City of Pahokee
Renewal Evaluation - Medical
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

			CURRENT 2025-2026		RENEWAL 2026-2027	
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			$9,200	$5,500	**$10,150**	**$6,000**
Family			$18,400	$11,000	**$20,300**	**$12,000**
Non-Hospital Services						
Physician Office Visit			$35	$20	$35	$20
Specialist Visit			$65	$45	$65	$45
Preventive Services (Wellness)			No Charge	No Charge	No Charge	No Charge
Diagnostic Test (Independent Labs/X-Ray)			$55 / $250	$25 / $150	**$40** / $250	**$30** / $150
Advanced Imaging (MRI, PET, CT scans)			$550	$350	$550	$350
Outpatient Surgery in Surgical Center			$400	$200	$400	$200
Physician Services at Surgical Center			$150	$150	$150	$150
Urgent Care Center			$60	$50	**$65**	$50
Hospital Services						
Inpatient Hospital			CYD + $1,000/adm	CYD + $500/adm	CYD + $1,000/adm	CYD + $500/adm
Outpatient Hospital			$650	$450	$650	$450
Physician Services at Hospital			$150	$150	$150	$150
Emergency Room Visit			CYD + $300	$600	CYD + $300	$600
Mental Health / Substance Abuse Services						
Inpatient Facility			No Charge	No Charge	**CYD** + **$1,000**/adm	**$500** per adm
Outpatient Services (OV/Other)			No Charge	No Charge	**$35** / **$650**	**$20** / **$450**
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	3	23	$839.30	$967.42	$961.69	$1,110.20
Employee + Spouse	0	0	$1,678.59	$1,934.84	$1,923.38	$2,220.40
Employee + Child(ren)	0	0	$1,552.70	$1,789.73	$1,779.13	$2,053.87
Employee + Family	0	0	$2,392.00	$2,757.15	$2,740.82	$3,164.08
Monthly Premium	**3**	**23**	**$2,518**	**$22,251**	**$2,885**	**$25,535**
Annual Premium	**26**		**$30,215**	**$267,008**	**$34,621**	**$306,415**
TOTAL Premium			**$297,223**		**$341,036**	
Annual $ Increase/(Decrease)			**N/A**		**$43,813**	
Annual % Increase/(Decrease)			**N/A**		**14.7%**	

[1] *Lives from Renewal*

City of Pahokee
Renewal Evaluation - Dental PPO
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

	Current 2025-2026		Negotiated Renewal 2026-2027	
SCHEDULE OF BENEFITS	**Humana**		**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				
Office Visit	100%	100%	100%	100%
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 9/30/2026***		***Expires 9/30/2027***	
Rates	***Lives*** [1]			
Employee	13	$39.10		$39.62
Employee + Spouse	1	$78.20		$79.25
Employee + Child(ren)	1	$111.91		$113.24
Employee + Family	2	$154.26		$156.11
Monthly Premium	***17***	**$1,007**		**$1,020**
Annual Premium		**$12,083**		**$12,237**
Annual $ Increase/Decrease		**N/A**		**$154**
Annual % Increase/Decrease		**N/A**		**1.3%**

[1] *Lives from Renewal*

City of Pahokee
Renewal Evaluation - Dental HMO
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

SCHEDULE OF BENEFITS		Current 2025-2026 Humana Dental Prepaid HS210	Renewal 2026-2027 Humana Dental Prepaid HS211
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 + Lab	$350 + Lab
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 9/30/2026***	***Expires 9/30/2027***
Rates	***Lives*** [1]		
Employee	4	$12.95	$12.95
Employee + Spouse	1	$25.91	$25.91
Employee + Child(ren)	2	$29.14	$29.14
Employee + Family	0	$46.89	$46.89
Monthly Premium	**7**	**$136**	**$136**
Annual Premium		**$1,632**	**$1,632**
$ Increase / (Decrease)		**N/A**	**$0**
% Increase / (Decrease)		**N/A**	**0.0%**

[1] *Lives from July Invoice*

City of Pahokee
Renewal Evaluation - Vision
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

	Current 2025-2026		Renewal 2026-2027	
SCHEDULE OF BENEFITS	**Humana**		**Humana**	
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
Minimum Participation	***Current***		***Current***	
Rate Guarantee	***Expires 9/30/2026***		***Expires 9/30/2028***	
Monthly Rates	***Lives*** [1]			
Employee	9	$9.83		$9.83
Employee + Spouse	3	$19.66		$19.66
Employee + Child(ren)	4	$18.68		$18.68
Employee + Family	2	$29.36		$29.36
Monthly Premium	**18**	**$281**		**$281**
Annual Premium		**$3,371**		**$3,371**
$ Increase /(Decrease)		**N/A**		**$0**
% Increase /(Decrease)		**N/A**		**0.0%**

[1] *Lives from Renewal*

City of Pahokee
Renewal Evaluation - Basic Life and AD&D
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

Schedule of Benefits	Current 2025-2026 Humana	Renewal 2026-2027 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 9/30/2026***	***Expires 9/30/2027***
Rates **Lives***		
Volume **28**	**$668,900**	**$668,900**
Basic Term Life Rate / $1,000	**$0.310**	**$0.340**
AD&D Rate / $1,000	**$0.030**	**$0.030**
Total Life AD&D Rate / $1,000	**$0.340**	**$0.370**
Monthly Premium	**$227**	**$247**
Annual Premium	**$2,729**	**$2,970**
$ Increase /(Decrease)	**N/A**	**$241**
% Increase /(Decrease)	**N/A**	**8.8%**

**Lives and volume from Renewal*

City of Pahokee
Renewal Evaluation - Voluntary Life and AD&D
Effective Date: October 1, 2026

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

FINAL SOLD

	Current 2025-2026		Renewal 2026-2027	
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	
Minimum Participation	***Current***		***Current***	
Rate Guarantee	***Expires 9/30/2026***		***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	$0.060	$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	