**CITY OF CLEWISTON**

**CITY COMMISSION WORKSHOP MEETING AGENDA**

**Wednesday, August 19, at 9:00 AM**

**City Hall Commission Chambers – 115 W Ventura Ave**

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**Commission:**

James Pittman, Mayor

Hilary Hyslope, Vice Mayor

Mali Gardner, Commissioner

Barbara Edmonds, Commissioner

Jason Williams II, Commissioner

**Administration:**

City Manager, Danny Williams

City Attorney, Kaylee Tuck

City Clerk, Fransheska Berrios, CMC

**Civility:** Being "civil" is not a restraint on the First Amendment right to speak out, but it is more than just being polite. Civility is stating your opinions and beliefs, without degrading someone else in the process. Civility requires a person to respect other people's opinions and beliefs even if he or she strongly disagrees. It is finding a common ground for dialogue with others. It is being patient, graceful, and having a strong character. That is why we say "Character Counts" in the City of Clewiston. Civility is practiced at all City meetings.

**Special Needs:** In accordance with the provisions of the American with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall within three business days prior to any proceeding, City Hall is wheelchair accessible and accessible parking spaces are available. Please contact the City Clerk's office at (863) 983-1484, extension 104, or email fransheska.berrios@clewiston-fl.gov for information or assistance.

**Quasi-Judicial Hearings:** Some of the matters on the agenda may be "quasi-judicial" in nature. City Commission Members are required to disclose all ex-parte communications regarding these items and are subject to voir dire (a preliminary examination of a witness or a juror by a judge or council) by any affected party regarding those communications. All witnesses testifying will be "sworn" prior to their testimony. However, the public is permitted to comment, without being sworn. An unsworn comment will be given its appropriate weight by the City Commission.

**Appeal of Decision:** If a person decides to appeal any decision made by the City Commission with respect to any matter considered at this meeting, he or she will need a record of the proceeding, and for that purpose, may need to ensure that a verbatim record of the proceeding is made, which record includes any testimony and evidence upon which the appeal will be based.

**Consent Calendar:** Those matters included under the Consent Calendar are typically self-explanatory, noncontroversial, and are not expected to require review or discussion. All items will be enacted by a single motion. If discussion on an item is desired, any City Commission Member, without a motion, may "pull" or remove the item to be considered separately. If any item is quasi-judicial, it may be removed from the Consent Calendar to be heard separately, by a City Commission Member, or by any member of the public desiring it to be heard, without a motion.

**CITY COMMISSIONER AGENDA ITEMS:**

**CALL TO ORDER**

**PRAYER AND PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**ADDITIONS, DELETIONS, MODIFICATIONS**

**COMMENTS FROM THE PUBLIC ON NON-AGENDA ITEMS**

## REGULAR AGENDA

**1.** 2026 Renewal and RFP Evaluation - Presented by The Gehring Group

**CITY STAFF COMMENTS**

City Manager

City Attorney

City Staff

**CITY COMMISSION COMMENTS**

Commissioner Barbara Edmonds

Commissioner Mali Gardner

Commissioner Jason Williams II

Vice Mayor Hilary Hyslope

Mayor James Pittman

**ADJOURNMENT**

**Comment Cards:** Anyone from the public wishing to address the City Commission, it is requested that you complete a Comment Card before speaking. Please fill it out completely with your full name and address so that your comments can be entered correctly in the minutes and given to the City Clerk. During the agenda item portion of the meeting, you may only address the item on the agenda being discussed at the time of your comment. During public comments, you may address any item you desire. Please remember that there is a three (3) minute time limit on all public comments. Any person who decides to appeal against any decision of the Commission with respect to any matter considered at this meeting will need a record of the proceedings and for such purposes may need to ensure that a verbatim record of the proceedings is made, which includes testimony and evidence upon which the appeal is to be based. Persons with disabilities requiring accommodation to participate should contact the City Clerk's Office (863-983-1484), at least 48 hours in advance to request such accommodation.

# 2026 RFP and Renewal Evaluation - All Lines

# Plan Year Effective Date: October 1, 2026

**Meeting Date: August 7 and 14, 2026**

**Presented By**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

**City of Clewiston**

**Marketing List - Medical**

**Effective Date: October 1, 2026**

| Carrier | Medical |
|---|---|
| **Florida Blue (incumbent)** | **✓ 30% increase** |
| **Aetna** | **√ (Not Competitive)** |
| **Benecon** | **DTQ due to renewal increase** |
| **Cigna** | **✓** |
| **UHC** | **✓** |

**City of Clewiston**

## Renewal Recommendations

**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| Line of Coverage | Recommendation |
|---|---|
| **Medical** | FL Blue's renewal is based on medical, dental and vision all selling as a bundle. Dental and vision are less expensive then renewal rates with Mutual of Omaha on both lines. Wellness funds included of $7,500. Cigna has a competitive quote on the table for Medical with additional Wellness and Operation Service Funds (can be used to pay COBRA admin) of $3,000 each included. **Employee only rate is 100% paid by the City.** |
| **Dental** | If continue with FL Blue Medical, Dental must be purchased which includes a 2 year rate guarantee. If move to Cigna medical, renew with Mutual of Omaha for another year. **Employee only rate is 100% paid by the City.** |
| **Vision** | If continue with FL Blue Medical, Vision must be purchased. If move to Cigna medical, renew with Mutual of Omaha for another year. **This is 100% paid by the Employee.** |
| **Basic Life and AD&D** | Renew with Mutual of Omaha as there is another year to their rate guarantee. **This is 100% paid by the City.** |
| **Short Term Disability (STD)** | Renew with Mutual of Omaha as there is another year to their rate guarantee. **This is 100% paid by the City.** |
| **Long Term Disability (LTD)** | Renew with Mutual of Omaha as there is another year to their rate guarantee. **This is 100% paid by the City.** |
| **Employee Assistance Program (EAP)** | Mutual of Omaha includes a free EAP with their Disability package. |
| **COBRA** | Continue using UpSwing for the City to eliminate liability. |
| **Supplemental Health** | Move to Mutual of Omaha due to its enhanced plan designs and lower employee costs. Additionally, the City's existing ancillary relationship with Mutual of Omaha will improve billing efficiency and reduce administrative burden. |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | NEGOTIATED RENEWAL - Florida Blue (ORIGINAL 30%) | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | | | |
| Single | | | | $1,000 | $500 | $0 | $1,000 | $500 | $0 |
| Family | | | | $3,000 | $1,000 | $0 | $3,000 | $1,000 | $0 |
| Coinsurance | | | | 0% | 0% | 0% | 0% | 0% | 0% |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | $4,000 | $3,500 | $2,500 |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | $8,000 | $7,000 | $7,500 |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | VCP: $20/$45 | VCP: $20/$35 | $10 |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | $250 | $100 | $100 |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | $250/day to $750 max | $500 per admit | $250 per admit |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | **$250/day to $750 max** | No Charge | **$250 per admit** |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | **$25** | No Charge | **$10** |
| **Prescription Drug Benefit** | | | | | | | | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | $30 | $30 | $30 |
| Tier 3 | | | | $50 | $50 | $50 | $50 | $50 | $50 |
| Tier 4 | | | | N/A | N/A | N/A | N/A | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $1,078.97 | $1,107.38 | $1,128.53 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,460.05 | $2,524.83 | $2,573.06 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $2,157.93 | $2,214.76 | $2,257.06 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $3,539.01 | $3,632.21 | $3,701.59 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$46,223** | **$38,271** | **$44,148** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$554,676** | **$459,253** | **$529,778** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$1,543,707** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$289,328** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **23.1%** | |
| **Lives from July invoice* | | | | | | | Rates valid ONLY if bundled with purchase of dental and/or vision. Wellness funds pending | | |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | Renewal Alternate #1 - Florida Blue | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **BlueCare HMO 47** | **BlueCare HMO 67** | **BlueCare HMO 55** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | | | |
| Single | | | | $1,000 | $500 | $0 | **$1,500** | **$1,000** | $0 |
| Family | | | | $3,000 | $1,000 | $0 | **$4,500** | **$3,000** | $0 |
| Coinsurance | | | | 0% | 0% | 0% | **20%** | 0% | 0% |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | **$4,500** | **$4,000** | $2,500 |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | **$9,000** | **$8,000** | $7,500 |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | $0/**$55**/$0 | $0/**$45**/$0 | $0/$10/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | VCP: $0/**$30** | VCP: $0/**$25** | VCP: $0/$10 |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | VCP: $20/**$55** | VCP: $20/**$45** | $10 |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | ICL $0/VCP: $20<br>IDTC: **$50** | ICL $0/VCP: $20<br>IDTC: **$45** | ICL $0/VCP: $10<br>IDTC: $10 |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | $250 | **OV: $250/IDTC: $350** | OV: $75/IDTC: $50 |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | VCP: Visits 1-2 $0; **$60** | VCP: Visits 1-2 $0; **$50** | VCP: Visits 1-2/$10 |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | $250 | **$250** | $100 |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | **20% after CYD** | **$250/day to $750 max** | $250 per admit |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | **ASC: $200/Hosp: 20% after CYD** | ASC: **$150**/Hosp: $350 | ASC: $100/Hosp: $150 |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | **20% after CYD** | **$250/day to $750 max** | **$250 per admit** |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | **$30** | **$25** | **$10** |
| **Prescription Drug Benefit** | | | | | | | | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | $30 | $30 | $30 |
| Tier 3 | | | | $50 | $50 | $50 | $50 | $50 | $50 |
| Tier 4 | | | | N/A | N/A | N/A | **20%** | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | **Low - HMO 47** | **Mid - HMO 67** | **High - HMO 55** |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $1,030.01 | $1,078.97 | $1,128.53 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,348.42 | $2,460.05 | $2,573.06 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $2,060.01 | $2,157.93 | $2,257.06 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $3,378.42 | $3,539.01 | $3,701.59 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$44,126** | **$37,289** | **$44,148** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$529,507** | **$447,470** | **$529,778** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$1,506,755** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$252,376** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **20.1%** | |
| **Lives from July invoice* | | | | | | | Rates valid ONLY if bundled with purchase of dental and/or vision. Wellness funds pending | | |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | Renewal Alternate #2 - Florida Blue | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **BlueCare HSA 126/127** | **BlueCare HMO 68** | **BlueCare HMO 59** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | *Non-Embedded* | | |
| Single | | | | $1,000 | $500 | $0 | **$1,700** | **$1,000** | **$500** |
| Family | | | | $3,000 | $1,000 | $0 | **$3,400** | **$3,000** | **$1,000** |
| Coinsurance | | | | 0% | 0% | 0% | **10%** | **20%** | **0%** |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | **$3,300** | **$4,500** | **$3,500** |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | **$6,600/$6,600** | **$9,000** | **$7,000** |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | 10% after CYD | $0/$60/$0 | $0/**$35**/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | VCP: CYD/10% after CYD | VCP: $0/**$35** | VCP: $0/**$15** |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | VCP: CYD/10% after CYD | VCP: $20/**$60** | **VCP: $20/$35** |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | 10% after CYD | ICL $0/VCP: $20<br>IDTC: **$60** | ICL $0/VCP: **$20**<br>IDTC: **$35** |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | 10% after CYD | **OV: $500/IDTC: $500** | **OV: $175/IDTC: $75** |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | VCP: CYD/10% after CYD | VCP: $0/Visits 1-2 $0; **$65** | VCP: $0/Visits 1-2 $0; **$35** |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | 10% after CYD | **$500** | $100 |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | 10% after CYD | **$500/day to $1,500 max** | **$500 per admit** |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | 10% after CYD | **ASC: 20% after CYD /Hosp: $600** | **ASC: $250/Hosp: $350** |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | 10% after CYD | **$500/day to $1,500 max** | No Charge |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | 10% after CYD | **$35** | No Charge |
| **Prescription Drug Benefit** | | | | | | | ***Deductible applies*** | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 after CYD | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | $30 after CYD | $30 | $30 |
| Tier 3 | | | | $50 | $50 | $50 | $50 after CYD | $50 | $50 |
| Tier 4 | | | | N/A | N/A | N/A | N/A | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | 20% after CYD | 20% | Tier 1-3 |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x after CYD/ N.C. | 2.5x / N.C. | 2.5x / N.C. |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | **Low - HSA 126/127** | **Mid - HMO 68** | **High - HMO 59** |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $908.98 | $1,035.69 | $1,107.38 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,072.46 | $2,361.37 | $2,524.83 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $1,817.95 | $2,071.38 | $2,214.76 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $2,981.43 | $3,397.06 | $3,632.21 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$38,941** | **$35,793** | **$43,321** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$467,288** | **$429,521** | **$519,849** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$1,416,657** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$162,278** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **12.9%** | |
| **Lives from July invoice* | | | | | | | Rates valid ONLY if bundled with purchase of dental and/or vision. Wellness funds pending | | |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | Alternate #3 - Aetna | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **FL OA EPO 14056678** | **FL OA EPO 14056677** | **FL OA EPO 14056676** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | | | |
| Single | | | | $1,000 | $500 | $0 | $1,000 | $500 | $0 |
| Family | | | | $3,000 | $1,000 | $0 | **$2,000** | $1,000 | $0 |
| Coinsurance | | | | 0% | 0% | 0% | 0% | 0% | 0% |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | **$4,500** | **$4,000** | **$6,500** |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | **$9,000** | **$8,000** | **$13,000** |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | $0/**$75**/$0 | $0/**$75**/$0 | $0/**$100**/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | $25 | **$25** | **$25** |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | **$75** | **$75** | **$100** |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | **CYD** | **CYD** | **$75/$25** |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | **CYD** | **CYD** | **$500** |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | **$75** | **$75** | **$75** |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | **$300** | **$300** | **$500** |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | **CYD** | **CYD** | **$500** |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | **CYD** | **CYD** | **$500** |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | **CYD** | **CYD** | **$500** |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| **Prescription Drug Benefit** | | | | | | | | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | **$45** | **$45** | **$45** |
| Tier 3 | | | | $50 | $50 | $50 | **$75** | **$75** | **$75** |
| Tier 4 | | | | N/A | N/A | N/A | N/A | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | 20%/40% | 20%/40% | 20%/40% |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2x Retail | 2x Retail | 2x Retail |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | **Low** | **Mid** | **High** |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $1,323.05 | $1,453.23 | $1,552.32 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,869.68 | $3,152.06 | $3,366.95 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $2,729.17 | $2,997.74 | $3,202.10 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $4,275.80 | $4,696.57 | $5,016.75 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$56,488** | **$50,084** | **$60,622** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$677,857** | **$601,003** | **$727,466** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$2,006,326** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$751,946** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **59.9%** | |
| **Lives from July invoice* | | | | | | | | | |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | Alternate #4 - UHC/NHP | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **NHP HMO EY3I** | **NHP HMO EY1T** | **NHP HMO EY24** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | | | |
| Single | | | | $1,000 | $500 | $0 | $1,000 | $500 | $0 |
| Family | | | | $3,000 | $1,000 | $0 | **$2,000** | $1,000 | $0 |
| Coinsurance | | | | 0% | 0% | 0% | 0% | **10%** | **0%** |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | $4,000 | $3,500 | **$1,500** |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | $8,000 | $7,000 | **$3,000** |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | **$25**/$45/$0 | $20/**$30**/$0 | **$15/$30**/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | $25 | **$20** | **$15** |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | $45 | **$30** | **$30** |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | $0 | $0 | $0 |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | **DDP: $200; NDN: 40% after CYD** | **DDP: 10% after CYD; NDN: 50% after CYD** | **DDP: $50; NDN: 40%** |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | **$75** | **$75** | **$75** |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | **$400** | **$350** | **$350** |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | **$250** | **10% after CYD** | $250/**day up to 5 days** |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | **$250** | **10% after CYD** | **$250** |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | **$250** | **10% after CYD** | **$250/day to $1,250 max** |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | **$45** | **$30** | **$30** |
| **Prescription Drug Benefit** | | | | | | | | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | **$35** | **$35** | **$35** |
| Tier 3 | | | | $50 | $50 | $50 | **$70** | **$70** | **$70** |
| Tier 4 | | | | N/A | N/A | N/A | N/A | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x Retail | 2.5x Retail | 2.5x Retail |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | **Low** | **Mid** | **High** |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $1,086.52 | $1,098.42 | $1,190.62 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,478.35 | $2,505.50 | $2,715.80 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $2,174.13 | $2,197.94 | $2,382.43 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $3,479.04 | $3,517.14 | $3,812.37 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$46,466** | **$37,966** | **$46,494** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$557,593** | **$455,590** | **$557,924** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$1,571,107** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$316,728** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **25.2%** | |
| **Lives from July invoice* | | | | | | | | *Wellness funds of $5,000 Included* | |

**City of Clewiston**
**RFP Evaluation - Medical**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | | | CURRENT - Florida Blue | | | Alternate #5 - Cigna | | |
|---|---|---|---|---|---|---|---|---|---|
| **SCHEDULE OF BENEFITS** | | | | **BlueCare HMO 67** | **BlueCare HMO 59** | **BlueCare HMO 55** | **OAPIN Base** | **OAPIN Mid** | **OAPIN Buy Up** |
| | | | | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** | ***In Network Only*** |
| **Deductible (Calendar Year - CYD)** | | | | | | | | | |
| Single | | | | $1,000 | $500 | $0 | $1,000 | $500 | $0 |
| Family | | | | $3,000 | $1,000 | $0 | $3,000 | $1,000 | $0 |
| Coinsurance | | | | 0% | 0% | 0% | 0% | 0% | 0% |
| **Out of Pocket Maximum** | | | | | | | | | |
| Single | | | | $4,000 | $3,500 | $2,500 | $4,000 | $3,500 | $2,500 |
| Family (Single/Family) | | | | $8,000 | $7,000 | $7,500 | $8,000 | $7,000 | $7,500 |
| **Physician Services** | | | | | | | | | |
| Virtual Visits (PCP/Sp/Telemed) | | | | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 | $0/$45/$0 | $0/$35/$0 | $0/$10/$0 |
| Primary Care Office Visit | | | | VCP: $0/$25 | VCP: $0/$15 | VCP: $0/$10 | $25 | $15 | $10 |
| Specialist Office Visit | | | | VCP: $20/$45 | VCP: $20/$35 | $10 | $45 | $35 | $10 |
| X-Ray/Laboratory Services | | | | ICL $0/VCP: $20<br>IDTC: $45 | ICL $0/VCP: $20<br>IDTC: $35 | ICL $0/VCP: $10<br>IDTC: $10 | ICL $0; OV - 0%<br>IDTC: $45 | ICL $0 | ICL $0 |
| Advanced Imaging (CT/PET scans) | | | | OV: $250/IDTC: $350 | OV: $175/IDTC: $75 | OV: $75/IDTC: $50 | OV: $250 **/ IDTC: CYD** | OV: $175 / **IDTC: $175** | **OV: $100 / IDTC: $0** |
| Urgent Care Center | | | | VCP: Visits 1-2 $0; $50 | VCP: Visits 1-2 $0; $35 | VCP: Visits 1-2 $0/$10 | $50 | $35 | $10 |
| **Hospital Services** | | | | | | | | | |
| Emergency Room (facility) | | | | $250 | $100 | $100 | $250 | $100 | $100 |
| Inpatient (facility) | | | | $250/day to $750 max | $500 per admit | $250 per admit | $250/day up to 5 days | $500 per admit | $250 per admit |
| Outpatient Surgery (facility) | | | | ASC: $150/Hosp: $350 | ASC: $250/Hosp: $350 | ASC: $100/Hosp: $150 | $350 | $350 per admit | $150 per admit |
| **Mental Health / Substance Abuse** | | | | | | | | | |
| Inpatient Hospital | | | | No Charge | No Charge | No Charge | $250/day up to 5 days | $500 per admit | $250 per admit |
| Outpatient Visits | | | | No Charge | No Charge | No Charge | $45 | $35 | $10 |
| **Prescription Drug Benefit** | | | | | | | *Cigna 90 Now/Walgreens - Advantage PDL* | | |
| Tier 1 | | | | $10 | $10 | $10 | $10 | $10 | $10 |
| Tier 2 | | | | $30 | $30 | $30 | $30 | $30 | $30 |
| Tier 3 | | | | $50 | $50 | $50 | $50 | $50 | $50 |
| Tier 4 | | | | N/A | N/A | N/A | N/A | N/A | N/A |
| Specialty (pref/nonpref) | | | | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 | Tier 1-3 |
| Mail Order Retail/Specialty | | | | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 2.5x / N.C. | 3x / N.C. | 3x / N.C. |
| **Monthly Rate** | ***Low** | ***Mid** | ***High** | **Low - HMO 67** | **Mid - HMO 59** | **High - HMO 55** | | | |
| Employee Only | 31 | 26 | 19 | $878.62 | $897.92 | $920.33 | $1,001.63 | $1,040.23 | $1,102.67 |
| Employee + Spouse | 2 | 2 | 3 | $2,003.25 | $2,047.27 | $2,098.35 | $2,283.69 | $2,371.74 | $2,514.10 |
| Employee + Child(ren) | 2 | 2 | 5 | $1,757.24 | $1,795.85 | $1,840.66 | $2,003.23 | $2,080.47 | $2,205.36 |
| Employee + Family | 1 | 0 | 1 | $2,811.58 | $2,873.36 | $2,945.05 | $3,205.19 | $3,328.76 | $3,528.56 |
| **Monthly Premium** | ***36*** | ***30*** | ***28*** | **$37,570** | **$31,032** | **$35,930** | **$42,830** | **$35,950** | **$43,048** |
| **Annual Premium** | | ***94*** | | **$450,837** | **$372,386** | **$431,156** | **$513,955** | **$431,405** | **$516,581** |
| **TOTAL Combined Annual Premium** | | | | | **$1,254,379** | | | **$1,461,940** | |
| **TOTAL $ Increase /(Decrease)** | | | | | **N/A** | | | **$207,561** | |
| **TOTAL % Increase /(Decrease)** | | | | | **N/A** | | | **16.5%** | |
| **Lives from July invoice* | | | | | | | *Level funded; ISL $75,000; 12/15; 50% surplus share; Wellness & OS fund $3,000* | | |

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

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current | | Renewal | | Option 1 | | Option 2 | |
|---|---|---|---|---|---|---|---|---|---|
| **Schedule of Benefits** | | **Mutual of Omaha** | | **Mutual of Omaha** | | **FL Blue - Blue Dental Choice Network** | | **Cigna - PPO** | |
| | | ***In Network*** | ***Out of Network*** | ***In Network*** | ***Out of Network*** | ***In Network*** | ***Out of Network*** | ***In Network*** | ***Out of Network*** |
| Annual Benefit Maximum | | $2,500 + rollover benefit | | $2,500 + rollover benefit | | $2,500 + rollover benefit ($700 /$1,500 max) | | $2,500 + progressive plan | |
| Do Class 1 services apply toward Annual Max? | | Yes | | Yes | | Yes | | Yes | |
| **Deductible** | | ***Calendar Year*** | | ***Calendar Year*** | | ***Calendar Year*** | | ***Calendar Year*** | |
| Single/Family | | $50/$150 | | $50/$150 | | $50/$150 | | $50/$150 | |
| Is deductible waived for Class 1 services? | | Yes | | Yes | | Yes | | Yes | |
| **Class 1 Services: Preventive and Diagnostic** | | | | | | | | | |
| Office Visit | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Routine Oral Exam | | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% |
| Routine Cleaning | | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% | 100% (2x/12m) | 100% |
| Complete X-rays (1x every 36 months) | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Bitewing X-rays | | 100% (4 films/12 mos) | 100% | 100% (4 films/12 mos) | 100% | 100% (4 films/12 mos) | 100% | 100% (4 films/12 mos) | 100% |
| **Class 2 Services: Basic Restorative** | | ***Deductible Applies*** | | ***Deductible Applies*** | | ***Deductible Applies*** | | ***Deductible Applies*** | |
| Fillings (Amalgam and Composite) | | 90% | 90% | 90% (C. anterior) | 90% | 90% (C. anterior) | 90% | 90% (C. anterior) | 90% |
| Simple Extractions | | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% |
| Periodontics (Maintenance & Root planing) | | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% |
| **Class 3 Services: Major Restorative** | | ***Deductible Applies*** | | ***Deductible Applies*** | | ***Deductible Applies*** | | ***Deductible Applies*** | |
| Endodontics (Root Canal) & Periodontics | | 60% | 60% | 60% | 60% | 60% | 60% | **90%** | **90%** |
| Bridges | | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| Crowns | | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| Dentures | | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| Implants (1 per tooth per lifetime) | | 60% | 60% | 60% | 60% | 60% | 60% | **NA** | **NA** |
| **Dental Plan Reimbursement Level** | | | | | | | | | |
| Benefits Reimbursement Level | | Contracted Fees | 90th %ile | Contracted Fees | 90th %ile | Contracted Fees | 90th %ile | Contracted Fees | 90th %ile |
| ***Rate Guarantee*** | | | | ***1 year*** | | ***2 years*** | | ***1 year*** | |
| **Monthly Rate** | ***Lives**** | | | | | | | | |
| Employee | 73 | $43.21 | | $47.10 | | $43.82 | | $50.72 | |
| Employee + Spouse | 16 | $85.23 | | $92.90 | | $86.40 | | $100.04 | |
| Employee + Child(ren) | 10 | $89.07 | | $97.08 | | $90.30 | | $104.55 | |
| Employee + Family | 3 | $131.09 | | $142.89 | | $132.88 | | $153.87 | |
| **Monthly Premium** | **102** | **$5,802** | | **$6,324** | | **$5,883** | | **$6,810** | |
| **Annual Premium** | | **$69,624** | | **$75,890** | | **$70,595** | | **$81,724** | |
| **Annual $ Increase/Decrease** | | **N/A** | | **$6,266** | | **$971** | | **$12,100** | |
| **Annual % Increase/Decrease** | | **N/A** | | **9.0%** | | **1.4%** | | **17.4%** | |
| **Lives from July Invoice* | | *Includes retirees and commissioners* | | *Includes retirees and commissioners; if add worksite, discount to 5%* | | *Includes retirees and commissioners* | | *Bundle of 1% off medical* | |

**City of Clewiston**
**Renewal Evaluation - Vision - Voluntary**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current | | Renewal | | Option 1 | |
|---|---|---|---|---|---|---|---|
| **Schedule of Benefits** | | **Mutual of Omaha** | | **Mutual of Omaha** | | **FL Blue - Blue Vision Plan 3** | |
| **Examination** | | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** |
| Eye Exam Copay | | $10 | Up to $37 | $10 | Up to $37 | $10 | **Up to $40** |
| Materials Copay | | $20 | Varies | $20 | Varies | $20 | Varies |
| Retinal Imaging | | Up to $39 | Applies to Exam Allowance | Up to $39 | Applies to Exam Allowance | Up to $39 | Applies to Exam Allowance |
| **Frequency** | | ***Date of Service*** | | ***Date of Service*** | | ***Date of Service*** | |
| Examination | | Every 12 months | | Every 12 months | | Every 12 months | |
| Lenses or Contact Lenses | | Every 12 months | | Every 12 months | | Every 12 months | |
| Frames | | Every 24 months | | Every 24 months | | Every 24 months | |
| **Lenses** | | | | | | | |
| Single | | $20 | Up to $24 | $20 | Up to $24 | $20 | **Up to $40** |
| Bifocal | | $20 | Up to $40 | $20 | Up to $40 | $20 | **Up to $60** |
| Trifocal | | $20 | Up to $68 | $20 | Up to $68 | $20 | **Up to $80** |
| Lenticular | | $20 | Up to $68 | $20 | Up to $68 | $20 | **Up to $100** |
| Standard Progressive | | $65 | Up to $40 | $65 | Up to $40 | **$50** | **Up to $60** |
| **Frames** | | | | | | | |
| Retail Allowance | | Up to $130 + 20% off retail | Up to $58 | Up to $130 + 20% off retail | Up to $58 | Up to $130 (non collection) + 20% off retail | **Up to $50** |
| **Contacts Lenses** | | | | | | | |
| Elective | | Up to $130 + 15% off balance | Up to $89 | Up to $130 + 15% off balance | Up to $89 | Up to $130 (non collection) + 15% off balance | **Up to $105** |
| Non-Elective (Medicaly Necessary) | | Paid in Full | Up to $210 | Paid in Full | Up to $210 | Paid in Full | **Up to $225** |
| Fit and Follow Up | | Standard/Prem: $40/$10 off retail | N/A | Standard/Prem: $40/$10 off retail | N/A | $20 copay; 15% off retail | N/A |
| ***Rate Guarantee*** | | | | ***1 yr remains of 2 yr RG*** | | ***1 year*** | |
| **Monthly Rate** | **Lives*** | | | | | | |
| Employee | 57 | $5.98 | | $5.98 | | $4.90 | |
| Employee + Spouse | 9 | $10.77 | | $10.77 | | $10.63 | |
| Employee + Child(ren) | 8 | $11.38 | | $11.38 | | $14.70 | |
| Employee + Family | 1 | $17.97 | | $17.97 | | $21.50 | |
| **Monthly Premium** | **75** | **$547** | | **$547** | | **$514** | |
| **Annual Premium** | | **$6,562** | | **$6,562** | | **$6,169** | |
| **$ Increase / (Decrease)** | | **N/A** | | **$0** | | **-$393** | |
| **% Increase / (Decrease)** | | **N/A** | | **0.0%** | | **-6.0%** | |
| **Lives from July Invoice* | | *Includes retirees and commissioners* | | *Includes retirees and commissioners* | | *Includes retirees and commissioners* | |

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

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current/Renewal |
|---|---|---|
| **Schedule of Benefits** | | **Mutual of Omaha** |
| **Core Features** | | |
| Eligibility | | All Active Employees Working 30 Hours/Week, Retirees |
| Basic Term Life | | Active: 2x Annual Earnings up to max of $160,000<br>Retiree: 1x Annual Earnings up to max of $100,000 |
| Basic AD&D | | Active: Equal to Life Benefit<br>Retiree - Not Covered |
| **Additional Features** | | |
| Age Reduction (Reduced By) | | Age 70, 50% on 1st day of month coincides or follows the day you reach 70. |
| Portability/Conversion Privilege | | No/Yes |
| Waiver of Premium | | Included for Life Only |
| Accelerated Benefit | | Active: 80% or $128,000 whichever is less<br>Retiree: Not Covered |
| ***Rate Guarantee*** | | ***1 year remains of 2 yr RG*** |
| **Monthly Rate** | **Lives*** | |
| Volume (Life) | | $10,416,500 |
| Basic Term Life Rate / $1,000 | 121 | $0.325 |
| Volume (ADD) | | $9,633,500 |
| AD&D Rate / $1,000 | 95 | $0.030 |
| Total Life AD&D Rate / $1,000 | | $0.355 |
| **Monthly Premium** | | **$3,674** |
| **Annual Premium** | | **$44,092** |
| **$ Increase / (Decrease)** | | **N/A** |
| **% Increase / (Decrease)** | | **N/A** |
| ** Lives from July Invoice* | | Includes Retirees for Life only (no ADD for retirees) |

**City of Clewiston**
**Renewal Evaluation - Voluntary Life**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current/Renewal | |
|---|---|---|---|
| **Schedule of Benefits** | | **Mutual of Omaha** | |
| ***Life Benefit ( no ADD)*** | | | |
| Eligibility | | All Active Employees Working 30 Hours/Week, **No Retirees** | |
| ***Employee*** | | Increments of $10,000 to max of the lesser of 5x pay or $500,000. *Annual increase of $10K is allowed with no EOI up to GI amt.* | |
| Guarantee Issue | | $100,000 | |
| ***Spouse*** | | Increments of $5,000 to max of $250,000 not to exceed 100% of EE amount; terms at age 85 | |
| Guarantee Issue | | $50,000 | |
| ***Child*** | | $5,000 or $10,000 not exceed 100% of EE amount | |
| Guarantee Issue | | 100% of EE benefit unless insured under prior plan and is so, amount is qual to prior in force amt | |
| ***A&DD Benefit*** | | **Not Applicable** | |
| *Evidence of Insurability* | | Required after initial enrollment period. | |
| Age Reduction (Reduced By) | | Age 70 reduces 50% | |
| Accelerated Benefit Option | | Included - 80% up to $400,000 | |
| Portability/Conversion Option | | Yes/Yes | |
| ***Rate Guarantee*** | | ***1 year remains of 2 yr RG*** | |
| **Monthly Rates** | **Lives*** | | |
| Volume* | 31 | $1,212,500 | |
| **Monthly Premium** | | **$609** | |
| **Annual Premium** | | **$7,308** | |
| ***Employee/Spouse Age Bracket*** | | ***Employee/Sp Rate same schedule*** | |
| ***Spouse rate based on EE's age*** | ***EE/SP*** | ***Employee Rate*** | ***Spouse Rate*** |
| <25 | 27 total enrolled | $0.080 | $0.080 |
| 25 - 29 | | $0.080 | $0.080 |
| 30 - 34 | | $0.120 | $0.120 |
| 35 - 39 | | $0.150 | $0.150 |
| 40 - 44 | | $0.250 | $0.250 |
| 45 - 49 | | $0.410 | $0.410 |
| 50 - 54 | | $0.660 | $0.660 |
| 55 - 59 | | $1.120 | $1.120 |
| 60 - 64 | | $1.610 | $1.610 |
| 65 - 69 | | $1.610 | $1.610 |
| 70 - 74 | | $1.610 | $1.610 |
| 75 - 79 | | $1.610 | $1.610 |
| 80-999 | | $1.610 | $1.610 |
| **Child(ren) Life** | **4** | $0.21 | |
| ** Lives and volume from July Invoice* | | | |

**City of Clewiston**
**Renewal Evaluation - Short Term Disability**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | Current | Renewal |
|---|---|---|
| **Schedule of Benefits** | **Mutual of Omaha** | **Mutual of Omaha** |
| Eligibility | Active Full Time Employees *(exlcuding Commissioners / Retirees)* Working 30 Hours/Week | Active Full Time Employees *(exlcuding Commissioners / Retirees)* Working 30 Hours/Week |
| Weekly Benefit | 60% of Weekly Earnings | 60% of Weekly Earnings |
| Maximum Weekly Benefit | **$1,700** | **$1,700** |
| Elim. Period for Accident/Sickness | 7 Days | 7 Days |
| Benefit Duration | 12 Weeks | 12 Weeks |
| Guarantee Issue | Yes, Non-Contributory (Employer Paid) | Yes, Non-Contributory (Employer Paid) |
| W-2 Services / FICA | Included / Not Included | Included / Not Included |
| Pre-existing Condition Limitation (Treatment/On plan) | None | None |
| ***Rate Guarantee*** | | ***1 yr remains of 2 yr RG*** |
| **Monthly Rate** ***Lives**** | ***Employer Paid*** | ***Employer Paid*** |
| Volume 95 | $57,831 | $57,831 |
| Rate/$10 of Weekly Benefit | $0.23 | $0.23 |
| **Monthly Premium** | **$1,330** | **$1,330** |
| **Annual Premium** | **$15,961** | **$15,961** |
| **$ Increase / (Decrease)** | **N/A** | **$0** |
| **% Increase / (Decrease)** | **N/A** | **0.0%** |
| **Lives and volume from July invoice and excludes commissioners and retirees* | | |

**City of Clewiston**

**Renewal Evaluation- Long Term Disability**

**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current | Renewal |
|---|---|---|---|
| **Schedule of Benefits** | | **Mutual of Omaha** | **Mutual of Omaha** |
| **Core Benefit** | | | |
| Eligibility | | Active Full Time Employees *(exlcuding Commissioners / Retirees)* Working 30 Hours A Week | Active Full Time Employees *(exlcuding Commissioners / Retirees)* Working 30 Hours A Week |
| Benefit | | 60% of covered earnings | 60% of covered earnings |
| Min/Max Monthly Benefit | | $100/$6,000 | $100/$6,000 |
| Own Occupation Period | | 24 months | 24 months |
| Elimination Period | | 90 Days | 90 Days |
| Substance Abuse/Mental Disorder | | 24 months | 24 months |
| Duration of Benefit | | To SSNRA or 3.5 years, whichever is longest | To SSNRA |
| W-2 Services/FICA | | Included | |
| Pre-existing Condition Limitation | | 3 mos lookback/12 mos on plan | 3 mos lookback/12 mos on plan |
| ***Rate Guarantee*** | | | ***1 yr remains on 2 yr RG*** |
| **Monthly Rate** | ***Lives**** | **Employer Paid** | **Employer Paid** |
| Rate / $100 of covered payroll | 95 | $0.550 | $0.550 |
| Volume* | | $415,388 | $415,388 |
| **Monthly Premium** | | **$2,285** | **$2,285** |
| **Annual Premium** | | **$27,416** | **$27,416** |
| **$ Incease/Decrease** | | **N/A** | **$0** |
| **% Increase/Decrease** | | **N/A** | **0.0%** |
| **Lives and volume from July invoice and excludes commissioners and retirees* | | *Includes EAP* | *Includes EAP* |

**City of Clewiston**
**Renewal Evaluation - EAP**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| Schedule of Benefits | | Mutual of Omaha (included with Basic Life benefit) |
|---|---|---|
| Counseling Sessions per Issue | | Up to 3 (in person, video or phone) consultation with Licensed counselor for you and your household members, per calendar year. |
| Access | | Via Phone hotline, text, chat, or video |
| **Work/Life Benefits** | | |
| Legal | | 30 minute consulation with 25 % discount after consult |
| Financial Planning | | Financial platform with tools, personalized courses to help monitor financial health |
| ID Theft Services & Travel Assistance | | Included |
| Hearing Discounts | | Included |
| Reporting Capabilities | | Annual |
| Peak Performance Coaching | | Not Included |
| Administrative Referrals | | Not Included |
| Trauma Resources | | Additional Fee |
| ***Rate Guarantee*** | | ***N/A*** |
| **Monthly Rate** | ***Lives*** | |
| Per Employee Per Year | 121 | $0.00 |
| **Annual Premium** | | **$0** |

**City of Clewiston**
**Renewal Evaluation - COBRA**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current | Renewal |
|---|---|---|---|
| **Administration/Schedule** | | **UpSwing** | **UpSwing** |
| **Notices** | | | |
| Initial Rights Notice (General Rights) to New Hire | | Included | Included |
| Initial Notice to ALL Employees | | $2.00 / notice | $2.00 / notice |
| Qualifying Event | | Included | Included |
| Open Enrollment Packets | | $25/packet | $25/packet |
| **Fees** | | | |
| Implementation Fee | | None | None |
| Annual renewal | | None | None |
| Annual Retainer/Notice Fee | | PEPM rate charged monthly | PEPM rate charged monthly |
| Electronic Eligibility File Feeds Fee | | Integration with Employee Navigator | Integration with Employee Navigator |
| **Additional Features** | | | |
| Enrollment system integration | | Free with EN | Free with EN |
| Web administration Ability | | Included | Included |
| Eligibilty Reporting | | Included | Included |
| Payment Options for Participants | | Check, online payment | Check, online payment |
| Marketplace Option for Coverage | | Not Included | Not Included |
| ***Rate Guarantee*** | | | ***2 yrs remain on 3 yr RG*** |
| **Monthly Premium** | **Lives** | | |
| Minimum Monthly | | $40 | $40 |
| Per Employee Per Month | 121 | $0.75 | $0.75 |
| **Monthly Premium** | | **$91** | **$91** |
| **Annual Premium** | | **$1,089** | **$1,089** |
| **$ Incease/Decrease** | | **N/A** | **$0** |
| **% Increase/Decrease** | | **N/A** | **0.0%** |

**City of Clewiston**
**RFP Evaluation - Accident**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | CURRENT | Option 1 | | | Option 2 | Option 3 | | Option 4 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Voluntary Accident** | | **Aflac - High C70000** | **American Fidelity** | | | **Allstate - Plan 1** | **The Hartford** | | **Mutual of Omaha** | |
| **Treatment** | | **Guaranteed Issue** | **Level 1** | **Level 2** | **Level 3** | **Guaranteed Issue** | **Guaranteed Issue** | | **Guaranteed Issue** | |
| Pre-existing Condition | | None | Guarantee Issue - None | | | None | None | | None | |
| Off Job/On Job (24 Hr) | | 24 Hour | 24 Hour | | | 24 Hour | 24 Hour | | 24 Hour | |
| Accidental Death Benefit | | EE: $50,000<br>SP: $25,000<br>CH:$10,000 | $10,000 $10,000<br>50% | $20,000<br>$20,000<br>50% | $20,000<br>$20,000<br>50% | EE: $60,000<br>SP: $60,000<br>CH:$60,000 | EE: $80,000<br>SP: $40,000<br>CH:$20,000 | | EE: $50,000<br>SP: $25,000<br>CH:$10,000 | |
| Accidental Dismemberment | | $125 - $25,000 | $700 - $10,000 | $1,750-$25,000 | $1,750-$25,000 | Same as Accidental Death | $500 - $80,000 | | 100% | |
| Accident Follow Up Treatment | | Dr: $50 (max 6 visits)<br>P.T.: $50 (max 10 visits) | $25<br>(max 6 visits) | $25<br>(max 6 visits) | $50<br>(max 6 visits) | Dr. $150 (max 2 visits)<br>P.T.: $90 (max 6 visits) | Dr. $150 (max 3 visits)<br>P.T.: $100 (max 10 visits) | | Dr: $150 (max 6 visits)<br>P.T.: $100 (max 6 visits) | |
| Appliances (due to Accident) | | $40 - $400 | $100 | $150 | $250 | $375 | $75 - $1,500 | | $200 - $1,250 | |
| Ambulance (Ground/Air) | | $400/$1,200 | $300 / $900 | $350 / $1,050 | $400/$1,200 | $300 / $900 | $1,000 / $2,000 | | $600 / $2,000 | |
| Dr. Visit at Office w/Xray/W/O Xray | | $150 $100 | $125 / $100 | $200 / $150 | $250 / $200 | $300 $150 | $200 | | $150/ Xray - $100 | |
| Emergency Room w/Xray/W/O Xray | | $250/$200 | | Not covered | | $300 | $300; UC $200 | | $300; UC $225 | |
| Brain Injury (Traumatic TBI) | | $5,000 | $1,000 | $3,000 | $5,000 | $900 | $500 | | $0 | |
| Concussion | | $500 | $250 | $350 | $500 | $900 | $300 | | $300 | |
| Coma | | $10,000<br>(lasting 30 days or more) | $5,000 | $7,500 | $10,000 | $30,000 (lasting 7+ days) | $15,000 (lasting 7+ days) | | 50% of accident benefit | |
| Hospital Admission / ICU Admission | | $1,250 | $500 / $1,000 | $1,000 / $1,500 | $1,250 / $1,750 | $1,500 | $2,000 / $4,000 | | $2,000 | |
| Hospital Daily / ICU Daily | | $300/day (max 365 days);<br>$400/day (max 30 days) | $100 (max 365 days) / $200 (max 30 days) | $200 (max 365 days) / $400 (max 30 days) | $300 (max 365 days) / $400 (max 30 days) | $300/day / $600/day | $500 (max 90 days);<br>$1,000 (max 15 days) | | $500 (max 365 days);<br>$1,000 (max 30 days) | |
| Major Diagnostic Testing | | $200 | $100 | $150 | $200 | $150 | $400/X-Ray $150 | | $300/X-Ray $100 | |
| Surgery | | $50 -$1,000 | $100 | $150 | $200 | $300 - $3,000 | $200 - $5,000 | | $400 - $3,500 | |
| Burns | | $100 - $10,000 | $100-$10,000 | $125-$12,500 | $150-$15,000 | $300 - $1,500 | $500 - $25,000 | | $300 - $20,000 | |
| Wellness Benefit (Annual) | | $25 year 1/cal year<br>$50 years 2-4/cal year | | $25 | | Outpatient PCP Benefit:<br>Reimbursements for Dr. visits | $75/year | | $50 | |
| Portability | | Included | | Included | | Included | Included | | Included | |
| ***Injury Schedule - Fractures/Dislocations*** | | ***Fractures/Dislocations/Lacerations*** | ***Fractures/Dislocations/Lacerations*** | | | | ***Fractures*** | ***Dislocations*** | ***Fractures*** | ***Dislocations*** |
| Hip | | Fractures - Up to $8,000;<br>Disclocations - Up to $6,000;<br>Lacerations - Up to $800 | Fractures - $75 - $2,000<br>Dislocations - $37.50-$1,000<br>Lacerations - $25 - $400 | Fractures - $112.50 - $3,000<br>Dislocations - $75- $2,000<br>Lacerations - $175 - $600 | Fractures - $150 - $4,000<br>Dislocations - $112.50-$3,000<br>Lacerations - $125 - $800 | $6,000 | $5,000 | $5,000 | $8,000 | $10,000 |
| Knee / Leg | | | | | | $2,400 | $1,500 | $3,000 | Up to $4,500 | Up to $5,500 |
| Ankle | | | | | | $2,400 | $1,500 | $3,000 | $1,800 | $3,600 |
| Wrist | | | | | | $2,100 | $1,500 | $1,000 | $1,800 | $2,100 |
| Elbow / Arm | | | | | | $1,800 | $1,500 | $1,000 | $1,800 | $2,100 |
| Shoulder | | | | | | $1,200 | $1,500 | $1,000 | $1,800 | $2,100 |
| ***Participation Requirement*** | | ***Current*** | ***Current; Issue age*** | | | ***10%; Issue Age*** | ***10%*** | | ***5%*** | |
| ***Rate Guarantee*** | | | ***2 years*** | | | ***2 years*** | ***2 years*** | | ***2 years*** | |
| **Monthly Rates** | ***Lives**** | | **Level 1** | **Level 2**** | **Level 3** | | | | | |
| Employee Only | 54 | $17.75 | $9.04 | $13.52 | $18.84 | $21.03 | $11.75 | | $12.42 | |
| Employee + Spouse | 1 | $28.02 | $15.82 | $23.68 | $32.96 | $36.36 | $18.54 | | $19.61 | |
| Employee + Child(ren) | 7 | $34.87 | $18.08 | $27.06 | $37.68 | $44.94 | $20.36 | | $24.41 | |
| Employee + Family | 1 | $45.14 | $24.86 | $37.20 | $51.80 | $58.31 | $30.36 | | $31.60 | |
| **Monthly Premium** | **63** | **$1,276** | | **$980** | | **$1,545** | **$826** | | **$893** | |
| **Annual Premium** | | **$15,309** | | **$11,765** | | **$18,538** | **$9,911** | | **$10,713** | |
| **$ Increase / (Decrease)** | | | | **-$3,544** | | **$3,229** | **-$5,398** | | **-$4,596** | |
| **% Increase / (Decrease)** | | | | **-23.2%** | | **21.1%** | **-35.3%** | | **-30.0%** | |
| **From Census* | | | ***Level 2 rates used in calculation. Onsite Enrollment Counselors available, Retirees not eligible; Plan terminates at 26 for children.* | | | *Retirees not eligible; Plan terminates at 26 for children* | *Retirees not eligible* | | *Onsite Enrollment Counselors available. Retirees not eligible; Plan terminates at age 80 and 26 for children* | |

**City of Clewiston**
**RFP Evaluation - Critical Illness With Cancer**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | Current | Option 1 | Option 2 | Option 3 | Option 4 |
|---|---|---|---|---|---|
| | Aflac | American Fidelity | Allstate | The Hartford | Mutual of Omaha |
| **Critical Illness with Cancer Plan** | AG2223 | | GVCIP4 | | |
| Benefit Level - Employee | $10,000, $20,000, or $30,000 | $10,000, $20,000, $30,000 or **$40,000** | $10,000 or $20,000 | $10,000, $20,000, or $30,000 | $10,000, $20,000, or $30,000 |
| Benefit Level - Spouse/Child | $10,000/50% no cost for child | 50% of Employee Amount | 50% | Spouse: 50% of EE amount<br>Child: 50% of EE amount | **Spouse: Increments of $5,000 to max of $15,000 or 50% of EE;**<br>Child: 50% of EE up to $15,000, no cost for Child |
| Guarantee Issue (Employee) | $10,000 | **Up to $40,000** | $10,000 or **$20,000** | **Up to $30,000** | **Up to $30,000** |
| Portability | Included | Included | Included | Included | Included |
| Pre-Existing Condition Limitation | None | **12 months lookback/12 months on plan** | **12 months prior unless currentlly enrolled with Aflac (waived)** | None | None |
| Wellness Benefit (Annual) | $50 | $50 for EE AND SP | $50 | $50 | **Not Applicable** |

| **Coverage Amount** | Initial Diagnosis | Recurrence | Initial Diagnosis | Recurrence | Initial Diagnosis | Recurrence | Initial Diagnosis | Recurrence | Initial Diagnosis | Recurrence |
|---|---|---|---|---|---|---|---|---|---|---|
| Advanced Stage Alzheimers | Not Covered | | Not covered | | **100%** | **100%** | **100%** | **Not Covered** | Not covered | **Dementia 100%** |
| Heart Attack (Myocardial Infarction) | 100% | 100% | 100% | **50%** | 100% | 100% | 100% | 100% | 100% | 100% |
| Sudden Cardiac Arrest | 100% | 100% | 100% | **50%** | 100% | 100% | 100% | **Not Covered** | 100% | **Not Covered** |
| End-Stage Renal Disease | 100% | N/A | 100% | N/A | 100% | N/A | 100% | N/A | 100% | N/A |
| Major Organ Failure | 100% | 100% | 100% | **50%** | 100% | 100% | 100% | 100% | 100% | 100% |
| Major Organ Transplant | 100% | 100% | **Not covered** | | 100% | 100% | **Not covered** | | **Not covered** | |
| Bone Marrow Transplant | 100% | 100% | **Not covered** | | **Not Covered** (option available) | | 100% | 100% | 100% | 100% |
| Stroke | 100% | 100% | 100% | **50%** | 100% | 100% | 10% - 100% | 100% | 100% | 100% |
| Coronary Artery Disease/ Bypass Surgery | 100% | 100% | **25%** | **Not Covered** | **25%** | **25%** | 10% /100% | 100% | **50%** | 100% |
| Type I Diabetes | 100% | N/A | **Not covered** | | 100% | N/A | 100% | N/A | 100% | N/A |
| Invasive Cancer | 100% | 100% | 100% | N/A | 100% | 100% | 100% | 100% | 100% | 100% |
| Non-Invasive Cancer | 25% | 25% | 25% | N/A | 25% | 25% | **100%** | **100%** | 25% | 100% |
| Skin Cancer non Melonoma | $1,000/cal yr | $1,000/cal yr | **Not covered** | | $250 per removal | | $1,000 annually | | **$500; 1 reoccurenc/yr; 5 policy yr** | |
| ***Participation Requirement*** | ***Current*** | | ***N/A*** | | ***20% or min of 10*** | | ***10%*** | | ***5%*** | |
| ***Rate Guarantee*** | ***1 year, Attained Age*** | | ***2 years*** | | ***Issue Age*** | | ***2 years*** | | ***2 years*** | |

| **Monthly Rates** | *Lives** | *Volume** | *EE only Non Tobacco $10,000* | *EE only Tobacco $10,000* | *Age Bands* | *EE Only NonTobacco $10,000* | *Age Bands* | *Plan 1 -$10K EE Non Tobacco* | *Plan 2 - $20K EE Non Tobacco* | *EE/Sp Age Bands* | *EE/SP Rate chg on plan anniv. rate/$10,000* | *EE/Sp Age Bands* | *Change on plan anniv. rate/$10,000* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **18-25** | 1 | 30K | $3.875 | $5.246 | **18-29** | $4.10 | **18-29** | $3.93 | $6.62 | **< 25** | $2.90 / $2.10 | **< 25** | $3.490 |
| **26-30** | 3 | 70K | $5.230 | $7.239 | **30-39** | $6.52 | **30-39** | $8.11 | $14.73 | **25-29** | $3.60 / $2.80 | **25-29** | $4.700 |
| **31-35** | 4 | 100K | $6.595 | $9.987 | **40-49** | $11.86 | **40-49** | $16.20 | $30.45 | **30-34** | $4.40 / $3.70 | **30-34** | $5.940 |
| **36-40** | 7 | 190K | $8.561 | $13.934 | **50-59** | $20.62 | **50-59** | $28.78 | $55.09 | **35-39** | $5.60 / $5.00 | **35-39** | $7.700 |
| **41-45** | 4 | 60K | $11.162 | $18.611 | **60+** | $33.92 | **60-64** | $39.14 | $75.41 | **40-44** | $7.50 / $6.80 | **40-44** | $10.450 |
| **46-50** | 6 | 140K | $15.296 | $24.203 | | | **65+** | $62.29 | $121.21 | **45-49** | $11.00 / $10.30 | **45-49** | $13.770 |
| **51-55** | 3 | 60K | $23.881 | $38.389 | | | | | | **50-54** | $15.30 / $13.80 | **50-54** | $21.490 |
| **56-60** | 5 | 120K | $28.414 | $48.269 | | | | | | **55-59** | $20.70 / $18.00 | **55-59** | $24.470 |
| **61-65** | 4 | 80K | $45.825 | $75.753 | **60+** | $33.92 | | | | **60-64** | $28.80 / $24.30 | **60-64** | $41.240 |
| **66-100** | 1 | 30K | $74.465 | $119.26 | **60+** | $33.92 | **65+** | $62.29 | $121.21 | **65-69** | $39.00 / $32.60 | **65-99** | $67.020 |
| **Spouses** | 3 | 30K | | | | | | | | **70-74** | $49.80 / $42.80 | | |
| | **39** | **$ 890,000** | | | | | | | | | | | |

**From Census*

*Retirees not eligible. CI must be separated by 90 days; 2nd payout is payable if separated by 180 days.*

*Retirees not eligible. Terminates at 26 for children. 180 day reoccurence separation period.*

*Includes addtl. covered illnesses not shown in this illustration Retirees not eligible.180 day reoccurence separation period. Terminates at 26 for children.*

**City of Clewiston**
**RFP Evaluation - Hospital Indemnity**
**Effective Date: October 1, 2026**

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

| | | Current | Option 1 | Option 2 | Option 3 | Option 4 |
|---|---|---|---|---|---|---|
| | | **Aflac - C80000** | **American Fidelity - Enhanced Plus** | **Allstate** | **The Hartford** | **Mutual of Omaha** |
| **Schedule of Benefits** | | **Guaranteed Issue** | | | **Guaranteed Issue** | **Guaranteed Issue** |
| Pre-existing Condition Limitation | | None (including pregnancy) | **12 Month continuous coverage, 12 Month Lookback period** | **12 months/12 months unless enrolled with Aflac (waived)** | None (including pregnancy) | None (including pregnancy) |
| Hospital ER Room Visit | | $100 | **$400** | **Not Covered** | **Not Covered** | **Not Covered** |
| Hospital Admission | | $1,000 | **$1,500** | Initial $830 +$330 = $1,160 | Hosp: $1,000 (once/year); ICU: **$2,000** (once/year) | **$1,250** |
| Hospital Intensive Care Admission (ICU)/ Confinement | | Not Covered/ $150/day 10 days per year | **$400 up to 10 days / $200 up to 30 days** | Hosp: $330/day up to 180 days ICU: $330 up to 60 days | $**100**/day up to **30 days** / ICU: **$200**/day up to **30 days** | **$1,250/admit**; $150/day up to **30 days** combined (ICU/Hospital) |
| Major Diagnostic Exams | | $150 | **Not Covered** | **Not Covered** | **Not Covered** | **Not Covered** |
| Surgery and Anesthesia | | IP: $500; OP: $250 | **ASC: $2,000** | $33-$825 / 25% | **Not Covered** | **Not Covered** |
| Portability | | Included | Included | Included | Included | Included |
| ***Participation Requirement*** | | ***Current*** | ***N/A*** | ***TBD*** | ***10%*** | ***5%*** |
| ***Rate Guarantee*** | | ***N/A*** | ***2 years*** | ***Issue Age*** | ***2 years*** | ***2 years*** |
| **Monthly Rates** | ***Lives**** | | | **Age Banded - 18 - 65+** | | |
| Employee | 11 | $43.68 | $30.66 | $31.95-$83.43 | $23.35 | $26.20 |
| Employee + Spouse | 1 | $84.16 | $58.92 | $60.30-$166.86 | $49.75 | $59.21 |
| Employee + Child(ren) | 1 | $71.24 | $50.50 | $51.62-$103.68 | $34.26 | $37.67 |
| Employee + Family | 0 | $111.72 | $78.76 | $78.85-$185.33 | $62.54 | $75.68 |
| **Monthly Premium** | **13** | **$636** | **$447** | | **$341** | **$385** |
| **Annual Premium** | | **$7,631** | **$5,360** | | **$4,090** | **$4,621** |
| **$ Increase / (Decrease)** | | | **-$189** | | **-$3,540** | **-$3,010** |
| **% Increase / (Decrease)** | | | **-2.5%** | | **-46.4%** | **-39.4%** |
| **From Census* | | | *Retirees not eligibile. $50 wellness benefit available. Plan terminates at age 26 for children.* | *Retirees not eligibile. Plan terminates at age 26 for children. Reimbursements available for Dr visits (max of 15 family)* | *Retirees not eligibile.* | *Retirees not eligible; Plan terminates at age 80 and 26 for children* |


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