

**City of Marco Island
Renewal Recommendation
Plan Year Effective Date: November 1, 2025**

October 6, 2025





BACKGROUND

The City of Marco Island currently offers a comprehensive employee benefits program to its employees, retirees and their dependents (subject to eligibility guidelines). The program includes group medical, dental, vision, employee assistance program and flexible spending account administration. In addition, employees have the option to purchase basic life and accidental death & dismemberment, supplemental life, short-term and long-term disability insurance as well as supplemental worksite products.



MEDICAL / PRESCRIPTION

In preparation for the 2025-26 renewal, Gehring Group analyzed the City's medical claims and prepared an independent cost projection that generated an annual increase over current plan spend of 15% based on the City's historical claims utilization. National medical cost trends are expected to rise from 8.0% to 8.5% in 2026 largely driven by the cost of specialty medications, inflation, a shortage of clinical workforce, and an increase in inpatient behavioral health claims. Hospitals and physicians are expected to seek higher rate increases and the consolidation of physicians also places additional pressure on healthcare spend.

Cigna extended an early offer of renewal to the City which the Gehring Group negotiated to a 6% increase over current which generates an annual dollar increase to the City of \$192,850 for the upcoming plan year. The decision to renew early worked to the City's advantage as claims have increased 11.7% since the prior experience period. Additionally, the number of high claimants in excess of \$100,000 has increased from three (3) to six (6). High claimants account for 21.4% of the overall plan spend and represent 0.1% of the membership. Cigna's renewal offer also includes a \$15,000 annual wellness fund.

The City's five-year average medical rate increase has been 4.6%. The five-year PricewaterhouseCoopers (PwC) average medical trend increase is 6.7%. Based on the favorable renewal position, City staff and Gehring Group are recommending the continuation of the current medical program at a 6% increase which is below market trend. The impact to the City's budget for the 2025-26 plan year for medical insurance would be \$192,850 based on the 85% City / 15% employee cost share.



DENTAL

The City's dental coverage has been with The Standard since November 1, 2020. For the last two (2) years, dental claims have run in excess of 100% loss ratio. The Standard initially released the renewal at 31.7% over current. Based on the high renewal, Gehring Group released a Request for Proposal and received offers from Cigna and Humana. Humana's proposal generated a 20.3% increase over current and Cigna was at 15.3% over current. As a result, Standard's renewal decreased from the initial 31.7% to 25%.

Gehring Group also evaluated provider disruption. Standard matched 66% of the top fifty (50) providers and Cigna matched 76%. For the complete analysis of 171 providers, Standard matched 62.0% and Cigna 71.9%. Members have the freedom to access care from the dental provider of their choice; however, those who utilize contracted providers will experience lower out of pocket costs and the absence of balance billing.

Cigna's plan design closely matches Standard and contains synergies with the medical plan. Certain conditions such as stroke, diabetes, pregnancy, kidney disease and several others are included in the program. If Cigna receives a medical claim with a diagnosis code that is included in the program, Cigna will provide reimbursement to the member for out-of-pocket costs for specific dental services to treat gum disease and tooth decay.

Based on the competitive pricing, plan design, high network match and synergies with the medical plan, City staff and Gehring Group are recommending the dental plan move from Standard to Cigna. Additionally, this transition will ease the cost impact to those enrolled in employee + family coverage as this tier generated the highest difference in payroll deductions when comparing Standard to Cigna.



VISION

The City's vision coverage has also been with The Standard since 2020 and the average five (5) year increase has been 1.0%. Due to increasing claim utilization Standard's initial renewal came in at 23.1% over current or \$4,045 annually. Both the dental and vision were marketed together as a package. Humana's vision offer was priced at 10.2% over current while Cigna remained at current cost. Standard reduced their renewal from 23.1% to 15%.

Cigna and Humana both closely matched the current plan design; however, Cigna's proposal was more competitive from a pricing standpoint. Gehring Group also evaluated the major retail chains for both the Vision Service Plan (VSP) network which is accessed by the current Standard plan as well as the EyeMed network which is accessed through Cigna's plan. Employees who elect vision coverage will have additional retail options through the EyeMed network with Cigna such as LensCrafters, Pearle Vision, Sam's Club and Walmart.

City staff and Gehring Group are recommending vision coverage be transitioned from The Standard to Cigna due to the competitive plan design, pricing and additional access to retail vision providers.



LIFE AND DISABILITY

The City's basic life and accidental death & dismemberment, supplemental life and short and long-term disability benefits are provided through The Standard and are currently in rate guarantee. City staff and Gehring Group are recommending continuation of the current life and disability benefits with no change in rates or benefits.



EMPLOYEE ASSISTANCE PROGRAM

The current Employee Assistance Program (EAP), Health Advocate includes three (3) face-to-face sessions per issue, virtual visits, work/life services, legal and financial consultation as well as an online library. The current EAP program is also in rate guarantee. City staff and Gehring Group are recommending continuation of the current program at no change to the rates or benefits.



RECOMMENDATION SUMMARY

City staff and Gehring Group are recommending the following:

Coverage	Current Carrier	Recommended Carrier	Cost Impact to City
Medical	Cigna	Cigna	6% (\$192,850)
Dental	The Standard	Cigna	15.3% (\$3,435)
Vision	The Standard / VSP	Cigna / EyeMed	0%
Life Basic and Voluntary	The Standard	The Standard	0%
Short-Term / Long-Term Disability	The Standard	The Standard	0%
Employee Assistance Program	The Standard / Health Advocate	The Standard / Health Advocate	0%

City of Marco Island
Medical Insurance Evaluation
Effective Date: November 1, 2025

		Current		Renewal	
SCHEDULE OF BENEFITS		Cigna Open Access Plus		Cigna Open Access Plus	
Calendar Year Deductible (CYD)		In-Network	Out-of-Network	In-Network	Out-of-Network
Single		\$500	\$1,000	\$500	\$1,000
Family		\$1,000	\$2,000	\$1,000	\$2,000
Annual Out of Pocket Maximum					
Single		\$2,500	\$5,000	\$2,500	\$5,000
Family		\$5,000	\$10,000	\$5,000	\$10,000
Coinsurance (Member Responsibility)		10%	30%	10%	30%
Office Visits					
Primary Care Physician Office Visit		\$20	30% after CYD	\$20	30% after CYD
Specialist Office Visit		\$40	30% after CYD	\$40	30% after CYD
TeleHealth Services (Urgent)		\$20	Not Covered	\$20	Not Covered
Preventive Care Visit		\$0	30% after CYD	\$0	30% after CYD
Non Hospital Services					
Independent Clinical Lab		\$0	30% after CYD	\$0	30% after CYD
X-rays		\$0	30% after CYD	\$0	30% after CYD
Advanced Imaging (CT, PET, MRI)		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center		\$50	30% after CYD	\$50	30% after CYD
Outpatient Surgery at Surgical Center		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Physician Services at Surgical Center		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Hospital Services					
Inpatient Hospital		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Hospital		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Physician Services at Hospital		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room		\$150	\$150	\$150	\$150
Mental Health/Substance Abuse Svcs					
Inpatient Hospital		10% after CYD	30% after CYD	10% after CYD	30% after CYD
Outpatient Facility		10%	30% after CYD	10%	30% after CYD
Outpatient Office Visit		\$20	30% after CYD	\$20	30% after CYD
Prescription Drug Benefit		Performance w/Focus 90		Performance w/Focus 90	
Tier 1 Drugs - Generic		\$10	50%	\$10	50%
Tier 2 Drugs - Preferred		\$35	50%	\$35	50%
Tier 3 Drugs - Non Preferred		\$60	50%	\$60	50%
Specialty Drugs & Injectables		\$10 / \$35 / \$60	50%	\$10 / \$35 / \$60	50%
90 Day Supply - Home Delivery/Retail		\$25 / \$88 / \$150	50%	\$25 / \$88 / \$150	50%
Monthly Rates					
Employee Only	99	\$809.76		\$858.06	
Employee + Spouse	34	\$1,801.26		\$1,908.72	
Employee + Child(ren)	27	\$1,516.82		\$1,607.32	
Employee + Family	54	\$2,492.08		\$2,640.76	
Monthly Premium	214	\$316,936		\$335,843	
Annual Premium		\$3,803,226		\$4,030,117	
\$ Increase / \$ Decrease		-		\$226,891	
% Increase / % Decrease		-		6.0%	

¹Renewal offer includes \$15,000 Wellness Fund and COBRA Administration Fees.

City of Marco Island
Dental Insurance Evaluation
Effective Date: November 1, 2025

		Current		Alternate	
SCHEDULE OF BENEFITS		The Standard Plan 3 - 90th/Max		Cigna DPPO	
Plan Basics		In-Network	Non-Network	In-Network	Non-Network
Deductible Type		Calendar Year		Calendar Year	
Expenses Apply to Benefit Maximum		Type 1, 2, 3		Type 1, 2, 3	
Benefit Maximum		\$1,500 with MaxBuilder \$250 Carryover		\$1,500 with Progressive \$250 Carryover	
Deductibles					
Single		\$50		\$50	
Family		\$150		\$150	
Benefit Payable					
Type 1 – Diagnostic & Preventive					
Routine Oral Exam (2 Per Year)		100% No Deductible	100% No Deductible	100% No Deductible	100% No Deductible
Routine Cleanings (2 Per Year)					
Bitewing X-rays (1 Per Year)					
Complete X-rays (1 Set Every 5 Years)					
Type 2 – Basic Restorative					
Fillings		80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Simple Extractions					
Endodontics					
Periodontal					
Oral Surgery					
Anesthesia					
Type 3 – Major Restorative					
Crowns		50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Bridges					
Dentures					
Type 4 – Orthodontia					
Benefit (Child Only - Up to age 19)		50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Lifetime Maximum Benefit		\$1,000		\$1,000	
Service Information					
Waiting Period - Timely Entrants		None		None	
Waiting Period - Late Entrant		Type 2, 3, 4: 12 Months		Type 3 & 4: 12 Months	
Out of Network Reimbursement Level		90th Percentile		90th Percentile	
Rate Guarantee Period		Expires 10/31/2025		Expires 10/31/2026	
Employee Only	86	\$27.12		\$31.27	
Employee + Spouse	45	\$57.76		\$66.61	
Employee + Child(ren)	23	\$61.24		\$70.62	
Employee + Family	52	\$117.88		\$135.94	
Monthly Premium		\$12,470		\$14,380	
Annual Premium		\$149,638		\$172,558	
\$ Increase / \$ Decrease		-		\$22,920	
% Increase / % Decrease		-		15.3%	

City of Marco Island
Voluntary Vision Evaluation
Effective Date: November 1, 2025

		Current		Alternate	
SCHEDULE OF BENEFITS		The Standard VSP Choice Network		Cigna EyeMed Network	
Examination		In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam		\$10	Up to \$45, after	\$10	Up to \$45, after
Contact Lens Exam (Standard Fit/Follow-up)		Up to \$60	Not Covered	\$60 Copay	Not Covered
Retinal Imaging		Up to \$39	Not Covered	\$20 Copay	Not Covered
Frequency					
Examination		12 months		12 months	
Lenses		12 months		12 months	
Frames		24 months		24 months	
Contact Lenses		12 months		12 months	
Lenses		Copay	Reimbursement		
Single		\$0	Up to \$30	\$0	Up to \$32
Bifocal		\$0	Up to \$50	\$0	Up to \$55
Trifocal		\$0	Up to \$65	\$0	Up to \$65
Lentical		\$0	Up to \$100	\$0	Up to \$80
Standard Progressive		Difference between Base & Progressive	Up to \$50	\$65	Not Covered
Polycarbonate (up to age 19)		\$0	Not Covered	\$0	Not Covered
Frames					
Retail		\$150 allowance, then 20% discount	Up to \$70	\$150 allowance, then 20% discount	Up to \$83
Contacts Lenses		<i>In lieu of eyeglasses</i>			
Conventional		\$150 allowance	Up to \$120	\$150 allowance	Up to \$120
Disposable		\$150 allowance	Up to \$120	\$150 allowance	Up to \$120
Non-Elective (Medically Necessary)		No Charge	Up to \$210	No Charge	Up to \$210
Rate Guarantee Period		Expires 10/31/2025		Expires 10/31/2027	
Employee Only	66	\$5.36		\$5.37	
Employee + Spouse	31	\$9.92		\$9.94	
Employee + Child(ren)	15	\$10.04		\$10.06	
Employee + Family	36	\$18.04		\$18.08	
Monthly Premium	148	\$1,461		\$1,464	
Annual Premium		\$17,536		\$17,572	
\$ Increase / \$ Decrease		-		\$36	
% Increase / % Decrease		-		0.2%	

City of Marco Island
Basic Life/AD&D Insurance Evaluation
Effective Date: November 1, 2025

	Current	Renewal
	The Standard	The Standard
Basic Life/AD&D Benefit		
Class 2 Eligibility: All Full - Time Employees regularly working at least 30 hours per week	\$50,000	\$50,000
Core Benefits		
Waiver of Premium	Included	Included
Accelerated Benefit	Up to 75% of benefit (no more than \$500,000)	Up to 75% of benefit (no more than \$500,000)
Age Reduction Schedule (Reduced to)	65% at Age 65 50% at Age 70 35% at Age 75	65% at Age 65 50% at Age 70 35% at Age 75
Required Participation	N/A	N/A
Rate Guarantee Period	Expires 10/31/2024	Expires 10/31/2026
Estimated Benefits Volume	\$11,308,500	\$11,308,500
Basic Term Life Rate / \$1,000	\$0.240	\$0.240
AD&D Rate / \$1,000	\$0.040	\$0.040
Total Rate / \$1,000	\$0.280	\$0.280
Monthly Premium	\$3,166	\$3,166
Annual Premium	\$37,997	\$37,997
\$ Increase / \$ Decrease	-	\$0
% Increase / % Decrease	-	0.0%

City of Marco Island
Supplemental Life Insurance Evaluation
Effective Date: November 1, 2025



	Current	Renewal
	The Standard	The Standard
Employee Formula	Increments of \$10,000 up to \$300,000	Increments of \$10,000 up to \$300,000
Guarantee Issue	\$80,000	\$80,000
Spouse Formula	Increments of \$5,000 up to \$150,000; no more than 50% of employee life amount	Increments of \$5,000 up to \$150,000; no more than 50% of employee life amount
Guarantee Issue	\$10,000	\$10,000
Child Formula	\$10,000; no more than 50% of employee life amount	\$10,000; no more than 50% of employee life amount
Guarantee Issue	\$10,000	\$10,000
Minimum Participation	N/A	N/A
Rate Guarantee Period	Expires 10/31/2024	Expires 10/31/2026
Employee/Spouse Life Rates Per \$1,000	Age Bracket Rate/\$1,000	Age Bracket Rate/\$1,000
	0-29 \$0.080	0-29 \$0.080
	30-34 \$0.080	30-34 \$0.080
	35-39 \$0.100	35-39 \$0.100
	40-44 \$0.160	40-44 \$0.160
	45-49 \$0.260	45-49 \$0.260
	50-54 \$0.400	50-54 \$0.400
	55-59 \$0.540	55-59 \$0.540
	60-64 \$0.820	60-64 \$0.820
	65-69 \$1.380	65-69 \$1.380
	70-74 \$2.480	70-74 \$2.480
	75+ \$9.360	75+ \$9.360
	Child(ren) \$0.100	Child(ren) \$0.100

City of Marco Island
Short Term Disability Insurance Evaluation
Effective Date: November 1, 2025




A RISK STRATEGIES COMPANY

	Current	Renewal
	The Standard	The Standard
Core Benefit		
Eligibility	Class 2: All Active Full-Time Employees, working at least 30 hours each week	Class 2: All Active Full-Time Employees, working at least 30 hours each week
Weekly Benefit	60%	60%
Weekly Maximum Benefit	\$1,000	\$1,000
Partial Disability	Included	Included
Elimination Period	29 Days	29 Days
Duration of Benefit	180 days	180 days
Rate Guarantee Period	Expires 10/31/2024	Expires 10/31/2026
Voluntary STD Rate / \$10 of Benefit	<div>Age Bracket</div> <div>Rate / \$10</div>	<div>Age Bracket</div> <div>Rate / \$10</div>
	Up to 29\$0.340	Up to 29\$0.340
	30-34\$0.380	30-34\$0.380
	35-39\$0.340	35-39\$0.340
	40-44\$0.360	40-44\$0.360
	45-49\$0.464	45-49\$0.464
	50-54\$0.556	50-54\$0.556
	55-59\$0.778	55-59\$0.778
	60+\$0.940	60+\$0.940

City of Marco Island
Long Term Disability Insurance Evaluation
Effective Date: November 1, 2025

	Current	Renewal
	The Standard	The Standard
Core Benefit		
Class 2: Police Officers, Lieutenants, Investigators, and Captains	Non-Contributory	Non-Contributory
Class 3: All Other Full Time Employees	Voluntary	Voluntary
Elimination Period	180 Days	180 Days
Monthly Benefit	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Minimum Monthly Benefit	\$100	\$100
Own Occupation Period	2 Years	2 Years
Duration of Benefit	To Age 65	To Age 65
Survivor Benefit	3 x LTD Benefit	3 x LTD Benefit
Rate Guarantee Period	Expires 10/31/2024	Expires 10/31/2026
Rate / \$100 of Payroll	\$0.540	\$0.540
Estimated Class 2 Volume	\$176,501	\$176,501
Estimated Class 3 Volume	\$453,860	\$453,860
Monthly Premium	\$3,404	\$3,404
Annual Premium	\$40,847	\$40,847
\$ Increase / Decrease	-	\$0
% Increase / Decrease	-	0.0%

	Current	Renewal
EAP Services	The Standard	The Standard
	HealthAdvocate	HealthAdvocate
Eligibility	Employees and household family members	Employees and household family members
Dedicated Account Manager	Yes	Yes
Number of Sessions per Employee or Member	3 Face-To-Face Sessions per Issue	3 Face-To-Face Sessions per Issue
Telehealth / Virtual Visits	Included in Face-to-Face Sessions	Included in Face-to-Face Sessions
Training Hours: Manager, Supervisor, and/or Employee	2 hours Management/Supervisor Orientation Add'l Sessions: \$275/hour plus \$75 travel	2 hours Management/Supervisor Orientation Add'l Sessions: \$275/hour plus \$75 travel
Management Referrals	Included	Included
Critical Incident Response Debriefing	10 hours Add'l Sessions: \$275/hour plus travel	10 hours Add'l Sessions: \$275/hour plus travel
Minimum Level of Intake Staff Education	Master's	Master's
Frequency of Reporting	Upon Request	Upon Request
Mobile App	No	No
Telephonic Consultation and Support	24/7/365 access	24/7/365 access
Telephonic Work Life Support (i.e., child/elder care, convenience svcs)	Included	Included
Legal Services	30-minute consultation, then 25% discount on services	30-minute consultation, then 25% discount on services
Financial Services	30-minute consultation, then 25% discount on services	30-minute consultation, then 25% discount on services
Rate Guarantee	Expires 10/31/2024	Expires 10/31/2026
Per Employee Per Month Rate	<div> <div>Enrolled in LTD</div> <div>Not Enrolled in LTD</div> <div> <div>\$0.00</div> <div>\$0.35</div> <div>90</div> <div>130</div> </div> </div>	<div> <div>Enrolled in LTD</div> <div>Not Enrolled in LTD</div> <div> <div>\$0.00</div> <div>\$0.35</div> <div>99</div> <div>130</div> </div> </div>
Monthly Premium	\$46	\$46
Annual Premium	\$546	\$546
\$ Increase / \$ Decrease	-	\$0
% Increase / % Decrease	-	0.0%

		Current				Renewal				Renewal		
		2024-2025				2025-2026				2025-2026		
		Cigna								Per Pay (24)		
MEDICAL		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Open Access Plus												
Employee Only	99	\$809.76	\$688.30	85%	\$121.46	\$858.06	\$729.35	85%	\$128.71	\$364.68	\$64.36	\$3.63
Employee + Spouse	34	\$1,801.26	\$1,531.07	85%	\$270.19	\$1,908.72	\$1,622.41	85%	\$286.31	\$811.21	\$143.15	\$8.05
Employee + Child(ren)	27	\$1,516.82	\$1,289.30	85%	\$227.52	\$1,607.32	\$1,366.22	85%	\$241.10	\$683.11	\$120.55	\$6.79
Employee + Family	54	\$2,492.08	\$2,118.27	85%	\$373.81	\$2,640.76	\$2,244.65	85%	\$396.11	\$1,122.33	\$198.06	\$11.15
Monthly Premium	214	\$316,936	\$269,396		\$47,540	\$335,843	\$285,467		\$50,376			
Annual Premium		\$3,803,226	\$3,232,749		\$570,477	\$4,030,117	\$3,425,600		\$604,518			
\$ Increase / \$ Decrease		-	-		-	\$226,891	\$192,850		\$34,040			
% Increase / % Decrease		-	-		-	6.0%	6.0%		6.0%			
DENTAL		The Standard				Cigna						
DPPO		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only	86	\$27.12	\$4.07	15%	\$23.05	\$31.27	\$4.69	15%	\$26.58	\$2.35	\$13.29	\$1.76
Employee + Spouse	45	\$57.76	\$8.66	15%	\$49.10	\$66.61	\$9.99	15%	\$56.62	\$5.00	\$28.31	\$3.76
Employee + Child(ren)	23	\$61.24	\$9.19	15%	\$52.05	\$70.62	\$10.59	15%	\$60.03	\$5.29	\$30.02	\$3.99
Employee + Family	52	\$117.88	\$17.68	15%	\$100.20	\$135.94	\$20.39	15%	\$115.55	\$10.20	\$57.77	\$7.67
Monthly Premium	206	\$12,470	\$1,870		\$10,599	\$14,380	\$2,157		\$12,223			
Annual Premium		\$149,638	\$22,445		\$127,192	\$172,558	\$25,881		\$146,677			
\$ Increase / \$ Decrease		-	-		-	\$22,920	\$3,435		\$19,485			
% Increase / % Decrease		-	-		-	15.3%	15.3%		15.3%			
Rate Guarantee		Expires 10/31/2025				Expires 10/31/2026						
VISION		The Standard				Cigna						
VSP Choice		Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
Employee Only	66	\$5.36	\$0.00	0%	\$5.36	\$5.37	\$0.00	0%	\$5.37	\$0.00	\$2.69	\$0.00
Employee + Spouse	31	\$9.92	\$0.00	0%	\$9.92	\$9.94	\$0.00	0%	\$9.94	\$0.00	\$4.97	\$0.01
Employee + Child(ren)	15	\$10.04	\$0.00	0%	\$10.04	\$10.06	\$0.00	0%	\$10.06	\$0.00	\$5.03	\$0.01
Employee + Family	36	\$18.04	\$0.00	0%	\$18.04	\$18.08	\$0.00	0%	\$18.08	\$0.00	\$9.04	\$0.02
Monthly Premium	148	\$1,461	\$0		\$1,461	\$1,464	\$0		\$1,464			
Annual Premium		\$17,536	\$0		\$17,536	\$17,572	\$0		\$17,572			
\$ Increase / \$ Decrease		-	-		-	\$36	\$0		\$36			
% Increase / % Decrease		-	-		-	0.2%	0.0%		0.2%			
Rate Guarantee		Expires 10/31/2024				Expires 10/31/2027						

	Current				Renewal				Renewal		
	2024-2025				2025-2026				2025-2026		
LIFE and AD&D	The Standard				The Standard						
Life/AD&D	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
Life Rate / \$1,000	\$0.240	\$0.000	0%	\$0.240	\$0.240	\$0.000	0%	\$0.240			
AD&D Rate / \$1,000	\$0.040	\$0.000	0%	\$0.040	\$0.040	\$0.000	0%	\$0.040			
Total Life and AD&D Rate	\$0.280	\$0.000	0%	\$0.280	\$0.280	\$0.000	0%	\$0.280			
Estimated Life Volume	\$11,308,500	\$0		\$11,308,500	\$11,308,500	\$0		\$11,308,500			
Monthly Premium	\$3,166	\$0		\$3,166	\$3,166	\$0		\$3,166			
Annual Premium	\$37,997	\$0		\$37,997	\$37,997	\$0		\$37,997			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2024				Expires 10/31/2026						
Long Term Disability	The Standard				The Standard						
Class 2 (Police) & Class 3 (All Other)	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee			
LTD Rate / \$100	\$0.540	\$0.540		\$0.540	\$0.540	\$0.540		\$0.540			
Class 2 Estimated LTD Volume	\$176,501	\$176,501	100%	\$0	\$176,501	\$176,501	100%	\$0			
Class 3 Estimated LTD Volume	\$453,860	\$0	0%	\$453,860	\$453,860	\$0	0%	\$453,860			
Monthly Premium	\$3,404	\$953		\$2,451	\$3,404	\$953		\$2,451			
Annual Premium	\$40,847	\$11,437		\$29,410	\$40,847	\$11,437		\$29,410			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2024				Expires 10/31/2026						
EAP	Health Advocate				Health Advocate						
Employee Assistance Program	Total	Employer	ER%	Employee	Total	Employer	ER%	Employee	Employer	Employee	EE Chg. Amt
PEPM Enrolled in LTD 90	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	\$0.00
PEPM Not Enrolled in LTD 130	\$0.35	\$0.35	100%	\$0.00	\$0.35	\$0.35	100%	\$0.00	\$0.18	\$0.00	\$0.00
Monthly Premium 220	\$46	\$46		\$0	\$46	\$46		\$0			
Annual Premium	\$546	\$546		\$0	\$546	\$546		\$0			
\$ Increase / \$ Decrease	-	-		-	\$0	\$0		\$0			
% Increase / % Decrease	-	-		-	0.0%	0.0%		0.0%			
Rate Guarantee	Expires 10/31/2024				Expires 10/31/2026						
Total Monthly Premium	\$337,482	\$272,265		\$65,218	\$358,303	\$288,622		\$69,681			
Total Annual Premium	\$4,049,790	\$3,267,178		\$782,612	\$4,299,637	\$3,463,464		\$836,173			
\$ Increase / \$ Decrease	-	-		-	\$249,847	\$196,286		\$53,561			
% Increase / % Decrease	-	-		-	6.2%	6.0%		6.8%			