

PUBLIC SECTOR

Proposal of Employee Benefits Coverage and Service

Proposal Date: 6/17/2026

Effective Date: 10/1/2026

CITY OF OCALA



Risk Management Associates

Brown & Brown is one of the largest and most respected independent insurance intermediaries in the nation, with over 80 years of continuous service. The Company is ranked as the sixth largest such organization in the United States by Business Insurance magazine.

Risk Management Associates, Inc., a wholly owned subsidiary of Brown & Brown, Inc., has established itself as one of the premier insurance services organizations for public entities in the United States. Our in-depth understanding of the unique risk exposures and operating environment of public entities allows us to tailor insurance products and services to effectively meet their needs. As the only independent insurance agency solely dedicated to the public entity market, we are uniquely qualified to meet and exceed the expectations of our clients. Our 20 years of insuring local governments has afforded us significant experience and insight into the unique challenges and constraints that our clients face.

As a Brown & Brown company, Risk Management Associates has access to hundreds of insurance markets nationwide. The buying power and premium leverage within the organization is surpassed by few agencies.

Risk Management Associates focuses on developing innovative approaches towards managing your risk. Cost effective insurance products, professional service, and commitment to client's needs are our primary goals. Proof of account satisfaction is reflected by a 97% business retention rate.

Employee Benefits is just one area of expertise we can provide. Our benefit programs include

Medical, Dental, Vision, Cobra, Life, Disability and Section 125 pre-tax reimbursement accounts just to name a few. We are able to provide fully insured programs for employers of all sizes and self funded programs to meet the special needs of employers interested in that type of arrangement. In addition to providing the insurance programs, we assist in the design, cost-containment, management and development of your employee benefit package.

All Employee Benefit clients are assigned an "In House" Employee Benefits Specialist to assist with Billing, Claims, Eligibility, Enrollment, or any other issues or questions that arise.

For our clients that opt for self insured programs, we not only provide the mentioned above, but also supply detailed reports to help you monitor your program closely. We also place the reinsurance, help design a plan to meet your needs and work closely with you and the Third Party administrator during the implementation as well as throughout the year to ensure the plan operates smoothly.

As for property and casualty, Risk Management Associates is a recognized leader in the area of professional liability, governmental and municipal insurance programs, pollutions liability and many other specialized areas of risk. All property and casualty clients are assigned an "In-House" Public Risk Specialist.

Commitment to Our Clients

The Employee Benefits Division at Pubic Risk Insurance Advisors is focused on providing you with the best products at the most competitive rates possible. We ensure a very high level of customer service by remaining involved with you after the plan's effective date.

In addition to the Risk Management Associates Employee Benefits Advisor, all clients are assigned a team of dedicated service and marketing professionals committed to fast, efficient and friendly service during plan renewal and every other day of the year.

- We provide assistance with carriers to resolve any issues concerning policy administration, claims and billing.
- We provide expertise in designing, analyzing, and maintaining an employee benefits program that will help you attract and retain quality employees.
- We provide timely guidance on local and national trends in employee benefits and in the carrier marketplace.

As part of the 6th largest insurance broker in the country (as determined by Business Insurance magazine) we have the resources to partner with clients of all sizes and industries to maximize benefits and contain costs. The Employee Benefits Division in Daytona Beach, FL is fully automated and highly efficient in marketing plan renewals and new business. We have access to all local and national carriers, third party administrators, and other specialists in the employee benefits industry including:

Medical · Dental · Vision · Life · Disability Plans · Cafeteria Plans · 401(k) Plans · Self-funded and Partially Self-funded arrangements · Employee Assistance Programs · Voluntary (employee-paid) Long-Term Disability, Short-Term Disability, Dental and Accident & Sickness plans.

Phone

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Address

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Website

Bbrown.com

NYSE Listed: BRO

Fee in Lieu of Commission Compensation Disclosure

Brown & Brown entities (“we”) receive commissions and fees from insurance carriers and other vendors as part of our compensation for placing and servicing your policies and products. Commissions are generally a percentage of the total premium and may be based on a schedule. In some cases, we may also receive direct compensation from the plan or the plan sponsor (service and/or consulting fees).

If we are being compensated based upon a fixed dollar amount or fixed percentage fee, meaning that the contract specifies our compensation and states anywhere in the document that additional compensation will not be paid to us or any other party, any additional compensation to us or any other party, including wholesale brokers or third-party intermediaries, is strictly prohibited. Likewise, if our contract sets compensation based upon a fixed dollar amount or fixed percentage fee, and the contract specifies that additional compensation shall be credited to the insured, any additional compensation to any party, including brokers, wholesale brokers or third-party intermediaries, must be promptly returned to you. If our contract is not based upon such fixed fee terms, no owned or affiliated party, including brokers, wholesale brokers or third-party intermediaries, may accept any type of compensation without full disclosure by the undersigned broker to you of the dollar amount or percentage of compensation prior to binding your coverage.

In addition to commissions and fees paid to Brown & Brown by insurance or reinsurance carriers or third-party vendors as mentioned above, Brown & Brown entities may also receive supplemental and/or bonus compensation from the carrier or vendor based on new sales volume or retention, for example. Such supplemental and/or bonus compensation may consist of guaranteed override income based on our agency’s business production and retention with the carrier or vendor, general agency fees, and/or sales or retention bonuses and is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. Brown & Brown may not know in advance if such a supplemental and/or bonus payment will be made by a particular carrier or vendor, or the amount of any such payments until the underwriting year is closed.

Brown & Brown entities may also receive invitations to programs sponsored and paid for by insurance carriers or other vendors to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may also receive non-monetary compensation (including but not limited to the value of travel, meals and entertainment expenses associated with such meetings, gifts, tickets for sporting and entertainment events and awards). Such compensation allocated to your policy is not normally expected to equal or exceed a sum of \$250.00 in aggregate, when all non-monetary compensation items received are combined.

Brown & Brown entities may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may collect and remit premiums on behalf of the carrier or vendor and may earn and retain interest on premiums or administrative fees you pay from the date we receive them until the date remitted to the carrier or vendor.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the carrier or other vendor, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting, quoting, plan implementation assistance, claims advocacy and eligibility administration services. . Compensation paid for those services is either derived from your premium payment, which may on average be up to 15% of the premium you pay for coverage and may include additional fees charged by the intermediary or is paid to the Wholesaler/Managing General Agent via override.

Questions and Information Requests. Should you have any questions, or require additional information, please contact this office at (386) 252-6176 or, if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry/>

Disclaimers & Disclosures

- The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.
 - The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.
 - If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown.
 - This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.
 - This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution
 - All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.
- Brown & Brown representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.
- Brown & Brown representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.
 - The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.
 - Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown representative at any time.
 - You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

NOTICE OF CARRIER FINANCIAL STATUS

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at (386) 252-6176 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

*AM Best General Rating Guide

| Financial Strength Rating | |
|---------------------------|------------------------------|
| <u>A++</u> , <u>A+</u> | Superior |
| <u>A</u> , <u>A-</u> | Excellent |
| <u>B++</u> , <u>B+</u> | Good |
| <u>B</u> , <u>B-</u> | Fair |
| <u>C++</u> , <u>C+</u> | Marginal |
| <u>C</u> , <u>C-</u> | Weak |
| <u>D</u> | Poor |
| <u>E</u> | Under Regulatory Supervision |
| <u>F</u> | In Liquidation |
| <u>S</u> | Suspended |

| Financial Size Category (in Thousands) | | | |
|--|-------------|---------|-------------|
| Class I | Up to | \$1,000 | |
| Class II | \$1,000 | to | \$2,000 |
| Class III | \$2,000 | to | \$5,000 |
| Class IV | \$5,000 | to | \$10,000 |
| Class V | \$10,000 | to | \$25,000 |
| Class VI | \$25,000 | to | \$50,000 |
| Class VII | \$50,000 | to | \$100,000 |
| Class VIII | \$100,000 | to | \$250,000 |
| Class IX | \$250,000 | to | \$500,000 |
| Class X | \$500,000 | to | \$750,000 |
| Class XI | \$750,000 | to | \$1,000,000 |
| Class XII | \$1,000,000 | to | \$1,250,000 |
| Class XIII | \$1,250,000 | to | \$1,500,000 |
| Class XIV | \$1,500,000 | to | \$2,000,000 |
| Class XV | \$2,000,000 | or | Greater |

Marketing Summary

| Product Line | Carrier | Carrier Web Site | Results |
|------------------------------------|---|---------------------------|---|
| Group Dental | | | |
| | Florida Combined Life | www.floridabluedental.com | Current/Renewal |
| | Guardian Life Insurance Company of America | www.guardianlife.com | Proposal |
| | Humana Insurance Company, Inc. | www.humana.com | Not competitive |
| | Metropolitan Life Insurance Company (MetLife) | www.metlife.com | Proposal |
| | Principal Life Insurance Company | www.principal.com | Network not competitive |
| | Standard Insurance Company | www.standard.com | Proposal |
| Group Vision | | | |
| | Florida Blue | www.floridablue.com | DTQ |
| | Guardian Life Insurance Company of America | www.guardianlife.com | Proposal |
| | Humana Insurance Company, Inc. | www.humana.com | Not shown due to dental not being competitive |
| | Metropolitan Life Insurance Company (MetLife) | www.metlife.com | Proposal |
| | Principal Life Insurance Company | www.principal.com | Network not competitive |
| | Standard Insurance Company | www.standard.com | Current/Renewal |
| Life / AD&D | | | |
| | Securian Financial (Minnesota Life) | www.securian.com | Current/Renewal |
| Disability | | | |
| | Metropolitan Life Insurance Company (MetLife) | www.metlife.com | Current |
| Employee Assistance Program | | | |
| | Aetna Resources for Living | www.aetna.com | Current |

Dental

| Florida Combined Life | Standard | MetLife | Guardian | Humana | Principal |
|---|--|--|--|--|--|
| <p>Renewal flat for 2 years, 5% rate cap Y3</p> <p>Increasing low max to \$1,250, high max to \$1,500: 2.6% increase, 2 year RG</p> | <p>Matching current plans: 4% decrease, 2 year RG</p> <p>Increasing low max to \$1,250, high max to \$1,500: 2.1% increase, 2 year RG</p> <p>\$75 lifetime ded. option, should be 6.7% decrease, 2 year RG</p> | <p>Does not offer rollover, options closest to matching current increase the max by \$250 on each plan: 6.5% decrease, 2 year RG</p> <p>Increase high plan max to \$2k, increase high plan ortho to \$2k, low plan coinsurance to 100/80/50/50: 5% increase, 2 year RG</p> | <p>Option closest to matching current: matching current rates, 2 year RG</p> <p>Option increasing max on both plans to \$1,500, 1.3% increase, 2 year RG</p> | <p>Option closest to matching current (with 30% off all services after max is met): 4.2% increase, 2 year RG. Would need to offer a separate plan for TX employee with higher rates.</p> <p>Enhanced options are not competitive</p> | <p>Not shown due to poor network presence on dental & vision</p> |
| Network | Network | Network | Network | Network | Network |
| 62 of 100 providers used currently INN | 63 of 100 providers used currently INN | 67 of 100 providers used currently INN | 49 of 100 providers used currently INN | 65 of 100 providers used currently INN | 40 of 100 providers used currently INN |
| | Positive changes: 9 Negative changes: 8 | Positive changes: 15 Negative changes: 10 | Positive changes: 8 Negative changes: 21 | Positive changes: 13 Negative changes: 10 | Positive changes: 18 Negative changes: 40 |

Vision

| Florida Combined Life | Standard | MetLife | Guardian | Humana | Principal |
|---------------------------|--|--|---|--|--|
| <p>FL Blue DTQ vision</p> | <p>Renewal: 10% decrease, 2 year RG</p> <p>Option with \$150 allowances: matching current rates, 2 year RG</p> | <p>Option closest to current is a 15% decrease, 2 year RG</p> <p>Option with \$150 allowances matches current rates, 2 year RG, sold with dental</p> | <p>Option closest to current matches current rates, 2 year RG</p> <p>Option with \$150 allowances is a 7% increase, 2 year RG</p> | <p>Option closest to current is a 12% decrease, 4 year RG</p> <p>Option with \$130 allowances matches current rates, 4 year RG</p> | <p>Not shown due to poor network presence on dental & vision</p> |
| Network | Network | Network | Network | Network | Network |
| | 44 of 50 providers used currently INN | 42 of 50 providers used currently INN | They do not complete vision disruptions | 42 of 50 providers used currently INN | 36 of 50 providers used currently INN |
| | | Positive Changes: 1 Negative Changes: 3 | | Positive Changes: 2 Negative Changes: 4 | Positive Changes: 1 Negative Changes: 9 |

Dental Renewal History

| Effective Date | Current | | Initial Renewal | | Final Renewal | | Differential | Action | Financing Strategy |
|----------------|----------|-----------|-----------------|----|---------------|----|--------------|--|--------------------|
| | Carrier | Premium | Premium | % | Premium | % | | | |
| 10/1/2022 | Standard | \$731,799 | \$786,924 | 8% | \$731,799 | 0% | \$55,125 | Moved to FCL | Fully Insured |
| 10/1/2023 | FCL | \$731,799 | \$731,799 | 0% | \$731,799 | 0% | \$0 | Renewed Same Carrier (in rate guarantee) | Fully Insured |
| 10/1/2024 | FCL | \$731,799 | \$731,799 | 0% | \$731,799 | 0% | \$0 | Renewed Same Carrier | Fully Insured |
| 10/1/2025 | FCL | \$731,799 | \$767,065 | 5% | \$767,065 | 5% | \$0 | Renewed Same Carrier | Fully Insured |

Total Differential \$55,125
 Differential per Year \$13,781
 Year over Year Change 1.2%

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | CURRENT | | | | | | RENEWAL | | | | | | | | | | | |
|---|--|----------------|----------------|--|----------------|----------------|--|----------------|----------------|--|----------------|----------------|----------------|----------------|----------------|--------------|--|--|
| | Florida Combined Life Base Dental PPO Plan | | | Florida Combined Life High Dental PPO Plan | | | Florida Combined Life Base Dental PPO Plan | | | Florida Combined Life High Dental PPO Plan | | | | | | | | |
| Benefit Comparison | In-Network | | | In-Network | | | In-Network | | | In-Network | | | | | | | | |
| Individual / Family Deductible | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | | | | | | |
| Annual Benefit Maximum | \$1,000 | | | \$1,000 | | | \$1,000 | | | \$1,000 | | | | | | | | |
| Rollover Provision | Yes | | | Yes | | | Yes | | | Yes | | | | | | | | |
| Coverage Waiting Periods | None | | | None | | | None | | | None | | | | | | | | |
| Preventive & Diagnostic Care Benefit | \$0 | | | \$0 | | | \$0 | | | \$0 | | | | | | | | |
| Basic Care Benefit | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Major Care Benefit | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | | | | | | |
| Endodontics/Periodontics | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Posterior Composite Fillings Benefit | Included | | | Included | | | Included | | | Included | | | | | | | | |
| Implant Benefit | Included | | | Included | | | Included | | | Included | | | | | | | | |
| Orthodontia Benefit | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | | | | | | |
| Orthodontia Eligibility | Adult and child | | | Adult and child | | | Adult and child | | | Adult and child | | | | | | | | |
| Frequencies | 2 per plan year | | | 2 per plan year | | | 2 per plan year | | | 2 per plan year | | | | | | | | |
| Exams/Cleanings | 2 times per plan year, under age 14 | | | 2 times per plan year, under age 14 | | | 2 times per plan year, under age 14 | | | 2 times per plan year, under age 14 | | | | | | | | |
| Fluoride | Once per plan year/Once per 36 months | | | Once per plan year/Once per 36 months | | | Once per plan year/Once per 36 months | | | Once per plan year/Once per 36 months | | | | | | | | |
| X-Rays - Bitewing/Full Mouth | Through age 16 | | | Through age 16 | | | Through age 16 | | | Through age 16 | | | | | | | | |
| Sealants | Same tooth surface once every 12 months | | | Same tooth surface once every 12 months | | | Same tooth surface once every 12 months | | | Same tooth surface once every 12 months | | | | | | | | |
| Fillings | 1 in 5 years | | | 1 in 5 years | | | 1 in 5 years | | | 1 in 5 years | | | | | | | | |
| Major Services | | | | | | | | | | | | | | | | | | |
| Benefit Comparison | Non-Network | | | Non-Network | | | Non-Network | | | Non-Network | | | | | | | | |
| Out of Network Reimbursement | 90th | | | 90th | | | 90th | | | 90th | | | | | | | | |
| Out of Network Reimbursement % | 90% 60% 40% 50% | | | 100% 80% 50% 50% | | | 90% 60% 40% 50% | | | 100% 80% 50% 50% | | | | | | | | |
| Notes | | | | | | | | | | | | | | | | | | |
| Rate Guarantee | Until 9/30/2026 | | | Until 9/30/2026 | | | 2 years until 9/30/2028 5% rate cap Y3 | | | 2 years until 9/30/2028 5% rate cap Y3 | | | | | | | | |
| Participation Requirement | 30% | | | 30% | | | 30% | | | 30% | | | | | | | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | | | |
| | EE Only | 300 | 201 | \$31.84 | \$0.00 | \$31.84 | \$43.55 | \$0.00 | \$43.55 | \$31.84 | \$0.00 | \$31.84 | \$43.55 | \$0.00 | \$43.55 | | | |
| | EE + 1 | 164 | 155 | \$49.35 | \$0.00 | \$49.35 | \$67.62 | \$0.00 | \$67.62 | \$49.35 | \$0.00 | \$49.35 | \$67.62 | \$0.00 | \$67.62 | | | |
| | EE + Fam | 213 | 169 | \$77.91 | \$0.00 | \$77.91 | \$106.64 | \$0.00 | \$106.64 | \$77.91 | \$0.00 | \$77.91 | \$106.64 | \$0.00 | \$106.64 | | | |
| Cost Comparison | CURRENT | | | | | | TOTAL | | | RENEWAL | | | TOTAL | | | | | |
| Employees Pay | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | |
| Employer Pays | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | |
| Total Annualized Premium | \$410,882.76 | | | \$447,081.72 | | | \$857,964.48 | | | \$410,882.76 | | | \$447,081.72 | | | \$857,964.48 | | |
| Annual Change From Current | | | | | | | | | | \$0.00 | | | 0.0% | | | | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | ALTERNATE 1 | | | | | | | | |
|--------------------------------------|--|---------|---------|---------|--|---------|--------------|---------|----------|
| | Florida Combined Life Base Dental PPO Plan | | | | Florida Combined Life High Dental PPO Plan | | | | |
| Benefit Comparison | In-Network | | | | In-Network | | | | |
| Individual / Family Deductible | \$50 \$150 | | | | \$50 \$150 | | | | |
| Annual Benefit Maximum | \$1,250 | | | | \$1,500 | | | | |
| Rollover Provision | Yes | | | | Yes | | | | |
| Coverage Waiting Periods | None | | | | None | | | | |
| Preventive & Diagnostic Care Benefit | \$0 | | | | \$0 | | | | |
| Basic Care Benefit | 20% after deductible | | | | 20% after deductible | | | | |
| Major Care Benefit | 50% after deductible | | | | 50% after deductible | | | | |
| Endodontics/Periodontics | 20% after deductible | | | | 20% after deductible | | | | |
| Posterior Composite Fillings Benefit | Included | | | | Included | | | | |
| Implant Benefit | Included | | | | Included | | | | |
| Orthodontia Benefit | 50% up to \$1,000 lifetime maximum | | | | 50% up to \$1,000 lifetime maximum | | | | |
| Orthodontia Eligibility | Adult and child | | | | Adult and child | | | | |
| Frequencies | | | | | | | | | |
| Exams/Cleanings | 2 per plan year | | | | 2 per plan year | | | | |
| Fluoride | 2 times per plan year, under age 14 | | | | 2 times per plan year, under age 14 | | | | |
| X-Rays - Bitewing/Full Mouth | Once per plan year/Once per 36 months | | | | Once per plan year/Once per 36 months | | | | |
| Sealants | Through age 16 | | | | Through age 16 | | | | |
| Fillings | Same tooth surface once every 12 months | | | | Same tooth surface once every 12 months | | | | |
| Major Services | 1 in 5 years | | | | 1 in 5 years | | | | |
| Benefit Comparison | Non-Network | | | | Non-Network | | | | |
| Out of Network Reimbursement | 90th | | | | 90th | | | | |
| Out of Network Reimbursement % | 90% 60% 40% 50% | | | | 100% 80% 50% 50% | | | | |
| Notes | | | | | | | | | |
| Rate Guarantee | 2 years until 9/30/2028 5% rate cap Y3 | | | | 2 years until 9/30/2028 5% rate cap Y3 | | | | |
| Participation Requirement | 30% | | | | 30% | | | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost |
| | EE Only | 300 | 201 | \$31.84 | \$0.00 | \$31.84 | \$45.74 | \$0.00 | \$45.74 |
| | EE + 1 | 164 | 155 | \$49.35 | \$0.00 | \$49.35 | \$71.00 | \$0.00 | \$71.00 |
| | EE + Fam | 213 | 169 | \$77.91 | \$0.00 | \$77.91 | \$111.98 | \$0.00 | \$111.98 |
| Cost Comparison | ALTERNATE 1 | | | | | | TOTAL | | |
| Employees Pay | \$34,240.23 | | | | | | \$39,123.36 | | |
| Employer Pays | \$0.00 | | | | | | \$0.00 | | |
| Total Monthly Premium | \$34,240.23 | | | | | | \$39,123.36 | | |
| Total Annualized Premium | \$410,882.76 | | | | | | \$469,480.32 | | |
| Annual Change From Current | \$22,398.60 | | | | | | 2.6% | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | | | | | OPTION 1 | | | OPTION 2 | | | | | | | | |
|--------------------------------------|----------|---------|---------|---------|---|---------|----------|---|----------|---------|--------------|---------|----------|--------------|----------|--|
| | | | | | Standard Ameritas | | | Standard Ameritas | | | | | | | | |
| Benefit Comparison | | | | | In-Network | | | In-Network | | | | | | | | |
| Individual / Family Deductible | | | | | \$50 \$150 | | | \$50 \$150 | | | | | | | | |
| Annual Benefit Maximum | | | | | \$1,000 | | | \$1,000 | | | | | | | | |
| Rollover Provision | | | | | Yes | | | Yes | | | | | | | | |
| Coverage Waiting Periods | | | | | None | | | None | | | | | | | | |
| Preventive & Diagnostic Care Benefit | | | | | 0% | | | 0% | | | | | | | | |
| Basic Care Benefit | | | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Major Care Benefit | | | | | 50% after deductible | | | 50% after deductible | | | | | | | | |
| Endodontics/Periodontics | | | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Posterior Composite Fillings Benefit | | | | | Included | | | Included | | | | | | | | |
| Implant Benefit | | | | | Included | | | Included | | | | | | | | |
| Orthodontia Benefit | | | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | | | | | | |
| Orthodontia Eligibility | | | | | Adults & Children | | | Adults & Children | | | | | | | | |
| Frequencies | | | | | 2 per benefit period | | | 2 per benefit period | | | | | | | | |
| Exams/Cleanings | | | | | 2 per benefit period age 13 & under | | | 2 per benefit period age 13 & under | | | | | | | | |
| Fluoride | | | | | 1 per benefit period / 1 in 3 years | | | 1 per benefit period / 1 in 3 years | | | | | | | | |
| X-Rays - Bitewing/Full Mouth | | | | | Age 16 & under | | | Age 16 & under | | | | | | | | |
| Sealants | | | | | Same tooth surface once every 12 months | | | Same tooth surface once every 12 months | | | | | | | | |
| Fillings | | | | | 1 per 5 years | | | 1 per 5 years | | | | | | | | |
| Major Services | | | | | | | | | | | | | | | | |
| Benefit Comparison | | | | | Non-Network | | | Non-Network | | | | | | | | |
| Out of Network Reimbursement | | | | | 90th | | | 90th | | | | | | | | |
| Out of Network Reimbursement % | | | | | 90% 60% 40% 50% | | | 100% 80% 50% 50% | | | | | | | | |
| Notes | | | | | | | | | | | | | | | | |
| Rate Guarantee | | | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | | | | | | |
| Participation Requirement | | | | | 75% between high and low plan | | | 75% between high and low plan | | | | | | | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | |
| | EE Only | 300 | 201 | \$30.64 | \$0.00 | \$30.64 | \$41.96 | \$0.00 | \$41.96 | \$31.96 | \$0.00 | \$31.96 | \$46.04 | \$0.00 | \$46.04 | |
| | EE + 1 | 164 | 155 | \$47.48 | \$0.00 | \$47.48 | \$64.92 | \$0.00 | \$64.92 | \$49.39 | \$0.00 | \$49.39 | \$70.86 | \$0.00 | \$70.86 | |
| | EE + Fam | 213 | 169 | \$74.84 | \$0.00 | \$74.84 | \$101.92 | \$0.00 | \$101.92 | \$77.48 | \$0.00 | \$77.48 | \$109.89 | \$0.00 | \$109.89 | |
| Cost Comparison | | | | | OPTION 1 | | | TOTAL | | | OPTION 2 | | | TOTAL | | |
| Employees Pay | | | | | \$32,919.64 | | | \$35,721.04 | | | \$34,191.20 | | | \$38,808.75 | | |
| Employer Pays | | | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | | | | | \$32,919.64 | | | \$35,721.04 | | | \$34,191.20 | | | \$38,808.75 | | |
| Total Annualized Premium | | | | | \$395,035.68 | | | \$428,652.48 | | | \$410,294.40 | | | \$465,705.00 | | |
| Annual Change From Current | | | | | -\$34,276.32 | | | -4.0% | | | \$18,034.92 | | | 2.1% | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | OPTION 3 | | | | | | | | |
|---|--|---------|---------|--|---------|---------|--|---------|---------|
| | Standard Ameritas | | | Standard Ameritas | | | Standard Ameritas | | |
| Benefit Comparison | In-Network | | | In-Network | | | In-Network | | |
| Individual / Family Deductible | \$75 lifetime deductible - will not reset every year | | | \$75 lifetime deductible - will not reset every year | | | \$75 lifetime deductible - will not reset every year | | |
| Annual Benefit Maximum | \$1,000 | | | \$1,000 | | | \$1,000 | | |
| Rollover Provision | Yes | | | Yes | | | Yes | | |
| Coverage Waiting Periods | None | | | None | | | None | | |
| Preventive & Diagnostic Care Benefit | 0% | | | 0% | | | 0% | | |
| Basic Care Benefit | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | |
| Major Care Benefit | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | |
| Endodontics/Periodontics | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | |
| Posterior Composite Fillings Benefit | Included | | | Included | | | Included | | |
| Implant Benefit | Included | | | Included | | | Included | | |
| Orthodontia Benefit | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | |
| Orthodontia Eligibility | Adults & Children | | | Adults & Children | | | Adults & Children | | |
| Frequencies Exams/Cleanings Fluoride X-Rays - Bitewing/Full Mouth Sealants Fillings Major Services | 2 per benefit period 2 per benefit period age 13 & under 1 per benefit period / 1 in 3 years Age 16 & under Same tooth surface once every 12 months 1 per 5 years | | | 2 per benefit period 2 per benefit period age 13 & under 1 per benefit period / 1 in 3 years Age 16 & under Same tooth surface once every 12 months 1 per 5 years | | | 2 per benefit period 2 per benefit period age 13 & under 1 per benefit period / 1 in 3 years Age 16 & under Same tooth surface once every 12 months 1 per 5 years | | |
| Benefit Comparison | Non-Network | | | Non-Network | | | Non-Network | | |
| Out of Network Reimbursement | 90th | | | 90th | | | 90th | | |
| Out of Network Reimbursement % | 90% 60% 40% 50% | | | 90% 60% 40% 50% | | | 100% 80% 50% 50% | | |
| Notes | | | | | | | | | |
| Rate Guarantee | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | |
| Participation Requirement | 75% between high and low plan | | | 75% between high and low plan | | | 75% between high and low plan | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost |
| | EE Only | 300 | 201 | \$29.65 | \$0.00 | \$29.65 | \$40.62 | \$0.00 | \$40.62 |
| | EE + 1 | 164 | 155 | \$46.03 | \$0.00 | \$46.03 | \$62.94 | \$0.00 | \$62.94 |
| | EE + Fam | 213 | 169 | \$72.98 | \$0.00 | \$72.98 | \$99.37 | \$0.00 | \$99.37 |
| Cost Comparison | OPTION 3 | | | | | | TOTAL | | |
| Employees Pay | | | | \$31,988.66 | | | \$34,713.85 | | |
| Employer Pays | | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | | | | \$31,988.66 | | | \$34,713.85 | | |
| Total Annualized Premium | | | | \$383,863.92 | | | \$416,566.20 | | |
| Annual Change From Current | | | | -\$57,534.36 | | | -6.7% | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | OPTION 4 | | | | | | OPTION 5 | | | | | | | | | | | |
|--------------------------------------|--|---------|---------|--|---------|---------|--|---------|---------|--|---------|---------|----------|---------|----------|--------------|--|--|
| | MetLife Low Plan (PDP Plus) | | | MetLife High Plan (PDP Plus) | | | MetLife Low Plan (PDP Plus) | | | MetLife High Plan (PDP Plus) | | | | | | | | |
| Benefit Comparison | In-Network | | | In-Network | | | In-Network | | | In-Network | | | | | | | | |
| Individual / Family Deductible | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | | | | | | |
| Annual Benefit Maximum | \$1,250 | | | \$1,250 | | | \$1,250 | | | \$2,000 | | | | | | | | |
| Rollover Provision | No | | | No | | | No | | | No | | | | | | | | |
| Coverage Waiting Periods | None | | | None | | | None | | | None | | | | | | | | |
| Preventive & Diagnostic Care Benefit | 0% | | | 0% | | | 0% | | | 0% | | | | | | | | |
| Basic Care Benefit | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Major Care Benefit | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | | | | | | |
| Endodontics/Periodontics | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Posterior Composite Fillings Benefit | Included | | | Included | | | Included | | | Included | | | | | | | | |
| Implant Benefit | Included | | | Included | | | Included | | | Included | | | | | | | | |
| Orthodontia Benefit | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$2,000 lifetime maximum | | | | | | | | |
| Orthodontia Eligibility | Adults & Children | | | Adults & Children | | | Adults & Children | | | Adults & Children | | | | | | | | |
| Frequencies | 2 times in 12 months | | | 2 times in 12 months | | | 2 times in 12 months | | | 2 times in 12 months | | | | | | | | |
| Exams/Cleanings | 2 times in 12 months, under age 14 | | | 2 times in 12 months, under age 14 | | | 2 times in 12 months, under age 14 | | | 2 times in 12 months, under age 14 | | | | | | | | |
| Fluoride | 1 time in 12 months / Once in 3 calendar years | | | 1 time in 12 months / Once in 3 calendar years | | | 1 time in 12 months / Once in 3 calendar years | | | 1 time in 12 months / Once in 3 calendar years | | | | | | | | |
| X-Rays - Bitewing/Full Mouth | 1 per molar in 2 years, under age 16 | | | 1 per molar in 2 years, under age 16 | | | 1 per molar in 2 years, under age 16 | | | 1 per molar in 2 years, under age 16 | | | | | | | | |
| Sealants | 1 replacement per surface in 12 months | | | 1 replacement per surface in 12 months | | | 1 replacement per surface in 12 months | | | 1 replacement per surface in 12 months | | | | | | | | |
| Fillings | 1 per 5 years | | | 1 per 5 years | | | 1 per 5 years | | | 1 per 5 years | | | | | | | | |
| Major Services | | | | | | | | | | | | | | | | | | |
| Benefit Comparison | Non-Network | | | Non-Network | | | Non-Network | | | Non-Network | | | | | | | | |
| Out of Network Reimbursement | 90th | | | 90th | | | 90th | | | 90th | | | | | | | | |
| Out of Network Reimbursement % | 90% 60% 40% 50% | | | 100% 80% 50% 50% | | | 100% 80% 50% 50% | | | 100% 80% 50% 50% | | | | | | | | |
| Notes | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | | | | | | |
| Rate Guarantee | 80% | | | 80% | | | 80% | | | 80% | | | | | | | | |
| Participation Requirement | | | | | | | | | | | | | | | | | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | | | |
| | EE Only | 300 | 201 | \$29.77 | \$0.00 | \$29.77 | \$40.72 | \$0.00 | \$40.72 | \$33.43 | \$0.00 | \$33.43 | \$45.73 | \$0.00 | \$45.73 | | | |
| | EE + 1 | 164 | 155 | \$46.14 | \$0.00 | \$46.14 | \$63.22 | \$0.00 | \$63.22 | \$51.82 | \$0.00 | \$51.82 | \$71.00 | \$0.00 | \$71.00 | | | |
| | EE + Fam | 213 | 169 | \$72.85 | \$0.00 | \$72.85 | \$99.71 | \$0.00 | \$99.71 | \$81.81 | \$0.00 | \$81.81 | \$111.97 | \$0.00 | \$111.97 | | | |
| Cost Comparison | OPTION 4 | | | | | | TOTAL | | | OPTION 5 | | | | | | TOTAL | | |
| Employees Pay | \$32,015.01 | | | | | | \$34,834.81 | | | \$35,953.01 | | | | | | \$39,119.66 | | |
| Employer Pays | \$0.00 | | | | | | \$0.00 | | | \$0.00 | | | | | | \$0.00 | | |
| Total Monthly Premium | \$32,015.01 | | | | | | \$34,834.81 | | | \$35,953.01 | | | | | | \$39,119.66 | | |
| Total Annualized Premium | \$384,180.12 | | | | | | \$418,017.72 | | | \$431,436.12 | | | | | | \$469,435.92 | | |
| Annual Change From Current | -\$55,766.64 | | | | | | -6.5% | | | \$42,907.56 | | | | | | 5.0% | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Dental

Executive Summary of Dental Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| Benefit Comparison | OPTION 6 | | | | | | OPTION 7 | | | | | | | | | | | |
|--------------------------------------|--|---------|---------|--|---------|---------|--|---------|----------|--|---------|---------|--------------|---------|---------|--------------|--|--|
| | Guardian Plan #1 (DentalGuard Preferred) | | | Guardian Plan #2 (DentalGuard Preferred) | | | Guardian Plan #3 (DentalGuard Preferred) | | | Guardian Plan #4 (DentalGuard Preferred) | | | | | | | | |
| | In-Network | | | In-Network | | | In-Network | | | In-Network | | | | | | | | |
| Individual / Family Deductible | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | \$50 \$150 | | | | | | | | |
| Annual Benefit Maximum | \$1,000 | | | \$1,000 | | | \$1,500 | | | \$1,500 | | | | | | | | |
| Rollover Provision | Yes | | | Yes | | | Yes | | | Yes | | | | | | | | |
| Coverage Waiting Periods | None | | | None | | | None | | | None | | | | | | | | |
| Preventive & Diagnostic Care Benefit | 0% | | | 0% | | | 0% | | | 0% | | | | | | | | |
| Basic Care Benefit | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Major Care Benefit | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | 50% after deductible | | | | | | | | |
| Endodontics/Periodontics | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | 20% after deductible | | | | | | | | |
| Posterior Composite Fillings Benefit | Not included | | | Not included | | | Not included | | | Not included | | | | | | | | |
| Implant Benefit | Included | | | Included | | | Included | | | Included | | | | | | | | |
| Orthodontia Benefit | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | 50% up to \$1,000 lifetime maximum | | | | | | | | |
| Orthodontia Eligibility | Adults & Children | | | Adults & Children | | | Adults & Children | | | Adults & Children | | | | | | | | |
| Frequencies | | | | | | | | | | | | | | | | | | |
| Exams/Cleanings | Once per 6 months | | | Once per 6 months | | | Once per 6 months | | | Once per 6 months | | | | | | | | |
| Fluoride | Once per 6 months, to age 14 | | | Once per 6 months, to age 14 | | | Once per 6 months, to age 14 | | | Once per 6 months, to age 14 | | | | | | | | |
| X-Rays - Bitewing/Full Mouth | Once per 12 months / Once per 60 months | | | Once per 12 months / Once per 60 months | | | Once per 12 months / Once per 60 months | | | Once per 12 months / Once per 60 months | | | | | | | | |
| Sealants | Once per 36 months, to age 16 | | | Once per 36 months, to age 16 | | | Once per 36 months, to age 16 | | | Once per 36 months, to age 16 | | | | | | | | |
| Fillings | 1 per 12 months under age 19 1 per 36 months age 19+ | | | 1 per 12 months under age 19 1 per 36 months age 19+ | | | 1 per 12 months under age 19 1 per 36 months age 19+ | | | 1 per 12 months under age 19 1 per 36 months age 19+ | | | | | | | | |
| Major Services | 1 per 10 years | | | 1 per 10 years | | | 1 per 10 years | | | 1 per 10 years | | | | | | | | |
| Benefit Comparison | Non-Network | | | | | | Non-Network | | | | | | | | | | | |
| Out of Network Reimbursement | 90th | | | | | | 90th | | | | | | | | | | | |
| Out of Network Reimbursement % | 90% 60% 40% 50% (Employees residing in TX: 100% 80% 50% 50%) | | | | | | 100% 80% 50% 50% | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | | | | | | |
| Rate Guarantee | 2 years until 9/30/2028 | | | | | | 2 years until 9/30/2028 | | | | | | | | | | | |
| Participation Requirement | Assumes 80% of eligible employees | | | | | | Assumes 80% of eligible employees | | | | | | | | | | | |
| | Tier | Count 1 | Count 2 | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | | | |
| | EE Only | 300 | 201 | \$31.84 | \$0.00 | \$31.84 | \$43.55 | \$0.00 | \$43.55 | \$34.99 | \$0.00 | \$34.99 | \$47.86 | \$0.00 | \$47.86 | | | |
| | EE + 1 | 164 | 155 | \$49.35 | \$0.00 | \$49.35 | \$67.62 | \$0.00 | \$67.62 | \$54.24 | \$0.00 | \$54.24 | \$59.61 | \$0.00 | \$59.61 | | | |
| | EE + Fam | 213 | 169 | \$77.91 | \$0.00 | \$77.91 | \$106.64 | \$0.00 | \$106.64 | \$85.62 | \$0.00 | \$85.62 | \$94.10 | \$0.00 | \$94.10 | | | |
| Cost Comparison | OPTION 6 | | | | | | OPTION 7 | | | | | | | | | | | |
| Employees Pay | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | | \$37,629.42 | | | \$34,762.31 | | | \$72,391.73 | | |
| Employer Pays | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | \$34,240.23 | | | \$37,256.81 | | | \$71,497.04 | | | \$37,629.42 | | | \$34,762.31 | | | \$72,391.73 | | |
| Total Annualized Premium | \$410,882.76 | | | \$447,081.72 | | | \$857,964.48 | | | \$451,553.04 | | | \$417,147.72 | | | \$868,700.76 | | |
| Annual Change From Current | \$0.00 | | | 0.0% | | | | | | \$10,736.28 | | | 1.3% | | | | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date.

Vision Renewal History

| Effective Date | Current | | Initial Renewal | | Final Renewal | | Differential | Action | Financing Strategy |
|----------------|----------|-----------|-----------------|----|---------------|----|--------------|--|--------------------|
| | Carrier | Premium | Premium | % | Premium | % | | | |
| 10/1/2022 | Standard | \$103,304 | \$107,767 | 4% | \$107,767 | 4% | \$0 | Renewed Same Carrier | Fully Insured |
| 10/1/2023 | Standard | \$107,767 | \$107,767 | 0% | \$107,767 | 0% | \$0 | Renewed Same Carrier | Fully Insured |
| 10/1/2024 | Standard | \$107,767 | \$107,767 | 0% | \$107,767 | 0% | \$0 | Renewed Same Carrier | Fully Insured |
| 10/1/2025 | Standard | \$107,767 | \$107,767 | 0% | \$107,767 | 0% | \$0 | Renewed Same Carrier (in rate guarantee) | Fully Insured |

Total Differential \$0
 Differential per Year
 Year over Year Change

Vision

Executive Summary of Vision Coverage
 City of Ocala
 October 1, 2026 - September 30, 2027

| | | | CURRENT The Standard Balanced Care Vision II Plan A (EyeMed Select) | | | RENEWAL The Standard Balanced Care Vision II Plan A (EyeMed Select) | | | RENEWAL ALTERNATE 1 The Standard Balanced Care Vision II Plan A (EyeMed Select) | | | OPTION 1 MetLife VSP Choice | | | OPTION 2 MetLife VSP Choice | | |
|--|----------|--------|--|---------|---------|--|---------|---------|--|---------|---------|--|---------|---------|--|---------|---------|
| Benefit Comparison | | | In-Network | | | In-Network | | | In-Network | | | In-Network | | | In-Network | | |
| Frequency of Service - Exam/Lenses/Frames | | | 12 / 12 / 12 | | | 12 / 12 / 12 | | | 12 / 12 / 12 | | | 12 / 12 / 12 | | | 12 / 12 / 12 | | |
| Eye Exam | | | \$4 | | | \$4 | | | \$4 | | | \$0 | | | \$0 | | |
| Lenses | | | | | | | | | | | | | | | | | |
| Single | | | \$10 | | | \$10 | | | \$10 | | | \$10 | | | \$0 | | |
| Bifocal | | | \$10 | | | \$10 | | | \$10 | | | \$10 | | | \$0 | | |
| Trifocal | | | \$10 | | | \$10 | | | \$10 | | | \$10 | | | \$0 | | |
| Frames | | | \$100 + 20% off balance | | | \$100 + 20% off balance | | | \$150 + 20% off balance | | | \$100 + 20% off balance / \$120 on featured frames / \$55 on Costco, Walmart, & Sam's Club | | | \$150 + 20% off balance / \$170 on featured frames / \$85 on Costco, Walmart, & Sam's Club | | |
| Contact Lenses in Lieu of Frames & Lenses? | | | Yes | | | Yes | | | Yes | | | Yes | | | Yes | | |
| Contact Lenses | | | | | | | | | | | | | | | | | |
| Elective | | | \$100 + 15% off balance | | | \$100 + 15% off balance | | | \$150 + 15% off balance | | | \$100 | | | \$150 | | |
| Medically Necessary | | | Covered in full | | | Covered in full | | | Covered in full | | | Covered in full after copay | | | Covered in full after copay | | |
| Rate Guarantee | | | Up to 9/30/2026 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | |
| Participation Requirement | | | 25% | | | 25% | | | 25% | | | 71% | | | 71% | | |
| Notes | Tier | Counts | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost |
| | EE Only | 480 | \$5.20 | \$0.00 | \$5.20 | \$4.68 | \$0.00 | \$4.68 | \$5.20 | \$0.00 | \$5.20 | \$4.42 | \$0.00 | \$4.42 | \$5.20 | \$0.00 | \$5.20 |
| | EE + 1 | 328 | \$10.36 | \$0.00 | \$10.36 | \$9.32 | \$0.00 | \$9.32 | \$10.36 | \$0.00 | \$10.36 | \$8.81 | \$0.00 | \$8.81 | \$10.36 | \$0.00 | \$10.36 |
| | EE + Fam | 260 | \$16.24 | \$0.00 | \$16.24 | \$14.60 | \$0.00 | \$14.60 | \$16.24 | \$0.00 | \$16.24 | \$13.80 | \$0.00 | \$13.80 | \$16.24 | \$0.00 | \$16.24 |
| Cost Comparison | | | CURRENT | | | RENEWAL | | | RENEWAL ALTERNATE 1 | | | 4 | | | 4 | | |
| Employees Pay | | | \$10,116.48 | | | \$9,099.36 | | | \$10,116.48 | | | \$8,599.28 | | | \$10,116.48 | | |
| Employer Pays | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | | | \$10,116.48 | | | \$9,099.36 | | | \$10,116.48 | | | \$8,599.28 | | | \$10,116.48 | | |
| Total Annualized Premium | | | \$121,397.76 | | | \$109,192.32 | | | \$121,397.76 | | | \$103,191.36 | | | \$121,397.76 | | |
| Annual Change From Current | | | | | | -\$12,205.44 -10% | | | \$0.00 0% | | | -\$18,206.40 -15% | | | \$0.00 0% | | |

Sold with Standard dental

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

Vision

Executive Summary of Vision Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | | | OPTION 3 Guardian VSP Choice | | | OPTION 4 Guardian VSP Choice | | |
|--|----------|--------|--|---------|---------|--|---------|---------|
| Benefit Comparison | | | In-Network | | | In-Network | | |
| Frequency of Service - Exam/Lenses/Frames | | | Once every calendar year / Once every calendar year / Once every calendar year | | | Once every calendar year / Once every calendar year / Once every calendar year | | |
| Eye Exam | | | \$0 | | | \$0 | | |
| Lenses | | | | | | | | |
| Single | | | \$0 | | | \$0 | | |
| Bifocal | | | \$0 | | | \$0 | | |
| Trifocal | | | \$0 | | | \$0 | | |
| Frames | | | \$130 + 20% off balance / \$70 at Costco, Walmart, Sam's Club | | | \$150 + 20% off balance / \$80 at Costco, Walmart, Sam's Club | | |
| Contact Lenses in Lieu of Frames & Lenses? | | | Yes | | | Yes | | |
| Contact Lenses | | | | | | | | |
| Elective | | | \$130 Covered in full | | | \$150 Covered in full | | |
| Medically Necessary | | | | | | | | |
| Rate Guarantee | | | 2 years until 9/30/2028 | | | 2 years until 9/30/2028 | | |
| Participation Requirement | | | Assumes 71% of eligible employees | | | Assumes 71% of eligible employees | | |
| Notes | Tier | Counts | Premium | ER Cost | EE Cost | Premium | ER Cost | EE Cost |
| | EE Only | 480 | \$5.20 | \$0.00 | \$5.20 | \$5.58 | \$0.00 | \$5.58 |
| | EE + 1 | 328 | \$10.36 | \$0.00 | \$10.36 | \$11.13 | \$0.00 | \$11.13 |
| | EE + Fam | 260 | \$16.24 | \$0.00 | \$16.24 | \$17.44 | \$0.00 | \$17.44 |
| Cost Comparison | | | OPTION 3 | | | OPTION 4 | | |
| Employees Pay | | | \$10,116.48 | | | \$10,863.44 | | |
| Employer Pays | | | \$0.00 | | | \$0.00 | | |
| Total Monthly Premium | | | \$10,116.48 | | | \$10,863.44 | | |
| Total Annualized Premium | | | \$121,397.76 | | | \$130,361.28 | | |
| Annual Change From Current | | | \$0.00 0% | | | \$8,963.52 7% | | |
| | | | Must be sold with dental | | | Must be sold with dental | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

Basic Life & AD&D

Executive Summary of Group Life & AD&D Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | | CURRENT Minnesota Life | | | RENEWAL Minnesota Life | | |
|---|--------------|---|-----------|------------------|--|-----------|--------------|
| Benefit Comparison | | Benefit | Maximum | Guaranteed Issue | Description | | |
| Life Benefit - Class 1: All eligible active full-time employees & elected officials | | 1x annual earnings | \$300,000 | Full benefit | 1x annual earnings | \$300,000 | Full benefit |
| Life Benefit - Class 2: Department Heads & Executive employees | | 1x annual earnings + \$100,000 | \$300,000 | Full benefit | 1x annual earnings + \$100,000 | \$300,000 | Full benefit |
| Life Benefit - Class 3: Deputies & Modified Executive employees | | 1x annual earnings + \$50,000 | \$300,000 | Full benefit | 1x annual earnings + \$50,000 | \$300,000 | Full benefit |
| AD&D Benefit - Classes 1-3 | | 1x annual earnings + \$10,000 | | | 1x annual earnings + \$10,000 | | |
| Age Reduction Schedule | | AD&D terminates at age 70 | | | AD&D terminates at age 70 | | |
| Dependent Life | | Spouse & Child: \$10,000 | | | Spouse & Child: \$10,000 | | |
| Conversion | | Included | | | Included | | |
| Seatbelt/Safe Driver | | Included | | | Included | | |
| Waiver of Premium | | Included | | | Included | | |
| Accelerated Death Benefit | | Included | | | Included | | |
| Rate Guarantee | | Until 9/30/2026 | | | 3 years until 9/30/2029 | | |
| Notes | Total Volume | Description | Rate | | Description | Rate | |
| Life | \$85,034,000 | Life Rate per \$1,000 of Benefit | \$0.120 | | Life Rate per \$1,000 of Benefit | \$0.120 | |
| AD&D | \$92,366,000 | AD&D Rate per \$1,000 of Benefit | \$0.022 | | AD&D Rate per \$1,000 of Benefit | \$0.022 | |
| | | Dependent Life (not included in total premium below) | \$4.95 | | Dependent Life (not included in total premium below) | \$4.95 | |
| Cost Comparison | | CURRENT | | | RENEWAL | | |
| Employees Pay | | \$0.00 | | | \$0.00 | | |
| Employer Pays | | \$12,236.13 | | | \$12,236.13 | | |
| Total Monthly Premium | | \$12,236.13 | | | \$12,236.13 | | |
| Total Annualized Premium | | \$146,833.58 | | | \$146,833.58 | | |
| Annual Change From Current | | | | | \$0.00 0% | | |
| Notes | | Line of Duty included at renewal for no additional cost | | | | | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

Basic Life

Executive Summary of Retiree Life Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | | CURRENT Minnesota Life | | RENEWAL Minnesota Life | |
|----------------------------|--------------|--|---------|--|---------|
| Benefit Comparison | | Description | | Description | |
| Life Benefit Amount | | Amount in place immediately prior to retirement (\$300k max) | | Amount in place immediately prior to retirement (\$300k max) | |
| Age Reduction Schedule | | N/A | | N/A | |
| Dependent Life | | Spouse & Child: \$10,000 | | Spouse & Child: \$10,000 | |
| Guaranteed Issue Amount | | Amount in place immediately prior to retirement (\$300k max) | | Amount in place immediately prior to retirement (\$300k max) | |
| Accelerated Death Benefit | | Included | | Included | |
| Rate Guarantee | | Until 9/30/2026 | | 3 years until 9/30/2029 | |
| Notes | Total Volume | Description | Rate | Description | Rate |
| Life | \$11,095,000 | Life Rate per \$1,000 of Benefit | \$1.900 | Life Rate per \$1,000 of Benefit | \$2.100 |
| | | Dependent Life (not included in total premium below) | \$4.95 | Dependent Life (not included in total premium below) | \$4.95 |
| Cost Comparison | | CURRENT | | RENEWAL | |
| Employees Pay | | \$0.00 | | \$0.00 | |
| Employer Pays | | \$21,080.50 | | \$23,299.50 | |
| Total Monthly Premium | | \$21,080.50 | | \$23,299.50 | |
| Total Annualized Premium | | \$252,966.00 | | \$279,594.00 | |
| Annual Change From Current | | | | \$26,628.00 11% | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

Voluntary Life

Executive Summary of Voluntary Group Life Coverage

City of Ocala

October 1, 2026 - September 30, 2027

Active Employees

| | CURRENT Minnesota Life | | RENEWAL Minnesota Life | |
|---|---|---------|---|---------|
| Benefit Comparison | Description | | Description | |
| Employee Maximum Life Benefit | Not to exceed 5x annual salary or \$500,000 | | Not to exceed 5x annual salary or \$500,000 | |
| Employee Benefit Increments | \$10,000 | | \$10,000 | |
| Employee Guaranteed Issue Amount | \$150,000 | | \$150,000 | |
| Spouse Maximum Life Benefit | Not to exceed \$250,000 or 100% of employees basic + voluntary life | | Not to exceed \$250,000 or 100% of employees basic + voluntary life | |
| Spouse Benefit Increments | \$5,000 | | \$5,000 | |
| Spouse Guaranteed Issue Amount | \$30,000 | | \$30,000 | |
| Dependent Child Benefit | Live birth - age 26: \$10,000 | | Live birth - age 26: \$10,000 | |
| Dependent Child Guaranteed Issue Amount | \$10,000 | | \$10,000 | |
| Accelerated Death Benefit | Included | | Included | |
| Waiver of Premium | Included | | Included | |
| Portability | Included | | Included | |
| Age Reduction Schedule | None | | None | |
| Rate Guarantee | Until 9/30/2026 | | 3 years until 9/30/2029 | |
| Participation Requirements | None | | None | |
| Notes | Summary Rates - Per \$1,000 of Benefit | | Summary Rates - Per \$1,000 of Benefit | |
| | Age | Life | Age | Life |
| | 00-24 | \$0.063 | 00-24 | \$0.063 |
| | 25-29 | \$0.075 | 25-29 | \$0.075 |
| | 30-34 | \$0.100 | 30-34 | \$0.100 |
| | 35-39 | \$0.113 | 35-39 | \$0.113 |
| | 40-44 | \$0.150 | 40-44 | \$0.150 |
| | 45-49 | \$0.263 | 45-49 | \$0.263 |
| | 50-54 | \$0.463 | 50-54 | \$0.463 |
| | 55-59 | \$0.763 | 55-59 | \$0.763 |
| | 60-64 | \$0.938 | 60-64 | \$0.938 |
| | 65-69 | \$1.638 | 65-69 | \$1.638 |
| | 70-74 | \$2.575 | 70-74 | \$2.575 |
| | 75 | \$2.975 | 75 | \$2.975 |
| | 76 | \$4.660 | 76 | \$4.660 |
| | 77 | \$5.000 | 77 | \$5.000 |
| | 78 | \$5.340 | 78 | \$5.340 |
| | 79+ | \$5.520 | 79+ | \$5.520 |
| | Children | \$0.130 | Children | \$0.130 |

Voluntary Life

Executive Summary of Voluntary Retiree Life Coverage

City of Ocala

October 1, 2026 - September 30, 2027

Retirees

| | CURRENT Minnesota Life | RENEWAL Minnesota Life |
|---|--|--|
| Benefit Comparison | Description | Description |
| Employee Maximum Life Benefit | Amount retiree had as an active employee | Amount retiree had as an active employee |
| Employee Benefit Increments | \$10,000 | \$10,000 |
| Employee Guaranteed Issue Amount | Amount retiree had as an active employee | Amount retiree had as an active employee |
| Spouse Maximum Life Benefit | Equal to or less than the amount that the retiree had as an active employee. Not to exceed 100% of amount the retiree continues on themselves. | Equal to or less than the amount that the retiree had as an active employee. Not to exceed 100% of amount the retiree continues on themselves. |
| Spouse Benefit Increments | \$5,000 | \$5,000 |
| Spouse Guaranteed Issue Amount | Equal to or less than the amount that the retiree had as an active employee | Equal to or less than the amount that the retiree had as an active employee |
| Accelerated Death Benefit | Included | Included |
| Age Reduction Schedule | None | None |
| Rate Guarantee | Until 9/30/2026 | 3 years until 9/30/2029 |
| Participation Requirements | None | None |
| Notes | Summary Rates - Per \$1,000 of Benefit | |
| | Age | Life |
| | 50-54 | \$0.670 |
| | 55-59 | \$0.950 |
| | 60-64 | \$1.250 |
| | 65-69 | \$1.810 |
| | 70-74 | \$3.010 |
| | 75-79 | \$6.620 |
| | 80 | \$9.030 |
| | 81 | \$9.390 |
| | 82 | \$9.765 |
| | 83 | \$10.155 |
| | 84 | \$10.560 |
| | 85 | \$10.980 |
| 86 | \$11.415 | |
| 87 | \$11.865 | |
| 88 | \$12.345 | |
| 89 | \$12.840 | |
| 90+ | \$13.350 | |

Voluntary Short Term Disability

Executive Summary of Short Term Disability Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | CURRENT MetLife | |
|--|--|--------------------------|
| Benefit Comparison | Description | |
| Maximum Weekly Benefit | 60% of the first \$1,667 of weekly payroll up to \$1,000 maximum | |
| Day Benefits Begin - Accident / Sickness | 15th day | |
| Maximum Benefit Duration | 13 weeks | |
| Pre-Existing Condition Limitations | 6/12 | |
| Guaranteed Issue | Only when newly eligible | |
| Rate Guarantee | Until 9/30/2027 | |
| Participation Requirements | | |
| Notes | Age | Rate Per \$10 of benefit |
| | 00-24 | \$0.39 |
| | 25-29 | \$0.41 |
| | 30-34 | \$0.42 |
| | 35-39 | \$0.38 |
| | 40-44 | \$0.41 |
| | 45-49 | \$0.49 |
| | 50-54 | \$0.61 |
| | 55-59 | \$0.75 |
| | 60-64 | \$0.89 |
| | 65-69 | \$1.07 |
| | 70-74 | \$1.07 |

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Long Term Disability

Executive Summary of Long Term Disability Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| Long Term Disability - All | | CURRENT MetLife | |
|---|--------------------------------|---|-------------|
| Benefit Comparison | | Description | |
| Monthly Benefit Maximum | | 60% of monthly payroll up to \$16,667 maximum | |
| Elimination Period | | 90 days | |
| Benefit Duration | | SSNRA | |
| Occupation Period | | Class 1 - All full time EE's: 24 months own occ, any occ thereafter Class 2 - All full time police & fire: Any occ | |
| Earnings Test | | Class 1 - All full time EE's: 80% / 60% Class 2 - All full time police & fire: 60% | |
| Pre-Existing Condition Limitations | | 6 / 12 | |
| Rate Guarantee | | Until 9/30/2027 | |
| Participation Requirements | | 100% | |
| Notes | Monthly Covered Payroll | Description | Rate |
| | \$6,486,676 | Rate per \$100 of Payroll | \$0.358 |
| Cost Comparison | | CURRENT | |
| Employees Pay | | \$0.00 | |
| Employer Pays | | \$23,222.30 | |
| Total Monthly Premium | | \$23,222.30 | |
| Total Annualized Premium | | \$278,667.60 | |

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

Employee Assistance Program

Executive Summary of Employee Assistance Program Coverage

City of Ocala

October 1, 2026 - September 30, 2027

| | CURRENT Aetna Resources for Living | |
|---|---|------------------------------------|
| Benefit Comparison | Description | |
| Account Management | Dedicated single point-of-contact | |
| Telephone Consultation & Referral | Included- Unlimited | |
| Counseling Sessions | Up to 6 face-to-face | |
| Management Consultation & Referral | Included | |
| Identity Theft Consultation | One hour fraud resolution consultation or coaching | |
| Legal Services | 30 min free consultation + 25% discount on services beyond initial consultation | |
| Financial Services | 30 min free consultation + 25% discount on services beyond initial consultation | |
| Online EAP | Included | |
| Training/Education/Trauma Response | \$250 per hour, plus \$150 per hour for travel & prep time | |
| Rate Guarantee | Until 9/30/2028 | |
| Notes | # | Rate Per Employee Per Month |
| Enrolled Employees | 1190 | \$1.54 |
| Cost Comparison | CURRENT | |
| Total Monthly Premium | \$1,832.60 | |
| Total Annualized Premium | \$21,991.20 | |