2024

Comparable Entity Employee Benefits Survey Results



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
	Hospital
HRA	Health Reimbursement Account
	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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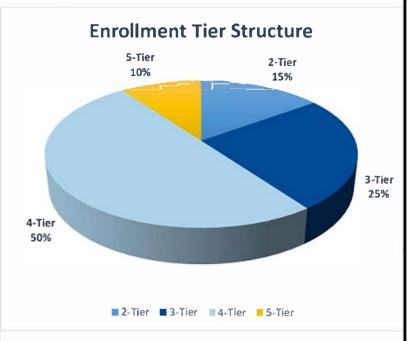
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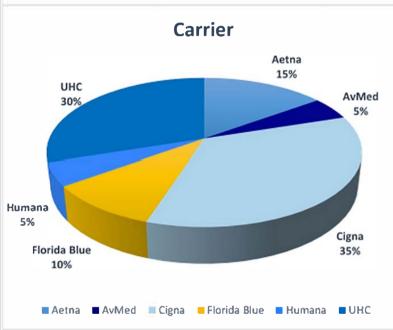
Survey Data by Entity

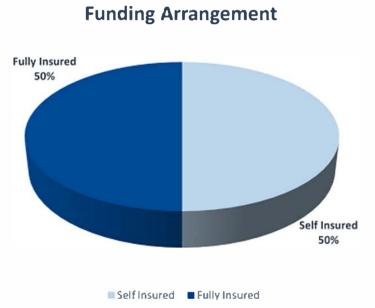
Entity	Group Size	Carrier	Funding Arrangement	Tier Structure	Number of Plans Offered
Boca Raton	1,300	Florida Blue	Self Insured	5	2
Broward County	6,000	United Healthcare	Self Insured	4	2
Broward Sheriff's Office	6,200	Aetna	Fully Insured	3	4
Coconut Creek	400	Cigna	Fully Insured	4	2
Coral Springs	950	Cigna	Self Insured	3	2
Davie	750	United Healthcare	Self Insured	4	3
Deerfield Beach	400	Cigna	SelfInsured	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	AM # 24-0367 Exhibit 3 Page 4 of 33

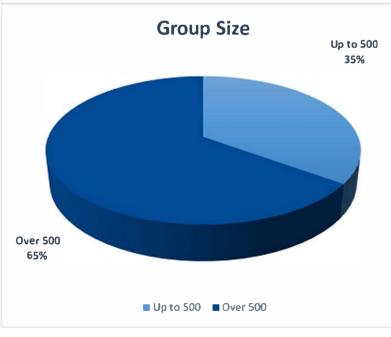
Summary of Findings

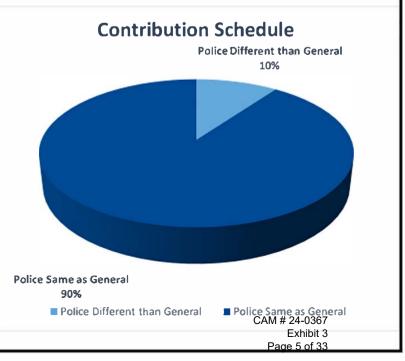




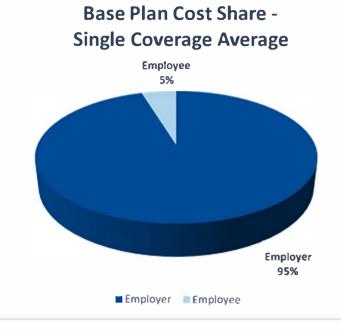


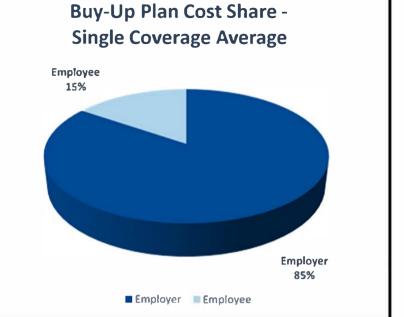


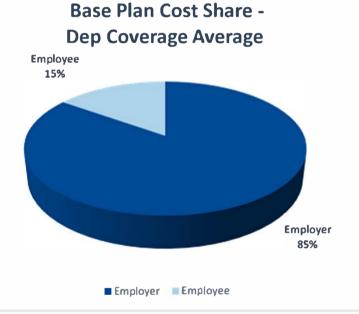


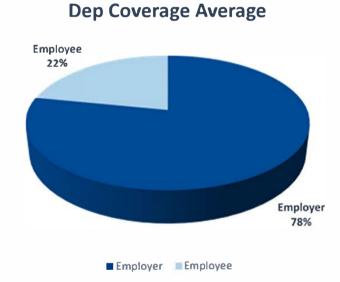


Summary of Findings - Base Vs. Buy-Up Plan

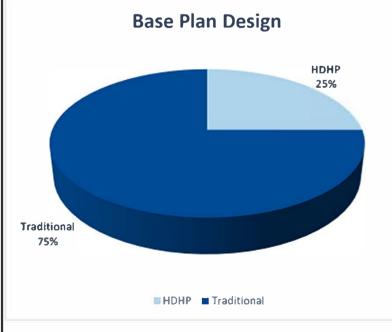




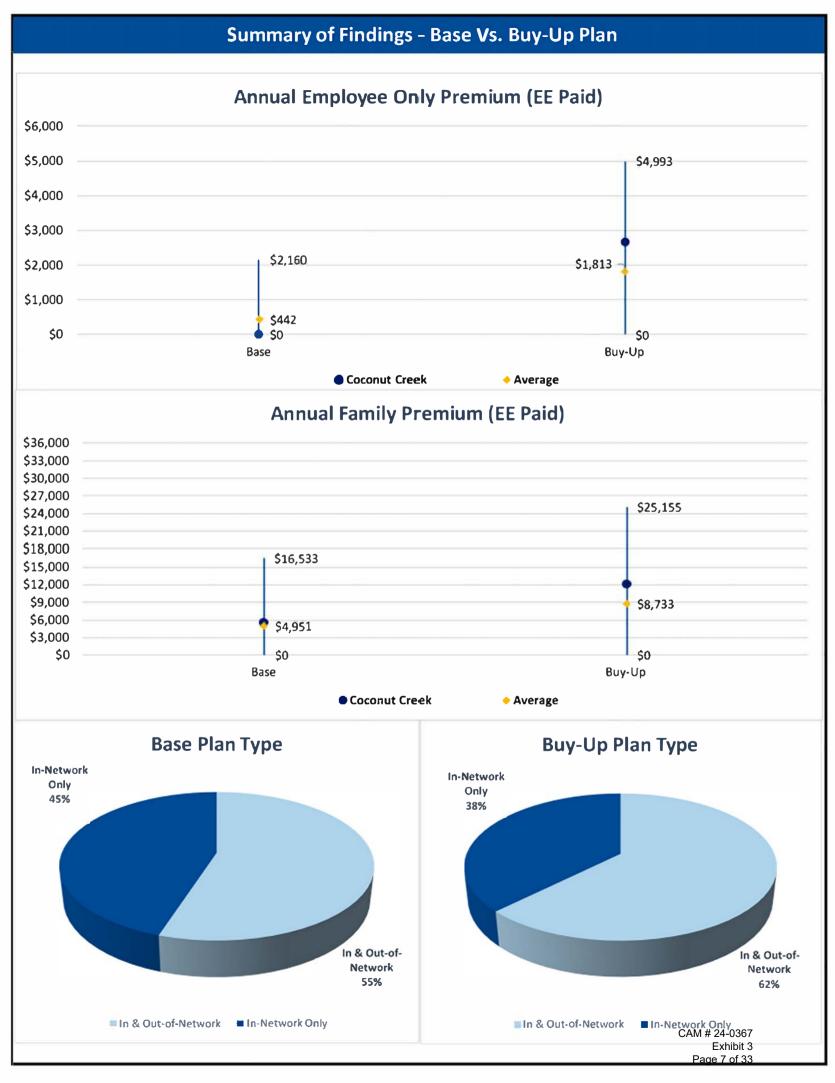




Buy-Up Plan Cost Share -





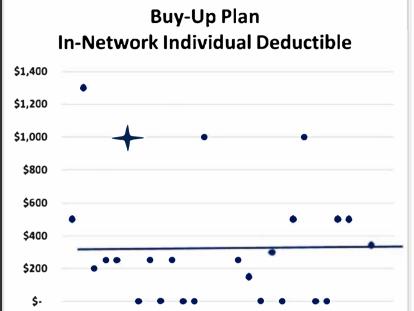


Summary of Findings - Base & HDHP Plan Design **Base Plan Base Plan In-Network Individual Deductible In-Network Family Deductible** \$3,500 \$7.000 \$3,000 \$6,000 \$2,500 \$5,000 \$2,000 \$4,000 \$1,500 \$3,000 \$1,000 \$2,000 \$500 \$1,000 \$-\$-**Base Plan** Base Plan **In-Network Individual OOPM In-Network Family OOPM** \$14,000 \$7,000 \$6,000 \$12,000 \$5,000 \$10,000 \$8,000 \$4,000 \$3,000 \$6,000 \$2,000 \$4,000 \$1,000 \$2,000 \$-**Coconut Creek HDHP Plan Design** \$12,000 \$12,000 \$10,000 \$8,850 \$8,000 \$6,000 \$6,000 \$6,000 \$5,400 \$4,400 \$4,425 \$4,000 \$3,000 \$3,200 \$2,700 \$2,200 \$2,000 \$1,600 \$-**INN Individ DED INN FAMILY DED INN Individ OOPM INN Family OOPM**

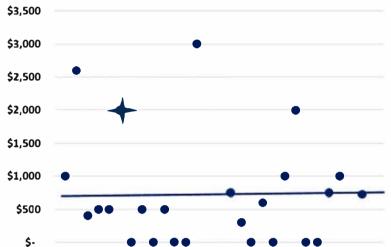
● Coconut Creek → Average

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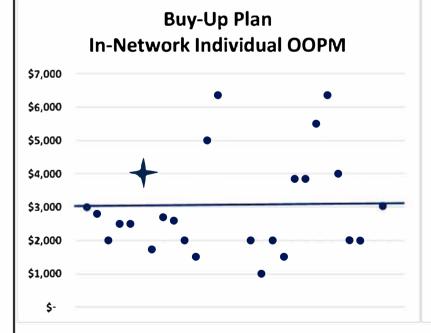
Summary of Findings - Buy-Up Plan Design



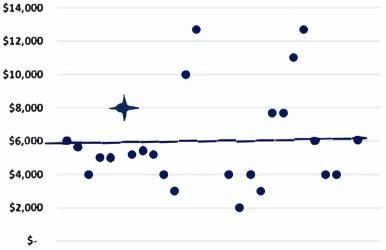
Buy-Up Plan In-Network Family Deductible



+ Coconut Creek

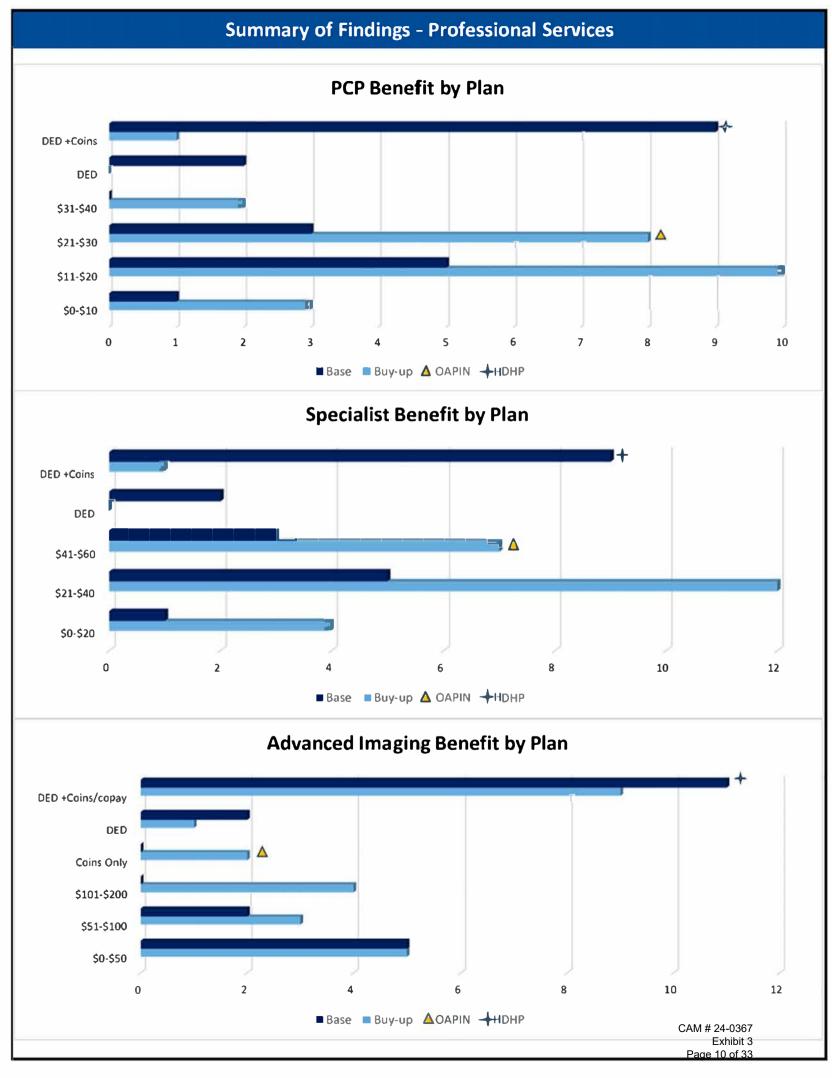




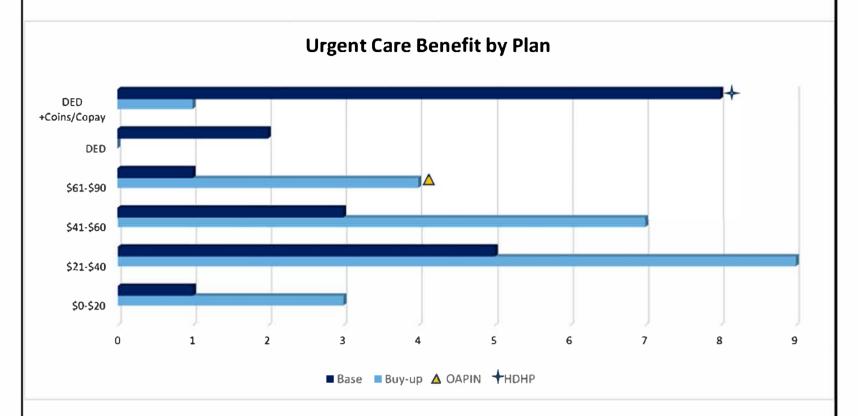


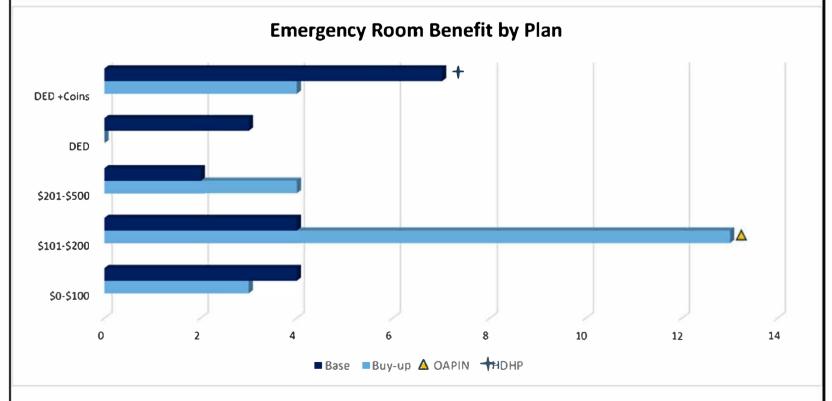
→ Coconut Creek

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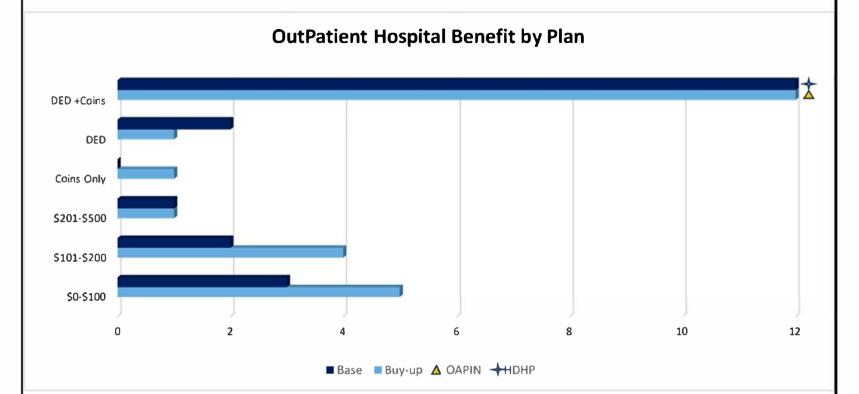
Summary of Findings - Professional Services

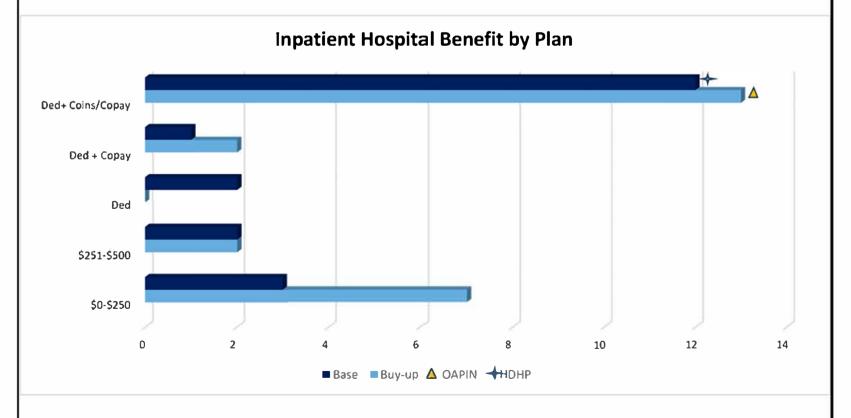




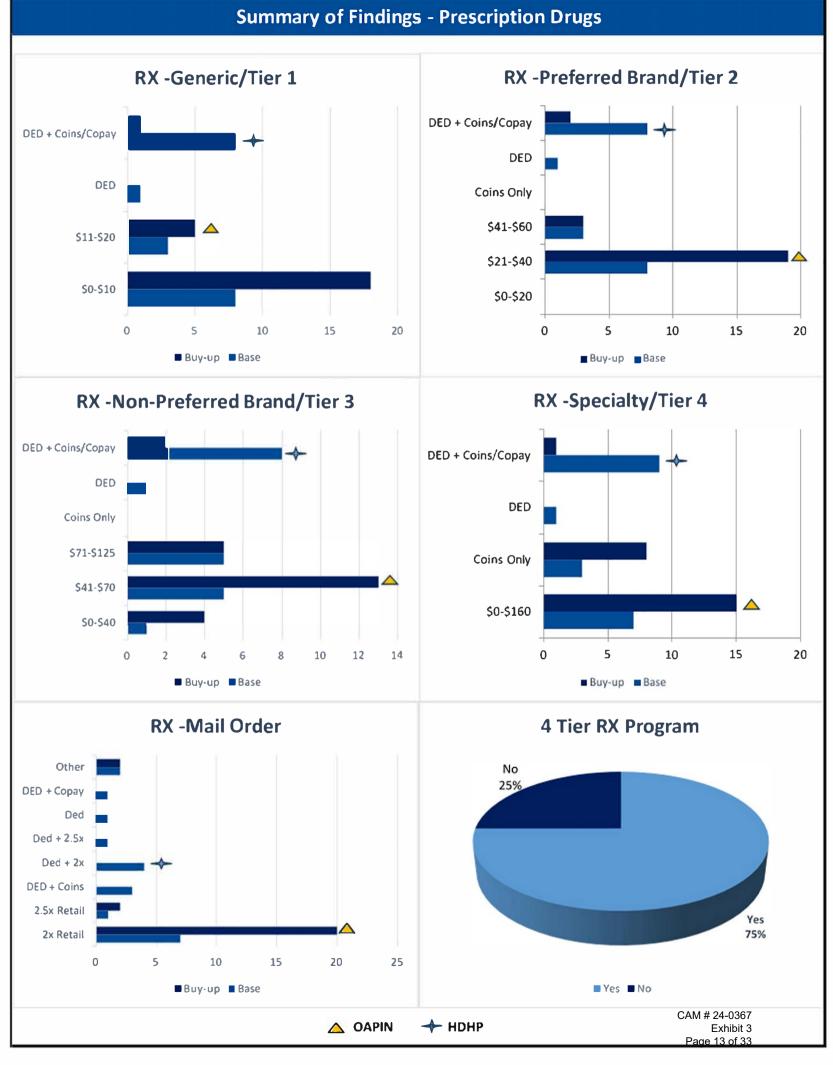
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Summary of Findings - Hospital Services





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General Information	City of Bo	oca Raton	City of Boca Raton		Broward County*	
Carrier/TPA	Florida Blue		Florida Blue		United Healthcare	
Funding Type	Self In	sured	Self-In	sured	Self Insured	
Opt Out Program	N	o	N	No		weekly FT/ \$50 kly PT
Cost Sharing Strategy - Employer Share	EE = : E+S = E+CD : E+CH Fam =	76% = 76%	ES = ECD = ECH =	EE = 76% ES = 68% ECD = 67% ECH = 67% Family = 75%		97% 96% = 97% = 92%
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$1.000 Fam =		Not App	plicable		= \$1,200 \$2,400
Renewal Date	1-J		1-J		1-J	an
Summary of Benefits	In Network			Out of Network	In Network	Out of Network
Deductible	Calend	ar Year	Calend	ar Year	Calend	ar 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	V 0,200					
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
	In-Network	Ded & Coins	\$5	55	Ded & Coins	Ded & Coins
Urgent Care 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	<u>_,</u>		1,		(
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 CAM r	
*Not currently a Gehring Group client		-			Exhibit 3 Page 14 of 33	

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) \$2,600	\$600	\$400	
Family	(\$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 Page 15 of 33	

General Information	Broward She	riff'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 = 1 Dep 2+ Deps	= 90%	EE = 90% 1 Dep = 90% 2+ Deps = 89%		EE = 100% Dependent Tiers = 81%	
Cost Sharing Strategy - HRA/HSA	Not App	plicable	Not App	olicable	HSA - No Co	ontribution
Renewal Date	1-J	an	1-J	an	1-0	Oct
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calend	ar Year	Calend	ar Year	Calend	ar 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	070	3070	1070	3070	1070	3070
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	45,000	420,000	45,000	710,000	V10,000	720,000
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 8	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	\$2	00	\$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	220 % 60/10
Mail Order (90-Day Supply) *Not currently a Gebring Group client	2x Retail		2x Retail	Not Covered		# 24-0367 Exhibit 3 e 16 of 33

General Information	City of Coconut Creek	City of Co	ral Springs	City of Coral Springs	
Carrier/TPA	CIGNA	CIG	SNA	CIGNA	
Funding Type	Fully Insured	Self In	nsured	Self Insured	
Opt Out Program	Yes = \$4,000 per year	N	lo	No	
Cost Sharing Strategy - Employer Share	EE = 82% Dependent Tiers = 66%	All Tier	s = 83%	All Tiers = 83%	
Cost Sharing Strategy - HRA/HSA	Not Applicable	•	; 1Dep = \$1,500; \$2,250	Not Applicable	
Renewal Date	1-Oct	1-J	lan	1-Jan	
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network ONLY	
Deductible	Calendar Year	Calend	lar 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	2070	.070	2070	
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	V 5/555/V 1/1.55	V3). 33	V 3/1 3 3		
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	
	\$75	In-Network Ded & Coins		\$40	
Urgent Care Hospital Services					
inospitai sei vites				_	
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		ę.		
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	

General Information	Town of Davie		Town of Davie		Town of Davie	
Carrier/TPA	UnitedHealthcare		UnitedHealthcare		UnitedHealthcare	
Funding Type	Self In	sured	Self Insured		Self Insured	
Opt Out Program	N	0	No	0	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 Ti	ers = \$1,000	Not App	licable	Not App	blicable
Renewal Date	1-J	an	1-Ja	an .	1-Ja	an
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	Calend	ar Year	Calenda	r Year	Calenda	ar 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	V 5,155	V 20,000			, , , , , ,	, 23,333
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	\$20	00	\$20	00
Prescription Drugs						
Tier 1/Generics	\$10 After In-I	\$10 After In-Network Ded		0	\$1	0
Tier 2/Preferred Brand	\$30 After In-Network Ded		\$3	0	\$3	0
Tier 3/Non-Preferred Brand	\$50 After In-Network Ded		\$50		\$5	0
Tier 4/High Cost (Specialty)	Not Ap	plicable	Not App	olicable	Not App	olicable
Mail Order (90-Day Supply)	2x Retail After Ded	Not Covered	2x Retail	Not Covered		Not Covered 24-0367 Exhibit 3
*Not currently a Gehring Group client						e 18 of 33

General Information	City of Dee	rfield Beach	City of Deerfield Beach		City of Deerfield Beach		
Carrier/TPA	CIG	SNA	CIG	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		95% Tiers = 80%	EE = 90% Dependent Tiers = 80%		EE = 85% Dependent Tiers = 75%		
Cost Sharing Strategy - HRA/HSA		000; ES/ECH = m = \$2,000	Not Ap	plicable	Not Ap	plicable	
Renewal Date	1	Jan	1	lan	1-J	lan	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible	Calend	lar Year	Calend	ar Year	Calend	ar 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-Networl	k Deductible	\$4	40	\$20		
Urgent Care Hospital Services							
Inpatient	Ded	Ded & Coins	Ded & Coins	Ded & Coins	\$250	Ded & Coins +	
mpattern	Ded	Ded & Coms	Dea & Coms	Dea & Coms	\$250	\$750/admit	
Outpatient	Ded	Ded & Coins	Ded & Coins	Ded & Coins	\$100	Ded & Coins + \$300/visit	
Emergency Room	In-Networl	c Deductible	\$1	50	\$!	50	
Prescription Drugs		,				,	
Tier 1/Generics	Ded		\$10	50% Coins	\$10	50% Coins	
Tier 2/Preferred Brand	Ded	50% After Ded &	\$25	50% Coins	\$25	50% Coins	
Tier 3/Non-Preferred Brand	Ded	Coins	\$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 CAM	Not Covered # 24-0367	
*Not currently a Gehring Group client	L					Exhibit 3 Page 19 of 33	

General Information	City of Fort	Lauderdale	City of Fort Lauderdale		City of Fort Lauderdale	
Carrier/TPA	CIG	iNA	CIGNA		CIGNA CIGNA	
Funding Type	Self In	sured	Self Insured		Self In	sured
Opt Out Program	N	lo	Not Av	ailable	e Not Avai	
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 2Dep/Fan	0; 1Dep = \$1,500; n = \$2,000	Not App	olicable	Not App	olicable
Renewal Date	1-J	lan	1-J	an	1-J	an
Summary of Benefits	In Network	Out of Network	In Netwo	ork ONLY	In Netwo	ork ONLY
Deductible	Calend	ar Year	Calend	ar Year	Calenda	ar Year
Individual	\$2,000	\$2,000	\$	0	\$1,0	000
Employee + 1	\$3,000	\$3,000	\$	0	\$2,0	000
Family	\$4,000	\$4,000	\$	0	\$3,0	000
Coinsurance	10%	30%	09	%	20	%
Out-of-Pocket Maximum		7				
Individual	\$5,000	\$5,000	\$5,0	\$5,000		350
Employee + 1	\$7,000	\$7,000	\$7,0	000	\$10,	000
Family	\$10,000	\$10,00 0	\$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 pe	er Test	200 ре	er Test
	In-Network	Ded & Coins	\$6	60	\$6	60
Urgent Care						
Hospital Services			4			
Inpatient	Ded & Coins	Ded & Coins	\$500 (\$2,50	/day O Max)	Ded &	Coins
Outpatient	Ded & Coins	Ded & Coins	\$5	00	Ded &	Coins
Emergency Room	In-Network	Ded & Coins	\$2	00	\$2	00
Prescription Drugs						
Tier 1/Generics	25% After Ded		\$1	15	\$1	.5
Tier 2/Preferred Brand	35% After Ded		\$3	35	\$3	35
Tier 3/Non-Preferred Brand	55% After Ded	Not Covered	\$5	55	\$5	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 R	etail	2x R CAM #	etail ‡ 24-0367 Exhibit 3

General Information	Town of Hallandale Beach*	City of Hills	boro Beach*	City of Hollywood	
Carrier/TPA	Aetna	United H	ealthcare	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 Ap	plicable	HRA: EE = \$400; 1 Dep = \$600; 2+ Deps = \$1,000	
Renewal Date	1-Oct		Jan	1-Jan	
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network ONLY	
Deductible	Plan Year		ar 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 (\$0,000 per maividual)	\$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	N o Ch ar ge/\$50	
Advanced Imaging (MRI, PET, CT)	Ded	Unknown	Unknown	\$50	
	Ded	\$40	Ded & Coins	\$75	
Urgent Care	Jea	V 40	Ded & coms	4 /3	
Hospital Services					
Inpatient	Ded	Ded & Coins	Ded & Coins	\$500	
Outpatient	Ded	Ded & Coins	Ded & Coins	\$250	
Emergency Room	Ded	\$500	\$500	\$200	
Prescription Drugs		Ľ.	7	Separate OOPM	
Tier 1/Generics	\$20	\$10			
Tier 2/Preferred Brand	\$60	\$40		20% After \$50 Ded*	
Tier 3/Non-Preferred Brand	/Non-Preferred Brand \$100		Not Covered		
Tier 4/High Cost (Specialty)	30%	Not Covered Tier 1-3		Tier 1-3 After \$50 Ded*	
M ail Order (90-Day Supply)	2x Retail	Unknown		\$25/\$75/\$150 After \$50 Ded* CAM # 24-0367 Exhibit 3	
*Not currently a Gehring Group client		li-		Page 21 of 33	

General Information	City of H	ollywood	City of Lauderhill*		City of Lauderhill*		
Carrier/TPA	CIG	i N A	Humana		Hum	nana	
Funding Type	Self Insured Fully Insured		Fully in	nsured			
Opt Out Program	No		Yes =\$230.77 biweekly		Yes =\$230.77 biweekly		
			About \$6,000	0.02 Annually	About \$6,000	0.02 Annually	
Cost Sharing Strategy - Employer Share	Gen EE = 1 Dep 2+ Dep	= 80%	General EE= 100% EE+S= 91% EE + CH= 90% EE+ Fam=86%	Police = 100%, 79%, 78%, 69% Fire = 100%, 79%, 78%, 69%	General EE= 69% EE+S= 63% EE + CH= 62% EE+ Fam=60%	Police = 69%, 54%, 54%, 48% Fire = 100%, 79%, 77%, 69%	
Cost Sharing Strategy - HRA/HSA	HRA: EE = \$400	1 Dep = \$600 2+ Dep = \$1,000	Not Ap	plicable	Not Ap	olicable	
Renewal Date	1 -J	an	1-0	Oct	1-0	Oct	
Summary of Benefits	In Network	Out of Network	In Netwo	ork ONLY	In Network	Out of Network	
Deductible	Calend	ar Year	Plan	Year	Plan	Year	
Individual	\$250	\$750	\$	0	\$150	\$300	
muvidusi	\$750	Å2 250	_	•	£200	4500	
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					.,,,,	
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	· ·	000	\$2,000	\$4,000	
Professional Services	\$ 1,000, \$5,000	\$3,000,\$3,000	ŢS,		\$2,000	<i>\$ 1,</i> 000	
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 Cl	harge	No Charge	Ded & Coins	
Advanced Imaging (MRI, PET, CT)	\$100	Ded & Coins	No Cl	harge	Ded & Coins	Ded & Coins	
Urgent Care	\$60	Ded & Coins	\$:	10	\$10	Ded & Coins	
Hospital Services							
	A = = =	A7-54			B 10 = 1		
Inpatient	\$250	\$750/admit	No Cl	harge	Ded & Coins	Ded & Coins	
Outpatient	\$100	\$300/visit	No C	harge	Ded & Coins	Ded & Coins	
Emergency Room	\$2	00	\$1	00	\$1	00	
Prescription Drugs	Separat	e OOPM					
Tier 1/Generics	\$10 after \$50		\$10		\$10		
Tier 2/Preferred Brand	Ded* & Coin 20% After \$50 Ded* & Coin	50% After \$50 Ded* & Coin	\$25		\$25	30%	
Tier 3/Non-Preferred Brand	20% After \$50 Ded* & Coin	200 0 000	\$40		\$40		
Tier 4/High Cost (Specialty)	Tier 1-3	50% After \$50 Ded* & Coin		ns (Tier 4) (Specialty)	25% Coins (Tier 4)	50%	
Mail Order (90-Day Supply)	\$20/\$50/\$80 After \$50 Ded* & Coin	Not Covered	2x R	etail		30% ‡ 24-0367 Exhibit 3	
*Not currently a Gehring Group client			N.			Exhibit 3 Page 22 of 33	

General Information	City of Margate	City of Margate	City of f	Margate
Carrier/TPA	CIGNA	CIGNA	CIG	INA
Funding Type	Fully Insured	Fully Insured	Fully I	nsured
Opt Out Program	No	No	N	o
Cost Sharing Strategy - Employer Share	All Tiers = 80%	All Tiers = 80%	All Tier	s = 80%
Cost Sharing Strategy - HRA/HSA	Not Applicable	Not Applicable	Not Ap	plicable
Renewal Date	1-Jan	1-Jan	1-J	an
Summary of Benefits	In Network ONLY	In Network ONLY	In Network	Out of Network
Deductible	Calendar Year	Calendar Year	Calend	ar 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	20%	5,0	1070	3070
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	V 13,000	V 1,000	V 0,000	7.,000
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
	\$50	\$25	In-Network	Ded & Coins
Urgent Care Hospital Services				
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 Ap	plicable
Mail Order (90-Day Supply)	2.5x Retail	2.5x Retail		Coins # 24-0367 Exhibit 3

General Information	City of Miramar*	City of Miramar* City of M		1iramar*	
Carrier/TPA	Aetna	Ae	tna	Ae	tna
Funding Type	Fully Insured	Fully I	nsured	Fully I	nsured
Opt Out Program	Yes = \$215.80 Biweekly		30 Bi w eekly		30 Biweekly
	About \$5,610.8 Annually	About <u>\$</u> 5,61	0.8 Annually	About <u>\$</u> 5,61	0.8 Annually
	General: EE = 100%	Police:	General:	Police:	General:
	EE+SP = 83%	EE = 96%	EE = 96%	EE = 98%	EE = 98%
Cost Sharing Strategy - Employer Share	EE + CH = 79%	ES = 83%	ES = 83%;	ES = 84%	ES = 87%;
	EE + Fam = 79%	ECH = 79%	ECH = 79%;	ECH = 75%	ECH = 81%;
	Police = 100%, 83%, 79%, 79%	Fam = 79%	Fam = 79%	Fam = 75%	Fam = 81%
Cost Sharing Strategy - HRA/HSA	H.S.A.: EE=\$1,600	Not An	plicable	Not An	plicable
	Family = \$3,200				
Renewal Date	1-Jan		an		an
Summary of Benefits	In Network ONLY		ork ONLY		Out of Network
Deductible	Calendar Year		ar Year	Calend	ar 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	I/Rx	Med	d/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	V 3/333	\$7,700/\$3,000		<i>4171 007 407000</i>	V10,100,40,000
	,				
Primary Care Office Visit	Ded & Coins	\$20		\$25	Ded & Coins
Specialist Office Visit	Ded & Coins	oins \$40		\$50	Ded & Coins
Lab/X-Ray	Ded & Coins	No C	narge	No Charge	Ded & Coins
Advanced Imaging (MRI, PET, CT)	Ded & Coins	\$1	00	Ded	Ded & Coins
	Ded & Coins	\$:	75	\$75	Ded & Coins
Urgent Care					
Hospital Services	-				
Inpatient	Ded & Coins	\$2	50	\$250	Ded & Coins
Outpatient	Ded & Coins	\$1	50	Ded	Ded & Coins
Emergency Room	Ded & Coins	\$2	50	\$3	00
Prescription Drugs		Separat	e OOPM	Separat	e 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	\$0	50	\$60	
Tier 4/High Cost (Specialty)	25% After Ded	25%	Coins	25% Coins	
Mail Order (90-Day Supply)	2x Retail After Ded	2x R	etail		Not Covered # 24-0367
*Not currently a Gehring Group client		V.		Par	<u>Exhibit 3</u> ge 24 of 33

General Information	City of Parkland	City of F	City of Parkland City of Pembr		oroke Pines*
Carrier/TPA	Cigna	Cig	gna	United H	ealthcare
Funding Type	Fully Insured	Fully I	nsured	Self In	su red
Opt Out Program	No	N	lo	N	О
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 Ap	plicable	Not App	olicable
Renewal Date	1-Oct	1-0	Oct	1-0	Oct
Summary of Benefits	In Network ONLY	In Network	Out of Network	In Network	Out of Network
Deductible	Calendar Year	Calend	ar Year	Calend	ar 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	20,0	10/0	30%	1070	3070
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	\$3	50	\$1	00
Prescription Drugs			i		
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)	2× Retail	2x Retail			# 24-0367 Exhibit 3
*Not currently a Gehring Group client					e 25 of 33

General Information	City of Peml	oroke Pines*	City of Plantation*	City of Plantation*		
Carrier/TPA	United H	ealthcare	United Healthcare	United Healthcare		
Funding Type	Self Ir	sured	Self Insured	Self Insured		
Opt Out Program	N	lo	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 Ap	plicable	No	No		
Renewal Date	1-0	Oct	1-Apr	1-Apr		
Summary of Benefits	In Network	Out of Network	In Network ONLY	In Network ONLY		
Deductible	Calend	ar 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		Exicuded				
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		
	\$50	Ded & Coins	\$35	\$25		
Urgent Care Hospital Services						
Inpatient	\$150	Ded & Coins	\$200	\$100		
Outpatient	\$25	Ded & Coins	\$100	No Charge		
Emergency Room	\$1	00	250	\$200		
Prescription Drugs						
Tier 1/Generics	\$10		\$20	\$10		
Tier 2/Preferred Brand	\$25	Reimbursement calculated as	\$40	\$25		
Tier 3/Non-Preferred Brand	\$35	lowest contracted rate	\$60	\$60		
Tier 4/High Cost (Specialty)	2x Tier 1-3	at participating pharmacy minus	Tier 1-3	Tier 1-3		
Mail Order (90-Day Supply)	2x Retail	applicable copay	3x Retail	3x Retail CAM # 24-0367 Exhibit 3		

General Information	City of Pompano Beach	City of Pom	pano Beach	City of Sunrise*
Carrier/TPA	Florida Blue	Florida	a Blue	AvMed
Funding Type	Fully Insured	Fully Ir	nsured	Self Funded
Opt Out Program	No	N	o	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 App	olicable	Not Applicable
Renewal Date	1-Oct	1-0	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	\$5	00	\$0
Employee + 1	\$500	\$7	50	\$0
Family	\$500	\$7	50	\$0
Coinsurance	10%	20%	30%	0%
Out-of-Pocket Maximum				
Individual	\$2,500	\$2,0	000	\$2,000
Employee + 1	\$5,000	\$4,0	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
Hagant Cara	VCP:\$0/ \$50	VCP: 1-2 Visits - \$0; 2+ \$25 / \$50	\$25 + Ded	\$30
Urgent Care 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		L.		
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) *Not currently a Gebring Group client	2x Retail	2x Retail	50% Coins	2x Retail CAM # 24-0367 Exhibit 3 Page 27 of 33

General Information	City of S	Sunrise*	Town of Wilt	on Manors*
Carrier/TPA	AvN	Лed	United He	ealthcare
Funding Type	Self In	sured	Fully Ir	nsured
Opt Out Program	N	lo	N	0
Cost Sharing Strategy - Employer Share		90% = 83%	EE = 100% ES = 84%	ECH = 87% Fam = 85%
Cost Sharing Strategy - HRA/HSA	N	lo	H.S.A.: EE Dependent T	= \$1,250 iers = \$1,700
Renewal Date		an	1-J	4
Summary of Benefits	In Network	Out of Network	In Network	Out of Network
Deductible	Calend	ar Year	Calend	ar 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
	\$30	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care				
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-l	Network Ded
Tier 2/Preferred Brand	\$50		\$35 After In-I	Network Ded
Tier 3/Non-Preferred Brand	\$75	Not Covered	\$70 After In-I	Network Ded
Tier 4/High Cost (Specialty)	25% Coins		Tier 1-3 After Ir	n-Network Ded
Mail Order (90-Day Supply) *Not currently a Gehring Group client	2x Retail		2.5x Retail After Ded	Not Covered

^{*}Not currently a Gehring Group client

Entity & Plan Name	Во	ca Raton - H	IRA .	Во	ca Raton - P	PO	Broward	County - H	OHP OON
Annual Premium		General EE's	5		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	·	d County - C			SO - HNOnly			SO - HNOnly	
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		O - HNOpti			BSO - OAMO			nut Creek - I	
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	Coco	nut Creek - C	DAPIN		al Springs - I			Springs - O	
Entity & Plan Name Annual Premium	Coco	nut Creek - C All EE's	DAPIN	Cor		HRA	Cora		APIN
	Coco		Employee	Cor	al Springs - I	HRA EE's	Cora	l Springs - O	APIN
Annual Premium Tier of Coverage		All EE's		Cor Gene	al Springs - I eral & Police	HRA EE's	Cora Gene	Springs - O eral & Police	APIN EE's
Annual Premium Tier of Coverage Employee Only	Total	All EE's Employer	Employee	Cor Gene Total	al Springs - I eral & Police Employer	HRA EE's Employee	Cora Gene Total	Springs - O eral & Police Employer	APIN EE's Employee
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$14,701	All EE's Employer \$12,027	Employee \$2,674	Gene Total \$10,093	al Springs - I eral & Police Employer \$8,376	EE's Employee \$1,717	Cora Gene Total \$10,932	Springs - O eral & Police Employer \$9,072	APIN EE's Employee \$1,860
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$14,701 \$26,469	All EE's Employer \$12,027 \$17,539	Employee \$2,674 \$8,929	Cor Gend Total \$10,093 \$19,958	eral & Police Employer \$8,376 \$16,562	EE's Employee \$1,717 \$3,396	Cora Gene Total \$10,932 \$21,646	Springs - O eral & Police Employer \$9,072 \$17,963	EE's Employee \$1,860 \$3,683
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$14,701 \$26,469 N/A	All EE's Employer \$12,027 \$17,539 N/A	\$2,674 \$8,929 N/A	Total \$10,093 \$19,958 N/A	eral & Police Employer \$8,376 \$16,562 N/A	EE's Employee \$1,717 \$3,396 N/A	Cora Gene Total \$10,932 \$21,646 N/A	Springs - O eral & Police Employer \$9,072 \$17,963 N/A	EE's Employee \$1,860 \$3,683 N/A
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$14,701 \$26,469 N/A \$25,121 \$35,791	All EE's Employer \$12,027 \$17,539 N/A \$16,647	\$2,674 \$8,929 N/A \$8,474 \$12,074	Total \$10,093 \$19,958 N/A N/A	standard Springs - I seral & Police Employer \$8,376 \$16,562 N/A N/A	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Cora Gene Total \$10,932 \$21,646 N/A N/A	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$14,701 \$26,469 N/A \$25,121 \$35,791	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717	\$2,674 \$8,929 N/A \$8,474 \$12,074	Total \$10,093 \$19,958 N/A N/A \$29,721	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name	Total \$14,701 \$26,469 N/A \$25,121 \$35,791	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH	\$2,674 \$8,929 N/A \$8,474 \$12,074	Total \$10,093 \$19,958 N/A N/A \$29,721	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$14,701 \$26,469 N/A \$25,121 \$35,791	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police	\$2,674 \$8,929 N/A \$8,474 \$12,074	Cor Gene Total \$10,093 \$19,958 N/A N/A \$29,721	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 General	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee	Total \$10,093 \$19,958 N/A N/A \$29,721 General	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Total \$10,932 \$21,646 N/A N/A \$32,250 General	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0	Total \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer \$11,880	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160 \$20,392	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer \$11,880 \$19,800	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Geno Total \$9,160 \$20,392 N/A	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A	General States of the Correct States of the	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer \$11,880 \$19,800 N/A	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 General \$9,160 \$20,392 N/A \$18,592 \$27,688	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A \$0 \$1,768	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer \$11,880 \$19,800 N/A \$18,840	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 General \$9,160 \$20,392 N/A \$18,592 \$27,688	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A \$0 \$1,768	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 General \$9,160 \$20,392 N/A \$18,592 \$27,688	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach -	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A \$0 \$1,768	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888	Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712	Springs - Oeral & Police	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160 \$20,392 N/A \$18,592 \$27,688 Deerf	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach - All EE's	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EE's Employee \$0 \$592 N/A \$0 \$1,768	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888 Deer	eral & Police Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POSeral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach All EE's	EE's Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0 \$0 Gold	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712 Deerfie	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 eld Beach - P All EE's	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792 Tatinum
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160 \$20,392 N/A \$18,592 \$27,688 Deerf	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach - All EE's Employer	Employee \$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A \$0 \$1,768 Silver	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888 Deer Total	Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach All EE's Employer	Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0 Cold Employee	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712 Deerfie	Springs - O eral & Police Employer \$9,072 \$17,963 N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 eld Beach - P All EE's Employer	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792 atinum Employee
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160 \$20,392 N/A \$18,592 \$27,688 Deerf	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach All EE's Employer \$7,562	Employee \$2,674 \$8,929 N/A \$8,474 \$12,074 P EE's Employee \$0 \$592 N/A \$0 \$1,768 Silver Employee \$398	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888 Deer Total \$10,074	Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach All EE's Employer \$9,066	Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0 \$0 Gold Employee	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712 Deerfie Total \$15,145 \$31,804	\$prings - Operal & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 Id Beach - P All EE's Employer \$12,873 \$23,853	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792 atinum Employee \$2,272 \$7,951
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Geno Total \$9,160 \$20,392 N/A \$18,592 \$27,688 Deerf Total \$7,960 \$16,830 N/A	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach - All EE's Employer \$7,562 \$13,464 N/A	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EE's Employee \$0 \$592 N/A \$0 \$1,768 Silver Employee \$398 \$3,366 N/A	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888 Deer Total \$10,074 \$21,155 N/A	Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach All EE's Employer \$9,066 \$16,924 N/A	Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0 \$0 Gold Employee \$1,007 \$4,231 N/A	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712 Deerfie Total \$15,145 \$31,804 N/A	Springs - O eral & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 Id Beach - P All EE's Employer \$12,873 \$23,853 CAM # 24-036	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792 atinum Employee \$2,272 \$7,951 N/A
Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse Employee Only EE + 1/Spouse	Total \$14,701 \$26,469 N/A \$25,121 \$35,791 Gene Total \$9,160 \$20,392 N/A \$18,592 \$27,688 Deerf Total \$7,960 \$16,830	All EE's Employer \$12,027 \$17,539 N/A \$16,647 \$23,717 Davie - HDH eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 ield Beach - All EE's Employer \$7,562 \$13,464	\$2,674 \$8,929 N/A \$8,474 \$12,074 P EEE's Employee \$0 \$592 N/A \$0 \$1,768 Silver Employee \$398 \$3,366	General \$10,093 \$19,958 N/A N/A \$29,721 General \$10,392 \$22,920 N/A \$20,952 \$30,888 Deer Total \$10,074 \$21,155	Employer \$8,376 \$16,562 N/A N/A \$24,664 Davie - POS eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 field Beach All EE's Employer \$9,066 \$16,924	Employee \$1,717 \$3,396 N/A N/A \$5,057 EEE's Employee \$0 \$3,120 N/A \$0 \$0 Gold Employee \$1,007 \$4,231	Cora Gene Total \$10,932 \$21,646 N/A N/A \$32,250 Gene Total \$10,632 \$24,120 N/A \$22,440 \$32,712 Deerfie Total \$15,145 \$31,804	\$prings - Operal & Police Employer \$9,072 \$17,963 N/A N/A \$26,762 Davie - EPO eral & Police Employer \$11,880 \$19,800 N/A \$18,840 \$25,920 Id Beach - P All EE's Employer \$12,873 \$23,853	EE's Employee \$1,860 \$3,683 N/A N/A \$5,487 EEE's Employee \$0 \$4,320 N/A \$3,600 \$6,792 latinum Employee \$2,272 \$7,951 N/A \$7,194

Entity & Plan Name	Ft. La	uderdale - (CDHP	Ft. La	ıderdale - O	APIN 2	Ft. Lau	ıderdale - O	APIN 1
Annual Premium		General EE's	5		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		auderdale - (uderdale - O			uderdale - O	
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	\$15,402	\$2,816	\$19,847	\$15,128	\$4,719	\$21,221	\$15,128	\$6,093
EE + Child	\$17,183	\$15,128	\$1,877	\$13,847	\$15,305	\$3,114	\$19,346	\$15,128	\$4,040
		· ·		1					
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		ndale Beach			oro Beach - (HIIISD	oro Beach - (Lnoice
Annual Premium		General EE's			on-Police E			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	Hol	lywood - OA	APIN	Но	ollywood - O	AP	La	uderhill - HN	NO
Entity & Plan Name Annual Premium		lywood - OA ral and Polic		-	ollywood - O ral and Polic			uderhill - HN General EE's	
	Gene Total	ral and Polic	e EE's Employee	Gene Total	ral and Polic	e EE's Employee	Total	General EE's	Employee
Annual Premium	Gene Total	ral and Polic	e EE's Employee	Gene	ral and Polic	e EE's Employee		General EE's	
Annual Premium Tler of Coverage	Gene Total	ral and Polic	e EE's Employee	Gene Total	ral and Polic	e EE's Employee	Total	General EE's	Employee
Annual Premium Tler of Coverage Employee Only	Gene Total \$10,230	Employer \$10,230	Employee \$0	Gene Total \$11,425	Employer \$9,140	e EE's Employee \$2,285	Total \$10,397	General EE's Employer \$10,397	Employee \$0
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse	Gene Total \$10,230 \$20,459	Employer \$10,230 \$19,436	Employee \$0 \$1,023	Gene Total \$11,425 \$22,851	Employer \$9,140 \$18,281	Employee \$2,285 \$4,570	Total \$10,397 \$19,755	General EE's Employer \$10,397 \$17,883	\$0 \$1,871
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child	Fotal \$10,230 \$20,459 N/A	Employer \$10,230 \$19,436 N/A	\$0 \$1,023 N/A	Gene Total \$11,425 \$22,851 N/A	Fal and Police Employer \$9,140 \$18,281 N/A	Employee \$2,285 \$4,570 N/A	Total \$10,397 \$19,755 N/A	General EE's Employer \$10,397 \$17,883 N/A	\$0 \$1,871 N/A
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$10,230 \$20,459 N/A N/A \$32,734	\$10,230 \$19,436 N/A N/A	\$0 \$1,023 N/A N/A \$2,250	Total \$11,425 \$22,851 N/A N/A \$36,561	\$9,140 \$18,281 N/A N/A	\$2,285 \$4,570 N/A N/A \$7,312	Total \$10,397 \$19,755 N/A \$20,794 \$33,268	### Comparison of Comparison o	\$0 \$1,871 N/A \$2,079 \$4,574
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$10,230 \$20,459 N/A N/A \$32,734	\$10,230 \$19,436 N/A N/A \$30,484	\$0 \$1,023 N/A N/A \$2,250	Total \$11,425 \$22,851 N/A N/A \$36,561	\$9,140 \$18,281 N/A N/A \$29,249	\$2,285 \$4,570 N/A N/A \$7,312	Total \$10,397 \$19,755 N/A \$20,794 \$33,268	Seneral EE's Employer \$10,397 \$17,883 N/A \$18,715 \$28,694	\$0 \$1,871 N/A \$2,079 \$4,574
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name	Total \$10,230 \$20,459 N/A N/A \$32,734	\$10,230 \$19,436 N/A N/A \$30,484	\$0 \$1,023 N/A N/A \$2,250	Total \$11,425 \$22,851 N/A N/A \$36,561	\$9,140 \$18,281 N/A N/A \$29,249	\$2,285 \$4,570 N/A N/A \$7,312	Total \$10,397 \$19,755 N/A \$20,794 \$33,268	\$10,397 \$17,883 N/A \$18,715 \$28,694	\$0 \$1,871 N/A \$2,079 \$4,574
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$10,230 \$20,459 N/A N/A \$32,734	\$10,230 \$19,436 N/A N/A \$30,484 uderhill - HN	\$0 \$1,023 N/A N/A \$2,250	Total \$11,425 \$22,851 N/A N/A \$36,561	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN	\$2,285 \$4,570 N/A N/A \$7,312	Total \$10,397 \$19,755 N/A \$20,794 \$33,268	### Comparison of Comparison o	\$0 \$1,871 N/A \$2,079 \$4,574
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397	\$10,230 \$19,436 N/A N/A \$30,484 uderhill - HN Police EE's Employer \$10,397	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HI Fire EE's Employer \$10,397	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 Later Total \$15,041	### Seneral EE's ### Employer \$10,397 \$17,883 N/A \$18,715 \$28,694 ### Buderhill - Pe ### General EE's Employer \$10,397	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$Employee \$4,644
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755	\$10,230 \$19,436 N/A N/A \$30,484 uderhill - HN Police EE's Employer \$10,397 \$15,544	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HI Fire EE's Employer \$10,397 \$15,544	Employee \$2,285 \$4,570 N/A N/A \$7,312 Comployee \$0 \$4,211	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578	\$10,397 \$17,883 N/A \$18,715 \$28,694 auderhill - Po General EE's Employer \$10,397 \$17,883	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A	**Employer** \$10,230 \$19,436 N/A N/A \$30,484 **Uderhill - HN **Police EE's **Employer \$10,397 \$15,544 N/A	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A	sp,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695 N/A
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794	**Employer** \$10,230 \$19,436 N/A N/A \$30,484 **Uderhill - HN **Police EE's **Employer** \$10,397 \$15,544 N/A \$16,116	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116	Employee \$2,285 \$4,570 N/A N/A \$7,312 NO Employee \$0 \$4,211 N/A \$4,679	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082	\$10,397 \$17,883 N/A \$18,715 \$28,694 Buderhill - PC General EE'S Employer \$10,397 \$17,883 N/A \$18,715	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695 N/A \$11,367
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	## stand Police ## stand Polic	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695 N/A \$11,367 \$19,437
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	**Employer** \$10,230 \$19,436 N/A N/A \$30,484 **Uderhill - HN **Police EE's **Employer** \$10,397 \$15,544 N/A \$16,116	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131	\$10,397 \$17,883 N/A \$18,715 \$28,694 Buderhill - PC General EE'S Employer \$10,397 \$17,883 N/A \$18,715	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695 N/A \$11,367 \$19,437
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	**Employer** \$10,230 \$19,436 N/A N/A \$30,484 **Uderhill - HN **Police EE's **Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 **Uderhill - Police EE's	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Po	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ Employee \$4,644 \$10,695 N/A \$11,367 \$19,437
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total	stand Police EE's Employer \$10,230 \$19,436 N/A N/A \$30,484 Uderhill - HN Police EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 Euderhill - Police EE's Employer	## EE's Employee	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total	sp,140 \$18,281 N/A N/A \$29,249 uderhill - HI Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Perire EE's Employer	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 Langle Total \$15,041 \$28,578 N/A \$30,082 \$48,131 Manuel Total	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$Employee \$4,644 \$10,695 N/A \$11,367 \$19,437 O Lo
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041	## Tall and Police ## Employer \$10,230 \$19,436 N/A N/A \$30,484 ## Police EE's ## Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 ## Police EE's ## Employer \$10,397	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Po Fire EE's Employer \$15,041	Employee \$2,285 \$4,570 N/A N/A \$7,312 ***O Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$0	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131 Ma Total \$10,245	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$Employee \$4,644 \$10,695 N/A \$11,367 \$19,437 OLO Employee \$2,049
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578	## Tall and Police Employer \$10,230 \$19,436 N/A N/A \$30,484 Widerhill - HN Police EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 Widerhill - Police EE's Employer \$10,397 \$15,544 \$15,544 \$16,156 \$10,397 \$15,544 \$15,544 \$10,397 \$15,544 \$15,544 \$10,397 \$15,544 \$10,2307 \$10,2307 \$15,544 \$10,2307 \$1	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$4,644 \$13,035	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Po Fire EE's Employer \$15,041 \$22,486	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$0 \$6,092	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131 Ma Total \$10,245 N/A	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$ \$Employee \$4,644 \$10,695 N/A \$11,367 \$19,437 OLO Employee \$2,049 N/A
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A	## Tall and Police ## Employer \$10,230 \$19,436 N/A N/A \$30,484 ## Police EE's ## Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 ## Police EE's ## Employer \$10,397 \$15,544 N/A ## Police EE's ## Employer \$10,397 \$15,544 N/A	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 DS Employee \$4,644 \$13,035 N/A	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Po Fire EE's Employer \$15,041 \$22,486 N/A	Employee \$2,285 \$4,570 N/A N/A \$7,312 ***O **Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$0 \$6,092 N/A	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131 Ma Total \$10,245 N/A N/A	## Seneral EE's Employer	\$0 \$1,871 N/A \$2,079 \$4,574 OS Employee \$4,644 \$10,695 N/A \$11,367 \$19,437 OLO Employee \$2,049 N/A N/A
Annual Premium Tler of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$10,230 \$20,459 N/A N/A \$32,734 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578	## Tall and Police Employer \$10,230 \$19,436 N/A N/A \$30,484 Widerhill - HN Police EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 Widerhill - Police EE's Employer \$10,397 \$15,544 \$15,544 \$16,156 \$10,397 \$15,544 \$15,544 \$10,397 \$15,544 \$15,544 \$10,397 \$15,544 \$10,2307 \$10,2307 \$15,544 \$10,2307 \$1	\$0 \$1,023 N/A N/A \$2,250 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$4,644 \$13,035	Total \$11,425 \$22,851 N/A N/A \$36,561 La Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578	\$9,140 \$18,281 N/A N/A \$29,249 uderhill - HN Fire EE's Employer \$10,397 \$15,544 N/A \$16,116 \$22,976 auderhill - Po Fire EE's Employer \$15,041 \$22,486	Employee \$2,285 \$4,570 N/A N/A \$7,312 MO Employee \$0 \$4,211 N/A \$4,679 \$10,292 OS Employee \$0 \$6,092	Total \$10,397 \$19,755 N/A \$20,794 \$33,268 La Total \$15,041 \$28,578 N/A \$30,082 \$48,131 Ma Total \$10,245 N/A	## Complement Complement	\$0 \$1,871 N/A \$2,079 \$4,574 OS \$Employee \$4,644 \$10,695 N/A \$11,367 \$19,437 OLO Employee \$2,049 N/A N/A N/A

Entity & Plan Name	Ma	rgate - HMC) Hi	N	/largate - PC	S	M	iramar - HN	10
Annual Premium		Ail EE's			Ail 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		liramar - HN			/liramar - PC			/liramar - PC	
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		iramar - HD			iramar - HD			arkland - HN	
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
	V = -,	¥22,525	45,500	720,403	722,515	25,500	720,504	722,515	Q-1,0-15
Entity & Plan Name		arkland - PC			broke Pines			broke Pines	
							Pem		EPO
Entity & Plan Name		arkland - PC			broke Pines		Pem	broke Pines	EPO
Entity & Plan Name Annual Premium	P	arkland - PC All EE's	S	Pem	broke Pines All EE's	EPO	Pem P	broke Pines	EPO e
Entity & Plan Name Annual Premium Tier of Coverage	Total	arkland - PC All EE's Employer	Employee	Pem Total	broke Pines All EE's Employer	EPO Employee	Pem P Total	broke Pines olice and Fi Employer	EPO e Employee
Entity & Plan Name Annual Premium Tier of Coverage Employee Only	Total \$9,987	All EE's Employer \$4,993	Employee \$4,993	Total \$8,393	All EE's Employer \$6,233	Employee \$2,160	Pem P Total \$8,393	broke Pines olice and Fir Employer \$7,433	EPO Employee \$960
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$9,987 \$21,889	All EE's Employer \$4,993 \$10,944	Employee \$4,993 \$10,945	Total \$8,393 \$14,604	All EE's Employer \$6,233 \$12,301	Employee \$2,160 \$2,303	Pem P Total \$8,393 \$14,604	broke Pines olice and Fines Employer \$7,433 \$13,501	Employee \$960 \$1,103
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$9,987 \$21,889 N/A	All EE's Employer \$4,993 \$10,944 N/A	Employee \$4,993 \$10,945 N/A	Total \$8,393 \$14,604 N/A	All EE's Employer \$6,233 \$12,301 N/A	Employee \$2,160 \$2,303 N/A	Pem P Total \$8,393 \$14,604 N/A	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A	EPO Employee \$960 \$1,103 N/A
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren)	Total \$9,987 \$21,889 N/A N/A \$28,872	All EE's Employer \$4,993 \$10,944 N/A N/A	\$4,993 \$10,945 N/A N/A \$14,436	Total \$8,393 \$14,604 N/A \$13,125 \$16,093	### All EE's ### Employer \$6,233 \$12,301 N/A \$10,477	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093	broke Pines olice and Fines Employer \$7,433 \$13,501 N/A \$11,677	Employee \$960 \$1,103 N/A \$1,447 \$1,719
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$9,987 \$21,889 N/A N/A \$28,872	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436	\$4,993 \$10,945 N/A N/A \$14,436	Total \$8,393 \$14,604 N/A \$13,125 \$16,093	## Ali EE's ## Employer \$6,233 \$12,301 N/A \$10,477 \$13,174	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374	Employee \$960 \$1,103 N/A \$1,447 \$1,719
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name	Total \$9,987 \$21,889 N/A N/A \$28,872	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436	\$4,993 \$10,945 N/A N/A \$14,436	Total \$8,393 \$14,604 N/A \$13,125 \$16,093	**Semployer** \$6,233 \$12,301 N/A \$10,477 \$13,174 **Broke Pines**	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice	Employee \$960 \$1,103 N/A \$1,447 \$1,719
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$9,987 \$21,889 N/A N/A \$28,872	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's	\$4,993 \$10,945 N/A N/A \$14,436	Total \$8,393 \$14,604 N/A \$13,125 \$16,093	All EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 broke Pines	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's	EPO re Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's Employer	\$4,993 \$10,945 N/A N/A \$14,436 PPO	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem	Ali EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 broke Pines colice and Fil	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer	Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's Employer \$9,475	Employee \$4,993 \$10,945 N/A N/A \$14,436 PPO Employee \$2,400	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem Total \$11,875	All EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 broke Pines colice and Fine	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786	EPO Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159	Employee \$4,993 \$10,945 N/A N/A \$14,436 PPO Employee \$2,400 \$2,766	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem P Total \$11,875 \$19,925	## Ali EE's ## Employer \$6,233	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941	broke Pines olice and Fire Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554	EPO re Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A	Employee \$4,993 \$10,945 N/A N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem Total \$11,875 \$19,925 N/A	All EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 broke Pines colice and Fit	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A	EPO Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child EE + Child(ren)	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	**Semployer** \$6,233	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A \$1,876 \$2,062	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892	broke Pines olice and Fire Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572	EPO Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	All EE's Employer \$4,993 \$10,944 N/A N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	**Semployer** \$6,233	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A \$1,876 \$2,062	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321	EPO Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463 ion - Choice	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726	## Ali EE's ## Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 ## Broke Pines Folice and Fines ## Employer \$10,675 \$18,359 N/A \$16,720 \$18,663 ## Pane Beach	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A \$1,876 \$2,062	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321 pano Beach	EPO Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Plantat	arkland - PC All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463 ion - Choice All EE's	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262 HMO 1	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem P Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Pomp	## Ali EE's ## Employer ## \$6,233 ## \$12,301 ## N/A ## \$10,477 ## \$13,174 ## Broke Pines ## Colice and Fit ## Employer ## \$10,675 ## \$18,359 ## N/A ## \$16,720 ## \$18,663 ## Colice and Beach ## Ali EE's	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A \$1,876 \$2,062 HMO	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892 Pom	broke Pines olice and Fil Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321 pano Beach All EE's	EPO re Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570 - PPO
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Plantat	All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463 ion - Choice All EE's Employer	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262 HMO 1	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem P Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Pomp Total	All EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 broke Pines colice and Fit Employer \$10,675 \$18,359 N/A \$16,720 \$18,663 ano Beach All EE's Employer	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO Te Employee \$1,200 \$1,566 N/A \$1,876 \$2,062 HMO Employee	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892 Pom Total	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321 pano Beach All EE's Employer	Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570 - PPO
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 2/Family	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Plantat Total \$10,734	All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463 ion - Choice All EE's Employer \$10,535	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262 HMO 1 Employee \$198	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem P Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Pomp Total \$9,084	## Ali EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 ** Proke Pines ** Police and Fines ** Police and	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO re Employee \$1,200 \$1,566 N/A \$1,876 \$2,062 HMO Employee \$0	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892 Pom Total \$13,372	broke Pines olice and Fine Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321 pano Beach All EE's Employer \$13,372 N/A	Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570 - PPO Employee \$0 N/A
Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + Child EE + Child(ren) EE + 2/Family Entity & Plan Name Annual Premium Tier of Coverage Employee Only EE + 1/Spouse EE + 2/Family	Total \$9,987 \$21,889 N/A N/A \$28,872 Pem Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Plantat Total \$10,734 \$22,540	All EE's Employer \$4,993 \$10,944 N/A \$14,436 broke Pines All EE's Employer \$9,475 \$17,159 N/A \$15,520 \$17,463 ion - Choice All EE's Employer \$10,535 \$21,906	Employee \$4,993 \$10,945 N/A \$14,436 PPO Employee \$2,400 \$2,766 N/A \$3,076 \$3,262 HMO 1 Employee \$198 \$634	Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Pem P Total \$11,875 \$19,925 N/A \$18,595 \$20,726 Pomp Total \$9,084 N/A	## All EE's Employer \$6,233 \$12,301 N/A \$10,477 \$13,174 ** broke Pines colice and Fit Employer \$10,675 \$18,359 N/A \$16,720 \$18,663 ano Beach All EE's Employer \$9,084 N/A	Employee \$2,160 \$2,303 N/A \$2,647 \$2,919 PPO Te Employee \$1,200 \$1,566 N/A \$1,876 \$2,062 HMO Employee \$0 N/A	Pem P Total \$8,393 \$14,604 N/A \$13,125 \$16,093 Plantat Total \$9,970 \$20,941 N/A \$19,940 \$30,892 Pom Total \$13,372 N/A	broke Pines olice and Fire Employer \$7,433 \$13,501 N/A \$11,677 \$14,374 ion - Choice All EE's Employer \$9,786 \$20,554 N/A \$19,572 \$30,321 pano Beach All EE's Employer \$13,372	Employee \$960 \$1,103 N/A \$1,447 \$1,719 HMO 2 Employee \$184 \$387 N/A \$368 \$570 - PPO Employee \$0 N/A N/A 3 N/A

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

Notes
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