City of Pahokee

September 9, 2025

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

Recommendations

City of Pahokee
Renewal & RFP Evaluation - Medical
Effective Date: October 1, 2025

RISK strategies | GEHRING GROUP A RISK STRATEGIES COMPANY

RECOMMENDATION

	CURRENT 2024-2025		RENEWAL 2025-2026	
Schedule of Benefits	**Florida Blue - BlueCare 16253**	**Florida Blue - BlueCare 14256**	**Florida Blue - BlueCare 16253**	**Florida Blue - BlueCare 14256**
	In Network Only	*In Network Only*	*In Network Only*	*In Network Only*
Deductible (Calendar Year - CYD)				
Single	$4,250	$1,000	$4,250	$1,000
Family	$8,500	$3,000	$8,500	$3,000
Coinsurance	0%	20%	0%	20%
Maximum Out of Pocket (MOOP)				
Single	$9,300	$5,500	**$9,200**	$5,500
Family	$18,600	$11,000	**$18,400**	$11,000
Non-Hospital Services				
Physician Office Visit	$25	$20	**$35**	$20
Specialist Visit	$55	$45	**$65**	$45
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge
Clinical Laboratory Services	$55	$25	$55	$25
Advanced Imaging (MRI, PET, CT scans)	$350	$250	**$550**	**$350**
Outpatient Surgery in Surgical Center	$400	$200	$400	$200
Physician Services at Surgical Center	$150	$100	$150	**$150**
Urgent Care Center	$60	$50	$60	$50
Hospital Services				
Inpatient Hospital	CYD + $1,000/adm	CYD + $500/adm	CYD + $1,000/adm	CYD + $500/adm
Outpatient Hospital	$500	$350	**$650**	**$450**
Physician Services at Hospital	$150	$100	$150	**$150**
Emergency Room Visit	CYD + $300	$500	CYD + $300	**$600**
Mental Health / Substance Abuse Services				
Inpatient Facility	No Charge	No Charge	No Charge	No Charge
Outpatient Services	No Charge	No Charge	No Charge	No Charge
Prescription Drug Benefits				
Tier 1	$0 / $4 / $15	$0 /$4 / $15	$0 / $4 / $15	$0 /$4 / $15
Tier 2	$30 / $75	$30 / $60	$30 / $75	$30 / $60
Tier 3	$150	$100	$150	$100
Tier 4	N/A	N/A	N/A	N/A
Tier 5 - Specialty	$300	$200	$300	$200
Mail Order (90 day supply)	2x Retail	2x Retail	2x Retail	2x Retail
Rates **1** **2[1]**				
Employee Only 2 22	$769.07	$886.83	$839.30	$967.42
Employee + Spouse 0 0	$1,538.13	$1,773.67	$1,678.59	$1,934.84
Employee + Child(ren) 0 0	$1,422.77	$1,640.64	$1,552.70	$1,789.73
Employee + Family 0 0	$2,191.84	$2,527.48	$2,392.00	$2,757.15
Monthly Premium **2 22**	**$1,538**	**$19,510**	**$1,679**	**$21,283**
Annual Premium **24**	**$18,458**	**$234,123**	**$20,143**	**$255,399**
TOTAL Premium	**$252,581**		**$275,542**	
Annual $ Increase/(Decrease)	**N/A**		**$22,961**	
Annual % Increase/(Decrease)	**N/A**		**9.1%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

RECOMMENDATION

SCHEDULE OF BENEFITS		Current 2024-2025 Humana		Negotiated Renewal 2025-2026 Humana	
		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		None	
Deductible		*Calendar Year*		*Calendar Year*	
Single/Family		$50/$150		$50/$150	
Is deductible waived for Class 1 services?		Yes		Yes	
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% up to $2,000		50% up to $2,000	
Dental Plan Reimbursement Level					
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation		***Current***		***Current***	
Rate Guarantee		***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]				
Employee	10	$34.84		$39.10	
Employee + Spouse	1	$69.67		$78.20	
Employee + Child(ren)	1	$101.03		$111.91	
Employee + Family	2	$139.12		$154.26	
Monthly Premium	***14***	**$797**		**$890**	
Annual Premium		**$9,568**		**$10,676**	
Annual $ Increase/Decrease		**N/A**		**$1,107**	
Annual % Increase/Decrease		**N/A**		**11.6%**	

[1] *Lives from July Invoice*

***Original Renewal: 13.9%**

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

RISK strategies | GEHRING GROUP A RISK STRATEGIES COMPANY

RECOMMENDATION

SCHEDULE OF BENEFITS		Current 2024-2025 Humana Dental Prepaid HS210	Renewal 2025-2026 Humana 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)		**N/A**	**$0**
% Increase / (Decrease)		**N/A**	**0.0%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Vision
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**
Eye Exam Copay	$0	Up to $30	$0	Up to $30
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 months	
Lenses or Contact Lenses	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 24 months	
Lenses				
Single	$0	Up to $25	$0	Up to $25
Bifocal	$0	Up to $40	$0	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				
Retail Allowance	Up to $200 + 20% off retail	Up to $100	Up to $200 + 20% off retail	Up to $100
Contacts Lenses				
Elective	Up to $200 + 15% off retail	Up to $160	Up to $200 + 15% off retail	Up to $160
Non-Elective (Medically Necessary)	$0	Up to $210	$0	Up to $210
Fitting and Evaluation (Standard)	$0	Up to $30	$0	Up to $30
Rate Guarantee	***Expires 9/30/2026***		***Expires 9/30/2026***	
Monthly Rates	***Lives*** [1]			
Employee	8	$9.83		$9.83
Employee + Spouse	3	$19.66		$19.66
Employee + Child(ren)	3	$18.68		$18.68
Employee + Family	3	$29.36		$29.36
Monthly Premium	**17**	**$282**		**$282**
Annual Premium		**$3,381**		**$3,381**
$ Increase /(Decrease)		**N/A**		**$0**
% Increase /(Decrease)		**N/A**		**0.0%**

[1] *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
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		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 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80 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%**

**Lives and volume from July invoice*

***Original renewal - 11.8%**

City of Pahokee

RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2025

RECOMMENDATION

	Current 2024-2025		Renewal 2025-2026	
Schedule of Benefits	**Humana**		**Humana**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 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 $1,000 up to $500,000		Increments of $1,000 up to $500,000	
Guarantee Issue	$35,000		$35,000	
Child	15 days - 6 months: $500, 6 months and older: $10,000		15 days - 6 months: $500, 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% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	
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 add or increase coverage by up to $25,000.	
Minimum Participation	***Current***		***Current***	
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	$0.060	$0.060	$0.060	$0.060
25 - 29	$0.060	$0.060	$0.060	$0.060
30 - 34	$0.070	$0.070	$0.070	$0.070
35 - 39	$0.090	$0.090	$0.090	$0.090
40 - 44	$0.140	$0.130	$0.140	$0.130
45 - 49	$0.220	$0.210	$0.220	$0.210
50 - 54	$0.350	$0.330	$0.350	$0.330
55 - 59	$0.550	$0.520	$0.550	$0.520
60 - 64	$0.780	$0.740	$0.780	$0.740
65 - 69	$1.280	$1.210	$1.280	$1.210
70 - 74	$2.490	$2.370	$2.490	$2.370
75 - 79	$4.810	$4.580	$4.810	$4.580
80+	$8.980	$8.530	$8.980	$8.530
Child(ren) - per $10,000	$2.000		$2.000	
AD&D - Employee/Spouse	$0.030		$0.030	

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

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RECOMMENDATION

	*Lives**	Current 2024-2025 Employee	EE/Pay (24)	Employer	Total	Renewal 2025-2026 Employee	EE/Pay (24)	Employer	Total	ER%
Medical HMO Plan 1			**Florida Blue BlueCare 16253**				**Florida Blue BlueCare 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 BlueCare 14256**				**Florida Blue BlueCare 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			**Humana**				**Humana**			
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			**Humana**				**Humana**			
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			**Humana**				**Humana**			
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			**Humana**				**Humana**			
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&D			**Humana**				**Humana**			
Voluntary Life Rate			Age Banded Rates				Age Banded Rates			0%
Annual Total		**$4,788**		**$0**	**$4,788**	**$4,788**		**$0**	**$4,788**	
$ Increase/Decrease						**$0**		**$0**	**$0**	
% Increase/Decrease						**0.0%**		**0.0%**	**0.0%**	
COMBINED ANNUAL TOTAL		**$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%**	

**Enrollment lives from July 2025 Invoices*

Addendum

City of Pahokee
Renewal & RFP Evaluation - Medical
Effective Date: October 1, 2025

			CURRENT 2024-2025		ALTERNATE #1	
Schedule of Benefits			**Florida Blue - BlueCare 16253**	**Florida Blue - BlueCare 14256**	**Florida Blue - BlueCare 24301**	**Florida Blue - BlueCare 14353**
			In Network Only	*In Network Only*	*In Network Only*	*In Network Only*
Deductible (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%
Maximum Out of Pocket (MOOP)						
Single			$9,300	$5,500	**$9,100**	**$5,000**
Family			$18,600	$11,000	**$18,200**	**$10,000**
Non-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**	**$50**
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**
Hospital Services						
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**
Mental Health / Substance Abuse Services						
Inpatient Facility			No Charge	No Charge	No Charge	No Charge
Outpatient Services			No Charge	No Charge	No Charge	No Charge
Prescription Drug Benefits						
Tier 1			$0 / $4 / $15	$0 /$4 / $15	$0 / $4 / $15	$0 /$4 / **$10**
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
Rates	**1**	**2[1]**				
Employee Only	2	22	$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
Monthly Premium	**2**	**22**	**$1,538**	**$19,510**	**$1,595**	**$20,425**
Annual Premium		**24**	**$18,458**	**$234,123**	**$19,144**	**$245,100**
TOTAL Premium			**$252,581**		**$264,245**	
Annual $ Increase/(Decrease)			**N/A**		**$11,664**	
Annual % Increase/(Decrease)			**N/A**		**4.6%**	

[1] *Lives from July Invoice*

City of Pahokee
Renewal & RFP Evaluation - Medical
Effective Date: October 1, 2025

			CURRENT 2024-2025		ALTERNATE #2*	
Schedule of Benefits			**Florida Blue - BlueCare 16253**	**Florida Blue - BlueCare 14256**	**UnitedHealthcare - NHP HMO DYZY NH2S**	**UnitedHealthcare - 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: **$500** / Non-DDP: **50% after CYD**	DDP: **$500** / Non-DDP: **50% after CYD**
Outpatient Surgery in Surgical Center			$400	$200	**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**
Hospital Services						
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	**2.5**x Retail	**2.5**x Retail
Rates	**1**	**2[1]**				
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	**24**		**$18,458**	**$234,123**	**$20,218**	**$253,836**
TOTAL Premium			**$252,581**		**$274,054**	
Annual $ Increase/(Decrease)			**N/A**		**$21,474**	
Annual % Increase/(Decrease)			**N/A**		**8.5%**	

[1]Lives from July Invoice

**UnitedHealthcare rates subject to change based on final enrollment.*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #1	
SCHEDULE OF BENEFITS	**Humana**		**Guardian**	
	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		**No**	
Waiting Period(s)	None		None	
Deductible	***Calendar Year***		***Calendar Year***	
Single/Family	$50/$150		$50/$150	
Is deductible waived for Class 1 services?	Yes		Yes	
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% up to $2,000		50% up to **$1,500**	
Dental Plan Reimbursement Level				
Benefits Reimbursement Level	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation	***Current***		***81% of eligible employees***	
Rate Guarantee	***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]			
Employee	10	$34.84		$30.43
Employee + Spouse	1	$69.67		$61.78
Employee + Child(ren)	1	$101.03		$82.24
Employee + Family	2	$139.12		$121.57
Monthly Premium	***14***	**$797**		**$691**
Annual Premium		**$9,568**		**$8,298**
Annual $ Increase/Decrease		**N/A**		**-$1,271**
Annual % Increase/Decrease		**N/A**		**-13.3%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #2	
SCHEDULE OF BENEFITS	**Humana**		**MetLife**	
	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?	Yes		Yes	
Waiting Period(s)	None		None	
Deductible	***Calendar Year***		***Calendar Year***	
Single/Family	$50/$150		$50/$150	
Is deductible waived for Class 1 services?	Yes		Yes	
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	**50%**	**50%**
Class 4 Services: Orthodontia				
Orthodontia Lifetime Maximum (Adult & Child)	50% up to $2,000		50% up to $2,000 **(Child Only)**	
Dental Plan Reimbursement Level				
Benefits Reimbursement Level	Fee Schedule	Fee Schedule	Fee Schedule	**90th Percentile**
Required Participation	***Current***		***Greater of 52% of all eligible or 15 enrolled***	
Rate Guarantee	***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]			
Employee	10	$34.84		$44.41
Employee + Spouse	1	$69.67		$87.17
Employee + Child(ren)	1	$101.03		$103.40
Employee + Family	2	$139.12		$157.09
Monthly Premium	***14***	**$797**		**$949**
Annual Premium		**$9,568**		**$11,386**
Annual $ Increase/Decrease		**N/A**		**$1,818**
Annual % Increase/Decrease		**N/A**		**19.0%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

		Current 2024-2025		Alternate #3	
SCHEDULE OF BENEFITS		**Humana**		**Principal**	
		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		Yes	
Waiting Period(s)		None		None	
Deductible		***Calendar Year***		***Calendar Year***	
Single/Family		$50/$150		$50/$150	
Is deductible waived for Class 1 services?		Yes		Yes	
Class 1 Services: Preventive and Diagnostic					
Routine Oral Exam		100%	100%	100%	100%
Routine Cleaning		100% (2x/year)	100%	100% (**4x**/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% up to $2,000		50% up to $2,000	
Dental Plan Reimbursement Level					
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation		***Current***		***50% of eligible employees***	
Rate Guarantee		***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]				
Employee	10	$34.84		$38.25	
Employee + Spouse	1	$69.67		$74.42	
Employee + Child(ren)	1	$101.03		$90.52	
Employee + Family	2	$139.12		$132.93	
Monthly Premium	***14***	**$797**		**$813**	
Annual Premium		**$9,568**		**$9,760**	
Annual $ Increase/Decrease		**N/A**		**$192**	
Annual % Increase/Decrease		**N/A**		**2.0%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

		Current 2024-2025		Alternate #4	
SCHEDULE OF BENEFITS		**Humana**		**UnitedHealthcare**	
		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		None	
Deductible		***Calendar Year***		***Calendar Year***	
Single/Family		$50/$150		$50/$150	
Is deductible waived for Class 1 services?		Yes		Yes	
Class 1 Services: Preventive and Diagnostic					
Routine Oral Exam		100%	100%	100%	100%
Routine Cleaning		100% (2x/year)	100%	100% (**4x**/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% up to $2,000		50% up to $2,000	
Dental Plan Reimbursement Level					
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation		***Current***		***50% of eligible employees***	
Rate Guarantee		***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]				
Employee	10	$34.84		$41.06	
Employee + Spouse	1	$69.67		$82.12	
Employee + Child(ren)	1	$101.03		$96.62	
Employee + Family	2	$139.12		$145.09	
Monthly Premium	***14***	**$797**		**$880**	
Annual Premium		**$9,568**		**$10,554**	
Annual $ Increase/Decrease		**N/A**		**$986**	
Annual % Increase/Decrease		**N/A**		**10.3%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental PPO
Effective Date: October 1, 2025

		Current 2024-2025		Alternate #5	
SCHEDULE OF BENEFITS		**Humana**		**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?		Yes		Yes	
Waiting Period(s)		None		Ortho: 12 Months	
Deductible		***Calendar Year***		***Calendar Year***	
Single/Family		$50/$150		$50/$150	
Is deductible waived for Class 1 services?		Yes		Yes	
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 to $2,000	
Dental Plan Reimbursement Level					
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation		***Current***		***51% of eligible employees***	
Rate Guarantee		***Expires 9/30/2025***		***Expires 9/30/2026***	
Rates	***Lives*** [1]				
Employee	10	$34.84		$39.77	
Employee + Spouse	1	$69.67		$78.78	
Employee + Child(ren)	1	$101.03		$100.53	
Employee + Family	2	$139.12		$150.81	
Monthly Premium	***14***	**$797**		**$879**	
Annual Premium		**$9,568**		**$10,544**	
Annual $ Increase/Decrease		**N/A**		**$975**	
Annual % Increase/Decrease		**N/A**		**10.2%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #1
SCHEDULE OF BENEFITS		**Humana Dental Prepaid HS210**	**Guardian 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%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #2
SCHEDULE OF BENEFITS		**Humana Dental Prepaid HS210**	**MetLife 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%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #3
SCHEDULE OF BENEFITS		**Humana Dental Prepaid HS210**	**Principal 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%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #4
SCHEDULE OF BENEFITS		**Humana Dental Prepaid HS210**	**UnitedHealthcare 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%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Dental HMO
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #5
SCHEDULE OF BENEFITS		**Humana Dental Prepaid HS210**	**UnitedHealthcare 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%**

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Vision
Effective Date: October 1, 2025

	Current 2024-2025		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 **$39**
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 months	
Lenses or Contact Lenses	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 24 months	
Lenses				
Single	$0	Up to $25	$0	Up to **$23**
Bifocal	$0	Up to $40	$0	Up to **$37**
Trifocal	$0	Up to $60	$0	Up to **$49**
Lenticular	$0	Up to $100	$0	Up to **$64**
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 retail	Up to **$46**
Contacts Lenses				
Elective	Up to $200 + 15% off retail	Up to $160	Up to $200	Up to **$100**
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; 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**	**$282**	**$347**	
Annual Premium		**$3,381**	**$4,160**	
$ Increase /(Decrease)		**N/A**	**$779**	
% Increase /(Decrease)		**N/A**	**23.1%**	

[1] *Lives from July Invoice*

*Vision is contingent on sale of dental.

City of Pahokee
RFP Evaluation - Vision
Effective Date: October 1, 2025

		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 **$45**
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 months	
Lenses or Contact Lenses		Every 12 months		Every 12 months	
Frames		Every 24 months		Every 24 months	
Lenses					
Single		$0	Up to $25	$0	Up to **$30**
Bifocal		$0	Up to $40	$0	Up to **$50**
Trifocal		$0	Up to $60	$0	Up to **$65**
Lenticular		$0	Up to $100	$0	Up to $100
Standard Progressive		$0	Up to $40	**$55**	Up to **$50**
Frames					
Retail Allowance		Up to $200 + 20% off retail	Up to $100	Up to $200 + 20% off retail	Up to **$70**
Contacts Lenses					
Elective		Up to $200 + 15% off retail	Up to $160	Up to $200	Up to **$105**
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 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**	**$282**		**$229**	
Annual Premium		**$3,381**		**$2,749**	
$ Increase /(Decrease)		**N/A**		**-$631**	
% Increase /(Decrease)		**N/A**		**-18.7%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Vision
Effective Date: October 1, 2025

		Current 2024-2025		Alternate #4	
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 **$45**
Materials Copay		$0	Varies	**$10**	Varies
Retinal Imaging		Up to $39	Not Covered	Not Provided	Not Provided
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					
Single		$0	Up to $25	**$10**	Up to **$30**
Bifocal		$0	Up to $40	**$10**	Up to **$50**
Trifocal		$0	Up to $60	**$10**	Up to **$65**
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 retail	Up to **$70**
Contacts Lenses					
Elective		Up to $200 + 15% off retail	Up to $160	Up to $200	Up to **$105**
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**		**$237**	
Annual Premium		**$3,381**		**$2,849**	
$ Increase /(Decrease)		**N/A**		**-$532**	
% Increase /(Decrease)		**N/A**		**-15.7%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Vision
Effective Date: October 1, 2025

		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 **$40**
Materials Copay		$0	Varies	$0	Varies
Retinal Imaging		Up to $39	Not Covered	**$0** (Diabetics only)	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					
Single		$0	Up to $25	$0	Up to **$40**
Bifocal		$0	Up to $40	$0	Up to **$60**
Trifocal		$0	Up to $60	$0	Up to **$80**
Lenticular		$0	Up to $100	$0	Up to **$80**
Standard Progressive		$0	Up to $40	**$55**	Up to **$60**
Frames					
Retail Allowance		Up to $200 + 20% off retail	Up to $100	Up to $200 + **30% off retail**	Up to **$45**
Contacts Lenses					
Elective		Up to $200 + 15% off retail	Up to $160	Up to $200	Up to **$175**
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	***Lives*** [1]				
Employee	8	$9.83		$8.94	
Employee + Spouse	3	$19.66		$16.95	
Employee + Child(ren)	3	$18.68		$19.89	
Employee + Family	3	$29.36		$27.99	
Monthly Premium	**17**	**$282**		**$266**	
Annual Premium		**$3,381**		**$3,192**	
$ Increase /(Decrease)		**N/A**		**-$189**	
% Increase /(Decrease)		**N/A**		**-5.6%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Vision
Effective Date: October 1, 2025

		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 **$40**
Materials Copay		$0	Varies	**$25**	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					
Single		$0	Up to $25	**$25**	Up to **$30**
Bifocal		$0	Up to $40	**$25**	Up to **$50**
Trifocal		$0	Up to $60	**$25**	Up to **$70**
Lenticular		$0	Up to $100	**$25**	Up to **$70**
Standard Progressive		$0	Up to $40	**$90**	Up to **$50**
Frames					
Retail Allowance		Up to $200 + 20% off retail	Up to $100	Up to $200 + 20% off retail	Up to **$140**
Contacts Lenses					
Elective		Up to $200 + 15% off retail	Up to $160	Up to $200	Up to **$200**
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	***Lives*** [1]				
Employee	8	$9.83		$6.46	
Employee + Spouse	3	$19.66		$12.91	
Employee + Child(ren)	3	$18.68		$14.41	
Employee + Family	3	$29.36		$22.53	
Monthly Premium	**17**	**$282**		**$201**	
Annual Premium		**$3,381**		**$2,415**	
$ Increase /(Decrease)		**N/A**		**-$966**	
% Increase /(Decrease)		**N/A**		**-28.6%**	

[1] *Lives from July Invoice*

City of Pahokee
RFP Evaluation - Basic Life and AD&D
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #1
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	**Yes**/Yes
Waiver of Premium		Included	Included
Age Reduction (Reduces By)		35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	**35% at age 65** **55% at age 70** **70% at age 75** **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%**

**Lives and volume from July invoice*

City of Pahokee
RFP Evaluation - Basic Life and AD&D
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #2
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 55% at age 70 70% at age 75 80% at age 80 85% at age 85	**35% at age 65** **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%**

**Lives and volume from July invoice*

City of Pahokee
RFP Evaluation - Basic Life and AD&D
Effective Date: October 1, 2025

		Current 2024-2025	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 55% at age 70 70% at age 75 80% at age 80 85% at age 85	**35% at age 65** **50% at age 70**
Accelerated Death Benefit		50% of the Basic Life Benefit	**75%** 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%**

**Lives and volume from July invoice*

City of Pahokee
RFP Evaluation - Basic Life and AD&D
Effective Date: October 1, 2025

		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 55% at age 70 70% at age 75 80% at age 80 85% at age 85	**35% at age 65** **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%**

**Lives and volume from July invoice*

City of Pahokee
RFP Evaluation - Basic Life and AD&D
Effective Date: October 1, 2025

		Current 2024-2025	Alternate #5
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	**Yes**/Yes
Waiver of Premium		Included	Included
Age Reduction (Reduces By)		35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	**35% at age 65** **55% at age 70** **70% at age 75** **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%**

**Lives and volume from July invoice*

City of Pahokee
RFP Evaluation - Voluntary Life and AD&D
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #1	
Schedule of Benefits	**Humana**		**Guardian**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 or 7x salary		Increments of $10,000 up to **$250,000**	
Guarantee Issue	$75,000		**$100,000**	
Spouse	Increments of $1,000 up to $500,000		Increments of $5,000 up to **$250,000** NTE 100% of EE Amount ($10,000 minimum)	
Guarantee Issue	$35,000		**$25,000**	
Child	15 days - 6 months: $500, 6 months and older: $10,000		Birth - 14 days: $500, **14 days** and older: Increments of $1,000 to a max of $10,000 NTE 100% of EE Amount	
Guarantee Issue	$10,000		$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 65: 35%** **Age 70: 55%** **Age 75: 70%** **Age 80: 80%**	
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 by an electable amount up to $50,000, not to exceed the Guarantee Issue.	
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 Spouse age)***	***Employee***	***Spouse* (Based on Employee age)***
<25	$0.060	$0.060	**$0.074**	**$0.074**
25 - 29	$0.060	$0.060	**$0.074**	**$0.074**
30 - 34	$0.070	$0.070	**$0.080**	**$0.080**
35 - 39	$0.090	$0.090	**$0.108**	**$0.108**
40 - 44	$0.140	$0.130	**$0.155**	**$0.155**
45 - 49	$0.220	$0.210	**$0.246**	**$0.246**
50 - 54	$0.350	$0.330	**$0.403**	**$0.403**
55 - 59	$0.550	$0.520	**$0.630**	**$0.630**
60 - 64	$0.780	$0.740	**$0.900**	**$0.900**
65 - 69	$1.280	$1.210	**$1.600**	**$1.600**
70 - 74	$2.490	$2.370	**$3.109**	-
75 - 79	$4.810	$4.580	**$3.109**	-
80+	$8.980	$8.530	**$3.109**	-
Child(ren) - per $10,000	$2.000		**$1.550**	
AD&D - Employee/Spouse	$0.030		**$0.032** (**Child AD&D Available**)	

City of Pahokee
RFP Evaluation - Voluntary Life and AD&D
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #2	
Schedule of Benefits	**Humana**		**MetLife**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working **40** hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 or 7x salary		Increments of $10,000 to the lesser of **$500,000** or **5x** salary	
Guarantee Issue	$75,000		**$100,000**	
Spouse	Increments of $1,000 up to $500,000		Increments of $5,000 up to **$100,000** NTE 50% of EE Amount	
Guarantee Issue	$35,000		**$25,000**	
Child	15 days - 6 months: $500, 6 months and older: $10,000		15 days - 6 months: **$1,000**, 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% Age 70: 55% Age 75: 70% Age 80: 80% 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.	
Minimum Participation	***Current***		***Greater of 44% or 12 enrolled***	
Rate Guarantee	***Expires 9/30/2025***		***Expires 9/30/2027***	
Rates per $1,000	***Employee***	***Spouse (Based on Spouse age)***	***Employee***	***Spouse (Based on Employee age)***
<25	$0.060	$0.060	**$0.080**	**$0.080**
25 - 29	$0.060	$0.060	**$0.080**	**$0.080**
30 - 34	$0.070	$0.070	**$0.092**	**$0.092**
35 - 39	$0.090	$0.090	**$0.126**	**$0.126**
40 - 44	$0.140	$0.130	**$0.171**	**$0.171**
45 - 49	$0.220	$0.210	**$0.253**	**$0.253**
50 - 54	$0.350	$0.330	**$0.402**	**$0.402**
55 - 59	$0.550	$0.520	**$0.728**	**$0.728**
60 - 64	$0.780	$0.740	**$1.381**	**$1.381**
65 - 69	$1.280	$1.210	**$2.335**	**$2.335**
70 - 74	$2.490	$2.370	**$4.343**	**$4.343**
75 - 79	$4.810	$4.580	**$4.343**	**$4.343**
80+	$8.980	$8.530	**$4.343**	**$4.343**
Child(ren) - per $10,000	$2.000		**$2.400**	
AD&D - Employee/Spouse	$0.030		**$0.021** / $0.051 (Child)	

City of Pahokee

RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2025

	Current 2024-2025		Alternate #3	
Schedule of Benefits	**Humana**		**Principal**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 or 7x salary		Increments of $10,000 up to **$300,000**	
Guarantee Issue	$75,000		Under age 70: **$100,000** 70+: **$10,000**	
Spouse	Increments of $1,000 up to $500,000		Increments of $5,000 up to **$100,000** NTE 100% of EE Amount	
Guarantee Issue	$35,000		Under age 70: **$25,000** 70+: **$10,000**	
Child	15 days - 6 months: $500, 6 months and older: $10,000		Birth - 14 days: **$1,000**, **14 days** and older: $5,000 or $10,000 NTE 100% of EE Amount	
Guarantee Issue	$10,000		$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 65: 35%** **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 or increase coverage up to two benefit 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 Spouse age)***	***Employee***	***Spouse (Based on Spouse age)***
<25	$0.060	$0.060	**$0.093**	**$0.093**
25 - 29	$0.060	$0.060	**$0.093**	**$0.093**
30 - 34	$0.070	$0.070	**$0.113**	**$0.113**
35 - 39	$0.090	$0.090	**$0.143**	**$0.143**
40 - 44	$0.140	$0.130	**$0.234**	**$0.234**
45 - 49	$0.220	$0.210	**$0.346**	**$0.346**
50 - 54	$0.350	$0.330	**$0.565**	**$0.565**
55 - 59	$0.550	$0.520	**$0.912**	**$0.912**
60 - 64	$0.780	$0.740	**$1.241**	**$1.241**
65 - 69	$1.280	$1.210	**$1.996**	**$1.996**
70 - 74	$2.490	$2.370	**$3.442**	**$3.442**
75 - 79	$4.810	$4.580	**$3.442**	**$3.442**
80+	$8.980	$8.530	**$3.442**	**$3.442**
Child(ren) - per $10,000	$2.000		$2.000	
AD&D - Employee/Spouse	$0.030		**$0.025**	

City of Pahokee
RFP Evaluation - Voluntary Life and AD&D
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #4	
Schedule of Benefits	**Humana**		**UnitedHealthcare**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 or 7x salary		Increments of $10,000 up to **$300,000**	
Guarantee Issue	$75,000		**$50,000**	
Spouse	Increments of $1,000 up to $500,000		Increments of $10,000 up to **$150,000**	
Guarantee Issue	$35,000		**$30,000**	
Child	15 days - 6 months: $500, 6 months and older: $10,000		Increments of $5,000 up to **$15,000**	
Guarantee Issue	$10,000		**$15,000**	
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 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	
Portability/Conversion Option	Yes/Yes		Yes/**No**	
Annual Enrollment Option	At OE, employees may add or increase coverage by up to $25,000.		None	
Minimum Participation	***Current***		***25% of eligible***	
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	$0.060	$0.060	$0.060	$0.060
25 - 29	$0.060	$0.060	**$0.070**	**$0.070**
30 - 34	$0.070	$0.070	**$0.080**	**$0.080**
35 - 39	$0.090	$0.090	**$0.110**	**$0.110**
40 - 44	$0.140	$0.130	**$0.160**	**$0.160**
45 - 49	$0.220	$0.210	**$0.260**	**$0.260**
50 - 54	$0.350	$0.330	**$0.420**	**$0.420**
55 - 59	$0.550	$0.520	**$0.640**	**$0.640**
60 - 64	$0.780	$0.740	**$0.870**	**$0.870**
65 - 69	$1.280	$1.210	**$1.400**	**$1.400**
70 - 74	$2.490	$2.370	**$2.360**	**$2.360**
75 - 79	$4.810	$4.580	**$6.990**	**$6.990**
80+	$8.980	$8.530	**$6.990**	**$6.990**
Child(ren) - per $10,000	$2.000		**$1.000**	
AD&D - Employee/Spouse	$0.030		**$0.020 (Child AD&D Available)**	

City of Pahokee
RFP Evaluation - Voluntary Life and AD&D
Effective Date: October 1, 2025

	Current 2024-2025		Alternate #5	
Schedule of Benefits	**Humana**		**Unum**	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of $1,000 to the lesser of $1,000,000 or 7x salary		Increments of $10,000 to the lesser of **$500,000** or **5x** salary	
Guarantee Issue	$75,000		**$100,000**	
Spouse	Increments of $1,000 up to $500,000		Increments of $5,000 up to $500,000 NTE 100% of EE Amount	
Guarantee Issue	$35,000		**$15,000**	
Child	15 days - 6 months: $500, 6 months and older: $10,000		Birth - 6 months: **$1,000** 6 months and older: Increments of $2,000 to a max of $10,000 NTE 100% of EE Amount	
Guarantee Issue	$10,000		$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 65: 35%** **Age 70: 55%** **Age 75: 70%** **Age 80: 80%**	
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 Spouse age)***	***Employee***	***Spouse (Based on Spouse age)***
<25	$0.060	$0.060	**$0.090**	**$0.090**
25 - 29	$0.060	$0.060	**$0.110**	**$0.110**
30 - 34	$0.070	$0.070	**$0.160**	**$0.160**
35 - 39	$0.090	$0.090	**$0.240**	**$0.240**
40 - 44	$0.140	$0.130	**$0.340**	**$0.340**
45 - 49	$0.220	$0.210	**$0.530**	**$0.530**
50 - 54	$0.350	$0.330	**$0.740**	**$0.740**
55 - 59	$0.550	$0.520	**$1.130**	**$1.130**
60 - 64	$0.780	$0.740	**$1.410**	**$1.410**
65 - 69	$1.280	$1.210	**$1.730**	**$1.730**
70 - 74	$2.490	$2.370	**$3.180**	**$3.180**
75 - 79	$4.810	$4.580	**$11.240**	**$11.240**
80+	$8.980	$8.530	**$11.240**	**$11.240**
Child(ren) - per $10,000	$2.000		**$3.000**	
AD&D - Employee/Spouse	$0.030		$0.030 **(Child AD&D Available)**	

City of Pahokee
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.