \$0.080   | \$0.080   |  |
| \$0.070  | \$0.070   | \$0.092   | \$0.092   |  |
| \$0.090  | \$0.090   | \$0.126   | \$0.126   |  |
| \$0.140  | \$0.130   | \$0.171   | \$0.171   |  |
| \$0.220  | \$0.210   | \$0.253   | \$0.253   |  |
| \$0.350  | \$0.330   | \$0.402   | \$0.402   |  |
| \$0.550  | \$0.520   | \$0.728   | \$0.728   |  |
| \$0.780  | \$0.740   | \$1.381   | \$1.381   |  |
| \$1.280  | \$1.210   | \$2.335   | \$2.335   |  |
| \$2.490  | \$2.370   | \$4.343   | \$4.343   |  |
| \$4.810  | \$4.580   | \$4.343   | \$4.343   |  |
|          | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490 | \$0.060 \$0.060 \$0.060 \$0.060 \$0.070 \$0.070 \$0.090 \$0.140 \$0.130 \$0.220 \$0.210 \$0.350 \$0.550 \$0.520 \$0.780 \$1.280 \$1.210 \$2.490 \$2.370 | \$0.060 \$0.060 \$0.080 \$0.080 \$0.080 \$0.070 \$0.070 \$0.090 \$0.126 \$0.140 \$0.220 \$0.210 \$0.253 \$0.350 \$0.350 \$0.520 \$0.728 \$0.780 \$1.280 \$1.280 \$2.370 \$4.343 |  |

Current

Expires 9/30/2025

| 80+                       | \$8.980 | \$8.530 | \$4.343                          | \$4.343 |
|---------------------------|---------|---------|----------------------------------|---------|
| Child(ren) - per \$10,000 | \$2.000 |         | \$2.400                          |         |
| AD&D - Employee/Spouse    | \$0.030 |         | <b>\$0.021</b> / \$0.051 (Child) |         |

**Effective Date: October 1, 2025** 



| Schedule of Benefits  | Hun   | nana  | Principal  |  |  |
|---|---|---|--|--|--|
| Eligibility   |   | mployees working 30<br>/week  |  | mployees working 30<br>/week   |  |
| Employee  |   | 000 to the lesser of or 7x salary   | Increments of \$10,000 up to \$300,000   |  |  |
| Guarantee Issue   | \$75  | ,000  | _  | 70: \$100,000<br>10,000  |  |
| Spouse  | Increments of \$1,0   | 000 up to \$500,000   | Increments of \$5,000 up to <b>\$100,000</b> NTE 100% of EE Amount   |  |  |
| Guarantee Issue   | \$35  | ,000  | Under age 70: <b>\$25,000</b><br>70+: <b>\$10,000</b>  |  |  |
| Child   | Birth - 14 days: \$1,000,<br>6 months and older: \$10,000  Birth - 14 days: \$1,000,<br>100% of EE Amount                                   |   | 5,000 or \$10,000 NTE  |  |  |
| Guarantee Issue   | \$10,000  |   | \$10,000   |  |  |
| AD&D Benefit  | 100% of Life Benefit  |   | 100% of Life Benefit   |  |  |
| Age Reduction (Reduces By)  | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85%   |   | Age 65: 35%<br>Age 70: 50%   |  |  |
| Portability/Conversion Option   | Yes/Yes   |   | Yes/Yes  |  |  |
| Annual Enrollment Option  | At OE, employees may add or increase coverage by up to \$25,000.  |   | At OE, employees and dependents may add<br>or increase coverage up to two benefit<br>increments without EOI.                     |  |  |
| Minimum Participation   | Current   |   | Greater of 20% or 5 enrolled   |  |  |
| Rate Guarantee  | Expires 9   | /30/2025  | Expires 9/30/2027  |  |  |
| Rates per \$1,000   | Employee  | Spouse (Based on<br>Spouse age)   | Employee   | Spouse (Based on<br>Spouse age)  |  |
| <25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+ | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 | \$0.093<br>\$0.093<br>\$0.113<br>\$0.143<br>\$0.234<br>\$0.346<br>\$0.565<br>\$0.912<br>\$1.241<br>\$1.996<br>\$3.442<br>\$3.442 | \$0.093<br>\$0.093<br>\$0.113<br>\$0.143<br>\$0.234<br>\$0.346<br>\$0.565<br>\$0.912<br>\$1.241<br>\$1.996<br>\$3.442<br>\$3.442 |  |
| Child(ren) - per \$10,000<br>AD&D - Employee/Spouse   | \$2.0<br>\$0.   |   | \$2.0<br>\$0.  |  |  |
| ADAD - Elliployee/ Spouse   | \$0.030   |   | \$0.025  |  |  |

**Effective Date: October 1, 2025** 



| Schedule of Benefits  | Hun   | nana  | UnitedHealthcare   |  |  |
|---|---|---|--|--|--|
| Eligibility   |   | mployees working 30<br>/week  | All active Full Time employees working 3 hours/week  |  |  |
| Employee  |   | 000 to the lesser of<br>or 7x salary  | Increments of \$10,000 up to <b>\$300,000</b>  |  |  |
| Guarantee Issue   | \$75  | ,000  | \$50   | ,000   |  |
| Spouse  | Increments of \$1,0   | 000 up to \$500,000   | Increments of \$10,000 up to <b>\$150,000</b>  |  |  |
| Guarantee Issue   | \$35  | ,000  | \$30   | ,000   |  |
| Child   | 15 days - 6 months: \$500,<br>6 months and older: \$10,000  |   | Increments of \$5,000 up to <b>\$15,000</b>  |  |  |
| Guarantee Issue   | \$10  | ,000  | \$15,000   |  |  |
| AD&D Benefit  | 100% of Life Benefit  |   | 100% of Life Benefit   |  |  |
| Age Reduction (Reduces By)  | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85%   |   | Age 65: 35%<br>Age 70: 55%<br>Age 75: 70%<br>Age 80: 80%<br>Age 85: 85%  |  |  |
| Portability/Conversion Option   | Yes   | /Yes  | Yes/ <mark>No</mark>   |  |  |
| Annual Enrollment Option  | At OE, employees may add or increase coverage by up to \$25,000.  |   | one  |  |  |
| Minimum Participation   | Current 25% of eligib   |   | eligible   |  |  |
| Rate Guarantee  | Expires 9/30/2025   |   | Expires 9/30/2026  |  |  |
| Rates per \$1,000   | Employee  | Spouse (Based on<br>Spouse age)   | Employee   | Spouse (Based on Spouse age)   |  |
| <25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+ | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980 | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 | \$0.060<br>\$0.070<br>\$0.080<br>\$0.110<br>\$0.160<br>\$0.260<br>\$0.420<br>\$0.640<br>\$0.870<br>\$1.400<br>\$2.360<br>\$6.990 | \$0.060<br>\$0.070<br>\$0.080<br>\$0.110<br>\$0.160<br>\$0.260<br>\$0.420<br>\$0.640<br>\$0.870<br>\$1.400<br>\$2.360<br>\$6.990 |  |
| Child(ren) - per \$10,000   | \$2.000 \$1.000   |   |  |  |  |
| AD&D - Employee/Spouse  | \$0.  | 030   | \$0.020 (Child AD&D Available)   |  |  |

**Effective Date: October 1, 2025** 



| Schedule of Benefits  | Hun   | Humana Unum   |   | um  |  |  |
|---|---|---|---|---|--|--|
| Eligibility   |   | mployees working 30<br>/week  | All active Full Time employees working 3 hours/week   |   |  |  |
| Employee  |   | 000 to the lesser of<br>or 7x salary  | Increments of \$10,000 to the lesser of \$500,000 or 5x salary  |   |  |  |
| Guarantee Issue   | \$75  | ,000  | \$100   | 0,000   |  |  |
| Spouse  | Increments of \$1,0   | 000 up to \$500,000   | Increments of \$5,000 up to \$500,000 NTE<br>100% of EE Amount  |   |  |  |
| Guarantee Issue   | \$35  | ,000  | \$15  | \$15,000  |  |  |
| Child   | Birth - 6 months: \$1,000 15 days - 6 months: \$500, 6 months and older: \$10,000 to a max of \$10,000 NTE 100% Amount  |   | Increments of \$2,000<br>00 NTE 100% of EE  |   |  |  |
| Guarantee Issue   | \$10,000  |   | \$10  | \$10,000  |  |  |
| AD&D Benefit  | 100% of Life Benefit  |   | 100% of Life Benefit  |   |  |  |
| Age Reduction (Reduces By)  | Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%  Age 85: 85%  Age 65: 33 Age 65: 33 Age 70: 55 |   | : 55%<br>: 70%  |   |  |  |
| Portability/Conversion Option   | Yes/Yes   |   | Yes/Yes   |   |  |  |
| Annual Enrollment Option  | At OE, employees may add or increase coverage by up to \$25,000.  |   | None  |   |  |  |
| Minimum Participation   | Current   |   | Greater of 41% or 10 enrolled   |   |  |  |
| Rate Guarantee  | Expires 9   | /30/2025  | Expires 9/30/2027   |   |  |  |
| Rates per \$1,000   | Employee  | Spouse (Based on<br>Spouse age)   | Employee  | Spouse (Based on<br>Spouse age)   |  |  |
| <25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+ | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.140<br>\$0.220<br>\$0.350<br>\$0.550<br>\$0.780<br>\$1.280<br>\$2.490<br>\$4.810<br>\$8.980                       | \$0.060<br>\$0.060<br>\$0.070<br>\$0.090<br>\$0.130<br>\$0.210<br>\$0.330<br>\$0.520<br>\$0.740<br>\$1.210<br>\$2.370<br>\$4.580<br>\$8.530 | \$0.090<br>\$0.110<br>\$0.160<br>\$0.240<br>\$0.340<br>\$0.530<br>\$0.740<br>\$1.130<br>\$1.410<br>\$1.730<br>\$3.180<br>\$11.240 | \$0.090<br>\$0.110<br>\$0.160<br>\$0.240<br>\$0.340<br>\$0.530<br>\$0.740<br>\$1.130<br>\$1.410<br>\$1.730<br>\$3.180<br>\$11.240 |  |  |
| Child(ren) - per \$10,000<br>AD&D - Employee/Spouse   | · ·   | 030   | \$3.000<br>\$0.030 (Child AD&D Available)   |   |  |  |
| ADQD - Elliployee/Spouse  | ŞU.   | 030   | ŞU.USU (CNIIQ A   | DOD Available)  |  |  |

### **Summary of Costs - Dental**

**Effective Date: October 1, 2025** 



| Summary                       | Current  | Renewal  | Alternate #1 | Alternate #2 | Alternate #3 | Alternate #4a    | Alternate #4b    | Alternate #5* |
|-------------------------------|----------|----------|--------------|--------------|--------------|------------------|------------------|---------------|
| Dental                        | Humana   | Humana   | Guardian     | MetLife      | Principal    | UnitedHealthcare | UnitedHealthcare | Unum          |
| Dental PPO                    | \$9,568  | \$10,676 | \$8,298      | \$11,386     | \$9,760      | \$10,554         | \$10,554         | \$16,891      |
| Difference From Current       | N/A      | \$1,107  | -\$1,271     | \$1,818      | \$192        | \$986            | \$986            | \$7,323       |
| Dental HMO                    | \$2,000  | \$2,000  | \$2,224      | \$1,660      | \$1,693      | \$1,974          | \$1,836          | Not Quoted    |
| Difference From Current       | N/A      | \$0      | \$224        | -\$340       | -\$307       | -\$26            | -\$165           | N/A           |
| TOTAL COST                    | \$11,568 | \$12,676 | \$10,522     | \$13,046     | \$11,453     | \$12,528         | \$12,390         | \$16,891      |
| TOTAL \$ Increase /(Decrease) | N/A      | \$1,107  | -\$1,047     | \$1,478      | -\$116       | \$960            | \$821            | \$5,323       |
| TOTAL % Increase /(Decrease)  | N/A      | 9.6%     | -9.0%        | 12.8%        | -1.0%        | 8.3%             | 7.1%             | 46.0%         |

\*Unum did not quote a DHMO product. Costs above assume 100% enrollment in DPPO product.

