

2024

Comparable Entity Employee Benefits Survey Results



City of
**COCONUT
CREEK**
Florida

Survey conducted January 2024
in conjunction with





The City of Coconut Creek and Gehring Group would like to express our gratitude and appreciation to each entity that participated in providing the requested survey information allowing us to produce the enclosed results. The goal of this survey was to gather and compile health insurance benefit and cost share information as well as other benefit related information from entities considered in proximity to the City as well as entities of like size and composition throughout the State of Florida.

IMPORTANT INFORMATION ABOUT THIS SURVEY

Please consider the following regarding the data outlined herein:

- ◆ Information reported as of January, 2024. All data is reported as provided by the participating entity. Gehring Group provides no guarantee to the accuracy of the information reported by the participants or information retrieved from participants' websites.
- ◆ All benefits listed on the schedule of benefits pages of these survey results represent the amount that the member is responsible to pay for the applicable service, not the amount of coverage provided by the plan.
- ◆ All health insurance benefits outlined may be subject to limitations and exclusions not specified herein.
- ◆ Out-of-area plans or plans available only to retirees of the entities surveyed are not represented herein.

DEFINITIONS, ACRONYMS & ABBREVIATIONS

Coins.....	Coinsurance
DED.....	Deductible
Dep(s).....	Dependent(s)
ECH.....	Employee + Child(ren)
EE.....	Employee
ES.....	Employee + Spouse
HDHP.....	High Deductible Health Plan
Hosp.....	Hospital
HRA.....	Health Reimbursement Account
HSA.....	Health Savings Account
INN.....	In Network
N/A.....	Not Applicable
OON.....	Out of Network
OOPM.....	Out-of-Pocket Maximum
OAPIN.....	Open Access Plus In-Network

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Survey Data by Entity

Entity	Group Size	Carrier	Funding Arrangement	Tier Structure	Number of Plans Offered
Boca Raton	1,300	Florida Blue	Self Insured	5	2
Broward County	6,000	United Healthcare	Self Insured	4	2
Broward Sheriff's Office	6,200	Aetna	Fully Insured	3	4
Coconut Creek	400	Cigna	Fully Insured	4	2
Coral Springs	950	Cigna	Self Insured	3	2
Davie	750	United Healthcare	Self Insured	4	3
Deerfield Beach	400	Cigna	Self Insured	4	3
Fort Lauderdale	3,700	Cigna	Self Insured	5	3
Hallandale Beach	450	Aetna	Fully Insured	3	1
Hillsboro Beach	30	United Healthcare	Fully Insured	4	1
Hollywood	2,550	Cigna	Self Insured	3	2
Lauderhill	1,086	Humana	Fully Insured	4	2
Margate	475	Cigna	Fully Insured	2	3
Miramar	1,225	Aetna	Fully Insured	4	3
Parkland	100	Cigna	Fully Insured	3	2
Pembroke Pines	1,500	United Healthcare	Self Insured	4	2
Plantation	850	United Healthcare	Self Insured	4	2
Pompano Beach	840	Florida Blue	Fully Insured	2	2
Sunrise	1,000	AvMed	Self Insured	2	2
Wilton Manors	100	United Healthcare	Fully Insured	4	1

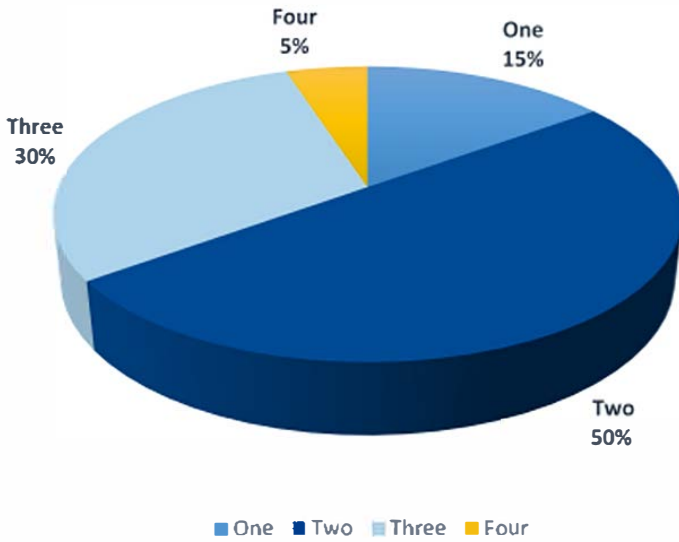
CAM # 24-0367

Exhibit 3

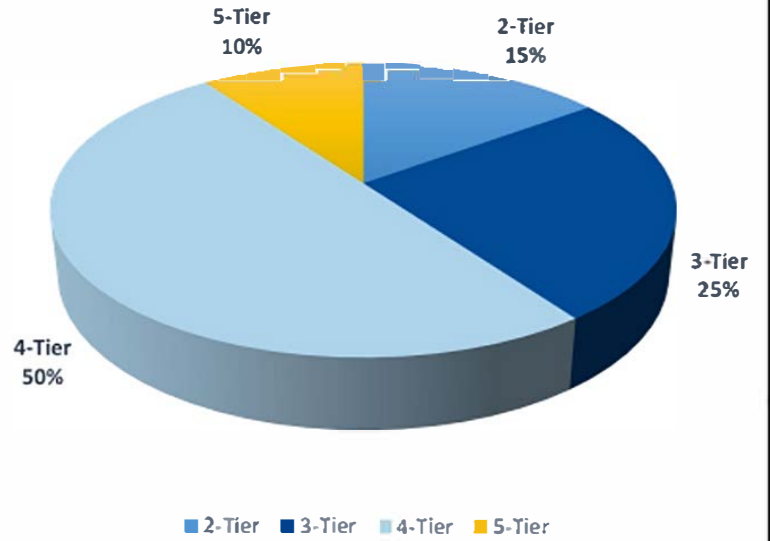
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Summary of Findings

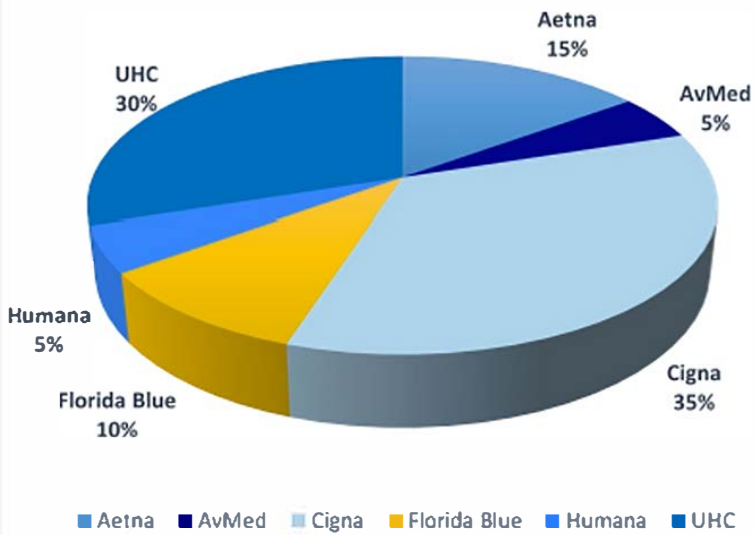
Number of Plan Offerings



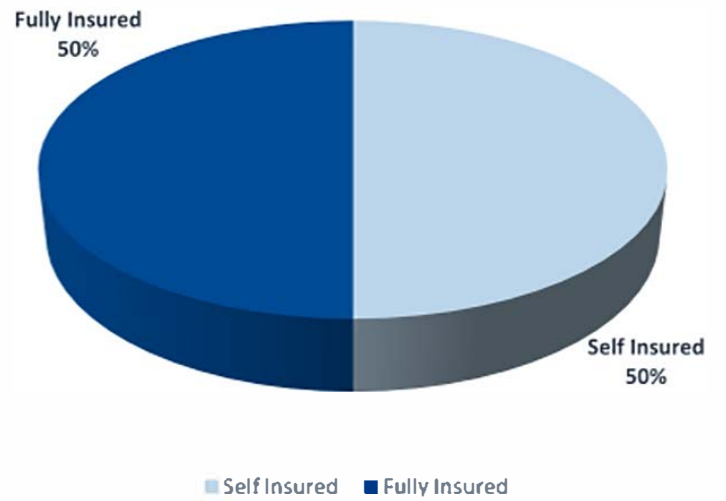
Enrollment Tier Structure



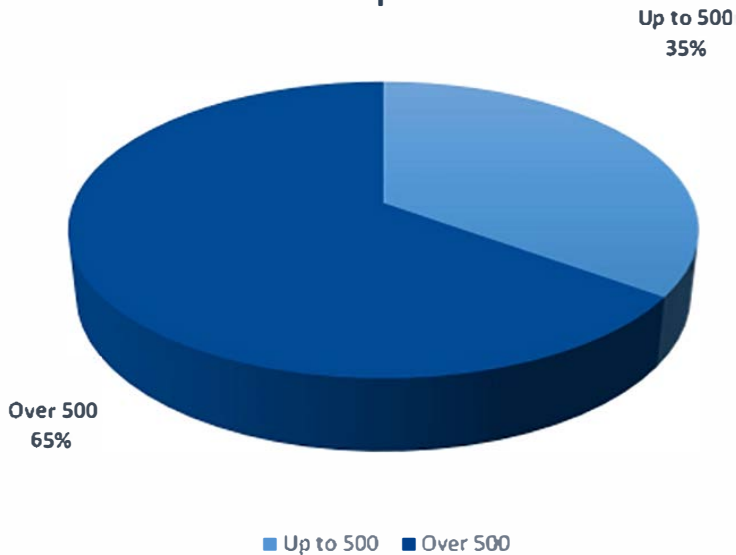
Carrier



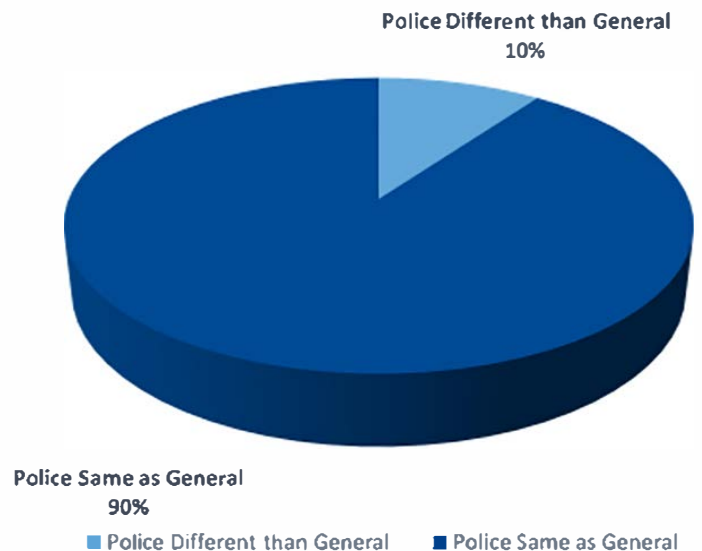
Funding Arrangement



Group Size

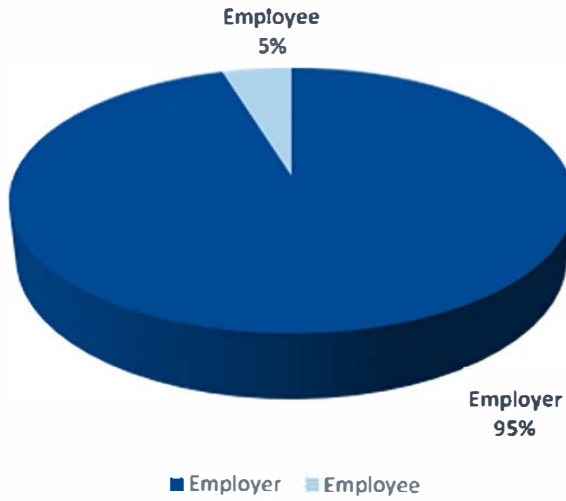


Contribution Schedule

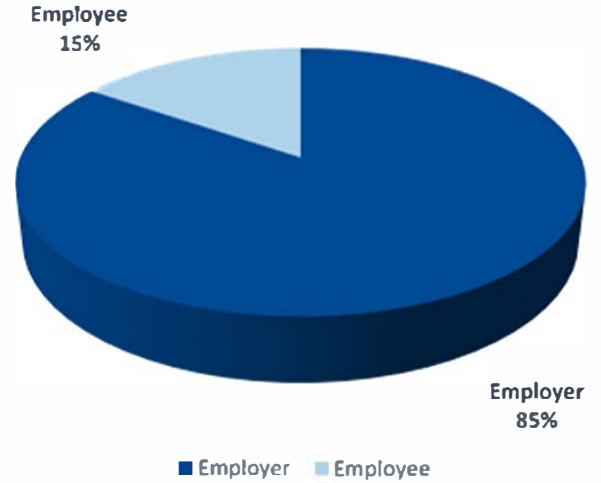


Summary of Findings - Base Vs. Buy-Up Plan

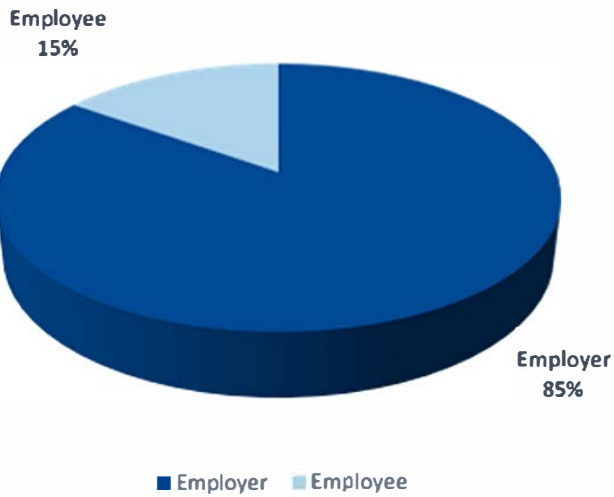
Base Plan Cost Share - Single Coverage Average



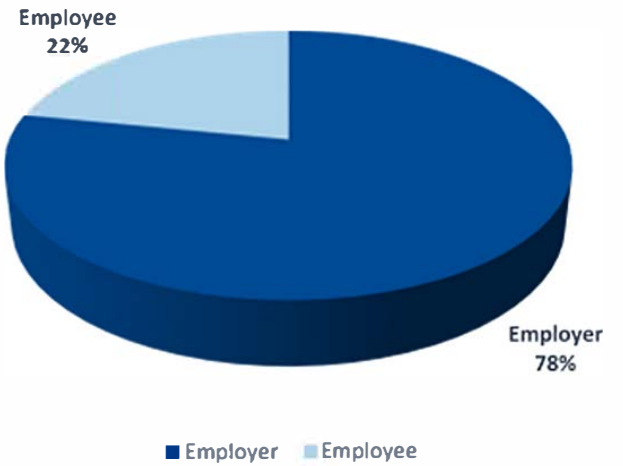
Buy-Up Plan Cost Share - Single Coverage Average



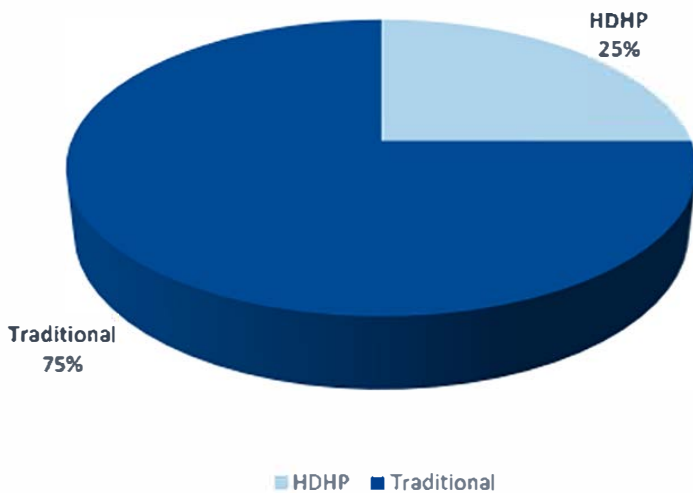
Base Plan Cost Share - Dep Coverage Average



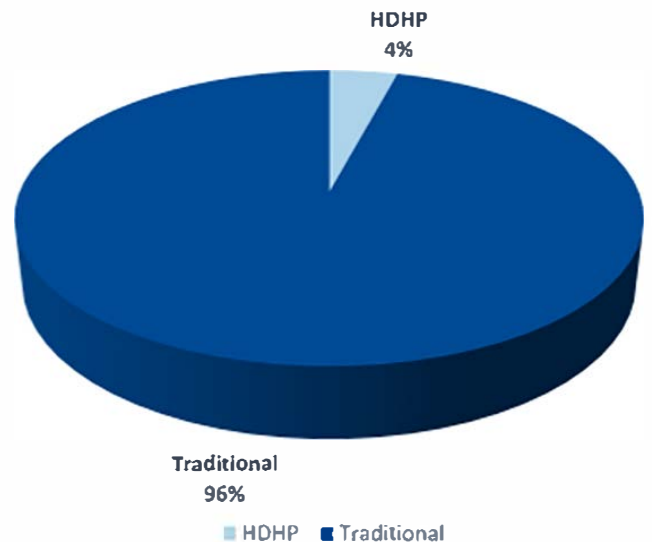
Buy-Up Plan Cost Share - Dep Coverage Average



Base Plan Design

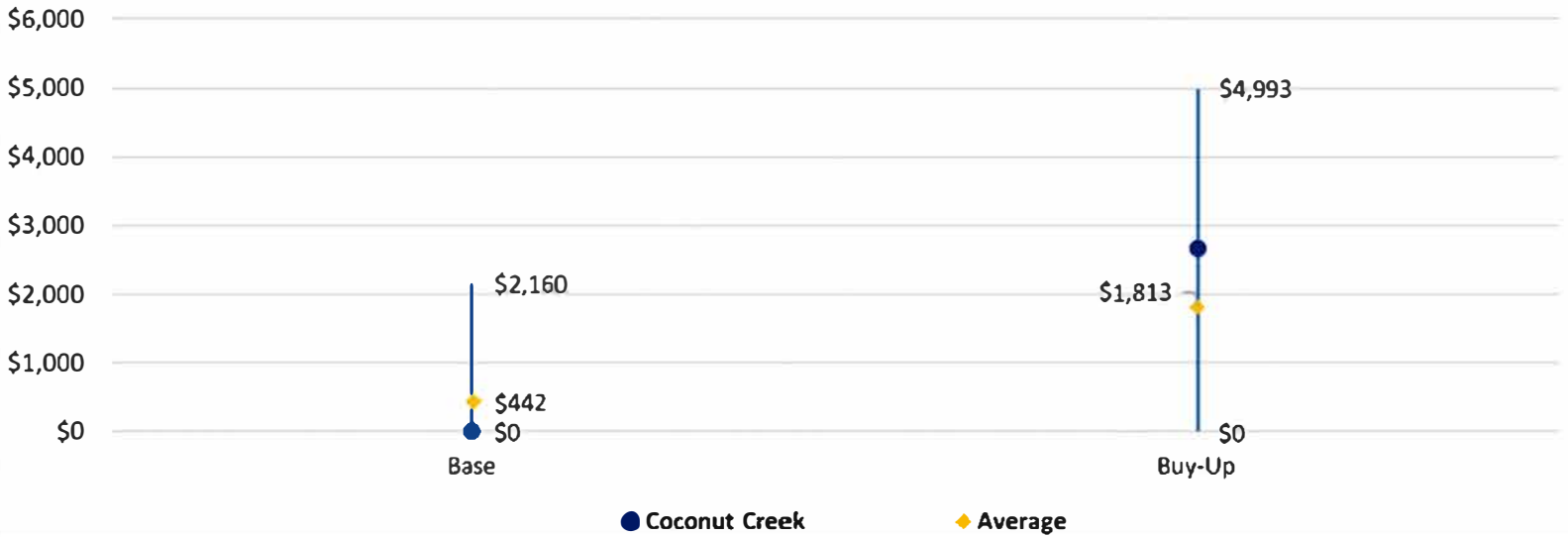


Buy-Up Plan Design

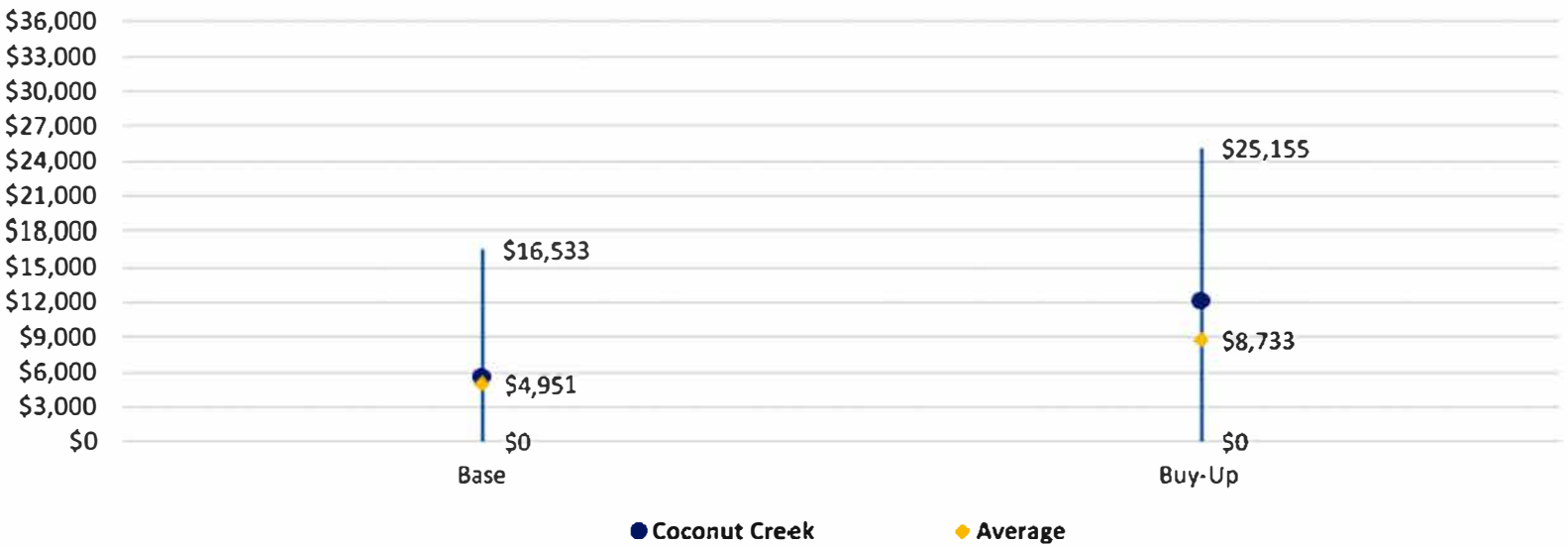


Summary of Findings - Base Vs. Buy-Up Plan

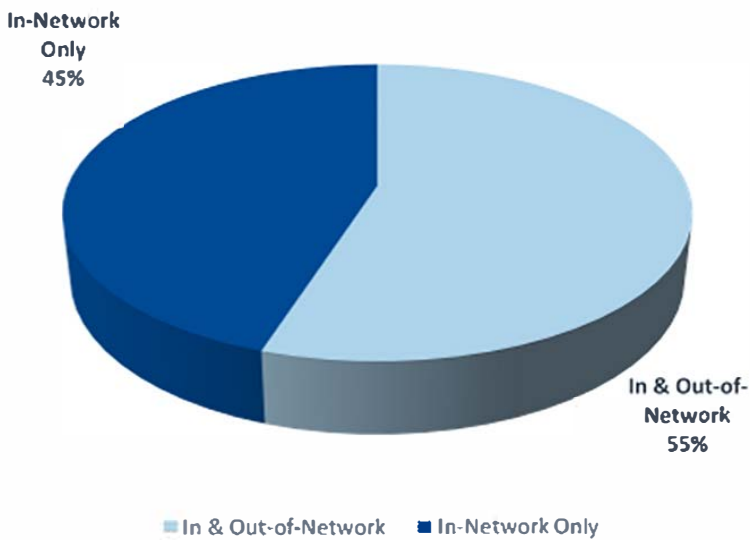
Annual Employee Only Premium (EE Paid)



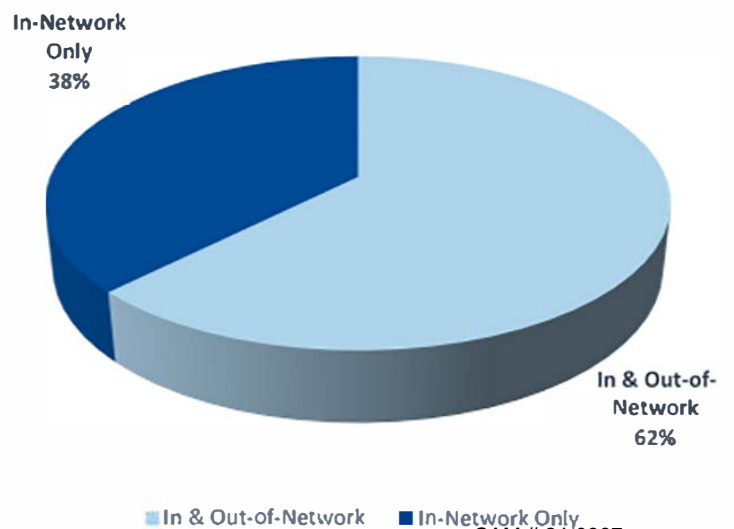
Annual Family Premium (EE Paid)



Base Plan Type

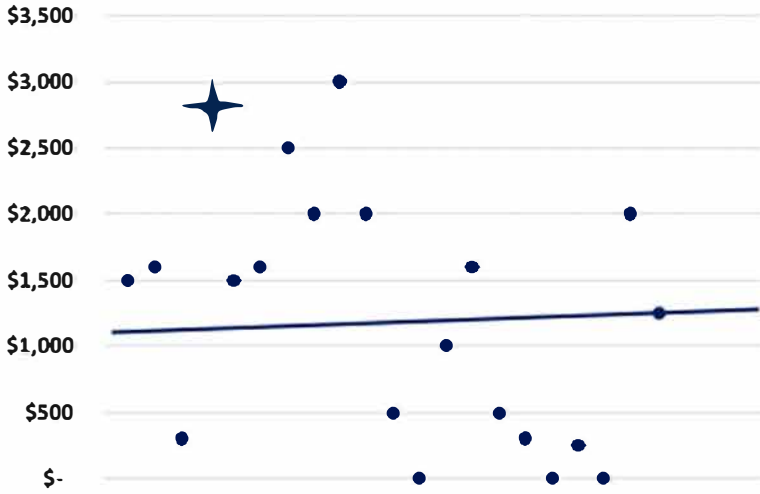


Buy-Up Plan Type

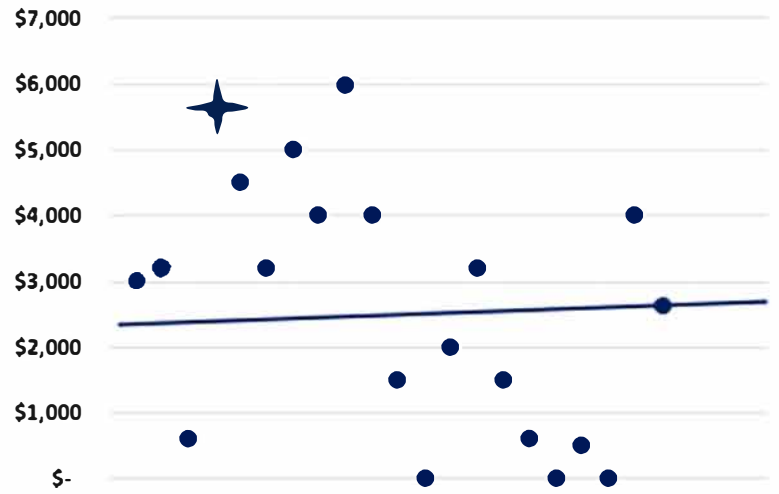


Summary of Findings - Base & HDHP Plan Design

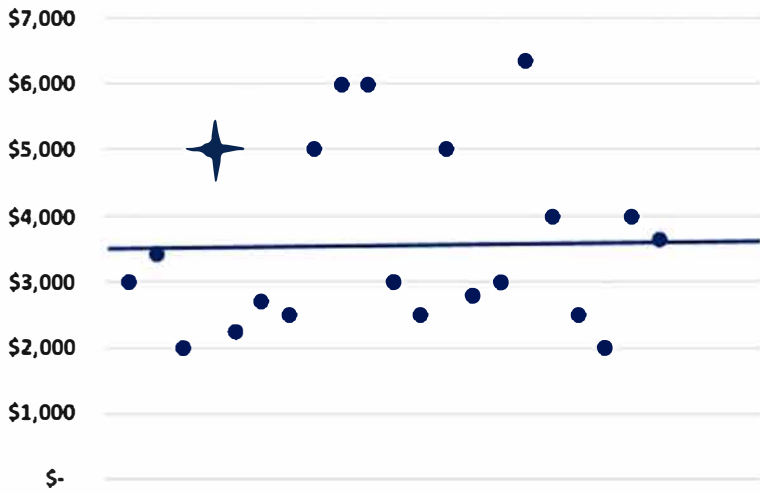
Base Plan In-Network Individual Deductible



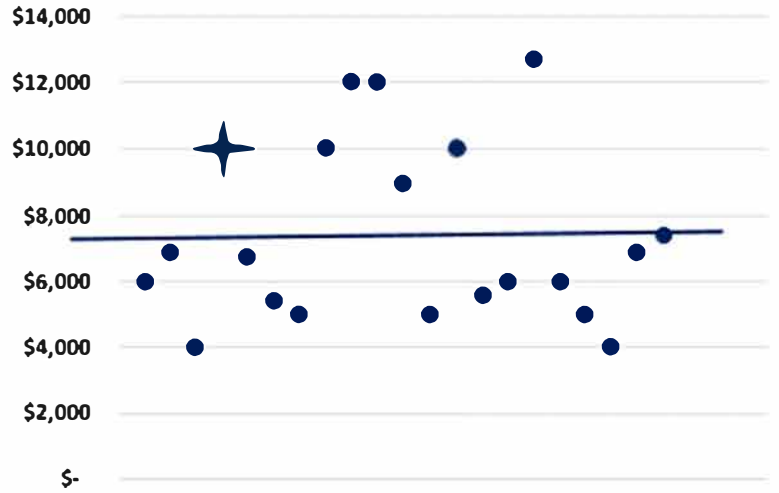
Base Plan In-Network Family Deductible



Base Plan In-Network Individual OOPM

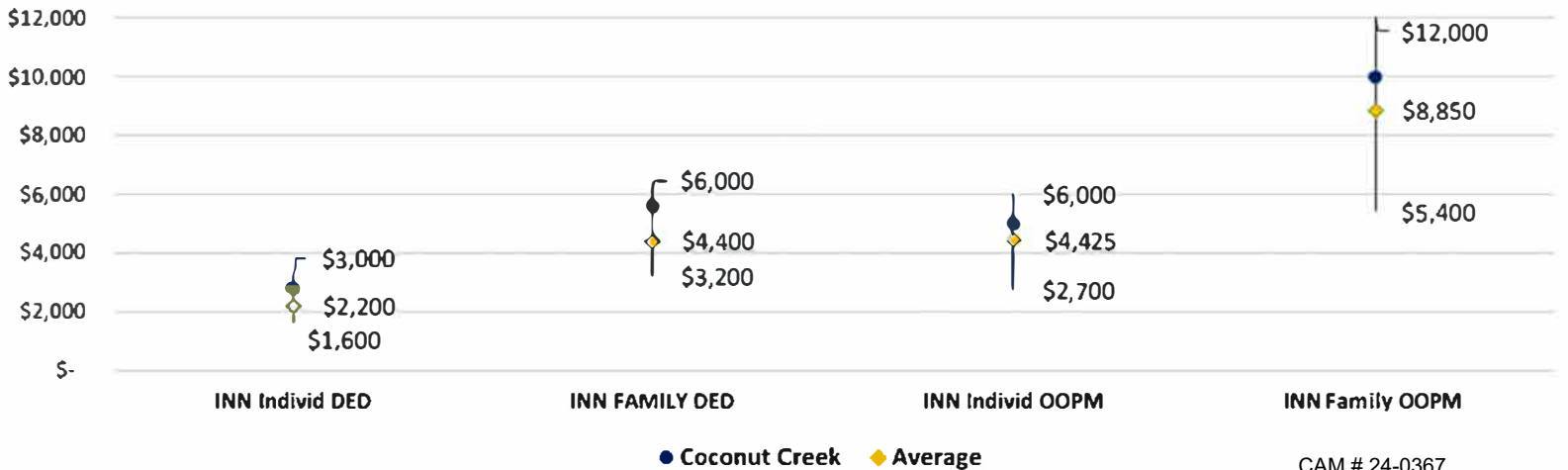


Base Plan In-Network Family OOPM



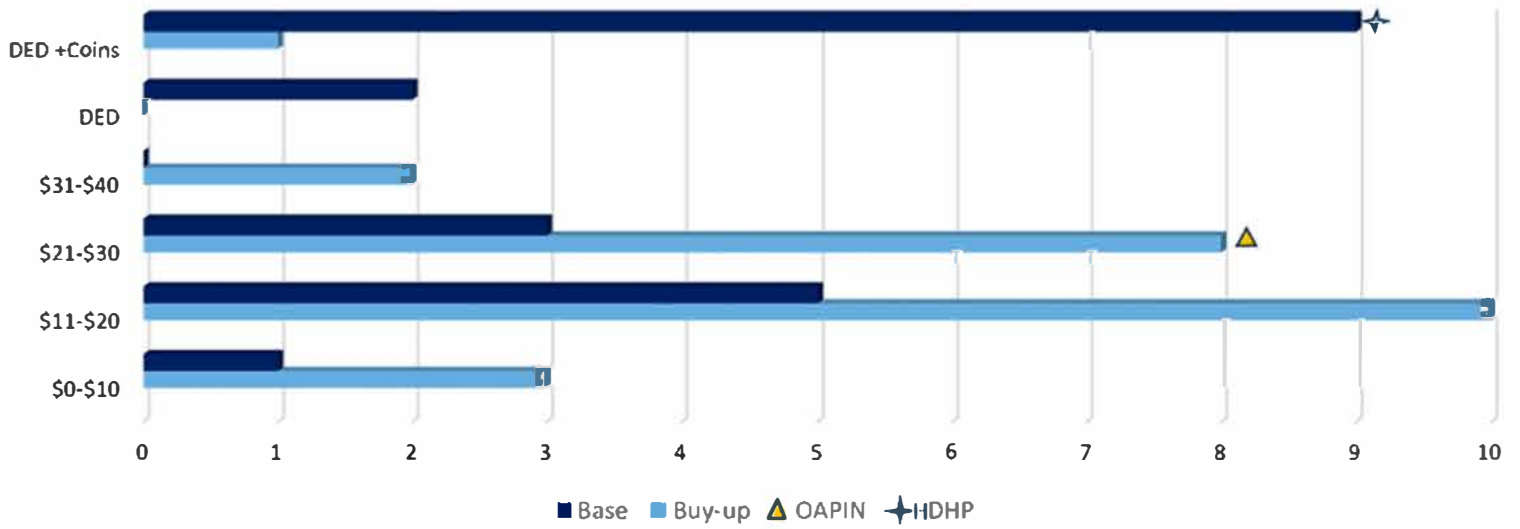
★ Coconut Creek

HDHP Plan Design

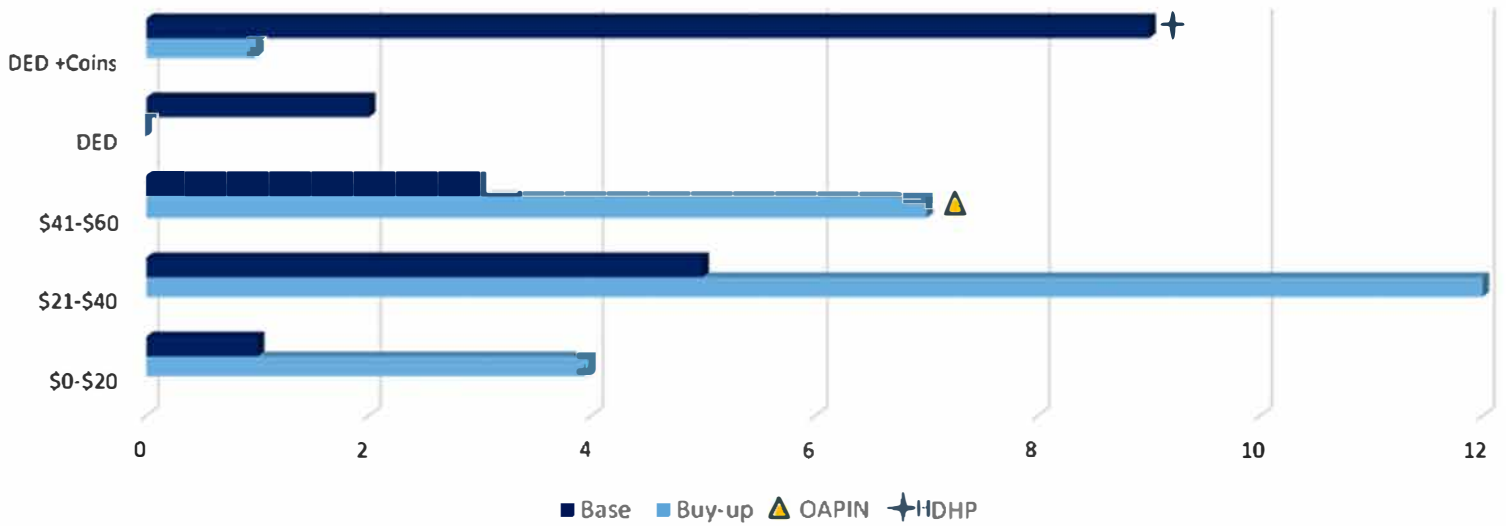


Summary of Findings - Professional Services

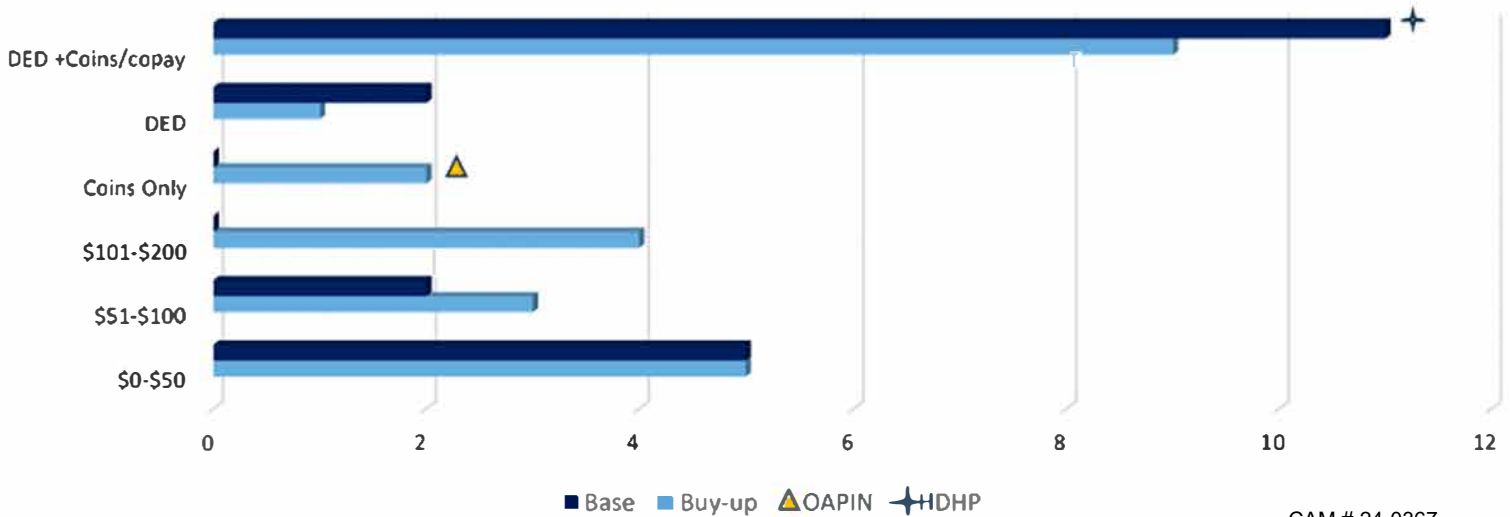
PCP Benefit by Plan



Specialist Benefit by Plan

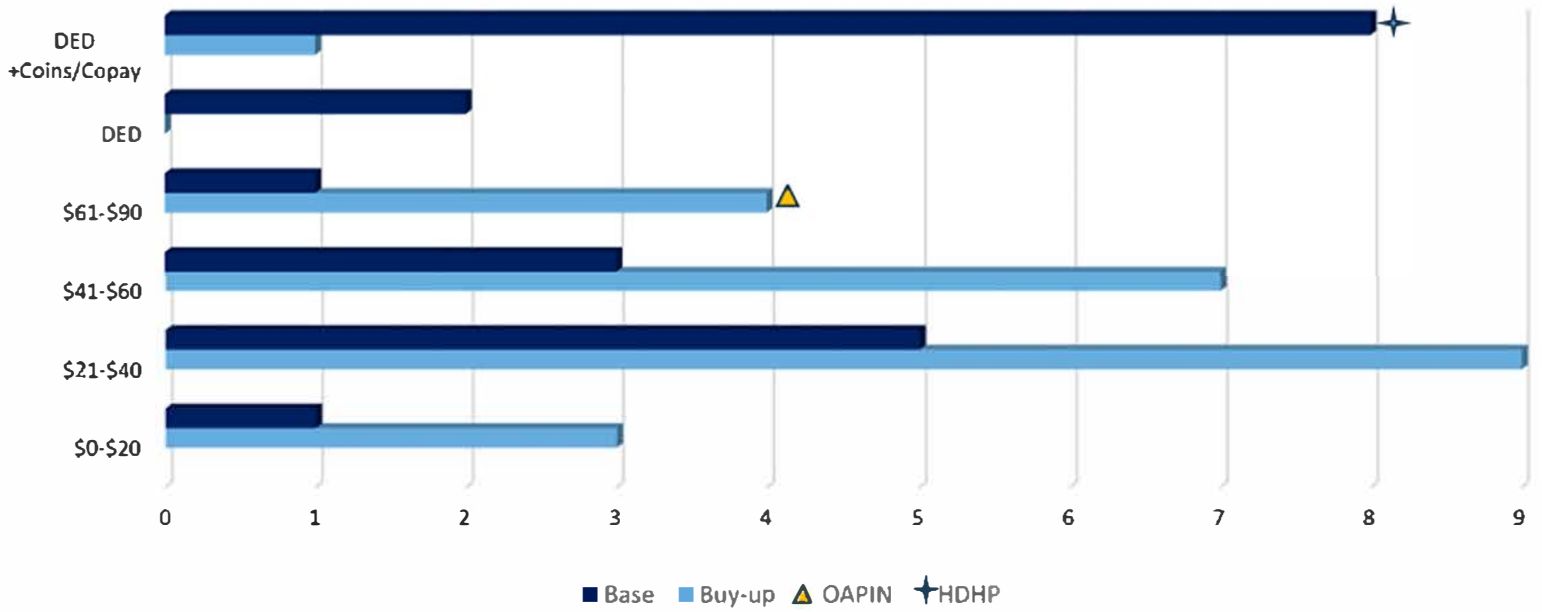


Advanced Imaging Benefit by Plan

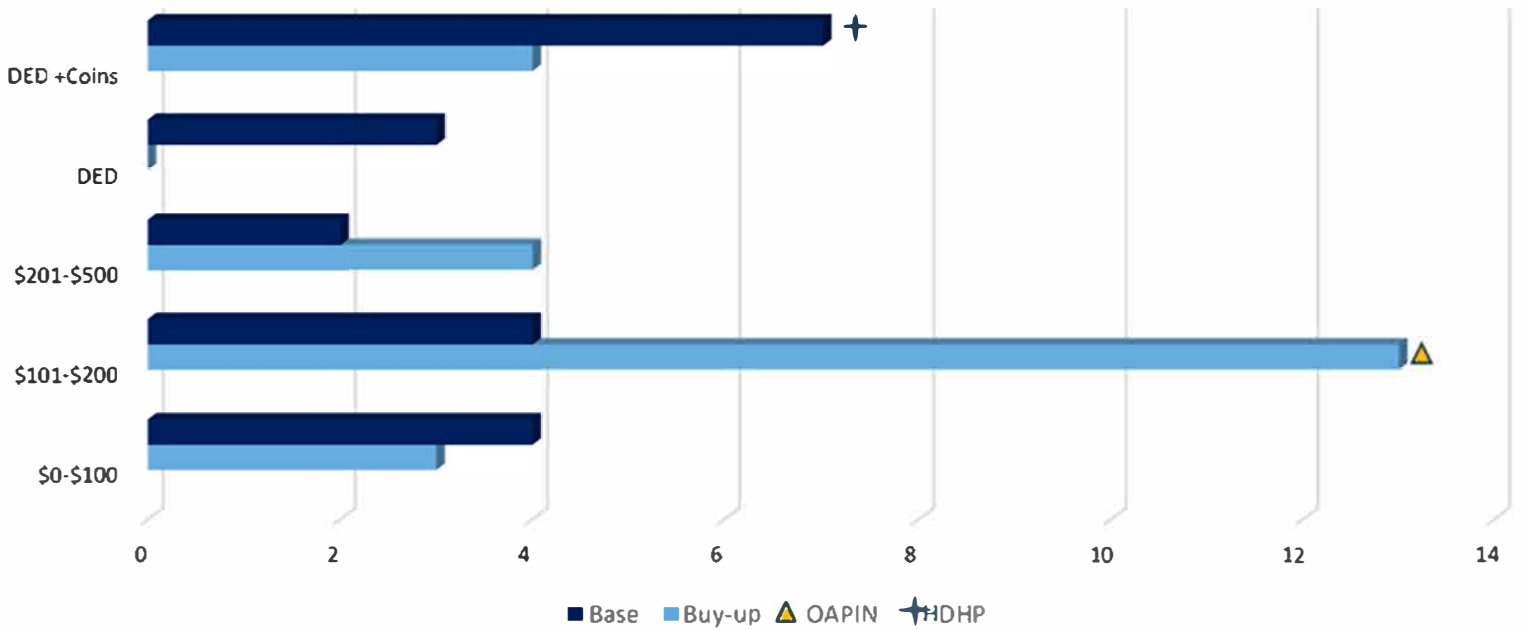


Summary of Findings - Professional Services

Urgent Care Benefit by Plan

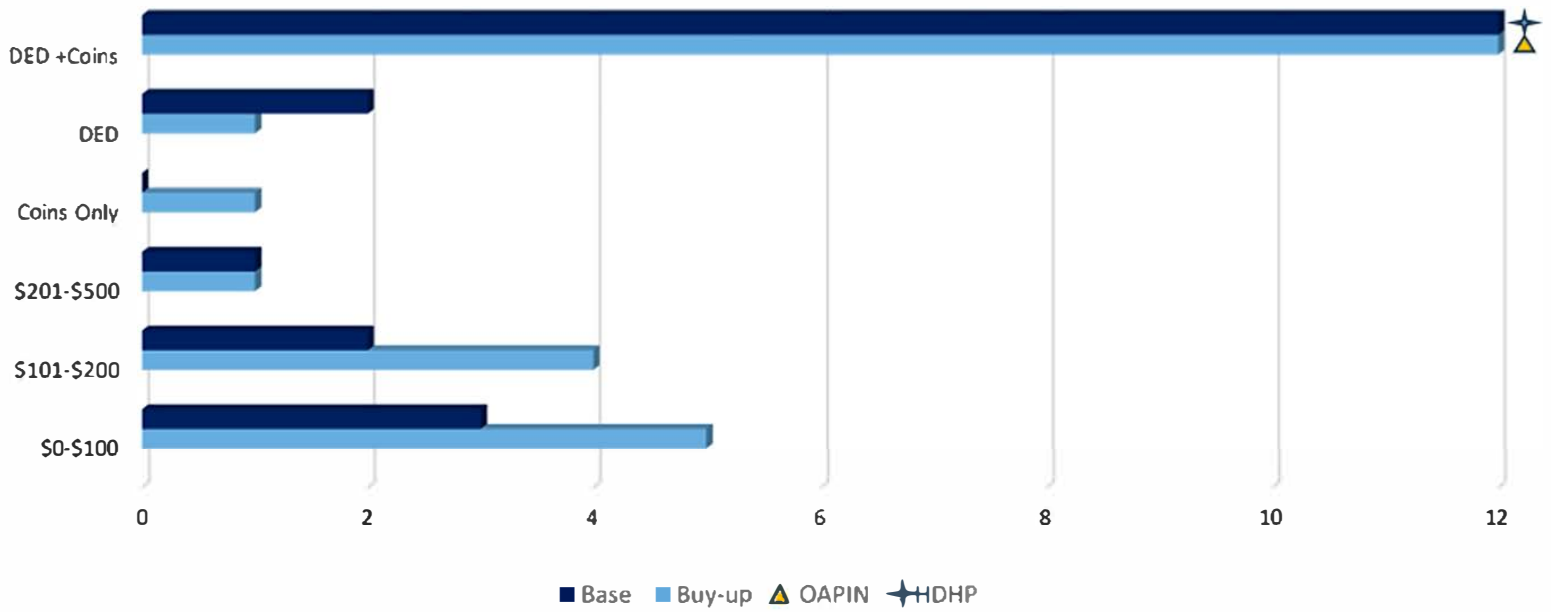


Emergency Room Benefit by Plan

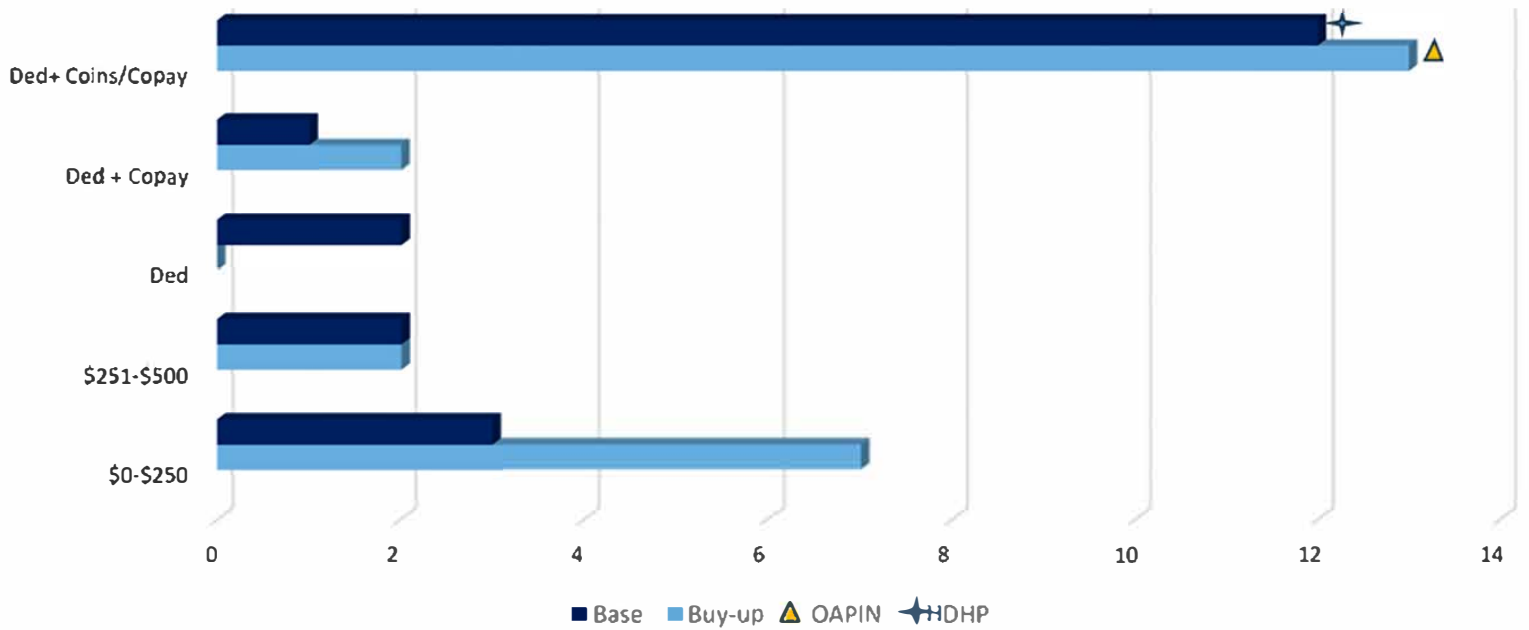


Summary of Findings - Hospital Services

OutPatient Hospital Benefit by Plan

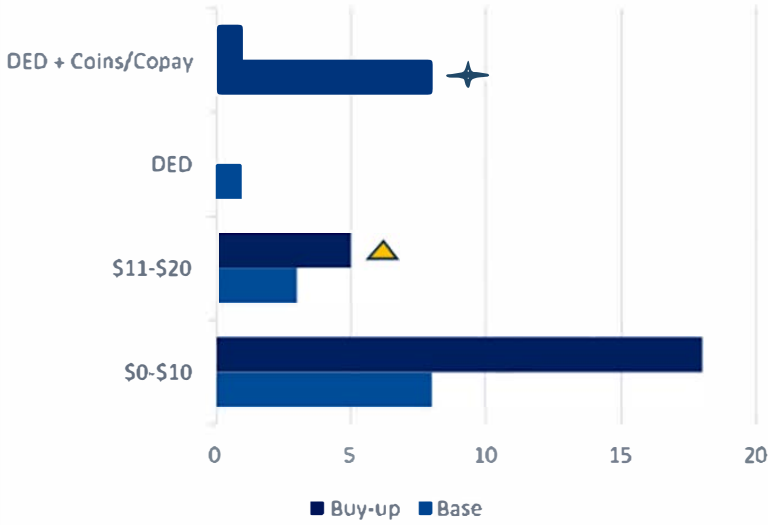


Inpatient Hospital Benefit by Plan

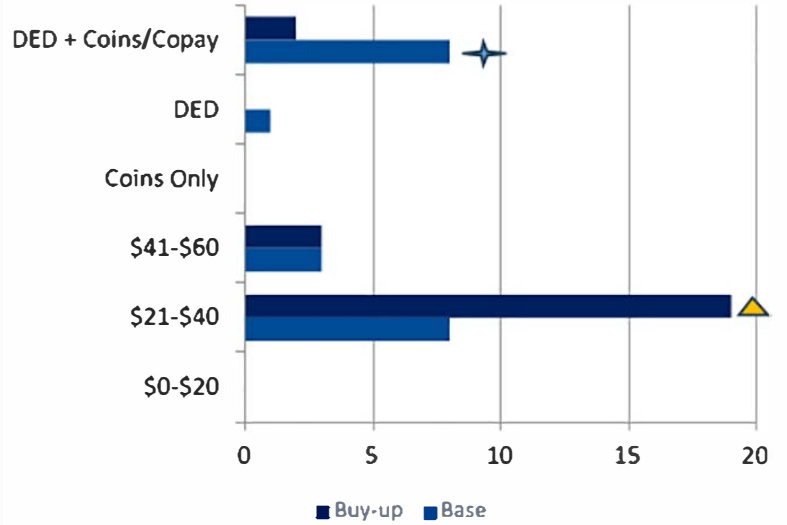


Summary of Findings - Prescription Drugs

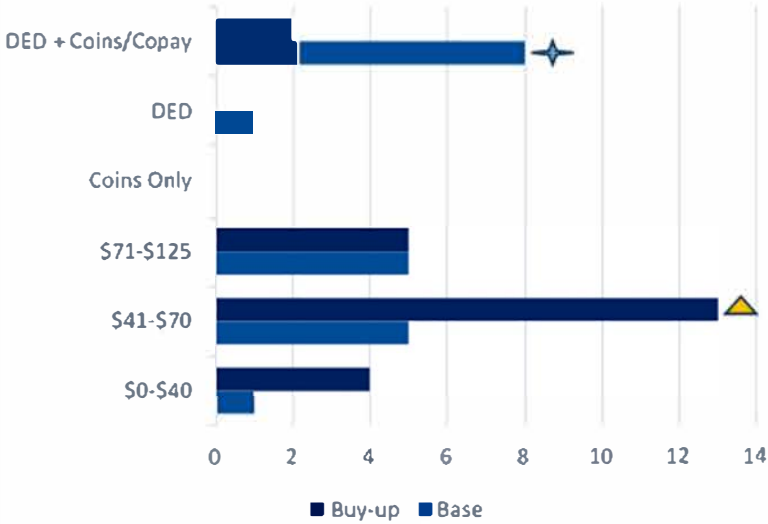
RX -Generic/Tier 1



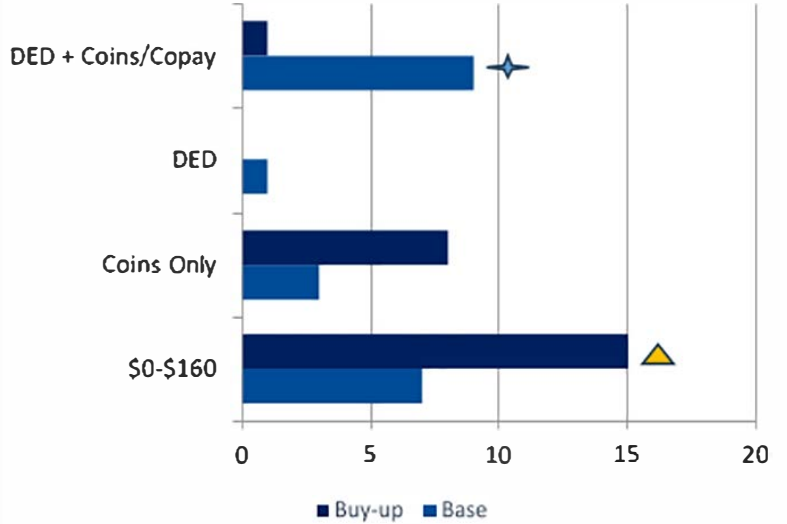
RX -Preferred Brand/Tier 2



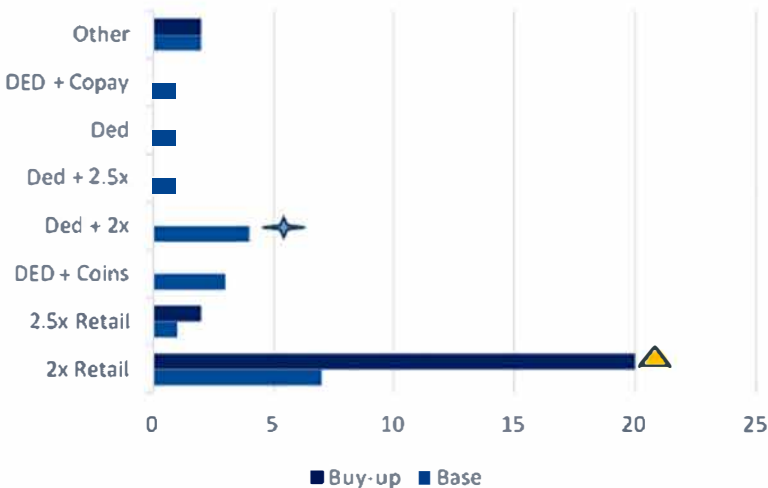
RX -Non-Preferred Brand/Tier 3



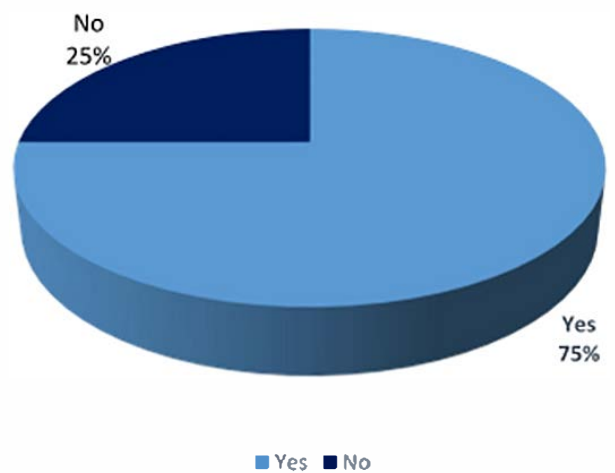
RX -Specialty/Tier 4



RX -Mail Order



4 Tier RX Program



General Information	City of Boca Raton		City of Boca Raton		Broward County*	
Carrier/TPA	Florida Blue		Florida Blue		United Healthcare	
Funding Type	Self Insured		Self-Insured		Self Insured	
Opt Out Program	No		No		Yes = \$100 biweekly FT/ \$50 biweekly PT	
Cost Sharing Strategy - Employer Share	EE = 100% E+S = 76% E+CD = 76% E+CH =78% Fam = 81%		EE = 76% ES = 68% ECD = 67% ECH = 67% Family = 75%		EE = 97% ES = 96% ECH = 97% Fam = 92%	
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$1,000; 1Dep = \$2,500; Fam = \$4,250		Not Applicable		H.S.A.: EE = \$1,200 Fam = \$2,400	
Renewal Date	1-Jan		1-Jan		1-Jan	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year		Calendar Year		Calendar Year	
Individual	\$1,500	\$3,000	\$500	\$1,000	\$1,600	\$3,000
Employee + 1	\$2,250	\$4,500	\$1,000	\$2,000	\$3,200	\$6,000
Family	\$3,000	\$6,000	\$1,000	\$2,000	\$3,200	\$6,000
Coinsurance	20%	50%	10%	40%	20%	40%
Out-of-Pocket Maximum						
Individual	\$3,000	\$6,000	\$3,000	\$6,000	\$3,425	\$6,000
Employee + 1	\$4,500	\$9,000	\$4,500	\$9,000	\$6,850	\$12,000
Family	\$6,000	\$9,000	\$6,000	\$9,000	\$6,850	\$12,000
Professional Services						
Primary Care Office Visit	Ded & Coins	Ded & Coins	\$25	Ded & Coins	Ded & Coins	Ded & Coins
Specialist Office Visit	Ded & Coins	Ded & Coins	\$35	Ded & Coins	Ded & Coins	Ded & Coins
Lab/X-Ray	No Charge/Ded & Coins	Ded & Coins	No Charge/ Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	In-Network Ded & Coins		\$55		Ded & Coins	Ded & Coins
Hospital Services						
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins + \$300/admit	Ded & Coins + \$400/admit	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins + \$150	Ded & Coins	Ded & Coins
Emergency Room	In-Network Ded & Coins		In-Network Ded & Coins		In-Network Ded & Coins	
Prescription Drugs						
Tier 1/Generics	\$10		\$10		Ded & Coins	Ded & Coins
Tier 2/Preferred Brand	\$50		\$50		Ded & Coins	Ded & Coins
Tier 3/Non-Preferred Brand	\$125	Not Covered	\$125	Not Covered	Ded & Coins	Ded & Coins
Tier 4/High Cost (Specialty)	Tier 1-3		Tier 1-3		Tier 1-3	Tier 1-3
Mail Order (90-Day Supply)	2x Retail After Ded		2x Retail		Ded & Coins	Ded & Coins

*Not currently a Gehring Group client

General Information	Broward County*	Broward Sheriff's Office*	Broward Sheriff's Office*
Carrier/TPA	United Healthcare	Aetna	Aetna
Funding Type	Self Insured	Fully Insured	Fully Insured
Opt Out Program	Yes = \$100 biweekly FT/ \$50 biweekly PT	No	No
Cost Sharing Strategy - Employer Share	EE = 84% E+S = 84% E+CH = 84% Fam = 83%	Single = 92% 1 Dep = 93% 2+ Deps = 91%	EE = 90% 1 Dep = 91% 2+ Deps = 89%
Cost Sharing Strategy - HRA/HSA	Not Applicable	Not Applicable	Not Applicable
Renewal Date	1-Jan	1-Jan	1-Jan
Summary of Benefits	In Network ONLY	In Network ONLY	In Network ONLY
Deductible	Calendar Year	Calendar Year	Calendar Year
Individual	\$1,300	\$300	\$200
Employee + 1	\$2,600 (\$1,300 per Ind)	\$600	\$400
Family	\$2,600 (\$1,300 per Ind)	\$600	\$400
Coinsurance	20%	0%	0%
Out-of-Pocket Maximum	Med/Rx		
Individual	\$2,800/\$3,000	\$2,000	\$2,000
Employee + 1	\$5,600/\$6,000	\$4,000	\$4,000
Family	\$5,600/\$6,000	\$4,000	\$4,000
Professional Services			
Primary Care Office Visit	\$25	\$15	\$15
Specialist Office Visit	\$50	\$30	\$25
Lab/X-Ray	No Charge/Coin; Ded does not apply up to \$100	No Charge	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge/Coin; Ded does not apply up to \$100	Hosp: \$80 After Ded; Facility: \$30	Hosp: \$75 After Ded; Facility: \$25
Urgent Care	\$50	\$30	\$25
Hospital Services			
Inpatient	Ded & Coins	\$100/day (1st 5 days), then Ded	Ded + \$300/admit
Outpatient	Ded & Coins	Hosp: \$150 After Ded; Facility: \$100	Hosp: \$150 After Ded; Facility: \$100
Emergency Room	\$250	\$200	\$200
Prescription Drugs			
Tier 1/Generics	\$7	\$10	\$10
Tier 2/Preferred Brand	\$30	\$25	\$25
Tier 3/Non-Preferred Brand	\$45	\$50	\$50
Tier 4/High Cost (Specialty)	\$75	20% Coins (\$150 Max)	20% Coins to max of \$150
Mail Order (90-Day Supply)	2x Retail	2x Retail	2x Retail CAM # 24-0367 Exhibit 3

*Not currently a Gehring Group client

General Information	Broward Sheriff's Office*		Broward Sheriff's Office*		City of Coconut Creek	
Carrier/TPA	Aetna		Aetna		CIGNA	
Funding Type	Fully Insured		Fully Insured		Fully Insured	
Opt Out Program	No		No		Yes = \$4,000 per year	
Cost Sharing Strategy - Employer Share	EE = 90% 1 Dep = 90% 2+ Deps = 88%		EE = 90% 1 Dep = 90% 2+ Deps = 89%		EE = 100% Dependent Tiers = 81%	
Cost Sharing Strategy - HRA/HSA	Not Applicable		Not Applicable		HSA - No Contribution	
Renewal Date	1-Jan		1-Jan		1-Oct	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year		Calendar Year		Calendar Year	
Individual	\$250	\$300	\$250	\$350	\$2,800	\$5,000
Employee + 1	\$500	\$600	\$500	\$700	\$5,600	\$10,000
Family	\$500	\$600	\$500	\$700	\$5,600	\$10,000
Coinsurance	0%	30%	10%	30%	10%	30%
Out-of-Pocket Maximum						
Individual	\$2,500	\$30,000	\$2,500	\$5,000	\$5,000	\$10,000
Employee + 1	\$5,000	\$90,000	\$5,000	\$10,000	\$10,000	\$20,000
Family	\$5,000	\$90,000	\$5,000	\$10,000	\$10,000	\$20,000
Professional Services						
Primary Care Office Visit	\$20	Ded & Coins	\$15	Ded & Coins	Ded & Coins	Ded & Coins
Specialist Office Visit	\$40	Ded & Coins	\$15	Ded & Coins	Ded & Coins	Ded & Coins
Lab/X-Ray	No Charge	Ded & Coins	Labs: No Charge X-Ray: Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Hosp: \$50 After Ded; Facility: \$25	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	\$40	Ded & Coins	\$15	Ded & Coins	Ded & Coins	
Hospital Services						
Inpatient	Ded + \$300/admit	Ded & Coins + \$500/admit	Ded & Coins	Ded & Coins + \$500/admit	Ded & Coins	Ded & Coins
Outpatient	Hosp: \$150 After Ded; Facility: \$50	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room	\$200		\$200		In-Network Ded & Coins	
Prescription Drugs						
Tier 1/Generics	\$10		\$10		\$15 After Ded	
Tier 2/Preferred Brand	\$25	Not Covered	\$25	Coins after Copay	\$35 After Ded	
Tier 3/Non-Preferred Brand	\$50		\$50		\$60 After Ded	Ded & Coins
Tier 4/High Cost (Specialty)	20% Coins to max of \$150		20% Coins to max of \$150	Not Covered	\$80 After Ded	
Mail Order (90-Day Supply)	2x Retail		2x Retail	Not Covered	2x Retail After Ded	

*Not currently a Gehring Group client

General Information	City of Coconut Creek	City of Coral Springs		City of Coral Springs
Carrier/TPA	CIGNA	CIGNA		CIGNA
Funding Type	Fully Insured	Self Insured		Self Insured
Opt Out Program	Yes = \$4,000 per year	No		No
Cost Sharing Strategy - Employer Share	EE = 82% Dependent Tiers = 66%	All Tiers = 83%		All Tiers = 83%
Cost Sharing Strategy - HRA/HSA	Not Applicable	HRA: EE = \$750; 1Dep = \$1,500; Fam = \$2,250		Not Applicable
Renewal Date	1-Oct	1-Jan		1-Jan
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network ONLY
Deductible	Calendar Year	Calendar Year		Calendar Year
Individual	\$1,000	\$1,500	\$1,500	\$0
Employee + 1	\$2,000	\$3,000	\$3,000	\$0
Family	\$2,000	\$4,500	\$4,500	\$0
Coinsurance	20%	20%	40%	20%
Out-of-Pocket Maximum	Med/Rx			
Individual	\$4,000/\$2,350	\$2,250	\$2,250	\$1,725
Employee + 1	\$8,000/\$4,700	\$4,500	\$4,500	\$3,450
Family	\$8,000/\$4,700	\$6,750	\$6,750	\$5,175
Professional Services				
Primary Care Office Visit	\$30	Ded & Coins	Ded & Coins	\$20
Specialist Office Visit	\$50	Ded & Coins	Ded & Coins	\$30/\$40
Lab/X-Ray	No Charge	Ded & Coins	Ded & Coins	No Charge
Advanced Imaging (MRI, PET, CT)	Coins	Ded & Coins	Ded & Coins	Coins
Urgent Care	\$75	In-Network Ded & Coins		\$40
Hospital Services				
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins	Coins + \$200/admit
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Coins
Emergency Room	\$200	In-Network Ded & Coins		\$170
Prescription Drugs	Separate OOPM			
Tier 1/Generics	\$15			\$15
Tier 2/Preferred Brand	\$35			60% (\$30 to \$50)
Tier 3/Non-Preferred Brand	\$60	Ded & Coins	Not Covered	50% (\$60 to \$100)
Tier 4/High Cost (Specialty)	\$80			40% (\$125 to \$175)
Mail Order (90-Day Supply)	2x Retail			2x Retail (Tier 1-3); Tier 4 N/A CAM # 24-0367 Exhibit 3

*Not currently a Gehring Group client

General Information	Town of Davie		Town of Davie		Town of Davie	
Carrier/TPA	UnitedHealthcare		UnitedHealthcare		UnitedHealthcare	
Funding Type	Self Insured		Self Insured		Self Insured	
Opt Out Program	No		No		No	
Cost Sharing Strategy - Employer Share	Benefit \$ up to: EE = 100% E+S = 97%	Benefit \$ up to: E+CH = 100% Fam = 94%	Benefit \$ up to: EE = 100% ES = 86% ECH = 90% Fam = 84%		Benefit \$ up to: EE = 100% ES = 82% ECH = 84% Fam = 79%	
Cost Sharing Strategy - HRA/HSA	H.S.A.: All Tiers = \$1,000		Not Applicable		Not Applicable	
Renewal Date	1-Jan		1-Jan		1-Jan	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year		Calendar Year		Calendar Year	
Individual	\$1,600	\$3,300	\$250	\$500	\$0	\$7,500
Employee + 1	\$3,200	\$6,600	\$500	\$1,000	\$0	\$15,000
Family	\$3,200	\$6,600	\$500	\$1,000	\$0	\$15,000
Coinsurance	20%	40%	20%	40%	0%	50%
Out-of-Pocket Maximum						
Individual	\$2,700	\$5,000	\$2,700	\$3,000	\$2,600	\$10,000
Employee + 1	\$5,400	\$10,000	\$5,400	\$6,000	\$5,200	\$20,000
Family	\$5,400	\$10,000	\$5,400	\$6,000	\$5,200	\$20,000
Professional Services						
Primary Care Office Visit	Ded & Coins	Ded & Coins	\$20	Ded & Coins	\$20	Ded & Coins
Specialist Office Visit	Ded & Coins	Ded & Coins	D: \$30 / ND: \$40	Ded & Coins	D: \$30 / ND: \$40	Ded & Coins
Lab/X-Ray	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No Charge	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$150	Ded & Coins
Urgent Care	Ded & Coins	Ded & Coins	\$30	Ded & Coins	\$30	Ded & Coins
Hospital Services						
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$300	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$200	Ded & Coins
Emergency Room	In-Network Deductible		\$200		\$200	
Prescription Drugs						
Tier 1/Generics	\$10 After In-Network Ded		\$10		\$10	
Tier 2/Preferred Brand	\$30 After In-Network Ded		\$30		\$30	
Tier 3/Non-Preferred Brand	\$50 After In-Network Ded		\$50		\$50	
Tier 4/High Cost (Specialty)	Not Applicable		Not Applicable		Not Applicable	
Mail Order (90-Day Supply)	2x Retail After Ded	Not Covered	2x Retail	Not Covered	2x Retail	Not Covered

*Not currently a Gehring Group client

General Information	City of Deerfield Beach		City of Deerfield Beach		City of Deerfield Beach	
Carrier/TPA	CIGNA		CIGNA		CIGNA	
Funding Type	Self Insured		Self Insured		Self Insured	
Opt Out Program	Yes = \$153.08 per pay period		Yes = \$153.08 per pay period		Yes = \$153.08 per pay period	
Cost Sharing Strategy - Employer Share	EE = 95% Dependent Tiers = 80%		EE = 90% Dependent Tiers = 80%		EE = 85% Dependent Tiers = 75%	
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$1,000; ES/ECH = \$1,500; Fam = \$2,000		Not Applicable		Not Applicable	
Renewal Date	1-Jan		1-Jan		1-Jan	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year		Calendar Year		Calendar Year	
Individual	\$2,500	\$5,000	\$250	\$500	\$0	\$500
Employee + 1	\$5,000	\$10,000	\$500	\$1,000	\$0	\$1,500
Family	\$5,000	\$10,000	\$500	\$1,000	\$0	\$1,500
Coinsurance	0%	40%	20%	40%	0%	40%
Out-of-Pocket Maximum						
Individual	\$2,500	\$5,000	\$2,000	\$4,000	\$1,500	\$3,000
Employee + 1	\$5,000	\$10,000	\$4,000	\$8,000	\$3,000	\$6,000
Family	\$5,000	\$10,000	\$4,000	\$8,000	\$3,000	\$6,000
Professional Services						
Primary Care Office Visit	Ded	Ded & Coins	\$20	Ded & Coins	\$10	Ded & Coins
Specialist Office Visit	Ded	Ded & Coins	\$40	Ded & Coins	\$20	Ded & Coins
Lab/X-Ray	Ded	Ded & Coins	No Charge	Ded & Coins	No Charge	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded	Ded & Coins	\$50	Ded & Coins	\$50	Ded & Coins
		In-Network Deductible		\$40		\$20
Urgent Care						
Hospital Services						
Inpatient	Ded	Ded & Coins	Ded & Coins	Ded & Coins	\$250	Ded & Coins + \$750/admit
Outpatient	Ded	Ded & Coins	Ded & Coins	Ded & Coins	\$100	Ded & Coins + \$300/visit
Emergency Room		In-Network Deductible		\$150		\$50
Prescription Drugs						
Tier 1/Generics	Ded		\$10	50% Coins	\$10	50% Coins
Tier 2/Preferred Brand	Ded	50% After Ded & Coins	\$25	50% Coins	\$25	50% Coins
Tier 3/Non-Preferred Brand	Ded		\$40	50% Coins	\$40	50% Coins
Tier 4/High Cost (Specialty)	Tier 1-3 After Ded		Tier 1-3	Tier 1-3	Tier 1-3	Tier 1-3
Mail Order (90-Day Supply)	Tier 1-3 After Ded	Not Covered	2x Retail	Not Covered	2x Retail	Not Covered

CAM # 24-0367
Exhibit 3

*Not currently a Gehring Group client

General Information	City of Fort Lauderdale		City of Fort Lauderdale		City of Fort Lauderdale	
Carrier/TPA	CIGNA		CIGNA		CIGNA	
Funding Type	Self Insured		Self Insured		Self Insured	
Opt Out Program	No		Not Available		Not Available	
Cost Sharing Strategy - Employer Share	General EE = 93% E+S = 87% E+CD = 91% E+CH = 88% Fam = 83%	Fire EE = 92% E+S = 84% E+CD = 89% E+CH = 86% Fam = 80%	General EE = 85% ES = 74% ECD = 81% ECH = 76% Family = 67%	Fire EE = 84% ES = 71% ECD = 79% ECH = 73% Family = 64%	General EE = 88% ES = 79% ECD = 85% ECH = 81% Family = 73%	Fire EE = 87% ES = 76% ECD = 83% ECH = 78% Family = 70%
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$1,000; 1Dep = \$1,500; 2Dep/Fam = \$2,000		Not Applicable		Not Applicable	
Renewal Date	1-Jan		1-Jan		1-Jan	
Summary of Benefits	In Network	Out of Network	In Network ONLY		In Network ONLY	
Deductible	Calendar Year		Calendar Year		Calendar Year	
Individual	\$2,000	\$2,000	\$0		\$1,000	
Employee + 1	\$3,000	\$3,000	\$0		\$2,000	
Family	\$4,000	\$4,000	\$0		\$3,000	
Coinsurance	10%	30%	0%		20%	
Out-of-Pocket Maximum						
Individual	\$5,000	\$5,000	\$5,000		\$6,350	
Employee + 1	\$7,000	\$7,000	\$7,000		\$10,000	
Family	\$10,000	\$10,000	\$10,000		\$12,700	
Professional Services						
Primary Care Office Visit	Ded & Coins	Ded & Coins	\$35		\$35	
Specialist Office Visit	Ded & Coins	Ded & Coins	\$35		\$35	
Lab/X-Ray	Ded & Coins	Ded & Coins	10% Coins		10% Coins & Ded	
Advanced Imaging (MRI, PET, CT)	Ded & Coins	Ded & Coins	200 per Test		200 per Test	
Urgent Care	In-Network Ded & Coins		\$60		\$60	
Hospital Services						
Inpatient	Ded & Coins	Ded & Coins	\$500/day (\$2,500 Max)		Ded & Coins	
Outpatient	Ded & Coins	Ded & Coins	\$500		Ded & Coins	
Emergency Room	In-Network Ded & Coins		\$200		\$200	
Prescription Drugs						
Tier 1/Generics	25% After Ded		\$15		\$15	
Tier 2/Preferred Brand	35% After Ded		\$35		\$35	
Tier 3/Non-Preferred Brand	55% After Ded	Not Covered	\$55		\$55	
Tier 4/High Cost (Specialty)	Not Applicable		Tier 1-3		Tier 1-3	
Mail Order (90-Day Supply)	Tier 1-3 After Ded		2x Retail		2x Retail CAM # 24-0367 Exhibit 3	

*Not currently a Gehring Group client

General Information	Town of Hallandale Beach*	City of Hillsboro Beach*		City of Hollywood
Carrier/TPA	Aetna	United Healthcare		CIGNA
Funding Type	Fully Insured	Fully Insured		Self Insured
Opt Out Program	No	No		No
Cost Sharing Strategy - Employer Share	EE = 100% EE + 1 = 86% Fam = 81%	Non-Grandfathered: EE = 100%; ES=80%; ECH=81%; Fam = 74% Grandfathered =100%		EE = 100% 1 Dep = 95% 2+ Deps = 93%
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$2,000; ES/ECH = \$4,000; Fam = \$3,000	Not Applicable		HRA: EE = \$400; 1 Dep = \$600; 2+ Deps = \$1,000
Renewal Date	1-Oct	1-Jan		1-Jan
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network ONLY
Deductible	Plan Year	Calendar Year		Calendar Year
Individual	\$3,000	\$2,000	\$6,000	\$500
Employee + 1	\$6,000	\$4,000	\$12,000	\$1,500
Family	\$6,000	\$4,000	\$12,000	\$1,500
Coinsurance	0%	20%	50%	20%
Out-of-Pocket Maximum				Med/Rx
Individual	\$6,000	\$6,000	\$12,000	\$3,000/\$1,500
Employee + 1	\$12,000 (\$6,000 per individual)	\$12,000	\$24,000	\$9,000/\$4,500
Family		\$12,000	\$24,000	\$9,000/\$4,500
Professional Services				
Primary Care Office Visit	Ded	\$25	Ded & Coins	\$30
Specialist Office Visit	Ded	\$50	Ded & Coins	\$40
Lab/X-Ray	Ded	\$40	Ded & Coins	No Charge/\$50
Advanced Imaging (MRI, PET, CT)	Ded	Unknown	Unknown	\$50
Urgent Care	Ded	\$40	Ded & Coins	\$75
Hospital Services				
Inpatient	Ded	Ded & Coins	Ded & Coins	\$500
Outpatient	Ded	Ded & Coins	Ded & Coins	\$250
Emergency Room	Ded	\$500	\$500	\$200
Prescription Drugs				Separate OOPM
Tier 1/Generics	\$20	\$10		
Tier 2/Preferred Brand	\$60	\$40		20% After \$50 Ded*
Tier 3/Non-Preferred Brand	\$100	\$150	Not Covered	
Tier 4/High Cost (Specialty)	30%	Tier 1-3		Tier 1-3 After \$50 Ded*
Mail Order (90-Day Supply)	2x Retail	Unknown		\$25/\$75/\$150 After \$50 Ded* CAM # 24-0367

*Not currently a Gehring Group client

General Information	City of Hollywood		City of Lauderhill*		City of Lauderhill*	
Carrier/TPA	CIGNA		Humana		Humana	
Funding Type	Self Insured		Fully Insured		Fully Insured	
Opt Out Program	No		Yes = \$230.77 biweekly About \$6,000.02 Annually		Yes = \$230.77 biweekly About \$6,000.02 Annually	
Cost Sharing Strategy - Employer Share	General: EE = 80% 1 Dep = 80% 2+ Dep = 80%		General EE= 100% Police = 100%, 79%, 78%, 69% EE+S= 91% Fire = 100%, 79%, 78%, 69% EE + CH= 90% EE+ Fam=86%		General EE= 69% Police = 69%, 54%, 54%, 48% EE+S= 63% Fire = 100%, 79%, 77%, 69% EE + CH= 62% EE+ Fam=60%	
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$400	1 Dep = \$600 2+ Dep = \$1,000	Not Applicable		Not Applicable	
Renewal Date	1-Jan		1-Oct		1-Oct	
Summary of Benefits	In Network Out of Network		In Network ONLY		In Network Out of Network	
Deductible	Calendar Year		Plan Year		Plan Year	
Individual	\$250	\$750	\$0		\$150	\$300
Employee + 1	\$750	\$2,250	\$0		\$300	\$600
Family	\$750	\$2,250	\$0		\$300	\$600
Coinsurance	10%	40%	0%		20%	40%
Out-of-Pocket Maximum	Med/Rx					
Individual	\$2,000/\$1,000	\$4,000/\$1,000	\$2,500		\$1,000	\$2,000
Employee + 1	\$4,000/\$3,000	\$8,000/\$3,000	\$5,000		\$2,000	\$4,000
Family	\$4,000/\$3,000	\$8,000/\$3,000	\$5,000		\$2,000	\$4,000
Professional Services						
Primary Care Office Visit	\$25	Ded & Coins	\$10		\$10	Ded & Coins
Specialist Office Visit	\$45	Ded & Coins	\$10		\$10	Ded & Coins
Lab/X-Ray	No Charge/\$45	Ded & Coins	No Charge		No Charge	Ded & Coins
Advanced Imaging (MRI, PET, CT)	\$100	Ded & Coins	No Charge		Ded & Coins	Ded & Coins
Urgent Care	\$60	Ded & Coins	\$10		\$10	Ded & Coins
Hospital Services						
Inpatient	\$250	\$750/admit	No Charge		Ded & Coins	Ded & Coins
Outpatient	\$100	\$300/visit	No Charge		Ded & Coins	Ded & Coins
Emergency Room	\$200		\$100		\$100	
Prescription Drugs	Separate OOPM					
Tier 1/Generics	\$10 after \$50 Ded* & Coin		\$10		\$10	
Tier 2/Preferred Brand	20% After \$50 Ded* & Coin	50% After \$50 Ded* & Coin	\$25		\$25	30%
Tier 3/Non-Preferred Brand	20% After \$50 Ded* & Coin		\$40		\$40	
Tier 4/High Cost (Specialty)	Tier 1-3 \$20/\$50/\$80	50% After \$50 Ded* & Coin	25% Coins (Tier 4) 35% Coins (Specialty)		25% Coins (Tier 4)	50%
Mail Order (90-Day Supply)	After \$50 Ded* & Coin	Not Covered	2x Retail		2x Retail	30%

CAM # 24-0367
Exhibit 3

*Not currently a Gehring Group client

General Information	City of Margate	City of Margate	City of Margate	
Carrier/TPA	CIGNA	CIGNA	CIGNA	
Funding Type	Fully Insured	Fully Insured	Fully Insured	
Opt Out Program	No	No	No	
Cost Sharing Strategy - Employer Share	All Tiers = 80%	All Tiers = 80%	All Tiers = 80%	
Cost Sharing Strategy - HRA/HSA	Not Applicable	Not Applicable	Not Applicable	
Renewal Date	1-Jan	1-Jan	1-Jan	
Summary of Benefits	In Network ONLY	In Network ONLY	In Network	Out of Network
Deductible	Calendar Year	Calendar Year	Calendar Year	
Individual	\$1,000	\$0	\$300	\$500
Employee + 1	\$2,000	\$0	\$600	\$1,000
Family	\$2,000	\$0	\$600	\$1,000
Coinsurance	20%	0%	10%	30%
Out-of-Pocket Maximum				
Individual	\$5,000	\$2,000	\$1,500	\$2,000
Employee + 1	\$10,000	\$4,000	\$3,000	\$4,000
Family	\$10,000	\$4,000	\$3,000	\$4,000
Professional Services				
Primary Care Office Visit	\$15	\$15	Ded & Coins	Ded & Coins
Specialist Office Visit	\$25	\$25	Ded & Coins	Ded & Coins
Lab/X-Ray	No Charge	No Charge	Ded & Coins	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded & Coins + \$50	\$50	Ded & Coins	Ded & Coins
Urgent Care	\$50	\$25	In-Network Ded & Coins	
Hospital Services				
Inpatient	Ded & Coins	\$250	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	\$50	Ded & Coins	Ded & Coins
Emergency Room	\$150	\$150	In-Network Ded & Coins	
Prescription Drugs				
Tier 1/Generics	\$5	\$5	\$5	
Tier 2/Preferred Brand	\$30	\$30	\$30	Coins
Tier 3/Non-Preferred Brand	\$90	\$90	\$90	
Tier 4/High Cost (Specialty)	Not Applicable	Not Applicable	Not Applicable	
Mail Order (90-Day Supply)	2.5x Retail	2.5x Retail	2.5x Retail After Ded	Coins

*Not currently a Gehring Group client

General Information	City of Miramar*	City of Miramar*	City of Miramar*		
Carrier/TPA	Aetna	Aetna	Aetna		
Funding Type	Fully Insured	Fully Insured	Fully Insured		
Opt Out Program	Yes = \$215.80 Biweekly About \$5,610.8 Annually	Yes= \$215.80 Biweekly About \$5,610.8 Annually	Yes= \$215.80 Biweekly About \$5,610.8 Annually		
Cost Sharing Strategy - Employer Share	General: EE = 100% EE+SP = 83% EE + CH = 79% EE + Fam = 79% Police = 100%, 83%, 79%, 79%	Police: EE = 96% ES = 83% ECH = 79% Fam = 79%	General: EE = 96% ES = 83%; ECH = 79% ; Fam = 79%	Police: EE = 98% ES = 84% ECH = 75% Fam = 75%	General: EE = 98% ES = 87%; ECH = 81% ; Fam = 81%
Cost Sharing Strategy - HRA/HSA	H.S.A.: EE=\$1,600 Family = \$3,200	Not Applicable	Not Applicable		
Renewal Date	1-Jan	1-Jan	1-Jan		
Summary of Benefits	In Network ONLY	In Network ONLY	In Network	Out of Network	
Deductible	Calendar Year	Calendar Year	Calendar Year		
Individual	\$1,600	\$0	\$500	\$750	
Employee + 1	\$3,200	\$0	\$1,000	\$1,500	
Family	\$3,200	\$0	\$1,000	\$1,500	
Coinsurance	10%	0%	0%	20%	
Out-of-Pocket Maximum		Med/Rx	Med/Rx		
Individual	\$2,800	\$3,850/\$2,500	\$3,850/\$2,500	\$7,700/\$2,500	
Employee + 1	\$5,600	\$7,700/\$5,000	\$7,700/\$5,000	\$15,400/\$5,000	
Family	\$5,600	\$7,700/\$5,000	\$7,700/\$5,000	\$15,400/\$5,000	
Professional Services					
Primary Care Office Visit	Ded & Coins	\$20	\$25	Ded & Coins	
Specialist Office Visit	Ded & Coins	\$40	\$50	Ded & Coins	
Lab/X-Ray	Ded & Coins	No Charge	No Charge	Ded & Coins	
Advanced Imaging (MRI, PET, CT)	Ded & Coins	\$100	Ded	Ded & Coins	
Urgent Care	Ded & Coins	\$75	\$75	Ded & Coins	
Hospital Services					
Inpatient	Ded & Coins	\$250	\$250	Ded & Coins	
Outpatient	Ded & Coins	\$150	Ded	Ded & Coins	
Emergency Room	Ded & Coins	\$250	\$300		
Prescription Drugs		Separate OOPM	Separate OOPM		
Tier 1/Generics	\$10 After Ded	\$10	\$10		
Tier 2/Preferred Brand	\$30 After Ded	\$30	\$30	30% Coins	
Tier 3/Non-Preferred Brand	\$60 After Ded	\$60	\$60		
Tier 4/High Cost (Specialty)	25% After Ded	25% Coins	25% Coins		
Mail Order (90-Day Supply)	2x Retail After Ded	2x Retail	2x Retail	Not Covered	

CAM # 24-0367
Exhibit 3

*Not currently a Gehring Group client

General Information	City of Parkland	City of Parkland		City of Pembroke Pines*	
Carrier/TPA	Cigna	Cigna		United Healthcare	
Funding Type	Fully Insured	Fully Insured		Self Insured	
Opt Out Program	No	No		No	
Cost Sharing Strategy - Employer Share	EE = 100% Dependent Tiers = 85%	All Tiers: 50%		General EE = 80% EE+SP = 86% EE+CH = 83% EE+Fam = 84%	Police and Fire EE = 90% EE+SP = 92% EE+CH = 90% EE+Fam = 90%
Cost Sharing Strategy - HRA/HSA	Not Applicable	Not Applicable		Not Applicable	
Renewal Date	1-Oct	1-Oct		1-Oct	
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year	Calendar Year		Calendar Year	
Individual	\$500	\$1,000	\$3,000	\$300	\$600
Employee + 1	\$1,500	\$2,000	\$6,000	\$600	\$1,000
Family	\$1,500	\$2,000	\$6,000	\$600	\$1,000
Coinsurance	20%	10%	30%	10%	30%
Out-of-Pocket Maximum					
Individual	\$3,000	\$5,500	\$16,500	\$6,350	\$6,350
Employee + 1	\$6,000	\$11,000	\$33,000	\$12,700	\$12,700
Family	\$6,000	\$11,000	\$33,000	\$12,700	\$12,700
Professional Services					
Primary Care Office Visit	\$25	\$25	Ded & Coins	Ded & Coins	Ded & Coins
Specialist Office Visit	\$50	\$50	Ded & Coins	Ded & Coins	Ded & Coins
Lab/X-Ray	No Charge	No Charge	Ded & Coins	Ded & Coins	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded & Coins	\$200	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	\$40	\$75	Ded & Coins	\$50	Ded & Coins
Hospital Services					
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room	\$100	\$350		\$100	
Prescription Drugs					
Tier 1/Generics	\$20	\$15		\$10	
Tier 2/Preferred Brand	\$40	\$60		\$25	
Tier 3/Non-Preferred Brand	\$60	\$125	50% Coins	\$35	Not Covered
Tier 4/High Cost (Specialty)	\$75	\$160		Tier 1-3	
Mail Order (90-Day Supply)	2x Retail	2x Retail		2x Retail	

General Information	City of Pembroke Pines*		City of Plantation*	City of Plantation*
Carrier/TPA	United Healthcare		United Healthcare	United Healthcare
Funding Type	Self Insured		Self Insured	Self Insured
Opt Out Program	No		No	No
Cost Sharing Strategy - Employer Share	General EE = 74% ES = 84% ECH = 80% Fam = 82%	Police and Fire EE = 89% EE+SP = 92% EE+CH = 89% EE+Fam = 89%	All Tiers = 98%	All Tiers = 97%
Cost Sharing Strategy - HRA/HSA	Not Applicable		No	No
Renewal Date	1-Oct		1-Apr	1-Apr
Summary of Benefits	In Network	Out of Network	In Network ONLY	In Network ONLY
Deductible	Calendar Year		Calendar Year	Calendar Year
Individual	\$0	\$10,000	\$0	\$0
Employee + 1	\$0	Unlimited	\$0	\$0
Family	\$0	Unlimited	\$0	\$0
Coinsurance	0%	50%	0%	0%
Out-of-Pocket Maximum	Rx Copys Exlcuded			
Individual	\$6,350		\$4,000	\$4,000
Employee + 1	\$12,700	Unlimited	\$6,000	\$6,000
Family	\$12,700		\$6,000	\$6,000
Professional Services				
Primary Care Office Visit	\$15	Ded & Coins	\$20	\$10
Specialist Office Visit	\$20	Ded & Coins	\$50	\$35
Lab/X-Ray	\$15	Ded & Coins	\$20	No Charge
Advanced Imaging (MRI, PET, CT)	\$15	Ded & Coins	\$100	No Charge
Urgent Care	\$50	Ded & Coins	\$35	\$25
Hospital Services				
Inpatient	\$150	Ded & Coins	\$200	\$100
Outpatient	\$25	Ded & Coins	\$100	No Charge
Emergency Room		\$100	250	\$200
Prescription Drugs				
Tier 1/Generics	\$10		\$20	\$10
Tier 2/Preferred Brand	\$25	Reimbursement calculated as lowest	\$40	\$25
Tier 3/Non-Preferred Brand	\$35	contracted rate	\$60	\$60
Tier 4/High Cost (Specialty)	2x Tier 1-3	at participating pharmacy minus applicable copay	Tier 1-3	Tier 1-3
Mail Order (90-Day Supply)	2x Retail		3x Retail	3x Retail CAM # 24-0367 Exhibit 3

*Not currently a Gehring Group client

General Information	City of Pompano Beach	City of Pompano Beach		City of Sunrise*
Carrier/TPA	Florida Blue	Florida Blue		AvMed
Funding Type	Fully Insured	Fully Insured		Self Funded
Opt Out Program	No	No		No
Cost Sharing Strategy - Employer Share	EE = 100% EE + Fam = 69%	Single=100%	Family=72%	EE = 100% Fam = 91%
Cost Sharing Strategy - HRA/HSA	Not Applicable	Not Applicable		Not Applicable
Renewal Date	1-Oct	1-Oct		1-Jan
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network ONLY
Deductible	Plan Year	Plan Year		Calendar Year
Individual	\$250	\$500		\$0
Employee + 1	\$500	\$750		\$0
Family	\$500	\$750		\$0
Coinsurance	10%	20%	30%	0%
Out-of-Pocket Maximum				
Individual	\$2,500	\$2,000		\$2,000
Employee + 1	\$5,000	\$4,000		\$4,000
Family	\$5,000	\$4,000		\$4,000
Professional Services				
Primary Care Office Visit	VCP: \$0/PCP: \$20	VCP: \$0/PCP: \$25	Ded & Coins	\$20
Specialist Office Visit	VCP:\$0/SP: \$35	VCP:\$0/SP: \$35	Ded & Coins	\$35
Lab/X-Ray	VCP:\$0/ \$50	VCS:\$0/ Ded & Coins	Ded & Coins	No Charge
Advanced Imaging (MRI, PET, CT)	\$75	\$75/ Ded & Coins	Ded & Coins	\$50
Urgent Care	VCP:\$0/ \$50	VCP: 1-2 Visits - \$0; 2+ \$25 / \$50	\$25 + Ded	\$30
Hospital Services				
Inpatient	\$150/day up to \$450 max	Ded & Coins + \$100/admit	Ded & Coins + \$250/admit	\$100/day for first 3 days
Outpatient	\$100	Ded & Coins	Ded & Coins	\$200
Emergency Room	\$75	In-Network Ded & Coins		\$200
Prescription Drugs				
Tier 1/Generics	\$10	\$10	50% Coins	\$10
Tier 2/Preferred Brand	\$30	\$30	50% Coins	\$50
Tier 3/Non-Preferred Brand	\$50	\$50	50% Coins	\$75
Tier 4/High Cost (Specialty)	Tier 1-3	Tier 1-3	50% Coins	25% Coins
Mail Order (90-Day Supply)	2x Retail	2x Retail	50% Coins	2x Retail CAM # 24-0367 Exhibit 3

*Not currently a Gehring Group client

General Information	City of Sunrise*		Town of Wilton Manors*	
Carrier/TPA	AvMed		United Healthcare	
Funding Type	Self Insured		Fully Insured	
Opt Out Program	No		No	
Cost Sharing Strategy - Employer Share	EE = 90% Fam = 83%		EE = 100% ES = 84%	ECH = 87% Fam = 85%
Cost Sharing Strategy - HRA/HSA	No		H.S.A.: EE = \$1,250 Dependent Tiers = \$1,700	
Renewal Date	1-Jan		1-Jan	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year		Calendar Year	
Individual	\$500	\$1,000	\$2,000	\$5,000
Employee + 1	\$1,000	\$2,000	\$4,000	\$10,000
Family	\$1,000	\$2,000	\$4,000	\$10,000
Coinsurance	20%	40%	10%	50%
Out-of-Pocket Maximum				
Individual	\$2,000	\$4,000	\$4,000	\$10,000
Employee + 1	\$4,000	\$4,000	\$6,850	\$20,000
Family	\$4,000	\$8,000	\$6,850	\$20,000
Professional Services				
Primary Care Office Visit	\$30	Ded & Coins	Ded & Coins	Ded & Coins
Specialist Office Visit	\$60	Ded & Coins	Ded & Coins	Ded & Coins
Lab/X-Ray	No Charge	Ded & Coins	Ded & Coins	Ded & Coins
Advanced Imaging (MRI, PET, CT)	\$50	Ded & Coins	Designated Network: Ded & Coin	Ded & Coins
Urgent Care	\$30	Ded & Coins	Ded & Coins	Ded & Coins
Hospital Services				
Inpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Outpatient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room	In-Network Ded & Coins		In-Network Ded & Coins	
Prescription Drugs				
Tier 1/Generics	\$10		\$10 After In-Network Ded	
Tier 2/Preferred Brand	\$50		\$35 After In-Network Ded	
Tier 3/Non-Preferred Brand	\$75	Not Covered	\$70 After In-Network Ded	
Tier 4/High Cost (Specialty)	25% Coins		Tier 1-3 After In-Network Ded	
Mail Order (90-Day Supply)	2x Retail		2.5x Retail After Ded	Not Covered

*Not currently a Gehring Group client

Entity & Plan Name	Boca Raton - HRA			Boca Raton - PPO			Broward County - HDHP OON		
Annual Premium	General EE's			General EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$8,727	\$8,727	\$0	\$8,720	\$6,620	\$2,100	\$8,056	\$7,786	\$270
EE + 1/Spouse	\$23,112	\$18,672	\$4,440	\$18,313	\$12,493	\$5,820	\$17,326	\$16,635	\$691
EE + Child	\$20,804	\$16,724	\$4,080	\$16,133	\$10,733	\$5,400	N/A	N/A	N/A
EE + Child(ren)	\$22,369	\$18,289	\$4,080	\$16,133	\$10,733	\$5,400	\$14,816	\$14,298	\$518
EE + 2/Family	\$31,778	\$26,798	\$4,980	\$25,716	\$19,176	\$6,540	\$25,327	\$23,327	\$2,000
Entity & Plan Name	Broward County - CDH Plan			BSO - HNOOnly 1			BSO - HNOOnly 2		
Annual Premium	All EE's			All EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$13,089	\$11,044	\$2,045	\$11,751	\$10,765	\$986	\$12,860	\$11,586	\$1,274
EE + 1/Spouse	\$28,151	\$23,689	\$4,462	\$30,694	\$28,486	\$2,208	\$33,591	\$30,567	\$3,024
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$24,071	\$20,298	\$3,773	N/A	N/A	N/A	N/A	N/A	N/A
EE + 2/Family	\$41,148	\$34,046	\$7,101	\$30,694	\$27,886	\$2,808	\$33,591	\$29,967	\$3,624
Entity & Plan Name	BSO - HNOOption			BSO - OAMC			Coconut Creek - HDHP		
Annual Premium	All EE's			All EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$15,308	\$13,782	\$1,527	\$21,914	\$19,818	\$2,097	\$12,027	\$12,027	\$0
EE + 1/Spouse	\$38,265	\$34,430	\$3,835	\$55,517	\$50,225	\$5,292	\$21,654	\$17,539	\$4,114
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	\$20,552	\$16,647	\$3,905
EE + 2/Family	\$38,265	\$33,830	\$4,435	\$55,517	\$49,625	\$5,892	\$29,280	\$23,717	\$5,563
Entity & Plan Name	Coconut Creek - OAPIN			Coral Springs - HRA			Coral Springs - OAPIN		
Annual Premium	All EE's			General & Police EE's			General & Police EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$14,701	\$12,027	\$2,674	\$10,093	\$8,376	\$1,717	\$10,932	\$9,072	\$1,860
EE + 1/Spouse	\$26,469	\$17,539	\$8,929	\$19,958	\$16,562	\$3,396	\$21,646	\$17,963	\$3,683
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$25,121	\$16,647	\$8,474	N/A	N/A	N/A	N/A	N/A	N/A
EE + 2/Family	\$35,791	\$23,717	\$12,074	\$29,721	\$24,664	\$5,057	\$32,250	\$26,762	\$5,487
Entity & Plan Name	Davie - HDHP			Davie - POS			Davie - EPO		
Annual Premium	General & Police EE's			General & Police EE's			General & Police EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$9,160	\$11,880	\$0	\$10,392	\$11,880	\$0	\$10,632	\$11,880	\$0
EE + 1/Spouse	\$20,392	\$19,800	\$592	\$22,920	\$19,800	\$3,120	\$24,120	\$19,800	\$4,320
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$18,592	\$18,840	\$0	\$20,952	\$18,840	\$0	\$22,440	\$18,840	\$3,600
EE + 2/Family	\$27,688	\$25,920	\$1,768	\$30,888	\$25,920	\$0	\$32,712	\$25,920	\$6,792
Entity & Plan Name	Deerfield Beach - Silver			Deerfield Beach - Gold			Deerfield Beach - Platinum		
Annual Premium	All EE's			All EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$7,960	\$7,562	\$398	\$10,074	\$9,066	\$1,007	\$15,145	\$12,873	\$2,272
EE + 1/Spouse	\$16,830	\$13,464	\$3,366	\$21,155	\$16,924	\$4,231	\$31,804	\$23,853	\$7,951
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$15,217	\$12,174	\$3,043	\$19,140	\$15,312	\$3,828	\$28,775	\$21,582	\$7,194
EE + 2/Family	\$25,700	\$20,560	\$5,140	\$32,236	\$25,789	\$6,447	\$48,463	\$36,348	\$12,116

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Entity & Plan Name	Ft. Lauderdale - CDHP			Ft. Lauderdale - OAPIN 2			Ft. Lauderdale - OAPIN 1		
Annual Premium	General EE's			General EE's			General EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$16,770	\$15,660	\$1,110	\$17,722	\$15,660	\$2,062	\$18,376	\$15,660	\$2,716
EE + 1/Spouse	\$17,944	\$15,660	\$2,284	\$19,847	\$15,660	\$4,187	\$21,221	\$15,660	\$5,561
EE + Child	\$17,183	\$15,660	\$1,523	\$18,420	\$15,660	\$2,760	\$19,346	\$15,660	\$3,686
EE + Child(ren)	\$17,722	\$15,660	\$2,062	\$19,435	\$15,660	\$3,775	\$20,672	\$15,660	\$5,012
EE + 2/Family	\$18,832	\$15,660	\$3,172	\$21,465	\$15,660	\$5,805	\$23,388	\$15,660	\$7,728
Entity & Plan Name	Ft. Lauderdale - CDHP			Ft. Lauderdale - OAPIN 2			Ft. Lauderdale - OAPIN 1		
Annual Premium	Fire			Fire			Fire		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$16,770	\$15,402	\$1,369	\$17,722	\$15,402	\$2,320	\$18,376	\$15,401	\$2,975
EE + 1/Spouse	\$17,944	\$15,128	\$2,816	\$19,847	\$15,128	\$4,719	\$21,221	\$15,128	\$6,093
EE + Child	\$17,183	\$15,306	\$1,877	\$18,420	\$15,305	\$3,114	\$19,346	\$15,306	\$4,040
EE + Child(ren)	\$17,722	\$15,180	\$2,542	\$19,435	\$15,180	\$4,255	\$20,672	\$15,180	\$5,492
EE + 2/Family	\$18,832	\$14,922	\$3,911	\$21,465	\$14,921	\$6,544	\$23,388	\$14,922	\$8,466
Entity & Plan Name	Hallandale Beach - HRA			Hillsboro Beach - Choice			Hillsboro Beach - Choice		
Annual Premium	General EE's			Non-Police EE's			Police EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$9,630	\$9,630	\$0	\$11,154	\$11,154	\$0	\$11,154	\$11,154	\$0
EE + 1/Spouse	\$18,297	\$15,697	\$2,600	\$22,307	\$17,846	\$4,461	\$22,307	\$22,307	\$0
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	\$20,634	\$16,842	\$3,792	\$20,634	\$20,634	\$0
EE + 2/Family	\$27,445	\$22,101	\$5,345	\$31,788	\$23,534	\$8,254	\$31,788	\$31,788	\$0
Entity & Plan Name	Hollywood - OAPIN			Hollywood - OAP			Lauderhill - HMO		
Annual Premium	General and Police EE's			General and Police EE's			General EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$10,230	\$10,230	\$0	\$11,425	\$9,140	\$2,285	\$10,397	\$10,397	\$0
EE + 1/Spouse	\$20,459	\$19,436	\$1,023	\$22,851	\$18,281	\$4,570	\$19,755	\$17,883	\$1,871
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	\$20,794	\$18,715	\$2,079
EE + 2/Family	\$32,734	\$30,484	\$2,250	\$36,561	\$29,249	\$7,312	\$33,268	\$28,694	\$4,574
Entity & Plan Name	Lauderhill - HMO			Lauderhill - HMO			Lauderhill - POS		
Annual Premium	Police EE's			Fire EE's			General EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$10,397	\$10,397	\$0	\$10,397	\$10,397	\$0	\$15,041	\$10,397	\$4,644
EE + 1/Spouse	\$19,755	\$15,544	\$4,211	\$19,755	\$15,544	\$4,211	\$28,578	\$17,883	\$10,695
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$20,794	\$16,116	\$4,679	\$20,794	\$16,116	\$4,679	\$30,082	\$18,715	\$11,367
EE + 2/Family	\$33,268	\$22,976	\$10,292	\$33,268	\$22,976	\$10,292	\$48,131	\$28,694	\$19,437
Entity & Plan Name	Lauderhill - POS			Lauderhill - POS			Margate - HMO Lo		
Annual Premium	Police EE's			Fire EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$15,041	\$10,397	\$4,644	\$15,041	\$15,041	\$0	\$10,245	\$8,196	\$2,049
EE + 1/Spouse	\$28,578	\$15,544	\$13,035	\$28,578	\$22,486	\$6,092	N/A	N/A	N/A
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$30,082	\$16,116	\$13,967	\$30,082	\$23,314	\$6,768	N/A	N/A	N/A
EE + 2/Family	\$48,131	\$22,976	\$25,155	\$48,131	\$33,241	\$14,891	\$27,886	\$22,309	\$5,577

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Entity & Plan Name	Margate - HMO Hi			Margate - POS			Miramar - HMO		
Annual Premium	All EE's			All EE's			General EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$12,223	\$9,778	\$2,445	\$12,528	\$10,022	\$2,506	\$10,731	\$10,341	\$390
EE + 1/Spouse	N/A	N/A	N/A	N	N/A	N/A	\$25,646	\$21,268	\$4,378
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	N	N/A	N/A	\$21,354	\$16,880	\$4,474
EE + 2/Family	\$33,245	\$26,596	\$6,649	\$34,127	\$27,302	\$6,825	\$33,909	\$26,804	\$7,105
Entity & Plan Name	Miramar - HMO			Miramar - POS			Miramar - POS		
Annual Premium	Police EE's			General EE's			Police EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$10,731	\$10,341	\$390	\$18,656	\$18,266	\$390	\$18,656	\$18,266	\$390
EE + 1/Spouse	\$25,646	\$21,268	\$4,378	\$44,588	\$38,706	\$5,882	\$44,588	\$37,322	\$7,266
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$21,354	\$16,880	\$4,474	\$37,126	\$30,211	\$6,914	\$37,126	\$27,906	\$9,219
EE + 2/Family	\$33,909	\$26,804	\$7,105	\$58,953	\$47,974	\$10,980	\$58,953	\$44,314	\$14,640
Entity & Plan Name	Miramar - HDHP			Miramar - HDHP			Parkland - HMO		
Annual Premium	General EE's			Police EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$9,014	\$9,014	\$0	\$9,014	\$9,014	\$0	\$9,326	\$9,326	\$0
EE + 1/Spouse	\$21,543	\$17,865	\$3,678	\$21,543	\$17,865	\$3,678	\$20,442	\$17,376	\$3,066
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$17,937	\$14,179	\$3,758	\$17,937	\$14,179	\$3,758	N/A	N/A	N/A
EE + 2/Family	\$28,483	\$22,515	\$5,968	\$28,483	\$22,515	\$5,968	\$26,964	\$22,919	\$4,045
Entity & Plan Name	Parkland - POS			Pembroke Pines EPO			Pembroke Pines EPO		
Annual Premium	All EE's			All EE's			Police and Fire		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$9,987	\$4,993	\$4,993	\$8,393	\$6,233	\$2,160	\$8,393	\$7,433	\$960
EE + 1/Spouse	\$21,889	\$10,944	\$10,945	\$14,604	\$12,301	\$2,303	\$14,604	\$13,501	\$1,103
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	\$13,125	\$10,477	\$2,647	\$13,125	\$11,677	\$1,447
EE + 2/Family	\$28,872	\$14,436	\$14,436	\$16,093	\$13,174	\$2,919	\$16,093	\$14,374	\$1,719
Entity & Plan Name	Pembroke Pines PPO			Pembroke Pines PPO			Plantation - Choice HMO 2		
Annual Premium	All EE's			Police and Fire			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$11,875	\$9,475	\$2,400	\$11,875	\$10,675	\$1,200	\$9,970	\$9,786	\$184
EE + 1/Spouse	\$19,925	\$17,159	\$2,766	\$19,925	\$18,359	\$1,566	\$20,941	\$20,554	\$387
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$18,595	\$15,520	\$3,076	\$18,595	\$16,720	\$1,876	\$19,940	\$19,572	\$368
EE + 2/Family	\$20,726	\$17,463	\$3,262	\$20,726	\$18,663	\$2,062	\$30,892	\$30,321	\$570
Entity & Plan Name	Plantation - Choice HMO 1			Pompano Beach - HMO			Pompano Beach - PPO		
Annual Premium	All EE's			All EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$10,734	\$10,535	\$198	\$9,084	\$9,084	\$0	\$13,372	\$13,372	\$0
EE + 1/Spouse	\$22,540	\$21,906	\$634	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	\$21,467	\$20,872	\$594	N/A	N/A	N/A	N/A	N/A	N/A
EE + 2/Family	\$32,823	\$31,809	\$1,014	\$24,345	\$7,812	\$16,533	\$30,705	\$11,928	\$18,777

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Entity & Plan Name	Sunrise - HMO			Sunrise - POS			Wilton Manors - HDHP		
Annual Premium	All EE's			All EE's			All EE's		
Tier of Coverage	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
Employee Only	\$18,792	\$18,792	\$0	\$24,012	\$21,603	\$2,409	\$10,009	\$10,009	\$0
EE + 1/Spouse	N/A	N/A	N/A	N/A	N/A	N/A	\$21,519	\$18,184	\$3,336
EE + Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EE + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	\$18,517	\$16,078	\$2,439
EE + 2/Family	\$48,371	\$43,821	\$4,550	\$61,805	\$51,055	\$10,751	\$30,027	\$25,373	\$4,654

