

**TOWN OF OCEAN RIDGE
TOWN COMMISSION REGULAR MEETING
AGENDA**



August 1, 2016

6:00 P.M.

TOWN HALL – MEETING CHAMBERS

TOWN COMMISSION

Mayor Geoffrey A. Pugh

Commissioner Gail Adams Aaskov

Commissioner James A. Bonfiglio

Commissioner Steve Coz

Vice Mayor Richard J. Lucibella

ADMINISTRATION

Town Manager James S. Titcomb

Town Attorney Glen Torcivia

Town Clerk Tracey L. Stevens

Police Chief Hal C. Hutchins

RULES FOR PUBLIC PARTICIPATION

1. **PUBLIC COMMENT:** The public is encouraged to offer comments with the order of presentation being as follows: Town Staff, public comments, Commission discussion and official action. Town Commission meetings are business meetings and the right to limit discussion rests with the Commission. **Generally, remarks by an individual will be limited to one time up to three minutes or less regarding any single item on the agenda.** The Mayor or presiding officer has discretion to adjust the amount of time allocated.
 - A. Public Hearings: Any citizen is entitled to speak on items under this section.
 - B. Public Comments: Any citizen is entitled to be heard concerning any matter within the scope of jurisdiction of the commission under this section. The Commission may withhold comment or direct the Town Manager to take action on requests or comments. The Commission meetings are held for the purpose of discussing and establishing policy and to review such other issues that affect the general welfare of the Town and its residents. Where possible individual grievances should first be taken up with the Town Staff.
 - C. Regular Agenda and First Reading Items: When extraordinary circumstances or reasons exist and at the discretion of the Commission, citizens may speak on any official agenda item under these sections.

2. **ADDRESSING THE COMMISSION:** At the appropriate time, please step up to the podium and state your name and address for the record. All comments must be addressed to the Commission as a body and not to individuals. Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the Commission shall be barred by the presiding officer from speaking further, unless permission to continue or again address the Commission is granted by a majority vote of the Commission members present.

APPELLATE PROCEDURES

Please be advised that if a person decides to appeal any decision made by the Town Commission with respect to any matter considered at this meeting, such person will need to ensure that a verbatim record includes the testimony and evidence upon which the appeal is based. The Town neither provides nor prepares such record.

Persons who need an accommodation in order to attend or participate in this meeting should contact the Town Clerk at (561) 732-2635 at least 2 days prior to the meeting in order to request such assistance.

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

ADDITIONS, DELETIONS, MODIFICATIONS, AND APPROVAL OF AGENDA

APPROVAL OF CONSENT AGENDA (Items that do not require discussion)

1. **Minutes of Regular Town Commission Meeting of July 11, 2016**
2. **Minutes of Special Town Commission Meeting of July 13, 2016**

ANNOUNCEMENTS AND PROCLAMATIONS

3. **Town Administrative Offices will be closed on Monday, September 5, 2016 in observance of the Labor Day holiday.**
4. **The Regular Town Commission meeting in September has been moved to Monday, September 12, 2016 due to the Labor Day holiday.**
5. **The first public hearing on the FY16/17 Budget will be held at 5:01 p.m. on Monday, September 12, 2016.**
6. **The second/final public hearing on the FY16/17 Budget will be held at 5:01 p.m. on Wednesday, September 21, 2016.**

PUBLIC COMMENT – (15 minute maximum with 3 minute individual limit)

PUBLIC HEARINGS

None

REPORTS

7. **Town Manager**
8. **Town Attorney**
9. **Police Chief**

ACTION ITEMS

10. **Set the Date for the August Budget Workshop/Special Town Commission Meeting**
By: Jamie Titcomb, Town Manager
11. **Insurance Presentations** By: Jamie Titcomb, Town Manager

RESOLUTIONS

None

FIRST READING OF ORDINANCES

None

SECOND READING AND ADOPTION OF ORDINANCES

None

TOWN COMMISSION ITEMS (Information Items Only – 3 minute limit per item)

ADJOURNMENT

NEXT SCHEDULED TOWN MEETING(S):

REGULAR TOWN COMMISSION MEETING & BUDGET HEARING SEPT. 12, 2016 AT 5:01 PM
SPECIAL TOWN COMMISSION MEETING/BUDGET HEARING SEPT. 21, 2016 AT 5:01 PM

REGULAR TOWN COMMISSION MEETING MINUTES
JULY 11, 2016

Minutes of the Regular Town Commission Meeting of the Town of Ocean Ridge held on Monday, July 11, 2016, at 6:00 PM in the Town Hall Commission Chambers.

The meeting was called to order by Mayor Pugh at 6:00 p.m.

Town Clerk Stevens led the roll call, which was answered by the following:

Commissioner Aaskov	Commissioner Bonfiglio
Commissioner Coz	Commissioner Lucibella
Mayor Pugh	

Mayor Pugh led the Pledge of Allegiance.

A moment of silence was held in honor of the fallen Police Officers from the Dallas shooting last week. Commissioner Lucibella mentioned that if the public wishes to make a donation, they may visit: www.dallasfoundation.org.

ADDITIONS, DELETIONS, MODIFICATIONS, AND APPROVAL OF AGENDA

APPROVAL OF CONSENT AGENDA

1. **Minutes of the Regular Town Commission Meeting of June 6, 2016.**

Commissioner Bonfiglio moved to approve the consent agenda as presented; seconded by Commissioner Aaskov. Motion Carried 5-0.

ANNOUNCEMENTS AND PROCLAMATIONS

Mayor Pugh read the announcements for the public:

2. **The Town Commission will hold a Special Meeting on Wednesday, July 13, 2016 at 6:00 p.m. for the FY16/17 Budget Presentation and Adoption of the Maximum Millage.**

PUBLIC COMMENT

Betty Bingham, 1 Ocean Avenue, asked that the donor link for the fallen officers be placed on the website to show support for police. She also asked that our own community show deference for our police officers and support them, as we live in a quiet, safe community due to our police force.

Kristine De Haseth, 29 Sabal Island Drive, speaking on behalf of the Boynton Coalition for Responsible Development, mentioned that the Riverwalk project has taken a twist. The CRA decided to consolidate planning documents, and are proposing to change the zoning at the Federal and Woolbright triangle where Riverwalk Plaza, Sunshine Square, Las Ventanas, and Bermuda Cay are located. They are proposing "Mixed Use 4" Zoning which would give them 60 units per acre and 100 feet with no additional height qualifications, which means 586 units would be allowed within one building. Minimally, it would be 105 feet because there is a five-foot addition on top of the 100 feet that is automatically given to any development, and they can request more. If you use sustainable parking metrics, 586 units would mean 111 cars and 1,200+ people which is 1/3 of the size of Ocean Ridge, and the same size as Gulf Stream. Ms. De Haseth asked the Town Commission to keep this in mind when looking at traffic calming initiatives.

Mark Hanna, 6400 N. Ocean Blvd, noted that the Commission has limited ability to decide what goes on in Boynton Beach, but asked that the Commission preserve our rights with development and be proactive by letting them know we would like to be included in the discussions.

REGULAR TOWN COMMISSION MEETING MINUTES JUNE 6, 2016

Nancy Hogan, 37 Hibiscus Way, thanked our Police Officers and their families. She also mentioned that there were four Police Officers on the bridge on July 4th, and is concerned about getting off the island during an emergency situation. She would like to see help on our side of the bridge. She also mentioned the dying trees at the detention area and asked that we keep an eye on that situation.

PUBLIC HEARINGS

None Scheduled.

REGULAR AGENDA

REPORTS

3. Town Manager

Town Manager Titcomb advised that his written report is included in the meeting package that includes topics such as Ocean Avenue Tree Removal, Building Permit Review Delays, Stormwater Detention Update, and Dogs on the Beach (see Commission package posted on the website for more information). He reminded the public that the FY16/17 Budget Presentation and Maximum Millage setting will be held this Wednesday, July 13th at 6:00 p.m.

Commissioner Bonfiglio asked if we would be looking at a need for new capacity to handle additional water flows at the stormwater detention area. Town Manager Titcomb responded that the stormwater systems work well at the designed capacity levels. He noted that there have been talks at past meetings regarding additional projects in the future such as addressing the 6000 block in the middle of town in which we would need to create capacity for the water or find an alternative method to get rid of the water. Previous discussions have also indicated that the Woolbright detention area is already working at its capacity so we may need to find additional locations if we needed additional capacity for stormwater. Commissioner Lucibella mentioned that we had a major rain storm a couple of weeks ago and he drove every street in the Town within 20 minutes of the storm, and he noticed that there was very little standing water in the Town at that time. The most he found was in the 6000 block. Town Manager Titcomb followed up that the infrastructure is performing well. Commissioner Bonfiglio noted that it seems we have problems when we have a major rain event during high tide. Mayor Pugh stated the areas prone to flooding are the areas where we have the 36" diameter pipe that needs a red valve, so when DOT repairs the bridge, we need to ask them to put in a red valve on the pipe to stop the backflow during high tide. He also stated we are trying to acquire land on Harbour Drive for a deep injection well. Town Manager Titcomb stated we are beginning a more proactive maintenance program to increase efficacy of the drainage systems.

Town Manager Titcomb mentioned that DOT was in Town a few weeks ago and treated the detention areas by the bridge with some sort of spray that has turned the greenery brown. Mayor Pugh asked Town Manager Titcomb to check with DOT to see what type of spray they used.

4. Town Attorney

No report.

5. Police Chief

Chief Hutchins advised that his monthly report is included in the meeting package and includes monthly police department statistics. He noted that he will be out of town during the August Commission meeting, and one of the Lieutenants will be here to cover. He thanked the Commission and the community for the moment of silence and support of law enforcement. There were no questions from the Commission.

ACTION ITEMS

6. **Confirm the Appointment of Michael Scott McClure as Police Officer for the Town of Ocean Ridge** By: Hal Hutchins, Police Chief

Chief Hutchins introduced Michael Scott McClure to the Commission. Mr. McClure comes to us as a retiree from the Palm Beach Police Department where he served for 25 years. He has an exemplary record.

Commissioner Lucibella moved to confirm the appointment of Michael Scott McClure as Police Officer for the Town of Ocean Ridge; seconded by Commissioner Bonfiglio. Motion carried 5-0.

7. **Discuss the Annual Briny Breezes Police Services Proposal** By: Jamie Titcomb, Town Manager & Hal Hutchins, Police Chief

Town Manager Titcomb explained that the Commission requested data to support the recommendation for a 4% increase before we move forward with the renewal, and we now have that data. The contract will begin October 1, 2016 and run until September 31, 2019 at the price of \$221,167, which will increase by 4% each year. Chief Hutchins explained that he did period comparisons for the last full four years and the operating expenses increase by 3-4%. When averaging operating expenses and personnel costs, everything comes out to an increase of 3.25% to 3.57% on average over a five-year period. He stated he believes the costs are going up around 3.5% to 4% this year as well. Commissioner Lucibella asked if Briny Breezes has seen the contract, and Town Manager Titcomb responded that they have. Commissioner Lucibella noted that the data shows the 4% increase is a good, honest number and we will not be willing to negotiate it. Commissioner Bonfiglio stated he still has concerns over the language about the obligation to supply LPR technology if we decide to go with it, but he will reluctantly vote for the contract. Mayor Pugh mentioned he appreciates the Town of Briny Breezes entrusting the Town of Ocean Ridge with this contract, and he very much appreciates the business.

Commissioner Lucibella moved to authorize the Town Manager and/or Chief of Police to present the agreement as written to Briny Breezes and thank them for their business; seconded by Commissioner Aaskov. Motion carried 5-0.

8. **Authorize the Town Manager to Expend up to \$18,500 for Thompson Pump to Refurbish the Town's Emergency Portable Trailer-Mount Backup Pump** By: Jamie Titcomb, Town Manager

Town Manager Titcomb explained that the quote and other backup information is in packet from Thompson Pump, which is a sole source vendor. He noted that we originally believed we could refurbish the pump for around \$3-5,000, but have since learned that it needed major improvements. If we were to buy a new pump, it would cost around \$43,000. The current pump will need repairs to replace the engine, control panels, and the housing will be returned to new condition. He mentioned that this is the only large capacity pump that we own, and advised that we move forward with the repairs. He also noted that once the pump is refurbished, it will remain indoors for protection. Town Manager Titcomb stated he recommends purchasing the preventative maintenance agreement with the same company.

Commissioner Coz asked if there is a warranty included in the contract. Commissioner Bonfiglio noted that in order for them to honor any warranty, the contract states the customer will agree to inspect the pump on a daily basis adding fuel and oil when needed, and operate the pumps as specified by Thompson Pumps, and wants to make sure staff knows how to do this and is properly trained. Town Manager Titcomb noted that every communication regarding maintenance has been relayed by him to staff. Commissioner Lucibella stated that it is not on Town Manager Titcomb's watch that we have a seized engine on the pump among other problems; however, more than communication is required to make sure this is taken care of.

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Mayor Pugh stated we need our own maintenance program to make sure the pump is working properly, and also stated we need the warranty in writing on the proposal before we move forward.

Commissioner Bonfiglio suggested that we buy another pump during the next budget cycle as a backup unit. Chief Hutchins responded that we have two standard 2" trash pumps on hand which generally work well for moving water out, and believes it is in the Town's best interest to have the large pump plus the two small pumps. Commissioner Lucibella asked if we have maintenance logs for our equipment, and Chief Hutchins responded that we do not. Commissioner Lucibella asked if it would be reasonable to begin doing this, and Chief Hutchins responded that he has an employee in his department that will see to it that we have maintenance logs in place by the end of the week and come up with a maintenance program for the Town Manager since he is in the midst of the budget cycle. Mayor Pugh inquired if we have written maintenance programs on our vehicles and trailers, and Chief Hutchins responded that Lieutenant Wohlfiel runs the maintenance program for the police department vehicles, equipment, ATV's etc., and we can put this in place for other town equipment as well. Commissioner Lucibella mentioned that we live in a salt environment and need to maintain the equipment properly.

Commissioner Bonfiglio moved to authorize the Town Manager to spend a sum not to exceed \$19,000 to refurbish the present pump pursuant to the contract as set forth in item #8 on the agenda, to enter into the program maintenance participation agreement, procure a written warranty from the purveyor, and waive the bidding requirements due to a sole source vendor; seconded by Commissioner Coz. Motion carried 5-0.

9. **Discuss Traffic Calming Initiatives** By: Commissioner Steve Coz

Commissioner Coz mentioned that as he was campaigning last spring, several issues were continually brought up such as speeding, that the town needed an identity separate from Boynton Beach, and safety. He stated he visited West Palm Beach, Delray Beach, Palm Beach and Boca Raton to see how they deal with traffic calming devices and how they use that to create a sense of community and identity for their towns.

Lisa Tropepe, Town Engineer, showed traffic calming diagrams for Ocean Avenue, Midlane, and Beachway for the public and explained how they work. She stated that by adding an island on Ocean Ave, we could aesthetically announce to the public that they are entering Ocean Ridge. She mentioned that the curbing is a mountable curbing, and the downside to this is that we would need a permit by the FDOT. Mayor Pugh suggested adding trees to the median, and Commissioner Lucibella agreed that adding trees would make it more apparent visually that you are coming into a different area. Commissioner Bonfiglio stated we may get push back from people whose driveways would be blocked by the median. Ms. Tropepe stated that traffic calming isn't as easy as one would think because you have issues with respect to houses and driveways ingress and egress; however, if you follow the traffic laws with the current lines that FDOT has placed on the road, a median wouldn't be any different in that area.

In the Midlane Rd/Ridge Blvd section of town, we chose Ixora Way, which is the midpoint on Midlane Rd, and conceptually proposed a raised intersection there. We are showing two types of traffic calming here, one raised intersection and one speed hump. A raised intersection is in an intersection and affects two roads, and speed humps are within the road, but not at an intersection. Both of these you would drive over. The Ocean Ave proposal is a median that you would not drive over.

On Beachway Drive, we looked at two alternatives as well which are speed humps and raised intersections. The speed humps need to be a certain distance away from each other, and cannot impede someone's ingress and egress (can't be in front of driveways). We found three areas that are somewhat equally distant from each other to possibly put up to three speed humps on Beachway Drive. We could also do two raised

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intersections, one in the beginning street of Osprey Drive and the second one further to the East between Beachway North and Beachway Drive. Aesthetically, you do not need to use the bright red brick, but you should keep a certain pattern or color so people know you are in Ocean Ridge.

Ms. Tropepe stated we did look at the Island Drive section, but we are having a hard time with it due to turning movement. The intersection at A1A and Island Drive has an asphalt area, but it is complex because of the curve there, and turning movements coming from both the North, South, and Island Drive. When we put the model in, there is no space left to put in anything aesthetically pleasing. We also need to be able to provide turning movements for trucks in that intersection due to DOT requirements.

Commissioner Lucibella asked about the approximate cost for the raised intersections. Ms. Tropepe stated it would cost approximately \$30-50,000 per intersection, including design and engineering for drainage, etc. Commissioner Lucibella stated if we are going to contemplate spending that kind of money, why wouldn't we move the raised intersection to the end of Beachway Drive so we could also cover Old Ocean Blvd with a raised intersection rather than Beachway North and Beachway Drive. Ms. Tropepe stated that would be doable. Commissioner Coz mentioned that we are trying to cover the entrances to the town, and that is why they are still working on a solution for Island Drive. He stated that we are trying to define Ocean Ridge so that when you come into the town, Ocean Ridge is defined as a safe community with no speeding and low traffic. He stated moving the raised intersection to Old Ocean has no effect on that, and agrees it would be a good idea, but there would now be a longer stretch on Beachway allowing people to speed through there.

Commissioner Aaskov asked if there is a traffic calming device close by that we could look at. Commissioner Coz stated there are some in West Palm Beach. Town Manager Titcomb stated he will circulate a list for the Commission.

Mayor Pugh stated great ideas have been presented, but he wanted to mention that we have not paved roads in over three years, so we may want to dovetail this project with road re-paving. We need to be cognizant of spending money on speed humps and not road repairs. He stated he would like to see quotes on the project before we move forward. He also mentioned that we need to put money in the current budget for road paving. Town Manager Titcomb noted that it is his intention to put annualized road paving in the budget. Commissioner Bonfiglio stated when the quotes are put together, he would like to see an estimate of what effect this would have to re-pave that stretch of road as well.

Public comment: Betty Bingham, 1 Ocean Ave, mentioned that there have been no birds in the ponds lately, and she would like staff to call DOT and inquire as to what they used to spray the mangroves lately.

Mark Hanna, 6400 N. Ocean Blvd, stated it is a great idea to remove the damaged trees along Ocean Avenue before someone is hurt. He also noted that speed humps are very effective. He stated that on Old Ocean, the surveyors have removed large chunks of pavement when placing posts, and he asked if the town can go after the surveyors to fix the paving or receive money from them to fix the area.

Bob Weisblut, 23 Sailfish Ln, stated he does not see a big enough problem with speeding to justify \$30-50,000 per raised intersection. He asked if Chief Hutchins can get information on speeding tickets or accidents that will help us put that into perspective.

RESOLUTIONS

None Scheduled.

FIRST READING OF ORDINANCES

None Scheduled.

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SECOND READING AND ADOPTION OF ORDINANCES

None Scheduled.

TOWN COMMISSION ITEMS

None Scheduled.

Meeting Adjourned at 7:08 p.m.

Minutes prepared by Town Clerk Stevens, and adopted by the Town Commission on August 1, 2016.

Mayor Pugh

ATTEST:

Tracey L. Stevens, CMC, Town Clerk

SPECIAL TOWN COMMISSION MEETING MINUTES
JULY 13, 2016

Minutes of the Special Town Commission Meeting of the Town of Ocean Ridge held on Wednesday, July 13, 2016, at 6:00 PM in the Town Hall Commission Chambers.

The meeting was called to order by Mayor Pugh at 6:00 p.m.

Town Clerk Stevens led the roll call, which was answered by the following:

Commissioner Aaskov	Commissioner Bonfiglio
Commissioner Coz	Commissioner Lucibella
Mayor Pugh	

Mayor Pugh led the Pledge of Allegiance.

ACTION ITEMS

1. **Consideration of the FY16/17 Proposed Budget** By: Jamie Titcomb, Town Manager

Town Manager Titcomb presented the FY16/17 proposed budget to the Commission. He distributed an errata explanation sheet and explained that there were some items in the budget that needed to be changed after the packages were distributed such as the percentages column which was confusing, the law enforcement current roster of officers, and a recent law change prohibiting us from charging for business tax receipts which will impact revenues in the amount of \$16,500.

Town Manager Titcomb also explained that a five-year capital investment worksheet was included in the budget; however, the Commission will need to decide which items on the list to fund.

Town Manager Titcomb distributed the adjustments sheet for millage based on increments and explained that the Commission will be voting tonight on a maximum millage rate. The sheet shows the official rolled back rate, which would generate the same amount of revenue to the Town if it were applied to this year's valuation. The current millage rate of 5.3500 and two other variations and the differences of revenue that each would generate are also listed on the sheet.

Commissioner Lucibella asked what the significance is of using 97% of the budget, and Town Manager Titcomb explained that using this percentage provides a safety cushion for the Town. The actual collection rate is between 98-99%, as there are people who are delinquent in paying their taxes. Value Adjustment Board adjustments are made throughout the year as well. By law, we can go as low as 95%; however, we use 97% in Ocean Ridge.

Commissioner Lucibella asked what the significance of the 4.9891 figure is (rolled back rate), and Town Manager Titcomb explained that the rolled back rate generates what we consider a no tax increase in the amount of revenues that are raised compared to last year's revenues.

Commissioner Aaskov asked about the new law pertaining to business tax receipts, and whether we can still register businesses to work in the Town, and Town Manager Titcomb explained that we can still register businesses, but we cannot charge a registration fee. Town Clerk Stevens noted that we are still going to require commercial vehicle decals and will be looking at the fees associated with them as well as building permit fees since we have not raised them in many years.

Commissioner Lucibella asked what our current millage rate is and Town Manager Titcomb responded that it is 5.3500, and the recommendation is to remain at the flat millage rate of 5.3500, which represents a 7.23% increase in valuation based on the Town's increase in valuation this year.

SPECIAL TOWN COMMISSION MEETING MINUTES JULY 13, 2016

Commissioner Lucibella stated he could not yet comment on the substance of the budget because it is too soon in the process, but commended Town Manager Titcomb on the new budget format.

2. **Certification of Rolled Back Rate for Millage for FY16/17** By: Jamie Titcomb, Town Manager

Town Manager Titcomb explained that we need a motion to certify the rolled back rate which is certified by the Property Appraiser on the DR-420 form at 4.9891.

Commissioner Coz moved to certify the rolled back rate at 4.9891 per \$1,000 and that the Certification of Taxable Value form be executed to reflect this for submission to the Property Appraiser and Tax Collector of Palm Beach County; seconded by Commissioner Aaskov. Motion carried 5-0.

3. **Set Maximum Millage Rate for FY16/17** By: Jamie Titcomb, Town Manager

Commissioner Bonfiglio mentioned that he would be comfortable with a 5.3500 maximum millage rate, but would like to set the rate at 5.4500 mils because the Commission can come down from that rate, but cannot go up in the event of an emergency in the next couple of months. Commissioner Lucibella stated we have enough in the reserves to cover an emergency and setting the rate higher is a slippery slope. He is confident that the 5.3500 rate is enough. Mayor Pugh also disagreed and noted that we collected extra revenues during the last fiscal year, so we have enough of a cushion. Commissioner Coz noted that if we burn through all of the surplus, that means we have had such a devastating event that \$100,000 isn't going to make a difference anyway.

Commissioner Lucibella moved to establish the maximum millage rate for FY2016-2017 at 5.3500 mils and that this be included on the Certification of Taxable Value form that is forwarded to the Property Appraiser and Tax Collector of Palm Beach County; seconded by Commissioner Aaskov. Motion carried 5-0.

4. **Set Budget Meeting Dates** By: Jamie Titcomb, Town Manager

A. **Special Meeting/Budget Workshop in August to Discuss the Proposed Budget for FY16/17**

There was consensus of the Commission to have the Town Clerk poll the Commission members regarding availability for a budget workshop meeting in August, and place an item on the August 1st Town Commission Regular Meeting Agenda.

Commissioner Bonfiglio mentioned that he will be available for a budget workshop on the following dates: August 15, 18, 19, 22 & 23.

B. **Public Hearing Date for Adoption of Tentative Budget for FY16/17**

Commissioner Bonfiglio moved that the first public hearing to consider the budget for the fiscal year 2016-2017 be held at 5:01 p.m. on Monday, September 12, 2016 in conjunction with the Regular Town Commission Meeting and that this date be included on the Certification of Taxable Value form that is forwarded to the Palm Beach County Property Appraiser and Tax Collector; seconded by Commissioner Aaskov. Motion carried 5-0.

SPECIAL TOWN COMMISSION MEETING MINUTES JULY 13, 2016

C. **Public Hearing Date for Adoption of Final Budget for FY16/17**

Commissioner Bonfiglio moved that the second/final public hearing to consider the budget for the 2016-2017 fiscal year be held at 5:01 p.m. on Thursday, September 21, 2016; seconded by Commissioner Aaskov. Motion carried 5-0.

Mayor Pugh thanked the staff for all their hard work in preparing the budget.

Meeting Adjourned at 6:37 p.m.

Minutes prepared by Town Clerk Stevens, and adopted by the Town Commission on August 1, 2016.

Mayor Pugh

ATTEST:

Tracey L. Stevens, CMC, Town Clerk

Memorandum

Town of Ocean Ridge

Date: August 1, 2016

To: Honorable Mayor and Commissioners

From: Jamie Titcomb, Town Manager

Re: Town Manager Report – Regular Town Commission Meeting

Ocean Avenue Tree Removal

On July 29th, select diseased and damaged (7) Calophyllum Trees are scheduled to be removed, including stump grinding. Letters were sent to Ocean Avenue residents alerting them, and the vendor met with Police and Administration for an MOT (traffic) plan. The town seeks resident input for selecting infill plantings to replace the removed damaged trees along this main town corridor.

Stormwater Detention Update

Staff is making arrangements with our contractor Rockline for probe/camera inspection of the subterranean drainpipe infrastructure located in the bed of the Woolbright Detention area to determine its current condition, function and effectiveness under the SFWMD permitted system. Generator pump systems controls are being upgraded/installed with original brand components for optimal performance. Secondary pumps (portable backup) are updated and being maintained for any emergency situation.

PBA Contract Update

The PBA reopener on “third year” wages increases through merit based evaluations was conceptually accepted by both the PBA bargaining unit and administration. The PBA submitted an evaluation table for merit raises that town administration has tweaked into simplified tiers and is returning to the bargaining unit for acceptance. A final proposal, along with any issues that may arise will be brought forward to Commission attention in the near future. The funding of the program is already contemplated in the FY17 Budget development process to be workshopped in August and on to Public Hearings in September. We do not anticipate any significant issues with this matter for the final year.

Barrier Island Fire District Services Study Final

I’ve attached a final copy of the multi-community Barrier Island Fire District Feasibility Study commissioned and paid for by the towns of Highland Beach, Gulf Stream, Briny Breezes, Ocean Ridge, Manalapan and South Palm Beach. It appears through staff level meetings commentary that the coalition of communities are not unanimous in collaboration to pursue the establishment of a new Barrier Island Fire District for the exclusive staging and services along the linear barrier island model. With any one or more of the partners removed, the cost metrics and feasibility probability goes from apparent “at par” costs plus infrastructure costs, to unjustifiable altogether without some compelling motivation other than cost for service savings. Town administration thanks and appreciates the due diligence and hard dedicated work from all the participating municipal partners and agencies. The value of the study is

evident in codifying the size, scope, costs and considerations as well as current figures for all the aggregated service delivery models in place today as well as to replicate or replace with a new model. It is apparent that the communities involved are getting pretty good value presently. (Attachment)

Traffic Calming Infrastructure Costing

Town Engineers have taken a look at the request for costs associated with design, engineering and construction of various traffic calming infrastructure that might work well for the Town of Ocean Ridge to help create the atmosphere and brand of slower and leisurely traffic movement within the Town. Actual costs are still site and condition specific. The election of multiple structures implemented at the same time will impact (possibly lower) costs as well, such as shared engineering of multiple designs along the same street. The time off year and the availability of contractors and paving initiatives may also impact costs favorably. (Attachments)

Town Code Updates & Revisions

Town staff and Attorneys have been in discussion about the need for an extensive review and update of many sections within the Town's Code of Ordinances for legal and practical compliance along with comparative current laws and practices. Staff seeks Town Commission input to direct and implement a process for the systematic review and vetting of the code. In example, might the Planning and Zoning Board be tasked to take on a review of the Land Development Code Subpart, and staff take on an initial review of general sections of concern, while the Commission reviews all Charter and general Code provisions, vetting issues and recommendations, and the Town Attorney to direct most critical updates for statute compliance. Discuss...

Budget Workbook V2 Update

The Town budget workbook document was re-released (FY17 Budget Workbook FULL-V2-071516) since the Special Meeting held on July 13th to set maximum millage. The updated version of the complete FY17 workbook was released for correcting minor edits and catching scrivener's errors brought to light since first released. Changes are corrective to the formatting and typographical errors, but not budget calculations as shown in version 1. A new replacement workbook will be printed and distributed prior to any subsequent official budget meeting(s). This corrected PDF is mounted to the Town's website under the "Budgets" link, while the previous book and its addendum sheets remain linked under the meeting agenda/minutes link for that meeting on the website.

Best Regards,


Town Manager

ENGINEER'S OPINION OF PROBABLE CONSTRUCTION COST for OCEAN RIDGE TRAFFIC CALMING

Midlane Road

Item		Estimated			
No	Description	Unit	Quantity	Unit Price	Total Price
1	Mobilization	LS	1	\$ 2,500.00	\$ 2,500.00
2	Maintenance of Traffic	LS	1	\$ 2,500.00	\$ 2,500.00
3	Header Curb	LF	230	\$ 25.00	\$ 5,750.00
4	Pavers (included 1" level sand)	SY	155	\$ 75.00	\$ 11,625.00
5	Pavement Removal	SY	170	\$ 5.00	\$ 850.00
6	10" Base rock	SY	170	\$ 15.00	\$ 2,550.00
7	Compacted Subgrade	SY	170	\$ 3.00	\$ 510.00
8	Signage/Marking	LS	1	\$ 1,000.00	\$ 1,000.00
9	Drainage	LS	1	\$ 2,500.00	\$ 2,500.00
10	Engineering and Survey	LS	1	\$ 2,500.00	\$ 2,500.00
Sub-Total Price					\$ 32,285.00
Contingency (20%)					\$ 6,457.00
Total Price					\$ 38,742.00

NOTE: THIS ENGINEERS' OPINION OF COST IS FOR PRELIMINARY FEASIBILITY AND BUDGET PURPOSES ONLY. IT IS NOT BASED ON A COMPLETED SET OF APPROVED PLANS.

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ENGINEER'S OPINION OF PROBABLE CONSTRUCTION COST for OCEAN RIDGE TRAFFIC CALMING

Ocean Avenue

Item		Estimated			
No	Description	Unit	Quantity	Unit Price	Total Price
1	Mobilization	LS	1	\$ 2,500.00	\$ 2,500.00
2	Maintenance of Traffic	LS	1	\$ 2,500.00	\$ 2,500.00
3	Type 'B' Mountable Curb	LF	325	\$ 25.00	\$ 8,125.00
4	Pavers (included 1" level sand)	SY	160	\$ 75.00	\$ 12,000.00
5	Pavement Removal	SY	180	\$ 5.00	\$ 900.00
6	10" Base Rock	SY	180	\$ 15.00	\$ 2,700.00
7	Compacted Subgrade	SY	180	\$ 3.00	\$ 540.00
8	Signage/Marking	LS	1	\$ 500.00	\$ 500.00
9	Drainage	LS	1	\$ 2,500.00	\$ 2,500.00
10	Engineering and Survey	LS	1	\$ 2,500.00	\$ 2,500.00
Sub-Total Price					\$ 34,765.00
Contingency (20%)					\$ 6,953.00
Total Price					\$ 41,718.00

NOTE: THIS ENGINEERS' OPINION OF COST IS FOR PRELIMINARY FEASIBILITY AND BUDGET PURPOSES ONLY. IT IS NOT BASED ON A COMPLETED SET OF APPROVED PLANS.

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ENGINEER'S OPINION OF PROBABLE CONSTRUCTION COST for OCEAN RIDGE TRAFFIC CALMING

Beachway Drive

Typical Raised Intersection

Item		Estimated			
No	Description	Unit	Quantity	Unit Price	Total Price
1	Mobilization	LS	1	\$ 2,500.00	\$ 2,500.00
2	Maintenance of Traffic	LS	1	\$ 2,500.00	\$ 2,500.00
3	Header Curb	LF	295	\$ 25.00	\$ 7,375.00
4	Pavers (included 1" level sand)	SY	270	\$ 75.00	\$ 20,250.00
5	Pavement Removal	SY	260	\$ 5.00	\$ 1,300.00
6	10" Base rock	SY	260	\$ 15.00	\$ 3,900.00
7	Compacted Subgrade	SY	260	\$ 3.00	\$ 780.00
8	Signage/Marking	LS	1	\$ 1,000.00	\$ 1,000.00
9	Drainage	LS	1	\$ 2,500.00	\$ 2,500.00
10	Engineering and Survey	LS	1	\$ 2,500.00	\$ 2,500.00
Sub-Total Price					\$ 44,605.00
Contingency (20%)					\$ 8,921.00
Total Price					\$ 53,526.00

NOTE: THIS ENGINEERS' OPINION OF COST IS FOR PRELIMINARY FEASIBILITY AND BUDGET PURPOSES ONLY. IT IS NOT BASED ON A COMPLETED SET OF APPROVED PLANS.

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ENGINEER'S OPINION OF PROBABLE CONSTRUCTION COST for OCEAN RIDGE TRAFFIC CALMING

Beachway Drive

Typical Speed Hump

Item		Estimated			
No	Description	Unit	Quantity	Unit Price	Total Price
1	Mobilization	LF	1	\$ 2,500.00	\$ 2,500.00
2	Maintenance of Traffic	LF	1	\$ 2,500.00	\$ 2,500.00
3	Header Curb	LF	85	\$ 25.00	\$ 2,125.00
4	Pavers (included 1" level sand)	SY	45	\$ 75.00	\$ 3,375.00
5	Pavement Removal	SY	55	\$ 5.00	\$ 275.00
6	10" Base rock	SY	55	\$ 15.00	\$ 825.00
7	Compacted Subgrade	SY	55	\$ 3.00	\$ 165.00
8	Signage/Marking	LS	1	\$ 1,500.00	\$ 1,500.00
9	Drainage	LS	1	\$ 2,500.00	\$ 2,500.00
10	Engineering and Survey	LS	1	\$ 2,500.00	\$ 2,500.00
Sub-Total Price					\$ 18,265.00
Contingency (20%)					\$ 3,653.00
Total Price					\$ 21,918.00

NOTE: THIS ENGINEERS' OPINION OF COST IS FOR PRELIMINARY FEASIBILITY AND BUDGET PURPOSES ONLY. IT IS NOT BASED ON A COMPLETED SET OF APPROVED PLANS.

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Barrier Island Fire District Feasibility Study

**BRINY BREEZES, GULF STREAM, HIGHLAND
BEACH, MANALAPAN, OCEAN RIDGE AND
SOUTH PALM BEACH, FLORIDA**

FINAL REPORT



July 2016

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1. INTRODUCTION AND EXECUTIVE SUMMARY

The communities of Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge and South Palm Beach retained the Matrix Consulting Group to conduct an assessment of the feasibility to create a single fire authority to serve the Barrier Island Communities.

In this study, the project team utilized a wide variety of data collection and analytical techniques. The project team conducted the following data collection and analytical activities:

- The project team began an intensive process of conducting interviews with all the fire agencies, elected officials and local officials and collecting a wide variety of data designed to document workloads and service levels.
- An anonymous community survey was conducted and responded to by 282 residents of the communities participating in the study.
- The project team collected detailed workload statistics for the primary functional areas, including calls for service from the computer aided dispatch / records management system, budget documents and other statistical reports from the current contract fire service providers.

In this report recommendations are only made for areas the project team has identified as areas where a change should be made to improve function, practice or efficiency (either cost efficiency or process efficiency).

2. EXECUTIVE SUMMARY

The communities were instrumental during the process for conducting this study. From making themselves available for interviews to responding to requests for data during the process, it was clear the communities and contract agencies have a great deal of pride in their organizations and a desire to provide excellent fire and EMS

services to the residents of the communities they serve.

As information was gathered and the data analyzed a few key findings resulted that lead to recommendations for the agencies. The following section provides the key findings followed by recommendations by the project team.

(1) Key Findings

The personnel costs, including benefits associated staffing the operation of a Barrier Island Fire Agency will save money annually as compared to the current staffing model when 1 ladder truck, 2 engines and 3 rescue units are deployed; as illustrated in the table below:

Consolidated Staffing Cost – Standardized Staffing

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	9	603,900	211,365	\$815,265
Lieutenant	9	575,100	201,285	\$776,385
Driver/Engineer	9	541,503	189,526	\$731,029
Firefighter/Paramedic	36	1,998,288	699,401	\$2,697,689
Operations Subtotal	63	\$3,718,791	1,301,577	\$5,020,368
System Staffing Total	66	\$3,958,192	\$1,385,367	\$5,343,559
Operating Costs				801,534
Total Fire Agency Cost				6,145,093
Current Annual Cost				6,926,388
Annual Savings				781,295

If a fourth rescue unit were added to the deployment plan, there would be a slight increase in costs compared to current costs as illustrated in the following table:

Consolidated Staffing Cost – Standardized Staffing (4 Rescues)

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	9	603,900	211,365	\$815,265
Lieutenant	12	766,800	268,380	\$1,035,180
Driver/Engineer	9	541,503	189,526	\$731,029
Firefighter/Paramedic	42	2,331,336	815,968	\$3,147,304
Operations Subtotal	72	\$4,243,539	1,485,239	\$5,728,778
System Staffing Total	75	\$4,482,940	\$1,569,029	\$6,051,969
Operating Costs				907,795
Total Fire Agency Cost				6,959,764
Current Annual Cost				6,926,388
Annual Savings				-33,376

There would also be significant start up costs related starting a Barrier Island Fire District. These one-time startup costs for capital expenditures are illustrated below:

Vehicle and Apparatus Needs

Apparatus	Status	Current	Proposed	Cost Each	Total
Engine	Front-Line Type 1	0	2	\$575,000 - \$700,000	\$1,275,000
Quick Attack	Front-Line	0	1	\$250,000 - \$300,000	\$275,000
Ladder	Front-Line	0	1	\$850,000 - \$1,400,000	\$1,112,500
Rescue	Front-Line	1	3	\$150,000 - \$225,000	\$562,500
Chief	Front-Line	0	1	\$60,000	\$60,000
Fire Prevention	Front-Line	0	1	\$50,000	\$50,000
Engine	Reserve	0	1	\$500,000	\$500,000
Rescue	Reserve	0	1	0	0
Total		1	10		\$3,572,500

Capital Construction Costs

Station	Estimated Costs
Manalapan Renovations	\$350,000
New 2/3 Bay Station	\$2,750,000 - \$3,500,000
Total	\$3,150,000 - \$3,850,000

The communities should also be prepared for initial protective equipment costs of approximately \$10,000 for each sworn member of the Barrier Island Fire Agency. For the standardized staffing plan this would result in costs of approximately \$380,000.

The project team also examined the costs associated with forming a Northern Barrier Island Fire Agency, but the analysis showed that this would be far more costly than the five (5) northern communities are currently spending on an annual basis for fire services.

(2) Recommendations

The following recommendations arose from the analysis conducted during this study. Each recommendation and the associated page number are illustrated in the table below:

Recommendation	Page
A Barrier Island Fire Agency would need to develop automatic and mutual aid agreements with neighboring jurisdictions to ensure an effective response force can be assembled on structural fires.	26
The agencies should establish service level objectives for fire, rescue, and emergency medical response consistent with their service area and established industry benchmark or baseline performance standards. The project team recommends CPSE “Suburban” baseline standards as a starting point to measure performance.	28
Develop an annual training curriculum and calendar for the delivery of training to include multi-company evolutions with first due mutual aid and automatic aid <i>partners</i> .	29

**Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach, Florida
Barrier Island Fire District Feasibility Study Final Report**

The Barrier Island Fire Agency will need to develop a system-wide fire prevention plan that addresses the use of standardized Fire Code and policies focused on development, plan review, inspections and enforcement.	29
A Barrier Island Fire Rescue Agency should operate from the existing stations in Manalapan and Highland Beach as well as an additional station in Ocean Ridge.	33
Consider fully consolidating the fire agencies through a JPA or formation of an Independent Fire District.	36

2. CURRENT FIRE DELIVERY SYSTEM

This chapter includes the assessment of the current delivery of fire and emergency medical services in the study communities. Data contained within this chapter was obtained through interviews with the three fire departments providing contract fire services to the communities participating in this study, group meetings and examination of available records including annual reports, budgetary and fire incident data. Descriptive profiles were developed and circulated to the communities for review and confirmation of the data as factual. A complete copy of the profile of the agencies is found in Appendix 1 of this document.

In order to provide the analytical framework necessary to evaluate alternatives to current service, this chapter addresses the following:

- Manpower distribution in terms of total personnel and on-duty per station career firefighter availability for the agencies providing fire service in the Barrier Island Communities.
- Comparative fire service costs and resources at present levels and over the past three-years.
- Fire service demand levels as determined through analysis of the computer aided dispatch (CAD) system and records management system in use at the agencies.
- Comparative service levels in terms of the following: response policies, emergency medical capabilities, training programs, fire prevention activities and automatic/mutual aid agreements.

The service overview begins in the next section.

1. THE CURRENT FIRE SERVICE DELIVERY SYSTEM IN THE SUBJECT CITIES CONSISTS OF 3 FIRE DEPARTMENTS, WHICH OPERATE A NETWORK OF 2 FIRE STATIONS ON THE BARRIER ISLANDS AND AN ADDITIONAL STATION ACROSS THE INTERCOASTAL WATERWAY.

Currently, fire services in the Barrier Island Communities is provided by three (3) fire departments (Boynton Beach, Delray Beach and Palm Beach County).

The following provides a summary of the service areas included in this study:

- **Briny Breezes:** covers approximately 0.1 square miles and serves a population of approximately 588 residents.
- **Gulf Stream:** covers approximately 0.8 square miles and serves a population of approximately 814 residents.
- **Highland Beach:** covers approximately 1.1 square miles and serves a population of approximately 3,640 residents with one fire station located in Highland Beach.
- **Manalapan:** covers approximately 2.4 square miles and serves a population of approximately 429 residents with one fire station located in Manalapan.
- **Ocean Ridge:** covers approximately 0.9 square miles and serves a population of 1,840 residents.
- **South Palm Beach:** covers approximately 0.1 square miles and serves a population of 1,138 residents.

The staffing summary is provided in the next section.

2. THE STAFF RESOURCES OF THE FIRE AGENCIES TO STAFF THE STATIONS SERVING THE BARRIER ISLAND COMMUNITIES INCLUDES

The method of staffing the three fire agencies varies from using a combination of paid full time personnel, supplemented with part time personnel to using a combination of paid, part time and volunteer personnel to using a combination of using paid full time, part time and interns.

The following table illustrates the daily minimum staffing of each of the fire agencies and the stations serving the Barrier Island Communities:

ORGANIZATIONAL DESIGN / DAILY STAFFING

Position	Boynton Beach	Delray Beach	Palm Beach County
FTE Positions			
Briny Breezes (Boynton Beach FS #4)			
Captain	1		
Lieutenant	1		
Driver/Engineer	0		
Firefighter/Medic	4		
Gulf Stream (Delray Beach FS #2)			
Captain		1	
Lieutenant		0	
Driver/Engineer		1	
Firefighter/Medic		3	
Highland Beach (Delray Beach FS #6)*			
Captain		1	
Lieutenant		0	
Driver/Engineer		1	
Firefighter/Medic		3	
Manalapan (Palm Beach County FS #38)*			
Captain			0
Lieutenant			1
Driver/Engineer			1
Firefighter/Medic			1
Ocean Ridge (Boynton Beach FS #1)			
Captain	0		
Lieutenant	1		
Driver/Engineer	0		
Firefighter/Medic	3		
South Palm Beach (Palm Beach County FS #38)*			
Captain			0
Lieutenant			1
Driver/Engineer			1
Firefighter/Medic			1
TOTAL STAFF	10	10	3**

* Fire stations are owned by Highland Beach and Manalapan

** Same personnel are assigned to cover Manalapan and South Palm Beach

As shown the total daily minimum full time staff assigned to staff the apparatus at the primary response stations is 23 per day. For a three-shift platoon system this would equal minimum full time staffing of 39 career personnel to ensure minimum staffing levels. Additional relief staff or overtime would be required to fill any vacancies caused by sick, vacation or other leave and will be discussed as part of a consolidated staffing plan later in this report. It is important to note that the communities also pay a portion of

administrative and command positions costs as part of their annual budgets.

3. IN THE CURRENT FISCAL YEAR, APPROXIMATELY \$6.44 MILLION IS BEING SPENT TO FUND FIRE PROTECTION AGENCIES BY THE BARRIER ISLAND COMMUNITIES.

This section outlines the current costs of providing fire protection for each of the Barrier Island Communities. The table, which follows, illustrates the budgets for each of the communities for the 2014 – 2016 fiscal years. Each of the individual budgets has been consolidated into a broad total for comparison purposes.

FY 2014 – 2016 Budgets

Service Area	2014	2015	2016	3 yr. Change	Cost per Call	Per Capita
Briny Breezes	317,128	329,813	343,005	8.16%	\$3,205.65	\$583.34
Gulf Stream	389,536	409,010	429,460	10.25%	\$4,771.78	\$527.59
Highland Beach	3,002,403	3,105,060	3,222,160	7.32%	\$6,137.45	\$885.21
Manalapan	909,971	964,817	956,818	5.15%	\$5,942.97	\$2,230.34
Ocean Ridge	941,316	978,969	1,018,127	8.16%	\$7,070.33	\$553.33
South Palm Beach	909,971	964,817	956,818	5.15%	\$3,322.28	\$840.79
Total	\$6,470,325	\$6,752,486	\$6,926,388	7.05%	\$5,267.22	\$819.79

As shown there is a wide variance in the budgets of the six communities, ranging from a low of approximately \$343,000 for Briny Breezes to a high of approximately \$3.22 million for Highland Beach. On an operating cost per call for service, it ranges from a low of approximately \$3,300 per call in Briny Breezes to a high of approximately \$7,070 per call for service in Manalapan. The overall cost per capita is approximately \$820, ranging from a low of approximately \$528 in Gulf Stream to a high of approximately \$2,230 in Manalapan.

As shown, the growth in budgets ranged from a low of 5.2% in South Palm Beach and Manalapan to a high of 10.3% in Gulf Stream over the three-year period.

4. ANALYSIS OF FIRE CALL DATA INDICATES THAT THERE ARE VARIATIONS IN SERVICE DEMANDS AND WORKLOADS AMONG THE BARRIER ISLAND COMMUNITIES.

Demands for service in terms of call frequency and type as well as workload in terms of response capability and practice, differ between the six communities. The following paragraphs show the results of analysis of emergency and public service responses from the contract fire agencies to each community.

(1) Current Levels of Service Demand Vary Greatly Among Each Fire Agency.

The table, which follows, illustrates the call demand experienced by each agency during CY 2015.

Calls for Service CY 2015

Service Area	Fire	EMS	Total	% of Calls
Briny Breezes	26	81	107	8.1%
Gulf Stream	20	70	90	6.8%
Highland Beach	178	347	525	39.9%
Manalapan	52	109	161	12.2%
Ocean Ridge	36	108	144	11.0%
South Palm Beach	128	160	288	21.9%
Total	440	875	1,315	
Percentage	33.5%	66.5%	100%	
Avg. Per Day	1.21	2.40	3.60	

As show above, the agencies responded to 1,315 unique incidents in the Barrier Island Communities during calendar year 2015. Highland Beach had the highest call volume at 525 calls for service in their jurisdiction, while Gulf Stream had the least calls at 90.

The following table illustrates the average calls per day and per capita for each Barrier Island Community.

Average Calls per Day and Per Capita

Community	Avg. Calls per Day	Avg. Calls per Capita
Briny Breezes	0.29	0.18
Gulf Stream	0.25	0.11
Highland Beach	1.44	0.14
Manalapan	0.44	0.38
Ocean Ridge	0.39	0.08
South Palm Beach	0.79	0.25
Total	3.60	0.16

As shown above, the average calls per day varies greatly among the fire communities, from a low of 0.25 calls per day in Gulf Stream to a high of 1.44 calls per day in Highland Beach. On a per capita basis the call volume in Manalapan is the highest at 0.38 per capita, while lowest in Ocean Ridge at 0.08.

According to the Commission on Fire Accreditation International 3,500 calls per year for a single apparatus is the target threshold to begin planning for additional resources, at 3,850 calls annually additional resources are needed or action needs to be taken to alleviate demand from the unit, such as adding a unit or reconfiguring response districts. Currently the combined calls for service would not have units in the agencies approaching that level of call demand, which indicates the current apparatus assigned to the Barrier Island Communities are not fully utilized from a demand perspective. Therefore, the determination for the number of units needed will be based on expected travel time performance to ensure calls can be handled in a timely fashion.

(2) Response Times of the Fire Agencies Vary to a Degree.

The table, which follows, provides a comparison of the current response times for fire and EMS calls experienced by each of the communities within their city limits. Call types such as medical transfers and fire alarms have been removed when calculating this information. The total response is the time from the call being received until the first unit arrives.

FY 2014 / 2015 Response Performance Indicators

Community	Average Total Response Time
Briny Breezes	5 Minutes 41 Seconds
Gulf Stream	9 Minutes 20 Seconds
Highland Beach	6 Minutes 3 Seconds
Manalapan	5 Minutes 12 Seconds
Ocean Ridge	6 Minutes 19 Seconds
South Palm Beach	5 Minutes 9 Seconds

As shown above, the current average response time as reported by the service providers ranges from a low of 5 minutes 9 seconds in South Palm Beach to a high of 9 minutes 20 seconds in Gulf Stream.

5. Other Indicators of Fire Service Levels Show Variations When Comparing the Communities.

In addition to comparative perspectives of the fire services related to staffing, costs and workload demands, there are variations in other factors of the fire service delivery system.

(1) Fire Prevention Activities Needs Will Vary Between the Three Communities.

The current service providers provided fire inspection numbers for the their respective departments, but they did not all break out, nor do they tract the inspection and plan review activity separately for each community, but rather for the department as a whole. The number of new construction plans, remodels and commercial occupancies will in a large part determine the workload of fire prevention activities required in the communities. Currently each community had adopted the local Fire Code in effect for their contract service provider. Available information indicates the following properties, which would require fire inspections in the Barrier Island Communities.

Fire Prevention Activities

Community	Commercial / Government	Multi-Family	Schools	Total
Briny Breezes	4	15	0	19
Gulf Stream	20	69	3	92
Highland Beach	9	98	0	107
Manalapan	9	22	0	31
Ocean Ridge	35	346	2	383
South Palm Beach	1	199	0	200
Total	78	749	7	832

*Estimate based on 2015 Palm Beach County Property Appraiser Parcel Use Codes

As shown, the number of properties requiring fire inspections varies by community with 832 total properties in the Barrier Island Communities. Of these Ocean Ridge has the highest total at 383 and Briny Breezes the lowest at 19.

(2) The Communities Are Currently Part of Mutual Aid Agreements.

Each of the current service providers has entered into mutual and automatic aid agreements for the provision of fire services in their area. These are critical to ensure additional fire and rescue forces can be called to handle large scale emergencies that are beyond the capability of the individual fire service provider such as structure fires, mass casualty incidents, natural disasters, etc. It is critical that the Barrier Island Communities consider this as part of their fire and rescue planning if forming a Barrier Island Fire District/Agency.

(3) Fire Investigations are Currently Conducted by the Contract Fire Agencies.

The Fire Marshal's Office of the current service providers is currently responsible for the investigation of fires occurring in the contract service areas. For more complex investigations where additional expertise is required the State Fire Marshal can provide

assistance to determine cause and origin, accelerant detection and suspect interviews.

(4) The Contract Service Providers Maintain Fire and Rescue Records.

Each of the contract services providers currently has a Computer Aided Dispatch (CAD) system for dispatching and recording emergency call information. That information is transferred to the Records Management System (RMS) for the agency, which is used to document emergency response information that serves as the official record of calls for services and allow analysis of data related to emergency response and other departmental activity.

(5) There Currently Exist No Established Performance Measures for Dispatching, Turnout or Travel Times to Emergency Calls for Service.

Current Best practices for responding to fire and emergency medical calls have been developed by the National Fire Protection Agency (NFPA) and the Center for Public Safety Excellence (CPSE). These standards examine the performance of call processing, turnout and travel time to emergency calls. Currently there is no language in the existing contracts regarding required performance for these time elements. Center for Public Safety Excellence has developed Benchmark and Baseline performance standards.

Urban areas are considered areas with a population of over 30,000 people and/or a population density of over 2,000 people per square mile. Suburban areas are those areas with a population of 10,000 – 29,000 and/or a population density of 1,000 to 1,999 people per square mile and rural area are those areas with a population of less than 10,000 an/or a density of less than 1,000 people per square mile. Based on this, the cities in the study would have the following classifications.

**Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach, Florida
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Community	Population Designation	Density Designation
Briny Breezes	Rural	Urban
Gulf Stream	Rural	Rural
Highland Beach	Rural	Urban
Manalapan	Rural	Rural
Ocean Ridge	Rural	Urban
South Palm Beach	Rural	Urban
Overall	Rural	Suburban

As shown above the designations for the Barrier Island Communities varies from Rural to Urban based on population and density. Overall the Communities would fall into a suburban category based on density and rural based on overall population.

(6) The Communities Have Limited Capital Assets for Providing Fire and Rescue Services.

The contract services providers currently provide services from fixed facilities located in their respective service area and on the Barrier Island. The current table illustrates the capital assets currently owned by the Barrier Island Communities, which could be utilized as part of an independent fire district. The following tables illustrate the current capital assets owned by the Communities:

Barrier Island Fire Stations and Apparatus

Fire Station	Address	Ownership	Apparatus	Details
Highland Beach	3612 S. Ocean Ave.	Highland Beach	1 Rescue	2004 MedTech (Owned by Highland Beach)
			1 Ladder	2003 Pierce 75' Owned by Delray Beach)
Manalapan	600 S. Ocean Blvd.	Manalapan	Engine	2007 ALS Engine (Owned by Palm Beach County)

As shown, the Communities individually own two (2) fire stations and one (1) rescue. The fire station in Highland Beach is capable of housing a Rescue and Engine/Ladder company and the station in Manalapan is capable of housing an engine company.

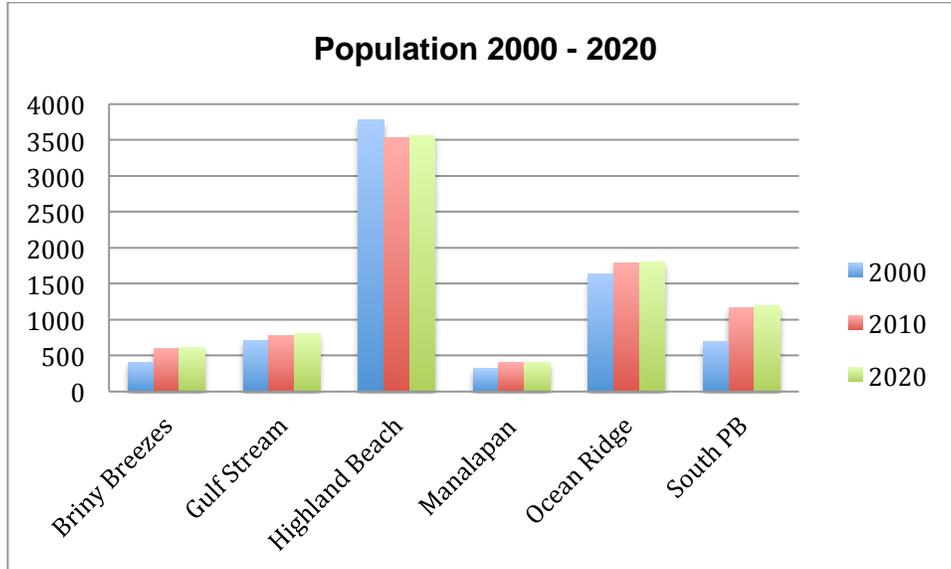
3. KEY ISSUES AND ASSUMPTIONS

The purpose of this chapter is to identify and analyze service and cost effectiveness issues, which have arisen as a result of the analysis of the existing fire services system in place. Issues and assumptions presented in this chapter will provide the basis for the analysis of alternatives presented in Chapter 4 of the report.

1. CURRENT AND PROJECT GROWTH IS LOW FOR THE BARRIER ISLAND COMMUNITIES

Growth for the six communities in the Barrier Island has been slow and is projected to be relatively flat between now and 2020.

The following chart illustrates the growth trend in the cities since the census count of 2000 and projects growth through 2020 based on census data estimates.



As shown there was very little growth in overall population in each of the communities participating in this study since the 2000 census. Targeted growth in the communities is focused on single and multi-family housing units.

2. ADDITIONAL STATIONS WILL BE REQUIRED TO MEET TRAVEL TIME STANDARDS FOR A SUBURBAN AREA.

Current best practice in fire service planning allow for communities to develop standards related to performance expectations. As discussed earlier the communities are considered rural from a population perspective and suburban from an overall density perspective. The following table illustrates the current benchmark (best) and baseline (acceptable) from the Center for Public Safety Excellence (CPSE) and 2010 National Fire Protection (NFPA) 1710 Standard for professional fire agencies:

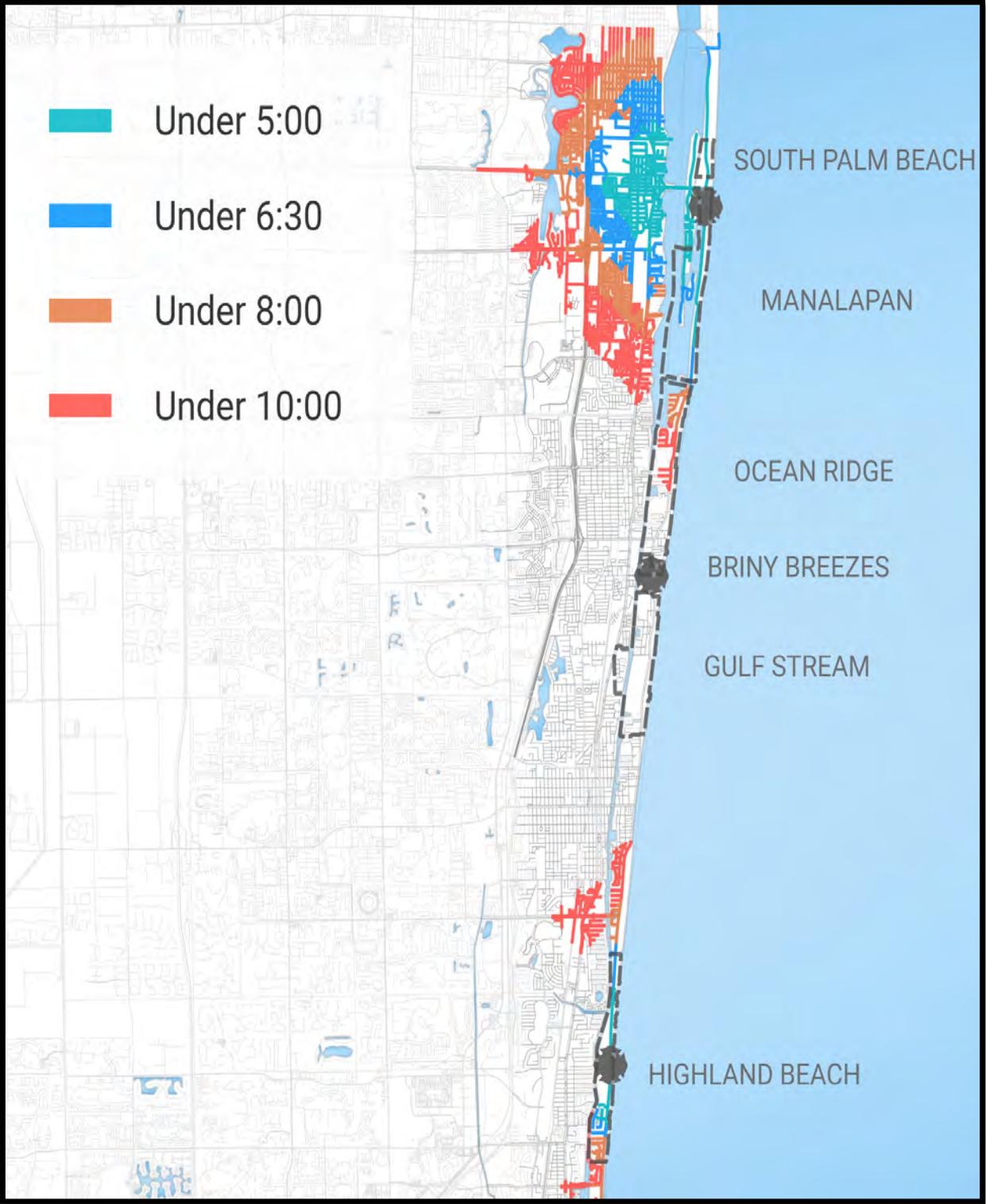
Comparison of Performance Objectives

Performance Objective	NFPA 1710 – 2010 (90%)	CPSE (90%)
Call processing (dispatch) time/ call answered to units dispatched	<ul style="list-style-type: none"> • 60 seconds 	<ul style="list-style-type: none"> • 60 seconds (Benchmark) • 90 seconds (Baseline)
Turnout Time (units en-route)/ unit dispatched to time en-route to the emergency.	<ul style="list-style-type: none"> • 80 seconds 	<ul style="list-style-type: none"> • 80 seconds (Benchmark) Fire • 60 seconds (Benchmark) EMS • 90 seconds (Baseline) Fire & EMS
Travel time/time en-route until arrival at emergency scene.	<ul style="list-style-type: none"> • Four (4) minutes for first unit/ Fire • Eight (8) minutes for first alarm/fire assignment. • Four (4) minutes first responder/EMS • Eight (8) minutes ALS unit/EMS 	<p>Suburban (1,000 - 2,000 per square mile)</p> <ul style="list-style-type: none"> • Four (4) minutes for first unit (Benchmark) • Eight (8) minutes for second unit/first alarm assignment • 6:30 for first unit (Baseline) • 10:24 for second unit/first alarm assignment (Baseline) <p>Rural (Population less than 10,000)</p> <ul style="list-style-type: none"> • 10 minute for first unit (Benchmark) • 14 minutes for second unit (Benchmark) • 13 Minutes for second unit (Baseline) • 18 minutes 12 seconds for second unit (Baseline)

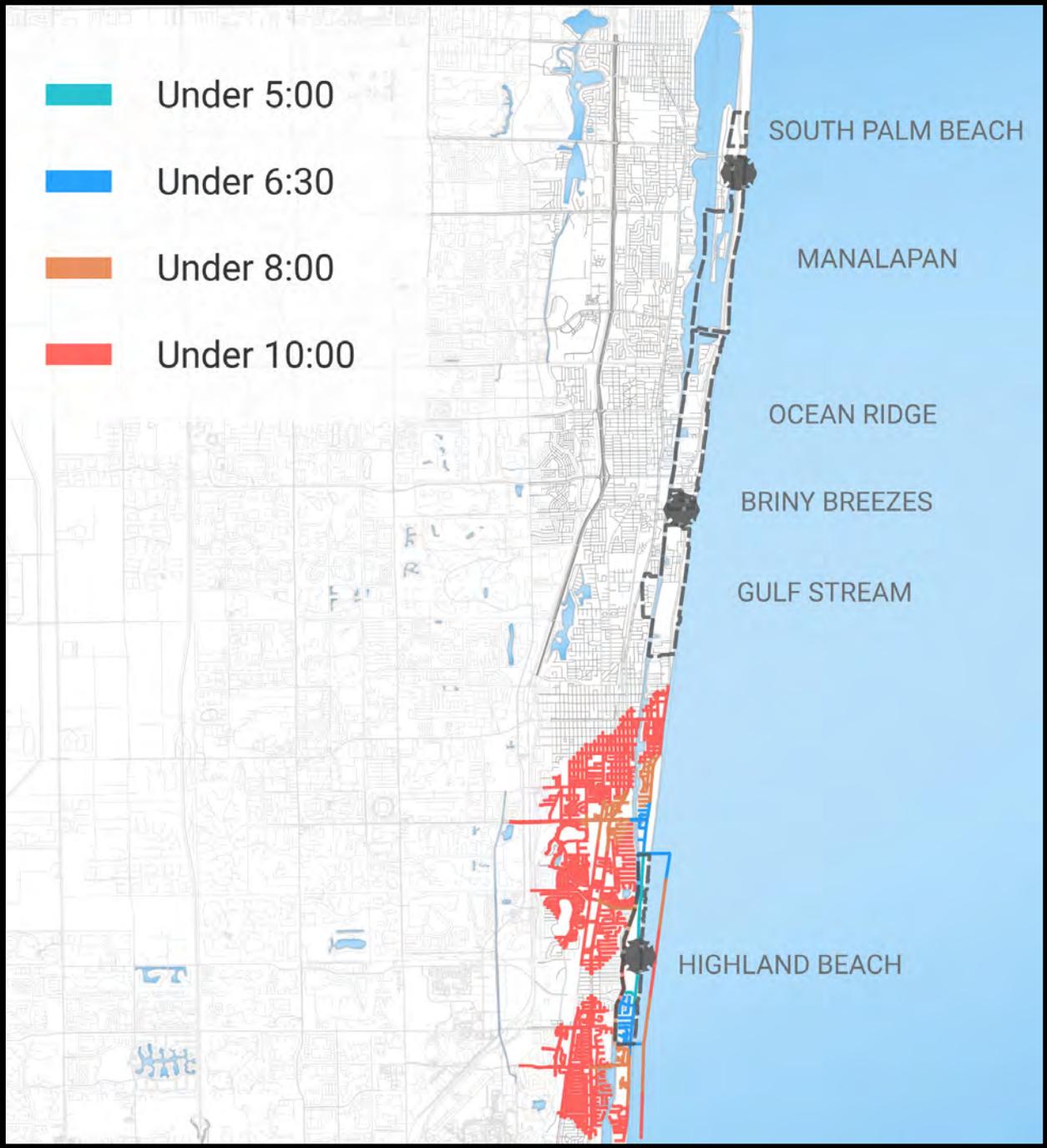
When the six communities are viewed as single fire response district there are apparent gaps for the current station network to adequately cover if the goal is to place a unit on scene within six minutes 30 seconds. When the coverage is expanded to show the impact of eight minute and 10 minute travel times, the current station network still does not provide adequate coverage, indicating a minimum of a third station will be needed in the middle of the barrier island communities to improve coverage.

The map on the following two page illustrate the projected travel times from the existing stations in Manalapan and Highland Beach at 5 minutes, 6 minutes 30 seconds, 8 minutes and 10 minutes, utilizing the existing road network.

Projected Travel Times for Engines/Trucks Existing Stations



Projected Travel Times for Rescue Unit Existing Station



As illustrated, the predictive travel times show there are gaps in the ability to place first due fire engines in Ocean Ridge, Briny Breezes and Gulf Stream six minutes

30 seconds, indicating that further stations will be needed to ensure adequate coverage to all communities. Further the existing rescue (ambulance) location only provides adequate coverage for Highland Beach and therefore additional locations for Rescue units will be required.

3. DELIVERY OF AN EFFECTIVE FIRE/RESCUE SERVICE DELIVERY IN THE COMMUNITIES WILL REQUIRE IMPLEMENTATION AND MAINTENANCE OF SEVERAL KEY PROGRAMS.

One of the key assumptions made in developing the alternatives presented and analyzed in Chapter 4 was the steps that need to be taken to ensure that a cost-effective fire service system is maintained in the communities. These assumptions include the following:

- The communities utilize a regional approach to dispatching emergency calls for service. This can be accomplished for all agencies by contracting with either the City of Boynton Beach or Palm Beach County for the provision of 911 emergency dispatch services
- A comprehensive fire prevention program is developed and implemented on a system-wide basis.
- A comprehensive and consistent fire training program is developed and maintained on a system-wide basis.
- The communities will need to obtain an EMS transport license from the State of Florida and will utilize a single Medical Director to ensure consistent standards of medical care and quality assurance programs among the service area.

These assumptions are utilized in the next chapter of the report evaluate alternative approaches to providing fire services to the region.

4. ANALYSIS OF ALTERNATIVES

Leading to this chapter of the report we have analyzed the present fire service delivery system in for the six (6) Barrier Island Communities. There are several key findings resulting from this analysis: (1) there are service variations among the fire agencies in terms of response times, deployment and staffing of apparatus by the current contract providers (2) unified fire prevention and training programs will need to be developed in a regional fire system (3) EMS licensure is required and medical direction will be needed before EMS transport services can be provided; (4) a consolidated approach to 911 and emergency dispatch services will be required; and (5) current growth levels will not the design of a regional fire rescue delivery system in the short to mid term.

These conclusions suggest that there are opportunities to form a regional approach to providing fire rescue services on the Barrier Island which may achieve several results: (1) increased local control of fire rescue services; (2) better coordination and oversight of regional fire protection needs; and (3) increased cost effectiveness through consolidation. Broadly, the opportunities for providing services on a regional approach fall into two categories

- Formation of a Barrier Island Fire District to provide fire rescue services
- Formation of a Joint Powers Authority to provide fire rescue services

The alternatives will be illustrated as both short to mid term and long-term strategies. In developing these strategies, several assumptions common to all communities were employed relating to pay scales, manning and apparatus. Briefly

these planning assumptions are as follows:

- All pay computed for personnel is at the pay consistent with the pay of the current services providers to ensure recruitment and retention of fire rescue personnel can occur.
- Benefits are computed at 35% of salaries.
- Operating costs are derived from typical operating cost percentages for South Florida fire agencies.
- Apparatus shown in exhibits is first-line apparatus only and does not include reserve apparatus.
- Capital expenditures have been excluded when comparing costs and cost savings possibilities, but will be required as start-up costs.

1. SUMMARY OF FINDINGS IN FORMING AN INDEPENDENT AGENCY

There are two recognized methods for municipalities to work together to provide services through cooperative effort. The first is through the formation of a Joint Powers Authority and the second through the creation of an Independent Fire District.

(1) Joint Powers Authority

A Joint Powers Authority (JPA) is the formation of a new separate governmental organization, which is created by member agencies, but legally independent. Typically this type of agency would have a Board with representatives from each participating agency serving on the governing board. The JPA would be funded by the participating agencies and have responsibility for budgeting, operations and all personnel related matters. The full statutory language regarding Intergovernmental Programs can be found in Chapter 163 of the Florida State Statutes.

(1.1) Positive Elements

- Agencies are known at time of formation and costs determined.
- Governance model is determined by the participating agencies.
- County would have representation on governing Board.

- No voter or State Legislature approval required to form a JPA.

(1.2) Potential Issues

- Cost allocation plan for each participating agency would need to be developed.
- Agencies can more easily opt in or out of the JPA.
- Funding for services remains in the General Fund.
- Support for personnel, fleet, facilities and technology would be required.
- Transfer of existing assets to the JPA would need to be determined.

(2) Forming an Independent Fire District

Municipalities are permitted to form Independent Fire Districts as described in Chapter 191 of the Florida State Statutes. This process is more cumbersome than forming a JPA as it requires approval of the State Legislature as stated in Chapter 191.014 District Creation and expansion and Chapter 189.031.

(1.1) Positive Elements

- Opportunity for the District to levy ad valorem and non-ad valorem taxes.
- District is Governed by an elected Board.
- District is allowed to borrow money and issue bonds.
- District can acquire property by purchase, lease, gift or dedication.
- District can charge user and impact fees.

(1.2) Potential Issues

- State Legislative approval required to form a new Fire District.
- Forms an additional governmental agency on the Barrier Island.
- Loss of local control for the municipalities in fire rescue operations.
- Local decisions required for transferring assets into the District.
- Adoption of a five (5) year plan required in accordance with Chapter 189.08 of the Florida State Statutes.
- Any changes to the boundaries of the District require approval or ratification by the State Legislature.
- A codified charter is required to be submitted to the State Legislature stating the special acts (services) to be provided by the District.

The next section explores additional factors which need to be considered in the development of such an alternative fire services agency for the region.

2. CONSIDERATIONS FOR PROVIDING FIRE RESCUE SERVICES

(1) Effective Fire Rescue Agencies Can Develop a Timely Effective Response.

The Center for Public Safety Excellence had published a Fire and Emergency Services Self-Assessment Manual to assist local municipalities with assessing the effectiveness of fire rescue operations as compared to best practices. A key element for successful emergency response is the ability develop an effective response force for structural fires. In large agencies this is accomplished through standardized dispatch plans that dispatch the closest units to ensure an adequate firefighting force is established. Smaller agencies typically rely on automatic and mutual aid to form the effective force as they typically do not employ the number of personnel on a daily basis to handle these infrequent events. The following table illustrates the critical tasks and personnel required to be effective during structural firefighting activities:

Critical Fire Ground Tasks

Critical Task	Maximum Risk	High Risk	Moderate Risk	Low Risk
Attack Line	4	4	4	2
Search and Rescue	4	2	2	0
Ventilation	4	2	2	0
Backup Line	2	2	2	2
Rapid Intervention	2	2	0	0
Pump Operator	1	1	1	1
Water Supply	1*	1*	1*	1*
Support (Utilities)	1*	1*	1*	1*
Command	1	1	1	1
Safety Officer	1	1	1	1
Salvage/Overhaul	2	0	0**	0
Command Aid	1	1	0	0
Operations Chief	1	1	0	0
Logistics	1	0	0	0
Planning	1	0	0	0
Staging Officer	1	1	0	0
Rehabilitation	1	1	0	0
Division Supervisors	2	1	0	0
High-rise Evacuation	10	0	0	0
Stairwell Support	10	0	0	0
Total Personnel	50-51	21-22	14-15	8-9

*Tasks can be performed by the same individual

**Task can be performed by the attack crew

Through development of automatic and mutual aid agreements with neighboring jurisdictions, a Barrier Island Fire Rescue agency could easily form an effective response force in a timely manner. Barrier Island resources could also be utilized to assist the partner agencies on their large-scale infrequent emergencies. ISO ratings may also benefit from the adoption of automatic aid, as credit is given for the average number of personnel who respond to structure fires through automatic aid during ISO assessments.

Recommendation: A Barrier Island Fire Agency would need to develop automatic and mutual aid agreements with neighboring jurisdictions to ensure an effective response force can be assembled on structural fires.

(2) Performance Standards Will Be Needed for Fire and Rescue Response.

The adoption of performance standards for fire response is a critical first step in the evaluation of fire and rescue service levels and staffing alternatives. While there are national standards that can be used to evaluate fire service delivery, each community must identify the key risks and the necessary level of protection it needs based on its own unique circumstances. Once these performance standards are established a community can assess its performance and determine if current resources support the desired level of service.

There is a growing national discussion as to what the appropriate level of fire and rescue service is for a community. Several organizations have recommended service level targets for communities generally based on two concepts: fire growth behavior and cardiac arrest survivability. The table below, summarizes some of the standards recommended by national organizations:

Source	Description	Comments
Insurance Services Organization (ISO)	<ul style="list-style-type: none"> • Targets stations within 2.5 miles of every location. • Resources available to fight common types of fires. • Industrial / institutions may get their own ISO rating (independent of the local fire service). • No response time or other performance standards included. 	<ul style="list-style-type: none"> • 2.5-mile response target is drawn from historical fire service delivery. • Factors such as water system, access to non-system water, etc., may be used to lower ISO ratings. • Does not impact EMS service delivery.
American Heart Association (AHA)	<ul style="list-style-type: none"> • Initial (non-paramedic) response in less than 5 minutes from dispatch. • Paramedic response in less than 8 minutes. 	<ul style="list-style-type: none"> • Recognizes the major impact of rapid intervention on survivability in <u>cardiac</u> cases. • Standard is often cited as the major planning component for EMS system, even though it does not reflect on the majority of EMS workload (non-cardiac care responses).
National Fire Protection Association (NFPA)	<ul style="list-style-type: none"> • NFPA 1710 applies to full-time paid fire departments in urban/suburban communities. • On EMS, NFPA 1710 suggests a total response time of 6:20 minutes including the following elements: <ul style="list-style-type: none"> - 1 minute for dispatch processing 90% of the time for emergency calls. - 1:30 minutes for fire department reflex time 90% of the time for emergency calls - 4 minutes of drive time for first arriving unit 90% of the time for emergency calls. • On Fire, NFPA 1710 suggests a compliment of 13 to 15 personnel respond to the scene of a structure fire within 8 minutes of drive time and 10 minutes of total response time. 	<ul style="list-style-type: none"> • Assumes consistent level of risk in communities. Does not account for differences in built-in fire protection, age of construction, or other risks. • Based on incidents with low probability but high-risk potential.
Center for Public Safety Excellence (CPSE)	<ul style="list-style-type: none"> • 1 minute for dispatch 90% of the time for emergency calls. • 1:20 – 1:30 minutes – 1:30 for turnout time 90% of the time for emergency calls. • Travel time dependent on population and/or population density of area served or specific target hazards identified. 	<ul style="list-style-type: none"> • Allows agencies to adopt baseline or benchmark standards. • Allows varying standards for agencies based on local population, density and special identified risks.

There are a number of factors that should be considered when establishing service level targets for fire, rescue, and emergency medical services. As described above, the “standards” recommended by ISO, AHA, NFPA and CFAI, are based on high risk, low frequency incidents. As a result, communities should consider the relative value of establishing service levels based on these risks.

While the project team believes that the agencies should adopt service level objectives after consideration of local risks, workloads and the method in which services are provided, there are some response time elements that are generally considered “best practice” service level targets. These include elements of NFPA 1710, including such targets as a 1-minute dispatch processing time (time from call receipt to dispatch of first unit) for 90% of emergency calls, and a 1:30-minute “turn-out” (time from dispatch to a unit stating they are en-route) to 90% of incidents for staffed stations and travel times appropriate to the population and density of the community served. As shown earlier we utilized response times to evaluate the current service provided by the contract fire agencies; however they are only reporting average response times and not showing performance at the 90th percentile as recommended in current best practices.

Recommendation: The agencies should establish service level objectives for fire, rescue, and emergency medical response consistent with their service area and established industry benchmark or baseline performance standards. The project team recommends CPSE “Suburban” baseline standards as a starting point to measure performance.

(3) Coordination Between the a Barrier Island Fire Agency and Other Providers Related to Standardized and Joint Training Efforts is Recommended

A well-established training program is critical to the successful operation of a Fire Agency. While each agency should develop an effective training program internally, it is also important to coordinate training efforts with other fire agencies, particularly those

utilized to provide automatic or mutual aid on critical incidents. The development of a regional approach to training will enhance the effectiveness of emergency scene operations without cost impact to the involved agencies.

Recommendation: Develop an annual training curriculum and calendar for the delivery of training to include multi-company evolutions with first due mutual aid and automatic aid partners.

(5) The Provision of Fire Prevention Services is an Important Component of Providing Fire Rescue Services

As stated earlier, each of the Barrier Island Communities has adopted the same Fire Code as utilized by the contract service provider for providing fire prevention services. As part of a Barrier Island Fire Agency, fire prevention efforts need to be coordinated among the Barrier Island Communities to ensure standardized fire protection policies, planning and procedures are consistently adopted by each community. This type of standardization would ensure there are uniform safety measures for buildings constructed in the region and a consistent inspection schedule, which serves to enhance the safety of residents and responding personnel.

Recommendation: The Barrier Island Fire Agency will need to develop a system-wide fire prevention plan that addresses the use of standardized Fire Code and policies focused on development, plan review, inspections and enforcement.

2. THERE ARE OPPORTUNITIES TO IMPROVE FIRE SERVICE DELIVERY THROUGH CONSOLIDATED OPERATIONS

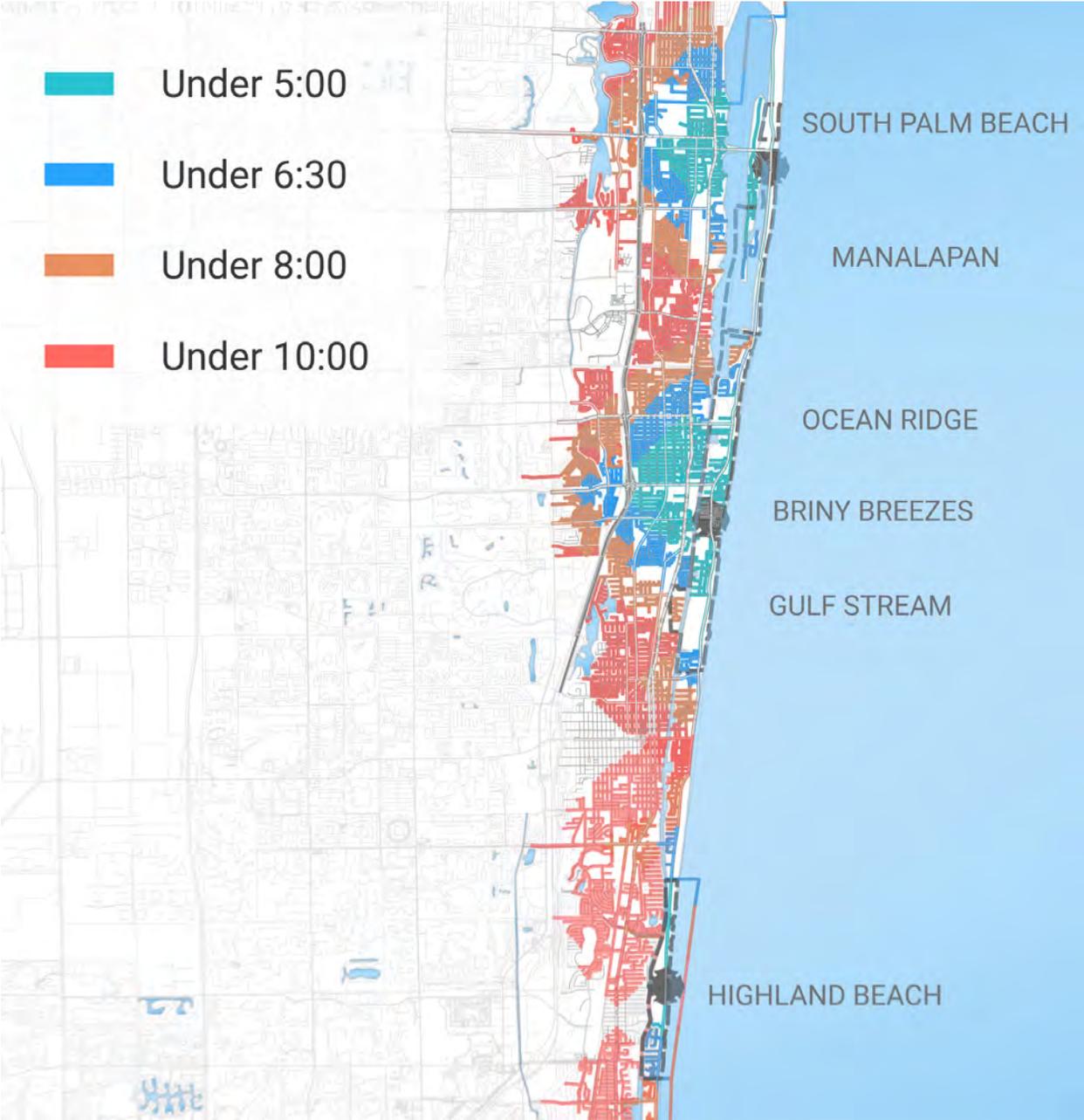
(1) The Formation of a Single Fire District Through a JPA or Independent District Will Reduce Costs and Provide Adequate Fire and EMS Services on the Barrier Islands.

A key component to the development of this study was to evaluate the advantages and disadvantages associated with the communities joining together to form a single fire agency by creating a joint fire service delivery agency.

In terms of efficient emergency response, consistent fire department administration and long-range planning, the fire protection system should be designed to ensure consistent service levels are provided to areas with a common economic and population base. As shown discussed earlier, even though the cities qualify as rural from a population standpoint, the density variation led to the recommendation of utilizing baseline performance measures of a “suburban” agency for initial performance measures and adjustment if needed after one year of data is available to provide a clear picture of the performance of the Barrier Island Fire Agency.

The map on the following page illustrates the expected performance time utilizing a 3rd station in the area of Briny Breezes and Ocean Ridge. For planning purposes the 4600 block of Ocean Blvd. was used as the location of this station. Moving further north or south would cause slightly different travel time expectations depending on the exact location.

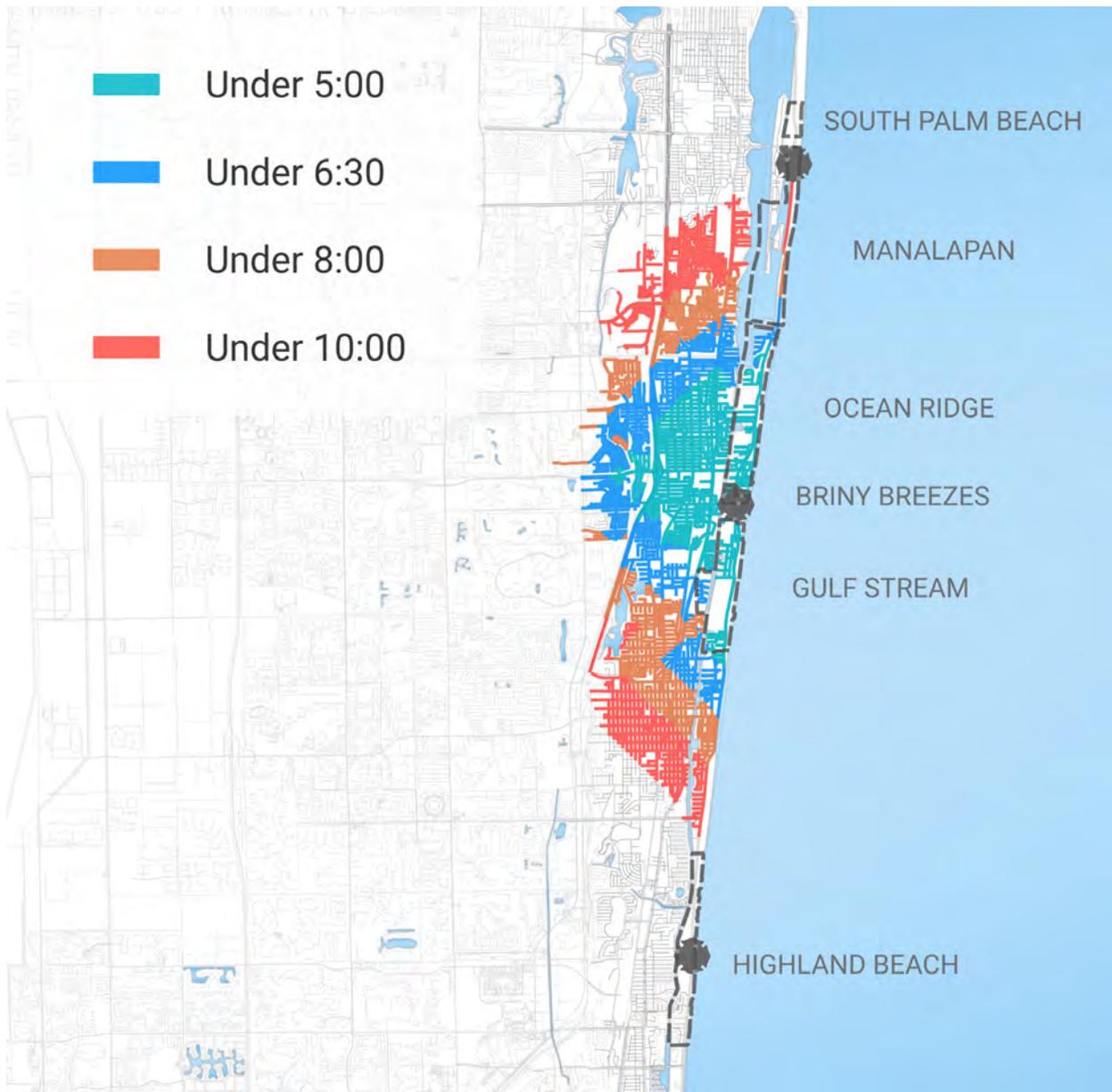
Engine Travel Times Utilizing a 3rd Station



The response map indicates that the addition of a 3rd station provides excellent coverage to the majority of the service area with only a small section in the northern portion of Ocean Ridge having response times between 6:30 and 8:00. Moving the

station slightly north of the 4600 block would correct this area to be within 6:30 90% of the time.

The next map illustrates using the available land in Ocean Ridge for the 3rd station location as opposed to locating the station in the Briny Breezes area:



As shown above, locating the third station at 100 Sea Road in Ocean Ridge fills the small gap of under service to the northern portion of the response district. This

option also provides services to “Place Au Soleil” in less than 6 minutes 30 seconds, which is in line with performance expectations.

As shown this option covers all areas with the exception of South Palm Beach within desired response times for a paramedic response according to industry best practices, therefore it is recommended that a staffing plan for deploying 3 engines and 3 rescue units daily be explored.

Recommendation: A Barrier Island Fire Rescue Agency should operate from the existing stations in Manalapan and Highland Beach as well as an additional station in Ocean Ridge.

In determining the staffing plan for a Barrier Island Fire agency, the staffing needs to provide effective administrative, support and emergency operations was evaluated and a staffing plan developed to ensure appropriate management, supervision and emergency response will occur in the Barrier Island Fire agency.

The following table illustrates the organizational design and staffing plan for a Barrier Island Fire Agency. For salaries, the midpoint salary of local fire departments was used for planning purposes to ensure costs did not exceed projections as salary increases occurred:

Organizational Design / Staffing

Position	Number of Positions	Annual Salary	Total Salary Cost
Chief	1	115,594	\$115,594
Fire Marshal/Fire Prevention	1	79,165	\$79,165
Administrative Assistant	1	44,642	\$44,642
Captain	9	67,100	\$603,900
Lieutenant	9	63,900	\$575,100
Driver/Engineer	9	60,176	\$541,503
Firefighter/Paramedic	36	55,508	\$1,998,288
TOTAL STAFF	66		

In terms of daily operational staffing, the table on the following page illustrates the daily staffing of emergency response apparatus for the Barrier Island Fire District.

Daily Shift Staffing Plan

Apparatus	Daily Scheduled	Daily Minimum
Engine/Ladder (3)	3 – Captains 3 – Engineers 6 - Firefighter / Paramedics	3 Persons on each Engine / Ladder
Rescue (3)	3 – Lieutenants 6 – Firefighter / Paramedic	2 persons on each Rescue
Total	21	15

As shown above, the daily staffing for the for the Barrier Island Fire Agency would be between 15 and 21 personnel on duty to respond to emergencies 24 hours per day / seven days per week / 365 days per year. The 15 personnel minimum ensures the agency can develop an effective response force to a single-family residential fire, but would require automatic or mutual aid assistance for larger incidents.

If in the future call demand or committed time of EMS resources required adding a 4th Rescue, the project team would recommend it be centrally located at the Ocean Ridge station location. The following table illustrates the costs associated with adding six (6) additional firefighter paramedics and 3 additional Lieutenants to staff this unit.

Organizational Design / Staffing (4 Rescue Units)

Position	Number of Positions	Annual Salary	Total Salary Cost
Chief	1	115,594	\$115,594
Fire Marshal/Fire Prevention	1	79,165	\$79,165
Administrative Assistant	1	44,642	\$44,642
Captain	9	67,100	\$603,900
Lieutenant	12	63,900	\$766,800
Driver/Engineer	9	60,176	\$541,503
Firefighter/Paramedic	42	55,508	\$2,331,336
TOTAL STAFF	75		

In terms of daily operational staffing, the table on the following page illustrates the daily staffing of emergency response apparatus for the Barrier Island Fire

District if a 4th Rescue was added.

Daily Shift Staffing Plan (4 Rescues)

Apparatus	Daily Scheduled	Daily Minimum
Engine/Ladder (3)	3 – Captains 3 – Engineers 6 - Firefighter / Paramedics	3 Persons on each Engine / Ladder
Rescue (4)	4 – Lieutenants 8 – Firefighter / Paramedic	2 persons on each Rescue
Total	24	18

As shown above, the daily staffing for the for the Barrier Island Fire Agency would be between 18 and 24 personnel on duty to respond to emergencies 24 hours per day / seven days per week / 365 days per year. The 18 personnel minimum ensures the agency can develop an effective response force to a single-family residential fire, but would require automatic or mutual aid assistance for larger incidents.

The personnel costs, including benefits associated staffing the operation of a Barrier Island Fire Agency are illustrated in the table below:

Consolidated Staffing Cost – Standardized Staffing

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	9	603,900	211,365	\$815,265
Lieutenant	9	575,100	201,285	\$776,385
Driver/Engineer	9	541,503	189,526	\$731,029
Firefighter/Paramedic	36	1,998,288	699,401	\$2,697,689
Operations Subtotal	63	\$3,718,791	1,301,577	\$5,020,368
System Staffing Total	66	\$3,958,192	\$1,385,367	\$5,343,559
Operating Costs				801,534
Total Fire Agency Cost				6,145,093
Current Annual Cost				6,926,388
Annual Savings				781,295

As shown above, there would be a cost savings of approximately \$781,000 dollars annually by forming a Barrier Island Fire Agency as compared to the current method of contracting for services.

The next table illustrates the total cost of operating a Barrier Island Fire Agency if a 4th Rescue were placed in service.

Consolidated Staffing Cost – Standardized Staffing (4 Rescues)

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	9	603,900	211,365	\$815,265
Lieutenant	12	766,800	268,380	\$1,035,180
Driver/Engineer	9	541,503	189,526	\$731,029
Firefighter/Paramedic	42	2,331,336	815,968	\$3,147,304
Operations Subtotal	72	\$4,243,539	1,485,239	\$5,728,778
System Staffing Total	75	\$4,482,940	\$1,569,029	\$6,051,969
Operating Costs				907,795
Total Fire Agency Cost				6,959,764
Current Annual Cost				6,926,388
Annual Savings				-33,376

As shown this staffing and operations model will yield an annual cost increase of approximately \$33,400 compared to current costs.

The governance of this consolidation would be greatly dependent on the partnering strategy chosen to implement the Barrier Island Fire Agency. The Barrier Island Communities may choose to form of a Joint Powers Authority (JPA), which would be funded by current General Fund dollars or form an Independent Fire District, with Legislative approval, which could become a separate taxing entity. Organizationally, either method will provide a single, unified fire department to service the area.

Recommendation: Consider fully consolidating the fire agencies through a JPA or formation of an Independent Fire District.

(2) The Formation of the Barrier Island Fire Agency Would Require Key Implementation Strategies.

The current governing bodies of the various involved entities should establish an intergovernmental committee represented by members of each agency's governing body to serve as the focal point in the unification effort of the Fire Department. This committee should be tasked with developing the intergovernmental agreements and funding plans necessary to implement the regional approach to providing fire protection in the area.

The committee should also conduct a strategic planning process to identify specific objectives and tasks with associated timelines to transition from the current contract operations to the merged fire department.

The agencies can then be merged in accordance with the selected strategy and through execution of an interlocal agreement or successful Legislative Approval to form a single independent fire district.

There are also funding options to consider if the agencies decide not to form an independent fire district. The three most common methods for sharing costs are system demand, assessed value and per capita. It is the opinion of the project team that most fair approach is using a system demand as costs are directly related to the amount of services being provided for the participating city, however the current staffing model has all stations staffed equally regardless of call frequency.

The following table illustrates the pro-rated cost sharing percentages for the various funding options. As shown the options bring a wide variation to the cost sharing for each agency.

Cost Sharing Percentages

Community	System Demand Incidents	Assessed Valuation	Per Capita
Briny Breezes	7.50%	0.85%	6.96%
Gulf Stream	6.30%	20.47%	9.63%
Highland Beach	44.40%	38.08%	43.08%
Manalapan	11.30%	19.11%	5.08%
Ocean Ridge	10.10%	16.34%	21.78%
South Palm Beach	20.30%	5.14%	13.47%

The following table illustrates the actual cost if the sharing percentages above were applied to each community based on the estimated annual budget of the Barrier Island Community Fire Agency for each option. There is also a valuation-weighted option where valuation is weighted at 50% and the other two factors at 25% each:

Cost of Each Option – Standardized Staffing

City	System Demand	Assessed Valuation	Per Capita	3 Option Avg.	Valuation Weighted
Briny Breezes	\$497,753	\$52,233	\$464,040	\$325,895	\$257,479
Gulf Stream	\$417,866	\$1,257,901	\$642,395	\$755,846	\$881,360
Highland Beach	\$2,452,892	\$2,340,051	\$2,872,627	\$2,479,750	\$2,444,825
Manalapan	\$749,701	\$1,174,327	\$338,560	\$745,400	\$852,632
Ocean Ridge	\$675,960	\$1,004,108	\$1,452,097	\$1,006,157	\$1,005,644
South Palm Beach	\$1,345,775	\$315,858	\$898,091	\$829,792	\$701,309

*Actual City assessments for FY 2015.

As shown the various funding options greatly impact the amount each city would have contributed to the cost of funding fire services. The system demand option provided the closest costs to the current budgets of the cities, while the valuation weighted option provides cost savings for all agencies except Gulf Stream. It is the

opinion of the project the system demand approach to costing services is the most fair cost allocation method as costs are directly related to the services provided to the participating city.

The next table illustrates the cost sharing allocation model with the costs of a 4th Rescue unit included in the calculations:

Cost of Each Option – Standardized Staffing (4 Rescues)

City	System Demand	Assessed Valuation	Per Capita	3 Option Avg.	Valuation Weighted
Briny Breezes	\$563,741	\$59,158	\$484,400	\$369,100	\$291,614
Gulf Stream	\$473,264	\$1,424,664	\$670,225	\$856,051	\$998,204
Highland Beach	\$2,776,946	\$2,650,278	\$2,998,266	\$2,808,497	\$2,768,942
Manalapan	\$849,091	\$1,330,011	\$353,556	\$844,219	\$965,667
Ocean Ridge	\$765,574	\$1,137,225	\$1,515,837	\$1,139,545	\$1,138,965
South Palm Beach	\$1,524,188	\$357,732	\$937,480	\$939,800	\$794,283

(3) A Barrier Island Fire Agency Would Have Significant Apparatus, Fleet and Capital Construction Needs.

As stated earlier in the report, the agencies currently have a limited fleet of vehicles and apparatus available for emergency operations. The plan would also require the construction of an additional station and an addition to the Manalapan station to house a rescue unit. The following tables illustrate the vehicle and apparatus needs of a Barrier Island Fire Agency and the current cost ranges for these and Capital construction needs. It is assumed in this exercise that the current ambulance owned by and operated in Highland Beach would be placed into a reserve status. The costs are

the current average of the range of typical costs for the apparatus by type. Actual costs will vary depending on manufacturer and options chosen on the apparatus.

Vehicle and Apparatus Needs

Apparatus	Status	Current	Proposed	Cost Each	Total
Engine	Front-Line Type 1	0	2	\$575,000 - \$700,000	\$1,275,000
Quick Attack	Front-Line	0	1	\$250,000 - \$300,000	\$275,000
Ladder	Front-Line	0	1	\$850,000 - \$1,400,000	\$1,112,500
Rescue	Front-Line	1	3	\$150,000 - \$225,000	\$562,500
Chief	Front-Line	0	1	\$60,000	\$60,000
Fire Prevention	Front-Line	0	1	\$50,000	\$50,000
Engine	Reserve	0	1	\$500,000	\$500,000
Rescue	Reserve	0	1	0	0
Total		1	10		\$3,572,500

As shown a Barrier Island Fire Agency would require the purchase of nine (9) additional vehicles and apparatus to begin operations at an estimated cost of \$3.6 million. If a 4th Rescue unit is added, this would increase the acquisition costs of apparatus to approximately \$3.8 million. The typical life span for an engine and ladder is 15 years front-line and 5 years in reserve status for a total life of 20 years. Based on existing call load, rescues would be expected to last 7 – 10 years.

The next table illustrates the approximate capital construction costs for remodeling the Manalapan station to accommodate a Rescue unit and constructing a 2 or 3 bay station in Ocean Ridge to house apparatus and personnel. It is important to note that actual costs will vary depending on building materials, finish out choices and construction methods used on the facilities and are provided only to give a basic idea of current baseline costs for these types of capital projects.

Capital Construction Costs

Station	Estimated Costs
Manalapan Renovations	\$350,000
New 2/3 Bay Station	\$2,750,000 - \$3,500,000
Total	\$3,150,000 - \$3,850,000

It would also be important for the communities to establish apparatus and building funds to ensure buildings can be adequately maintained and apparatus and vehicles replaced according to a fixed schedule. The following are the annual costs for establishing and funding these areas:

Item	Annual Cost
Engines	\$80,000
Quick Attack	\$25,000
Ladder	\$75,000
Rescues	\$85,000
Administrative Vehicles	\$14,000
Apparatus / Vehicle Subtotal	\$279,000
Building Maintenance and Upkeep	\$160,000
Total	\$439,000

3. CONSOLIDATION OPPORTUNITIES IN THE NORTHERN PORTION OF THE BARRIER ISLAND

As illustrated previously in the maps provided, there is a significant challenge for Highland Beach to provide resources to the other five communities in this study due to the landmass of Delray Beach located between Highland Beach and Gulf Stream. The same is true for assistance from the northern Barrier Island stations to Highland Beach. Therefore, it is critical that Highland Beach maintain a close working relationship with Delray Beach through an automatic aid agreement to ensure an effective response force can be assembled for critical incidents as Barrier Island resources will have travel times outside those desired for second due apparatus.

Due to this factor, the project team examined the costs of forming a northern Barrier Island Fire Agency which would include the communities of South Palm Beach, Manalapan, Ocean Ridge, Briny Breezes and Gulf Stream.

(1) Staffing a Northern Barrier Island Fire Agency

The following table illustrates the organizational design and staffing plan for a Northern Barrier Island Fire Agency. For salaries, the midpoint salary of local fire departments was used for planning purposes to ensure costs did not exceed projections as salary increases occurred:

Organizational Design / Staffing

Position	Number of Positions	Annual Salary	Total Salary Cost
Chief	1	115,594	\$115,594
Fire Marshal/Fire Prevention	1	79,165	\$79,165
Administrative Assistant	1	44,642	\$44,642
Captain	6	67,100	\$402,600
Lieutenant	6	63,900	\$383,400
Driver/Engineer	6	60,176	\$361,056
Firefighter/Paramedic	24	55,508	\$1,332,192
TOTAL STAFF	45		

In terms of daily operational staffing, the table on the following page illustrates the daily staffing of emergency response apparatus for the Barrier Island Fire District.

Daily Shift Staffing Plan

Apparatus	Daily Scheduled	Daily Minimum
Engine (2)	2 – Captains 2 – Engineers 4 - Firefighter / Paramedics	3 Persons on each Engine
Rescue (3)	2 – Lieutenants 4 – Firefighter / Paramedic	2 persons on each Rescue
Total	14	10

As shown above, the daily staffing for the for the Northern Barrier Island Fire

Agency would be between 10 and 14 personnel on duty to respond to emergencies 24 hours per day / seven days per week / 365 days per year. The 10 personnel minimum requires immediate automatic aid in the event of a structure fire or other critical call to ensure and effective response force can be assembled in a timely fashion. This staffing plan further emphasizes the importance of having automatic aid agreements in place with Palm Beach County, Boynton Beach and Delray Beach.

If in the future call demand or committed time of EMS resources required adding a 3rd Rescue, the project team would recommend it be located at the Ocean Ridge station location. The following table illustrates the costs associated with adding six (6) additional firefighter paramedics and 3 additional Lieutenants to staff this unit.

Organizational Design / Staffing (3 Rescue Units)

Position	Number of Positions	Annual Salary	Total Salary Cost
Chief	1	115,594	\$115,594
Fire Marshal/Fire Prevention	1	79,165	\$79,165
Administrative Assistant	1	44,642	\$44,642
Captain	6	67,100	\$402,600
Lieutenant	9	63,900	\$575,100
Driver/Engineer	6	60,176	\$361,056
Firefighter/Paramedic	30	55,508	\$1,665,240
TOTAL STAFF	54		

In terms of daily operational staffing, the table on the following page illustrates the daily staffing of emergency response apparatus for the Barrier Island Fire District if a 4th Rescue was added.

Daily Shift Staffing Plan (4 Rescues)

Apparatus	Daily Scheduled	Daily Minimum
Engine (2)	2 – Captains 2 – Engineers 4 - Firefighter / Paramedics	3 Persons on each Engine
Rescue (3)	3 – Lieutenants 6 – Firefighter / Paramedic	2 persons on each Rescue
Total	17	12

As shown above, the daily staffing for the for the Barrier Island Fire Agency would be between 12 and 17 personnel on duty to respond to emergencies 24 hours per day / seven days per week / 365 days per year. The 12 personnel minimum ensures the agency can develop an effective response force to a single-family residential fire with a chief officer response, but would require automatic or mutual aid assistance for larger incidents. The personnel costs, including benefits associated staffing the operation of a Barrier Island Fire Agency are illustrated in the table below:

Northern Barrier Island Staffing Cost – Standardized Staffing

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	6	402,600	140,910	\$543,510
Lieutenant	6	383,400	134,190	\$517,590
Driver/Engineer	6	361,056	126,370	\$487,426
Firefighter/Paramedic	24	1,332,192	466,267	\$1,798,459
Operations Subtotal	42	\$2,479,248	867,737	\$3,346,985
System Staffing Total	45	\$2,718,649	\$951,527	\$3,670,176
Operating Costs				550,526
Total Fire Agency Cost				4,220,703
Current Annual Cost				3,706,244
Annual Savings				-514,459

As shown above, there would be a cost increase of approximately \$514,500

dollars annually by forming a Northern Barrier Island Fire Agency as compared to the current method of contracting for services.

The next table illustrates the total cost of operating a Northern Barrier Island Fire Agency if a 3rd Rescue were placed in service.

Consolidated Staffing Cost – Standardized Staffing (3 Rescues)

Position	Total	Salary Cost	Benefits	Total
Administration				
Fire Chief	1	115,594	40,458	\$156,052
Fire Marshal	1	79,165	27,708	\$106,873
Administrative Assistant	1	44,642	15,625	\$60,267
Administration Subtotal	3	\$239,401	83,790	\$323,191
Emergency Operations				
Captain	6	402,600	140,910	\$543,510
Lieutenant	6	575,100	201,285	\$776,385
Driver/Engineer	9	361,056	126,370	\$487,426
Firefighter/Paramedic	30	1,665,240	582,834	\$2,248,074
Operations Subtotal	51	\$3,003,996	1,051,399	\$4,055,395
System Staffing Total	54	\$3,243,397	\$1,135,189	\$4,378,586
Operating Costs				656,788
Total Fire Agency Cost				5,035,374
Current Annual Cost				3,706,244
Annual Savings				-1,329,130

As shown, this staffing and operations model will yield an annual cost increase of approximately \$1.33 million compared to current costs.

As the goal of this type of consolidation was to improve or maintain service levels without generating cost increases, the project team does not recommend forming an Northern Barrier Island Fire District.

4. CONSIDERATIONS FOR PROVIDING SERVICES TO UNINCORPORATED AREAS.

The funding for providing services to the unincorporated area of the Barrier Island is dependent on the choice to form an independent fire district or Joint Powers Authority. The following are the ways funding for this area of the Barrier Island can

occur.

- **Barrier Island Fire District** – If during the formation of the District the decision is to create a separate taxing authority. Taxes would be paid by the property owners who are included in the jurisdiction boundaries of the District directly through property tax assessment and collection.
- **Service Fees** – The District could choose to charge user or service fees to the individual property owners desiring to be served by the Barrier Island Fire District as opposed to Palm Beach County Fire Rescue.
- **Automatic Aid** – The Barrier Island Fire District could provide services through the automatic aid agreement that was recommended earlier in the report. This would provide value to the County and make such an agreement mutually beneficially as there are limited areas the County would require assistance from the Barrier Island Fire District.

Each of these options could be pursued depending on service and cost considerations.

APPENDIX A – PROFILE OF THE CURRENT SERVICES

This chapter of the report provides summary information regarding the current organization and operation of the Fire Services providers to the Barrier Islands communities, which include Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge and South Palm Beach. Various types of data were collected and developed through interviews with each of the towns as well as the fire and rescue service providers, which include Boynton Beach, Delray Beach and Palm Beach County. The project team interviewed management and personnel, toured the response areas, reviewed available documents and records, as well as collected computerized records and data sets. This descriptive profile provides information that was utilized by the project team to analyze workloads, organization, management, and service levels provided to the Barrier Islands communities by the three service providers. The organization of this profile is as follows:

- Organization and Staffing.
- Department Budget.
- Emergency Operations Daily Staffing.
- Fire Department Roles and Responsibilities.
- Fire Department Workloads.

The following section provides the general overview of fire services by Boynton Beach, including its organization and authorized staffing.

1. BOYNTON BEACH FIRE RESCUE DEPARTMENT

This section of the Descriptive Profile provides an overview of the organizational structure, staffing and operations of the Boynton Beach Fire Rescue Department (BBFRD)

(1) Organization of Fire Rescue Services in Boynton Beach

The City of Boynton Beach provides fire rescues services within its own corporate boundaries, as well as to the Village of Golf, and the towns of Hypoluxo, Briny Breezes and Ocean Ridge. The Department provides services from five stations, with Station 1 covering Ocean Ridge and Station 4 covering Briny Breezes. The contract services provided to the two towns include the following:

Fire Suppression	Water Rescue
Emergency Medical Services (ALS, BLS)	Beach Rescue
Medical Transport	Commercial Inspections
Public Education	Plans Review
Fire Code Enforcement	Fire Investigations

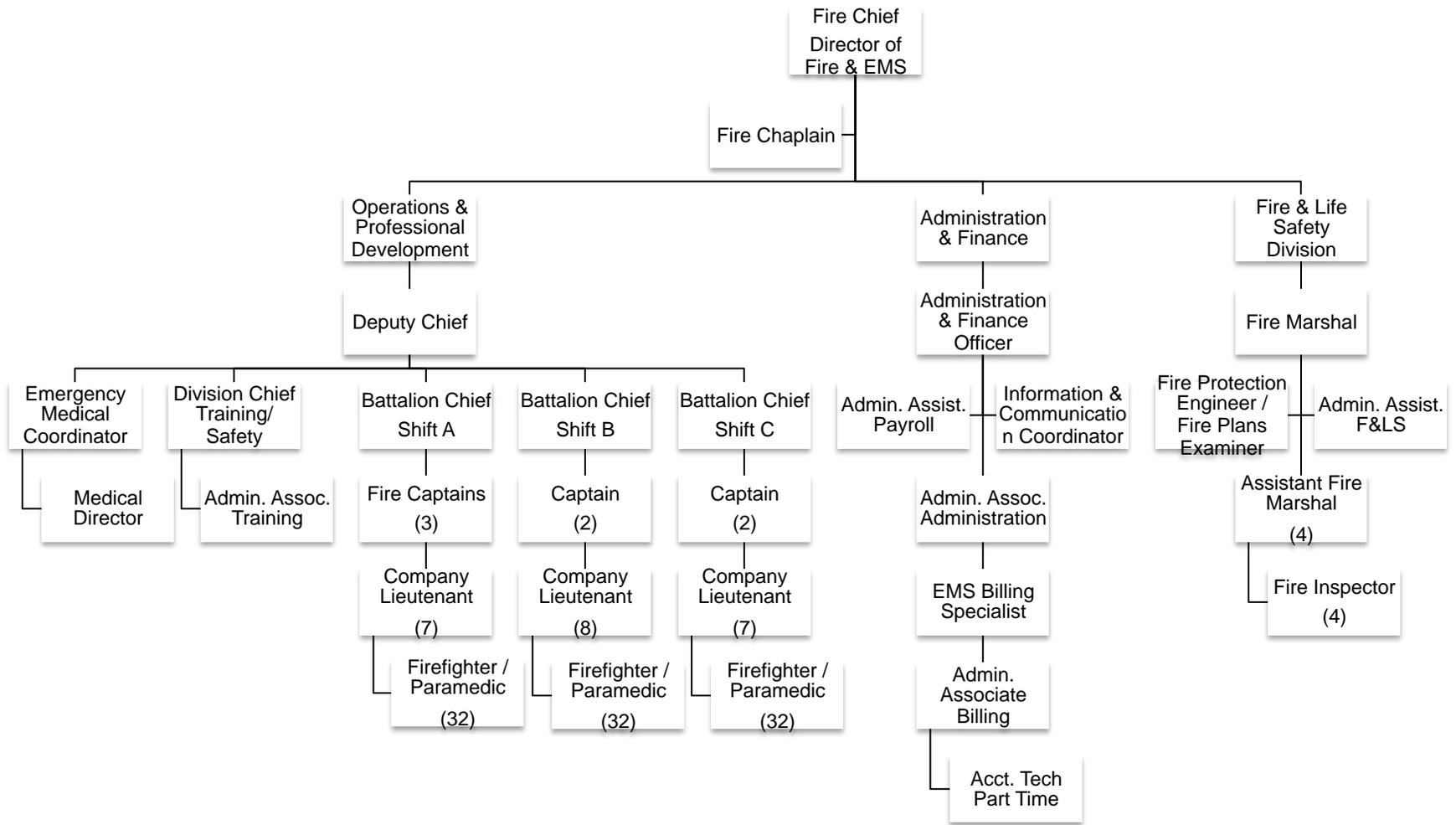
In addition to the above services, the Boynton Beach Fire Rescue Department provides confined space and high angle rescue through its Special Operations Unit from Station 5. The various Fire Department functions are performed with an authorized staffing of 149 full time personnel who work a 24/48 schedule. With a Kelly Day in each three-week period, the work cycle equates to six 24-hour shifts during this period.

The following table illustrates the number of staff charged to Boynton Beach for the staffing of fire services:

**Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach, Florida
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Position Number	Position Title	Pay Grade	2013/14 Actual	2014/15 Actual
15019	Director, Fire & EMS Services	45	1.0	1.0
15029	Deputy Fire Chief	43	1.0	1.0
	Fire Marshal	34	1.0	1.0
15099	Administrative and Finance Officer	30	1.0	1.0
15039	Fire Battalion Chief	FBC	3.0	3.0
15079	Fire Training & Safety Coordinator	34	1.0	1.0
15059	Information & Communications Services Coord.	CPA	1.0	1.0
15203	Fire Captain	CPA	7.0	7.0
15203	Fire Captain (Training & Safety)	CPA	0.0	0.0
15273	EMS Coordinator	26	1.0	1.0
15213	Fire Lieutenant	LTA	23.0	23.0
00023	Fire Protection Engineer	23	1.0	1.0
15252	Assistant Fire Marshall	19	4.0	4.0
15223, 15233, 15243 & 01910	Firefighter	FR	96.0	96.0
15272	Fire Inspector	17	1.0	1.0
00259	Administrative Assistant	14	1.0	1.0
00282	EMS Billing Specialist	11	1.0	1.0
00370	Administrative Associate	10	5.0	5.0
04160	Account Technician (PT)	10	0.0	0.0
Total Boynton Beach Fire Rescue Personnel			149.0	149.0

The following organization chart illustrates the current organizational structure of the Boynton Beach Fire Rescue Department.



The next section provides historical and current budget information for fire services provided by the Boynton Beach Fire Rescue Department.

(2) Department Budget and Revenue Sources

The following table provides the breakdown of FY 2012 through FY 2014 actual budgets along with the adopted budget for FY 2015.

Expenditure Type	FY 2011/12 Actual Budget	FY 2012/13 Actual Budget	FY 2013/14 Actual Budget	FY 2014/15 Adopted Budget
Personnel Services	\$16,804,521	\$17,294,438	\$17,902,395	\$18,382,606
Operating Expenses	\$1,231,358	\$1,286,398	\$1,385,474	\$1,504,208
Capital Outlay	\$1,101,569	\$109,375	\$68,464	\$180,285
Non-Operating Expenses	\$514,142	\$535,815	\$597,555	\$830,604
BBFRD Budget Total	\$19,651,590	\$19,226,026	\$19,953,888	\$20,897,703

As the table shows, there was a slight (2.1%) decrease in the overall budget from FY 2011/12 to FY 2012/13 due to lower capital expenditures. However, personnel services and operating expenses have increased each year in the table by between 3.0% and 3.8%.

The following table provides the FY 2013/14 revenues from the four contract municipalities.

Revenue	FY 2013/14
Town of Ocean Ridge	\$941,316
Briny Breezes	\$317,128
Town of Hypoluxo	\$358,146
Village of Golf	\$146,161
Ambulance Transport Fees	\$1,551,509
Fire & Life Safety Fees	\$393,730
<i>Other (not listed in revenue total of the provided documents *annual report*)</i>	200,331
BBFRD Revenue Total	\$3,908,321

As the table shows, the total non-transport revenues received from the Towns of Ocean Ridge and Briny Breezes in FY 2013/14 was \$1,258,444, which equates to about 6.3% of the total BBFRD budget for that fiscal year. The contracts for both towns

escalate each year by 4%, or the by the Consumer Price Index, whichever is greater.

Both contracts expire in October, 2016.

(3) Operations Daily Staffing

Fire Services in Boynton Beach are operated out of five fire stations. The table below shows the locations of the Boynton Beach Fire Stations and the response units located at each station:

Station	Address	Apparatus	Year	Make	Model	Mileage
1	100 E Boynton Beach Blvd, Boynton Beach, FL 33435	Ladder 101	2009	Sutphen	SL 75	46,980
		Rescue 101	2012	Freightliner	Rescue	29,047
2	2165 W Wool Bright Road, Boynton Beach, FL 33426	Ladder 102	2009	Sutphen	SL 75	47,482
		Rescue 102	2015	Freightliner	Rescue	11,559
3	3501 N Congress Avenue, Boynton Beach, FL 33436	Ladder 103	2015	Sutphen	SL 75	5,045
		Rescue 103	2016	Freightliner	Rescue	1,500
4	1919 S Federal Highway, Boynton Beach, FL 33435	Ladder 104	2014	Sutphen	SL 75	8,560
		Rescue 104	2014	Freightliner	Rescue	19,033
5	2080 High Ridge Road, Boynton Beach, FL 33426	Engine 105	2010	Sutphen	Monarch	36,180
		Rescue 105	2012	Freightliner	Rescue	26,695
		Truck 105	2008	Sutphen	SPH 100	23,224
		TRT 105	2001	Pierce	Heavy Resuce	109,706
		Battalion 105	2008	Chevy	Suburban	42,863
Reserve		Ladder	2003	Pierce	Quint	114,647
		Engine	2004	Pierce	Combat Commander	101,788
		Rescue	2008	International	Rescue	106,997
		Rescue	2009	International	Rescue	64,670
		Rescue	-	International	Rescue	58,260

The following table shows the minimum staffing levels at each of the Department's five stations.

Station	Apparatus	Minimum Staffing Level	Description
1	Task Force 1 (Ladder 101 & Rescue 101)	4	1 Officer, 3 Firefighters
2	Ladder 102	3	1 Officer, 2 Firefighters
	Rescue 102	3	1 Officer, 2 Firefighters
3	Ladder 103	3	1 Officer, 2 Firefighters
	Rescue 103	3	1 Officer, 2 Firefighters
4	Ladder 104	3	1 Officer, 2 Firefighters
	Rescue 104	3	1 Officer, 2 Firefighters
5	Engine 105	3	1 Officer, 2 Firefighters
	Rescue 105	3	1 Officer, 2 Firefighters
	Truck 105/TRT 105	3	1 Officer, 1 Firefighter
	Battalion 105	1	1 Chief Officer

As part of their contractual relationship with the Boynton Beach Fire Rescue Department, the Town of Ocean Ridge receives mutual aid from Palm Beach County, and the Town of Briny Breezes receives mutual aid from the City of Delray Beach.

The next section provides information on the Fire Department roles and responsibilities.

(4) Fire Department Emergency Response and Workload

The BBFRD is an all-hazard response agency. The Department responds to calls for service from five stations in Boynton Beach and serves as the EMS transport agency for the City as well as for the Village of Golf and the towns of Briny Breezes, Ocean Ridge and Hypoluxo. There are also prevention activities and community programs conducted by the Fire Rescue Department.

The following table shows the total numbers of responses by type of call for service, from calendar year 2011 through 2014, as well as the average numbers of calls during this time period, and the percent change from 2011 to 2014.

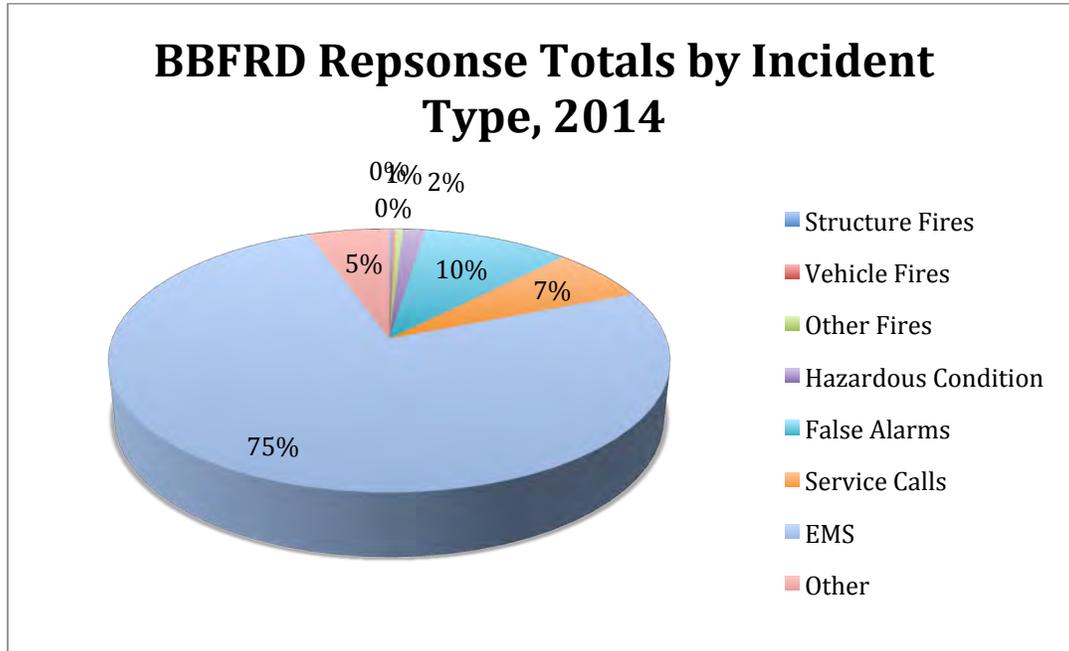
**Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach, Florida
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Fiscal Year	2011	2012	2013	2014	Average	% Change
Structure Fires	50	63	31	26	43	-48.0%
Vehicle Fires	40	33	44	31	37	-22.5%
Other Fires	70	66	68	63	67	-10.0%
Hazardous Condition	191	227	180	190	197	-0.5%
False Alarms	819	841	917	1,272	962	55.3%
Service Calls	851	799	785	854	822	0.4%
EMS	8,906	9,079	9,394	9,655	9,259	8.4%
Other	856	825	756	700	784	-18.2%

Highlights from a review of the table include the following:

- The number of structure fires has decreased sharply since the 63 calls for service in 2012. During the four-year period from 2011 to 2014, these calls decreased by 48%, however from 2012 to 2014, they decreased by 142%.
- Service calls, which represent the third-largest number of calls, has remained the most consistent category, varying from a low of 785 in 2013, to a high of 854 in 2014.
- The single largest category of calls for service is for emergency medical services, accounting for 76% of all calls during the four-year period in the table.
- The category with the greatest degree of variation has been False Alarms, which increased by 55.3% during the four-year period from 2011 to 2014.

The following chart graphically depicts the percentages that each of the categories of calls for service represented in calendar year 2014.



The BBFRD responds to emergency calls for service from five stations. The following table shows the distribution of responses from each of the five stations.

Station	2011	2012	2013	2014
1	1,675	1,396	1,620	1,818
2	2,675	2,689	2,802	2,964
3	2,251	2,649	2,733	2,794
4	2,380	2,695	2,702	2,701
5	2,802	2,504	2,318	2,514
Total	11,783	11,933	12,175	12,791

Highlights from a review of the above table include the following:

- The calls for service are relatively evenly distributed among Stations 2 through 5, with Station 1, which covers the Town of Ocean Ridge, responding to the fewest number of calls.
- Station 2 responded to the greatest number of calls for service over the four-year time period. These calls accounted for 22.9% of all calls.
- Station 4 is the primary responding station to Briny Breezes. This station accounted for 21.1% of all calls for service.

The following table shows the numbers of calls for service from each of the four contract areas.

Jurisdiction	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14
Village of Golf	97	89	81	106
Town of Hypoluxo	240	212	219	181
Ocean Ridge	152	144	148	133
Briny Breezes	89	97	120	122

In total, the four contract service areas accounted for 4.6% of all calls for service in the four-year period covered in the table. The Towns of Briny Breezes and Ocean Ridge accounted for only 2.1% of the total calls for service.

The next section provides information on the Fire and Life Safety Division.

(5) Fire and Life Safety Division

The Fire & Life Safety Division consists of one (1) Fire Marshal; one (1) Fire Protection Engineer focusing on Fire Safety Plans Review, four (4) Assistant Fire Marshals, one (1) Fire Inspector and one (1) Administrative Assistant.

The following data were obtained by the agency records management system and shows the workload related to the Fire and Life Safety Division in calendar years 2012, 2013 and 2014.

FLS Workload	2012	2013	2014
Inspections	2,513	2,317	3,646
Re-Inspections	2,816	2,835	2,435
Other Inspections	1,458	1,749	1,204
Building Permit Inspections	1,339	1,472	1,666
Plan Reviewed	1,084	1,203	809
Cause & Origin Investigations	31	34	20
Special Details	0	0	7
Civilian Citations	0	0	0
Community Room	45	47	37
Flow Test	15	14	17
False Alarm	578	519	492
Total Inspections	8,126	8,373	8,951
Total Violations	6,535	7,117	7,304

The next section provides operational, staffing, financial and workload information related to the Delray Beach Fire Rescue Department.

2. DELRAY BEACH FIRE RESCUE DEPARTMENT

This section of the Descriptive Profile provides an overview of the organizational structure, staffing and operations of the Delray Beach Fire Rescue Department (DBFRD)

(1) Organization of Fire Service in Delray Beach

The City of Delray Beach provides fire rescues services within its own corporate boundaries, as well as to the towns of Highland Beach and Gulf Stream. The Department provides services from six stations, with Station 2 being the primary responding station for Gulf Stream. The contract services provided to Gulf Stream include the following:

Fire Suppression	Ocean Rescue
Emergency Medical Services (ALS, BLS)	Confined Space and High Angle Rescue
Medical Transport	Commercial Inspections
Public Education	HazMat
Fire Code Enforcement	Fire Investigations

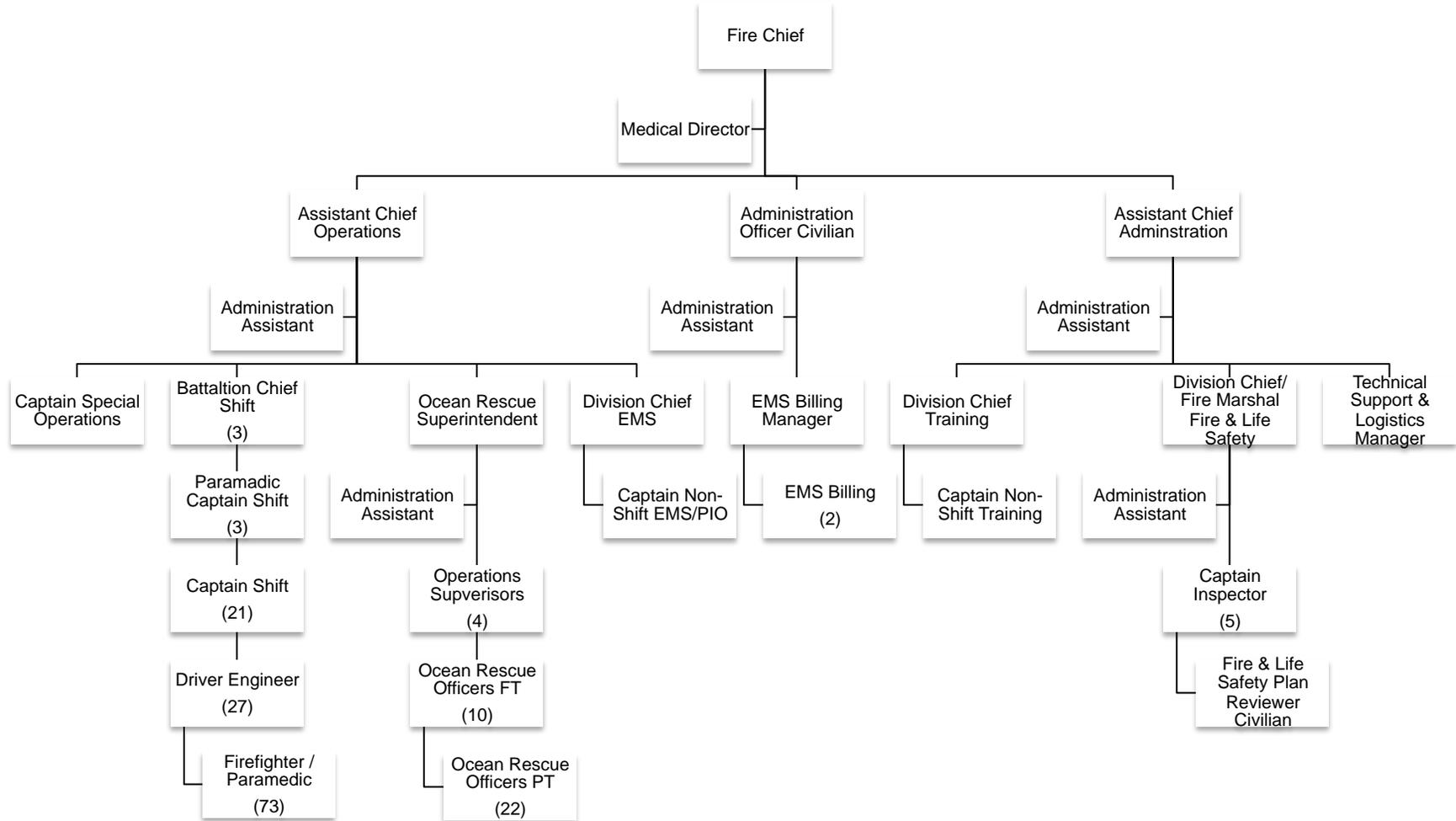
The various Fire Department functions are performed with an authorized staffing of 189 full time personnel.

The following table illustrates the number of staff charged to Delray Beach for the staffing of fire services:

**Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach, Florida
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Position Number	Position Title	Pay Grade	2013/14 Actual	2014/15 Actual
	Fire Chief			1
	Assistant Chief Operations			1
	Assistant Chief Administration			1
	Medical Director			1
	Captain Special Operations			1
	Battalion Chief			3
	Paramedic Captain			3
	Captain Shift			21
	Driver Engineer			27
	Firefighter/Paramedic			73
	Ocean Rescue Superintendent			1
	Operations Supervisor			4
	Ocean Rescue Officer (FT)			10
	Ocean Rescue Officer (PT)			22
	Division Chief EMS			1
	Captain Non-Shift EMS/PIO			1
	EMS Billing Manager			1
	EMS Billing			2
	Division Chief Training			1
	Captain Non-Shift Training			1
	Division Chief/Fire Marshal Fire Life & Safety			1
	Captain Inspector			5
	Fire Life & Safety Plan Reviewer (Civilian)			1
	Technical Support & Logistics Manager			1
	Administrative Assistant			5
Total Delray Beach Fire Rescue Personnel				189

The following organization chart illustrates the current organizational structure of the Delray Beach Fire Rescue Department.



The next section provides historical and current budget information for fire services provided by the Delray Beach Fire Rescue Department.

(2) Department Budget

The following table provides the breakdown of FY 2012 through FY 2014 budgets.

Budget	FY 2011/12	FY 2012/13	FY 2013/14
Personnel			
Administration	1,238,490	1,097,371	1,232,658
Highland Beach	2,932,760	2,868,379	3,078,707
Operations	14,465,340	14,570,705	14,521,346
Emergency Management	7,000	10,000	0
Fire Safety	1,065,660	946,622	1,082,036
Personnel Total	\$19,709,250	\$19,493,077	\$19,914,748
Operating			
Administration	509,224	591,171	495,676
Highland Beach	150,741	167,615	125,928
Operations	2,199,293	2,288,527	2,129,966
Emergency Management	8,200	8,821	816
Fire Safety	103,850	98,680	80,050
Operating Total	\$2,971,308	\$3,154,814	\$2,832,436
Capital			
Administration	8,220	55,800	10,093
Highland Beach	2,369	8,000	4,975
Operations	84,592	167,733	15,865
Emergency Management	0	3,000	0
Fire Safety	0	0	0
Capital Total	\$95,181	\$234,533	\$30,933
DBFRD Budget Total	\$22,775,739	\$22,882,424	\$22,778,117

Highlights from a review of the table, above, include the following:

- The Department budget has remained relatively stable over the three-year period, increasing by only \$2.378, which is far less than 1%.
- The Department’s operating budget decreased by \$138,872 over the three-year period, or about 4.7%. The largest divisional decrease was in the Operations Division, whose budget decreased by \$69,327, or about 3.2%.
- The Department’s Personnel budget increased by \$205,498, or 1.0%.

The next section provides details of the Department’s daily staffing.

(3) Operations Daily Staffing

Fire Services in Delray Beach are operated out of six fire stations. The table below shows the locations of the Delray Beach Fire Stations and the response units located at each station:

Station	Address	Apparatus	Year	Make	Model
1	501 W. Atlantic Avenue	Battalion 1	2013	Chevrolet	Surburban
		EMS 1	2012	Ford	F-350
		Squirt 1	2005	Pierce	Sky Boom
		Medic 1	2011	Horton	
		Utility 1	2004	Ford	F-550
		Boat 1	2004	Carolina	19' Skiff
2	35 Andrews Avenue	Engine 2	2007	Pierce	Dash
		Medic 2	2005	Horton	
3	651 Linton Blvd.	Engine 3	2011	Pierce	VeloCity
		Medic 3	2008	Horton	
		Tender 3	1989	Ford	LN800
4	4321 Lake Ida Road	Engine 4	2008	Pierce	VeloCity
		Medic 4	2007	Horton	
		Brush 4	1991	International	4x4
5	4000 Old Germantown Road	Truck 5	2009	Pierce	100' Aerial Platform
		Medic 5	2008	Horton	
		Special Operations 5	2006	Pierce	Dash Heavy Rescue
		Squad 5	2006	Ford	F-550
6	3612 S. Ocean Avenue	Ladder 6	1995	Sutphen	104' Aerial Ladder
		Medic 6	2004	MedTech	
Reserve		Ladder 5	2003	Pierce	Dash 100' Aerial Ladder
		Engine 7	2001	Pierce	
		Engine 8	2007	Pierce	
		Engine 9	1992	Pierce	
		Medic 7	2004	MedTech	
		Medic 8	2004	MedTech	
		Medic 9	2005	Horton	
		Hazmat Trailer	2003	Wells	Cargo
Training Site	1525 W. Atlantic Avenue				

Station 6 is located in Highland Beach and is owned by the Town as are the apparatus housed in the station. Delray Beach provides the staffing for this station through an interlocal agreement with Highland Beach. The following table shows the

minimum staffing levels at each of the Department's six stations.

Station	Apparatus	Minimum Staffing Level	Description
1	Battalion 1	1	Battalon Chief
	EMS 1	1	Shift EMS Supervisor
	Squirt 1	3	Captain, Driver Engineer, Firefighter
	Medic 1	2	2 Firefighter/Paramedics
2	Engine 2	3	Captain, Driver Engineer, Firefighter
	Medic 2	2	2 Firefighter/Paramedics
3	Engine 3	3	Captain, Driver Engineer, Firefighter
	Medic 3	2	2 Firefighter/Paramedics
4	Engine 4	3	Captain, Driver Engineer, Firefighter
	Medic 4	2	2 Firefighter/Paramedics
5	Truck 5	3	Captain, Driver Engineer, Firefighter
	Medic 5	2	2 Firefighter/Paramedics
	Special Operations 5	1	Driver Engineer
6	Ladder 6	3	Captain, Driver Engineer, Firefighter
	Medic 6	2	2 Firefighter/Paramedics

As part of their contractual relationship with the Delray Beach Fire Rescue Department, the Town of Gulf Stream receives mutual aid from Boca Raton, Boynton Beach, and Palm Beach County.

The next section provides information on the Fire Department workload:

(4) Fire Department Emergency Response and Workload

The DBFRD is an all-hazard response agency. The Department responds to calls for service from five stations in Delray Beach and serves as the EMS transport agency for the City as well as for the towns of Gulf Stream and Highland Beach. There are also prevention activities and community programs conducted by the Fire Rescue Department.

The following table shows the total numbers of responses by type of call for service, from fiscal year 2014 through 2013.

Fiscal Year	Fire	EMS	Total
2003/04	2,228	9,620	11,848
2004/05	2,020	9,508	11,528
2005/06	2,373	9,632	12,005
2006/07	2,059	9,688	11,747
2007/08	2,160	10,171	12,331
2008/09	1,893	10,012	11,905
2009/10	2,452	9,508	11,960
2010/11	2,558	9,462	12,020
2011/12	1,961	10,503	12,464
2012/13	2,012	11,159	13,171
Average	2,172	9,926	12,098
% Increase	-9.7%	16.0%	11.2%

Highlights from a review of the table include the following:

- The numbers of fire calls in FY 2003/04 was 9.7% less than in FY 2012/13, however there have been random fluctuations in these calls throughout this time period, and the lower recent number does not necessarily correlate with a general decline in this category of call for service.
- The number of EMS calls in FY 2012/13 was 16.0% greater than in FY 2003/04. Unlike the numbers of fire-related calls, however, the general trend in EMS calls for service has been increasing.
- The combined total of service calls increased by over 11% over the 10 years period. At 13,171 in FY 2012/13, this equates to an average of 33.1 calls for service per day, of which 84.7% were EMS calls.

The following table provides data related to the numbers of calls for each of the six stations.

Station	FY 2011/12	FY 2012/13	FY 2013/14
1	5,626	5,394	3,545
2	3,561	3,964	1,795
3	4,958	4,958	2,834
4	4,455	4,807	2,399
5	4,883	4,498	2,019
6	2,167	2,089	814
Total	25,650	25,710	13,406

The above table shows that the total numbers of calls for service were relatively stable in fiscal years 2011/12 and 2012/13, with some variations in the numbers of calls for each station. The call levels at each station showed a marked decrease in FY

2013/14, however.

The table below shows the total numbers of calls for service in both Highland Beach and Gulf Stream.

Jurisdiction	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Avg.
Gulf Stream	72	109	123	57	90
Highland Beach	545	736	713	535	632
Total	617	845	836	592	722

The towns of Highland Beach and Gulf Stream account for between 3.3% and 4.4% of all calls for service by the Delray Beach Fire Rescue Department. The DBFRD responded to Highland Beach calls for service in an average of 6:03 in FY 2013/14, and to Gulf Stream calls for service in an average of 9:20. The following table shows the average response times per unit in FY 2013/14.

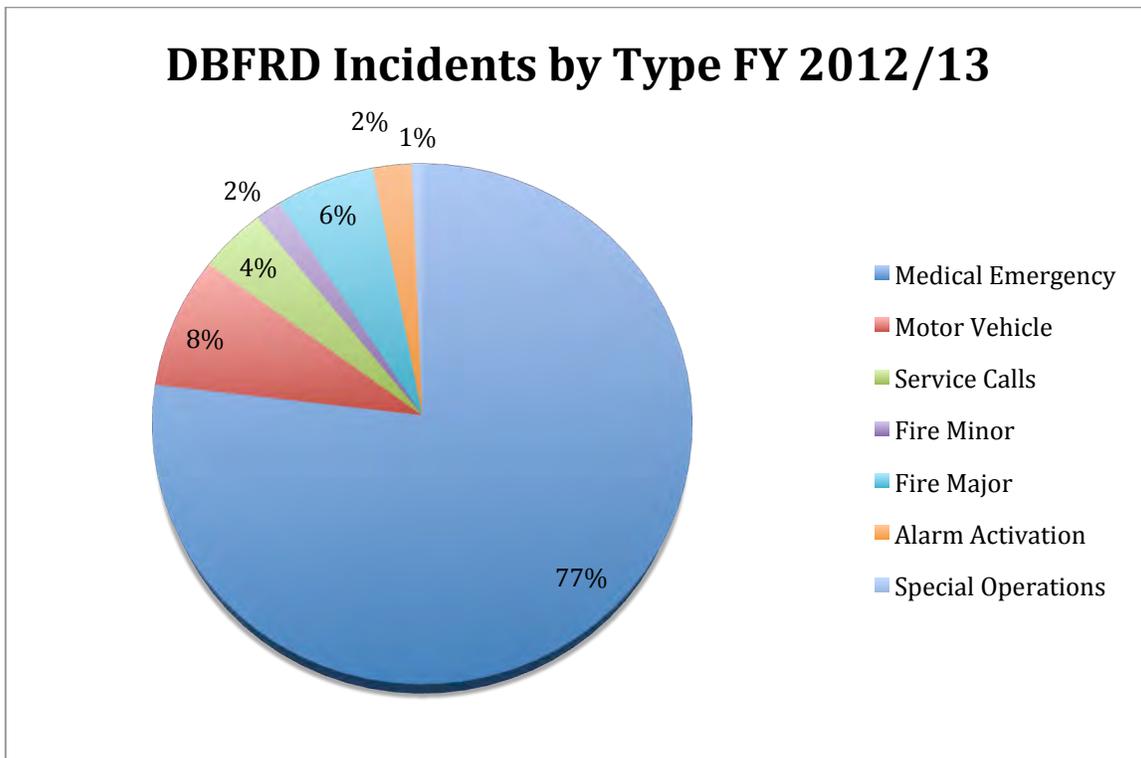
Unit	AVG Response Time FY 2013/14
Engine 1	5:09
Engine 2	6:03
Engine 3	5:36
Engine 4	6:22
Engine 5	5:45
Engine 6	4:40
Ladder 5	6:11
Ladder 6	5:53
Truck 5	6:23
Squirt 1	5:06
Medic 1	5:10
Squirt 5	8:52
Medic 2	6:38
Medic 3	5:36
Medic 4	6:37
Medic 5	6:04
Medic 6	6:18

As the table shows, Engine 6 recorded the shortest average response time at 4:40. The longest response time was recorded by Squirt 5, at 8:52.

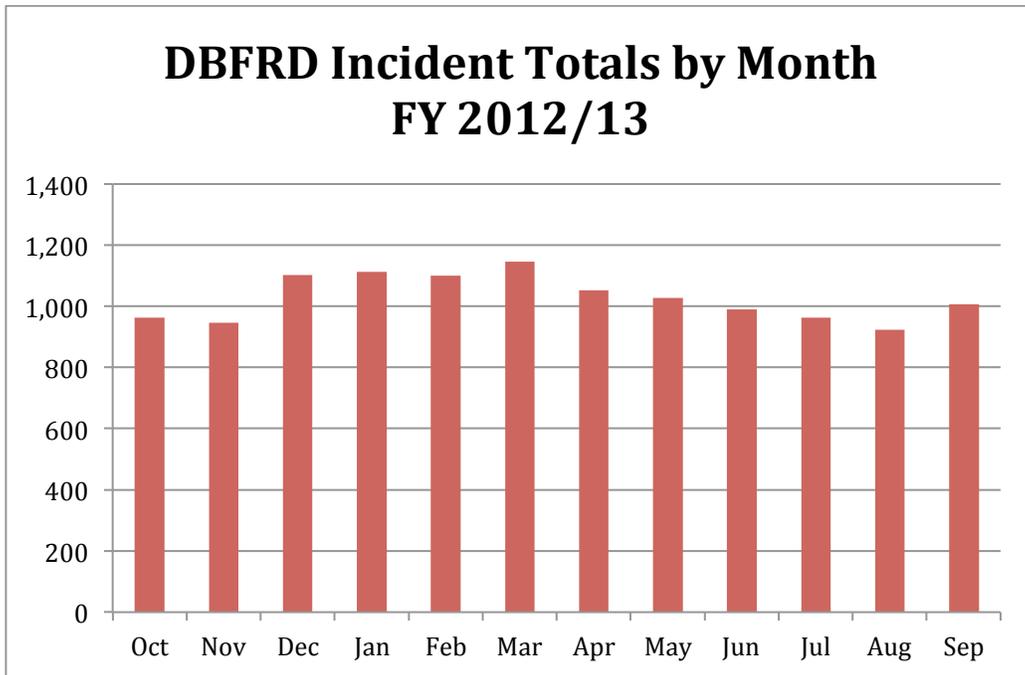
The table below shows the distribution of calls for service type by month for the fiscal year 2012/13.

Month	Medical Emergency	Motor Vehicle	Service Calls	Fire Minor	Fire Major	Alarm Activation	Special Operations	Total
Oct	744	78	32	31	56	17	4	962
Nov	731	73	51	20	52	14	6	947
Dec	885	91	34	9	57	18	8	1,102
Jan	855	90	44	12	78	19	15	1,113
Feb	871	82	44	16	58	19	11	1,101
Mar	915	77	46	22	65	19	2	1,146
Apr	814	111	33	15	53	18	8	1,052
May	795	81	61	20	61	7	3	1,028
Jun	742	86	52	4	76	23	8	991
Jul	742	87	39	11	68	10	7	964
Aug	710	65	45	10	70	18	5	923
Sep	680	93	31	25	63	112	3	1,007
Total	9,484	1,014	512	195	757	294	80	12,336

The largest single response type by the DBFRD was for emergency medical service, which accounted for 77% of all calls during FY 2012/13, as the chart, below, shows.



The largest volume of calls for service occurred in the months from December, 2012 through March, 2013, as the graph below shows.



(6) Training

The Training and Safety Division oversees education and training activities to prepare emergency services personnel for such events. This is accomplished by promoting education and training that meets local, state and national standards.

Each year, the Training and Safety Division works with fire operations to ensure all Firefighters/Paramedics maintain specialized training and stay current with industry trends in Emergency Medical Services, Special Operations, and Firefighting tactics. The following are training accomplishment across all disciplines.

(6.1) Emergency Medical Services:

AHA/CPR recertification, Treatment of Infant Cardiac Arrest, Sudden Infant Death Syndrome, Autism Awareness for First Responders, Treatment of Smoke Inhalation and Burn Victims, 12 Lead EKG Interpretation and Cardiac Alert recognition.

(6.2) Firefighter Safety:

Survival/Rapid Intervention Crew deployment, Roadway Incident Management, Firefighter Operations in High-rise Buildings, Wind Driven Fires, Fire Flow Paths and Ventilation Limited Fires, Yearly Self Contained Breathing Apparatus proficiency and emergency procedures, Firefighter escape pack training tower deployment, and Radio Communications.

(6.3) Special Operations:

Intracoastal Waterway Dive Rescue surface and underwater rescue training, Confined Space Entry training, Hazmat Gas ID Equipment Training, Hazmat Monitoring, Dive Rescue Training at Lake Ida Park.

(6.4) Directed Shift Level Training:

Ground Ladders and Equipment Hoisting, Fire Attack Hose Line Operations, The Art of Reading Smoke, Yearly SCBA Module, online Fire & EMS training modules, Ebola Management Response.

The table below shows the numbers of hours of training provided to each of the Firefighters in the Department since FY 2002/03.¹

¹ Figures were obtained from the 2012-2013 Annual Report. The Report omitted the training hours in FY 2011/12.

Fiscal Year	Total Hours	Number of Firefighters in Operations	Number of Training Hours per Firefighter
2002/03	29,027	111	262
2003/04	29,868	115	260
2004/05	30,252	118	256
2005/06	30,408	115	264
2006/07	32,179	123	262
2007/08	25,397	124	206
2008/09	28,434	120	237
2009/10	32,330	126	257
2010/11	32,526	123	264
2012/13	44,069	128	344
Average	31,449	120	261
% Increase	51.8%	15.3%	31.3%

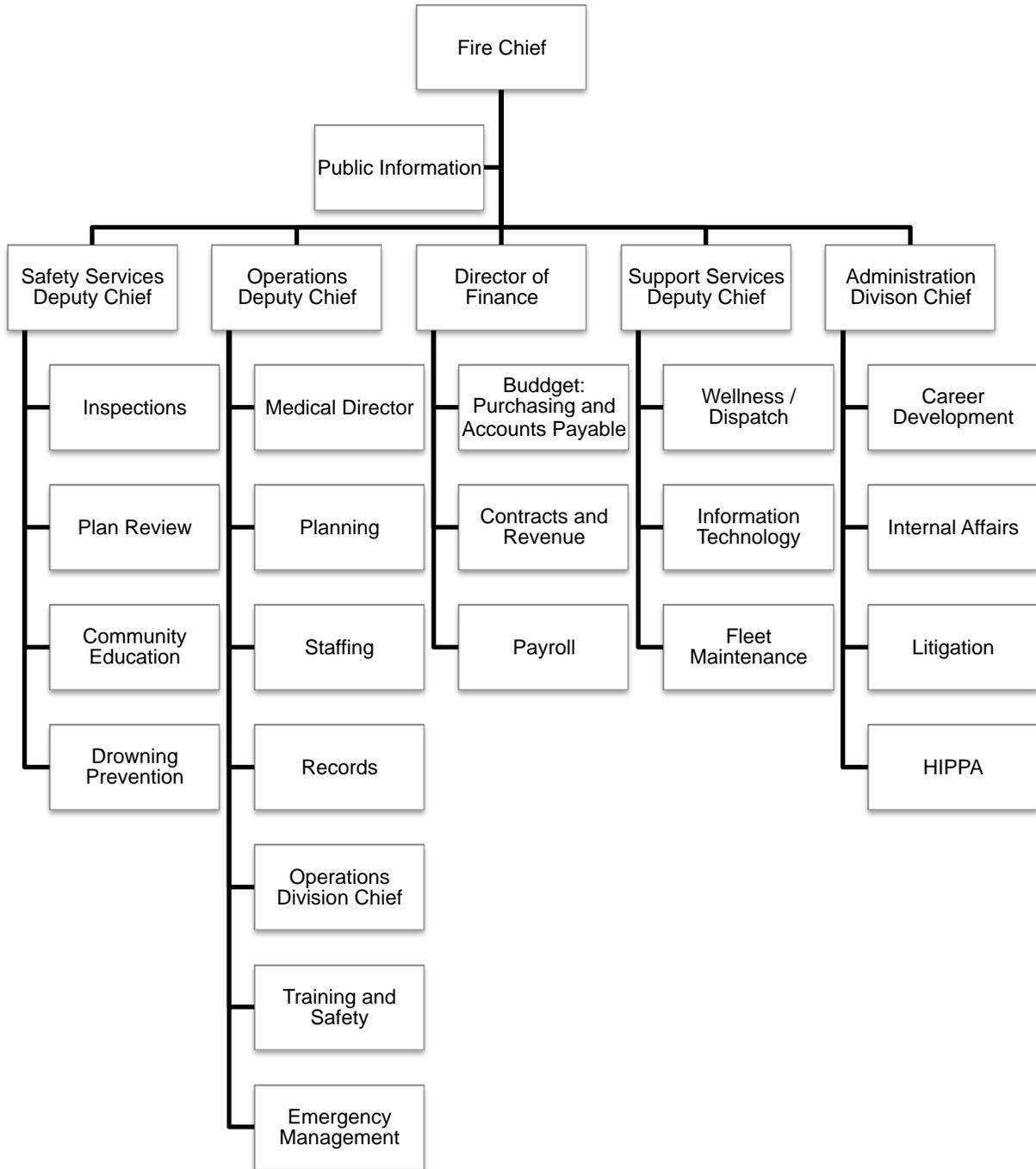
3. PALM BEACH COUNTY

Palm Beach County Fire Rescue provides contract services to South Palm Beach and Manalapan. There is a station owned by Manalapan that is staffed by County fire personnel.

(1) Organization of Fire Services in Palm Beach County

The Palm Beach County Fire-Rescue serves all of the unincorporated areas of Palm Beach County as well as many incorporated municipalities through interlocal agreements. Manalapan and South Palm Beach are served by the County through such an agreement. The County also dispatches for Gulf Stream and Highland Beach through the dispatch agreement with Delray Beach.

The following organizational chart illustrates the basic organization of the Palm Beach County Fire Department.



The following services are provided by Palm Beach County Fire Rescue:

Aviation	Safety Services
Dispatch & Telecommunications	Operations (Emergency Response)
Training & Safety	Vehicle & Building Maintenance

The following table illustrates the station and apparatus deployment plan for Palm

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Beach County Fire Rescue:

Station	Location	Apparatus
Battalion 1		
14	12015 West Indiantown Rd., Jupiter Falls	E14, R14, B14, T14
15	12870 S. US Hwy 1, Juno	L15, R15, B615
16	3550 Military Trail, Jupiter	E16, R16, B616
17	8130 N. Jog Rd., West Palm Beach	E17, R17, B17
18	777 North US Hwy. 1, Jupiter	E18, R18
19	322 N. Central Blvd., Jupiter	E19, R19, SO19, B19, BC1, DC1, DCPT1
68	1000 Park Ave., Lake Park	E68, R68, Foam 68
Battalion 2		
20	1000 Greenview Shores Blvd., Wellington	E20, R20, B20
21	14200 Okeechobee Blvd., West Palm Beach	E21, R21, B21, T21
22	5060 Seminole Pratt Whitney Rd., Loxahatchee	E22, B22, R22
25	1060 Wellington Trace, Wellington	E25, R25, B625, SE1, SE2, SE3
26	6085 Avocado Blvd., West Palm Beach	E26, R26, B26
27	3411 Southshore Blvd., Wellington	E27, R27, B27
28	1040 Royal Palm Beach Rd., Royal Palm Beach	E28, R28, B628, DC2, BC2, DCPT2
29	10055 Belvedere Rd., Royal Palm Beach	TR29, R29
30	9610 Stribling Way, Wellington	E30, R30, R230
Battalion 3		
23	5471 Okeechobee Blvd., West Palm Beach	E23, R23, R223, BC3, DC10, DCPT10
24	1734 Seminole Blvd., West Palm Beach	E24, R24
31	3439 Lake Worth Rd., Lake Worth	E31, R31
32	4022 Charleston St., Lake Worth	E32, R32, B32
33	830 Kirk Rd., West Palm Beach	E33, R33
35	2501 W. Lantana Rd., Lantana	E35, R35, TR35
36	5395 Purdy Lane, West Palm Beach	E36, R36
37	500 Greynolds Circle, Lantana	E37, R37
38	600 South Ocean Dr., Manalapan	E38
39	230 Cypress Lane, Palm Springs	R39, E39
43	5970 South Military Trail, Lake Worth	E43, R43, B43
91	1020 Lucerne Ave., Lake Worth	E91, R91, DC3, DCPT3
93	1229 Detroit Street, Lake Worth	E93, R93
Battalion 4		
41	5105 Woolbright Rd., Boynton Beach	E41, R41, R241
42	14276 Hagen Ranch Rd., Delray Beach	E42, R42, B42, DC4, BC4, DCPT4, Com
44	6670 Flavor Pict Rd., Boynton Beach	E44, R44, R244
45	15450 Jog Rd., Delray Beach	E45, R45, R245
46	7550 Jog Rd., Boynton Beach	E46, R46
47	7950 Enterprise Ctr. Cir., Boynton Beach	R47, L47
48	8560 Hypoluxo Rd., Lake Worth	E48, T48, B48
52	4661 Pheasant Way, Boca Raton	E52, R52
Battalion 5		
51	10050 Judge Winikoff Rd., Boca Raton	E51, R51
53	19950 Lyons Rd., Boca Raton	E53, R53
54	18501 SR 7, Boca Raton	E54, R54, B654
55	6787 Palmetto Circle No., Boca Raton	E55, R55
56	6250 SW 18 th Street, Boca Raton	R56, R256
57	9030 Vista Del Lago, Boca Raton	R57, TR57, BC5, DC5, DCPT5
58	12245 Glades Rd., Boca Raton	E38
Battalion 7		

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Station	Location	Apparatus
72	615 S. Lake Ave., Pahokee	E72, R72, T72, B72
73	525 SW 2 nd Street, Belle Glade	E73, R73, BC7, DC7, DCPT7, L73, R273
74	530 US Hwy. 27, South Bay	E74, R74
Battalion 9		
34	231 Benoist Farms Rd., West Palm Beach	E34, R34, TC34, SO34, BC9, DC9
81	Bldg 120 PBIA, West Palm Beach	D1, D2, D3, D4, D5, F81, RP81, Sup81, DC8, AC1, APLT1, ESCORT1, AS1
TH	4255 Southern Blvd., West Palm Beach	TH1, TH2
Battalion Reserve		

As shown above, Manalapan and South Palm Beach are located in Battalion 3 of the Palm Beach County response network and there is a single engine company housed at the station in Manalapan.

(2) Departmental Budget

Palm Beach County Fire Rescue Financial Summary

	FY 14 Actual	FY 15 Budget	FY 16 Budget	Change FY15–FY16
Non-Ad Valorem Revenue				
Charges for Services	34,720,723	37,287,520	36,959,197	(1%)
Grants	763,844	332,185	383,185	15%
Licenses & Permits	18,255	14,000	14,000	-
Interfund Charges	3,496,196	15,376,989	394,645	(97%)
Fund Balance	92,391,885	67,961,910	71,185,107	5%
Sub Total	\$ 134,301,723	\$ 109,589,691	\$ 96,812,495	(12%)
Appropriations				
Personnel Services	219,524,431	233,215,782	238,797,510	2%
Operating Expenses	29,282,735	34,104,987	35,364,367	4%
Capital Outlay	8,358,142	9,996,023	10,885,397	9%
Grants and Aids	1,476,863	1,579,439	1,703,025	8%
Transfers	318,819	320,245	371,193	16%
Reserves	-	53,312,620	53,178,136	-
Sub Total	\$ 258,960,990	\$ 332,529,096	\$ 340,299,628	2%
Ad Valorem Funding				
Countywide	6,887,853	8,716,111	11,058,205	27%
Fire Rescue	190,299,479	214,223,294	232,428,928	8%
Positions	1,490	1,494	1,498	4

As shown in the previous table, the budget appropriations for Palm Beach County increased 2% between FY 15 and FY 16 and the total positions increased by 4. Approximately 70% of the appropriations are related to funding personnel services.

(3) Fire Department Emergency Response and Workload

Palm Beach County Fire Rescue responds to over 120,000 calls for service annually. Approximately 86.7% of these calls are emergency medical calls and the remaining fire and service calls.

(3.1) Emergency Response Workload

The following tables illustrate the emergency response and workload related to service delivery in Manalapan and South Palm Beach:

Manalapan Emergency Workload FY 13 – FY 15

Call Type	FY 13	FY 14	FY 15	3yr Total	3yr Avg.
Medical	135	100	92	327	109
Vehicle / Boating Accident	5	3	5	13	4.3
Water Injury	1	3	1	5	1.7
Fire	3	7	1	11	3.7
Hazmat / Power Line	5	2	3	10	3.3
Assist / Investigation	11	14	5	30	10
Alarm	46	19	22	87	29
Total	206	148	129	483	161

South Palm Beach Emergency Workload FY 13 – FY 15

Call Type	FY 13	FY 14	FY 15	3yr Total	3yr Avg.
Medical	180	134	166	480	160
Vehicle / Boating Accident	1	4	0	5	1.7
Water Injury	2	0	1	3	1
Fire	2	1	3	6	2
Hazmat / Power Line	0	1	0	1	0.3
Assist / Investigation	18	19	15	52	17.3
Alarm	118	98	100	316	105.3
Total	321	257	285	863	287.7

As shown above the average emergency call response in Manalapan is 161 calls per year with approximately 68% of calls being emergency medical calls and 18% being alarm calls. The average emergency call response in South Palm Beach is 288 with approximately 56% being emergency medical calls and 37% being alarm calls.

According to the annual reports provided by the County, the following are the average response times for emergency call response for Manalapan and South Palm Beach:

Average Response Time

	FY 13	FY 14	FY 15	3yr Avg.
Manalapan	5:30	6:08	5:12	5:36
South Palm Beach	5:01	5:01	5:09	5:03

(3.2) Fire Prevention Workload

The following tables illustrate the fire prevention workload in Manalapan from FY 13 – FY 15. It is important to note that there is no fire prevention activity reported for South Palm Beach by the County.

Manalapan Fire Prevention Workload FY 13 – FY 15

Inspection Type	FY 13	FY 14	FY 15	3yr Total	3yr Avg.
Annual Business	29	31	29	89	29.7
Re-inspection Business	6	3	0	9	3
New Construction	4	2	9	15	5
Occupational License	0	0	3	3	1
Vacant	19	18	17	54	18
Other	0	0	4	4	1.3
Total	58	54	62	174	58

(4) Training

Palm Beach County Fire Rescue reports that each fire rescue employee receives 100 hours of training annually. The following are the principal topic areas related to continuing education training for fire rescue personnel.

- Emergency Medical
- Wildland Firefighting
- Weapons of Mass Destruction
- Self Contained Breathing Apparatus
- Water Rescue
- Map and Area Familiarization
- Extrication
- Urban Search and Rescue
- Hi-Rise Firefighting
- Thermal Imaging Techniques

5. CONSOLIDATED BARRIER ISLAND DEMOGRAPHICS

This section of the profile illustrates the project team’s understanding of what a consolidated service area for fire/EMS protection would be on the barrier islands.

(5.1) Service Area

The following table shows the individual areas and population as well as the

compiled area and population for the barrier island communities.

Service Area	Sq. Miles	Population	Density
Briny Breezes	0.1	588	5,880
Gulf Stream	0.8	814	977
Highland Beach	1.1	3,640	3,309
Manalapan	2.4	429	179
Ocean Ridge	0.9	1,840	2,024
South Palm Beach	0.1	1,138	3,793
Total	5.4	8,449	1,565

As shown above the total population for the barrier island service area is 8,449 residents and a population density of 1,565 residents per square mile. For fire protection planning purposes this would make the barrier island service area a suburban area .

(5.2) Fire Stations and Apparatus

There are currently two fire stations in the barrier island service area. One is located in Highland Beach, in the southern portion of the service area and a second in Manalapan in the northern portion of the service area.

Fire Station	Address	Ownership	Apparatus	Ownership
Highland Beach	3612 S. Ocean Ave.	Highland Beach	1 Aerial Ladder 1 Rescue	Highland Beach
Manalapan	600 S. Ocean Blvd.	Manalapan	Engine	Palm Beach County

As shown above there are two stations in the service area which currently house 1 aerial ladder, 1 engine and 1 Rescue (ambulance). The aerial ladder and rescue are owned by the town of Highland Beach while the engine is owned by Palm Beach County.

(5.3) Emergency Workload

The following table illustrates the emergency workload for each area individually and for the service area as a whole based on the averages over the previous year as reported in the earlier data.

Service Area	Fire	EMS	Total	% of Calls
Briny Breezes	26	81	107	8.1%
Gulf Stream	20	70	90	6.8%
Highland Beach	178	347	525	39.9%
Manalapan	52	109	161	12.2%
Ocean Ridge	36	108	144	11.0%
South Palm Beach	128	160	288	21.9%
Total	440	875	1,135	
Percentage	33.5%	66.5%	100%	
Avg. Per Day	1.21	2.4	3.61	

As shown above, as a service area the barrier island communities are expected to generate approximately 1,135 calls annually of which approximately 67% or 875 will be emergency medical calls. The average emergency call volume per day will be approximately 4 calls for the service area.

(5.4) Cost of Services

The following table illustrates the fire prevention workload reported for each area individually and for the service area as a whole based on the average over the previous years as reported in the earlier data.

Service Area	2014	2015	2016	3 yr. Change	Cost per Call
Briny Breezes	317,128	329,813	343,005	8.2%	\$3,205.65
Gulf Stream	389,536	409,010	429,460	10.3%	\$4,771.78
Highland Beach	3,002,403	3,105,060	3,222,160	7.3%	\$5,098.35
Manalapan	909,971	964,817	956,818	5.2%	\$5,942.97
Ocean Ridge	941,316	978,969	1,018,127	8.2%	\$7,070.33
South Palm Beach	909,971	964,817	956,818	5.2%	\$3,322.28
Total	\$6470,325	\$6,752,486	\$6,926,388	7.1%	\$4,870.88

As shown above, the barrier island communities currently pay approximately \$6.93 million dollars for fire protection and EMS services through the contract providers. The total average cost per call for service on the barrier islands is approximately \$5,508.28.

APPENDIX B – RESULTS OF THE COMMUNITY SURVEY

The Matrix Consulting Group conducted a survey of the Barrier Island community as a means of providing citizens the opportunity to give input and share their viewpoints on various topics relating to Fire and EMS services in their area. This survey was conducted through an online link that was active from January through February 2016 and a total of 282 responses were received. The open-invite process resulted in a sampling of community members on a purely voluntary basis. In addition to the open-invite format, participants and their responses were kept anonymous.

1. INTRODUCTION TO THE PURPOSE AND STRUCTURE OF THE SURVEY

The survey contains individual sections of multiple choice questions categorized by subject. The questions in each individual section were designed to provide an understanding of the perceptions, attitudes, and opinions of Fire and EMS Services with respect to the following key areas:

- Service Importance Rating
- Satisfaction Level with Fire and EMS Services
- Value and Cost of Services
- Customer Service Evaluation
- Proposed Alternatives

As part of the survey, Respondents were asked to select which of the six Barrier Island Communities (Briny Breezes, Gulf Stream, Highland Beach, Manalapan, Ocean Ridge, South Palm Beach) best identified their current residence and whether they've

interacted with the Fire Department in the past three years. The following tables present the responses of the survey.

Community	# of Respondents	% of Respondents
Briny Breeze	20	7%
Gulf Stream	63	22%
Highland Beach	96	34%
Manalapan	3	1%
Ocean Ridge	84	30%
South Palm Beach	16	6%
TOTAL	282	100.0%

Interaction with Fire Department / Employee	# of Respondents	% of Respondents
Yes	77	27.3%
No	205	72.7%
TOTAL	282	100.0%

The results indicate that about 85 percent of all survey respondents were from either the Highland Beach, Ocean Ridge, or Gulf Stream communities. In contrast, the areas of South Palm Beach, Manalapan, and Briny Breezes were significantly underrepresented with each individual community maintaining a response rate accounting for no greater than seven percent of respondents. Additionally, nearly 73% of the respondents had not had any interaction with the Fire Department in the last three years; for this reason there are a number of questions where respondents had no opinion as they have not utilized fire or EMS services.

2. THE MAJORITY OF RESIDENTS AGREED THAT RESPONSE TO EMERGENCY CALLS AND MEDICAL SERVICE WERE THE MOST IMPORTANT SERVICE AREA.

This section of the survey focuses on the perceived level of importance for each provided Fire and EMS Service in the Barrier Island community. Respondents were asked to select responses ranging from “Not Important” to “Extremely Important”. For purposes of simplifying the responses, the project team grouped “Very Important” and

“Extremely Important” to develop the Important category. Additionally, a “No Opinion” option was provided to those respondents who had no opinion regarding the service levels level of importance. The following table provides the results of the broken out by the service area.

Service Area	Important	Somewhat Important	Not Important	No Opinion
Response to Emergency Calls	99%	1%	0%	0%
Structural Firefighting	86%	10%	2%	2%
Wildland Firefighting	47%	27%	17%	9%
Technical Rescue	63%	22%	5%	10%
Search and Rescue	68%	21%	6%	5%
Hazardous Materials Response	63%	25%	6%	1%
Emergency Medical Services	97%	2%	0%	1%
Fire Prevention Services	63%	28%	7%	2%
Emergency Preparedness	75%	19%	4%	2%
Public Fire Education	40%	40%	16%	4%
Attending Public and Community Events	24%	40%	29%	8%
Business Fire Safety Inspections	38%	28%	24%	11%
Home Fire Safety Inspections	43%	33%	19%	5%

As the table above shows 99% of respondents ranked response to emergency calls as an important service area followed by Emergency Medical Services. However, Attending Public and community events was only ranked as important by 24% of respondents. The following points provide further insight into the service areas and their level of importance within the community:

- Response to Emergency Calls:** As the table above indicates, nearly 99.62% of respondents felt that the “Response to Emergency Call” category was an extremely important or very important service. With a weighted average of 3.92, community stakeholders felt that responding to emergency calls were the most important service listed.

- **Structural and Wildland Firefighting:** Overall, the majority of respondents (86%) felt strongly that Structural firefighting services were largely important to the community. Conversely, citizens' opinions differed greatly when asked about Wildland firefighting with more than 25% of respondents stating explicitly "Not Important" or holding no opinion. Interestingly, comparing Highland Beach community responses suggests a mixed reaction amongst the community regarding Wildland firefighting. Although a majority of residents (87%) felt that structural firefighting was a highly important service, Wildland firefighting returned a roughly even range of responses in each of the four rated categories between 20-24%, respectively.²
- **Technical Rescue & Search and Rescue:** The majority of respondents felt that both current rescue services were important to their communities with 85% rating Technical Rescue extremely, very, or somewhat important and 89% for Search and Rescue, comparatively.
- **Hazardous Materials Response:** While a majority of residents find hazardous materials responses to be highly important at 63%, about one-third of respondents felt the service was only somewhat or not important.
- **Emergency Medical Services:** With the second highest weighted average of any service, 97% of respondents consider "Emergency Medical Services" highly important. Similar to emergency call response, medical services is the only other category in which not a single participant stated it was "Not Important".
- **Fire Prevention Services:** Community stakeholders largely perceive Fire Prevention Services as a key function of the department with 63% of all responses falling under the extremely or very important category. Interestingly, about 32% of Ocean Ridge respondents felt Fire Prevention was a less important service compared to other communities who each maintain 25% or less respondents that hold the same opinion.
- **Emergency Preparedness:** About 75% of all respondents feel that Emergency Preparedness is an important service provided to the community.
- **Public Fire Education & Community Event Attendance:** For Public Fire Education, about 80% of all respondents felt that the service is either highly important or somewhat important, with only 16% explicitly stating "Not Important". Conversely, only 24% of respondents found Public and Community Event attendance as a highly important service. Additionally, event attendance also returned the highest percentage of "Not Important" responses of any category.
- **Business and Home Fire Safety Inspections:** Comparatively, respondents felt that home fire safety inspections were narrowly more important (43%) than the

² Excluding "No Opinion" category which totaled 9% of all responses.

business equivalent at 38%. However, amongst the Highland Beach community, about twice the number of respondents felt that home fire safety inspections (29%) were extremely important when compared to business (14%).

Overall, the majority of residents felt that emergency calls, medical services, emergency preparedness, structural firefighting, and fire prevention were the most important service areas. Areas such as public and community events, business fire safety inspections, public fire education, and home fire safety inspections were not ranked as important. This pattern held true for the majority of the communities surveyed; however there were some exceptions such as Manalapan and Briny Breeze, which ranked all services as important.

3. RESIDENTS WERE SATISFIED WITH THE OVERALL RESPONSE TO EMERGENCY CALLS.

Community residents were asked to rank their current satisfaction level with Fire & EMS services and their general expectations. Respondents were provided with options ranging from “Very Dissatisfied” to “Very Dissatisfied”. For purposes of survey analysis the project team grouped the “Very” and “Somewhat” categories together. There was also a “no opinion” option provided to respondents. The table below contains citizens’ responses to statements measuring those satisfaction levels.

Service Area	Satisfied	Not Satisfied
Overall Response to Emergency Calls	97%	3%
Response to Fire Emergencies	98%	2%
Response to Emergency Medical Emergencies	97%	3%
Response to Automobile Accidents	96%	4%
Emergency Preparedness	97%	3%
Public Fire Education	94%	6%

The previous table indicates that 97% of community residents were satisfied with overall response to emergency calls and the current services provided by the contract

agencies. Most notably, Highland Beach served as the community with the least favorable view of Public Fire Education with 25% of respondents dissatisfied with current services.

Overall, respondents were satisfied with the level of service associated with emergency and medical calls, while there was some no opinion regarding response to fire emergencies, response preparedness, and fire public education. In general, Highland Beach residents felt much more satisfied with their services than their counterparts in Gulf Stream.

4. MAJORITY OF RESIDENTS HAD NO OPINION REGARDING THE VALUE AND EFFECTIVE USE OF FIRE / EMS SERVICES.

Community residents were asked to rate the effective use of money for Fire / EMS services, including specifically for fire and EMS services separately. Respondents were asked to provide their answers on a scale rating from Poor to Excellent. Additionally, a “No Opinion” option was also provided. The table on the following page contains community members’ responses to statements about the current cost and overall value of Fire and EMS Services.

Statement	Excellent	Good	Fair	Poor	No Opinion
How would you rate how effectively money is being used for Fire / EMS services?	11%	16%	11%	4%	58%
The value of Fire services for the taxes paid	19%	16%	11%	4%	50%
The value of EMS services for the taxes paid	22%	19%	7%	4%	48%

The following points provide further insight regarding the table above:

- **Effective use of money:** It is important to note that more than half of all respondents in each community shared no opinion on this issue. Of the respondents who offered their opinion, 64% shared a favorable view of current Fire / EMS Service funding.
- **Value of Fire & EMS Services:** In regards to Fire services, about 50% of all respondents held no opinion. When excluding no opinion responses, about 71%

of responses reflected a favorable opinion of the current value of fire services given the amount of taxes paid. When asked about the value of EMS services, approximately 78% of residents held an excellent or good rating. When examining the results by community, each participating area maintains the favorable opinion displayed in the aggregate results.

Overall, the majority of respondents had no opinion regarding the effective use of money and whether the value of Fire or EMS services for the taxes paid was excellent or poor. This pattern held true for all of the individual communities.

5. APPROXIMATELY 51% OF RESIDENTS RANKED EMERGENCY / MEDICAL SERVICES AS EXCELLENT OR GOOD.

Community residents were asked to rate their interaction with Fire and EMS personnel using a scale of Poor to Excellent. A “No Opinion” option was also provided for persons with not previous interaction with fire rescue personnel. The following table provides the results of this section of the survey.

Service Area	Excellent	Good	Fair	Poor	No Opinion
Fire Suppression Services	15%	16%	7%	2%	60%
Emergency / Medical Services	27%	24%	6%	2%	41%
Fire Prevention Services	11%	18%	8%	5%	59%
Public Education	5%	13%	9%	9%	64%

The points on the following page provide further insight:

- **Fire Suppression Services:** It is important to note that 60% of community stakeholders shared no opinion on this statement. Of the respondents who offered their opinion, 79% shared a favorable view of current Fire Suppression Services. When examining the results by individual communities, each of the six areas reflect the aggregate pattern.
- **Emergency Medical Services:** When excluding no opinion results, 86% of all respondents rated EMS services as either “Excellent” or “Good” in their respective community. Each of the six communities individually share similar trends in response patterns.
- **Fire Prevention Services:** Respondents also neglected to share their opinion on Fire Prevention Services with a total of 59% of all respondents selecting “No Opinion”. Interestingly, four of the six communities showed that about 5% of their respondents felt that current Fire Prevention Services were poor. Ultimately,

almost 70% of all respondents felt that services were either “Excellent” or “Good” when excluding no opinion responses.

- **Public Education Services:** A strong majority of respondents decided not to voice their opinion on Public Education Services with no opinion responses accounting for 64% of total responses. In contrast to other services, Public Education generated the lowest number of “Excellent” responses as well as the largest percentage of “Fair” and/or “Poor” ratings totaling 51% when excluding respondents who declined to share an opinion. Notably, about 25% of Ocean Ridge responses shared an unfavorable opinion of Public Education Services.

Overall, the majority of residents had no opinion regarding the service areas; however, only a small percentage of respondents marked any service area as being fair or even poor. Public Education was the service area, which had the largest proportion of responses that were either fair or poor.

6. THE MAJORITY OF RESIDENTS HAD NO OPINION REGARDING THE IMPRESSION OF THE FIRE DEPARTMENT IN REGARDS TO KNOWLEDGE, RESPONSIVENESS, COURTESY, OR OVERALL IMPRESSION.

As part of the community survey, respondents were asked to rate their impression of the fire department and its employees regarding several key service areas. The table on the following page provides the results of the survey:

Service Area	Excellent	Good	Fair	Poor	No Opinion
Knowledge	27%	11%	3%	1%	58%
Responsiveness	27%	11%	4%	2%	57%
Courtesy	31%	9%	3%	1%	56%
Overall Impression	29%	10%	5%	1%	56%

The following points provide further insight regarding each of the percentages noted above:

- **Knowledge and Responsiveness:** When asked about impressions regarding both the knowledge and responsiveness of Fire Department personnel, more than half of respondents elected not to share their opinion. However, when excluding no opinion responses, about 91% of residents felt that Fire personnel demonstrated “Excellent” or “Good” knowledge in their most recent interaction. Citizens also felt strongly that personnel demonstrated “Excellent” or “Good”

responsiveness (88%).

- **Courtesy and Overall Impression:** Respondents generally shared largely favorable opinions of Fire personnel when discussing observed courtesy (91% excellent or good) and overall impressions (87%) during their personal interaction.

Overall, citizens ranked their impressions of the fire department favorably, with only 1 or 2% of the responses being coded in the poor category. As the majority of respondents (73%) had not interacted with the Department in the last year, it could help explain the high percentage of no opinion respondents for this specific category.

7. MAJORITY OF RESPONDENTS AGREED THAT THEY ARE INTERESTED IN WORKING TOGETHER TO PROVIDE FIRE / EMS SERVICES JOINTLY.

The following table provides information regarding the interest level of the citizens in providing joint Fire / EMS services within the Barrier Island Communities.

Statement	Interested	Somewhat Interested	Not Interested
How interested are you in the Barrier Island Communities working together to provide Fire / EMS services jointly?	69%	22%	9%

Although a clear majority of 69% of all respondents were either extremely or very interested in joint Fire / EMS services for the community, roughly one-third showed little to no interest. The Highland Beach community residents in particular presented a mixed reaction as no single interest category surpassed greater than 35% of total responses.

8. THE COMMUNITY SUPPORTED MUTUAL / AUTOMATIC AID, JOINT FIRE STATIONS, AND CREATING A SINGLE FIRE AUTHORITY TO INCREASE THE EFFICIENCY OF THE FIRE / EMS SERVICES WITHIN THE AREA.

The survey asked respondents to rank different methods to increase efficiency and process of Fire / EMS services within the area. Respondents were asked to state whether they “Do Not Support”, “Neutral”, “Support”, or “Strongly Support” these areas. For purposes of the survey, “Support” and “Strongly Support” were grouped together to

create the “Support” category. The following table presents the results of the survey.

Of the following, which methods do you support to increase the efficiency and effectiveness of Fire / EMS jointly?	Support	Neutral	Not Support
Mutual / Automatic Aid (Inter-department assistance)	74%	19%	7%
Joint Fire Stations	65%	25%	10%
Forming a single barrier island fire authority (Fire and EMS Services)	62%	24%	14%
Forming a single barrier island fire authority (Fire Services only)	39%	35%	25%
Forming a single barrier island EMS authority (EMS Services only)	45%	30%	24%

The following points provide further insight and analysis regarding the table above:

- Mutual / Automatic Aid and Joint Fire Stations:** The majority of respondents were largely in support of inter-departmental assistance regarding both general aid and Fire Station usage. About 74% of respondents were in favor of mutual / automatic aid. Joint Fire Stations were also supported by 65% of residents.
- Single Barrier Island Authority:** 62% of all respondents supported establishing a single Barrier Island Fire Authority with both Fire and EMS services for the community. Interestingly, about one-fourth of all residents remained neutral on the issue, similar to opinions on Joint Fire Stations. Results from the Highland Beach community respondents suggest that citizens generally have mixed support with 32% neutral, 41% in support of, and 25% opposed.
- Single Fire Services Authority & Single EMS Services Authority:** When asked about forming either a single Fire authority or EMS authority, community stakeholders shared less favorable opinions when compared to other proposed changes such as Joint Fire Stations and mutual aid. Nearly one-fourth of respondents did not support forming either a single Fire authority or EMS authority. Similar to responses regarding the formation of a single Barrier Island authority with both Fire and EMS services together, the Highland Beach community yielded similar mixed support with 35% and 31% neutral on the issue.

Overall, the majority of respondents felt that forming a single barrier island fire authority, including mutual / automatic aid, and joint fire stations would help increase the efficiency and effectiveness of current Fire / EMS services in the area. This sentiment was echoed across through the various communities.

9. THE MAJORITY OF COMMUNITY RESPONDENTS ARE WILLING TO PAY MORE FOR FIRE / EMS SERVICES IN SUPPORT OF A JOINT FIRE / EMS AUTHORITY.

The last set of questions in the survey asked respondents whether they would be willing to pay more for Fire / EMS services, and if they answered yes then they were asked to identify which service they would be willing to pay more for specifically. The following table provides responses regarding citizens' willingness to pay more for services for Barrier Island exclusively.

Willingness to pay more Fire / EMS Services	# of Respondents	% of Respondents
Yes	129	46%
No	105	37%
No Response	48	17%
TOTAL	282	100%

Overall, nearly 46% or half of the respondents are willing to pay more for Fire / EMS services in the community. The following points provide further context regarding this willingness based upon the various communities:

- Generally, Barrier Island residents are in support of paying more for Fire and EMS Services.
- Highland Beach and South Palm Beach are strongly opposed to paying more for Fire and EMS services with 63% and 85% of responses holding this view, respectively.
- Manalapan and Briny Breezes are also opposed, each combines to make up only 8% of total responses.
- The Gulf Steam (78%) and Ocean Ridge (62%) are in favor of paying more Fire / EMS Services.

Based upon the 129 “yes” responses to the previous statement, respondents were asked to identify which service type they would be willing to support – Fire & EMS, Fire only, or EMS Only. Respondents were allowed to pick more than one option. The following table presents the results:

Proposed Service Type	Support %
Fire and EMS Authority	88%
Fire Authority Only	6%
EMS Authority Only	19%

An overwhelming majority of respondents (88%) support paying more in order to create a Barrier Island Fire and EMS Service authority. When observing the respondent results by community, only the Briny Breezes, Ocean Ridge, and South Palm Beach areas yielded more than 20% of support for an EMS authority (19.4% overall).

10. NARRATIVE RESPONSES

In addition to the survey’s forced choice questions, an open-ended section at the end of the survey was provided to submit any additional comments or clarification. The majority of residents stated in this section that they are satisfied with current Fire / EMS services. The points on the following page summarizes some of the additional common themes of residents’ responses:

- Strong community support for current Fire and EMS response times
- Concern over cost effectiveness, operational efficiency, and geographic feasibility of proposed restructuring of Fire / EMS services
- New Residents to the area emphasizing the inability to answer based on experience.

In summary, the majority of respondents held a favorable opinion of their current Fire and EMS services, citing quality response times and generally positive interactions based on previous experience. Additionally, respondents still share some concern regarding the impact of restructuring Barrier Island Fire and EMS Services including the feasibility of station locations and their ability to respond to various jurisdictions. Citizens also show concern for cost effectiveness and potential tax increases following any proposed changes. The responses in this section were indicative of the responses

presented throughout the survey, such as residents not interacting with Fire / EMS department, and overall satisfaction with emergency responses.

APPENDIX C – APPLICABLE STATE LEGISLATION

The following information includes the Chapters from the State Legislation referred to earlier in the report regarding Interlocal Cooperation and forming Independent Fire Districts in Florida:

1. CHAPTER 163 INTERGOVERNMENTAL PROGRAMS

163.01 Florida Interlocal Cooperation Act of 1969.—

(1) This section shall be known and may be cited as the “Florida Interlocal Cooperation Act of 1969.”

(2) It is the purpose of this section to permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other localities on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities.

(3) As used in this section:

(a) “Interlocal agreement” means an agreement entered into pursuant to this section.

(b) “Public agency” means a political subdivision, agency, or officer of this state or of any state of the United States, including, but not limited to, state government, county, city, school district, single and multipurpose special district, single and multipurpose public authority, metropolitan or consolidated government, a separate legal entity or administrative entity created under subsection (7), an independently elected county officer, any agency of the United States Government, a federally recognized Native American tribe, and any similar entity of any other state of the United States.

(c) “State” means a state of the United States.

(d) “Electric project” means:

1. Any plant, works, system, facilities, and real property and personal property of any nature whatsoever, together with all parts thereof and appurtenances thereto, which is located within or without the state and which is used or useful in the generation, production, transmission, purchase, sale, exchange, or interchange of electric capacity and energy, including facilities and property for the acquisition, extraction, conversion, transportation, storage, reprocessing, or disposal of fuel and other materials of any kind for any such purposes.

2. Any interest in, or right to, the use, services, output, or capacity of any such plant, works, system, or facilities.

3. Any study to determine the feasibility or costs of any of the foregoing, including, but not limited to, engineering, legal, financial, and other services necessary or appropriate to determine the legality and financial and engineering feasibility of any project referred to in subparagraph 1. or subparagraph 2.

(e) "Person" means:

1. Any natural person;
2. The United States; any state; any municipality, political subdivision, or municipal corporation created by or pursuant to the laws of the United States or any state; or any board, corporation, or other entity or body declared by or pursuant to the laws of the United States or any state to be a department, agency, or instrumentality thereof;
3. Any corporation, not-for-profit corporation, firm, partnership, cooperative association, electric cooperative, or business trust of any nature whatsoever which is organized and existing under the laws of the United States or any state; or
4. Any foreign country; any political subdivision or governmental unit of a foreign country; or any corporation, not-for-profit corporation, firm, partnership, cooperative association, electric cooperative, or business trust of any nature whatsoever which is organized and existing under the laws of a foreign country or of a political subdivision or governmental unit thereof.

(f) "Electric utility" has the same meaning as in s. 361.11(2). The term also includes those municipalities, authorities, commissions, special districts, or other public bodies that own, maintain, or operate an electrical generation, transmission, or distribution system within the state on June 25, 2008.

(g) "Foreign public utility" means any person whose principal location or principal place of business is not located within this state; who owns, maintains, or operates facilities for the generation, transmission, or distribution of electrical energy; and who supplies electricity to retail or wholesale customers, or both, on a continuous, reliable, and dependable basis. "Foreign public utility" also means any affiliate or subsidiary of such person, the business of which is limited to the generation or transmission, or both, of electrical energy and activities reasonably incidental thereto.

(h) "Local government liability pool" means a reciprocal insurer as defined in s. 629.021 or any self-insurance program created pursuant to s. 768.28(16), formed and controlled by counties or municipalities of this state to provide liability insurance coverage for counties, municipalities, or other public agencies of this state, which pool may contract with other parties for the purpose of providing claims administration, processing, accounting, and other administrative facilities.

(4) A public agency of this state may exercise jointly with any other public agency of the state, of any other state, or of the United States Government any power, privilege, or authority which such agencies share in common and which each might exercise separately.

(5) A joint exercise of power pursuant to this section shall be made by contract in the form of an

interlocal agreement, which may provide for:

(a) The purpose of such interlocal agreement or the power to be exercised and the method by which the purpose will be accomplished or the manner in which the power will be exercised.

(b) The duration of the interlocal agreement and the method by which it may be rescinded or terminated by any participating public agency prior to the stated date of termination.

(c) The precise organization, composition, and nature of any separate legal or administrative entity created thereby with the powers designated thereto, if such entity may be legally created.

(d) The manner in which the parties to an interlocal agreement will provide from their treasuries the financial support for the purpose set forth in the interlocal agreement; payments of public funds that may be made to defray the cost of such purpose; advances of public funds that may be made for the purposes set forth in the interlocal agreements and repayment thereof; and the personnel, equipment, or property of one or more of the parties to the agreement that may be used in lieu of other contributions or advances.

(e) The manner in which funds may be paid to and disbursed by any separate legal or administrative entity created pursuant to the interlocal agreement.

(f) A method or formula for equitably providing for and allocating and financing the capital and operating costs, including payments to reserve funds authorized by law and payments of principal and interest on obligations. The method or formula shall be established by the participating parties to the interlocal agreement on a ratio of full valuation of real property, on the basis of the amount of services rendered or to be rendered or benefits received or conferred or to be received or conferred, or on any other equitable basis, including the levying of taxes or assessments to pay such costs on the entire area serviced by the parties to the interlocal agreement, subject to such limitations as may be contained in the constitution and statutes of this state.

(g) The manner of employing, engaging, compensating, transferring, or discharging necessary personnel, subject to the provisions of applicable civil service and merit systems.

(h) The fixing and collecting of charges, rates, rents, or fees, where appropriate, and the making and promulgation of necessary rules and regulations and their enforcement by or with the assistance of the participating parties to the interlocal agreement.

(i) The manner in which purchases shall be made and contracts entered into.

(j) The acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property.

(k) The disposition, diversion, or distribution of any property acquired through the execution of such interlocal agreement.

(l) The manner in which, after the completion of the purpose of the interlocal agreement, any surplus money shall be returned in proportion to the contributions made by the participating parties.

(m) The acceptance of gifts, grants, assistance funds, or bequests.

(n) The making of claims for federal or state aid payable to the individual or several participants on account of the execution of the interlocal agreement.

(o) The manner of responding for any liabilities that might be incurred through performance of the interlocal agreement and insuring against any such liability.

(p) The adjudication of disputes or disagreements, the effects of failure of participating parties to pay their shares of the costs and expenses, and the rights of the other participants in such cases.

(q) The manner in which strict accountability of all funds shall be provided for and the manner in which reports, including an annual independent audit, of all receipts and disbursements shall be prepared and presented to each participating party to the interlocal agreement.

(r) Any other necessary and proper matters agreed upon by the participating public agencies.

(6) An interlocal agreement may provide for one or more parties to the agreement to administer or execute the agreement. One or more parties to the agreement may agree to provide all or a part of the services set forth in the agreement in the manner provided in the agreement. The parties may provide for the mutual exchange of services without payment of any contribution other than such services. The parties may provide for the use or maintenance of facilities or equipment of another party on a cost-reimbursement basis.

(7)(a) An interlocal agreement may provide for a separate legal or administrative entity to administer or execute the agreement, which may be a commission, board, or council constituted pursuant to the agreement.

(b) A separate legal or administrative entity created by an interlocal agreement shall possess the common power specified in the agreement and may exercise it in the manner or according to the method provided in the agreement. The entity may, in addition to its other powers, be authorized in its own name to make and enter into contracts; to employ agencies or employees; to acquire, construct, manage, maintain, or operate buildings, works, or improvements; to acquire, hold, or dispose of property; and to incur debts, liabilities, or obligations which do not constitute the debts, liabilities, or obligations of any of the parties to the agreement.

(c) No separate legal or administrative entity created by an interlocal agreement shall possess the power or authority to levy any type of tax within the boundaries of any governmental unit participating in the interlocal agreement, to issue any type of bond in its own name, or in any way to obligate financially a governmental unit participating in the interlocal agreement. However, any separate legal entity, the membership of which consists only of electric utilities as defined in s. 361.11(2) and which is created for the purpose of exercising the powers granted by part II of chapter 361, the Joint Power Act, may, for the purpose of financing or refinancing the costs of an electric project, exercise all powers in connection with the authorization, issuance, and sale of bonds as are conferred by parts I, II, and III of chapter 159 or part II of chapter 166, or both. Any such entity may also issue bond anticipation notes, as provided by s. 215.431, in connection with the authorization, issuance, and sale

of such bonds. All of the privileges, benefits, powers, and terms of parts I, II, and III of chapter 159 and part II of chapter 166, notwithstanding any limitations provided above, shall be fully applicable to such entity. In addition, the governing body of such legal entity may also authorize bonds to be issued and sold from time to time and delegate, to such officer, official, or agent of such legal entity as the governing body of such legal entity shall select, the power to determine the time; manner of sale, public or private; maturities; rate or rates of interest, which may be fixed or may vary at such time or times and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer, official, or agent so designated by the governing body of such legal entity. However, the amounts and maturities of such bonds and the interest rate or rates on such bonds shall be within the limits prescribed by the governing body of such legal entity in its resolution delegating to such officer, official, or agent the power to authorize the issuance and sale of such bonds. Bonds issued pursuant to this section may be validated as provided in chapter 75 and paragraph (15)(f). However, the complaint in any action to validate such bonds shall be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 shall be published only in Leon County, and the complaint and order of the circuit court shall be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in which a public agency participating in the electric project lies. Notice of such proceedings shall be published in the manner and at the time required by s. 75.06 in Leon County and in each county in which any portion of any public agency participating in the electric project lies.

(d) Notwithstanding the provisions of paragraph (c), any separate legal entity created pursuant to this section and controlled by the municipalities or counties of this state or by one or more municipality and one or more county of this state, the membership of which consists or is to consist of municipalities only, counties only, or one or more municipality and one or more county, may, for the purpose of financing or refinancing any capital projects, exercise all powers in connection with the authorization, issuance, and sale of bonds. Notwithstanding any limitations provided in this section, all of the privileges, benefits, powers, and terms of part I of chapter 125, part II of chapter 166, and part I of chapter 159 shall be fully applicable to such entity. Bonds issued by such entity shall be deemed issued on behalf of the counties or municipalities which enter into loan agreements with such entity as provided in this paragraph. Any loan agreement executed pursuant to a program of such entity shall be governed by the provisions of part I of chapter 159 or, in the case of counties, part I of chapter 125, or in the case of municipalities and charter counties, part II of chapter 166. Proceeds of bonds issued by such entity may be loaned to counties or municipalities of this state or a combination of municipalities and counties, whether or not such counties or municipalities are also members of the entity issuing the bonds. The issuance of bonds by such entity to fund a loan program to make loans to municipalities or counties or a combination of municipalities and counties with one another for capital projects to be identified subsequent to the issuance of the bonds to fund such loan programs is deemed to be a

paramount public purpose. Any entity so created may also issue bond anticipation notes, as provided by s. 215.431, in connection with the authorization, issuance, and sale of such bonds. In addition, the governing body of such legal entity may also authorize bonds to be issued and sold from time to time and may delegate, to such officer, official, or agent of such legal entity as the governing body of such legal entity may select, the power to determine the time; manner of sale, public or private; maturities; rate or rates of interest, which may be fixed or may vary at such time or times and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer, official, or agent so designated by the governing body of such legal entity. However, the amounts and maturities of such bonds and the interest rate or rates of such bonds shall be within the limits prescribed by the governing body of such legal entity and its resolution delegating to such officer, official, or agent the power to authorize the issuance and sale of such bonds. A local government self-insurance fund established under this section may financially guarantee bonds or bond anticipation notes issued or loans made under this subsection. Bonds issued pursuant to this paragraph may be validated as provided in chapter 75. The complaint in any action to validate such bonds shall be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 shall be published only in Leon County, and the complaint and order of the circuit court shall be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in each county where the public agencies which were initially a party to the agreement are located. Notice of such proceedings shall be published in the manner and the time required by s. 75.06 in Leon County and in each county where the public agencies which were initially a party to the agreement are located. Obligations of any county or municipality pursuant to a loan agreement as described in this paragraph may be validated as provided in chapter 75.

(e)1. Notwithstanding the provisions of paragraph (c), any separate legal entity, created pursuant to the provisions of this section and controlled by counties or municipalities of this state, the membership of which consists or is to consist only of public agencies of this state, may, for the purpose of financing the provision or acquisition of liability or property coverage contracts for or from one or more local government liability or property pools to provide liability or property coverage for counties, municipalities, or other public agencies of this state, exercise all powers in connection with the authorization, issuance, and sale of bonds. All of the privileges, benefits, powers, and terms of s. 125.01 relating to counties and s. 166.021 relating to municipalities shall be fully applicable to such entity and such entity shall be considered a unit of local government for all of the privileges, benefits, powers, and terms of part I of chapter 159. Bonds issued by such entity shall be deemed issued on behalf of counties, municipalities, or public agencies which enter into loan agreements with such entity as provided in this paragraph. Proceeds of bonds issued by such entity may be loaned to counties, municipalities, or other public agencies of this state, whether or not such counties, municipalities, or other public agencies are also members of the entity issuing the bonds, and such

counties, municipalities, or other public agencies may in turn deposit such loan proceeds with a separate local government liability or property pool for purposes of providing or acquiring liability or property coverage contracts.

2. Counties or municipalities of this state are authorized pursuant to this section, in addition to the authority provided by s. 125.01, part II of chapter 166, and other applicable law, to issue bonds for the purpose of acquiring liability coverage contracts from a local government liability pool. Any individual county or municipality may, by entering into interlocal agreements with other counties, municipalities, or public agencies of this state, issue bonds on behalf of itself and other counties, municipalities, or other public agencies, for purposes of acquiring a liability coverage contract or contracts from a local government liability pool. Counties, municipalities, or other public agencies are also authorized to enter into loan agreements with any entity created pursuant to subparagraph 1., or with any county or municipality issuing bonds pursuant to this subparagraph, for the purpose of obtaining bond proceeds with which to acquire liability coverage contracts from a local government liability pool. No county, municipality, or other public agency shall at any time have more than one loan agreement outstanding for the purpose of obtaining bond proceeds with which to acquire liability coverage contracts from a local government liability pool. Obligations of any county, municipality, or other public agency of this state pursuant to a loan agreement as described above may be validated as provided in chapter 75. Prior to the issuance of any bonds pursuant to subparagraph 1. or this subparagraph for the purpose of acquiring liability coverage contracts from a local government liability pool, the reciprocal insurer or the manager of any self-insurance program shall demonstrate to the satisfaction of the Office of Insurance Regulation of the Financial Services Commission that excess liability coverage for counties, municipalities, or other public agencies is reasonably unobtainable in the amounts provided by such pool or that the liability coverage obtained through acquiring contracts from a local government liability pool, after taking into account costs of issuance of bonds and any other administrative fees, is less expensive to counties, municipalities, or special districts than similar commercial coverage then reasonably available.

3. Any entity created pursuant to this section or any county or municipality may also issue bond anticipation notes, as provided by s. 215.431, in connection with the authorization, issuance, and sale of such bonds. In addition, the governing body of such legal entity or the governing body of such county or municipality may also authorize bonds to be issued and sold from time to time and may delegate, to such officer, official, or agent of such legal entity as the governing body of such legal entity may select, the power to determine the time; manner of sale, public or private; maturities; rate or rates of interest, which may be fixed or may vary at such time or times and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer, official, or agent so designated by the governing body of such legal entity. However, the amounts and maturities of such bonds and the interest rate or rates of such bonds shall be within the

limits prescribed by the governing body of such legal entity and its resolution delegating to such officer, official, or agent the power to authorize the issuance and sale of such bonds. Any series of bonds issued pursuant to this paragraph for liability coverage shall mature no later than 7 years following the date of issuance. A series of bonds issued pursuant to this paragraph for property coverage shall mature no later than 30 years following the date of issuance.

4. Bonds issued pursuant to subparagraph 1. may be validated as provided in chapter 75. The complaint in any action to validate such bonds shall be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 shall be published in Leon County and in each county which is an owner of the entity issuing the bonds, or in which a member of the entity is located, and the complaint and order of the circuit court shall be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in each county or municipality which is an owner of the entity issuing the bonds or in which a member of the entity is located.

5. Bonds issued pursuant to subparagraph 2. may be validated as provided in chapter 75. The complaint in any action to validate such bonds shall be filed in the circuit court of the county or municipality which will issue the bonds. The notice required to be published by s. 75.06 shall be published only in the county where the complaint is filed, and the complaint and order of the circuit court shall be served only on the state attorney of the circuit in the county or municipality which will issue the bonds.

6. The participation by any county, municipality, or other public agency of this state in a local government liability pool shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered regarding such a local government liability pool be required to contain any provision for waiver.

(f) Notwithstanding anything to the contrary, any separate legal entity, created pursuant to the provisions of this section, wholly owned by the municipalities or counties of this state, the membership of which consists or is to consist only of municipalities or counties of this state, may exercise the right and power of eminent domain, including the procedural powers under chapters 73 and 74, if such right and power is granted to such entity by the interlocal agreement creating the entity.

(g)1. Notwithstanding any other provisions of this section, any separate legal entity created under this section, the membership of which is limited to municipalities and counties of the state, and which may include a special district in addition to a municipality or county or both, may acquire, own, construct, improve, operate, and manage public facilities, or finance facilities on behalf of any person, relating to a governmental function or purpose, including, but not limited to, wastewater facilities, water or alternative water supply facilities, and water reuse facilities, which may serve populations within or outside of the members of the entity. Notwithstanding s. 367.171(7), any separate legal entity created under this paragraph is not subject to Public Service Commission jurisdiction. The separate legal entity may not provide utility services within the service area of an existing utility

system unless it has received the consent of the utility.

2. For purposes of this paragraph, the term:

a. "Host government" means the governing body of the county, if the largest number of equivalent residential connections currently served by a system of the utility is located in the unincorporated area, or the governing body of a municipality, if the largest number of equivalent residential connections currently served by a system of the utility is located within that municipality's boundaries.

b. "Separate legal entity" means any entity created by interlocal agreement the membership of which is limited to two or more special districts, municipalities, or counties of the state, but which entity is legally separate and apart from any of its member governments.

c. "System" means a water or wastewater facility or group of such facilities owned by one entity or affiliate entities.

d. "Utility" means a water or wastewater utility and includes every person, separate legal entity, lessee, trustee, or receiver owning, operating, managing, or controlling a system, or proposing construction of a system, who is providing, or proposes to provide, water or wastewater service to the public for compensation.

3. A separate legal entity that seeks to acquire any utility shall notify the host government in writing by certified mail about the contemplated acquisition not less than 30 days before any proposed transfer of ownership, use, or possession of any utility assets by such separate legal entity. The potential acquisition notice shall be provided to the legislative head of the governing body of the host government and to its chief administrative officer and shall provide the name and address of a contact person for the separate legal entity and information identified in s. 367.071(4)(a) concerning the contemplated acquisition.

4.a. Within 30 days following receipt of the notice, the host government may adopt a resolution to become a member of the separate legal entity, adopt a resolution to approve the utility acquisition, or adopt a resolution to prohibit the utility acquisition by the separate legal entity if the host government determines that the proposed acquisition is not in the public interest. A resolution adopted by the host government which prohibits the acquisition may include conditions that would make the proposal acceptable to the host government.

b. If a host government adopts a membership resolution, the separate legal entity shall accept the host government as a member on the same basis as its existing members before any transfer of ownership, use, or possession of the utility or the utility facilities. If a host government adopts a resolution to approve the utility acquisition, the separate legal entity may complete the acquisition. If a host government adopts a prohibition resolution, the separate legal entity may not acquire the utility within that host government's territory without the specific consent of the host government by future resolution. If a host government does not adopt a prohibition resolution or an approval resolution, the separate legal entity may proceed to acquire the utility after the 30-day notice period without further

notice.

5. After the acquisition or construction of any utility systems by a separate legal entity created under this paragraph, revenues or any other income may not be transferred or paid to a member of a separate legal entity, or to any other special district, county, or municipality, from user fees or other charges or revenues generated from customers that are not physically located within the jurisdictional or service delivery boundaries of the member, special district, county, or municipality receiving the transfer or payment. Any transfer or payment to a member, special district, or other local government must be solely from user fees or other charges or revenues generated from customers that are physically located within the jurisdictional or service delivery boundaries of the member, special district, or local government receiving the transfer of payment.

6. This section is an alternative provision otherwise provided by law as authorized in s. 4, Art. VIII of the State Constitution for any transfer of power as a result of an acquisition of a utility by a separate legal entity from a municipality, county, or special district.

7. The entity may finance or refinance the acquisition, construction, expansion, and improvement of such facilities relating to a governmental function or purpose through the issuance of its bonds, notes, or other obligations under this section or as otherwise authorized by law. The entity has all the powers provided by the interlocal agreement under which it is created or which are necessary to finance, own, operate, or manage the public facility, including, without limitation, the power to establish rates, charges, and fees for products or services provided by it, the power to levy special assessments, the power to sell or finance all or a portion of such facility, and the power to contract with a public or private entity to manage and operate such facilities or to provide or receive facilities, services, or products. Except as may be limited by the interlocal agreement under which the entity is created, all of the privileges, benefits, powers, and terms of s. 125.01, relating to counties, and s. 166.021, relating to municipalities, are fully applicable to the entity. However, neither the entity nor any of its members on behalf of the entity may exercise the power of eminent domain over the facilities or property of any existing water or wastewater plant utility system, nor may the entity acquire title to any water or wastewater plant utility facilities, other facilities, or property which was acquired by the use of eminent domain after the effective date of this act. Bonds, notes, and other obligations issued by the entity are issued on behalf of the public agencies that are members of the entity.

8. Any entity created under this section may also issue bond anticipation notes in connection with the authorization, issuance, and sale of bonds. The bonds may be issued as serial bonds or as term bonds or both. Any entity may issue capital appreciation bonds or variable rate bonds. Any bonds, notes, or other obligations must be authorized by resolution of the governing body of the entity and bear the date or dates; mature at the time or times, not exceeding 40 years from their respective dates; bear interest at the rate or rates; be payable at the time or times; be in the denomination; be

in the form; carry the registration privileges; be executed in the manner; be payable from the sources and in the medium or payment and at the place; and be subject to the terms of redemption, including redemption prior to maturity, as the resolution may provide. If any officer whose signature, or a facsimile of whose signature, appears on any bonds, notes, or other obligations ceases to be an officer before the delivery of the bonds, notes, or other obligations, the signature or facsimile is valid and sufficient for all purposes as if he or she had remained in office until the delivery. The bonds, notes, or other obligations may be sold at public or private sale for such price as the governing body of the entity shall determine. Pending preparation of the definitive bonds, the entity may issue interim certificates, which shall be exchanged for the definitive bonds. The bonds may be secured by a form of credit enhancement, if any, as the entity deems appropriate. The bonds may be secured by an indenture of trust or trust agreement. In addition, the governing body of the legal entity may delegate, to an officer, official, or agent of the legal entity as the governing body of the legal entity may select, the power to determine the time; manner of sale, public or private; maturities; rate of interest, which may be fixed or may vary at the time and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer, official, or agent so designated by the governing body of the legal entity. However, the amount and maturity of the bonds, notes, or other obligations and the interest rate of the bonds, notes, or other obligations must be within the limits prescribed by the governing body of the legal entity and its resolution delegating to an officer, official, or agent the power to authorize the issuance and sale of the bonds, notes, or other obligations.

9. Bonds, notes, or other obligations issued under this paragraph may be validated as provided in chapter 75. The complaint in any action to validate the bonds, notes, or other obligations must be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 must be published in Leon County and in each county that is a member of the entity issuing the bonds, notes, or other obligations, or in which a member of the entity is located, and the complaint and order of the circuit court must be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in each county that is a member of the entity issuing the bonds, notes, or other obligations or in which a member of the entity is located. Section 75.04(2) does not apply to a complaint for validation brought by the legal entity.

10. The accomplishment of the authorized purposes of a legal entity created under this paragraph is in all respects for the benefit of the people of the state, for the increase of their commerce and prosperity, and for the improvement of their health and living conditions. Since the legal entity will perform essential governmental functions in accomplishing its purposes, the legal entity is not required to pay any taxes or assessments of any kind whatsoever upon any property acquired or used by it for such purposes or upon any revenues at any time received by it. The bonds, notes, and other obligations of an entity, their transfer, and the income therefrom, including any profits made on the sale thereof,

are at all times free from taxation of any kind by the state or by any political subdivision or other agency or instrumentality thereof. The exemption granted in this subparagraph is not applicable to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations.

(h)1. Notwithstanding the provisions of paragraph (c), any separate legal entity consisting of an alliance, as defined in s. 395.106(2)(a), created pursuant to this paragraph and controlled by and whose members consist of eligible entities comprised of special districts created pursuant to a special act and having the authority to own or operate one or more hospitals licensed in this state or hospitals licensed in this state that are owned, operated, or funded by a county or municipality, for the purpose of providing property insurance coverage as defined in s. 395.106(2)(b), for such eligible entities, may exercise all powers under this subsection in connection with borrowing funds for such purposes, including, without limitation, the authorization, issuance, and sale of bonds, notes, or other obligations of indebtedness. Borrowed funds, including, but not limited to, bonds issued by such alliance shall be deemed issued on behalf of such eligible entities that enter into loan agreements with such separate legal entity as provided in this paragraph.

2. Any such separate legal entity shall have all the powers that are provided by the interlocal agreement under which the entity is created or that are necessary to finance, operate, or manage the alliance's property insurance coverage program. Proceeds of bonds, notes, or other obligations issued by such an entity may be loaned to any one or more eligible entities. Such eligible entities are authorized to enter into loan agreements with any separate legal entity created pursuant to this paragraph for the purpose of obtaining moneys with which to finance property insurance coverage or claims. Obligations of any eligible entity pursuant to a loan agreement as described in this paragraph may be validated as provided in chapter 75.

3. Any bonds, notes, or other obligations to be issued or incurred by a separate legal entity created pursuant to this paragraph shall be authorized by resolution of the governing body of such entity and bear the date or dates; mature at the time or times, not exceeding 30 years from their respective dates; bear interest at the rate or rates, which may be fixed or vary at such time or times and in accordance with a specified formula or method of determination; be payable at the time or times; be in the denomination; be in the form; carry the registration privileges; be executed in the manner; be payable from the sources and in the medium of payment and at the place; and be subject to redemption, including redemption prior to maturity, as the resolution may provide. The bonds, notes, or other obligations may be sold at public or private sale for such price as the governing body of the separate legal entity shall determine. The bonds may be secured by such credit enhancement, if any, as the governing body of the separate legal entity deems appropriate. The bonds may be secured by an indenture of trust or trust agreement. In addition, the governing body of the separate legal entity may delegate, to such officer or official of such entity as the governing body may select, the power to determine the time; manner of sale, public or private; maturities; rate or rates of interest, which may

be fixed or may vary at such time or times and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer or official so designated by the governing body of such separate legal entity. However, the amounts and maturities of such bonds, the interest rate or rates, and the purchase price of such bonds shall be within the limits prescribed by the governing body of such separate legal entity in its resolution delegating to such officer or official the power to authorize the issuance and sale of such bonds.

4. Bonds issued pursuant to this paragraph may be validated as provided in chapter 75. The complaint in any action to validate such bonds shall be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 shall be published in Leon County and in each county in which an eligible entity that is a member of an alliance is located. The complaint and order of the circuit court shall be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in each county in which an eligible entity receiving bond proceeds is located.

5. The accomplishment of the authorized purposes of a separate legal entity created under this paragraph is deemed in all respects for the benefit, increase of the commerce and prosperity, and improvement of the health and living conditions of the people of this state. Inasmuch as the separate legal entity performs essential public functions in accomplishing its purposes, the separate legal entity is not required to pay any taxes or assessments of any kind upon any property acquired or used by the entity for such purposes or upon any revenues at any time received by the entity. The bonds, notes, and other obligations of such separate legal entity, the transfer of and income from such bonds, notes, and other obligations, including any profits made on the sale of such bonds, notes, and other obligations, are at all times free from taxation of any kind of the state or by any political subdivision or other agency or instrumentality of the state. The exemption granted in this paragraph does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations.

6. The participation by any eligible entity in an alliance or a separate legal entity created pursuant to this paragraph may not be deemed a waiver of immunity to the extent of liability or any other coverage, and a contract entered regarding such alliance is not required to contain any provision for waiver.

(8) If the purpose set forth in an interlocal agreement is the acquisition, construction, or operation of a revenue-producing facility, the agreement may provide for the repayment or return to the parties of all or any part of the contributions, payments, or advances made by the parties pursuant to subsection (5) and for payment to the parties of any sum derived from the revenues of such facility. Payments, repayments, or returns shall be made at any time and in the manner specified in the agreement and may be made at any time on or prior to the rescission or termination of the agreement or completion of the purposes of the agreement.

(9)(a) All of the privileges and immunities from liability; exemptions from laws, ordinances, and

rules; and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of any public agency when performing their respective functions within the territorial limits for their respective agencies shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, or employees extraterritorially under the provisions of any such interlocal agreement.

(b) An interlocal agreement does not relieve a public agency of any obligation or responsibility imposed upon it by law except to the extent of actual and timely performance thereof by one or more of the parties to the agreement or any legal or administrative entity created by the agreement, in which case the performance may be offered in satisfaction of the obligation or responsibility.

(c) All of the privileges and immunities from liability and exemptions from laws, ordinances, and rules which apply to the municipalities and counties of this state apply to the same degree and extent to any separate legal entity, created pursuant to the provisions of this section, wholly owned by the municipalities or counties of this state, the membership of which consists or is to consist only of municipalities or counties of this state, unless the interlocal agreement creating such entity provides to the contrary. All of the privileges and immunities from liability; exemptions from laws, ordinances, and rules; and pension and relief, disability, and worker's compensation, and other benefits which apply to the activity of officers, agents, employees, or employees of agents of counties and municipalities of this state which are parties to an interlocal agreement creating a separate legal entity pursuant to the provisions of this section shall apply to the same degree and extent to the officers, agents, or employees of such entity unless the interlocal agreement creating such entity provides to the contrary.

(10)(a) A public agency entering into an interlocal agreement may appropriate funds and sell, give, or otherwise supply any party designated to operate the joint or cooperative undertaking such personnel, services, facilities, property, franchises, or funds thereof as may be within its legal power to furnish.

(b) A public agency entering into an interlocal agreement may receive grants-in-aid or other assistance funds from the United States Government or this state for use in carrying out the purposes of the interlocal agreement.

(11) Prior to its effectiveness, an interlocal agreement and subsequent amendments thereto shall be filed with the clerk of the circuit court of each county where a party to the agreement is located. However, if the parties to the agreement are located in multiple counties and the agreement under subsection (7) provides for a separate legal entity or administrative entity to administer the agreement, the interlocal agreement and any amendments thereto may be filed with the clerk of the circuit court in the county where the legal or administrative entity maintains its principal place of business.

(12) Any public agency entering into an agreement pursuant to this section may appropriate funds and may sell, lease, give, or otherwise supply the administrative joint board or other legal or

administrative entity created to operate the joint or cooperative undertaking by providing such personnel or services therefor as may be within its legal power to furnish.

(13) The powers and authority granted by this section shall be in addition and supplemental to those granted by any other general, local, or special law. Nothing contained herein shall be deemed to interfere with the application of any other law.

(14) This section is intended to authorize the entry into contracts for the performance of service functions of public agencies, but shall not be deemed to authorize the delegation of the constitutional or statutory duties of state, county, or city officers.

(15) Notwithstanding any other provision of this section or of any other law except s. 361.14, any public agency of this state which is an electric utility, or any separate legal entity created pursuant to the provisions of this section, the membership of which consists only of electric utilities, and which exercises or proposes to exercise the powers granted by part II of chapter 361, the Joint Power Act, may exercise any or all of the following powers:

(a) Any such public agency or legal entity, or both, may plan, finance, acquire, construct, reconstruct, own, lease, operate, maintain, repair, improve, extend, or otherwise participate jointly in one or more electric projects, which are proposed, existing, or under construction and which are located or to be located within or without this state, with any one or more of the following:

1. Any such legal entity;
2. One or more electric utilities;
3. One or more foreign public utilities; or
4. Any other person,

if the right to full possession and to all of the use, services, output, and capacity of any such electric project during the original estimated useful life thereof is vested, subject to creditors' rights, in any one or more of such legal entities, electric utilities, or foreign public utilities, or in any combination thereof. Any such public agency or legal entity, or both, may act as agent or designate one or more persons, whether or not participating in an electric project, to act as its agent in connection with the planning, design, engineering, licensing, acquisition, construction, completion, management, control, operation, maintenance, repair, renewal, addition, replacement, improvement, modification, insuring, decommissioning, cleanup, retirement, or disposal, or all of the foregoing, of such electric project or electric projects.

(b)1. In any case in which any such public agency or legal entity, or both, participate in an electric project with any one or more of the following:

- a. Any such legal entity;
- b. One or more electric utilities;
- c. One or more foreign public utilities; or
- d. Any other person,

and if the right to full possession and to all of the use, services, output, and capacity of any such electric project during the original estimated useful life thereof is vested, subject to creditors' rights, in any one or more of such legal entities, electric utilities, or foreign public utilities, or in any combination thereof, such public agency or legal entity, or both, may enter into an agreement or agreements with respect to such electric project with the other person or persons participating therein, and such legal entity may enter into an agreement or agreements with one or more public agencies who are parties to the interlocal agreement creating such legal entity. Any such agreement may be for such period, including, but not limited to, an unspecified period, and may contain such other terms, conditions, and provisions, consistent with the provisions of this section, as the parties thereto shall determine. In connection with entry into and performance pursuant to any such agreement, with the selection of any person or persons with which any such public agency or legal entity, or both, may enter into any such agreement, and with the selection of any electric project to which such agreement may relate, no such public agency or legal entity shall be required to comply with any general, local, or special statute, including, but not limited to, the provisions of s. 287.055, or with any charter provision of any public agency, which would otherwise require public bidding, competitive negotiation, or both.

2. Any such agreement may include, but need not be limited to, any or all of the following:

a. Provisions defining what constitutes a default thereunder and providing for the rights and remedies of the parties thereto upon the occurrence of such a default, including, without limitation, the right to discontinue the delivery of products or services to a defaulting party and requirements that the remaining parties not in default who are entitled to receive products or services from the same electric project may be required to pay for and use or otherwise dispose of, on a proportionate or other basis, all or some portion of the products and services which were to be purchased by the defaulting party.

b. Provisions granting one or more of the parties the option to purchase the interest or interests of one or more other parties in the electric project upon such occurrences, and at such times and pursuant to such terms and conditions, as the parties may agree, notwithstanding the limitations on options in the provisions of any law to the contrary.

c. Provisions setting forth restraints on alienation of the interests of the parties in the electric project.

d. Provisions for the planning, design, engineering, licensing, acquisition, construction, completion, management, control, operation, maintenance, repair, renewal, addition, replacement, improvement, modification, insuring, decommissioning, cleanup, retirement, or disposal, or all of the foregoing of such electric project by any one or more of the parties to such agreement, which party or parties may be designated in or pursuant to such agreement as agent or agents on behalf of itself and one or more of the other parties thereto or by such other means as may be determined by the parties thereto.

e. Provisions for a method or methods of determining and allocating among or between the parties the costs of planning, design, engineering, licensing, acquisition, construction, completion, management, control, operation, maintenance, repair, renewal, addition, replacement, improvement, modification, insuring, decommissioning, cleanup, retirement, or disposal, or all of the foregoing with respect to such electric project.

f. Provisions that any such public agency or legal entity, or both, will not rescind, terminate, or amend any contract or agreement relating to such electric project without the consent of one or more persons with which such public agency or legal entity, or both, have entered into an agreement pursuant to this section or without the consent of one or more persons with whom any such public agency or legal entity, or both, have made a covenant or who are third-party beneficiaries of any such covenant.

g. Provisions whereby any such public agency or legal entity, or both, are obligated to pay for the products and services of such electric project and the support of such electric project, including, without limitation, those activities set forth in sub-subparagraph d., without setoff or counterclaim and irrespective of whether such products or services are furnished, made available, or delivered to such public agency or legal entity, or both, or whether any electric project contemplated by such contract or agreement is completed, operable, or operating, and notwithstanding suspension, interruption, interference, reduction, or curtailment of the products and services of such electric project and notwithstanding the quality, or failure, of performance of any one or more of the activities set forth in sub-subparagraph d. with respect to such electric project.

h. Provisions that in the event of the failure or refusal of any such public agency or legal entity, or both, to perform punctually any specified covenant or obligation contained in or undertaken pursuant to any such agreement, any one or more parties to such agreement or any one or more persons who have been designated in such agreement as third-party beneficiaries of such covenant or obligation may enforce the performance of such public agency or legal entity by an action at law or in equity, including, but not limited to, specific performance or mandamus.

i. Provisions obligating any such public agency or legal entity, or both, to indemnify, including, without limitation, indemnification against the imposition or collection of local, state, or federal taxes and interest or penalties related thereto, or payments made in lieu thereof, to hold harmless, or to waive claims or rights for recovery, including claims or rights for recovery based on sole negligence, gross negligence, any other type of negligence, or any other act or omission, intentional or otherwise, against one or more of the other parties to such agreement. Such provisions may define the class or classes of persons for whose acts, intentional or otherwise, a party shall not be responsible; and all of such provisions may be upon such terms and conditions as the parties thereto shall determine.

j. Provisions obligating any such public agency or legal entity, or both, not to dissolve until all principal and interest payments for all bonds and other evidences of indebtedness issued by such public

agency or legal entity, or both, have been paid or otherwise provided for and until all contractual obligations and duties of such public agency or legal entity have been fully performed or discharged, or both.

k. Provisions obligating any such public agency or legal entity, or both, to establish, levy, and collect rents, rates, and other charges for the products and services provided by such legal entity or provided by the electric or other integrated utility system of such public agency, which rents, rates, and other charges shall be at least sufficient to meet the operation and maintenance expenses of such electric or integrated utility system; to comply with all covenants pertaining thereto contained in, and all other provisions of, any resolution, trust indenture, or other security agreement relating to any bonds or other evidences of indebtedness issued or to be issued by any such public agency or legal entity; to generate funds sufficient to fulfill the terms of all other contracts and agreements made by such public agency or legal entity, or both; and to pay all other amounts payable from or constituting a lien or charge on the revenues derived from the products and services of such legal entity or constituting a lien or charge on the revenues of the electric or other integrated utility system of such public agency.

l. Provisions obligating such legal entity to enforce the covenants and obligations of each such public agency with which such legal entity has entered into a contract or agreement with respect to such electric project.

m. Provisions obligating such legal entity not to permit any such public agency to withdraw from such legal entity until all contractual obligations and duties of such legal entity and of each such public agency with which it has entered into a contract or agreement with respect to such electric project have been fully performed, discharged, or both.

n. Provisions obligating each such public agency which has entered into a contract or agreement with such legal entity with respect to an electric project not to withdraw from, or cause or participate in the dissolution of, such legal entity until all duties and obligations of such legal entity and of each such public agency arising from all contracts and agreements entered into by such public agency or legal entity, or both, have been fully performed, discharged, or both.

o. Provisions obligating each such public agency which has entered into a contract or agreement with such legal entity or which has entered into a contract or agreement with any other person or persons with respect to such electric project to maintain its electric or other integrated utility system in good repair and operating condition until all duties and obligations of each such public agency and of each such legal entity arising out of all contracts and agreements with respect to such electric project entered into by each such public agency or legal entity, or both, have been fully performed, discharged, or both.

3. All actions taken by an agent designated in accordance with the provisions of any such agreement may, if so provided in the agreement, be made binding upon such public agency or legal entity, or

both, without further action or approval by such public agency or legal entity, or both. Any agent or agents designated in any such agreement shall be governed by the laws and rules applicable to such agent as a separate entity and not by any laws or rules which may be applicable to any of the other participating parties and not otherwise applicable to the agent.

(c) Any such legal entity may acquire services, output, capacity, energy, or any combination thereof only from:

1. An electric project in which it has an ownership interest; or
2. Any other source:

a. To the extent of replacing the services, output, capacity, energy, or combination thereof of its share of an electric project when the output or capacity of such electric project is reduced or unavailable; or

b. At any time and in any amount for resale to any of its members as necessary to meet their retail load requirements.

However, under sub-subparagraph 2.b., such legal entity may not purchase wholesale power for resale to any of its members from any electric utility as a result of any legal proceeding commenced by the legal entity or any of its members after January 1, 1982, before any state or federal court or administrative body, to the extent that such purchase or proceeding would involuntarily expand the responsibility of the electric utility to provide such wholesale power.

(d) Any such legal entity may sell services, output, capacity, energy, or any combination thereof only to:

1. Its members to meet their retail load requirements;
2. Other electric utilities or foreign public utilities which have ownership interests in, or contractual

arrangements which impose on such electric utilities or foreign public utilities obligations which are the economic equivalents of ownership interests in, the electric project from which such services, output, capacity, energy, or combination thereof is to be acquired;

3. Any other electric utility or foreign public utility to dispose of services, output, capacity, energy, or any combination thereof that is surplus to the requirements of such legal entity:

a. If such surplus results from default by one or more of the members of such legal entity under a contract or contracts for the purchase of such services, output, capacity, energy, or combination thereof; and

b. If the revenues from such contract or contracts are pledged as security for payment of bonds or other evidences of indebtedness issued by such legal entity or if such revenues are required by such legal entity to meet its obligations under any contract or agreement entered into by such legal entity pursuant to paragraph (b);

4. Any other electric utility or foreign public utility for a period not to exceed 5 years from the later to occur of the date of commercial operation of, or the date of acquisition by such legal entity of any

ownership interest in or right to acquire services, output, capacity, energy, or any combination thereof from, the electric project from which such services, output, capacity, energy, or combination thereof is to be acquired, if:

- a. One or more members of such legal entity have contracted to purchase such services, output, capacity, energy, or combination thereof from such legal entity commencing upon the expiration of such period; and
 - b. Such services, output, capacity, energy, or combination thereof, if acquired commencing at an earlier time, could have been reasonably predicted to create a surplus or surpluses in the electric system or systems of such member or members during such period, when added to services, output, capacity, energy, or any combination thereof available to such member or members during such period from facilities owned by such member or members or pursuant to one or more then-existing firm contractual obligations which are not terminable prior to the end of such period without payment of a penalty, or both; or
5. Any combination of the above.

Nothing contained in this paragraph shall prevent such legal entity from selling the output of its ownership interest in any such electric project to any electric utility or foreign public utility as emergency, scheduled maintenance, or economy interchange service.

(e) All obligations and covenants of any such public agency or legal entity, or both, contained in any contract or agreement, which contract or agreement and obligations and covenants are authorized, permitted, or contemplated by this section, shall be the legal, valid, and binding obligations and covenants of the public agency or legal entity undertaking such obligations or making such covenants; and each such obligation or covenant shall be enforceable in accordance with its terms.

(f) When contract payments by any such public agency contracting with any such legal entity or revenues of any such public agency contracting with any other person or persons with respect to an electric project are to be pledged as security for the payment of bonds or other evidences of indebtedness sought to be validated, the complaint for validation may make parties defendant to such action, in addition to the state and the taxpayers, property owners, and citizens of the county in which the complaint for validation is filed, including nonresidents owning property or subject to taxation therein:

1. Every public agency the contract payments of which are to be so pledged.
2. Any other person contracting with such public agency or legal entity, or both, in any manner relating to such electric project, and particularly with relation to any ownership or operation of any electric project; the supplying of electrical energy to such public agency or legal entity, or both; or the taking or purchase of electrical energy from the electric project.
3. The taxpayers, property owners, and citizens of each county or municipality in which each such public agency is located, including nonresidents owning property or subject to taxation therein, and

the holders of any outstanding debt obligations of any such public agency or legal entity.

All such parties who are made defendants and over whom the court acquires jurisdiction in such validation proceedings shall be required to show cause, if any exists, why such contract or agreement and the terms and conditions thereof should not be inquired into by the court, the validity of the terms thereof determined, and the matters and conditions which are imposed on the parties to such contract or agreement and all such undertakings thereof adjudicated to be valid and binding on the parties thereto. Notice of such proceedings shall be included in the notice of validation hearing required to be issued and published pursuant to the provisions of paragraph (7)(c); and a copy of the complaint in such proceedings, together with a copy of such notice, shall be served on each party defendant referred to in subparagraphs 1. and 2. who is made a defendant and over whom the court acquires jurisdiction in such validation proceedings. Any person resident of this state or any person not a resident of, or located within, this state, whether or not authorized to transact business in this state, who contracts with any such public agency or legal entity, or both, in any manner relating to such electric project, may intervene in the validation proceedings at or before the time set for the validation hearing and assert any ground or objection to the validity and binding effect of such contract or agreement on his or her own behalf and on behalf of any such public agency and of all citizens, residents, and property owners of the state. No appeal may be taken by any person who was not a party of record in such proceedings at the time the judgment appealed from was rendered. An adjudication as to the validity of any such contract or agreement from which no appeal has been taken within the time permitted by law from the date of entry of the judgment of validation or, if an appeal is filed, which is confirmed on appeal shall be forever conclusive and binding upon such legal entity and all such parties who are made defendants and over whom the court acquires jurisdiction in such validation proceedings.

(g) Each such public agency or legal entity, or both, which contracts with any other person or persons with respect to the ownership or operation of any electric project, and each such public agency which contracts with any legal entity for the support of, or supply of, power from an electric project, is authorized to pledge to such other person or persons or such legal entity, or both, for the benefit of such electric project all or any portion of the revenues derived or to be derived:

1. In the case of any such public agency, from the ownership and operation of its electric or other integrated utility system; and

2. In the case of a legal entity, from the provision of products and services by it; and to pledge to such other person or persons or such legal entity, or both, for the benefit of such electric project any securities, contract rights, and other property. Each such legal entity is also authorized to pledge to, or for the benefit of, the holders of any bonds, notes, or other evidences of indebtedness issued by such legal entity, as security for the payment thereof, any revenues, securities, contract rights, or other property. Any such pledge shall specify the priority and ranking of such pledge in respect of other pledges, if any, of the same revenues, securities, contract rights, or other property

by such public agency or legal entity. Any pledge of revenues, securities, contract rights, or other property made by any such public agency or legal entity, or both, pursuant to this section shall be valid and binding from the date the pledge is made. The revenues, securities, contract rights, or other property so pledged and then held or thereafter received by such public agency or legal entity, or any fiduciary, or such other person or persons shall immediately be subject to the lien of the pledge without any physical delivery thereof or further act; and the lien of the pledge shall be valid and binding as against all parties having claims of any kind in tort, in contract, or otherwise against the public agency or legal entity making such pledge, without regard to whether such parties have notice thereof. The resolution, trust indenture, security agreement, or other instrument by which a pledge is created need not be filed or recorded in any manner.

(h) Any such legal entity is authorized and empowered to sue and be sued in its own name. In the event that any such public agency or legal entity enters into a contract or an agreement with respect to an electric project located in another state, or owns an interest in an electric project located in another state, an action against such public agency or legal entity may be brought in the federal or state courts located in such state.

(i) The provisions of this subsection shall be liberally construed to effect the purposes hereof. The powers conferred by the provisions of this subsection shall be in addition and supplementary to the powers conferred by the other provisions of this section, by any other general, local, or special law, or by any charter of any public agency. When the exercise of any power conferred on any public agency or any legal entity by the provisions of this subsection would conflict with any limitation or requirement upon such public agency or such legal entity contained in the other provisions of this section, in any other general, local, or special law, except s. 361.14, or in the charter of such public agency, such limitation or requirement shall be superseded by the provisions of this subsection for the purposes of the exercise of such power pursuant to the provisions of this subsection.

(j) While any bonds or other evidences of indebtedness issued by any such public agency or any such legal entity pursuant to the authority granted by paragraph (7)(c) or other applicable law remain outstanding, or while any such public agency or any such legal entity has any undischarged duties or obligations under any contract or agreement, including, but not limited to, obligations to any operator or joint owner of any electric project, the powers, duties, or existence of such public agency or such legal entity or of its officers, employees, or agents shall not be diminished, impaired, or affected in any manner which will affect materially and adversely the interests and rights of the owners of such bonds or other evidences of indebtedness or the persons to whom such duties or obligations are owed under such contract or agreement. The provisions of this subsection shall be for the benefit of the state, each such public agency, each such legal entity, every owner of the bonds of each such legal entity or public agency, and every other person to whom such public agency or such legal entity owes a duty or is obligated by contract or agreement; and, upon and after the earlier of the execution and

delivery by any public agency or legal entity, pursuant to this section, of any contract or agreement to any person with respect to an electric project, or the issuance of such bonds or other evidences of indebtedness, the provisions of this subsection shall constitute an irrevocable contract by the state with the owners of the bonds or other evidences of indebtedness issued by such public agency or legal entity and with the other person or persons to whom any such public agency or legal entity owes a duty or is obligated by any such contract or agreement.

(k) The limitations on waiver in the provisions of s. 768.28 or any other law to the contrary notwithstanding, the Legislature, in accordance with s. 13, Art. X of the State Constitution, hereby declares that any such legal entity or any public agency of this state that participates in any electric project waives its sovereign immunity to:

1. All other persons participating therein; and
2. Any person in any manner contracting with a legal entity of which any such public agency is a member, with relation to:
 - a. Ownership, operation, or any other activity set forth in sub-subparagraph (b)2.d. with relation to any electric project; or
 - b. The supplying or purchasing of services, output, capacity, energy, or any combination thereof.

(l) Notwithstanding the definition of "electric project" contained in paragraph (3)(d), or any other provision of this subsection or of part II of chapter 361 limiting the parties which may participate jointly in electric projects, any public agency of this state which is an electric utility, or any separate legal entity created pursuant to the provisions of this section, the membership of which consists only of electric utilities, and which exercises or proposes to exercise the powers granted by part II of chapter 361, may exercise any or all of the powers provided in this subsection jointly with any other person with respect to the acquisition, extraction, conversion, use, transportation, storage, reprocessing, disposal, or any combination thereof of any primary fuel or source thereof, as well as any other materials resulting therefrom, only when such primary fuel or source thereof is to be used for the generation of electrical energy in one or more electric projects by such legal entity, any member thereof, or any combination thereof; and, in connection therewith, any such public agency or legal entity shall be deemed to have all the additional powers, privileges, and rights provided in this subsection.

(m) In the event that any public agency or any such legal entity, or both, should receive, in connection with its joint ownership or right to the services, output, capacity, or energy of an electric project, as defined in paragraph (3)(d), any material which is designated by the person supplying such material as proprietary confidential business information or which a court of competent jurisdiction has designated as confidential or secret shall be kept confidential and shall be exempt from the provisions of s. 119.07(1). As used in this paragraph, "proprietary confidential business information" includes, but is not limited to, trade secrets; internal auditing controls and reports of internal auditors; security

measures, systems, or procedures; information concerning bids or other contractual data, the disclosure of which would impair the efforts of the utility to contract for services on favorable terms; employee personnel information unrelated to compensation, duties, qualifications, or responsibilities; and formulas, patterns, devices, combinations of devices, contract costs, or other information the disclosure of which would injure the affected entity in the marketplace.

(16)(a) All of the additional powers and authority granted by chapter 82-53, Laws of Florida, to a public agency as defined in paragraph (3)(b), a legal entity created pursuant to the provisions of this section, or both, respecting agreements for participation in electric projects shall apply to any agreement in existence as of March 25, 1982, as well as to any such agreement entered into thereafter; but no additional limitation provided in chapter 82-53 upon any power or authority of any such public agency or legal entity, or both, respecting agreements for participation in electric projects shall apply to any such agreement entered into prior to March 25, 1982.

(b) Chapter 82-53, Laws of Florida, shall be deemed to be enacted for the purpose of further implementing the provisions of s. 10(d), Art. VII of the State Constitution, as amended.

(17) In any agreement entered into pursuant to this section, any public agency or separate legal entity created by interlocal agreement may, in its discretion, grant, sell, donate, dedicate, lease or otherwise convey, title, easements or use rights in real property, including tax-reverted real property, title to which is in such public agency or separate legal entity, to any other public agency or separate legal entity created by interlocal agreement. Any public agency or separate legal entity created by interlocal agreement is authorized to grant such interests in real property or use rights without consideration when in its discretion it is determined to be in the public interest. Real property and interests in real property granted or conveyed to such public agency or separate legal entity shall be for the public purposes contemplated in the interlocal agreement and may be made subject to the condition that in the event that said real property or interest in real property is not so used, or if used and subsequently its use for such purpose is abandoned, the interest granted shall cease as to such public agency or separate legal entity and shall automatically revert to the granting public agency or separate legal entity.

(18) Any separate legal entity created under subsection (7) which has member public agencies located in at least five counties, of which at least three are not contiguous, may conduct public meetings and workshops by means of communications media technology. The notice for any such public meeting or workshop shall state that the meeting or workshop will be conducted through the use of communications media technology; specify how persons interested in attending may do so; and provide a location where communications media technology facilities are available. The participation by an officer, board member, or other representative of a member public agency in a meeting or workshop conducted through communications media technology constitutes that individual's presence at such meeting or workshop. As used in this subsection, the term "communications media technology" means

conference telephone, video conference, or other communications technology by which all persons attending a public meeting or workshop may audibly communicate.

History.—ss. 1, 2, ch. 69-42; ss. 11, 18, 35, ch. 69-106; s. 1, ch. 79-24; ss. 1, 2, ch. 79-31; s. 61, ch. 79-40; s. 68, ch. 81-259; ss. 1, 7, 8, ch. 82-53; s. 45, ch. 83-217; s. 21, ch. 85-55; s. 1, ch. 87-9; s. 6, ch. 87-237; s. 46, ch. 88-130; ss. 33, 34, ch. 90-360; s. 83, ch. 91-45; s. 11, ch. 93-51; s. 896, ch. 95-147; s. 45, ch. 96-406; s. 19, ch. 97-236; s. 61, ch. 99-2; s. 23, ch. 99-251; s. 1, ch. 2001-201; s. 72, ch. 2002-295; s. 156, ch. 2003-261; s. 10, ch. 2004-5; s. 1, ch. 2004-336; s. 6, ch. 2006-218; s. 1, ch. 2006-220; s. 1, ch. 2007-1; s. 1, ch. 2007-90; s. 1, ch. 2008-43; s. 1, ch. 2012-164.

163.02 Councils of local public officials.—

(1) The governing bodies of any two or more counties, municipalities, special districts, or other governmental subdivisions of this state, or any of them, herein referred to as member local governments, may, by resolution, enter into an agreement with each other for the establishment of a council of local public officials. Any council established under the authority of this section shall be a corporation not for profit.

(2) Representation on the council shall be in the manner provided in the agreement establishing the council. The representative from each member local government shall be the elected chief executive of said local government or, if such government does not have an elected chief executive, a member of its governing body chosen by such body to be its representative. Any member may withdraw from the council upon 60 days' notice subsequent to formal action by its governing body.

(3) The local government council shall have the power to:

(a) Study such area governmental problems as it deems appropriate, including but not limited to matters affecting health, safety, welfare, education, economic conditions, and area development;

(b) Promote cooperative arrangements and coordinate action among its members; and

(c) Make recommendations for review and action to the members and other public agencies that perform local functions and services within the area.

(4) The council shall adopt bylaws designating the officers of the council and providing for the conduct of its business. The council may employ a staff, consult and retain experts, and purchase or lease or otherwise provide for such supplies, materials, equipment and facilities as it deems desirable and necessary.

(5)(a) The governing bodies of the member governments may appropriate funds to meet the necessary expenses of the council. Services of personnel, use of equipment and office space, and other necessary services may be accepted from members as part of their financial support.

(b) The council may accept funds, grants, gifts, and services from the state, from any other governmental unit, whether participating in the council or not, from the Government of the United States, and from private and civic sources.

(c) The council shall make an annual public report of its activities to each of the member local governments, and shall have its accounts audited annually.

History.—ss. 1, 2, 3, 4, 5, ch. 69-69.

2. INDEPENDENT SPECIAL FIRE CONTROL DISTRICTS

CHAPTER 191

INDEPENDENT SPECIAL FIRE CONTROL DISTRICTS

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191.001 Short title.—Sections 191.001-191.014 may be cited as the “Independent Special Fire Control District Act.”

History.—s. 1, ch. 97-256.

191.002 Legislative intent.—The purposes of this act are to:

(1) Provide standards, direction, and procedures concerning the operations and governance of independent special fire control districts.

(2) Provide greater uniformity in independent special fire control district operations and authority.

(3) Provide greater uniformity in the financing authority of independent special fire control districts without hampering the efficiency and effectiveness of currently authorized and implemented methods and procedures of raising revenue.

(4) Improve communication and coordination between special fire control districts and other local governments with respect to short-range and long-range planning to meet the demands for service delivery while maintaining fiscal responsibility.

(5) Provide uniform procedures for electing members of the governing boards of independent special fire control districts to ensure greater accountability to the public.

History.—s. 2, ch. 97-256.

191.003 Definitions.—As used in this act:

(1) “Board” means the governing board of a district.

(2) “District” means an independent special fire control district as provided in this act.

(3) “Elector” means a person who is a resident of the district and is qualified to vote in a general election within the local general-purpose government jurisdiction in which the district is located.

(4) “Emergency medical service” means basic and advanced life support service as defined in s. 401.23.

(5) “Independent special fire control district” means an independent special district as defined in s. 189.403, created by special law or general law of local application, providing fire suppression and related activities within the jurisdictional boundaries of the district. The term does not include a municipality, a county, a dependent special district as defined in s. 189.403, a district providing primarily emergency medical services, a community development district established under chapter 190, or any other multiple-power district performing fire suppression and related services in addition to other services.

(6) “Rescue response service” means an initial response to an emergency or accident situation, including, but not limited to, a plane crash, a trench or building collapse, a swimming or boating accident, or a motor vehicle accident.

History.—s. 3, ch. 97-256.

191.004 Preemption of special acts and general acts of local application.—Each district, regardless of any other, more specific provision of any special act or general law of local application creating the charter of the district, shall comply with this act. It is the intent of the Legislature that the provisions of this act supersede all special act or general law of local application provisions which contain the charter of an independent special fire control district and which address the same subjects as this act, except as such acts or laws address district boundaries and geographical subdistricts for the election of members of the governing board. However, this act does not require any modification to district financing or operations which would impair existing contracts, including collective bargaining agreements, debt obligations, or covenants and agreements relating to bonds validated or issued by the district. Further, this act does not repeal any authorization within a special act or general law of local application providing for the levy and assessment of ad valorem taxes, special assessments, non-ad valorem assessments, impact fees, or other fees or charges by a district.

History.—s. 4, ch. 97-256.

191.005 District boards of commissioners; membership, officers, meetings.—

(1)(a) With the exception of districts whose governing boards are appointed collectively by the Governor, the county commission, and any cooperating city within the county, the business affairs of each district shall be conducted and administered by a five-member board. All three-member boards existing on the effective date of this act shall be converted to five-member boards, except those

permitted to continue as a three-member board by special act adopted in 1997 or thereafter. The board shall be elected in nonpartisan elections by the electors of the district. Except as provided in this act, such elections shall be held at the time and in the manner prescribed by law for holding general elections in accordance with s. 189.405(2)(a) and (3), and each member shall be elected for a term of 4 years and serve until the member's successor assumes office. Candidates for the board of a district shall qualify as directed by chapter 99.

(b)1. At the next general election following the effective date of this act, or on or after the effective date of a special act or general act of local application creating a new district, the members of the board shall be elected by the electors of the district in the manner provided in this section. The office of each member of the board is designated as being a seat on the board, distinguished from each of the other seats by a numeral: 1, 2, 3, 4, or 5. The numerical seat designation does not designate a geographical subdistrict unless such subdistrict exists on the effective date of this act, in which case the candidates must reside in the subdistrict, and only electors of the subdistrict may vote in the election for the member from that subdistrict. Each candidate for a seat on the board shall designate, at the time the candidate qualifies, the seat on the board for which the candidate is qualifying. The name of each candidate who qualifies for election to a seat on the board shall be included on the ballot in a way that clearly indicates the seat for which the candidate is a candidate. The candidate for each seat who receives the most votes cast for a candidate for the seat shall be elected to the board.

2. If, on the effective date of this act, a district presently in existence elects members of its board, the next election shall be conducted in accordance with this section, but this section does not require the early expiration of any member's term of office by more than 60 days.

3. If, on the effective date of this act, a district does not elect the members of its board, the entire board shall be elected in accordance with this section. However, in the first election following the effective date of this act, seats 1, 3, and 5 shall be designated for 4-year terms and seats 2 and 4 shall be designated for 2-year terms.

4. If, on the effective date of this act, the district has an elected three-member board, one of the two seats added by this act shall, for the first election following the effective date of this act, be designated for a 4-year term and the other for a 2-year term, unless the terms of the three existing seats all expire within 6 months of the first election following the effective date of this act, in which case seats 1, 3, and 5 shall be designated for 4-year terms and seats 2 and 4 shall be designated for 2-year terms.

5. If the district has an elected three-member board designated to remain three members by special act adopted in 1997 or thereafter, the terms of the board members shall be staggered. In the first election following the effective date of this act, seats 1 and 3 shall be designated for 4-year terms, and seat 2 for a 2-year term.

(c) The board of any district may request the local legislative delegation that represents the area

within the district to create by special law geographical subdistricts for board seats. Any board of five members or larger elected on a subdistrict basis as of the effective date of this act shall continue to elect board members from such previously designated subdistricts, and this act shall not require the elimination of board seats from such boards.

(2) Each member of the board must be a qualified elector at the time he or she qualifies and continually throughout his or her term. Any board member who ceases to be a qualified elector is automatically removed pursuant to this act.

(3) Each elected member of the board shall assume office 10 days following the member's election. Annually, within 60 days after the newly elected members have taken office, the board shall organize by electing from its members a chair, a vice chair, a secretary, and a treasurer. The positions of secretary and treasurer may be held by one member. Funds of the district may be disbursed only upon the order or pursuant to resolution of the board, by warrant or check signed by the treasurer or other person authorized by the board. However, a petty cash account may be authorized by the board. The board may give the treasurer additional powers and duties that it deems appropriate.

(4) Members of the board may each be paid a salary or honorarium to be determined by at least a majority plus one vote of the board, which salary or honorarium may not exceed \$500 per month for each member. Special notice of any meeting at which the board will consider a salary change for a board member shall be published at least once, at least 14 days prior to the meeting, in a newspaper of general circulation in the county in which the district is located. Separate compensation for the board member serving as treasurer may be authorized by like vote so long as total compensation for the board member does not exceed \$500 per month. Members may be reimbursed for travel and per diem expenses as provided in s. 112.061.

(5) If a vacancy occurs on the board due to the resignation, death, or removal of a board member or the failure of anyone to qualify for a board seat, the remaining members may appoint a qualified person to fill the seat until the next general election, at which time an election shall be held to fill the vacancy for the remaining term, if any. The board shall remove any member who has three consecutive, unexcused absences from regularly scheduled meetings. The board shall adopt policies by resolution defining excused and unexcused absences.

(6) Each member shall, upon assuming office, take and subscribe to the oath of office prescribed by s. 5(b), Art. II of the State Constitution and s. 876.05. Each member, within 30 days of assuming office, must give the Governor a good and sufficient surety bond in the sum of \$5,000, the cost thereof being borne by the district, conditioned on the member's faithful performance of his or her duties of office.

(7) The board shall keep a permanent record book entitled "Record of Proceedings of (name of district)," in which the minutes of all meetings, resolutions, proceedings, certificates, bonds given by commissioners, and corporate acts shall be recorded. The record book shall be open to inspection in the same manner as state, county, and municipal records are open under chapter 119 and s. 24, Art. I

of the State Constitution. The record book shall be kept at the office or other regular place of business maintained by the board in the county or municipality in which the district is located.

(8) All meetings of the board shall be open to the public consistent with chapter 286, s. 189.417, and other applicable general laws.

History.—s. 5, ch. 97-256; s. 24, ch. 2004-305; s. 53, ch. 2007-30.

191.006 General powers.—The district shall have, and the board may exercise by majority vote, the following powers:

(1) To sue and be sued in the name of the district, to adopt and use a seal and authorize the use of a facsimile thereof, and to make and execute contracts and other instruments necessary or convenient to the exercise of its powers.

(2) To provide for a pension or retirement plan for its employees. In accordance with s. 215.425, the board may provide for an extra compensation program, including a lump-sum bonus payment program, to reward outstanding employees whose performance exceeds standards, if the program provides that a bonus payment may not be included in an employee's regular base rate of pay and may not be carried forward in subsequent years.

(3) To contract for the services of consultants to perform planning, engineering, legal, or other professional services.

(4) To borrow money and accept gifts, to apply for and use grants or loans of money or other property from the United States, the state, a unit of local government, or any person for any district purposes and enter into agreements required in connection therewith, and to hold, use, sell, and dispose of such moneys or property for any district purpose in accordance with the terms of the gift, grant, loan, or agreement relating thereto.

(5) To adopt resolutions and procedures prescribing the powers, duties, and functions of the officers of the district; the conduct of the business of the district; the maintenance of records; and the form of other documents and records of the district. The board may also adopt ordinances and resolutions that are necessary to conduct district business, if such ordinances do not conflict with any ordinances of a local general purpose government within whose jurisdiction the district is located. Any resolution or ordinance adopted by the board and approved by referendum vote of district electors may only be repealed by referendum vote of district electors.

(6) To maintain an office at places it designates within a county or municipality in which the district is located and appoint an agent of record.

(7) To acquire, by purchase, lease, gift, dedication, devise, or otherwise, real and personal property or any estate therein for any purpose authorized by this act and to trade, sell, or otherwise dispose of surplus real or personal property. The board may purchase equipment by an installment sales contract if funds are available to pay the current year's installments on the equipment and to pay the amounts due that year on all other installments and indebtedness.

(8) To hold, control, and acquire by donation or purchase any public easement, dedication to public use, platted reservation for public purposes, or reservation for those purposes authorized by this act and to use such easement, dedication, or reservation for any purpose authorized by this act consistent with applicable adopted local government comprehensive plans and land development regulations.

(9) To lease as lessor or lessee to or from any person, firm, corporation, association, or body, public or private, any facility or property of any nature for the use of the district when necessary to carry out the district's duties and authority under this act.

(10) To borrow money and issue bonds, revenue anticipation notes, or certificates payable from and secured by a pledge of funds, revenues, taxes and assessments, warrants, notes, or other evidence of indebtedness, and mortgage real and personal property when necessary to carry out the district's duties and authority under this act.

(11) To charge user and impact fees authorized by resolution of the board, in amounts necessary to conduct district activities and services, and to enforce their receipt and collection in the manner prescribed by resolution and authorized by law. However, the imposition of impact fees may only be authorized as provided by s. 191.009(4).

(12) To exercise the right and power of eminent domain, pursuant to chapter 73 or chapter 74, over any property within the district, except municipal, county, state, special district, or federal property used for a public purpose, for the uses and purposes of the district relating solely to the establishment and maintenance of fire stations and fire substations, specifically including the power to take easements that serve such facilities consistent with applicable adopted local government comprehensive plans and land development regulations.

(13) To cooperate or contract with other persons or entities, including other governmental agencies, as necessary, convenient, incidental, or proper in connection with providing effective mutual aid and furthering any power, duty, or purpose authorized by this act.

(14) To assess and impose upon real property in the district ad valorem taxes and non-ad valorem assessments as authorized by this act.

(15) To impose and foreclose non-ad valorem assessment liens as provided by this act or to impose, collect, and enforce non-ad valorem assessments pursuant to chapter 197.

(16) To select as a depository for its funds any qualified public depository as defined in s. 280.02 which meets all the requirements of chapter 280 and has been designated by the Chief Financial Officer as a qualified public depository, upon such terms and conditions as to the payment of interest upon the funds deposited as the board deems just and reasonable.

(17) To provide adequate insurance on all real and personal property, equipment, employees, volunteer firefighters, and other personnel.

(18) To organize, participate in, and contribute monetarily to organizations or associations relating to the delivery of or improvement of fire control, prevention, emergency rescue services, or district

administration.

(19) To provide housing or housing assistance for its employed personnel whose total annual household income does not exceed 140 percent of the area median income, adjusted for family size.

History.—s. 6, ch. 97-256; s. 6, ch. 98-320; s. 171, ch. 2003-261; s. 7, ch. 2006-69.

191.007 Exemption from taxation.—Since the exercise of the powers conferred by this act constitutes action by a political subdivision performing essential public functions and since the property of each district constitutes public property used for public purposes, all assets and properties of each district, including property acquired through the foreclosure of any tax or assessment lien, are exempt from all taxes imposed by the state or any political subdivision, agency, or instrumentality of the state.

History.—s. 7, ch. 97-256.

191.008 Special powers.—Independent special fire control districts shall provide for fire suppression and prevention by establishing and maintaining fire stations and fire substations and acquiring and maintaining such firefighting and fire protection equipment deemed necessary to prevent or fight fires. All construction shall be in compliance with applicable state, regional, and local regulations, including adopted comprehensive plans and land development regulations. The board shall have and may exercise any or all of the following special powers relating to facilities and duties authorized by this act:

(1) Establish and maintain emergency medical and rescue response services and acquire and maintain rescue, medical, and other emergency equipment, pursuant to the provisions of chapter 401 and any certificate of public convenience and necessity or its equivalent issued thereunder.

(2) Employ, train, and equip such personnel, and train, coordinate, and equip such volunteer firefighters, as are necessary to accomplish the duties of the district. The board may employ and fix the compensation of a fire chief or chief administrator. The board shall prescribe the duties of such person, which shall include supervision and management of the operations of the district and its employees and maintenance and operation of its facilities and equipment. The fire chief or chief administrator may employ or terminate the employment of such other persons, including, without limitation, professional, supervisory, administrative, maintenance, and clerical employees, as are necessary and authorized by the board. The compensation and other conditions of employment of the officers and employees of the district shall be provided by the board.

(3) Conduct public education to promote awareness of methods to prevent fires and reduce the loss of life and property from fires or other public safety concerns.

(4) Adopt and enforce firesafety standards and codes and enforce the rules of the State Fire Marshal consistent with the exercise of the duties authorized by chapter 553 or chapter 633, with respect to fire suppression, prevention, and firesafety code enforcement.

(5) Conduct arson investigations and cause-and-origin investigations.

(6) Adopt hazardous material safety plans and emergency response plans in coordination with the county emergency management agency as provided in chapter 252.

(7) Contract with general purpose local government for emergency management planning and services.

History.—s. 8, ch. 97-256.

191.009 Taxes; non-ad valorem assessments; impact fees and user charges.—

(1) AD VALOREM TAXES.—An elected board may levy and assess ad valorem taxes on all taxable property in the district to construct, operate, and maintain district facilities and services, to pay the principal of, and interest on, general obligation bonds of the district, and to provide for any sinking or other funds established in connection with such bonds. An ad valorem tax levied by the board for operating purposes, exclusive of debt service on bonds, may not exceed 3.75 mills unless a higher amount has been previously authorized by law, subject to a referendum as required by the State Constitution and this act. The ballot question on such referendum shall state the currently authorized millage rate and the year of its approval by referendum. The levy of ad valorem taxes pursuant to this section must be approved by referendum called by the board when the proposed levy of ad valorem taxes exceeds the amount authorized by prior special act, general law of local application, or county ordinance approved by referendum. Nothing in this act shall require a referendum on the levy of ad valorem taxes in an amount previously authorized by special act, general law of local application, or county ordinance approved by referendum. Such tax shall be assessed, levied, and collected in the same manner as county taxes. The levy of ad valorem taxes approved by referendum shall be reported within 60 days after the vote to the Department of Economic Opportunity.

(2) NON-AD VALOREM ASSESSMENTS.—

(a) A district may levy non-ad valorem assessments as defined in s. 197.3632 to construct, operate, and maintain those district facilities and services provided pursuant to the general powers listed in s. 191.006, the special powers listed in s. 191.008, any applicable general laws of local application, and a district's enabling legislation. The rate of such assessments must be fixed by resolution of the board pursuant to the procedures contained in s. 191.011. Non-ad valorem assessment rates set by the board may exceed the maximum rates established by special act, county ordinance, the previous year's resolution, or referendum in an amount not to exceed the average annual growth rate in Florida personal income over the previous 5 years. Non-ad valorem assessment rate increases within the personal income threshold are deemed to be within the maximum rate authorized by law at the time of initial imposition. Proposed non-ad valorem assessment increases that exceed the rate set the previous fiscal year or the rate previously set by special act or county ordinance, whichever is more recent, by more than the average annual growth rate in Florida personal income over the last 5 years, or the first-time levy of non-ad valorem assessments in a district, must be approved by referendum of the electors of the district. The referendum on the first-time levy of an assessment shall include a notice of the

future non-ad valorem assessment rate increases permitted by this act without a referendum. Non-ad valorem assessments shall be imposed, collected, and enforced pursuant to s. 191.011.

(b)1. The non-ad valorem assessments in paragraph (a) may be used to fund emergency medical services and emergency transport services. However, if a district levies a non-ad valorem assessment for emergency medical services or emergency transport services, the district shall cease collecting ad valorem taxes under subsection (1) for that particular service.

2. It is recognized that the provision of emergency medical services and emergency transport services constitutes a benefit to real property the same as any other improvement performed by a district, such as fire suppression services, fire protection services, fire prevention services, emergency rescue services, and first response medical aid.

(3) USER CHARGES.—

(a) The board may provide a reasonable schedule of charges for special emergency services, including firefighting occurring in or to structures outside the district, motor vehicles, marine vessels, aircraft, or rail cars, or as a result of the operation of such motor vehicles or marine vessels, to which the district is called to render such emergency service, and may charge a fee for the services rendered in accordance with the schedule.

(b) The board may provide a reasonable schedule of charges for fighting fires occurring in or at refuse dumps or as a result of an illegal burn, which fire, dump, or burn is not authorized by general or special law, rule, regulation, order, or ordinance and which the district is called upon to fight or extinguish.

(c) The board may provide a reasonable schedule of charges for responding to or assisting or mitigating emergencies that either threaten or could threaten the health and safety of persons, property, or the environment, to which the district has been called, including a charge for responding to false alarms.

(d) The board may provide a reasonable schedule of charges for inspecting structures, plans, and equipment to determine compliance with firesafety codes and standards.

(e) The district shall have a lien upon any real property, motor vehicle, marine vessel, aircraft, or rail car for any charge assessed under this subsection.

(4) IMPACT FEES.—If the general purpose local government has not adopted an impact fee for fire services which is distributed to the district for construction within its jurisdictional boundaries, and the Legislature has authorized independent special fire control districts to impose impact fees by special act or general law other than this act, the board may establish a schedule of impact fees in compliance with any standards set by general law for new construction to pay for the cost of new facilities and equipment, the need for which is in whole or in part the result of new construction. The impact fees collected by the district under this subsection shall be kept separate from other revenues of the district and must be used exclusively to acquire, purchase, or construct new facilities or portions

thereof needed to provide fire protection and emergency services to new construction. As used in this subsection, "new facilities" means land, buildings, and capital equipment, including, but not limited to, fire and emergency vehicles, radiotelemetry equipment, and other firefighting or rescue equipment. The board shall maintain adequate records to ensure that impact fees are expended only for permissible new facilities or equipment. The board may enter into agreements with general purpose local governments to share in the revenues from fire protection impact fees imposed by such governments.

History.—s. 9, ch. 97-256; s. 72, ch. 2011-142; s. 160, ch. 2013-183.

191.011 Procedures for the levy and collection of non-ad valorem assessments.—

(1) A district may provide for the levy of non-ad valorem assessments under this act on the lands within the district for the exercise of the powers authorized by this act, or any part thereof, for all or any part of the cost thereof. The district may use any assessment apportionment methodology that meets fair apportionment standards.

(2) The board may determine to exercise any power authorized by this act and defray the whole or any part of the expense thereof by non-ad valorem assessments. A district shall adopt a non-ad valorem assessment roll pursuant to the procedures contained in this section or in s. 197.3632 if:

(a) The non-ad valorem assessment is levied for the first time;

(b) The non-ad valorem assessment is increased beyond the maximum rate authorized by general law or special act at the time of initial imposition as defined in s. 191.009;

(c) The district's boundaries have changed, unless all newly affected property owners have provided written consent for such assessment to the board; or

(d) There is a change in the purpose for such assessment or in the use of the revenue generated by such assessment.

The board shall so declare by resolution stating the nature of the proposed service, the location of any capital facilities, personnel, and equipment needed to provide the service, and any other projected expense of providing the service or improvement, and the part or portion of the expense thereof to be paid by non-ad valorem assessments, the manner in which the assessments shall be made, when the assessments are to be paid, and what part, if any, shall be apportioned to be paid from other revenues or funds of the district. The resolution shall also designate the lands upon which the non-ad valorem assessments shall be levied. Such lands may be designated by an assessment plat. The resolution shall also state the total estimated costs of the service or improvement. The estimated cost may include the cost of operations, including personnel, equipment, construction or reconstruction, the cost of all labor and materials, the cost of all lands, property, rights, easements, and franchises acquired, financing charges, interest prior to and during construction and for 1 year after completion of construction, discount on the sale of assessment bonds, cost of plans and specifications, surveys of estimates of costs and of revenues, cost of engineering and legal services, and all other expenses necessary or incident to

determining the feasibility or practicability of the construction or reconstruction, administrative expense, and such other expense as may be necessary or incident to the financing authorized by this act.

(3) At the time of the adoption of the resolution provided for in subsection (2), there shall be on file at the district's offices an assessment plat showing the area to be assessed, with construction and operational plans and specifications, and an estimate of the cost of the proposed service or improvement, which assessment plat, plans, and specifications and estimate shall be open to the inspection of the public.

(4) Upon adoption of the resolution provided for in subsection (2) or completion of the preliminary assessment roll provided for in subsection (5), whichever is later, the board shall publish notice of the resolution once in a newspaper of general circulation in each county in which the district is located. The notice shall state in brief and general terms a description of the proposed service or improvements and that the plans, specifications, and estimates are available to the public at the district's offices. The notice shall also state the date and time of the hearing to hear objections provided for in subsection (7), which hearing shall be no earlier than 15 days after publication of the notice. The publication shall be verified by the affidavit of the publisher and filed with the secretary to the board.

(5) Upon the adoption of the resolution provided for in subsection (2), the board shall cause to be made a preliminary assessment roll in accordance with the method of assessment provided for in the resolution. The assessment roll shall show the lots and lands assessed and the amount of the benefit to and the assessment against each lot or parcel of land, and, if the assessment is to be paid in installments, the number of annual installments in which the assessment is divided shall also be entered and shown upon the assessment roll.

(6) Upon the completion of the preliminary assessment roll, the board shall by resolution fix a time and place at which the owners of the property to be assessed or any other persons interested therein may appear before the board and be heard as to the advisability of providing the service or making the improvements, as to the cost thereof, as to the manner of payment therefor, and as to the amount thereof to be assessed against each property so improved. Ten days' notice in writing of the time and place shall be given to the property owners. The notice shall include the amount of the assessment and shall be served by mailing a copy to each of the property owners at his or her last known address, the names and addresses of the property owners to be obtained from the records of the property appraiser, and proof of such mailing to be made by the affidavit of the secretary.

(7) At the time and place named in the notice provided for in subsection (4), the board shall meet and hear testimony from affected property owners as to the advisability of providing the service or making the improvements and funding them with non-ad valorem assessments on property. Following the testimony, the board shall make a final decision on whether to levy the non-ad valorem assessments, adjusting assessments as may be warranted by information received at or prior to the

hearing. If any property which may be chargeable under this section has been omitted from the preliminary roll or if the prima facie assessment has not been made against it, the board may place on the roll an apportionment to that property. The owners of any property so added to the assessment roll shall be mailed a copy of the notice provided for in subsection (6), and granted 15 days from the date of mailing to file any objections with the board. When so approved by resolution of the board, a final assessment roll shall be filed with the vice chair of the board, and the assessments shall stand confirmed and remain legal, valid, and binding first liens upon the property against which the assessments are made until paid. The assessment so made shall be final and conclusive as to each lot or parcel assessed unless proper steps are taken within 30 days after the filing of the final assessment roll in a court of competent jurisdiction to secure relief. If the assessment against any property is sustained or reduced or abated by the court, the vice chair shall note that fact on the assessment roll opposite the description of the property affected and notify the county property appraiser and the tax collector in writing. The amount of the non-ad valorem assessment against any lot or parcel which may be abated by the court, unless the assessment upon the entire district is abated, or the amount by which the assessment is so reduced, may by resolution of the board be made chargeable against the district at large, or, at the discretion of the board, a new assessment roll may be prepared and confirmed in the manner provided in this section for the preparation and confirmation of the original assessment roll. The board may by resolution grant a discount equal to all or a part of the payee's proportionate share of the cost of a capital project consisting of bond financing costs, such as capitalized interest, funded reserves, and bond discount included in the estimated cost of the project, upon payment in full of any assessment during the period prior to the time the financing costs are incurred as may be specified by the board.

(8) The non-ad valorem assessments:

(a) Shall be payable at the time and in the manner stipulated in the resolution providing for the improvement or services.

(b) Shall remain liens, coequal with the lien of all state, county, district, and municipal taxes, superior in dignity to all other liens, titles, and claims, until paid.

(c) Shall bear interest as provided by s. 170.09 or, if bonds have been issued, at a rate not to exceed 1 percent above the rate of interest at which the bonds authorized pursuant to this act and used for a capital improvement are sold, from the date of the acceptance of the improvement.

(d) May, by resolution and only for capital outlay projects, be made payable in equal installments over a period not to exceed 20 years, to which, if not paid when due, there shall be added a penalty at the rate of 1 percent per month, until paid.

However, the assessments may be paid without interest at any time within 30 days after the improvement is completed and a resolution accepting the same has been adopted by the board.

(9) The non-ad valorem assessments approved by the board may be levied, assessed, and collected

pursuant to ss. 197.363-197.3635. The collection and enforcement of the non-ad valorem assessment levied by the district shall be at the same time and in like manner as county taxes.

(10) All assessments shall constitute a lien upon the property so assessed from the date of confirmation of the resolution ordering the improvement of the same nature and to the same extent as the lien for general county, municipal, or district taxes falling due in the same year or years in which such assessments or installments thereof fall due, and any assessment or installment not paid when due shall be collected with such interest and with a reasonable attorney's fee and costs, but without penalties, by the district by proceedings in a court of equity to foreclose the lien of assessment as a lien for mortgages is or may be foreclosed under the laws of the state, provided any such proceedings to foreclose shall embrace all installments of principal remaining unpaid with accrued interest thereon, which installments shall, by virtue of the institution of such proceedings immediately become due and payable. If, prior to any sale of the property under decree of foreclosure in such proceedings, payment is made of the installment or installments which are shown to be due under the provisions of the resolution passed pursuant to subsection (9) and this subsection, and all costs including attorney's fees, the payment shall have the effect of restoring the remaining installments to their original maturities and the proceedings shall be dismissed. The district shall enforce the prompt collection of assessments by the means provided in this section and this duty may be enforced at the suit of any holder of bonds issued under this act in a court of competent jurisdiction by mandamus or other appropriate proceedings or action. Not later than 30 days after annual installments are due and payable, the board shall direct the attorney or attorneys whom the board shall designate to institute actions within 3 months after such direction to enforce the collection of all non-ad valorem assessments remaining due and unpaid at the time of such direction. Such action shall be prosecuted in the manner and under the conditions in and under which mortgages are foreclosed under the laws of the state. It is lawful to join in one action the collection of assessments against any or all property assessed by virtue of the same assessment roll unless the court deems such joinder prejudicial to the interest of any defendant. The court shall allow a reasonable attorney's fee for the attorney or attorneys of the district, and the fee shall be collectible as a part of or in addition to the costs of the action. At the sale pursuant to decree in any such action, the district may be a purchaser to the same extent as an individual person or corporation, except that the part of the purchase price represented by the assessments sued upon and the interest thereon need not be paid in cash. Property so acquired by the district may be sold or otherwise disposed of, the proceeds of such disposition to be placed in the fund provided for by subsection (11), provided no sale or other disposition thereof shall be made unless the notice calling for bids therefor to be received at a stated time and place was published in a newspaper of general circulation in the district once in each of 4 successive weeks prior to such disposition.

(11) All assessments and charges made under the provisions of this section for the payment of all or any part of the cost of any improvements for which assessment bonds have been issued under the

provisions of this act are hereby pledged to the payment of the principal of and the interest on the assessment bonds and shall, when collected, be placed in a separate fund, properly designated, which fund shall be used for no other purpose than the payment of such principal and interest.

History.—s. 10, ch. 97-256; s. 161, ch. 2013-183.

191.012 District issuance of bonds, notes, bond anticipation notes, or other evidences of indebtedness.—

(1) A district may issue general obligation bonds, assessment bonds, revenue bonds, notes, bond anticipation notes, or other evidences of indebtedness to finance all or a part of any proposed improvements authorized to be undertaken under this act or under general or special law, provided the total annual payments for the principal and interest on such indebtedness shall not exceed 50 percent of the total annual budgeted revenues of the district. The bonds shall be issued in such denominations, mature on such dates and in such amounts, and may be subject to optional and mandatory redemption as determined by resolutions adopted by the board. Bonds of the district may bear interest at a fixed or floating or adjustable rate and may be issued as interest-bearing, interest-accruing bonds, or zero coupon bonds at such rate or rates, not exceeding the maximum rate permitted by general law, as determined by resolutions of the board. Principal and interest shall be payable in the manner determined by the board. The bonds shall be signed by manual or facsimile signature of the chair or vice chair of the board, attested with the seal of the district and by the manual or facsimile signature of the secretary or assistant secretary of the board.

(2) The bonds shall be payable from the non-ad valorem assessments or other non-ad valorem revenues, including, without limitation, user fees or charges or rental income authorized to be levied or collected or received pursuant to this act or general law. General obligation bonds payable from ad valorem taxes may also be issued by the district, but only after compliance with s. 12, Art. VII of the State Constitution. Subject to referendum approval, a district may pledge its full faith and credit for the payment of principal and interest on such general obligation bonds and for any reserve funds provided therefor and may unconditionally and irrevocably pledge itself to levy ad valorem taxes on all property in the district to the extent necessary for the payment thereof. A district is authorized, after notice and opportunity to be heard has been afforded to those affected, to impose, charge, and collect non-ad valorem revenues in connection with any of the improvements authorized under this act and to pledge the same for the payment of bonds.

(3) In connection with the sale and issuance of bonds, the district may enter into any contracts which the board determines to be necessary or appropriate to achieve a desirable effective interest rate in connection with the bonds by means of, but not limited to, contracts commonly known as investment contracts, funding agreements, interest rate swap agreements, currency swap agreements, forward payment conversion agreements, futures, or contracts providing for payments based on levels of or changes in interest rates, or contracts to exchange cash flows or a series of payments, or

contracts, including, without limitation, options, puts, or calls to hedge payment, rate, spread, or similar exposure. Such contracts or arrangements may also be entered into by the district in connection with, or incidental to, entering into any agreement which secures bonds or provides liquidity therefor. Such contracts and arrangements shall be made upon the terms and conditions established by the board, after giving due consideration for the credit worthiness of the counterparties, where applicable, including any rating by a nationally recognized rating service or any other criteria as may be appropriate.

(4) In connection with the sale and issuance of the bonds, or entering into any of the contracts or arrangements referred to in subsection (3), the district may enter into such credit enhancement or liquidity agreements, with such payment, interest rate, security, default, remedy, and any other terms and conditions as the board shall determine.

(5) Notwithstanding any provisions of law relating to the investment or reinvestment of surplus funds of any governmental unit, proceeds of the bonds and any money set aside or pledged to secure payment of the principal of, premium, if any, and interest on the bonds, or any of the contracts entered into pursuant to subsection (3), may be invested in securities or obligations described in the resolution providing for the issuance of bonds.

(6) The bonds shall be sold in any manner not inconsistent with general law, shall show the purpose for which they are issued, and shall be payable out of the money pledged therefor. The funds derived from the sale of said bonds or any of them shall be used for the purpose of paying the cost of the services or improvements and such costs, expenses, fees, and salaries as may be authorized by law.

(7) Non-ad valorem assessments or any portion thereof levied to pay principal on bonds issued pursuant to this act with respect to improvements financed therewith shall not exceed the benefits assessed regarding such works or improvements. If the bonds are sold at a discount, the amount of the discount shall be treated as interest, not as principal. Premiums payable upon the redemption of bonds shall also be treated as interest. Interest to accrue on account of issuing bonds shall not be construed as a part of the costs of the works or improvements in determining whether or not the costs of making such improvements are equal to or in excess of the benefits assessed. If the property appraiser and tax collector deduct their fees and charges from the amount of non-ad valorem assessments levied and collected, and if the landowners receive the statutorily permitted discount for early payment of such non-ad valorem assessments, the amount of such fees, charges, and discount shall not be included in the amount of non-ad valorem assessments levied by the district in determining whether such assessments are equal to or in excess of the benefits assessed.

(8) Any district created or organized under any general or special law may, whenever in the judgment of the board it is advisable and in the best interests of the landowners in the district, issue bonds to refund any or all of the then-outstanding bonded indebtedness of the district.

(9) The principal amount of refunding bonds may be in any amount not in excess of the benefits

assessed against the lands with respect to which the refunded bonds were issued less the principal amount of the refunded bonds previously paid from non-ad valorem assessments. The proceeds of such refunding bonds shall be used only to pay the principal, premium, if any, and interest on the bonds to be refunded, any discount or expense of the sale of the refunding bonds, and to provide a debt service reserve fund for the refunding bonds. The district may also use other available revenues to pay costs associated with the issuance or administration of the refunding bonds.

(10) Assessments shall be levied for the payment of the refunding bonds in the same manner as the assessments levied for the refunded bonds and the refunding bonds shall be secured by the same lien as the refunded bonds, and any additional interest which accrues on account of the refunding bonds shall be included and added to the original assessment and shall be secured by the same lien, provided any interest accrued shall not be considered as a part of the cost of construction in determining whether the assessment exceeds the benefits assessed.

(11) No proceedings shall be required for the issuance of bonds or refunding bonds other than those provided by this section and by general law.

History.—s. 11, ch. 97-256.

191.013 Intergovernmental coordination.—

(1) The fire chiefs of each county are urged to organize and meet as a county fire chiefs' association to coordinate the planning and activities of all entities that provide fire protection and suppression services. The association may elect officers and meet at least biannually.

(2) Each independent special fire control district shall adopt a 5-year plan to identify the facilities, equipment, personnel, and revenue needed by the district during that 5-year period. The plan shall be updated in accordance with s. 189.415 and shall satisfy the requirement for a public facilities report required by s. 189.415(2).

History.—s. 12, ch. 97-256.

191.014 District creation and expansion.—

(1) New districts may be created only by the Legislature under s. 189.404.

(2) The boundaries of a district may be modified, extended, or enlarged upon approval or ratification by the Legislature.

History.—s. 13, ch. 97-256; s. 2, ch. 2012-16.

191.015 Codification.—Each fire control district existing on the effective date of this section, by December 1, 2004, shall submit to the Legislature a draft codified charter, at its expense, so that its special acts may be codified into a single act for reenactment by the Legislature, if there is more than one special act for the district. The Legislature may adopt a schedule for individual district codification. Any codified act relating to a district, which act is submitted to the Legislature for reenactment, shall provide for the repeal of all prior special acts of the Legislature relating to the district. The codified act shall be filed with the Department of Economic Opportunity pursuant to s.

189.418(2).

History.—s. 15, ch. 97-256; s. 4, ch. 98-320; s. 73, ch. 2011-142.

Agenda: August 1, 2016
Memo: Item # 9

Town of Ocean Ridge, Florida

Agenda Memorandum

Office of Police Chief

- Subject:**
- 1. Monthly Activity Report (June 2016)**
 - 2. Monthly Boynton Beach Fire/EMS Activity Report**

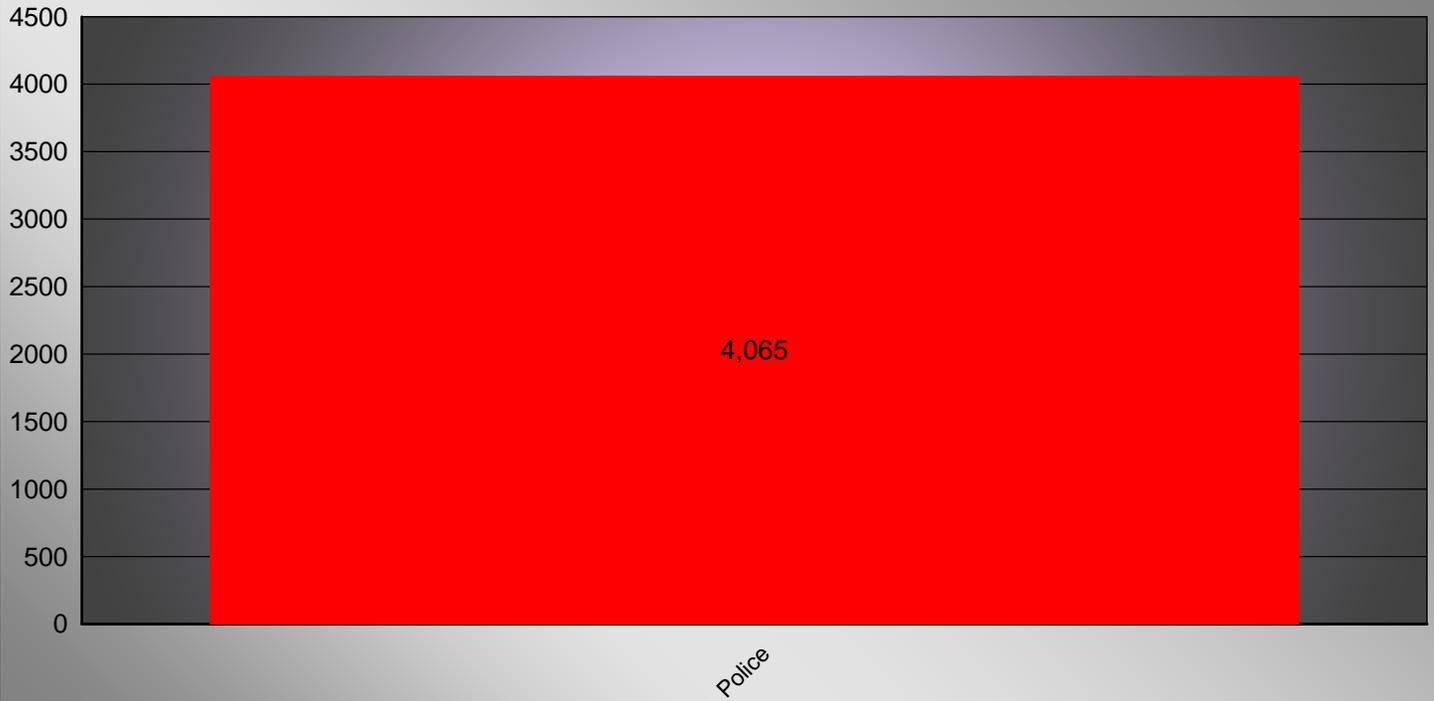
Mayor and Town Commissioners:

Attached you will find the June Monthly Police Activity Report; including the Boynton Beach Fire/EMS Activity Report. All of these reports are on the Town's website under Police Department/Monthly Reports.

Due to attendance at the Florida Police Chiefs Association conference, I am unable to be present for this meeting. Please feel free to pose any questions that may arise to the Police Lieutenants. I am confident they will be able to provide any information you need.

Should you have questions requiring my immediate attention do not hesitate to call me, as I will be accessible by telephone and checking emails while I am away.

CAD Events By Organization



07/07/2016

CAD Calls For Service By Organization

Police	4065
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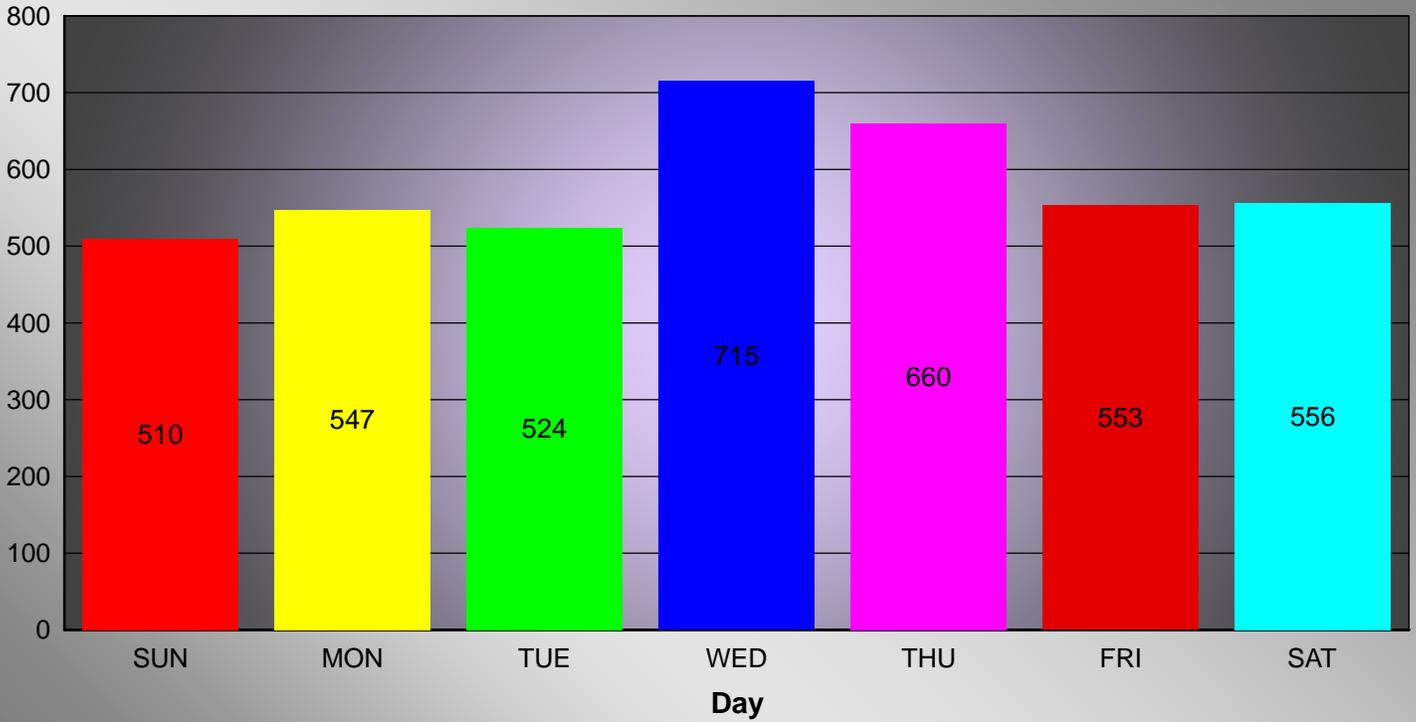
CAD Calls For Service By Type

Department	Signal	Description	Number of Calls
POLICE	10108	ON FOOT W/ PORTABLE	196
POLICE	1017	INVESTIGATE/FOLLOW UP	6
POLICE	1050	TRAFFIC STOP	123
POLICE	1057	AT FIREARMS RANGE	1
POLICE	1060	ASSIST TO MOTORIST	1
POLICE	1077	COURT	3
POLICE	801	VTC PERMITS (BUILDING)	21
POLICE	802	VTC T.H. REGISTRATION	50
POLICE	803	VTC OVERGROWN LOT	9
POLICE	804	VTC SIGNS (ALL)	6
POLICE	805	VTC SOLICIT W/O PERMIT (DOOR TO DOC	3
POLICE	806	VTC WORKING WHEN NOT PERMITTED	29
POLICE	807	VTC TRASH/GARBAGE	39
POLICE	811	VTC TRAILERS	1
POLICE	812	VTC TRUCKS/COMMERCIAL VEHICLES	2
POLICE	814	VTC OVERNIGHT PARKING ON STREET	8
POLICE	815	VTC PARKING ON VACANT LOT	2
POLICE	817	VTC RENTAL REGISTRATION 30-157	1
POLICE	821	VTC DOGS AT LARGE	2
POLICE	823	VTC CONSTRUCTION SITE	19
POLICE	824	VTC ALL OTHER	5
POLICE	825	VTC WATER VIOLATION	1
POLICE	832	VTC SLEEPING OUTDOORS	1
POLICE	833	VTC CUTTING NATURAL VEGETATION	3
POLICE	BBCK	BRINY BREEZES BUILDING CHECK	30
POLICE	BCHK	BEACH PATROL	142
POLICE	DC	DISTRICT CHECK	1981
POLICE	FUP	FOLLOW-UP	71
POLICE	HCKH	HOUSE CHECK HAND	923
POLICE	HCKV	HOUSE CHECK VISUAL	91
POLICE	S01	DRUNK DRIVER	2
POLICE	S03	HIT AND RUN ACCIDENT	1
POLICE	S04	AUTO ACCIDENT	3
POLICE	S09	STOLEN TAG	1
POLICE	S13	SUSPICIOUS INCIDENT	5
POLICE	S13P	SUSPICIOUS PERSON	17
POLICE	S13V	SUSPICIOUS VEHICLE	7
POLICE	S14	INFORMATION	5
POLICE	S21C	BURGLARY CONVEYANCE	1
POLICE	S22	DISTURBANCE	3
POLICE	S30	THEFT	2
POLICE	S37	JUVENILE TROUBLE	2
POLICE	S38	DOMESTIC	1

CAD Calls For Service By Type

Department	Signal	Description	Number of Calls
POLICE	S39	NEIGHBOR TROUBLE	1
POLICE	S48	OPEN DOOR	7
POLICE	S48G	OPEN GARAGE DOOR	19
POLICE	S49	ALARM	69
POLICE	S49F	FIRE ALARM	1
POLICE	S51	TRESPASS	7
POLICE	S66	CIVIL MATTER	2
POLICE	S67	ACCIDENTAL INJURY	1
POLICE	S68	POLICE SERVICE CALL	18
POLICE	S70	ANIMAL COMPLAINT	3
POLICE	S72	LOST/FOUND PROPERTY	4
POLICE	S73	MEDICAL CALL	9
POLICE	S76	ASSIST OTHER DEPARTMENT	26
POLICE	S84	WELFARE CHECK	1
POLICE	S86	LOUD NOISE/MUSIC	2
POLICE	S88	FLORIDA POWER LIGHT ASSIST	11
POLICE	S90	ILLEGAL PARKING	35
POLICE	S93	STREET OR TRAFFIC SIGNS	2
POLICE	S94	BOAT IN DISTRESS	1
POLICE	S96	PROPERTY DAMAGE	3
POLICE	TE	TRAFFIC ENFORCEMENT	23

CAD Calls For Service By Day

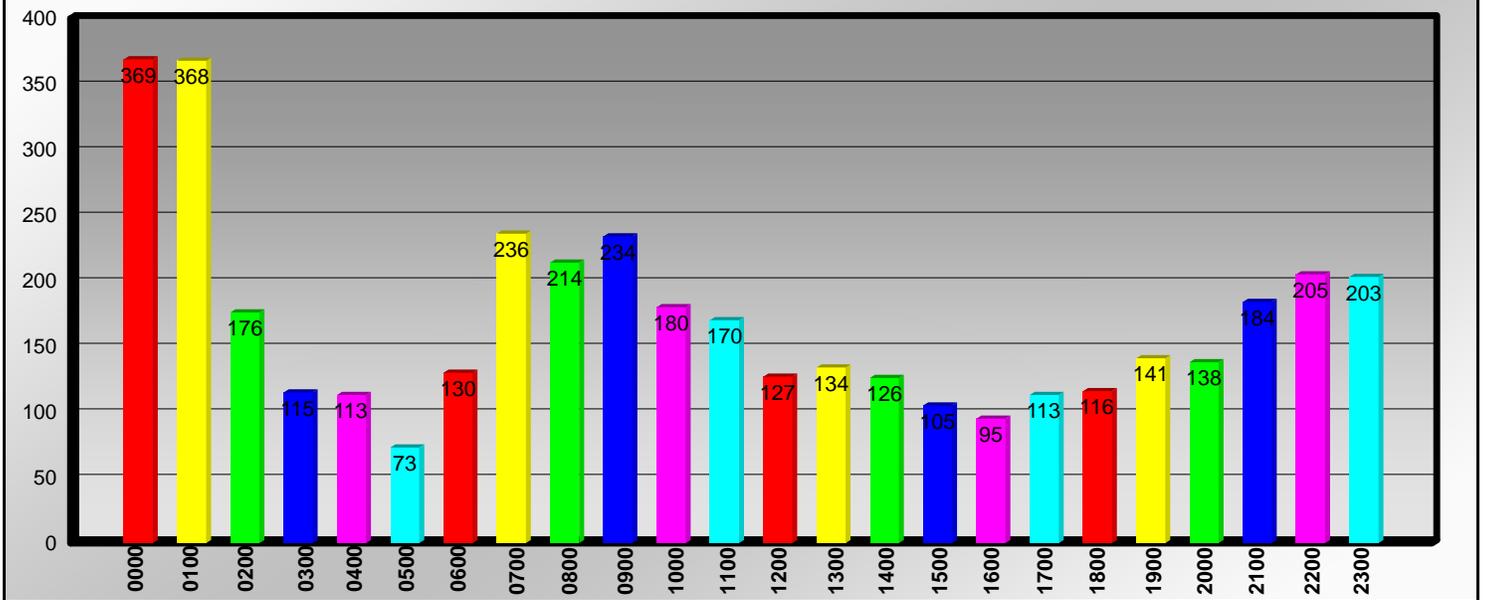


07/07/2016

CAD Calls For Service By Day

SUN	510
MON	547
TUE	524
WED	715
THU	660
FRI	553
SAT	556

Call for Service By Hour



07/07/2016

CAD Calls For Service By Hour SQL

Hour: 0000 Number of Calls: 369

Hour: 0100 Number of Calls: 368

Hour: 0200 Number of Calls: 176

Hour: 0300 Number of Calls: 115

Hour: 0400 Number of Calls: 113

Hour: 0500 Number of Calls: 73

Hour: 0600 Number of Calls: 130

Hour: 0700 Number of Calls: 236

Hour: 0800 Number of Calls: 214

Hour: 0900 Number of Calls: 234

Hour: 1000 Number of Calls: 180

Hour: 1100 Number of Calls: 170

Hour: 1200 Number of Calls: 127

Hour: 1300 Number of Calls: 134

Hour: 1400 Number of Calls: 126

CAD Calls For Service By Hour SQL

Hour: 1500 Number of Calls: 105

Hour: 1600 Number of Calls: 95

Hour: 1700 Number of Calls: 113

Hour: 1800 Number of Calls: 116

Hour: 1900 Number of Calls: 141

Hour: 2000 Number of Calls: 138

Hour: 2100 Number of Calls: 184

Hour: 2200 Number of Calls: 205

Hour: 2300 Number of Calls: 203

ORPD Other Activity:					
Type	Total	Days- Sgt Kurz	Days- Sgt. Stang	Nights-Sgt. Roy	Nights-Sgt. Hallahan
<u>Traffic</u>					
Citations	69	17	45	5	2
Written Warnings	80	18	18	41	3
Parking Tickets	35	4	8	14	9
<u>Arrests:</u>					
S19 Felony	4	0	4	0	0
S18 Misdemeanor	3	0	1	2	0
<u>Telephone Calls Handled by Dispatch:</u>					
<u>June 2016</u>		<u>Year to Date</u>			
9-1-1	50	309			
Incoming/Non-Emergency	894	4714			
Outgoing/Non-Emergency	709	3285			
PBX (Internal Town Hall)	542	2048			
Total:	2195	10356			
<u>Walk-Ins Handled by Dispatch:</u>					
All	194	1228			
After Business Hours	98	658			
Top 5 Services Provided:					
Visitors/Information -	85				
Issue Keys** -	57				
Vendors -	16				
Alarms -	12				
Crime -	12				
** Turtle Season/ATV key					

**Town of Briny Breezes
June 2016**

Type	Total	Days- Sgt. Kurz	Days- Sgt. Stang	Nights- Sgt. Roy	Nights-Sgt. Hallahan
9 - Stolen Tag	1				1
13P - Suspicious Person	4		1	3	
13V - Suspicious Vehicle	1			1	
37 - Juvenile Trouble	1		1		
39 - Neighbor Trouble	1		1		
51 - Trespass	1	1			
68 - Police Service	1			1	
70 - Animal Complaint	1			1	
76 - Assist Other Department	3		1	1	1
88 - FPL Assist	5		1	2	2
90 - Illegal Parking	7	4	3		
96 - Property Damage	1		1		
10-108 Foot Patrol	0				
TC- Traffic Control	0				
BCHK - Beach Patrol	0				
BBCK Briny Business Checks	30			14	16
FUP - Follow Up	0				
Total Calls for Service	57	5	9	23	20
DC - Districk Checks	295				
Total Calls w/ DC's	352				
OTHER ACTIVITY					
<u>Traffic</u>					
Citations	2	0	0	2	0
Written Warnings	1	0	0	1	0
Parking Tickets	3	1	2	0	0

Unit	Veh Year	Patrol Vehicle Mileage			Engine Idle Hours	Engine Miles **	Total Wear Miles	Repairs/ Month	Repairs/ FYTD	Replace *
		Start	End	Total						
561	2014	23713	24875	1162	211	6963	31838	0.00	439.85	FY2017/18
562	2013	63162	65413	2251	8088	266904	332317	0.00	866.78	FY2016/17
563	2016	3670	5325	1655	437	14421	19746	0.00	85.00	FY2018/19
564	2014	30593	33399	2806	3588	118404	151803	0.00	160.00	FY2017/18
565	2016	1707	2839	1132	312	10296	13135	0.00	0.00	FY2018/19
566	2016	1527	2984	1457	302	9966	12950	0.00	0.00	FY2018/19
567	2008	91112	91923	811	358	11814	103737	0.00	84.95	FY2015/16
Polaris-ATV	2014	2897	2993	96	459	15147	18140	0.00	817.50	FY2017/18
Honda - ATV	2016	347	374	27	48	1584	1958	0.00	247.40	FY2018/19
			Totals:	11397				\$0.00	\$2,701.48	
Unit	Driver	Driver	Driver							
561	515									
562	502	526								
563	509	522								
564	518	528								
565	520	534								
566	444	476	530	537						
567	513									
Rev 01/01/15										

* **"Replace"**: Since 2010, each new vehicle purchased for Patrol use has come with an extended 5-year Warranty. As such, the "life" of these vehicles can be extended to 4 years; as any major repair would be covered.

** **"Engine Miles"**: Per Automotive Industry Standards, idle time causes engine wear equivalent to being driven. Per Ford, that equivalent is 33 miles per hour; which is reflected in this report.

Unit	Veh Year	Patrol Vehicle Mileage			Engine Hours	Engine Miles	Wear Miles	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018
		Start	End	Total								
561	2014						New					Due
562	2013										Due	
563	2016								New			
564	2014						New					Due
565	2016											
566	2016											
567	2008									Due		
Polaris-ATV	2014						New					
Honda - ATV	2016								New			
			Totals:	0								
Rev 01/01/16												

* **"Replace"**: Since 2010, each new vehicle purchased for Patrol use has come with an extended 5-year Warranty. As such, the "life" of these vehicles can be extended to 4 years; as any major repair would be covered.

** **"Engine Miles"**: Per Automotive Industry Standards, idle time causes engine wear equivalent to being driven. Per Ford, that equivalent is 33 miles per hour; which is reflected in this report.

City of Boynton Beach Fire Rescue

OR Average Elapsed Time by District/Inc. Type

**Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "5 "**

5

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Elapsed Time
	Disp. Rcvd Date & Time	Address			
320 Emergency medical service, other					
16-007017	06/29/2016 01:50:18	06/29/2016 01:55:14	4	C	00:06:46
	06/29/2016 01:48:28	OSPREY DR			
Average Elapsed Time for District/Incident Type					6.76
321 EMS call, excluding vehicle accident with injury					
16-006177	06/05/2016 18:40:46	06/05/2016 18:46:39	4	A	00:07:48
	06/05/2016 18:38:51	OCEANVIEW DR			
16-006431	06/12/2016 20:24:38	06/12/2016 20:31:09	4	B	00:07:40
	06/12/2016 20:23:29	N OCEAN BLVD			
16-006489	06/14/2016 19:41:07	06/14/2016 19:45:48	4	A	00:06:30
	06/14/2016 19:39:18	OLD OCEAN BLVD			
Average Elapsed Time for District/Incident Type					7.32
500 Service Call, other					
16-006352	06/10/2016 17:17:56	06/10/2016 17:22:15	4	C	00:06:54
	06/10/2016 17:15:21	FAYETTE DR			
Average Elapsed Time for District/Incident Type					6.90
550 Public service assistance, Other					
16-006513	06/15/2016 13:56:37	06/15/2016 14:03:26	4	B	00:09:25
	06/15/2016 13:54:01	FAYETTE DR			
Average Elapsed Time for District/Incident Type					9.41
Overall Average Elapsed Time for District in Decimal Minutes					7.50

Total Incident Count: 6

Overall Average Elapsed Time, Decimal Minutes: 7.50

City of Boynton Beach Fire Rescue

OR Average Elapsed Time by District/Inc. Type

**Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6"**

6

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Elapsed Time
	Disp. Rcvd Date & Time	Address			
320 Emergency medical service, other					
16-006389	06/11/2016 15:47:43	06/11/2016 15:57:45	2	A	00:12:55
	06/11/2016 15:44:50	RIVER DR			
16-006440	06/13/2016 10:34:09	06/13/2016 10:40:21	4	C	00:09:56
	06/13/2016 10:30:25	N OCEAN BLVD			
16-006726	06/21/2016 15:42:58	06/21/2016 15:50:11	1	B	00:09:11
	06/21/2016 15:41:00	ISLAND DR			
Average Elapsed Time for District/Incident Type					10.67
324 Motor Vehicle Accident with no injuries					
16-006829	06/24/2016 14:00:28	06/24/2016 14:09:09	1B		00:10:32
	06/24/2016	N OCEAN BLVD			
Average Elapsed Time for District/Incident Type					10.53
554 Assist invalid					
16-006137	06/04/2016 19:52:57	06/04/2016 20:02:17	7C		00:11:43
	06/04/2016	N OCEAN BLVD /N3			
Average Elapsed Time for District/Incident Type					11.71
Overall Average Elapsed Time for District in Decimal Minutes 10.85					

Total Incident Count: 5

Overall Average Elapsed Time, Decimal Minutes: 10.85

City of Boynton Beach Fire Rescue

OR Average Elapsed Time by District/Inc. Type

Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6H "

6H

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Elapsed Time
	Disp. Rcvd Date & Time	Address			
730 System malfunction, Other					
16-006778	06/23/2016	13:08:59 06/23/2016 13:16:53	1A	13:07:07	00:09:46
	06/23/2016	NOCEAN BLVD			
Average Elapsed Time for District/Incident Type					9.76

Overall Average Elapsed Time for District in Decimal Minutes 9.76

Total Incident Count: 1 Overall Average Elapsed Time, Decimal Minutes: 9.76

City of Boynton Beach Fire Rescue

Average Response Time by District/Incident Type

**Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "5 "**

5

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Response Time
320 Emergency medical service, other					
16-007017	06/29/2016 01:50:18	06/29/2016 01:55:14	4	C	00:04:56
Average Response Time for District/Incident Type					00:04:56
321 EMS call, excluding vehicle accident with injury					
16-006177	06/05/2016 18:40:46	06/05/2016 18:46:39	4	A	00:05:53
16-006431	06/12/2016 20:24:38	06/12/2016 20:31:09	4	B	00:06:31
16-006489	06/14/2016 19:41:07	06/14/2016 19:45:48	4	A	00:04:41
Average Response Time for District/Incident Type					00:05:42
500 Service Call, other					
16-006352	06/10/2016 17:17:56	06/10/2016 17:22:15	4	C	00:04:19
Average Response Time for District/Incident Type					00:04:19
550 Public service assistance, Other					
16-006513	06/15/2016 13:56:37	06/15/2016 14:03:26	4	B	00:06:49
Average Response Time for District/Incident Type					00:06:49
Overall Average Response Time for District 00:05:32					

Total Incident Count: 6

Overall Average Response Time: 00:05:32

City of Boynton Beach Fire Rescue

Average Response Time by District/Incident Type

**Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6 "**

6

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Response Time
320 Emergency medical service, other					
16-006389	06/11/2016 15:47:43	06/11/2016 15:57:45	2	A	00:10:02
16-006440	06/13/2016 10:34:09	06/13/2016 10:40:21	4	C	00:06:12
16-006726	06/21/2016 15:42:58	06/21/2016 15:50:11	1	B	00:07:13
Average Response Time for District/Incident Type					00:07:49
324 Motor Vehicle Accident with no injuries					
16-006829	06/24/2016 14:00:28	06/24/2016 14:09:09	1	B	00:08:41
Average Response Time for District/Incident Type					00:08:41
554 Assist invalid					
16-006137	06/04/2016 19:52:57	06/04/2016 20:02:17	1	C	00:09:20
Average Response Time for District/Incident Type					00:09:20
Overall Average Response Time for District 00:08:18					

Total Incident Count: 5

Overall Average Response Time: 00:08:18

City of Boynton Beach Fire Rescue

Average Response Time by District/Incident Type

Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6H "

6H

Incident	Alarm Date & Time	Arrival Date & Time	Stn	Shift	Response Time
730 System malfunction, Other					
16-006778	06/23/2016 13:08:59	06/23/2016 13:16:53	1	A	00:07:54
Average Response Time for District/Incident Type					00:07:54

Overall Average Response Time for District 00:07:54

Total Incident Count: 1

Overall Average Response Time: 00:07:54

City of Boynton Beach Fire Rescue

Copy of Incident List by Street Address

Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "5 "

<u>Incident-Exp#</u>	<u>Alm Date</u>	<u>Alm Time</u>	<u>Location</u>	<u>Incident Type</u>
16-006177-000	06/05/2016	18:40:46	OCEANVIEW DR	321 EMS call, excluding vehicle
16-006352-000	06/10/2016	17:17:56	FAYETTE DR	500 Service Call, other
16-006431-000	06/12/2016	20:24:38	NOCEAN BLVD	321 EMS call, excluding vehicle
16-006489-000	06/14/2016	19:41:07	OLD OCEAN BLVD	321 EMS call, excluding vehicle
16-006513-000	06/15/2016	13:56:37	FAYETTE DR	550 Public service assistance,
16-007017-000	06/29/2016	01:50:18	OSPREY DR	320 Emergency medical service,

Total Incident Count 6

City of Boynton Beach Fire Rescue

Copy of Incident List by Street Address

Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6 "

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
16-006137-000	06/04/2016	19:52:57	N OCEAN BLVD /N3	554 Assist invalid
16-006389-000	06/11/2016	15:47:43	RIVER DR	320 Emergency medical service,
16-006440-000	06/13/2016	10:34:09	N OCEAN BLVD	320 Emergency medical service,
16-006726-000	06/21/2016	15:42:58	ISLAND DR	320 Emergency medical service,
16-006829-000	06/24/2016	14:00:28	N OCEAN BLVD	324 Motor Vehicle Accident with

Total Incident Count 5

City of Boynton Beach Fire Rescue

Copy of Incident List by Street Address

Alarm Date Between {06/01/2016} And {06/30/2016}
and District = "6H "

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
16-006778-000	06/23/2016	13:08:59	NOCEANBLVD	730 System malfunction, Other

Total Incident Count 1

Agenda: August 1, 2016
Memo: Item # 10

Town of Ocean Ridge, Florida
Agenda Memorandum
Office of the Town Clerk

**Subject: Set the Date for the August Budget
Workshop/Special Town Commission Meeting**

Mayor and Town Commissioners:

I polled the Commission to see when everyone would be available for a budget workshop in August, and these are the best dates:

August 18, 22 or 23

I only received input regarding the time of day from three Commissioners. Two Commissioners prefer the 8:30 a.m. timeframe, and one Commissioner prefers late afternoon or evening.

Kind Regards,

Tracey Stevens
Town Clerk

Agenda: August 1, 2016

Memo: Item # 11

Town of Ocean Ridge, Florida

Agenda Memorandum

Office of the Town Manager

Subject: Insurance Program Presentations & Payroll Services

Mayor and Town Commissioners:

In reviewing the insurance benefit program(s) of the Town, administration determined we may be able to get better coverage/benefits for the employees at very near the same cost investment as the Town currently commits. Employee feedback from the current insurance plan service in place has trended toward dissatisfaction. We've asked our current insurance plan provider/administrator and several other competitive plans providers to present options to the Town to maximize the benefit offerings for the workforce, while maintaining as close to the current investment levels as possible. Each company will present their offerings available and the best configurations that attempt to meet that objective.

The 4 companies presenting to the Commission include: Adams Benefits Group (current provider of the Town's United Healthcare Neighborhood Health Partnership (NHP) Plan, with HRA Debit Card system); Evershore Financial Group/Gloria Rosen; Paychex Services; and CoAdvantage HR Services.

Two of the companies will be presenting competitive quotes for new Insurance Plans rates and amenities, the additional two companies will be presenting new insurance rates in conjunction with offerings for outsource contract Payroll and related Administration services that offset costs. Each company has supplied their own back up packages for your perusal and consideration.

Staff recommends consideration for approval of a new program benefits provider contract for the Town's employee insurance package and administration, maintaining costs near current levels of investment.

Furthermore, we recommend serious consideration of outsourcing payroll related HR accounting functions that deploy state-of-the-art automated systems compliant in audit, tax, HIPPA, labor and related HR laws and functions; freeing up critical staff time for our expanding Building & Permit Department administration functions in-house.



Insurance Proposal For

Town of Ocean Ridge

07/14/2016

Town of Ocean Ridge

Benefit & Premium Illustration - Renewal

NHP		
XV7 H.S.A.		
	In-Network	Out-Network
Calendar Year Deductible (CYD)	\$1,500 Ind. \$3,000 Family	\$3,000 Ind. \$6,000 Family
Co-Insurance	90%	70%
Physicians Office	10% after deductible	30% after deductible
Specialist Office	10% after deductible	30% after deductible
Inpatient Hospital	10% after deductible	30% after deductible
Out-Patient Surgery	10% after deductible	30% after deductible
Out-Patient Major Diagnostic (e.g., MRI, MRA, PET, CT)	10% after deductible	30% after deductible
Emergency Room	10% after deductible	10% after deductible
Urgent Care Center	10% after deductible	30% after deductible
Prescription Drugs	CYD; \$20/\$40/\$60/20%	
Out of Pocket	\$3,000 Ind. \$6,000 Family	\$6,000 Ind. \$12,000 Family
Provider Search	www.mynhp.com	

	Current	Anticipated Renewal @ 12%
Employee	\$ 506.99	\$ 567.83
Employee + Spouse	\$ 1,145.80	\$ 1,283.30
Employee + Child(ren)	\$ 976.67	\$ 1,093.87
Employee + Family	\$ 1,474.58	\$ 1,651.53
	\$ 13,605.03	\$ 15,237.63

This is a brief summary of the benefits and rates offered. The Certificate of Coverage is the governing document for all benefits, requirements and limitations. If there is a variation between this summary and the Certificate of Coverage, the Certificate will govern. Final premium rates may change from those quoted based upon actual enrollment as of the effective date.



Town of Ocean Ridge

Neighborhood Health Partnership		Aetna	Aetna
CURRENT XV7 HSA		HNOnly 3000 HSA Embedded	HNOnly 3000 80
Carrier:	N/A	Silver	Silver
Plan Name:	10% after Ded	\$20 after Deductible	\$30.00
Metallic Level:	10% after Ded	\$40 after Deductible	\$60.00
PCP Office Visit	\$0.00	\$0.00	\$0.00
Specialist Office Visit	Deductible then, \$20/\$40/\$60/20%	deductible then, preferred generic: LUG: \$3; G: \$10; Preferred Brand: \$40; Non Preferred: \$60; Preferred Specialty: 30% up to \$300; Non Preferred Specialty: 50% up to \$500	Preferred Generic: T1A: \$3; T1: \$15; Preferred Brand: \$60; Non-Preferred: \$85; SpecialtyRx: Preferred: 30% up to \$300; Non-Preferred: 50% up to \$500
Routine Annual Exam	after Ded	\$500/Stay after Deductible	20% after Deductible
Prescription Drugs	10% after Ded	Ambulatory Surgical Center: \$250 after Deductible; Hospital: \$500 after Deductible	Ambulatory Surgical Center: \$300; Hospital: \$500 after Deductible
Inpatient Hospital	10% after Ded	\$300 after Deductible	\$500 after Deductible
Outpatient Surgery	10% after Ded	\$75 after Deductible	\$75.00
Emergency Room	10% after Ded	\$300 after Deductible	\$300.00
Walk-in Urgent Care	10% after Ded	\$3,000.00	\$3,000.00
Outpatient Diagnostic Testing	10% after Ded	\$6,000.00	\$6,000.00
Individual Deductible	\$1,500.00	0%	20%
Family Deductible	\$3,000.00	\$5,000.00	\$6,500.00
Coinsurance	10%	\$10,000.00	\$13,000.00
Out-of-Pocket Maximum	\$3,000.00	Not Required	Not Required
Family Out-of-Pocket Maximum	\$6,000.00	Not Required	Not Required
Referrals	Not Required	Not Applicable	Not Applicable
OOO Individual Deductible	\$3,000.00	Not Applicable	Not Applicable
OOO Family Deductible	\$6,000.00	Not Applicable	Not Applicable
OOO Coinsurance	30%	Not Applicable	Not Applicable
OOO Out-of-Pocket Maximum	\$6,000.00	Not Applicable	Not Applicable
OOO Family Out-of-Pocket Maximum	\$12,000.00	Not Applicable	Not Applicable
Maximum			
Census	Current	Alternative	Alternative
Employee	22	\$501.75	\$528.04
Employee + Spouse	0	\$1,003.51	\$1,056.09
Employee + Child	1	\$928.24	\$976.88
Family	1	\$1,430.00	\$1,504.92
Monthly Premium	24	\$13,396.74	\$14,098.68

This is a brief summary of the benefits and rates offered. The Certificate of Coverage is the governing document for all benefits, requirements and limitations.

If there is a variation between this summary and the Certificate of Coverage, the Certificate will govern.

Final premium rates may change from those quoted based upon actual enrollment as of the effective date.



Town of Ocean Ridge

Carrier:		Humana	Humana	Humana	Humana
Plan Name:	Neighborhood Health Partnership	EHDHP NPOS OPTION 4 HSA	AGHDHP PREMIER OPTION 2 HSA	2016 PREMIER OPT 18	
Metallic Level:	CURRENT XV7 HSA	Silver	Gold	Silver	
PCP Office Visit	N/A	20% after Deductible	10% after Deductible	\$30.00	
Specialist Office Visit	10% after Ded	20% after Deductible	10% after Deductible	\$60.00	
Routine Annual Exam	10% after Ded	\$0.00	\$0.00	\$0.00	
Prescription Drugs	Deductible then, \$20/\$40/\$60/20% after Ded	20% after Deductible	10% after Deductible	\$100 Deductible then, Level 1: \$10; Level 2: \$45; Level 3: \$75; Level 4: 25%; Specialty: 35% Level 1: \$25; Level 2: \$112.50; Level 3: \$187.50; Level 4: 25%; Specialty: 35% 40% after Ded 40% after Ded	
Inpatient Hospital	10% after Ded	20% after Deductible	10% after Deductible	\$400.00	
Outpatient Surgery	10% after Ded	20% after Deductible	10% after Deductible	\$100.00	
Emergency Room	10% after Ded	20% after Deductible	10% after Deductible	\$300.00	
Walk-in Urgent Care	10% after Ded	20% after Deductible	10% after Deductible	\$2,000.00	
Outpatient Diagnostic Testing	10% after Ded	20% after Deductible	10% after Deductible	\$4,000.00	
Individual Deductible	\$1,500.00	\$2,900.00	\$1,500.00	\$6,350.00	
Family Deductible	\$3,000.00	\$5,800.00	\$3,000.00	\$12,700.00	
Coinsurance	10%	20%	10%	Not Applicable	
Out-of-Pocket Maximum	\$3,000.00	\$5,000.00	\$3,400.00	Not Applicable	
Family Out-of-Pocket Maximum	\$6,000.00	\$10,000.00	\$6,800.00	Not Applicable	
Referrals	Not Required	Not Required	Not Applicable	Not Applicable	
OOB Individual Deductible	\$3,000.00	\$8,700.00	Not Applicable	Not Applicable	
OOB Family Deductible	\$6,000.00	\$17,400.00	Not Applicable	Not Applicable	
OOB Coinsurance	30%	50%	Not Applicable	Not Applicable	
OOB Out-of-Pocket Maximum	\$6,000.00	\$15,000.00	Not Applicable	Not Applicable	
OOB Family Out-of-Pocket Maximum	\$12,000.00	\$30,000.00	Not Applicable	Not Applicable	
Census	Current	Alternative	Alternative	Alternative	
Employee	\$506.99	\$513.93	\$653.01	\$515.82	
Employee + Spouse	\$1,145.80	\$1,027.85	\$1,306.01	\$1,031.63	
Employee + Child	\$976.67	\$950.77	\$1,208.06	\$954.26	
Family	\$1,474.58	\$1,464.69	\$1,861.07	\$1,470.08	
Monthly Premium	\$13,605.03	\$13,721.92	\$17,435.35	\$13,772.38	

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Town of Ocean Ridge

Benefit & Premium Illustration - Renewal

	<u>NHP</u>	
	<u>XV7 H.S.A.</u>	
	In-Network	Out-Network
Calendar Year Deductible (CYD)	\$1,500 Ind. \$3,000 Family	\$3,000 Ind. \$6,000 Family
Co-Insurance	90%	70%
Physicians Office	10% after deductible	30% after deductible
Specialist Office	10% after deductible	30% after deductible
Inpatient Hospital	10% after deductible	30% after deductible
Out-Patient Surgery	10% after deductible	30% after deductible
Out-Patient Major Diagnostic (e.g., MRI, MRA, PET, CT)	10% after deductible	30% after deductible
Emergency Room	10% after deductible	10% after deductible
Urgent Care Center	10% after deductible	30% after deductible
Prescription Drugs	CYD; \$20/\$40/\$60/20%	
Out of Pocket	\$3,000 Ind. \$6,000 Family	\$6,000 Ind. \$12,000 Family
Provider Search	www.mynhp.com	

		Current	Anticipated Renewal @ 12%
Employee	22	\$ 506.99	\$ 567.83
Employee + Spouse	0	\$ 1,145.80	\$ 1,283.30
Employee + Child(ren)	1	\$ 976.67	\$ 1,093.87
Employee + Family	1	\$ 1,474.58	\$ 1,651.53
	24	\$ 13,605.03	\$ 15,237.63

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Town of Ocean Ridge

Benefit & Premium Illustration - Alternate Providers

Carrier:	Aetna		Humana	
	HNOnly 3000 80	HNOnly 5000 100	2016 PREMIER OPT 18	HMO OA PREMIER OPTON 17
Plan Name:	Silver	Silver	Silver	Silver
Metallic Level:				
PCP Office Visit	\$30.00	\$40.00	\$30.00	\$35.00
Specialist Office Visit	\$60.00	\$60.00	\$60.00	\$60.00
Routine Annual Exam	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drugs	Preferred Generic: T1A: \$3; T1: \$15; Preferred Brand: \$60; Non-Preferred: \$85; SpecialtyRx: Preferred: 30% up to \$300; Non-Preferred: 50% up to \$500	Preferred Generic: LCG: \$5; G: \$20; Preferred Brand: \$50; Non Preferred: \$75; Preferred Specialty: 30% up to \$300; Non Preferred Specialty: 50% up to \$500	\$100 Deductible then , Level 1: \$10; Level 2: \$45; Level 3: \$75; Level 4: 25%; Specialty: 35%	Level 1: \$10; Level 2: \$30; Level 3: \$50; Level 4: 25%; Specialty: 35%
Inpatient Hospital	20% after Deductible	\$750/Stay after Deductible	40% after Ded	30% after Deductible
Outpatient Surgery	Ambulatory Surgical Center: \$300; Hospital: \$500 after Deductible	Ambulatory Surgical Center: \$350; Hospital: \$500	40% after Ded	30% after Deductible
Emergency Room	\$500 after Deductible	\$350.00	\$400.00	\$400.00
Walk-in Urgent Care	\$75.00	\$75.00	\$100.00	\$100.00
Outpatient Diagnostic Testing	\$300.00	Lab: \$0 after Deductible; X-ray: \$0 after Deductible; Complex Imaging: \$350 after Deductible	\$300.00	Lab: \$0 after Deductible; X-ray: \$0 after Deductible; Advance Imaging: \$300
Individual Deductible	\$3,000.00	\$5,000.00	\$2,000.00	\$5,000.00
Family Deductible	\$6,000.00	\$10,000.00	\$4,000.00	\$10,000.00
Coinsurance	20%	0%	40%	30%
Out-of-Pocket Maximum	\$6,500.00	\$6,600.00	\$6,350.00	\$6,500.00
Family Out-of-Pocket Maximum	\$13,000.00	\$13,200.00	\$12,700.00	\$13,000.00
Referrals	Not Required	Not Required	Not Required	Not Required
OON Individual Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OON Family Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OON Coinsurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OON Out-of-Pocket Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OON Family Out-of-Pocket Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Census				
Employee	22	\$528.90	\$516.37	\$504.79
Employee + Spouse	0	\$1,057.79	\$1,032.75	\$1,009.58
Employee + Child	1	\$978.46	\$955.29	\$933.87
Family	1	\$1,507.35	\$1,471.67	\$1,438.66
Monthly Premium	24	\$14,121.61	\$13,787.10	\$13,794.55

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Town of Ocean Ridge

Hospital Gap

	American Public Life			
In-Hospital	\$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined			
Outpatient Benefits	\$3,000 per covered person per calendar year for covered outpatient services. Maximum of \$9,000 per calendar year for all covered persons combined.			
	Employee	Employee & Spouse	Employee & Child	Employee & Family
In-Hospital Policy				
18-54	\$ 17.70	\$ 31.86	\$ 34.53	\$ 48.68
55+	\$ 26.56	\$ 47.79	\$ 43.37	\$ 64.61
Outpatient Policy				
18-54	\$ 32.97	\$ 59.35	\$ 64.29	\$ 90.67
55+	\$ 49.46	\$ 89.02	\$ 80.78	\$ 120.35
Additional Services Benefit Rider				
18-54	\$ 7.65	\$ 13.78	\$ 14.92	\$ 21.05
55+	\$ 11.48	\$ 20.66	\$ 18.75	\$ 27.94
Monthly Total Premium				
18-54	\$ 58.32	\$ 104.99	\$ 113.74	\$ 160.40
55+	\$ 87.50	\$ 157.47	\$ 142.90	\$ 212.90

	American Public Life			
	\$5,000 per covered person per calendar year. Maximum of \$15,000 per calendar year for all covered persons combined			
	\$5,000 per covered person per calendar year for covered outpatient services. Maximum of \$15,000 per calendar year for all covered persons combined.			
	Employee	Employee & Spouse	Employee & Child	Employee & Family
	\$ 25.37	\$ 45.67	\$ 49.47	\$ 69.77
	\$ 38.05	\$ 68.49	\$ 62.16	\$ 92.60
	\$ 45.31	\$ 81.56	\$ 88.35	\$ 124.60
	\$ 67.96	\$ 122.34	\$ 111.01	\$ 165.38
	\$ 10.52	\$ 18.93	\$ 20.51	\$ 28.92
	\$ 15.78	\$ 28.40	\$ 25.77	\$ 38.39
	\$ 81.20	\$ 146.16	\$ 158.33	\$ 223.29
	\$ 121.79	\$ 219.23	\$ 198.94	\$ 296.37

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Town of Ocean Ridge

Renewal Analysis - Dental

	UHC		UHC - Alt		Guardian	
	Current	Renewal				
	Solstice D0036	Solstice 500B D1071	Solstice 800B D1072		DHMO U20	
Calendar Year Deductible	None	None	None		None	
Co-Insurance	Scheduled	Scheduled	Scheduled		Scheduled	
Type 1 - Preventative			Co-Pays		Co-Pays	
Type 2 - Basic	Co-Pays	Co-Pays	(see Attached)		(see Attached)	
Type 3 - Major						
Type 4 - Orthodontia						
	Current	Renewal				
Employee	\$ 13.75	\$ 19.86	\$ 14.96	\$ 13.06		
Employee + Spouse	\$ 23.98	\$ 34.64	\$ 26.18	\$ 22.78		
Employee + Child(ren)	\$ 29.48	\$ 42.58	\$ 32.41	\$ 28.01		
Employee + Family	\$ 37.62	\$ 54.34	\$ 41.14	\$ 35.74		

Annual Maximum
Annual Deductible
Preventive & Diagnostic
Basic
Major
Orthodontia

Services at Specialist

Unlimited
None
Most covered at No Charge
25% - 50% Savings
25% - 50% Savings
25% - Savings
Children & Adults
25% Savings

Unlimited
None
Most covered at No Charge
25% - 55% Savings
25% - 55% Savings
25% - Savings
Children & Adults
25% Savings

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Town of Ocean Ridge

Ancillary Coverage

Basic Life & AD&D	Mutual of Omaha	
	Current	Renewal
Life per \$1,000	\$0.36	\$0.36
AD&D per \$1,000	\$0.03	\$0.03

Short Term Disability	Mutual of Omaha	
	Current	Renewal
STD per \$10 of benefit	\$0.48	\$0.48

Long Term Disability	Mutual of Omaha	
	Current	Renewal
LTD per \$100 of covered payroll	\$0.85	\$0.85

Vision	Eye-Med	
	Current	Renewal
Employee	\$ 5.85	\$ 5.85
Employee & Spouse	\$ 11.06	\$ 11.06
Employee & Child(ren)	\$ 11.66	\$ 11.66
Employee & Family	\$ 17.14	\$ 17.14

CDT Codes ++	Covered Dental Services	Patient Charges
D0999	Office visit during regular hours, general dentist only *	\$5
	Evaluations	
D0120	Periodic oral examination – established patient	0
D0140	Limited oral evaluation – problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation – new or established patient	0
D0170	Re-evaluation – limited, problem focused (established patient, not post-operative visit)	0
D0180	Comprehensive periodontal evaluation – new or established patient	0
	Radiographs/Diagnostic Imaging (Including Interpretation)	
D0210	Intraoral – complete series (including bitewings)	0
D0220	Intraoral – periapical first film	0
D0230	Intraoral – periapical each additional film	0
D0240	Intraoral – occlusal film	0
D0270	Bitewing – single film	0
D0272	Bitewings – two films	0
D0273	Bitewings – three films	0
D0274	Bitewings – four films	0
D0277	Vertical bitewings – 7 to 8 films	0
D0330	Panoramic film	0
	Tests and Examinations	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
	Dental Prophylaxis	
D1110	Prophylaxis – adult, for the first two services in any 12-month period + #	0
D1120	Prophylaxis – child, for the first two services in any 12-month period + #	0
D1999	Prophylaxis – adult or child, for each additional service in same 12-month period + #	60
	Topical Fluoride Treatment (Office Procedure)	
D1203	Topical application of fluoride (prophylaxis not included) – child, for the first two services in any 12-month period + =	0
D1204	Topical application of fluoride (prophylaxis not included) – adult, for the first two services in any 12-month period + =	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period + =	12
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period + =	20
	Other Preventive Services	
D1310	Nutritional counseling for control of dental disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant – per tooth (molars) ^	8
D9999	Sealant – per tooth (non-molars) ^	35
	Space Maintenance (Passive Appliances)	
D1510	Space maintainer – fixed - unilateral	59
D1515	Space maintainer – fixed - bilateral	78
D1525	Space maintainer – removable - bilateral	78
D1550	Re-cementation of space maintainer	13
D1555	Removal of fixed space maintainer	20
	Amalgam Restorations (Including Polishing)	
D2140	Amalgam – one surface, primary or permanent	20
D2150	Amalgam – two surfaces, primary or permanent	27
D2160	Amalgam – three surfaces, primary or permanent	32
D2161	Amalgam – four or more surfaces, primary or permanent	40
	Resin-Based Composite Restorations - Direct	
D2330	Resin-based composite – one surface, anterior	25
D2331	Resin-based composite – two surfaces, anterior	30
D2332	Resin-based composite – three surfaces, anterior	41
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	46
D2390	Resin-based composite crown, anterior	57
D2391	Resin-based composite – one surface, posterior	30
D2392	Resin-based composite – two surfaces, posterior	40
D2393	Resin-based composite – three surfaces, posterior	47
D2394	Resin-based composite – four or more surfaces, posterior	57
	Inlay/Onlay Restorations ^^	
D2510	Inlay – metallic – one surface **	326
D2520	Inlay – metallic – two surfaces **	368
D2530	Inlay – metallic – three or more surfaces **	383
D2542	Onlay – metallic – two surfaces **	383
D2543	Onlay – metallic – three surfaces **	400
D2544	Onlay – metallic – four or more surfaces **	420
D2610	Inlay – porcelain/ceramic – one surface	326
D2620	Inlay – porcelain/ceramic – two surfaces	368
D2630	Inlay – porcelain/ceramic – three or more surfaces	383
D2642	Onlay – porcelain/ceramic – two surfaces	383
D2643	Onlay – porcelain/ceramic – three surfaces	400
D2644	Onlay – porcelain/ceramic – four or more surfaces	420

CDT Codes ++	Covered Dental Services	Patient Charges
Crowns – Single Restorations Only ^^		
D2740	Crown – porcelain/ceramic substrate	\$450
D2750	Crown – porcelain fused to high noble metal **	430
D2751	Crown – porcelain fused to predominantly base metal	430
D2752	Crown – porcelain fused to noble metal	430
D2780	Crown – ¾ cast high noble metal **	420
D2781	Crown – ¾ cast predominantly base metal	420
D2782	Crown – ¾ cast noble metal	420
D2783	Crown – ¾ porcelain/ceramic	420
D2790	Crown – full cast high noble metal **	430
D2791	Crown – full cast predominantly base metal	430
D2792	Crown – full cast noble metal	430
D2794	Crown – titanium	430
Other Restorative Services		
D2910	Recement inlay, onlay, or partial coverage restoration	16
D2915	Recement cast or prefabricated post and core	16
D2920	Recement crown	16
D2930	Prefabricated stainless steel crown – primary tooth	110
D2931	Prefabricated stainless steel crown – permanent tooth	125
D2932	Prefabricated resin crown	132
D2933	Prefabricated stainless steel crown with resin window	132
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	142
D2940	Sedative filling	16
D2950	Core buildup, including any pins	113
D2951	Pin retention – per tooth, in addition to restoration	24
D2952	Post and core in addition to crown, indirectly fabricated	160
D2953	Each additional indirectly fabricated post – same tooth	50
D2954	Prefabricated post and core in addition to crown	130
D2957	Each additional prefabricated post – same tooth	29
D2960	Labial veneer (resin laminate) – chairside	250
D2970	Temporary crown (fractured tooth)	100
D2971	Additional procedures to construct new crown under existing partial denture framework	125
Pulp Capping		
D3110	Pulp cap – direct (excluding final restoration)	12
D3120	Pulp cap – indirect (excluding final restoration)	9
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	33
D3221	Pulpal debridement, primary and permanent teeth	32
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	33
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	37
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	38
Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)		
D3310	Root canal, anterior (excluding final restoration)	126
D3320	Root canal, bicuspid (excluding final restoration)	148
D3330	Root canal, molar (excluding final restoration)	192
D3331	Treatment of root canal obstruction; non-surgical access	0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	126
D3333	Internal root repair of perforation defects	63
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy – anterior	285
D3347	Retreatment of previous root canal therapy – bicuspid	335
D3348	Retreatment of previous root canal therapy – molar	400
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/periradicular surgery – anterior	137
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	147
D3425	Apicoectomy/periradicular surgery – molar (first root)	155
D3426	Apicoectomy/periradicular surgery (each additional root)	63
D3430	Retrograde filling – per root	46
D3950	Canal preparation and fitting of preformed dowel or post	20
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	105
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	30
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	121
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	73
D4249	Clinical crown lengthening – hard tissue	147
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	210
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	137
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	147
D4271	Free soft tissue graft procedure (including donor site surgery)	170
D4273	Subepithelial connective tissue graft procedures, per tooth	187

CDT Codes ++	Covered Dental Services	Patient Charges
Non-Surgical Periodontal Service		
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$42
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	25
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	27
Other Periodontal Services		
D4910	Periodontal maintenance, for the first two services in any 12-month period + #	28
D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4999	Periodontal maintenance, each additional service in same 12-month period + #	60
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture – maxillary	580
D5120	Complete denture – mandibular	580
D5130	Immediate denture – maxillary	620
D5140	Immediate denture – mandibular	620
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	580
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	580
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	620
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	620
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	675
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	675
Adjustments to Dentures		
D5410	Adjust complete denture – maxillary	27
D5411	Adjust complete denture – mandibular	27
D5421	Adjust partial denture – maxillary	27
D5422	Adjust partial denture – mandibular	27
Repairs To Complete Dentures		
D5510	Repair broken complete denture base	69
D5520	Replace missing or broken teeth – complete denture (each tooth)	66
Repairs To Partial Dentures		
D5610	Repair resin denture base	80
D5620	Repair cast framework	80
D5630	Repair or replace broken clasp	96
D5640	Replace broken teeth – per tooth	62
D5650	Add tooth to existing partial denture	81
D5660	Add clasp to existing partial denture	102
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	223
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	223
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	230
D5711	Rebase complete mandibular denture	230
D5720	Rebase maxillary partial denture	230
D5721	Rebase mandibular partial denture	230
Denture Reline Procedures		
D5730	Reline complete maxillary denture (chairside)	130
D5731	Reline complete mandibular denture (chairside)	130
D5740	Reline maxillary partial denture (chairside)	125
D5741	Reline mandibular partial denture (chairside)	125
D5750	Reline complete maxillary denture (laboratory)	186
D5751	Reline complete mandibular denture (laboratory)	186
D5760	Reline maxillary partial denture (laboratory)	186
D5761	Reline mandibular partial denture (laboratory)	186
Interim Prosthesis		
D5820	Interim partial denture (maxillary)	175
D5821	Interim partial denture (mandibular)	175
Other Removable Prosthetic Services		
D5850	Tissue conditioning, maxillary	55
D5851	Tissue conditioning, mandibular	55
Fixed Partial Denture Pontics ^^		
D6210	Pontic – cast high noble metal *	400
D6211	Pontic – cast predominantly base metal	400
D6212	Pontic – cast noble metal	400
D6214	Pontic – titanium	400
D6240	Pontic – porcelain fused to high noble metal **	400
D6241	Pontic – porcelain fused to predominantly base metal	400
D6242	Pontic – porcelain fused to noble metal	400
D6245	Pontic – porcelain/ceramic	410
Fixed Partial Denture Retainers – Inlays/Onlays ^^		
D6600	Inlay – porcelain/ceramic – two surfaces	368
D6601	Inlay – porcelain/ceramic – three or more surfaces	383
D6602	Inlay – cast high noble metal, two surfaces **	368
D6603	Inlay – cast high noble metal, three or more surfaces **	383
D6604	Inlay – cast predominantly base metal, two surfaces	368

CDT Codes ++	Covered Dental Services	Patient Charges
Fixed Partial Denture Retainers – Inlays/Onlays ^^ (continued)		
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$383
D6606	Inlay – cast noble metal, two surfaces	368
D6607	Inlay – cast noble metal, three or more surfaces	383
D6608	Onlay – porcelain/ceramic, two surfaces	383
D6609	Onlay – porcelain/ceramic, three or more surfaces	400
D6610	Onlay – cast high noble metal, two surfaces **	383
D6611	Onlay – cast high noble metal, three or more surfaces **	400
D6612	Onlay – cast predominantly base metal, two surfaces	383
D6613	Onlay – cast predominantly base metal, three or more surfaces	400
D6614	Onlay – cast noble metal, two surfaces	383
D6615	Onlay – cast noble metal, three or more surfaces	400
D6624	Inlay – titanium	368
D6634	Onlay – titanium	383
Fixed Partial Denture Retainers – Crowns ^^		
D6740	Crown – porcelain/ceramic	450
D6750	Crown – porcelain fused to high noble metal **	430
D6751	Crown – porcelain fused to predominantly base metal	430
D6752	Crown – porcelain fused to noble metal	430
D6780	Crown – ¾ cast high noble metal **	430
D6781	Crown – ¾ cast predominantly base metal	430
D6782	Crown – ¾ cast noble metal	430
D6783	Crown – ¾ porcelain/ceramic	430
D6790	Crown – full cast high noble metal **	430
D6791	Crown – full cast predominantly base metal	430
D6792	Crown – full cast noble metal	430
D6794	Crown – titanium	430
Other Fixed Partial Denture Services		
D6930	Recement fixed partial denture	26
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	160
D6972	Prefabricated post and core in addition to fixed partial denture retainer	130
D6973	Core build up for retainer, including any pins	113
D6976	Each additional cast post – same tooth	50
D6977	Each additional prefabricated post – same tooth	29
D6999	Multiple crown and bridge unit treatment plan – per unit, six or more units per treatment plan ^^	125
Extractions		
D7111	Extraction, coronal remnants – deciduous tooth	16
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	23
Surgical Extractions (Includes Local Anesthesia, Suturing, if Needed, And Routine Postoperative Care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	46
D7220	Removal of impacted tooth – soft tissue	62
D7230	Removal of impacted tooth – partially bony	82
D7240	Removal of impacted tooth – completely bony	96
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	116
D7250	Surgical removal of residual tooth roots (cutting procedure)	51
D7261	Primary closure of a sinus perforation	250
Other Surgical Procedures		
D7280	Surgical access of an unerupted tooth	82
D7283	Placement of device to facilitate eruption of impacted tooth	35
D7285	Biopsy of oral tissue – hard (bone, tooth)	70
D7286	Biopsy of oral tissue – soft	65
D7288	Brush biopsy – transepithelial sample collection	65
Alveoloplasty – Surgical Preparation Of Ridge For Dentures		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	53
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	26
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	92
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	65
Surgical Excision Of Intra-Osseous Lesions		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	165
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	240
Excision Of Bone Tissue		
D7471	Removal of lateral exostosis (maxilla or mandible)	215
D7472	Removal of torus palatinus	215
D7473	Removal of torus mandibularis	215
Surgical Incision		
D7510	Incision and drainage of abscess – intraoral soft tissue	44
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	48
Other Repair Procedures		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	100
D7963	Frenuloplasty	168

CDT Codes ++	Covered Dental Services	Patient Charges
Unclassified Treatment		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$20
D9120	Fixed partial denture sectioning	15
D9215	Local anesthesia	0
D9220	Deep sedation/general anesthesia – first 30 minutes +++	195
D9221	Deep sedation/general anesthesia – each additional 15 minutes +++	75
D9241	Intravenous conscious sedation/analgesia – first 30 minutes +++	195
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes +++	75
Professional Consultation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	34
Professional Visits		
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit – after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
Miscellaneous Services		
D9951	Occlusal adjustment – limited	23
D9971	Odontoplasty – one to two teeth	23
D9972	External bleaching – per arch	165
	Broken appointment	25

Current Dental Terminology (CDT) © American Dental Association (ADA)

- + The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.
- ++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member’s Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.
- * The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is a "G". The ID Card and Eligibility Report will indicate if the Office Visit Fee is \$5 or \$10.
- # Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.
- = Fluoride Treatment - a total of four services in any 12-month period.
- ^ Sealants are limited to permanent teeth up to the 16th birthday.
- ** If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.
- ^^ The Patient Charge for these services is per unit.
- +++ Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed DentalGuard, Inc. (DHMO), (NJ) - Managed DentalGuard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.



Solstice 500B-SHP/D1071 Dental Plan Schedule of Benefits

Members of the 500B-SHP Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting Periods
- No Deductibles or Maximums
- No claim forms to submit

The Member co-payments listed are offered by a participating in-network general dentist. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & Orthodontia treatment covered

Members can locate a participating provider at
www.myuhc.com
Member Services Department: 800-955-4137

The member is ultimately responsible for verifications of the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of members to verify all fees for proposed treatment via this "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member co-payments apply when a participating General Dentist performs services. An "*" denotes limitations on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			DIAGNOSTIC IMAGING		
D0120	*Periodic oral evaluation - established patient	0	D0210	*Intraoral - complete series (including bitewings)	0
D0140	Limited oral evaluation - problem focused	0	D0220	Intraoral - periapical first radiographic images	4
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0230	Intraoral - periapical each additional radiographic images	2
D0150	*Comprehensive oral evaluation - new or established patient	0	D0240	Intraoral - occlusal radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0250	Extraoral - first radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0260	Extraoral - each additional radiographic images	0
D0171	Re-evaluation - post-operative office visit	0	D0270	*Bitewing - single radiographic images	0
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0273	*Bitewings - three radiographic images	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	5	D0274	*Bitewings - four radiographic images	0
D9440	Office visit - after regularly scheduled hours	30	D0277	*Vertical bitewings - 7 to 8 radiographic images	27
D9450	Case presentation, detailed and extensive treatment planning	0	D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	150
D9986	Missed appointment	25	D0310	Sialography	150

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0320	Temporomandibular joint arthrogram, including injection	250	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65
D0321	Other temporomandibular joint radiographic images, by report	150	D0460	Pulp vitality tests	0
D0322	Tomographic survey	150	D0470	Diagnostic casts	0
D0330	*Panoramic radiographic images	45	ORAL PATHOLOGY LABORATORY		
D0340	Cephalometric radiographic images	100	D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	140	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	130	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	130	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	175	D0502	Other oral pathology procedures, by report	0
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	130	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0369	*Maxillofacial MRI capture and interpretation	180	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0370	*Maxillofacial ultrasound capture and interpretation	160	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0371	*Sialoendoscopy capture and interpretation	160	DENTAL PROPHYLAXIS		
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	140	D1110	*Prophylaxis - adult	0
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	130	D1110	Additional prophylaxis - adult	15
D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	130	D1120	*Prophylaxis - child	0
D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	175	D1120	Additional prophylaxis - child	15
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	130	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0385	*Maxillofacial MRI image capture	160	D1206	*Topical fluoride varnish	10
D0386	*Maxillofacial ultrasound image capture	160	D1208	*Topical application of fluoride - excluding varnish	0
D0393	*Treatment simulation using 3D image volume	0	D9910	*Application of desensitizing medicament	20
D0394	*Digital subtraction of two or more images or image volumes of the same modality	0	OTHER PREVENTIVE SERVICES		
D0395	*Fusion of two or more 3D image volumes of one or more modalities	0	D1310	Nutritional counseling for control of dental disease	0
TESTS AND EXAMINATIONS			D1320	Tobacco counseling for the control and prevention of oral disease	0
D0415	Collection of microorganisms for culture and sensitivity	0	D1330	Oral hygiene instructions	0
D0425	Caries susceptibility tests	0	D1351	*Sealant - per tooth	0

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	375*
D1353	Sealant repair - per tooth	0	D2650	Inlay - resin-based composite - one surface	195
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2651	Inlay - resin-based composite - two surfaces	220
D1510	*Space maintainer - fixed - unilateral	0	D2652	Inlay - resin-based composite - three or more surfaces	255
D1515	*Space maintainer - fixed - bilateral	0	D2662	Onlay - resin-based composite - two surfaces	230
D1520	*Space maintainer - removable - unilateral	0	D2663	Onlay - resin-based composite - three surfaces	250
D1525	*Space maintainer - removable - bilateral	0	D2664	Onlay - resin-based composite - four or more surfaces	280
D1550	Re-cementation or re-bond space maintainer	10		CROWNS - SINGLE RESTORATIONS ONLY	
D1555	Removal of fixed space maintainer	10	D2710	*Crown - resin-based composite (indirect)	195
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2712	*Crown - ¾ resin-based composite (indirect)	195
D2140	Amalgam - one surface, primary or permanent	0	D2720	*Crown- resin with high noble metal	240*
D2150	Amalgam - two surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	240*
D2160	Amalgam - three surfaces, primary or permanent	0	D2722	*Crown - resin with noble metal	240*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic substrate	240*
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2750	*Crown - porcelain fused to high noble metal	240*
D2330	Resin-based composite - one surface, anterior	25	D2751	*Crown - porcelain fused to predominantly base metal	240*
D2331	Resin-based composite - two surfaces, anterior	35	D2752	*Crown - porcelain fused to noble metal	240*
D2332	Resin-based composite - three surfaces, anterior	45	D2780	*Crown - 3/4 cast high noble metal	240*
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	75	D2781	*Crown - 3/4 cast predominantly base metal	240*
D2390	Resin-based composite crown, anterior	105	D2782	*Crown - 3/4 cast noble metal	240*
D2391	Resin-based composite - one surface, posterior	55	D2783	*Crown - 3/4 porcelain/ceramic	240*
D2392	Resin-based composite - two surfaces, posterior	70	D2790	*Crown - full cast high noble metal	240*
D2393	Resin-based composite - three surfaces, posterior	85	D2791	*Crown - full cast predominantly base metal	220*
D2394	Resin-based composite - four or more surfaces, posterior	105	D2792	*Crown - full cast noble metal	220*
	GOLD FOIL RESOTRATIONS		D2794	*Crown - titanium	240*
D2410	Gold foil - one surface	70	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125
D2420	Gold foil - two surfaces	92		OTHER RESTORATIVE SERVICES	
D2430	Gold foil - three surfaces	120	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration Re-cement or re-bond indirectly fabricated or prefabricated post and core	10
	INLAY/ONLAY RESTORATIONS		D2915	Re-cement or re-bond crown	10
D2510	Inlay - metallic - one surface	85	D2921	Reattachment of tooth fragment, incisal edge or cusp	10
D2520	Inlay - metallic - two surfaces	96	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	34*
D2530	Inlay - metallic - three or more surfaces	120	D2930	Prefabricated stainless steel crown - primary tooth	40
D2542	Onlay - metallic-two surfaces	290	D2931	Prefabricated stainless steel crown - permanent tooth	40
D2543	Onlay - metallic-three surfaces	300	D2932	Prefabricated resin crown	92
D2544	Onlay - metallic-four or more surfaces	330	D2933	Prefabricated stainless steel crown with resin window	140
D2610	Inlay - porcelain/ceramic - one surface	250*	D2940	Protective restoration	10
D2620	Inlay - porcelain/ceramic - two surfaces	275*	D2941	Interim therapeutic restoration - primary dentition	10
D2630	Inlay - porcelain/ceramic - three or more surfaces	300*	D2949	Restorative foundation for an indirect restoration	20
D2642	Onlay - porcelain/ceramic - two surfaces	335*	D2950	Core buildup, including any pins	40
D2643	Onlay - porcelain/ceramic - three surfaces	365*			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2951	Pin retention - per tooth, in addition to restoration	12		ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	
D2952	Post and core in addition to crown, indirectly fabricated	85	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100
D2953	Each additional indirectly fabricated post - same tooth	95	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	185
D2954	Prefabricated post and core in addition to crown	75	D3330	Endodontic therapy, molar (excluding final restoration)	225
D2955	Post removal	25	D3331	Treatment of root canal obstruction; non-surgical access	85
D2957	Each additional prefabricated post - same tooth	30	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth Internal root repair	75
D2960	Labial veneer (resin laminate) - chairside	200	D3333	of perforation defects	125
D2961	Labial veneer (resin laminate) - laboratory	225*		ENDODONTIC RETREATMENT	
D2962	Labial veneer (porcelain laminate) - laboratory	350*	D3346	Retreatment of previous root canal therapy - anterior	280
D2970	Temporary crown (fractured tooth)	75	D3347	Retreatment of previous root canal therapy - bicuspid	305
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3348	Retreatment of previous root canal therapy - molar	380
D2975	Coping	95		APEXIFICATION/RECALCIFICATION PROCEDURES	
D2980	Crown repair necessitated by restorative material failure	95	D3351	Apexification/recalcification	90
D2981	Inlay repair necessitated by restorative material failure	95	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	90
D2982	Onlay repair necessitated by restorative material failure	95	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90
D2983	Veneer repair necessitated by restorative material failure	95		APICOECTOMY/PERIRADICULAR SERVICES	
D2990	Resin infiltration of incipient smooth surface lesions	29	D3410	Apicoectomy - anterior	96
	PULP CAPPING		D3421	Apicoectomy - bicuspid (first root)	305
D3110	Pulp cap - direct (excluding final restoration)	20	D3425	Apicoectomy - molar (first root)	320
D3120	Pulp cap - indirect (excluding final restoration)	20	D3426	Apicoectomy (each additional root)	80
	PULPOTOMY		D3427	Periradicular surgery without apicoectomy	280
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	25	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	32
D3221	Pulpal debridement, primary and permanent teeth	95	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	25
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3430	Retrograde filling - per root	60
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Pulpal	45	D3432	Guided tissue regeneration in conjunction with periradicular	150
D3240	therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40	D3450	Root amputation - per root	100
			D3460	Endodontic endosseous implant	535
			D3470	Intentional reimplantation (including necessary splinting)	175

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	OTHER ENDODONTIC PROCEDURES		D4275	Soft tissue allograft	502
D3910	Surgical procedure for isolation of tooth with rubber dam	95	D4276	Combined connective tissue and double pedicle graft, per tooth	65
D3920	Hemisection (including any root removal), not including root canal therapy	85	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	215
D3950	Canal preparation and fitting of preformed dowel or post	75	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	75
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			NON SURGICAL PERIODONTAL SERVICE	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175	D4320	Provisional splinting - intracoronal	115
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	72	D4321	Provisional splinting - extracoronal	105
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	43	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	45†
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	187	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	35†
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	175	D4355	*Full mouth debridement to enable comprehensive evaluation and diagnosis	35†
D4245	Apically positioned flap	150	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	45†
D4249	Clinical crown lengthening - hard tissue	175		OTHER PERIODONTAL SERVICES	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	D4910	*Periodontal maintenance	45
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D4910	Additional periodontal maintenance	100
D4263	Bone replacement graft - first site in quadrant	450	D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4264	Bone replacement graft - each additional site in quadrant	325	D4921	Gingival irrigation - per quadrant	15
D4265	Biologic materials to aid in soft and osseous tissue regeneration	325	D4999	Unspecified periodontal procedure, by report	0
D4266	Guided tissue regeneration - resorbable barrier, per site	325		COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4267	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D5110	*Complete denture - maxillary	260*
D4268	Surgical revision procedure, per tooth	0	D5120	*Complete denture - mandibular	260*
D4270	Pedicle soft tissue graft procedure	240	D5130	*Immediate denture - maxillary	280*
D4273	Subepithelial connective tissue graft procedures, per tooth	300	D5140	*Immediate denture - mandibular	280*
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	120		PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
			D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	260*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	260*	D5761	*Reline mandibular partial denture (laboratory)	35*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	280*		INTERIM PROSTHESIS	
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	280*	D5810	*Interim Complete denture (maxillary)	250*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	280*	D5811	*Interim complete denture (mandibular)	250*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	280*	D5820	*Interim partial denture (maxillary)	250*
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	240*	D5821	*Interim partial denture (mandibular)	250*
	ADJUSTMENTS TO DENTURES			OTHER REMOVABLE PROSTHESIS	
D5410	Adjust complete denture - maxillary	10	D5850	Tissue conditioning, maxillary	25
D5411	Adjust complete denture - mandibular	10	D5851	Tissue conditioning, mandibular	25
D5421	Adjust partial denture - maxillary	15	D5862	Precision attachment, by report	150
D5422	Adjust partial denture - mandibular	15	D5899	Unspecified removable prosthodontic procedure, by report	0
	REPAIRS TO COMPLETE DENTURES			NON-CLINICAL PROCEDURES	
D5510	*Repair broken complete denture base	15*	D5982	Surgical stent	100*
D5520	*Replace missing or broken teeth - complete denture (each tooth)	10*	D5987	Commissure splint	100*
	REPAIRS TO PARTIAL DENTURES		D5988	Surgical splint	100*
D5610	*Repair resin denture base	15*		PRE-SURGICAL SERVICES	
D5620	*Repair cast framework	30*	D6190	Radiographic/surgical implant index, by report	235
D5630	*Repair or replace broken clasp	15*		SURGICAL SERVICES	
D5640	*Replace broken teeth - per tooth	10*	D6010	*Surgical placement of implant body	1000
D5650	*Add tooth to existing partial denture	30*	D6012	*Surgical placement of interim body for transitional prosthesis	1000
D5660	*Add clasp to existing partial denture	30*	D6100	Implant removal, by report	700
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	100*		IMPLANT SUPPORTED PROSTHETICS	
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	100*	D6056	*Prefabricated Abutment	435
D5710	*Rebase complete maxillary denture	75*	D6057	*Custom Abutment	545
D5711	*Rebase complete mandibular denture	75*	D6058	*Abutment supported porcelain/ceramic crown	745
D5720	*Rebase maxillary partial denture	75*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	745
D5721	*Rebase mandibular partial denture	75*	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	745
D5730	*Reline complete maxillary denture (chairside)	45*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	745
D5731	*Reline complete mandibular denture (chairside)	45*	D6062	*Abutment supported cast metal crown (high noble metal)	745
D5740	*Reline maxillary partial denture (chairside)	45*	D6063	*Abutment supported cast metal crown (predominantly base metal)	745
D5741	*Reline mandibular partial denture (chairside)	45*	D6064	*Abutment supported cast metal crown (noble metal)	745
D5750	*Reline complete maxillary denture (laboratory)	35*	D6065	*Implant supported porcelain/ceramic crown	745
D5751	*Reline complete mandibular denture (laboratory)	35*	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	745
D5760	*Reline maxillary partial denture (laboratory)	35*	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	745

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6068	*Abutment supported retainer for porcelain/ceramic FPD	745	D6241	*Pontic - porcelain fused to predominantly base metal	240*
D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	745	D6242	*Pontic - porcelain fused to noble metal	240*
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	745	D6245	*Pontic - porcelain/ceramic	240*
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	745	D6250	*Pontic - resin with high noble metal	240*
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	745	D6251	*Pontic - resin with predominantly base metal	240*
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	745	D6252	*Pontic - resin with noble metal	240*
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	745	D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6075	*Implant supported retainer for ceramic FPD	745	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	745	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	745	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*
D6094	*Abutment supported crown - (titanium)	745	D6600	Inlay - porcelain/ceramic, two surfaces	240*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1250	D6601	Inlay - porcelain/ceramic, three or more surfaces	240*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1250	D6602	Inlay - cast high noble metal, two surfaces	240*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	990	D6603	Inlay - cast high noble metal, three or more surfaces	240*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	990	D6604	Inlay - cast predominantly base metal, two surfaces	240*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3850	D6605	Inlay - cast predominantly base metal, three or more surfaces	240*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3850	D6606	Inlay - cast noble metal, two surfaces	240*
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2250	D6607	Inlay - cast noble metal, three or more surfaces	240*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2250	D6608	Onlay -porcelain/ceramic, two surfaces	240*
OTHER IMPLANT SERVICES			D6609	Onlay - porcelain/ceramic, three or more surfaces	240*
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	180	D6610	Onlay - cast high noble metal, two surfaces	240*
D6090	Repair implant supported prosthesis, by report	400	D6611	Onlay - cast high noble metal, three or more surfaces	240*
D6092	Recent implant/abutment supported crown	45	D6612	Onlay - cast predominantly base metal, two surfaces	240*
D6093	Recent implant/abutment supported fixed partial denture	65	D6613	Onlay - cast predominantly base metal, three or more surfaces	240*
D6095	Repair implant abutment, by report	220	D6614	Onlay - cast noble metal, two surfaces	240*
FIXED PARTIAL DENTURE PONTICS			D6615	Onlay - cast noble metal, three or more surfaces	240*
D6205	*Pontic - indirect resin based composite	695	D6624	Inlay - titanium	240*
D6210	*Pontic - cast high noble metal	220*	D6634	Onlay - titanium	240*
D6211	*Pontic - cast predominantly base metal	220*	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6212	*Pontic - cast noble metal	220*	D6710	*Crown - indirect resin based composite	240*
D6214	*Pontic - titanium	240*	D6720	*Crown - resin with high noble metal	240*
D6240	*Pontic - porcelain fused to high noble metal	240*	D6721	*Crown - resin with predominantly base metal	240*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6722	*Crown - resin with noble metal	240*	D7261	Primary closure of a sinus perforation	275
D6740	*Crown - porcelain/ceramic	240*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6750	*Crown - porcelain fused to high noble metal	240*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6751	*Crown - porcelain fused to predominantly base metal	240*	D7280	Surgical access of an unerupted tooth	125
D6752	*Crown - porcelain fused to noble metal	240*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption Placement	125
D6780	*Crown - 3/4 cast high noble metal	240*	D7283	of device to facilitate eruption of impacted tooth Incisional	80
D6781	*Crown - 3/4 cast predominantly base metal	240*	D7285	biopsy of oral tissue-hard (bone, tooth)	115
D6782	*Crown - 3/4 cast noble metal	240*	D7286	Incisional biopsy of oral tissue-soft	75
D6783	*Crown - 3/4 porcelain/ceramic	240*	D7287	Exfoliative cytological sample collection	65
D6790	*Crown - full cast high noble metal	220*	D7288	Brush biopsy - transepithelial sample collection	25
D6791	*Crown - full cast predominantly base metal	220*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	20
D6792	*Crown - full cast noble metal	220*		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	20
D6794	*Crown - titanium	240*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20
	OTHER FIXED PARTIAL DENTURE SERVICES		D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	50
D6930	Re-cement or re-bond fixed partial denture	10	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50
D6940	Stress breaker	125		VESTIBULOPLASTY	
D6950	Precision attachment	195	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6980	Fixed partial denture repair necessitated by restorative material failure	80	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D7111	Extraction, coronal remnants - deciduous tooth	45	D7410	Excision of benign lesion up to 1.25 cm	25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10	D7411	Excision of benign lesion greater than 1.25 cm	50
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	25	D7412	Excision of benign lesion, complicated	55
	OTHER SURGICAL PROCEDURES			SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7220	Removal of impacted tooth - soft tissue	40	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm Removal	65
D7230	Removal of impacted tooth - partially bony	60	D7451	of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95
D7240	Removal of impacted tooth - completely bony	75		EXCISION OF BONE TISSUE	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	128	D7471	Removal of lateral exostosis (maxilla or mandible)	95
D7250	Surgical removal of residual tooth roots (cutting procedure)	25	D7472	Removal of torus palatinus	95
D7251	Coronectomy - intentional partial tooth removal	270	D7473	Removal of torus mandibularis	95
D7260	Oroantral fistula closure	160	D7485	Surgical reduction of osseous tuberosity	95

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	SURGICAL INCISION		D8670	Periodic orthodontic treatment visit	0
D7510	Incision and drainage of abscess - intraoral soft tissue	20	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Rebonding or recementing; and/or repair, as required, of fixed retainers	300
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D8693		0
D7520	Incision and drainage of abscess - extraoral soft tissue	20	D8999	Unspecified orthodontic procedure, by report	250
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20		UNCLASSIFIED TREATMENT	
	REPAIR OF TRAUMATIC WOUNDS		D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
D7910	Suture of recent small wounds up to 5 cm	35	D9120	Fixed partial denture sectioning	0
	OTHER REPAIR PROCEDURES		ANESTHESIA		
D7921	Collection and application of autologous blood concentrate product	125	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350	D9211	Regional block anesthesia	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9212	Trigeminal division block anesthesia	0
D7952	Sinus augmentation via a vertical approach	350	D9215	Local anesthesia	0
D7953	Bone replacement graft for ridge preservation – per site	100	D9220	Deep sedation/general anesthesia - first 30 minutes	125
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	90	D9221	Deep sedation/general anesthesia – each additional 15 minutes Analgesia,	15
D7963	Frenuloplasty	90	D9230	anxiolysis, inhalation of nitrous oxide	20
D7970	Excision of hyperplastic tissue - per arch	140	D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes Intravenous moderate	125
D7971	Excision of Pericoronal Gingiva	102	D9242	(conscious) sedation/analgesia – each additional 15 minutes Non-intravenous	55
D7972	Surgical reduction of fibrous tuberosity	125	D9248	moderate (conscious) sedation	15
	LIMITED ORTHODONTIC TREATMENT		DRUGS		
D8010	Limited orthodontic treatment of the primary dentition	1000	D9610	Therapeutic parenteral drug, single administration	15
D8020	Limited orthodontic treatment of the transitional dentition	1000	D9630	Other drugs and/or medicaments, by report	15
D8030	Limited orthodontic treatment of the adolescent dentition	1000		MISCELLANEOUS SERVICES	
D8040	Limited orthodontic treatment of the adult dentition	1350	D9910	*Application of desensitizing medicament	20
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9910	*Application of desensitizing medicament	20
D8070	Comprehensive orthodontic treatment of the transitional dentition Comprehensive	2000	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8080	orthodontic treatment of the adolescent dentition Comprehensive	2050	D9931	Cleaning and inspection of a removable appliance	0
D8090	orthodontic treatment of the adult dentition	2150	D9940	*Occlusal guard, by report	250
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9942	Repair and/or relin of Occlusal guard	40
D8210	Removable appliance therapy	103	D9950	Occlusion analysis - mounted case	75
D8220	Fixed appliance therapy	103	D9951	Occlusal adjustment - limited	25
	OTHER ORTHODONTIC SERVICES		D9952	Occlusal adjustment - complete	95
D8660	Pre-orthodontic treatment examination to monitor growth and development	35	D9973	External bleaching - per tooth	30
			D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240

Specialty Services

- 1 This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
- 2 Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
- 3 The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists.
Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee;
- 4
Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.
- 5
Members seeking implant treatment should refer to their participating implantologist, a select network of providers.
- 6

Exclusions

- 1 Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
- 2 Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
- 3 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 4 Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetic

Limitations

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
- 2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- 4 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
- 5 Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- 6 Space maintainers and all adjustments are limited to children under the age of 16.
- 7 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 8 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 9 New dentures include one (1) reline within the first six (6) months
- 10 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.

Limitations Continued

- 11 When crown , implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 12 Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$145.00
 - Titanium metal up to \$120 (covered with proof of allergy to other metals)
 - Noble metal (semi-precious) up to \$120.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$155.00
 - Laboratory fees on dentures up to \$225.00
 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
 - Denture repair laboratory fees up to \$50.00
 - All ceramic and/or porcelain crown material fees up to \$155.00
- 13 Copayments marked by "+" are not eligible at a specialist.
- 14 Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 15 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 16 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 17 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 18 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 19 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- 21 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 22 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 23 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.

EVERSHORE

Town of Ocean Ridge

Group Rate Comparison

August 1, 2016 to July 31, 2017

	<u>Current Plan</u> <u>Neighborhood</u> <u>Health Plan</u> <u>HSA-XV7</u>	<u>Proposed Plan 1</u> <u>BCBS</u> <u>HMO</u> <u>Plan 14251</u>	<u>Proposed Plan 2</u> <u>BCBS</u> <u>POS</u> <u>Plan 14001</u>
<u>Employee</u>	\$506.99	\$590.40	\$742.18
<u>EE & Spouse</u>	\$1,145.80	\$1,180.80	\$1,484.32
<u>EE & Children</u>	\$976.67	\$1,092.24	\$1,373.00
<u>Family</u>	\$1,474.58	\$1,682.64	\$2,115.16

BlueCare
For Small Groups
All Copay Health Benefit Plan 14251



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$250 per person \$750 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$4,000 per family	Not covered
Office Services		
Physician Office Services		
Blue Physician Recognition	\$10 Copay	Not covered
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
e-Office Visit	\$10 Copay	Not covered
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue HMO programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³	\$200	
Provider	20%	Not covered
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms	\$0	Not covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not covered
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$100 Copay	\$100 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue HMO is a trade name of Health Options, Inc., an HMO affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue HMO does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueCare

For Small Groups

All Copay Health Benefit Plan 14251

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	10% after Deductible	10% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$50 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work)	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$150 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$100 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$35 Copay	Not covered
All other Services	\$150 Copay	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$250 Copay per day (\$750 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$0	Not covered
Outpatient Hospitalization Facility Service (per visit)	\$0	Not covered
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$0	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$0	Not covered
Other Provider Services		
Provider Services at Hospital	\$0	Not covered
Provider Services at ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	Not covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$25 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$35 Copay	Not covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	10% after Deductible	Not covered
All Other	\$0	Not covered

BlueCare

For Small Groups

All Copay Health Benefit Plan 14251

Summary of Benefits for Covered Services	Amount Member Pays		
	In-Network	Out-of-Network	
Other Special Services (continued)			
Home Health Care	\$0	Not covered	
Skilled Nursing Facility	10% after Deductible	Not covered	
Hospice	10% after Deductible	Not covered	
Prescription Drug Program (BlueCare Rx[®])			
	In-Network Retail Pharmacy (1 month supply)	In-Network Mail Order (3 month supply)	Out-of-Network
Generic Drugs – Tier 1			
Preventive (e.g., oral contraceptives)	\$0	\$0	Not Covered
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$4 Copay	\$8 Copay	Not Covered
All other Generics	\$10 Copay	\$20 Copay	Not Covered
Brand Drugs – Tier 2			
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$15 Copay	\$30 Copay	Not Covered
All other Preferred Brand Drugs	\$30 Copay	\$60 Copay	Not Covered
Non-preferred Brand Drugs – Tier 3			
Non-preferred Brand Drugs	\$50 Copay	\$100 Copay	Not Covered
Specialty Drugs			
Specialty Drugs purchased from a Specialty Pharmacy	\$150 Copay	Not Covered	Not Covered
Oral Chemotherapy Drugs			
* Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*	Not Covered
<p>Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueCare Rx Pharmacy Program Schedule of Benefits. BlueCare Rx Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.</p>			
Pediatric Vision (under age 19⁴)			
Exam	\$0	Not Covered	
Eyeglass Lenses	\$0	Not Covered	
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)	Not Covered	
Contact Lenses (Instead of eyeglasses) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)	Not Covered	
<p>Note: Anything over the allowance will not go toward your out-of-pocket maximum.</p>			
Pediatric Dental (under age 19⁴)			
Preventive, basic and major	\$0	Not Covered	

⁴ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

BlueCare

For Small Groups
All Copay Health Benefit Plan 14251

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Important: There are certain medical services for which members are required to obtain a prior authorization from Florida Blue HMO before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required. Other services that require participating providers to obtain an approval can include: hospitalization, home care, select DME and cardiac nuclear medicine studies, etc.

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.
- Let our members know they can go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in the plan's network and they don't need a referral to see a participating provider.

This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue HMO. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

Plan 2

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14001



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (DED is the amount the member is responsible for before Florida Blue pays)	\$250 per person \$750 per family	\$1,000 per person \$3,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	50% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$4,000 per family	\$5,000 per person \$10,000 per family
Office Services		
Physician Office Services Blue Physician Recognition Primary Care Physician Specialist e-Office Visit	\$10 Copay \$10 Copay \$25 Copay \$10 Copay	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$10 Copay \$25 Copay	50% after Deductible 50% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	50% after Deductible 50% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	50% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Provider	\$200 20%	50% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	50%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	50% after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$100 Copay	\$100 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14001

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	10% after Deductible	10% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$50 Copay \$75 Copay	50% after Deductible 50% after Deductible
Independent Clinical Lab (e.g., Blood Work)	\$0	50% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$150 Copay \$200 Copay	50% after Deductible 50% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$100 Copay	50% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$35 Copay \$40 Copay \$150 Copay \$200 Copay	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 Option 2	\$250 Copay per day (\$750 max) \$375 Copay per day (\$1,125 max)	50% after Deductible ⁴ 50% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	\$0	50% after Deductible ⁴
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	\$0	50% after Deductible
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital and ER Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	\$0	50% after Deductible
Outpatient Office Visit Primary Care Physician / Specialist	\$0	50% after Deductible
Other Provider Services		
Provider Services at Hospital and ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	\$10 Copay \$25 Copay	50% after Deductible 50% after Deductible

⁴ If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Copay.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14001

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$25 Copay \$35 Copay \$40 Copay	50% after Deductible 50% after Deductible 50% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	10% after Deductible	50% after Deductible
Home Health Care	10% after Deductible	50% after Deductible
Skilled Nursing Facility	10% after Deductible	50% after Deductible
Hospice	10% after Deductible	50% after Deductible

Important: There are certain medical services for which members are required to obtain a prior authorization on before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Summary of Benefits for Covered Services	Amount Member Pays - Exclusive Pharmacy	
Prescription Drug Program (BlueScript®)		
Exclusive Provider Services: An Exclusive Pharmacy must be used when a member needs to have a prescription filled or the member will have to pay the full cost of the drug (except in certain situations such as emergencies). Inform members to log into their member account at floridablue.com , click on Find a Doctor and follow the on-screen directions to locate an Exclusive Pharmacy.		
	Retail Pharmacy (1 month supply)	Mail Order (3 month supply)
Generic Drugs – Tier 1 Preventive (e.g., oral contraceptives) Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Generics	\$0 \$4 Copay \$10 Copay	\$0 \$8 Copay \$20 Copay
Brand Drugs – Tier 2 Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Preferred Brand Drugs	\$15 Copay \$30 Copay	\$30 Copay \$60 Copay
Non-preferred Brand Drugs – Tier 3 Non-preferred Brand Drugs	\$50 Copay	\$100 Copay
Specialty Drugs Specialty Drugs purchased from a Specialty Pharmacy	\$150 Copay	Not Covered
Oral Chemotherapy Drugs * Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*
Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueOptions Pharmacy Program Schedule of Benefits. BlueScript Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.		

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14001

Summary of Benefits for Covered Services

Amount Member Pays - Exclusive Provider

Pediatric Vision (under age 19 ⁵)	
Exclusive Provider Services: The services listed below must be received from an Exclusive Provider or the member will have to pay the full cost of the service (except in certain situations such as emergencies). Inform members to log onto floridablue.com , click on Find a Doctor and follow the on-screen directions to locate an Exclusive Provider near them.	
Exam	\$0
Eyeglass Lenses	\$0
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)
Contact Lenses (<i>Instead of eyeglasses</i>) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)
Note: Anything over the allowance will not go toward your out-of-pocket maximum.	
Pediatric Dental (under age 19 ⁵)	
Preventive, basic and major	\$0

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.

⁵ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

Town of Ocean Ridge

Group Rate Comparison

August 1, 2016 to July 31, 2017

	<u>Current Plan</u> <u>Neighborhood</u> <u>Health Plan</u> <u>HSA-XV7</u>	<u>Proposed Plan 3</u> <u>BCBS</u> <u>HMO</u> <u>Plan 14253</u>	<u>Proposed Plan 4</u> <u>BCBS</u> <u>POS</u> <u>Plan 14003</u>
<u>Employee</u>	\$506.99	\$589.43	\$741.62
<u>EE & Spouse</u>	\$1,145.80	\$1,178.86	\$1,483.24
<u>EE & Children</u>	\$976.67	\$1,090.45	\$1,372.00
<u>Family</u>	\$1,474.58	\$1,679.88	\$2,113.62

Plan 3

BlueCare
 For Small Groups
 All Copay Health Benefit Plan 14253



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$500 per person \$1,500 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$6,000 per family	Not covered
Office Services		
Physician Office Services		
Blue Physician Recognition	\$10 Copay	Not covered
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
e-Office Visit	\$10 Copay	Not covered
<p>The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue HMO programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.</p>		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³	\$200	
Provider	20%	Not covered
<p>Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.</p>		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms	\$0	Not covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not covered
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$100 Copay	\$100 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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BlueCare

For Small Groups

All Copay Health Benefit Plan 14253

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$35 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work)	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$150 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$100 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$35 Copay	Not covered
All other Services	\$150 Copay	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$200 Copay per day (\$600 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$0	Not covered
Outpatient Hospitalization Facility Service (per visit)	\$0	Not covered
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$0	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$0	Not covered
Other Provider Services		
Provider Services at Hospital	\$0	Not covered
Provider Services at ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	Not covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$25 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$35 Copay	Not covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	20% after Deductible	Not covered
All Other	\$0	Not covered

BlueCare

For Small Groups

All Copay Health Benefit Plan 14253

Summary of Benefits for Covered Services	Amount Member Pays		
	In-Network	Out-of-Network	
Other Special Services (continued)			
Home Health Care	\$0	Not covered	
Skilled Nursing Facility	20% after Deductible	Not covered	
Hospice	20% after Deductible	Not covered	
Prescription Drug Program (BlueCare Rx[®])			
	In-Network Retail Pharmacy (1 month supply)	In-Network Mail Order (3 month supply)	Out-of-Network
Generic Drugs – Tier 1			
Preventive (e.g., oral contraceptives)	\$0	\$0	Not Covered
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$4 Copay	\$8 Copay	Not Covered
All other Generics	\$10 Copay	\$20 Copay	Not Covered
Brand Drugs – Tier 2			
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$15 Copay	\$30 Copay	Not Covered
All other Preferred Brand Drugs	\$30 Copay	\$60 Copay	Not Covered
Non-preferred Brand Drugs – Tier 3			
Non-preferred Brand Drugs	\$50 Copay	\$100 Copay	Not Covered
Specialty Drugs			
Specialty Drugs purchased from a Specialty Pharmacy	\$150 Copay	Not Covered	Not Covered
Oral Chemotherapy Drugs			
* Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*	Not Covered
<p>Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueCare Rx Pharmacy Program Schedule of Benefits.</p> <p>BlueCare Rx Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.</p>			
Pediatric Vision (under age 19⁴)			
Exam	\$0	Not Covered	
Eyeglass Lenses	\$0	Not Covered	
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)	Not Covered	
Contact Lenses (Instead of eyeglasses) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)	Not Covered	
Note: Anything over the allowance will not go toward your out-of-pocket maximum.			
Pediatric Dental (under age 19⁴)			
Preventive, basic and major	\$0	Not Covered	

⁴ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

BlueCare

For Small Groups

All Copay Health Benefit Plan 14253

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Important: There are certain medical services for which members are required to obtain a prior authorization from Florida Blue HMO before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required. Other services that require participating providers to obtain an approval can include: hospitalization, home care, select DME and cardiac nuclear medicine studies, etc.

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.
- Let our members know they can go to floridablue.com, click on Find a Doctor and follow the on-screen directions to easily find a doctor in the plan's network and they don't need a referral to see a participating provider.

This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue HMO. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14003

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (DED is the amount the member is responsible for before Florida Blue pays)	\$500 per person \$1,500 per family	\$1,000 per person \$3,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	50% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family
Office Services		
Physician Office Services		
Blue Physician Recognition	\$10 Copay	50% after Deductible
Primary Care Physician	\$10 Copay	50% after Deductible
Specialist	\$25 Copay	50% after Deductible
e-Office Visit	\$10 Copay	50% after Deductible
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$10 Copay	50% after Deductible
Specialist	\$25 Copay	50% after Deductible
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	50% after Deductible
Specialist	\$10 Copay	50% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	50% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Provider	\$200 20%	50% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	50%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	50% after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$100 Copay	\$100 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

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BlueOptions

For Small Groups

All Copay Health Benefit Plan 14003

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$35 Copay	50% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	50% after Deductible
Independent Clinical Lab (e.g., Blood Work)	\$0	50% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)		
Option 1	\$150 Copay	50% after Deductible
Option 2	\$350 Copay	50% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$100 Copay	50% after Deductible
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	\$35 Copay	50% after Deductible
Option 2	\$40 Copay	50% after Deductible
All other Services Option 1	\$150 Copay	50% after Deductible
Option 2	\$350 Copay	50% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)		
Option 1	\$200 Copay per day (\$600 max)	50% after Deductible ⁴
Option 2	\$300 Copay per day (\$900 max)	50% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)		
Option 1 and Option 2	\$0	50% after Deductible ⁴
Outpatient Hospitalization Facility Service (per visit)		
Option 1 and Option 2	\$0	50% after Deductible
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital and ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$0	50% after Deductible
Outpatient Office Visit		
Primary Care Physician / Specialist	\$0	50% after Deductible
Other Provider Services		
Provider Services at Hospital and ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$10 Copay	50% after Deductible
Specialist	\$25 Copay	50% after Deductible

⁴ If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Copay.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14003

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$25 Copay \$35 Copay \$40 Copay	50% after Deductible 50% after Deductible 50% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	20% after Deductible	50% after Deductible
Home Health Care	20% after Deductible	50% after Deductible
Skilled Nursing Facility	20% after Deductible	50% after Deductible
Hospice	20% after Deductible	50% after Deductible

Important: There are certain medical services for which members are required to obtain a prior authorization on before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Summary of Benefits for Covered Services	Amount Member Pays - Exclusive Pharmacy	
Prescription Drug Program (BlueScript®)		
Exclusive Provider Services: An Exclusive Pharmacy must be used when a member needs to have a prescription filled or the member will have to pay the full cost of the drug (except in certain situations such as emergencies). Inform members to log into their member account at floridablue.com , click on Find a Doctor and follow the on-screen directions to locate an Exclusive Pharmacy.		
	Retail Pharmacy (1 month supply)	Mail Order (3 month supply)
Generic Drugs – Tier 1 Preventive (e.g., oral contraceptives) Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Generics	\$0 \$4 Copay \$10 Copay	\$0 \$8 Copay \$20 Copay
Brand Drugs – Tier 2 Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Preferred Brand Drugs	\$15 Copay \$30 Copay	\$30 Copay \$60 Copay
Non-preferred Brand Drugs – Tier 3 Non-preferred Brand Drugs	\$50 Copay	\$100 Copay
Specialty Drugs Specialty Drugs purchased from a Specialty Pharmacy	\$150 Copay	Not Covered
Oral Chemotherapy Drugs * Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*
Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueOptions Pharmacy Program Schedule of Benefits. BlueScript Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.		

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14003

Summary of Benefits for Covered Services

Amount Member Pays - Exclusive Provider

Pediatric Vision (under age 19 ⁵)	
Exclusive Provider Services: The services listed below must be received from an Exclusive Provider or the member will have to pay the full cost of the service (except in certain situations such as emergencies). Inform members to log onto floridablue.com, click on Find a Doctor and follow the on-screen directions to locate an Exclusive Provider near them.	
Exam	\$0
Eyeglass Lenses	\$0
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)
Contact Lenses (<i>Instead of eyeglasses</i>) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)
Note: Anything over the allowance will not go toward your out-of-pocket maximum.	
Pediatric Dental (under age 19 ⁵)	
Preventive, basic and major	\$0

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.

⁵ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

Town of Ocean Ridge

Group Rate Comparison

August 1, 2016 to July 31, 2017

	<u>Current Plan</u> <u>Neighborhood</u> <u>Health Plan</u> <u>HSA-XV7</u>	<u>Proposed Plan 5</u> <u>BCBS</u> <u>HMO</u> <u>Plan 14256</u>	<u>Proposed Plan 6</u> <u>BCBS</u> <u>POS</u> <u>Plan 14006</u>
<u>Employee</u>	\$506.99	\$543.49	\$678.43
<u>EE & Spouse</u>	\$1,145.80	\$1,086.98	\$1,356.86
<u>EE & Children</u>	\$976.67	\$1,005.46	\$1,255.10
<u>Family</u>	\$1,474.58	\$1,548.95	\$1,933.53

BlueCare
 For Small Groups
 All Copay Health Benefit Plan 14256



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$1,000 per person \$3,000 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$4,000 per person \$8,000 per family	Not covered
Office Services		
Physician Office Services		
Blue Physician Recognition	\$25 Copay	Not covered
Primary Care Physician	\$25 Copay	Not covered
Specialist	\$45 Copay	Not covered
e-Office Visit	\$10 Copay	Not covered
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue HMO programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$25 Copay	Not covered
Specialist	\$45 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$250 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³	\$200	
Provider	20%	Not covered
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms	\$0	Not covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not covered
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue HMO is a trade name of Health Options, Inc., an HMO affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue HMO does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueCare

For Small Groups

All Copy Health Benefit Plan 14256

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$60 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$250 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work)	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$350 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$55 Copay	Not covered
All other Services	\$350 Copay	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$300 Copay per day (\$1,500 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$0	Not covered
Outpatient Hospitalization Facility Service (per visit)	\$0	Not covered
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$0	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$0	Not covered
Other Provider Services		
Provider Services at Hospital	\$0	Not covered
Provider Services at ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	Not covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$25 Copay	Not covered
Specialist	\$45 Copay	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$45 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$55 Copay	Not covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	20% after Deductible	Not covered
All Other	\$0	Not covered
Home Health Care	\$0	Not covered

BlueCare

For Small Groups

All Copay Health Benefit Plan 14256

Summary of Benefits for Covered Services	Amount Member Pays		
	In-Network	Out-of-Network	
Other Special Services (continued)			
Skilled Nursing Facility	20% after Deductible	Not covered	
Hospice	20% after Deductible	Not covered	
Prescription Drug Program (BlueCare Rx[®])			
	In-Network Retail Pharmacy (1 month supply)	In-Network Mail Order (3 month supply)	Out-of-Network
Generic Drugs – Tier 1			
Preventive (e.g., oral contraceptives)	\$0	\$0	Not Covered
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$4 Copay	\$8 Copay	Not Covered
All other Generics	\$15 Copay	\$30 Copay	Not Covered
Brand Drugs – Tier 2			
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$30 Copay	\$60 Copay	Not Covered
All other Preferred Brand Drugs	\$60 Copay	\$120 Copay	Not Covered
Non-preferred Brand Drugs – Tier 3			
Non-preferred Brand Drugs	\$100 Copay	\$200 Copay	Not Covered
Specialty Drugs			
Specialty Drugs purchased from a Specialty Pharmacy	\$200 Copay	Not Covered	Not Covered
Oral Chemotherapy Drugs			
* Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*	Not Covered
<p>Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueCare Rx Pharmacy Program Schedule of Benefits.</p> <p>BlueCare Rx Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.</p>			
Pediatric Vision (under age 19⁴)			
Exam	\$0	Not Covered	
Eyeglass Lenses	\$0	Not Covered	
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)	Not Covered	
Contact Lenses (<i>Instead of eyeglasses</i>) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)	Not Covered	
Note: Anything over the allowance will not go toward your out-of-pocket maximum.			
Pediatric Dental (under age 19⁴)			
Preventive, basic and major	\$0	Not Covered	

⁴ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

BlueCare

For Small Groups

All Copay Health Benefit Plan 14256

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Important: There are certain medical services for which members are required to obtain a prior authorization from Florida Blue HMO before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required. Other services that require participating providers to obtain an approval can include: hospitalization, home care, select DME and cardiac nuclear medicine studies, etc.

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.
- Let our members know they can go to floridablue.com, click on Find a Doctor and follow the on-screen directions to easily find a doctor in the plan's network and they don't need a referral to see a participating provider.

This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue HMO. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14006



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (DED is the amount the member is responsible for before Florida Blue pays)	\$1,000 per person \$3,000 per family	\$6,000 per person \$8,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	50% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family
Office Services		
Physician Office Services		
Blue Physician Recognition	\$25 Copay	50% after Deductible
Primary Care Physician	\$25 Copay	50% after Deductible
Specialist	\$45 Copay	50% after Deductible
e-Office Visit	\$10 Copay	50% after Deductible
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$25 Copay	50% after Deductible
Specialist	\$45 Copay	50% after Deductible
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	50% after Deductible
Specialist	\$10 Copay	50% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$250 Copay	50% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³	\$200	
Provider	20%	50% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	50%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	50% after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14006

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$60 Copay \$250 Copay	50% after Deductible 50% after Deductible
Independent Clinical Lab (e.g., Blood Work)	\$0	50% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$350 Copay \$450 Copay	50% after Deductible 50% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	50% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$55 Copay \$60 Copay \$350 Copay \$450 Copay	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 Option 2	\$300 Copay per day (\$1,500 max) \$400 Copay per day (\$2,000 max)	50% after Deductible ⁴ 50% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	\$0	50% after Deductible ⁴
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	\$0	50% after Deductible
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital and ER Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	\$0	50% after Deductible
Outpatient Office Visit Primary Care Physician / Specialist	\$0	50% after Deductible
Other Provider Services		
Provider Services at Hospital and ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	\$25 Copay \$45 Copay	50% after Deductible 50% after Deductible

⁴ If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Copay.

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14006

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$45 Copay	50% after Deductible
	\$55 Copay	50% after Deductible
	\$60 Copay	50% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	20% after Deductible	50% after Deductible
Home Health Care	20% after Deductible	50% after Deductible
Skilled Nursing Facility	20% after Deductible	50% after Deductible
Hospice	20% after Deductible	50% after Deductible

Important: There are certain medical services for which members are required to obtain a prior authorization on before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Summary of Benefits for Covered Services	Amount Member Pays - Exclusive Pharmacy	
Prescription Drug Program (BlueScript®)		
Exclusive Provider Services: An Exclusive Pharmacy must be used when a member needs to have a prescription filled or the member will have to pay the full cost of the drug (except in certain situations such as emergencies). Inform members to log into their member account at floridablue.com , click on Find a Doctor and follow the on-screen directions to locate an Exclusive Pharmacy.		
	Retail Pharmacy (1 month supply)	Mail Order (3 month supply)
Generic Drugs – Tier 1 Preventive (e.g., oral contraceptives) Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Generics	\$0 \$4 Copay \$15 Copay	\$0 \$8 Copay \$30 Copay
Brand Drugs – Tier 2 Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma) All other Preferred Brand Drugs	\$30 Copay \$60 Copay	\$60 Copay \$120 Copay
Non-preferred Brand Drugs – Tier 3 Non-preferred Brand Drugs	\$100 Copay	\$200 Copay
Specialty Drugs Specialty Drugs purchased from a Specialty Pharmacy	\$200 Copay	Not Covered
Oral Chemotherapy Drugs * Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*
Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueOptions Pharmacy Program Schedule of Benefits. BlueScript Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.		

BlueOptions

For Small Groups

All Copay Health Benefit Plan 14006

Summary of Benefits for Covered Services

Amount Member Pays - Exclusive Provider

Pediatric Vision (under age 19 ⁵)	
Exclusive Provider Services: The services listed below must be received from an Exclusive Provider or the member will have to pay the full cost of the service (except in certain situations such as emergencies). Inform members to log onto floridablue.com , click on Find a Doctor and follow the on-screen directions to locate an Exclusive Provider near them.	
Exam	\$0
Eyeglass Lenses	\$0
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)
Contact Lenses (<i>Instead of eyeglasses</i>) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)
Note: Anything over the allowance will not go toward your out-of-pocket maximum.	
Pediatric Dental (under age 19 ⁵)	
Preventive, basic and major	\$0

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.

⁵ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

Town of Ocean Ridge

EVERSHORE

October 1, 2015 to September 30, 2016

	<u>Current Plan</u>	<u>Employee</u>
	<u>United Healthcare</u>	<u>Cost</u>
	<u>Dental Plan</u>	
<u>Employee</u>	\$13.75	\$0.00
<u>EE & Spouse</u>	\$23.95	\$10.20
<u>EE & Children</u>	\$29.48	\$15.73
<u>Family</u>	\$37.62	\$23.87

Town of Ocean Ridge

October 1, 2015 to September 30, 2016

	<u>Current Plan Eyemed Vision Plan</u>	<u>Employee Cost</u>
<u>Employee</u>	\$5.85	\$0.00
<u>EE & Spouse</u>	\$10.76	\$4.91
<u>EE & Children</u>	\$11.66	\$5.81
<u>Family</u>	\$17.14	\$11.29

Group Benefits Proposal

- Dental
- Eye Care

Prepared for
The Town of Ocean Ridge

June 9, 2016

"A" rated, providing flexible, affordable
benefits solutions for over a century.

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TOKIO MARINE
GROUP

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Proposal Date: June 9, 2016
Proposal Effective Date: August 1, 2016
Proposal Expiration Date: August 1, 2016

Sales Representative

Shawn Martin

954-846-7372

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
Page 2

Executive Summary

On behalf of Reliance Standard Life Insurance Company, I would like to thank The Town of Ocean Ridge for the opportunity to present this proposal for group insurance benefits.

Our goal is to provide you with a benefits plan that will enhance your ability to attract the employees you want, to keep them and to provide for their security in times of need. Our commitment to you is:

- A customized insurance plan that meets your goals and objectives,
- Quick, effective handling of all administrative, claims and underwriting matters,
- Cooperative and efficient service for you and your employees

Thank you again for the opportunity to insure the employees of The Town of Ocean Ridge. Please feel free to contact me directly with any questions you may have.

About This Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of this proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
Page 3

The Town of Ocean Ridge Plan Design Summary

Dental Summary

Proposed Effective Date: 8/1/2016

	Plan 1	Plan 2
Plan Benefit		
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$50/Calendar Year	\$50/Calendar Year
	Waived Type 1	Waived Type 1
	\$150/family	\$150/family
Maximum (per person)	\$1,500/Calendar Year	\$1,000/Calendar Year
PPO	A New Choice® Plus	A New Choice® Plus
Allowance		
Type 1	Discounted Fee	Discounted Fee
Type 2	Discounted Fee	Discounted Fee
Type 3	Discounted Fee	Discounted Fee
Waiting Period	None	None
LASIK AdvanceSM	None	None
Annual Open Enrollment	None	None

Monthly Rates

Employee (EE)	\$29.40	\$27.00
EE + Spouse	\$62.40	\$57.36
EE + Children	\$70.48	\$66.28
EE + Spouse & Children	\$103.48	\$96.64

Rates are guaranteed for 12 months following the effective date listed above.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 27

All eligible employees Non-Contributory	All eligible employees Non-Contributory
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RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
Page 4

The Town of Ocean Ridge Covered Procedure Summary

Plan Design Summary	Plan 1	Plan 2
	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,500	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months) 	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Current Dental Terminology © American Dental Association.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

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The Town of Ocean Ridge Features/Benefits

Dental Network Products

We have contracted with Ameritas to provide plan members access to a nationwide dental network as part of this dental plan. Networks are one way to help curb rising benefit costs while reducing out-of-pocket dollars.

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members have the freedom to select any dentist.
- With a network provider, out-of-pocket expenses are generally lower, because network providers agree to charge no more than the discounted fees established for covered procedures.
- Out-of-network dentist charges are usually higher than our discounted fees, so out-of-pocket expenses are likely higher with non-network dentists.

Maximum Allowable Charge/Maximum Allowable Benefit

- Plan members who select a network provider benefit from discounted fees for care. These fees are referred to as the Maximum Allowable Charge (MAC). MAC fees are the maximum amount a network provider will charge for a covered procedure and are typically 27% below the average dentist charges, or 30 - 70% below the 90th percentile, in a community.
- Members who select an out-of-network dentist will pay the difference between that dentist's normal charge and the Maximum Allowable Benefit (MAB). MAC and MAB amounts generally are the same. The difference is the remainder the member must pay after MAC/MAB benefits are applied.

Rx Savings - Extra value for plan members

- Prescription medications can be one of the biggest health care expenditures a person, family or organization faces.
- Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, Walmart and Sam's Club pharmacies will give members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever provides the better deal.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To get the Rx discount, members will need to present an Rx discount savings ID card. To get one of these ID cards, they just need to visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.
- If your organization opts for eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Eyewear Savings Card to assist members without Internet access.

The Town of Ocean Ridge

Features/Benefits

Dental Value Plus

This plan offers employers a combination of traditional benefits and cost controls. We recognize the challenges employers face in maintaining attractive benefit packages alongside increasing expenses. This plan was created to help balance these often difficult challenges.

- Sound benefit coverage combined with smart cost controls.
- Numerous plan design options offer competitive benefits and features.
- Backed by superior customer service.
- Group size flexibility, available for groups with 10+ employees.

Deductibles

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 1, 2)

The Town of Ocean Ridge Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 8/1/2016

	Plan 1: TrueView Plan H		Plan 2: Sharper Vision	
	EyeMed Access Network	Out of Network	VSP Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$35	Covered in full	Up to \$52
Lenses (per pair)				
Single Vision	Covered in full	Up to \$25	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$40	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$55	Covered in full	Up to \$95
Lenticular	20% discount	No benefit	Covered in full	Up to \$125
Progressive	See lens options	NA	See lens options	NA
Frames	\$100	Up to \$45	\$120	Up to \$45
Frequencies				
Exam/Lens/Frames	12/12/24 Based on date of service			

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Maximum Calendar Year	None	None	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$55 Premium: 10% off of retail	No benefit No benefit	Member cost up to \$60	No benefit
Contacts				
Elective	Up to \$115	Up to \$100	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$200	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$5.92	\$7.12
EE + Spouse	\$13.56	\$16.56
EE + Children	\$12.64	\$14.84
EE + Spouse & Children	\$20.28	\$24.28

Rates are guaranteed for 12 months following the effective date listed above.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please

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contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 27

	All eligible employees Non-Contributory	All eligible employees Non-Contributory
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The Town of Ocean Ridge Plan Design Summary

Lens Options (member cost)*

	Plan 1: TrueView Plan H		Plan 2: Sharper Vision	
	EyeMed Access Network	Out of Network	VSP Network	Out of Network
Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	No benefit	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	\$40	No benefit	Covered in full for dependent children \$25 adults	No benefit
Scratch Resistant Coating	\$15	No benefit	\$15-\$29	No benefit
Anti-Reflective Coating	\$45	No benefit	\$39-\$75	No benefit
Ultraviolet Coating	\$15	No benefit	\$14	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit	NA	NA

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Sharper Vision Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$13 - Solid Plastic Dye (Except Pink I & II) \$15 - Plastic Gradient Dye \$27 - \$76 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

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Additional TrueView Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

The Town of Ocean Ridge

Features/Benefits

Sharper Vision

Our Sharper Vision plan is an outstanding employment incentive and morale builder. Helping to safeguard the eyesight of your employees, it can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

Benefits include an annual eye exam plus lenses and a frame, or contact lenses, when prescribed. Plan members may visit any eye doctor; however, with VSP providers, plan members benefit from richer coverage, and no claim forms are required. Or, plan members can visit a non-VSP eye doctor, complete an out-of-network claim form and be reimbursed according to the plan schedule.

The VSP Network offers 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 35-40% on lens options.

With VSP providers, members also receive special discounts on additional non-covered complete pairs of prescription glasses including prescription sunglasses, the contact lens exam only for contact lenses, and LASIK or PRK laser vision correction through VSP.

VSP's Laser VisionCareSM Program provides laser correction surgery with easy access to the procedure through VSP contracted doctors, surgeons and the nation's finest laser centers. VSP is pleased to offer the largest available network of laser centers and doctors in the country.

TrueView Vision

This plan features access to EyeMed's integrated provider network, so plan members can choose from private practice optometrists, ophthalmologists, opticians and optical retailers such as LensCrafters® and enjoy in-network savings. When visiting an EyeMed Access network provider, members may choose from any frame available at the provider locations. Most independent providers and all LensCrafters locations carry name-brand frames by Luxottica, the world's leading eyeglass frame manufacturer. Helping to safeguard the eyesight of your employees, eye care insurance can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

With a firm commitment to quality and patient satisfaction, EyeMed offers additional savings of up to 40% off the purchase of additional pairs of complete eyeglasses. Members also can enjoy cost reductions on laser vision correction surgery and conventional contact lenses through EyeMed. This provides savings above and beyond the plan benefits in order to maximize the overall value of the plan without adding to the cost of the program.

TrueView Vision offers coverage toward an annual eye exam, lenses and a frame, lens options such as ultraviolet coating, contact lens fit and follow-up, and contact lenses. Any amounts exceeding the plan allowances are payable by the plan member. There are out-of-network benefits available, so members may choose an out-of-network eye care provider, and benefits will be based on the out-of-network allowances.

The Town of Ocean Ridge

Features/Benefits

Rx Savings - Extra value for plan members

- Prescription medications can be one of the biggest health care expenditures a person, family or organization faces.
- Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, Walmart and Sam's Club pharmacies will give members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever provides the better deal.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To get the Rx discount, members will need to present an Rx discount savings ID card. To get one of these ID cards, they just need to visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.
- If your organization opts for eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

The Town of Ocean Ridge

Assumptions/Requirements

All Plans

- Some states require that producers be appointed with Reliance Standard Life before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- **If you have received additional proposals on Reliance Standard Life products, final rates can vary based on plan design, submitted case information and expenses. Please check with your local Reliance Standard Life representative.**
- The rates are based on Standard Industry Code 922011.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **The Town of Ocean Ridge** wishes to apply for group insurance based upon this proposal, **The Town of Ocean Ridge** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Florida.

Dental

- Our proposal assumes that the Reliance Standard Life dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid. (Plan(s): 1, 2)
- The policyholder must contribute the entire employee premium cost. No employee may pay any portion of the employee premium. The policyholder may or may not choose to pay some portion of the dependent cost. The employee may pay all of the dependent cost. (Plan(s): 1, 2)
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Reliance Standard Life reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change. Please note: if the retiree population is 20% or more, Reliance Standard Life reserves the right to remove the dental benefits from this proposal. (Plan(s): 1, 2)

The Town of Ocean Ridge

Assumptions/Requirements

Eye Care

- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Reliance Standard Life reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. Please note: if the retiree population is 20% or more, Reliance Standard Life reserves the right to remove the vision benefits from this proposal. (Plan(s): 1, 2)
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- This proposal assumes a Section 125 plan year of August 1, 2016 to August 1, 2017. (Plan(s): 1, 2)

The Town of Ocean Ridge

Limitations/Exclusions

Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

The Town of Ocean Ridge

Limitations/Exclusions

Covered Eye Care Expenses will not include and no benefits will be payable for expenses incurred:

Limitations for Plan(s) 1

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

The Town of Ocean Ridge

Limitations/Exclusions

This plan has the following limitation: (Plan 2)

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover: (Plan 2)

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.

Reliance Standard

Reliance Standard Life Insurance Company was incorporated in 1907 as Central Life Insurance of Illinois. Reliance Standard is domiciled in Illinois, and maintains its administrative offices in Philadelphia. Reliance Standard is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Our Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Reliance Standard has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with an easy-to-use online billing and enrollment system, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

A Strong, Diversified Company

As a premier insurance carrier, Reliance Standard consistently earns strong financial ratings:

A.M. Best: "A+" (Superior) since 8/20/13 (Rating affirmed August 2015)

Standard & Poor's: "A+" (Strong) since 7/24/13 (Rating affirmed September 2015)

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group. The Tokio Marine Group operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and largest property and casualty insurer in Japan.

Comprehensive Benefits and Services

In business for over 100 years, Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, dental insurance, critical illness and accident insurance. Reliance Standard offers a complete suite of voluntary (employee paid) coverage options and services, as well as fully integrated absence management services. Our products and services are marketed through independent brokers and agents to employers of all sizes.

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Here's something to smile about.

Wouldn't it be great if you could be rewarded for practicing good oral wellness? With our Maximum Rewards you are, automatically. So keep up the good work. With Maximum Rewards' increasing annual maximum feature, you can "earn" additional money toward future years' annual maximums. That way, the money is available when you need it most.

Qualify for rewards by:

- ▶ Submitting at least one dental claim per year for a covered procedure.
- ▶ Keeping your total paid claims under the plan's annual benefit threshold limit. Plus, if you visit a PPO network provider, you are eligible for an additional PPO bonus carryover amount. To earn rewards in subsequent years, follow the same guidelines. Rewards may be accumulated from one year to the next, up to the maximum reward accumulation amount.

Rewards will not be earned when:

- ▶ Your total annual paid dental claims exceed the annual benefit threshold limit.
- ▶ No dental claims for covered procedures are submitted during the year. If this happens, no rewards are earned and all accumulated rewards from previous years are given up. However, you can continue building rewards again the very next year.

Annual maximum for Type 1, 2 & 3 (Preventive, Basic, Major)	\$ 1,500
Annual reward (carryover) toward next benefit year	\$ 250
Annual PPO bonus (carryover) toward next benefit year	+ \$ 150
Next benefit year's annual max + reward + PPO bonus	\$ 1,900

Please note: Annual benefit threshold limit is \$750 (keep paid claims at or below this limit to earn rewards). Your annual maximum can increase up to \$2,500 total.

Check your Maximum Rewards benefits
 online at
www.reliancestandard.com/dental-vision,
 select Member Services and log in to
 Secure Member Access
 or call Customer Relations at
 800.497.7044

RELIANCE STANDARD
 A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

TOWN OF OCEAN RIDGE

More,
for less.

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

30% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Hello Neighbor

- You're on the ADVANTAGE Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the ADVANTAGE network or call 1-888-203-7437.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Vision Care Services

In-Network Member Cost

Out-of-Network Reimbursement

Exam With Dilation as Necessary	\$10 Copay	Up to \$35
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$120 allowance; 20% off retail price over \$120	Up to \$48
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive Lens	\$85	Up to \$40
Premium Progressive Lens	\$85, 70% of charge less \$110 Allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Other Add-Ons and Services	30% off retail price	N/A
Contact Lenses		
Conventional	\$135 allowance; 15% off retail price over \$135	Up to \$95
Disposable	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay; Paid in Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	



Here's something to smile about.

Wouldn't it be great if you could be rewarded for practicing good oral wellness? With our Maximum Rewards you are, automatically. So keep up the good work. With Maximum Rewards' increasing annual maximum feature, you can "earn" additional money toward future years' annual maximums. That way, the money is available when you need it most.

Qualify for rewards by:

- ▶ Submitting at least one dental claim per year for a covered procedure.
- ▶ Keeping your total paid claims under the plan's annual benefit threshold limit. Plus, if you visit a PPO network provider, you are eligible for an additional PPO bonus carryover amount. To earn rewards in subsequent years, follow the same guidelines. Rewards may be accumulated from one year to the next, up to the maximum reward accumulation amount.

Rewards will not be earned when:

- ▶ Your total annual paid dental claims exceed the annual benefit threshold limit.
- ▶ No dental claims for covered procedures are submitted during the year. If this happens, no rewards are earned and all accumulated rewards from previous years are given up. However, you can continue building rewards again the very next year.

Annual maximum for Type 1, 2 & 3 (Preventive, Basic, Major)	\$ 1,500
Annual reward (carryover) toward next benefit year	\$ 250
Annual PPO bonus (carryover) toward next benefit year	+ \$ 150
Next benefit year's annual max + reward + PPO bonus	\$ 1,900

Please note: Annual benefit threshold limit is \$750 (keep paid claims at or below this limit to earn rewards). Your annual maximum can increase up to \$2,500 total.

Check your Maximum Rewards benefits
 online at
www.reliancestandard.com/dental-vision,
 select Member Services and log in to
Secure Member Access
 or call Customer Relations at
800.497.7044

RELIANCE STANDARD
 A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Term Life Proposal

Prepared for
Town of Ocean Ridge

Presented by Evershore Financial Group
May 17, 2016

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Situs State: Florida
Proposal Date: May 17, 2016
Proposal Effective Date: August 1, 2016
Proposal Expiration Date: August 15, 2016

Sales Representative **Broker**
Shawn Martin Evershore Financial Group

Reliance Standard Life Insurance Company
800 Corporate Drive
Suite 100
Ft. Lauderdale, FL 33334

Toll Free: (877) 268-7606
Direct: (954) 846-7372
Fax: (954) 846-7380
Email: Shawn.Martin@RSLI.COM

About this Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of this proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Plan 1 of 3 Plans

Basic Life & AD&D Plan Description (Plan 1)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

Benefit Amount:	One times Basic Annual Earnings to a maximum of \$100,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$100,000
*Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Basic Life & AD&D Costs

Employer Contribution:	100%	Eligible Employees:	27
Employee Participation:	100%	Est. Participating Employees:	27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$1,570,000	\$0.30	\$471.00	24 Months
AD&D:	\$1,570,000	\$0.03	\$47.10	24 Months
Total Premium:			\$518.10	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Plan Description & Cost Summary

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Plan 2 of 3 Plans

Basic Life & AD&D Plan Description (Plan 2)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

Benefit Amount:	Two times Basic Annual Earnings to a maximum of \$200,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$185,000
*Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Basic Life & AD&D Costs

Employer Contribution:	100%	Eligible Employees:	27
Employee Participation:	100%	Est. Participating Employees:	27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$3,123,000	\$0.28	\$874.44	24 Months
AD&D:	\$3,123,000	\$0.03	\$93.69	24 Months
Total Premium:			\$968.13	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Plan 3 of 3 Plans

Basic Life & AD&D Plan Description (Plan 3)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

*Benefit Amount:	\$25,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$25,000
**Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*Flat/Incremental benefits may be subject to an earnings cap, as described on the Limitations page.

**This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Basic Life & AD&D Costs

Employer Contribution: 100% Eligible Employees: 27
Employee Participation: 100% Est. Participating Employees: 27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$666,250	\$0.34	\$226.53	24 Months
AD&D:	\$666,250	\$0.03	\$19.99	24 Months
Total Premium:			\$246.52	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

Plan Details

Prepared For Town of Ocean Ridge

Date: May 17, 2016

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- Guarantee Issue** Any amount of insurance in excess of the Guarantee Issue amount listed in your Proposal Summary requires Evidence of Insurability that RSL must accept and approve. Your local sales office can provide Evidence of Insurability forms for you or you can download directly from our homepage - www.reliancestandard.com.
- If this plan is replacing an existing plan, the guarantee issue amount may not exceed 50% more than the existing carrier's Guarantee Issue limit without prior approval from RSL.
- Living Benefit** The Living Benefit helps offset the high cost of medical care for a terminally ill employee by providing an advance payment of a portion of the death benefit in the case of a terminal illness.
- "Terminal Illness" means an illness or physical condition that is Certified by a Physician to reasonably be expected to result in death in less than 12 months.
- The Living Benefit is **an amount equal to** a percentage of the Death Benefit on the date of certification of Terminal Illness, subject to a **maximum amount**. Please see your proposal summary page for details.
- The Insured may receive a single lump sum or installment payments mutually agreed upon by RSL and the Insured. The Living Benefit is payable one time only for any Insured covered under this Rider. The Death Benefit will be reduced by an amount equal to the Living Benefit.
- The Insured must be covered under this rider for at least 60 days prior to being certified as Terminally Ill.
- Any amount of insurance that continues under a Waiver of Premium provision, or is available under the Conversion Privilege, will be reduced to reflect the payment of the Living Benefit.
- Conversion** The conversion privilege gives an Insured the right, under certain conditions, to continue life insurance protection under a non-term permanent insurance policy. We require no medical examination or other evidence of insurability – regardless of age or state of health – as long as application is made and the first premium is paid within 31 days of termination of insurance coverage.
- Waiver of Premium** If an Insured becomes Totally Disabled while insured and while the policy is in force before reaching age * and is not able to work for at least * consecutive months, RSL will continue his/her life insurance benefit without premium payment. No further premium payments are necessary as long as he/she meets the Total Disability requirements of the Policy. You must notify us and file a claim within one year of the Insured's date of disability.
- * please refer to the Waiver of Premium field of Benefit Descriptions on the proposal summary page for the age and months included in this proposal for each class.

Plan Details

Prepared For Town of Ocean Ridge

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**Family and Medical
Leave and Uniform
Services Employment
and Reemployment
(USERRA) Extension**

All employers should be up to date on 2 important federal laws pertaining to family/medical leave and military leave, The Family and Medical Leave Act (FMLA, 1993) and The Uniform Services Employment and Reemployment Rights Act (USERRA, 1994). While neither of these laws requires continuation of group life insurance, we support the intent of the laws with 2 specific continuation provisions.

Coverage can continue provided the employee is on a leave that the employer approves in accordance with the terms of FLMA or that is due to the employee entering the United States military service.

For leaves due to military service, the group policy does not cover any loss occurring while on active duty if the loss is caused by or arises out of such military service, including but not limited to war or act of war (declared or undeclared).

We provide the FMLA/USERRA Extension at no additional charge under the group life insurance contract, and all of the eligibility requirements apply.

**Bereavement
Counseling Services**

We recognize everyone may need help from time to time, and may have no place to turn. Rather than let them face a tough situation alone, we provide a place for employees to turn when they need counseling. In cooperation with Health Management Systems of America (HMSA), we offer a toll-free counseling service to all household members who experience the loss of a loved one. Professional counselors who are experienced with the human emotions associated with the death of a loved one are available to help those who want to reach out.

The counseling service is available at no cost, 24 hours a day, seven days a week.

During the installation of your Group Insurance plan, we will provide you with brochures outlining details of the Group Term Life Bereavement Counseling Services

Plan Details

Prepared For Town of Ocean Ridge

Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Travel Assistance

Travel assistance services provide travel and medical assistance services for employees of our Policyholders while traveling on a trip in a foreign country or 100 miles or more from home.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

Accidental Death and Dismemberment

In the event of death, loss of limbs, loss of eyesight, loss of speech or hearing due to an accidental injury, we will pay the following benefits, based on the benefit amount shown in the proposal summary:

For Accidental Loss of:	Amount Payable:
Life	Full benefit amount
Both hands	Full benefit amount
Both feet	Full benefit amount
Sight of both eyes	Full benefit amount
One hand and one foot	Full benefit amount
One hand and sight of one eye	Full benefit amount
One foot and sight of one eye	Full benefit amount
Speech and hearing	Full benefit amount
One hand	One half the benefit amount
One foot	One half the benefit amount
Sight of one eye	One half the benefit amount
Speech	One half the benefit amount
Hearing	One half the benefit amount

We pay this benefit in addition to any other benefits provided by the Plan, subject to the terms of the Group Insurance Policy.

Limitation: These benefits are payable provided the death or dismemberment results from bodily injury caused solely by an accident which occurs while the person is insured and results in loss within 365* days of the accident.

* May vary by state. In Pennsylvania, no time limit if death results from an accident.

Only one benefit, the larger one, will be paid for more than one loss resulting from any one accident.

See Exclusions section.

Plan Details

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Seat Belt Benefit

The Seat Belt Benefit provides an additional benefit to an Insured if due to an Injury sustained while riding in a private passenger Four Wheel Vehicle, he/she suffers loss of life for which an Accidental Death Benefit is payable.

Once we receive the police accident report which confirms that the Insured was properly strapped in a Seat Belt at the time of the accident, we will pay a benefit equal to a specified amount of the Insured's Accidental Death Benefit Amount shown on the proposal summary.

If the police report does not clearly establish that the Insured was or was not wearing a seat belt at the time of the accident causing his/her death, we will pay \$1,000 in lieu of this benefit.

Exclusions

We will not pay a benefit for any loss sustained by the Insured:

- 1) while driving or riding in any four-wheel vehicle used in a race, in a speed or endurance test, or for acrobatic or stunt driving;
- 2) if the Insured was not wearing a seat belt for any reason;
- 3) if the Insured was sharing a seat belt.

Limitations

Prepared For Town of Ocean Ridge

Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Benefit Schedule

The death benefits paid under an RSL Group Life Insurance program may be expressed in one of three ways:

- 1) As a multiple of earnings
- 2) As a percentage of earnings
- 3) As a flat amount. If the amount is \$150,000 or more, then
 - a) The basic coverage is the flat amount or 5 times earnings, whichever is less
 - b) Supplemental only coverage is limited to the flat amount, or 5 times earnings, whichever is less.
 - c) If coverage is basic plus supplemental, then the limit is 7 times earnings.

Basic Annual Earnings (BAE) usually excludes bonus, overtime and commissions earned by an employee. If you want bonus or commissions to be included in the definition, the amount is usually averaged over a time period which you designate and is outlined in the policy.

Exclusions

Applicable to Accidental Death and Dismemberment, Permanent Total Disability and Total Loss of Use.

A benefit will not be payable for a loss:

- 1) caused by suicide or intentionally self-inflicted injuries; or
- 2) caused by or resulting from war or any act of war, declared or undeclared; or
- 3) to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or
- 4) sustained during the Insured's commission or attempted commission of an assault or felony; or
- 5) to which the Insured's acute or chronic alcoholic intoxication is a contributing factor; or
- 6) to which the Insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor; or
- 7) caused by Injury arising out of or in the course of employment for wage or profit. (Does not apply if 24-Hour coverage is provided.)

This is not a comprehensive list of exclusions. Any one or all may apply to a specific benefit. Some of these exclusions/limitations may not apply, depending on which options you have chosen, as shown on the proposal summary page. Some of these exclusions/limitations may vary by state. Please see your local sales representative for details.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Short Term Disability Proposal

Prepared for
Town of Ocean Ridge

Presented by Evershore Financial Group
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TOKIOMARINE
GROUP

About this Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will govern. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

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- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of the proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 1 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan Description

Benefit Percentage:	60%
Weekly Maximum:	\$1,000.00
Benefit Duration:	26 weeks
Injury Benefits Begin:	1st day
Sickness Benefits Begin:	8th day
Maternity Coverage:	Full
Coverage:	Non-occupational
Partial Disability:	Yes, with zero day residual
Transfer of Insurance Coverage:	Yes
W2 Services:	No

Participation and Contribution

Employer Contribution:	100%
Employee Participation:	100%

Cost Summary

No. of Elig. Employees	Total Weekly Benefit Volume	Premium Rate per \$10	Monthly Premium	Rate Guarantee
27	\$18,001.22	\$0.45	\$810.05	2 Years

Note: Premium/benefit is payable in US currency.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential Proposal for Group Short Term Disability
Broker Evershore Financial Group
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Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 2 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan Description

Benefit Percentage:	60%
Weekly Maximum:	\$1,000.00
Benefit Duration:	12 weeks
Injury Benefits Begin:	8th day
Sickness Benefits Begin:	8th day
Maternity Coverage:	Full
Coverage:	Non-occupational
Partial Disability:	Yes, with zero day residual
Transfer of Insurance Coverage:	Yes
W2 Services:	No

Participation and Contribution

Employer Contribution:	100%
Employee Participation:	100%

Cost Summary

No. of Elig. Employees	Total Weekly Benefit Volume	Premium Rate per \$10	Monthly Premium	Rate Guarantee
27	\$18,001.22	\$0.34	\$612.04	2 Years

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Plan Details

Prepared For Town of Ocean Ridge

Date: May 16, 2016

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Short Term Disability, also known as Weekly Income, covers employees who become disabled as a result of an injury or sickness for a temporary period. It replaces a percentage of the income employees would have earned had they been able to continue working. It protects an employee's greatest asset, the ability to earn an income. This is important to an employer as a benefit that will attract and keep good employees. In addition, it is important because salary continuance or sick pay programs can be an administrative headache, and expensive.

STD benefits are designed to partially offset the income a disabled employee would have earned. The total amount of income received while disabled should be less than the employee's net after-tax income while actively at work. This is because of reduced tax liabilities and decreased work-related expenses (such as commuting). It also provides some incentive for the employee to return to work (or remain at work) if medically possible.

RSL's Short Term Disability plan requires an employee to be away from work due to illness from one to seven days or longer, before benefits begin. For accidents and hospitalization, this period may be shortened or eliminated. In addition to being absent from work, the employee must be under the care of a physician to be considered disabled and eligible for benefits.

Your proposal summary page will give you the details of your particular plan.

Benefit Payments

Benefit payments may be based on either a percentage of the employee's earnings or a flat dollar amount. Percentage plans have the benefit of automatically adjusting the benefit for salary increases. This reduces the need to review and change the plan.

Flat dollar payment plans are usually limited to 50-70% of earnings, and subject to a maximum weekly benefit amount.

Earnings

When we talk about earnings, we mean an employee's gross weekly salary in effect just before the date of the disability. It usually excludes income received from commissions, bonuses, overtime pay, and any other extra compensation or income from sources other than you, the employer.

Day Benefits Begin

Benefits begin on the days indicated in the summary page for injuries and for sickness. If First Day Hospital Outpatient coverage is included, we will pay benefits from the days indicated or from the first day the insured is hospital confined or has surgery on an outpatient basis, if earlier. In order for benefits to be payable from the first day of outpatient surgery, the Insured must be disabled for the indicated number of consecutive days.

Maximum Benefit Period

The maximum benefit period is the length of time we will continue to pay benefits for any one disability. It begins after the elimination period, and extends 13, 26, or 52 weeks, depending on the plan design you choose. If the plan extends further than 26 weeks plus the elimination period, benefits will be integrated with Social Security benefits, which begin after five calendar months of disability. For periods of disability of less than a full week, the daily benefit payable will be 1/7 of the weekly benefit.

Benefit Integration

Benefits paid by RSL under this plan will be reduced by other income an employee receives from the following sources:

- California Unemployment Compensation Disability Insurance,
- Hawaii Temporary Disability Insurance Law,
- New Jersey Temporary Disability Benefits Law,
- New York Disability Benefits Law,
- Puerto Rico Disability Benefit Act,
- Rhode Island Disability Benefits Law, or
- Social Security.

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LIFE INSURANCE COMPANY

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Plan Details

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Date: May 16, 2016

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- Definitions of Disability** An employee is considered disabled when he/she is unable to perform his/her job, is not doing any work for payment, and is under the regular care of a Physician. This definition may vary by state, so check with your RSL Sales Representative for details.
- Partial Disability Benefit** If you have Long Term Disability (LTD) Insurance coverage with RSL, you may opt for a Partial Disability Benefit in this STD plan. To receive the benefit, an employee must:
- Be unable to perform the material duties of his/her occupation,
 - Be under the regular care of a physician, and
 - Accept rehabilitation employment approved by RSL.
- The employee may receive earnings from rehabilitation employment, and RSL will not reduce benefits until the employee's income from all sources exceeds 100% of pre-disability earnings. If total earnings exceed this level, there will be a dollar for dollar reduction.
- Please note that this benefit is not available in all states, so check with your RSL Sales Representative for details.
- Transfer of Insurance Coverage** If an employee, covered under any group short term disability insurance plan maintained by you prior to our group policy's effective date, files for disability, **then** that employee will be insured under our policy provided that he/she is actively at work and meets all the requirements for being an Eligible Person under our policy on its effective date.
- If an employee is receiving short term disability benefits, is eligible to receive such benefits, or has a period of recurrent disability under the prior group short term disability plan, **then** that employee will not be covered under our policy.
- If an employee is an Eligible Person on the effective date of the group policy, **then**:
- any time used to satisfy the pre-existing condition limitation of the prior group short term disability plan will be credited toward the satisfaction of the pre-existing condition limitation of our group policy;
 - any time used to satisfy any service waiting period of the prior group short term disability plan will be credited toward the satisfaction of the waiting period of our policy.
- W-2 Services** We will provide W-2s for Clients who have both insured STD (except for New York and New Jersey statutory coverages) and LTD coverage with us. There is a fee associated with STD insured business. W-2 statements are mailed directly to the claimants in time for any income tax filing.
- If the benefits payable are contributory by the employer, we will withhold FICA and Medicare deductions. Federal income tax deductions and state deductions must be elected by the employee and are not automatically deducted. We will provide the FICA and Medicare match only in those circumstances where it is agreed upon that RSL is to produce the W2s. Where RSL is not producing the W2s, disability income case summary reports will be provided on a monthly basis to assist the employer.

Limitations

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Other Exclusions Benefits are not paid for any period of disability caused by:

- 1) an intentionally self-inflicted injury, or
- 2) an act of war, declared or undeclared, or
- 3) the Insured committing a felony, or
- 4) Sickness which is covered by a Worker's Compensation Act, or other worker's disability law, or *
- 5) Injury that occurs out of or in the course of work for wage or profit. *

* Note: Exclusions 4) and 5) may not apply if we are providing occupational coverage in addition to the normal non-occupational coverage.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Long Term Disability Proposal

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**TOKIOMARINE
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- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 1 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week, except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan 1 Description

Benefit Percentage:	60%
Monthly Maximum:	\$5,000.00
Elimination Period:	180 days
Benefit Duration:	ADEA-B-AGE
Social Security Integration:	Full Family
Minimum Benefit:	\$100
Mental & Nervous Limitation:	2 year limit
Drug & Alcohol Limitation:	2 year limit
Pre-Existing Limitation:	3/12
Survivor Benefit:	3 Months
Managed Rehab Option:	Included
Work Incentive Benefit:	12 Months
Child Care:	to age 14/\$250
Worksite Mod Benefit:	100% up to \$2,000
Own Occupation Coverage:	36 Months
Residual Disability:	Yes
Partial Disability:	Yes
Specific Indemnity:	Yes
Travel Assistance:	Yes
Identity Theft:	Yes

Participation and Contribution

Employer Contribution: 100%
Employee Participation: 100%

Total Plan Cost Summary

Eligible Employees	Total Monthly Insurable Payroll	Premium Rate per \$100	Monthly Premium	Rate Guarantee
27	\$131,437.73	\$0.79	\$1,038.36	24 Months

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 2 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week, except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan 2 Description

Benefit Percentage:	60%
Monthly Maximum:	\$5,000.00
Elimination Period:	90 days
Benefit Duration:	ADEA-B-AGE
Social Security Integration:	Full Family
Minimum Benefit:	\$100
Mental & Nervous Limitation:	2 year limit
Drug & Alcohol Limitation:	2 year limit
Pre-Existing Limitation:	3/12
Survivor Benefit:	3 Months
Managed Rehab Option:	Included
Work Incentive Benefit:	12 Months
Child Care:	to age 14/\$250
Worksite Mod Benefit:	100% up to \$2,000
Own Occupation Coverage:	36 Months
Residual Disability:	Yes
Partial Disability:	Yes
Specific Indemnity:	Yes
Travel Assistance:	Yes
Identity Theft:	Yes

Participation and Contribution

Employer Contribution: 100%
Employee Participation: 100%

Total Plan Cost Summary

Eligible Employees	Total Monthly Insurable Payroll	Premium Rate per \$100	Monthly Premium	Rate Guarantee
27	\$131,437.73	\$0.89	\$1,169.78	24 Months

Note: Premium/benefit is payable in US currency.

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Covered Monthly Earnings This is the amount of an employee's salary used to calculate the monthly benefit. Covered monthly earnings usually exclude bonuses, overtime and commissions earned by an employee. If commissions are to be included in the definition, the amount is averaged over a specified time period, usually 36 months. RSL can tailor a pre-determined monthly salary amount to be insured.

Elimination Period The elimination period is the period of consecutive days of total disability for which no benefit is payable. It begins on the first day of total disability and extends for the number of days specified on the proposal summary page. Premiums must be paid during the elimination period, but they will be waived once benefits begin.

Benefit Duration /Maximum Benefit Period We pay LTD benefits for a total disability due to an accident or sickness event. The maximum benefit period may range from 2 years to age 70. Our standard maximum benefit duration lasts up to a person's normal retirement age as defined by Social Security. The LTD duration schedules comply with the Age Discrimination and Employment Act (ADEA). ADEA requires that either the level of benefits or the cost of the benefit be the same for older employees as for younger workers. The following benefit schedule(s) have been quoted for your plan(s).
Extended ADEA-B

LTD benefits usually last until normal retirement age as defined by Social Security. Prior to 1983, this was age 65. Then amendments were added to the United States Social Security Act to link normal retirement age to a person's date of birth.

Therefore, we offer the following schedule:

Benefits will last the longer of (A) or (B) as stated below:

(A)

Age at Disability	Duration
Prior to age 62	to age 65
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

(B) Normal Retirement Age as defined by the 1983 amendments to the United States Social Security Act and determined by your year of birth:

Year of Birth	Normal Retirement Age
1937 or before	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 - 1954	66 years
1955	66 years and 2 months

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Plan Details

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1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 and after	67 Years

If the plan provides for a shorter maximum benefit period (two-year, five-year, etc.), the maximum benefit period will be adjusted accordingly for older employees.

We can design a schedule to fit your needs, but it is your responsibility as the Employer to comply with ADEA.

Benefit Integration

Other sources of income an Insured receives or is eligible to receive will reduce the Group LTD benefits paid by RSL. We do this so that an Insured does not receive more money while disabled than while working.

Other sources of income that will reduce benefits include:

- Disability income benefits the Insured is eligible to receive under any group insurance plan(s),
- Disability income benefits the Insured is eligible to receive under any governmental retirement system, except benefits payable under a federal government employee pension benefit,
- Disability income benefits the Insured is eligible to receive under workers' compensation laws, occupational disease law, and any compulsory benefit law,
- Wages or other compensation an Insured is entitled to receive from you, excluding the amount allowable while engaged in Rehabilitative Employment,
- Commissions or monies an Insured is entitled to receive from you, including vested renewal commissions but excluding commissions or monies that an Insured earned prior to being disabled which are paid after the disability has begun,
- That part of a disability or retirement benefit paid for by you that the Insured is eligible to receive under a group retirement plan, and
- Disability or retirement benefits under the United States Social Security Act, the Canadian pension plans, federal or provincial plans or any similar law for which an employee and his/her dependents are eligible to receive.

Income that will not reduce benefits include:

- a) Distributions from profit sharing, thrift, or stock ownership plans,
- b) Deferred compensation plans,
- c) Individual disability policies,
- d) Payments which reduce the face value of any life insurance policy,
- e) AD&D benefits,
- f) Federal government/ military pension,
- g) Group retirement plan benefits paid for by the employee,
- h) Proceeds from a 401(k), 403(b), and 457 plans.
- i) Tax sheltered annuities (TSA)

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j) Individual Retirement Accounts (IRA).

Please note that the sources of income with which we may integrate may vary by state. For more details, contact your sales representative.

Definitions of Disability

Our definition of disability is divided into two time periods. The first time period is called the own occupation period and the second time period is called the any occupation period. Please refer to the proposal summary page for the specific details of this proposal.

The "own occupation" period can range from two years or to age 65 depending on the benefit duration schedule elected.

The "any occupation" period lasts for the remainder of the disability, from the end of the "own occupation" period up to the maximum benefit duration period.

During both the "own occupation" and "any occupation" periods, an insured employee may be considered disabled if he/she is partially and/or residually disabled.

Own Occupation Definition

During the elimination period and the own occupation period, an Insured must be disabled from his/her regular occupation. An insured is considered disabled from his/her own occupation if unable, as the result of sickness or injury, to perform the material duties of his/her regular occupation.

Any Occupation Definition

During the any occupation period, the insured is required to be disabled from any occupation. An insured is disabled from any occupation if unable, as the result of sickness or injury, to perform the material duties of any occupation for which he/she is reasonably fit by education, training and experience.

Residual Disability

RSL does not require that an insured be totally disabled through the elimination period. We allow someone to work part-time and still be eligible for LTD benefits at the end of the elimination period. Once the LTD benefit is payable, the Insured is considered partially disabled.

Partial Disability

If an employee is disabled as a result of an injury or sickness, we will consider him/her partially disabled if he/she is capable of performing the material duties of his/her occupation on a part-time basis or some of the material duties on a full-time basis.

Definitions may vary by state. For more details, contact your sales representative.

Worksite Modification Benefit

This is a benefit payable to you, the employer. If you make the necessary modifications to the disabled person's worksite and the person does return to work, either part-time or full-time, RSL will reimburse you. We will pay 100% of the actual and reasonable expenses paid for the modification to a maximum of \$2,000.

This benefit may not be available in all states or may vary from state to state.

Work Incentive/Child Care Benefit

Upon satisfying the Elimination Period, during the period of time reflected on the Summary page, RSL will deduct only the amount of earnings which, when added to the employee's LTD benefit, exceeds 100% of the

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employee's covered monthly earnings. After such time, if applicable, we will offset the LTD benefit by 50% of the Rehabilitative Employment earnings.

The Child Care Expense Benefit is a feature of the Work Incentive Benefit. If there are dependent children under the age of 14, then we will add up to \$250 per month to the Insured's covered monthly earnings when calculating the benefit amount during the work incentive benefit period.

Please check the summary page to determine if the provision is part of our quote. These benefits may not be available in all states or may vary from state to state.

Temporary Recovery during the Elimination Period (Interruption Period)

Temporary recovery does not necessarily mean that the insured must begin the elimination period all over again if the disability resumes. If an insured returns to full-time work for less than 30 days during the Elimination Period, the disability will be considered continuous.

Managed Rehabilitation Employment Benefit

RSL encourages disabled employees to return to work either on a part-time or full-time basis. Vocational rehabilitation services help an employee gain the skills to go back to work doing any occupation.

The managed rehabilitation benefit encourages an employee to return to work in any gainful occupation including his/her occupation on a part-time basis, for which the employee's training, education or experience will reasonably allow.

We will continue to pay the Monthly Benefit less an amount equal to 50% of the earnings received through Rehabilitative Employment. If rehabilitation is refused, we may reduce or stop the LTD benefit depending on the circumstances. (Reduction or termination of benefits may be prohibited in some states.)

Specific Indemnity Benefit

This provision allows an employee to receive a guaranteed minimum number of benefit payments if he/she suffers any one of the following losses from an accident resulting in an injury:

Loss	Monthly Benefit Payments
Both hands	46
Both feet	46
Entire sight in both eyes	46
Hearing in both ears	46
Speech	46
One hand and one foot	46
One hand and entire sight in one eye	46
One foot and entire sight in one eye	46
One arm	35
One leg	35
One hand	23
One foot	23
Entire sight in one eye	15
Hearing in one ear	15

Survivor Benefit

The benefit is an amount equal to three (3) or six (6) times the insured's net monthly benefit before death. It is payable in a lump sum amount or a monthly benefit to a spouse or to unmarried children under age 25, upon

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the death of the insured provided the insured had been receiving a Monthly Benefit and was disabled for at least 180 consecutive days.

This benefit may vary from state to state.

Transfer of Insurance Coverage

If an employee was covered under a group LTD plan prior to the inception of your RSL plan, and is an eligible employee on the effective date of this policy:

- he/she will be insured under our plan, provided that he/she is actively at work and meets all of the eligibility requirements;
- any time used to satisfy the Pre-Existing Conditions limitation of the prior group plan will be credited towards the satisfaction of the Pre-Existing conditions limitation of your RSL policy;
- any time used to satisfy the service waiting period of the prior group plan would be credited towards the satisfaction of the service waiting period under the RSL policy.

The plan proposed contains the features and benefits requested by you. The following value added features are included in your proposed plan:

Travel Assistance

Travel assistance services provide travel and medical assistance services for employees of our Policyholders while traveling on a trip in a foreign country or 100 miles or more from home.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

Identity Theft Recovery

This full service ID Recovery Program will perform the recovery process for your employee should they or a member of their family fall victim to identity theft. Restoration services include (but are not limited to): investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft, resolution of key issues by maintaining and explaining their rights, placing phone calls and preparing appropriate documentation on their behalf including anything from dispute letters to defensible complaints, contacting, following up and escalating issues with affected agencies and institutions, providing restoration beyond just credit including criminal, DMV, medical records, and real time access to public records such as DMV, criminal, address changes, liens, judgments and more.

Identity theft recovery services are provided by InfoArmor and are not part of the insurance policy being proposed by Reliance Standard Life. InfoArmor is not affiliated with RSL and is not responsible for any acts or omissions of InfoArmor in connection with or arising under the identity theft recovery services.

For full details about the identity theft program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

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Limitations

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Date: May 16, 2016

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**Mental/Nervous
Limitation**

We typically provide LTD benefits for insureds who are disabled due to a mental/nervous condition as a standard part of our policy. Benefits in these cases are paid for a limited period. If the Insured is in a hospital or institution at the end of the benefit period, he/she will receive a benefit until the release date or until he/she reaches the maximum benefit duration. The duration period does not have to be consecutive.

Disabilities related to a mental or nervous condition can also be fully covered or excluded. Please refer to the summary page for the provision that has been quoted for you.

This provision varies from state to state.

**Drug/Alcohol
Limitation**

RSL standardly offers limited benefits for insureds who are disabled due to drug addiction or alcoholism when he/she is an active participant in a substance abuse rehabilitation program approved by us. The benefit is typically paid for one or two years. However, benefits can also be fully covered or excluded. Please refer to the summary page for the provision that has been quoted for you.

This provision varies from state to state.

**Pre-Existing
Condition**

A pre-existing condition is any sickness or injury for which the Insured received medical treatment, consultation, care or services, including diagnostic procedures or took prescribed drugs or medicines, during a specific period (as outlined in the policy) immediately prior to the Insured's effective date of coverage.

An insured is covered for pre-existing condition if he / she has been actively at work for one full day following the end of the specific period (as outlined in the policy) from the date he / she becomes an Insured. An Insured is not covered for a pre-existing condition if the requirement is not met.

This provision may vary from state to state.

**Other
Exclusions**

The LTD policy does not cover any disabilities caused by:

- intentionally self-inflicted injury,
- act of war,
- commission of a felony, or
- an injury or sickness that occurs while the Insured is confined in any penal or correctional institution.

Exclusions and Limitations may vary from state to state

Appendix

Prepared For Town of Ocean Ridge
Date: May 16, 2016

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DISABILITY MANAGEMENT CONCEPTS

At RSL, our goals are to control your disability costs, both indirect and direct, and to help disabled employees become more confident and productive members of society. We focus on four concepts to accomplish our goals.

- Early Intervention** Traditional thinking on controlling disability costs is reactive and "after the fact". We change that orientation by thinking in terms of how to prevent a disability before it happens. We may offer an optional employee assistance program (EAP) to help employees and families with problems that could affect their health. These problems range from depression, drug abuse to financial difficulties, or any other problem that is producing some form of stress.
- Integration** When disability occurs, we view it as a singular event, so we provide you with a single point of contact to integrate our services and address the wide ranging income protection needs of your employees. This integration may include combining short term and long term disability, workers' compensation, family leave and even statutory coverage. The absence may be reviewed and managed by one disability team.
- Cost Containment** RSL offers many resources to help your employees return to work as quickly and easily as possible. We know that the sooner a disabled person reaches the point of complete or partial recovery, the sooner that individual can resume a productive life. And ultimately, this lowers the cost of the Disability Program to you.
- These resources include:
1. *Vocational Rehabilitation Assessment* - This is performed and managed by our in-house staff, in conjunction with a field vocational rehabilitation counselor.
 2. *Social Security Assistance Program* - Our in-house service staff will assist your employees by providing the expertise necessary to guide them through filing for social security awards.
 3. *Job Search Assistance* - Our vocational counselors take extra steps to help an employee find work that does not require relocation or a change in lifestyle.
 4. *Educational Expenses* - In situations where getting back to work starts by going back to school, our rehabilitation program may help with educational expenses for training in a new occupation.
- FICA Match** This program eliminates most of your tax reporting responsibilities for LTD benefit recipients. We will pay the employer's portion of the Social Security and Medicare taxes on long term disability benefits. We will also prepare the year-end W-2 forms. This value-added service is provided free.
- Management Information Reporting** We offer a comprehensive annual renewal presentation package for larger clients that includes claim listings, experience reports and cost projections.
- Our goal is to ensure that you are satisfied with the job RSL is doing to manage your disability claims.

Appendix

Prepared For Town of Ocean Ridge

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Benefit Illustrations Group LTD plans are designed to replace a level of income selected by the employer. A typical plan provides 60% or 66 2/3% income replacement, coordinated with other income benefits. Common benefits we may coordinate with include workers' compensation, Social Security and work-earnings while disabled.

How an LTD benefit is determined with our Work Incentive benefit:

Claims Facts

Pre-Disability Earnings:	\$5,000
LTD Benefit %:	60%
Gross Monthly LTD Benefit:	$\$5,000 \times .60 = \$3,000$
Return to Work Earnings:	\$2,500

If an LTD claimant returns to work during the first 12 months of disability, the return to work earnings plus the gross monthly LTD benefit cannot exceed 100% of pre-disability salary. So, in this example you would add \$3,000 + \$2,500 to get \$5,500. \$5,500 is greater than \$5,000 by 500. The gross LTD benefit is reduced by \$500 to \$2,500, making the total \$5,000, or the same as the pre-disability earnings.

After the first 12 months, the employee would receive the following benefit:

Gross LTD Benefit:	\$3,000 ($\$5,000 \times 60\%$)
Less 50% of Part-time Earnings	- \$1,250 ($\$2,500 \times 50\%$)
Net Monthly LTD Benefit:	\$1,750
Total Income from all Sources:	\$4,250 ($\$1,750 + \$2,500$)

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Estimated Fee Schedule

Company Name: The Town of Ocean Ridge Date: 6/16/2016
Contact Name: Jamie Titcomb # Active Employees: 32
Contact Phone: Pay Frequency: Biweekly

Sales Rep: Elizabeth Schuler

Processing Charges	Base Fee	Employees	Rate/Unit	Net Total
Paychex HR Solutions - Administrative Services:	\$ 491.00	32	\$ 18.26	\$ 1,075.32
Decline Employer Shared Responsibility Service	\$ (46.00)		\$ (0.46)	
Decline Job Costing and/or Labor Distribution	\$ (5.00)			
Decline Report Writer	\$ (14.00)			

Paychex HR Solutions - Administrative Services Includes:

- ◆ **Human Resource representative for** ♦ job descriptions ♦ compensation surveys ♦ HR seminars ♦ compliance evaluations ♦ HR support & directi
- ◆ **Human resource services including** ♦ onboarding ♦ employee assistance program ♦ HR newsletter ♦ state unemployment insurance ♦ managemen
- ◆ **Benefits administration including** ♦ premium only plans ♦ flexible spending accounts ♦ COBRA ♦ benefit enrollment meetings
- ◆ **Retirement services administration including** ♦ custom 401(k) ♦ profit sharing design
- ◆ **Handbook services including** ♦ custom handbook design ♦ ongoing state and federal updates ♦ Spanish translation and printing
- ◆ **HRIS system for** ♦ online administration of various benefits ♦ Safety and loss control including
- ◆ **OSHA compliance consultation** ♦ custom safety manual ♦ workplace safety consultation ♦ ongoing safety training programs
- ◆ **Payroll processing services including** ♦ general ledger ♦ direct deposit ♦ Readychex or check signing ♦ W2s ♦ Time Off Accrual
- ◆ **Tax and reporting services including** ♦ Taxpay ♦ new hire reporting ♦ workers' compensation reporting
- ◆ **Garnishment administration including** ♦ calculations ♦ electronic capture and payment

Standard Per Processing Charges	\$ 1,075.32
Additional Per Processing Charges (from Ancillary Services)	\$ -
Total Per Processing Charges	\$ 1,075.32
Total Monthly Charges (from Ancillary Services)	\$ -
Total Annualized Processing Charges	\$ 27,958.32
ASO Set Up Fee	\$ 3,000.00
Additional One Time Charges (from Ancillary Services)	\$ 1,000.00
Total One Time Charges	\$ 4,000.00

* These totals do not include sales tax, if applicable.

Proposal valid for 60 days. Prices subject to change with advance notification.

Processing fees based on estimate of active employees and/or participants. Exact amount of bill may vary based on actual numbers.

Please initial here to indicate your understanding and agreement with this proposal _____

Sales Representative: _____

Paychex Insurance Agency

Advantages for Your Business



Paychex Insurance Agency has the ability to coordinate our unique, comprehensive agency services with your existing payroll solution through Paychex – at no additional cost!

- **Expert Consultation and Benefits Solutions.** Paychex Insurance Agency is ranked in the top 25 of all U.S. insurance agencies by *Business Insurance* magazine. Our agency serves more than 100,000 businesses of all sizes and industries. From carrier relationships to experienced, professional account management, we have the resources to help you.
- **Eligibility/Census Tracking and Reporting.** Reports are generated automatically from the payroll system to track waiting periods when employees are hired, rehired, or terminated. To assist tracking eligibility, a notification is sent 15 days prior to the new-hire eligibility date and 10 days after if confirmation is not received by the due date.
- **Monthly Summary Reporting.** Enrollment changes will trigger a confirmation report. A summary report, which provides details of premium cost breakdown, coverage details, and relevant employee information (hire date, gender, etc.) is also automatically generated.

- **Enrollment Assistance.** Paychex Insurance Agency has you covered over the span of an employee's time at your company – from handling new enrollment processing to seamless termination as the employee's status changes to "terminated" in the payroll system.
- **Deduction Management.** When we process enrollment information for the insurance carriers, the payroll deductions can update automatically.
- **Health Insurance Administration Portal.** We build, load, and provide an industry-unique, secure Web portal for your business. You can manage your employees through the portal, accessing benefit summaries, qualifying events, renewal information, and plan changes. Meanwhile, your employees can access their benefits, manage their dependent information, and submit renewal elections.
- **BalanceCareSM Employee Advocacy Line.** You and your employees have 24/7 access, 365 days a year, to a multilingual, toll-free hotline staffed with licensed insurance professionals. The advocacy service assists with billing questions, provides help with claims, and coordinates care. This helps you stay HIPAA-compliant and allows your employees to have a direct source for questions.
- **Renewals.** Paychex Insurance Agency will start the annual review process 120 days prior to your policy's anniversary, ensuring time to quote other options, conduct a thorough market review, and provide a professional presentation of optimal plans and prices.

PAYCHEX
Insurance Agency, Inc.

- **Dedicated Client Service Team.** Each client of the Paychex Insurance Agency is assigned a dedicated team to assist with carrier-related issues. Your support team is led by a single, primary point of contact, the account manager, who is responsible for overseeing your account.
- **COBRA/State Continuation Administration.*** From "hire to fire," Paychex sends out employee notifications, including the initial notice. Upon employee termination, the payroll service coordinates with the benefits team to initiate the process. This service sends the notifications promptly, processes adds/deletes/changes, and collects the premium from COBRA enrollees. This helps you stay within mandated guidelines for COBRA and state continuation administration.
- **W-2 Reporting.** If you issue 250 or more Forms W-2 for the prior tax year, you are mandated to report the total value of your employees' health benefits. Since Paychex Insurance Agency manages employee enrollment and premium deductions, we can provide you with a report showing the total value of premiums for benefits.
- **Wellness Initiatives.** Paychex Insurance Agency can help you create wellness initiatives and set up formal wellness programs (either through the insurance carrier or a third-party administrator). Typically, these programs have demonstrated their return on investment through lowered claim volume over time.
- **Health Care Reform Alerts.** Paychex Insurance Agency helps guide you through the complexity of health care reform changes. We help you comply with new regulations and inform you about tax credits for which you may be qualified under the legislation.
- **Cost Savings, Liability Reduction.** Paychex Insurance Agency helps you realize both hard and soft cost savings through increased efficiency and our expert consultation. In addition, we create a "safety net" through our automated process and resources to help with enrollment, COBRA management, and health care reform and HIPAA compliance to minimize any liability you face.*
- **Benefit Advisor.** Before renewing your current plans, the agency will model up to eight strategies showing employer and employee options to maximize your health care investment and potential costs/savings.

- **Voluntary Benefits.** Paychex Insurance Agency provides a one-stop source for benefits that can aid employee recruitment, satisfaction, and retention. Employee voluntary benefits are typically employer-sponsored benefits that can be paid for entirely by participating employees. Employees who elect to participate pay premiums via payroll deduction. Types of insurance include: dental and vision, term, permanent, accidental death and dismemberment, and short- and long-term disability.
- **Mobile App.** Paychex Insurance Agency provides access to our Health and Benefits Administration Portal via our mobile app for your smartphone or tablet. The app provides instant data review from a customizable dashboard – and gives your employees access to their benefit information the moment they want it, wherever they are.
- **Employee Retention.** With the benefits of Paychex Insurance Agency products and service, you can attract and retain high-performing employees.

*COBRA administration is offered through Paychex, Inc. Clients subject to federal COBRA with fewer than 20 medical plan subscribers may be charged a fee for COBRA administration. Paychex Insurance Agency, Inc., 150 Sawgrass Drive, Rochester, NY 14620. California license #0C28207.



Setup Fee: \$0

Monthly Service Charge: \$0

To learn more about the advantages that Paychex Insurance Agency can offer your business, contact me.

Orestes Monterrey
Cell: 954-299-0069
Office 954-443-0442 ext 21017
omonterrey@paychex.com

PAYCHEX
Insurance Agency, Inc.

Presented to: Town Of Ocean Ridge

Presented by: Paychex Insurance Agency Inc.
 Medical Rate Detail - Composite Rates

Boynton Beach, FL 33435

Proposed Effective Date: 7/1/2016

Carrier	Florida Blue	Florida Blue	Florida Blue
Plan Names	BlueCare All Copay 14251	BlueCare All Copay 14252	BlueCare All Copay 14253
Metallic Level	Platinum	Platinum	Platinum
Plan Type	HMO	HMO	HMO
PEP/Spec	\$10 / \$25	\$10 / \$20	\$10 / \$25
Inpatient Hospital	\$250/Day, \$750 Max	\$300/Day, \$900 Max	\$200/Day, \$600 Max
IN/OON/Ind/Ded	\$250 / Not Applicable	\$0 / Not Applicable	\$500 / Not Applicable
IN/OON/Ind/Coop/Max	\$2000 (includes Deductible, Copay, Coinsurance + Rx) / Not Applicable	\$3500 (includes Deductible, Copay, Coinsurance + Rx) / Not Applicable	\$2000 (includes Deductible, Copay, Coinsurance + Rx) / Not Applicable
IN/OON/coinsurance	10% / Not Applicable	0% / Not Applicable	20% / Not Applicable
IN/Prescription	Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150	Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150	Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150
Riders	N/A	N/A	N/A
Rating Area	Rating Area 50	Rating Area 50	Rating Area 50

Composite Rates	Premium	Premium	Premium
BE	24 x \$618.64	24 x \$616.08	24 x \$617.62
ES	0 x \$1,237.28	0 x \$1,232.16	0 x \$1,235.24
HC/E2C	0 x \$1,144.48	0 x \$1,139.75	0 x \$1,142.60
RAM	0 x \$1,763.12	0 x \$1,755.83	0 x \$1,760.22

Monthly Premium	\$14,847.36	\$14,785.92	\$14,822.88
Annual Premium	\$178,168.32	\$177,431.04	\$177,874.56

Presented to: Town Of Ocean Ridge

Presented by: Paychex Insurance Agency Inc.
 Medical Rate Detail - Composite Rates
 Proposed Effective Date: 7/1/2016

Boynton Beach, FL 33435

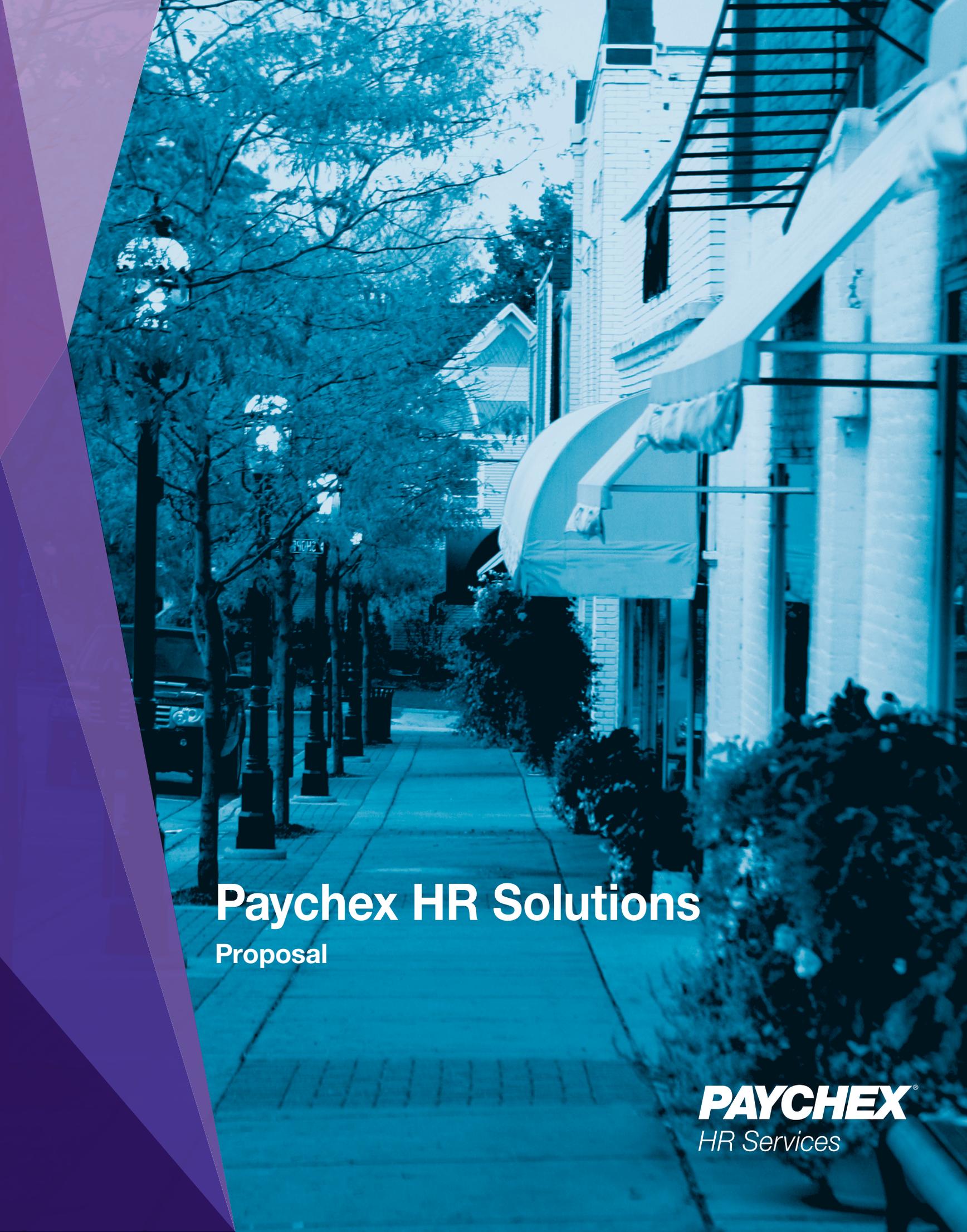
Carrier:	Aetna	Aetna	Florida Blue
Plan Name:	FL Aetna Gold HNOption 1500 80	FL Aetna Gold OAMC 1500 80	BlueCare Everyday Health 14352
Metallic Level:	Gold	Gold	Gold
Plan Type:	POS	Managed Choice POS	HMO
PCP/Spec:	\$25 / \$50	\$25 / \$50	\$20 / \$55
Inpatient Hospital:	20% after Deductible	20% after Deductible	20% after Deductible
IN/OON Ind Ded:	\$1500 / \$3000	\$1500 / \$3000	\$2000 / Not Applicable / \$4,000 FAM
IN/OON Ind OOP Max:	\$4000 (includes Deductible) / \$12,000 (includes Deductible)	\$4000 (includes Deductible) / \$12,000 (includes Deductible)	\$4000 (includes Deductible, Copay, / \$8,000 FAM
IN/OON Coinsurance:	20% / 50%	20% / 50%	20% / Not Applicable
IN Prescription:	Preferred Generic: LCG: \$3; G: \$10; Preferred Brand: \$50; Non Preferred Specialty: 30% up to \$300; Non Preferred Specialty: 50% up to \$500	Preferred Generic: LCG: \$3; G: \$10; Preferred Brand: \$50; Non Preferred Specialty: 30% up to \$300; Non Preferred Specialty: 50% up to \$500	Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150
Riders:	N/A	N/A	N/A
Rating Area:	FLRA50	FLRA50	Rating Area 50

Composite Rates	Premium	Premium	Premium
EE	24 x \$688.40	24 x \$756.94	24 x \$534.62
ES	0 x \$1,376.81	0 x \$1,513.89	0 x \$1,069.24
E1C/E2C	0 x \$1,273.55	0 x \$1,400.35	0 x \$989.05
FAM	0 x \$1,961.95	0 x \$2,157.29	0 x \$1,523.67

Monthly Premium	\$16,521.60	\$18,166.56	\$12,830.88
Annual Premium	\$198,259.20	\$217,998.72	\$153,970.56

Florida Blue BlueCare Everyday Health 14354	Florida Blue BlueOptions Everyday Health 14104	Humana FL 100 HMO 16 COPAY OPTION 1 GOLD	Humana FL 100/70 NPOS 16 OPTION 1 GOLD
<p>Gold</p> <p>HMO</p> <p>\$20 / \$50</p> <p>20% after Deductible</p> <p>\$1500 / Not Applicable</p> <p>\$5000 (includes Deductible, Copay, Coinsurance + Rx) / Not Applicable</p> <p>20% / Not Applicable</p>	<p>Gold</p> <p>Blue Options</p> <p>\$20 / \$50</p> <p>20% after Deductible</p> <p>\$1500 / \$3000</p> <p>\$5000 (includes Deductible, Copay, Coinsurance + Rx) / \$10,000 (includes Deductible, Copay, Coinsurance + Rx)</p> <p>20% / 50%</p>	<p>Gold</p> <p>HMO Premier</p> <p>\$25 / \$40</p> <p>\$0 after Deductible</p> <p>\$1000 / Not Applicable</p> <p>\$4000 (includes Deductible, Coinsurance + Copay) / Not Applicable</p> <p>0% / Not Applicable</p>	<p>Gold</p> <p>POS</p> <p>\$25 / \$40</p> <p>\$0 after Deductible</p> <p>\$1000 / \$3000</p> <p>\$4000 (includes Deductible, Coinsurance + Copay) / \$12,000 (includes Deductible + Coinsurance)</p> <p>0% / 30%</p>
<p>Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150</p> <p>N/A</p> <p>Rating Area 50</p>	<p>Generic 1: \$0; Generic 2: \$4; Generic 3: \$10; Brand 1: \$15; Brand 2: \$30; Non-Preferred Brand: \$50; Specialty: \$150</p> <p>N/A</p> <p>Rating Area 50</p>	<p>Level 1: \$10; Level 2: \$30; Level 3: \$50; Level 4: 25%; Specialty: 35%</p> <p>N/A</p> <p>Palm Beach</p>	<p>Level 1: \$10; Level 2: \$30; Level 3: \$50; Level 4: 25%; Specialty: 35%</p> <p>N/A</p> <p>Palm Beach</p>
Premium			
<p>24 x \$536.20</p> <p>0 x \$1,072.40</p> <p>0 x \$991.97</p> <p>0 x \$1,528.17</p>	<p>24 x \$678.07</p> <p>0 x \$1,356.14</p> <p>0 x \$1,254.43</p> <p>0 x \$1,932.50</p>	<p>24 x \$709.10</p> <p>0 x \$1,418.19</p> <p>0 x \$1,311.83</p> <p>0 x \$2,020.92</p>	<p>24 x \$773.72</p> <p>0 x \$1,547.43</p> <p>0 x \$1,431.38</p> <p>0 x \$2,205.09</p>
\$12,868.80	\$16,273.68	\$17,018.40	\$18,569.28
\$154,425.60	\$195,284.16	\$204,220.80	\$222,831.36

Neighborhood Health Partnership POS with Access 46K/PV	Neighborhood Health Partnership Direct Access HMO 80P/PV	Neighborhood Health Partnership POS with Access 451/PV	Neighborhood Health Partnership Direct Access HMO ADG1/PV
Gold POS \$20 / \$50 20% after Deductible \$2000 / \$4000 \$4800 (includes Copay, Deductible, Coinsurance + Rx) / \$12,000 (includes Copay, Deductible, Coinsurance + Rx) 20% / 40%	Gold HMO \$25 / \$50 \$0 after Deductible \$2000 / Not Applicable \$4000 (includes Copay, Deductible, Coinsurance + Rx) / Not Applicable 0% / Not Applicable	Gold POS \$25 / \$50 10% after Deductible \$1500 / \$3000 \$6000 (includes Copay, Deductible, Coinsurance + Rx) / \$12,000 (includes Copay, Deductible, Coinsurance + Rx) 10% / 30%	Silver HMO \$15 / \$35 \$750/Day, Max 5 Days \$1000 / Not Applicable \$3250 (includes Copay, Deductible, Coinsurance + Rx) / Not Applicable 0% / Not Applicable
Tier 1: \$10; Tier 2: \$10; Tier 3: \$60; Tier 3 Specialty: \$200 N/A Palm Beach	Tier 1: \$10; Tier 2: \$10; Tier 3: \$60; Tier 3 Specialty: \$200 N/A Palm Beach	Tier 1: \$10; Tier 2: \$10; Tier 3: \$60; Tier 3 Specialty: \$200 N/A Palm Beach	Tier 1: \$10; Tier 2: \$10; Tier 3: \$60; Tier 3 Specialty: \$200 N/A Palm Beach
Premium			
24 x \$545.96 0 x \$1,091.92 0 x \$1,010.03 0 x \$1,555.99	24 x \$558.51 0 x \$1,117.02 0 x \$1,033.25 0 x \$1,591.76	24 x \$561.43 0 x \$1,122.86 0 x \$1,038.65 0 x \$1,600.08	24 x \$567.25 0 x \$1,134.50 0 x \$1,049.42 0 x \$1,616.67
\$13,103.04	\$13,404.24	\$13,474.32	\$13,614.00
\$157,236.48	\$160,850.88	\$161,691.84	\$163,368.00



Paychex HR Solutions

Proposal

PAYCHEX[®]
HR Services

Corporate Profile

Paychex, Inc. is a leading national provider of comprehensive payroll, human resource, time and labor, and benefits outsourcing solutions. Begun in 1971 as a small-business payroll provider, the company has evolved over the years with an array of products and services to meet the ongoing needs of an increasing number of clients and growing businesses.

Paychex HR Solutions provides a comprehensive package of HR administration services and expert support integrated with payroll processing. Altogether, these services may help minimize risk, improve regulatory compliance, and increase employee retention. You leave non-revenue-generating tasks to Paychex and put your efforts into strategic activities that add directly to your own bottom line.

Over the years, Paychex has received national recognition for its outstanding products and customer service, as well as for its financial success and business savvy.

- Paychex was named a “Top 100 Champion” by the **Small Business Influencer Awards**.
- **The Ethisphere® Institute** has repeatedly named Paychex one of the “World’s Most Ethical Companies.”
- Paychex is the preferred payroll and 401(k) recordkeeping provider for the American Institute of CPAs (AICPA).
- **Fortune** magazine named Paychex one of the “World’s Most Admired Companies” and included us in its list of “100 Best Companies to Work For.”
- Paychex is one of the companies on **Training** magazine’s list of Top 125 training organizations in the U.S.



- Paychex placed in the top 250 of the **InformationWeek 500** as one of the nation’s most innovative users of business technology.
- Paychex has ranked consistently first among the nation’s top 401(k) recordkeepers, both in **Plansponsor** magazine, based on the number of new plans gained, and in **CFO** magazine’s annual 401(k) Providers Guide, measured by total number of plans.

Paychex trades on the NASDAQ® Stock Market (PAYX). The company also continues to be given positive reports for its Sarbanes-Oxley implementations and excellent results in internal and external audits.

Today, with headquarters in Rochester, New York, Paychex has more than 100 offices across the United States that serve more than 580,000 payroll clients. We also serve more than 30,000 HR services clients with 770,000 worksite employees. Our ability as an industry leader is demonstrated by our innovative technological solutions, our commitment to providing the highest level of customer service, and our dedication to having highly trained employees at all levels within the Paychex organization.

PAYCHEX[®]
HR Services

Why Paychex?

Paychex is a national leader in providing benefits and employee management solutions customized and scaled to meet your needs and priorities, supported primarily by a local HR professional who knows you and your business. Our on-the-go technology provides a secure, single point of access to payroll, HR, retirement, and insurance resources, helping you manage your employees and business more efficiently.

Paychex offers a wide range of outsourcing solutions. From payroll to human resources to employee benefits, Paychex services can be scaled to meet the needs of almost any size company and can support your business at any stage.

We capitalize on data integration. Payroll and other essential HR recordkeeping tasks share a great deal of data. Managing these jobs piecemeal can be time consuming and expensive. Paychex services can provide an efficient, centralized point of integration for these jobs.

Paychex helps to ensure that government-mandated payments are met. Employers face about 400 changes in the tax laws each year. That doesn't include amendments to laws and regulations regarding workers' compensation, COBRA, and other

mandated employer responsibilities. With Paychex handling many administrative functions, you can minimize the risk of being assessed any tax penalties.

Paychex invests annually in technology enhancements. Such investments allow us to provide efficient and up-to-date processes. We use integrated software platforms to efficiently move data to other systems and avoid complicated reconfigurations as new versions are introduced.

Paychex delivers business-continuity protection. Processing capabilities at multiple sites offer safety in emergencies. Redundant data storage can help guarantee security of essential business information and the ability to retrieve it from an alternate location in the event of an unforeseen circumstance.

Paychex demonstrates financial stability. We are a publicly traded company, and must adhere to strict legal guidelines and audit controls. Financial information is available for review through its annual report and SEC filings. In addition, Paychex has the funds to ensure that payroll and payroll tax requirements are met on time.

As you consider different outsourcing companies, keep your long-term business objectives in mind. Comprehensive services, financial stability, and best practices in the industry are key elements in ensuring that you choose a provider capable of supporting the changing needs of your organization well into the future.



The Paychex Difference – Your Company's Personal HR Professional

One exceptional benefit of Paychex HR Solutions is having an assigned human resource professional as your key contact at Paychex. This individual can support you through the establishment and maintenance of all your Paychex services. From on-site enrollment meetings and plan setup, to assistance with everyday HR-related issues.

Our highly trained HR professionals have a solid background in human resources, often with specialized education and experience. They are backed by a team of qualified professionals at Paychex, including payroll specialists, health and benefits specialists, licensed insurance agents, safety representatives, 401(k) specialists, HR management systems (HRMS) personnel, and others. The HR professional acts as a liaison with Paychex operational areas to ensure that you receive quality service. They also keep abreast of trends and changes in HR legislation that may affect your organization.

Your dedicated HR professional can partner with you on:

- Guidance with the selection of policies to develop your employee handbook, including company policies relevant to employee relations.
- Information and compliance support on issues and matters pertaining to employment laws and regulations.
- Assistance with all aspects of the employment life cycle, from interviewing and hiring to employee discipline and separation.
- On-site enrollment meetings for section 125 and 401(k) plans offered by Paychex.
- Expert support in problem resolution of employee issues and management.
- On-site HR training sessions for your managers and employees.
- Outplacement and performance management assistance.



Human Resource Management

HR Management

Paychex HR Solutions assists you with administering benefits and policies for your employees through tools that aid you in defining work responsibility and workplace regulations. Your HR professional can help you remain abreast of ever-changing federal and state employment laws and regulations. They can also show you how to create and maintain complete employee records, to document both good and poor performance, and support a wide range of personnel actions and decisions.

HR Seminars

Paychex HR Solutions has a library of seminars and resource manuals to assist and train your managers, supervisors, and employees on relevant human-resource-related topics. The seminars listed below are the topics most frequently requested by current Paychex clients. Additional seminars are also available.

Seminars are available on site or online — check with your HR professional to find out more.

Manager and Supervisor Seminars

Effectively Managing Employees

- Identify Your Management Style
- Emotional Intelligence
- Determine Your Expectations
- Determine Your Employees' Work Style
- The Impact of Management Style on Employees
- Communicating with Employees
- Providing the Proper Tools
- Tips for Management

Hiring Practices

- Federal Regulations and the Hiring Process
- Steps for Implementing a Hiring Process
- Sample Interview Questions
- Interview Do's and Don'ts
- Pre-Employment Testing
- Making a Hiring Decision

Effective Employee Discipline and Termination

- Progressive Discipline
- Disciplinary Procedures
- Suggested Progressive Discipline Steps
- General Guidelines on Discipline
- Documentation
- Legal Issues
- Negligent Supervision and Retention
- Reasons for Termination
- The Termination Meeting
- Exit Interviews
- References
- Sample Forms

Non-Harassment

- Types of Harassment
- The EEOC's Definition of Sexual Harassment
- Types of Sexual Harassment
- Examples of Conduct That May Be Unlawful

- Employer Liability
- Remedies for Victims of Harassment
- Key Elements of a Non-Harassment Program
- Best Practices for Limiting Employer Liability
- Complaint Procedures
- Key Elements of Investigation Procedures
- No Retaliation

Fair Labor Standards Act (FLSA)

- Who Is Covered
- Exempt vs. Non-Exempt
- Hours Worked, Minimum Wage, and Overtime
- Deductions from Wages
- Child Labor
- Posting/Recordkeeping Requirements
- Penalties for Noncompliance
- Preventative Measures

Employee Seminars

Non-Harassment

- Types of Harassment
- The EEOC's Definition of Sexual Harassment
- Types of Sexual Harassment
- Recognizing Harassment
- Examples of Conduct That May Be Unlawful
- Identifying Potential Harassment
- Employee Responsibilities
- Steps to Take if Harassment Occurs
- Complaint Procedures
- No Retaliation

Communication Skills

- Benefits of Effective Communication
- What Is Communication?
- Communication Styles
- Your Communication Style: Asset or Liability?
- Barriers to Effective Communication
- Improving Communication
- Tips for Telephone Communication
- Email Best Practices

Human Resource Management (continued)

The Paychex Learning Center

Your Paychex HR professional is available to deliver training to you and your employees. For times when assembling all necessary employees is not practical, our free, online or onsite training through the Paychex Learning Center is also part of your HR Solutions package. These convenient Learning Center modules are designed by our training and development department – consistently named to *Training* magazine's "Top Training 125", which recognizes organizations with the most successful learning and development programs in the world.

Convenient and Self-Paced – 24/7 online access helps accommodate multiple locations and work shifts anywhere Internet access is available, including at Wi-Fi hotspots, work, or home.* Plus, the online presentation allows self-paced training, so employees can use multiple sessions to complete each training module. Automatic bookmarking lets them stop when needed and pick up later where they left off.

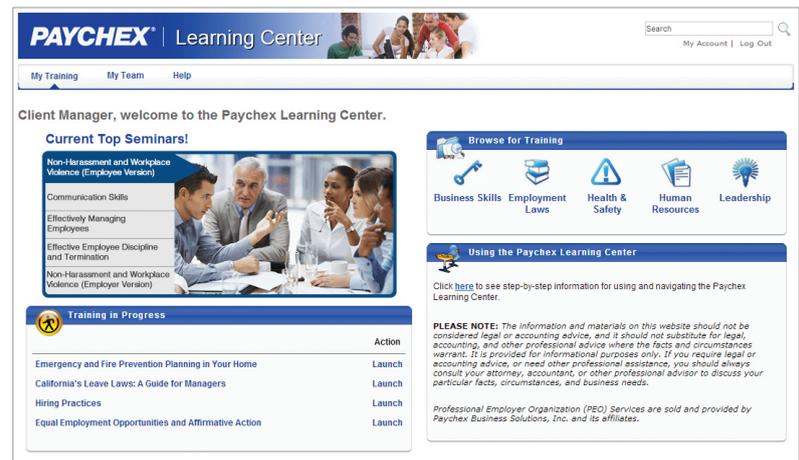
Effective Management Tools – The Paychex Learning Center provides comprehensive recordkeeping and control to track and report on employees' training, provide individual training transcripts for managers, assign controls for manager- and employee-level access, and provide printed certificates for completed courses.

Business-Building Topics – E-learning modules for your managers and employees are available in five categories: business skills, employment law, human resources, health and safety, and leadership.

Custom Employee Handbooks

Help set clear, consistent standards for employee conduct and communicate your company's mission with custom employee handbooks. Handbooks can provide a description of your company's policies to serve as a guide for employees, supervisors, and managers. Publishing your policies can help clarify expectations and minimize costly disputes.

Your HR professional can consult with you to help determine the specific needs of your company's employee management program. With your input, Paychex builds your handbook from a comprehensive



database of policies reviewed by outside attorneys specializing in employment and labor law. We will customize your employee handbook with our legally reviewed language to reflect your specific policies, such as vacations.

Your professionally finished employee handbooks are supplied in an easy-to-update binder. You may also elect to receive the handbook in HTML format to place on your company's intranet for easy employee reference. In addition, your handbook can be placed on the employee portal of Paychex HR Online, our human resources management system. Once your handbook is created, your HR professional helps you maintain it, making you aware of updates to our database of legally reviewed policies as state and federal employment statutes and regulations change. Voluntary changes to your handbook can also be made at any time.

Labor Law Poster Update Service

As an employer, you are required to display mandated posters in all of your business locations, where they are easily accessible to both employees and applicants. Paychex HR Solutions provides state and federally mandated postings in one easy-to-use poster kit. Paychex monitors the information included in the posters for federal and state changes and notifies you when it's necessary to post an update, virtually eliminating the tedious obligation of having to monitor and update numerous changes yourself.

*24/7 access generally means 24 hours a day, 7 days a week, except when systems are unavailable due to scheduled maintenance.

Note: You can see product demos online at paychex.com/human-resources/resources.aspx

Management Manuals

Interviewing and Selection Manual – Includes step-by-step guidelines for creating a successful hiring plan, as well as sample forms and letters to facilitate the process.

Supervisor Procedures Manual – Helps you manage employees from hiring to separation.

Performance Appraisal Manual – Shows you how to set job-related performance standards, choose an effective appraisal method, prepare for the appraisal meeting, and maintain appropriate documentation.

Compensation Manual – Explains the objectives of an effective compensation and benefits plan, as well as the importance of evaluating, auditing, and communicating your plan.



Workplace Management Forms

Paychex HR Solutions supplies forms you may find useful in managing your workplace, including:

- Payroll Deduction Authorization
- Weekly, Biweekly, Semi-Monthly Time Sheets
- Time Card Exception Report
- Position/Rate Change Form
- Request for Time Off
- Request for Leave of Absence
- Certification of Health Care Provider (FMLA)
- Employee Incident Report

Job Descriptions

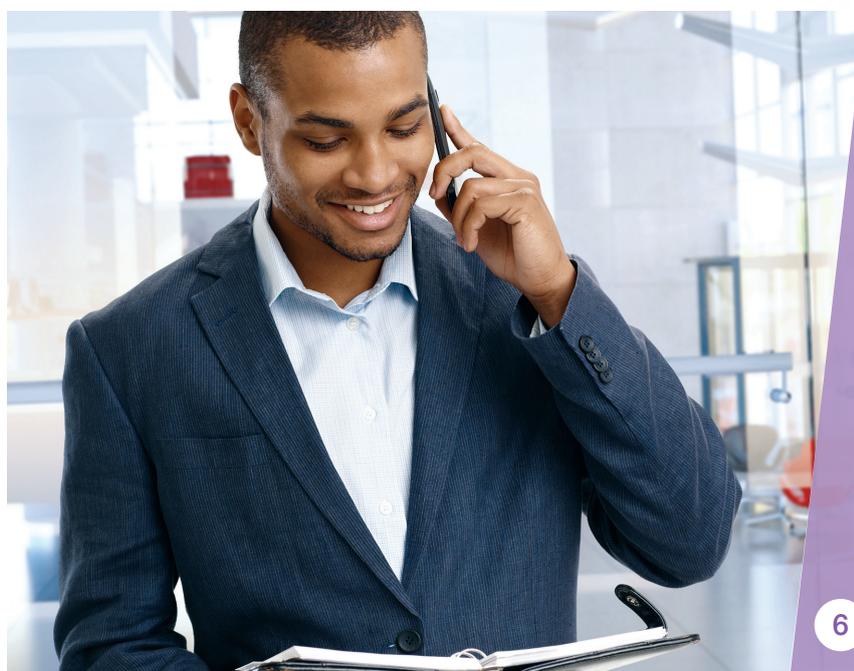
The Paychex Administrative Service Organization (ASO) option provides sample written statements identifying possible duties, qualifications, and responsibilities of particular jobs. Accurate and up-to-date job descriptions can assist in compliance with the Fair Labor Standards Act (FLSA) and the Americans with Disabilities Act (ADA).

Paychex offers two types of job descriptions:

- **Pre-Developed** – Generalized descriptions of job requirements for specific job titles within specific industries.
- **Customized** – Tailored descriptions of job requirements for specific job titles within your company.

Compensation Surveys

Compensation surveys are available to help you establish wage levels and measure pay practices against those of other companies in similar industries. Compensation surveys generally provide data on various jobs based on position title, company size, geographical location, and industry.



Paychex HR Online

Paychex HR Online, an Internet-based human resources management system (HRMS), provides a scalable, secure solution to assist in the administration of your HR policies and processes. Paychex hosts and supports your data, which can ease costs by minimizing the need for complex systems, IT expertise, and time-consuming upgrades. Features and benefits include:

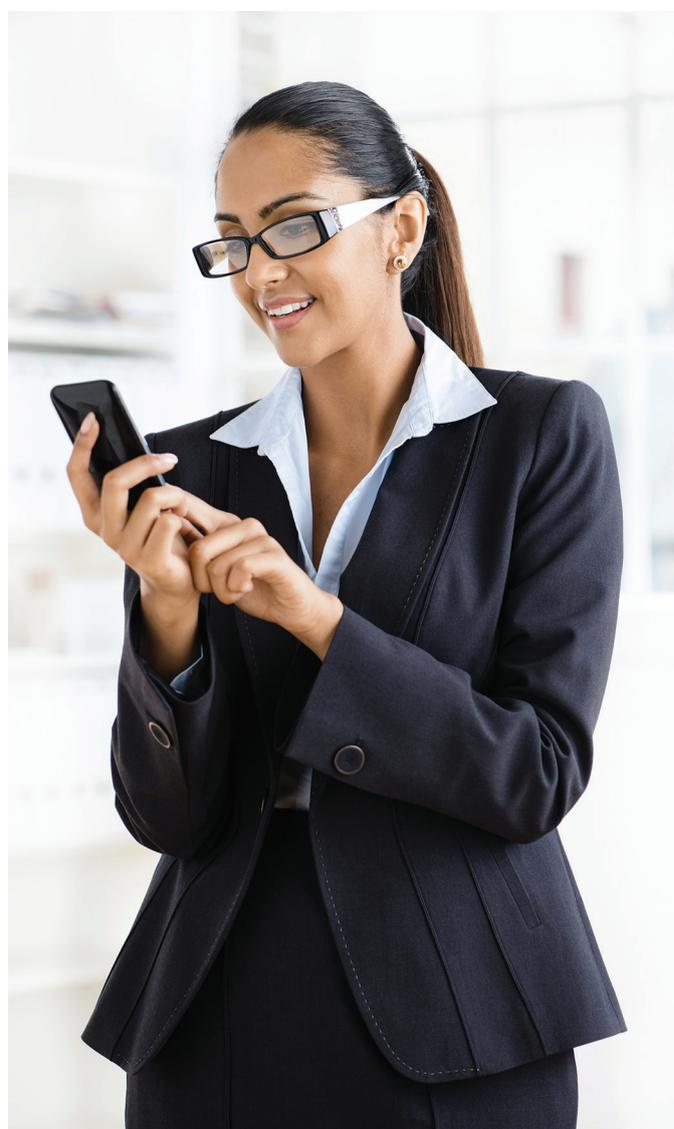
Management Self-Service

- Paid-time-off scheduling and automated approvals help reduce paperwork.
- Notification of important employee events can be sent and received.
- Employee personnel records housed in a safe, secure environment can be easily viewed.
- Modules and reminders of employee performance appraisals, vacation and sick hours, and other aids boost productivity.
- Customizable new-hire task list allows more efficient management of post-hiring activities.
- Access to various hiring and employee management forms and reports helps save time in many aspects of HR responsibilities.

Employee Self-Service

- Ready access to the company employee handbook.
- Easy and convenient benefit option review.
- Important management notices and reminders, such as benefits enrollment deadlines and time-off approvals.
- Access to tools and forms — like the paid-time-off calendar, expense reports, payroll deduction authorization, request for time off, FSA reimbursement claims, and others — reduces requests to your HR staff.

Paychex HR Online provides support throughout the employment cycle. For more information and details, talk to your HR professional.



Employee Separation and COBRA Administration

At times it becomes necessary for an employee to leave your company, either voluntarily (resignation) or involuntarily (discharge, layoff). Paychex HR Solutions provides services to aid with employee separation. Whenever an employee leaves, you can discuss the situation with your HR professional, who will assist you with the process.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows employees and covered beneficiaries to temporarily continue their health coverage at group rates when they lose that coverage due to certain qualifying events. Paychex COBRA administration is a time-saving service that helps you keep updated on the status of all eligible COBRA participants.

Your HR professional will:

- Help verify state-specific COBRA requirements.
- Assist in completing the necessary documentation.

When an Employee Leaves

Paychex HR Solutions provides the guidance and forms that may be needed to assist with the termination process, including:

- Exit interview guidelines.
- General Notice of COBRA Continuation Coverage Rights (provided to employees, and their covered spouses, if applicable, upon enrollment in the group plan).
- Employee separation considerations.
- COBRA employee data sheets and the state unemployment insurance service employee separation record.



Employer Web Access

Paychex offers self-service convenience in accessing plan information, adding new plans, and entering qualifying events through the Web. Changes made online are automatically integrated with payroll information for added ease and simplicity.

Safety Services

The Paychex HR Solutions dedicated safety expert will provide a lead role in assisting you with concerns about compliance with federal and state OSHA regulations, safety management, and employee training. Specific services include:

OSHA Standards and Compliance

We help you understand your responsibilities and requirements under federal or state employee safety and health laws. Your safety representative can help you:

- Customized safety program developed for your business.
- Identify OSHA standards applicable to your business.
- Answer specific “how to” questions.
- Develop, review, or revise a required written program.
- Inspections of the workplace.
- Assist in the creation of auditing checklists and procedures to assess compliance.
- Respond to OSHA inspection requirements and related citations.

Training

Manager and employee training are held either through live or recorded webinar. We offer more than 50 topics, such as accident investigation and reporting, back safety, handling blood-borne pathogens, OSHA recordkeeping, hazardous materials communications, ladder safety, forklift safety, and many more.

Employee Safety and Health Management

A well-run safety program can improve employee morale, increase productivity, enhance work quality, and reduce turnover. We can help create an effective safety management program, including the development of a safety manual to help avoid work-related injuries and control your insurance premiums. Such a program can lessen the risk of costly citations for non-compliance of federal or state safety laws.

Workers' Compensation Claims Analysis

A Paychex HR Solutions safety representative can assist in reviewing workers' compensation insurance claims history to help identify the underlying causes of your claim incidents and develop a specific plan to address them.

Employee Safety Training Media

The Paychex HR Solutions safety department provides live employee training via WebEx® (pre-recorded/on demand). We can also provide appropriate safety posters to remind employees of specific hazards and, in many cases, reinforce the information provided in employee training.



Employee Benefits

Section 125 Plans

Premium Only Plan

A premium only plan (POP) offers a benefit to both you and your employees. It provides the opportunity to obtain favorable tax treatment, thanks to section 125 of the Internal Revenue Code. Here's how it works:

- Employees' health insurance premium contributions are automatically deducted from their salaries before taxes are taken out.
- Taxable income is reduced by the amount contributed, so employees pay less in taxes and possibly increase take-home pay, while decreasing employer payroll taxes. (Consult your tax advisor for applicable state legislation.)

Paychex HR Solutions provides the following administrative services:

- Development of required legal documents, including the adoption agreement, plan document, and summary plan description.
- Toll-free access to our section 125 support team.
- Compliance testing calculations. Your HR professional will assist you in meeting compliance requirements.



Flexible Spending Account

A flexible spending account (FSA) is another benefit included with your Paychex HR Solutions package. Like a POP, an FSA is a budgeting tool that allows employees to:

- Pay eligible out-of-pocket health and dependent-care expenses with pretax dollars.
- Reduce taxable income by the amount contributed, so employees pay less in taxes and possibly increase take-home pay, while decreasing employer payroll taxes.

Paychex handles all of the complex and time-consuming administrative details of the plan, including:

- Setup.
- Compliance testing.
- Claims processing and claims reimbursements.

Paychex also provides an FSA debit card, which can help increase employee enrollment and participation.

Employee Benefits (continued)

Employee Assistance Program (EAP)

Paychex HR Solutions contracts with a national provider of EAP services to help you offer an employee assistance program. Such programs are designed to alleviate workplace concerns caused by the personal challenges an employee may experience. EAP provides a confidential, early-intervention system to help employees address these challenges by offering support and counseling referrals, or other services.

Your HR professional can conduct an orientation of the EAP services for your employees and management team, including:

- **Benefit Awareness** – A promotional program and employee orientation video are available.
 - **Around-the-Clock Availability** – A toll-free number provides 24-hour access to a licensed mental health professional.
 - **Wellness Program** – Up to three telephone sessions with a personal wellness coordinator are included, along with an online health-risk assessment and access to the wellness website.
 - **National Treatment Provider Services** – The Paychex EAP has an established national network of EAP-licensed counselors.
 - **Supervisory Support System and Performance Management Training** – Introduced by your HR professional, this service provides resources and training for employee referrals.
 - **Counseling Referral Service** – Confidential assessment and referrals to licensed counselors are available. The EAP will assist the employee with finding an available counselor who meets their individual needs.
- **Legal Referral** – Employees receive a free phone consultation with a specialized lawyer (e.g., real estate, family law, adoption) and discounts on subsequent sessions.
 - **Critical Incident Stress Debriefing** – If a traumatic event occurs in the workplace, the EAP can facilitate and provide referrals for one-on-one or group counseling sessions.
 - **Employee Assistance Program and Work-Life Benefit** – BalanceWorks® is an employee assistance program and a work-life benefit that helps reduce employee absenteeism and increase productivity.* It offers an early intervention system to help employees resolve their problems by offering counseling referrals for them and their dependents. BalanceWorks also offers a prescription discount card, online training courses, free financial and legal consultation, and a personal assistant to help with day-to-day responsibilities and assist with major life events.

*BalanceWorks is a registered trademark of Employee Network, Inc.



Retirement Planning and Administration



401(k) Recordkeeping Service

Recordkeeping, a sizable part of a 401(k) plan's expense, involves the processing of payroll deductions, maintenance of frequently changing data, compliance with government regulations, preparation of plan statements, and complicated electronic transfers of information and funds.

Paychex simplifies the paperwork and hassles associated with creating a 401(k) plan. Our specially trained personnel help you set up your company's plan. You make the basic decisions, such as your investment provider, a vesting schedule, and whether to offer an employer match and/or profit sharing. Then you can work with your advisor to discuss your investment questions and goals.

Paychex HR Solutions provides:

Easy Implementation and Plan Management

- Listing of employees eligible for participation.
- Preparation of required legal documentation, including the corporate resolution, adoption agreement, and summary plan description.
- Participant enrollment – Our representative conducts an enrollment meeting at your location, or participants can enroll via the Internet or automated phone system.

Ongoing Client Service

- 360-degree payroll integration and data synchronization, with per-pay-period report.
- Per-pay-period electronic fund and data transfer to your investment provider.
- Compliance testing, management reports, and participant statements.
- Preparation of Forms 5500, 1099-R, and 945.
- Employer and employee assistance through our toll-free support line or the 24/7 convenience of our website and mobile app.*
- Daily valuation of account balances.

- Plan participant distributions for qualifying events.
- Participant loan administration.

Additional Retirement Services

- Traditional 401(k), a safe harbor provision, and profit-sharing plans.
- Roth 401(k), catch-up contributions, and employer vesting and matching.
- Investment selection choices ranging from predefined lineups to thousands of investment options covering all major asset categories.
- Our partner, GuidedChoice®, offers an investment selection service to provide investment due diligence and selection, ongoing monitoring of the selected investments, and co-fiduciary assistance.*
- The GuidedSavings® online tool helps participants with goal setting and investment allocation advice. A managed-account option provides automatic portfolio rebalancing for an additional fee.
- Plan trustee services offer directed trustee and custodial services through a third party for any plan size, for an additional fee.

*Advisory services are provided by GuidedChoice Asset Management, Inc., a federally registered investment advisor.

*24/7 access generally means 24 hours a day, 7 days a week, except when systems are unavailable due to scheduled maintenance.

Payroll Services

Payroll Processing

Provide your payroll data to Paychex by phone or online. Paychex calculates and produces your payroll checks and reports; performs payroll-related recordkeeping, audits, inquiries, and verification; and monitors and implements tax law changes and processes.

Paychex Taxpay® Service

Paychex deposits your federal, state, and local withholding, FICA, FUTA, and SUI when due. Paychex also prepares and files quarterly and annual tax returns.

Employee Pay Options

Employees can choose to receive a paper payroll check or have their pay directly deposited into their bank account or a payroll debit card account. The direct deposit service allows employees to have their pay, or a portion of their pay, deposited into their personal checking, savings, or credit union accounts. Employees appreciate direct deposit because:

- It saves the time and cost involved in cashing or depositing paychecks.
- Paychecks are deposited each payday without delay.
- Net pay can be divided between different savings and checking accounts.
- It eliminates the danger and inconvenience of lost or stolen checks.

Skylight® PayOptions™ Program

The payroll debit card, offered through the Skylight PayOptions Program, provides your employees with another safe and easy payment option. Each pay period, employees can choose to have their pay, or a portion of their pay, deposited to their own debit card account. Unlike direct deposit, the employees do not need a checking or savings arrangement at a bank. The debit card allows purchases and cash withdrawals, including ATM transactions, which are automatically deducted from the employees' account balances. The Skylight PayOptions Program is available at no charge to all Paychex clients with direct deposit.



Readychex® – Paychex makes one withdrawal from your bank account each pay period to cover all payroll checks. Employees' checks are then drawn on a Paychex bank account and signed by an officer of Paychex.

Paychex Online Services

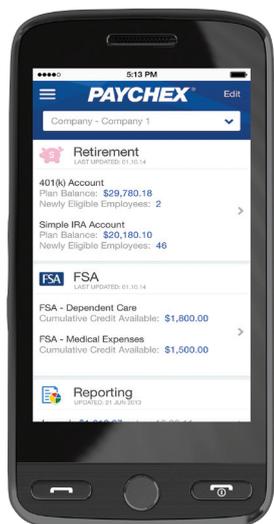
Payroll on Paychex FlexSM – Process payroll, at your convenience, via a secure website using your smartphone, tablet, or computer.

Report Center – Conveniently access more than 140 payroll and HR reports online and use them in combination with direct deposit to eliminate the delivery charges and storage issues associated with paper reports.

General Ledger Service – Post your payroll information to your accounting software with this convenient service.

Paychex Flex Mobile Solutions

The mobile app for Paychex Flex makes it easy to start, resume, edit, and submit your payroll, as well as access benefits and retirement services – when, where, and how you want – directly from a customized dashboard of favorite tasks on your iPhone® or Android™ smartphone.



iPhone is a trademark of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Android is a trademark of Google, Inc.

New-Hire Reporting

Each pay period, Paychex electronically notifies the appropriate government agencies of your new employees and provides you with documentation for your records.

Benefit Time Reporting

This tracking tool records your employees' time away from work, including vacation, sick, and personal hours.

Garnishment Payment Service

Provide Paychex with copies of garnishment court orders, and we will deduct mandated employee funds and transfer monies to the proper agency.

State Unemployment Insurance (SUI) Management

Paychex HR Solutions can help you stabilize employment, which may minimize turnover, reduce unemployment claims, and ultimately lower your state unemployment insurance tax rate.

SUI services include:

- Administrative processing.
- Annual management reporting.
- Charge statement auditing.

Your HR professional will help complete the necessary forms to initiate and facilitate the process.

Workers' Compensation Report Service

Maintain control over your workers' compensation costs with reliable reports. These reports compile actual wages to provide a clear, current picture for management of your cash flow and more efficient communication with your insurer. Available on a per-pay-period, monthly, or quarterly basis, the workers' compensation reports provide detailed recordkeeping for each state, classification code, and employee.

Employee Access Online (EAO)

Provide your employees with convenient 24/7 online access to personal and payroll information, like check stubs and W-2s.* This reduces their reliance on you for timely information and helps increase everyone's productivity.

*24/7 access generally means 24 hours a day, 7 days a week, except when systems are unavailable due to scheduled maintenance.

Paychex Insurance Services



Health and Benefits Insurance Services*

Comprehensive health insurance benefits can help attract qualified job candidates and reduce employee turnover, while business insurance can help protect you and your company. Paychex Insurance Agency, Inc. is one of the largest insurance agencies in the U.S., making coverage available to more than 109,000 companies. The agency works with top-rated national carriers to deliver a broad range of insurance products, including group health, workers' compensation, auto coverage, business owner's policy (BOP), employment practices liability insurance (EPLI), crime and fidelity bonds, umbrella coverage, and more.

Health Insurance Made Simple

Our licensed agents will contact several A-rated insurance carriers, compare their proposals, and present a recommendation. We help you:

- **Access Competitive Rates.** Whether you have two or 2,000 employees, we will shop for competitive rates for your group insurance. Coverage options include health, dental, vision, life, and short-term and long-term disability insurance.
- **Compare Affordable Plans.** We match features and affordability of leading national and regional insurers in every state to your business needs.
- **Select Your Plan Structure.** Through our insurance partners, we will help you design the best health plan to fit your criteria.
- **Enjoy a Smooth Startup.** Paychex helps inform and enroll your employees, communicate with your insurance carriers, and calculate and transfer payroll deductions to your chosen plan.
- **Meet Health Care Reform Requirements.** We can help you navigate the ever-changing complexities of health care reform, stay in compliance, and avoid costly penalties.

ESR Complete Analysis and Monitoring Services

Our most robust suite of reporting, administrative, and benefits solutions.

Applicable Large Employer Analysis and Monitoring. Tracks and calculates the number of full-time employees and full-time equivalents (FTEs) to help determine if you are an applicable large employer and subject to ESR provisions.

Full-Time Employee Analysis and Monitoring. Assists in determining which employees may subject you to ESR penalties if you do not offer adequate and affordable coverage. The analysis shows measurement periods, administrative periods, and subsequent stability periods to determine full-time employees as outlined in ESR provisions.

Coverage Adequacy Analysis and Monitoring.**

Helps you determine the adequacy of your health-care coverage, evaluating whether it provides minimum essential coverage, minimum actuarial value, and affordable coverage according to ESR provisions.

Workers' Compensation Insurance Service

Paychex Insurance Agency makes obtaining workers' compensation insurance efficient and easy. Paychex HR Solutions provides a timesaving money management tool for smoother cash flow.

Workers' Compensation Payment Service†

Enjoy hands-off administration and simplified budgeting with the Paychex Workers' Compensation Payment Service. Using current payroll information, Paychex calculates a rolling payday-to-payday determination of your workers' compensation cost. You make convenient, budgeted, electronic payments. Avoid up-front, lump-sum deposits and unexpected year-end adjustments — simply pay as you go.

*Insurance available through Paychex Insurance Agency, 150 Sawgrass Drive, Rochester, NY 14620. CA License #0C28207.

**The Coverage Adequacy Service is available only to payroll clients who receive their health and benefits (H&B) coverage through Paychex Insurance Agency or the Paychex PEO.

†The Paychex Workers' Compensation Payment Service is offered by Paychex, Inc. and is available in all states except Alaska, Hawaii, North Dakota, Ohio, Washington, and Wyoming.

**Insurance and Workers' Compensation Payment Service require separate service agreements and fees.

Optional Services

An additional cost may apply for some of these services.

Payment Processing Service

We offer your customers the ability to use a full-range of flexible credit/debit card options. We process payments for Visa®, MasterCard®, Discover®, American Express®, Diners Club®, and other card brands – all with a next-day funding option. Paychex Payment Processing Services provides integrated payment solutions, including ACH and eCheck processing, designed to meet your specific business needs, no matter what industry you serve.

Employee Screening Services

Paychex Employee Screening Services are offered by our third-party provider. They feature a user-friendly online system that provides complete confidentiality, along with a fast, thorough response. Background research options include social security number, name, and address verification at all levels. Should you require more detailed searches, a selection of packages is available that can include a national database search and a countywide criminal database search. You may also select from a comprehensive list of à la carte screening options to match your specific needs, such as drug testing.

Employee Assessment Testing

Paychex works with Profiles International, Inc. to offer clients employee assessment testing services. Employee assessments are valuable tools help assist clients and prospects in matching an individual's talents and strengths to job-related characteristics of specific jobs.

Profiles International is one of the fastest growing publishers of employment evaluations, assessments, surveys, and related products. By properly matching people with the work they do, Profiles International can help you reduce employee turnover and increase employee retention and productivity.



Tax Credit Services

Paychex has partnered with Paradigm Partners, a national tax consulting firm specializing in federal and state tax credit programs. Paradigm will work directly with your business to determine eligibility for various federal and state location-based tax credits.

Time and Labor Management

The Paychex Time Clock can provide small businesses an economical and versatile approach to the automated collection and calculation of employee hours. Installing our time clock can encourage employees to meet company policies on attendance, breaks, and meals. The clock makes sending hours to Paychex Online Payroll quick and easy.

The self-contained Paychex Time Clock requires no separate software or additional equipment to install. It features multiple clock-in options, including off-site employee access by Web and smartphone, and allows multiple clocks to be installed and connected by the Internet or other local network.

Recruiting and Applicant Tracking

Maximize your recruiting efforts with Paychex Recruiting and Applicant Tracking software. The online system provides social recruiting, applicant tracking, and requisition management in an easy-to-use, Web-based interface. Paychex Recruiting and Applicant Tracking replaces your manual, paper-intensive processes with the tools you need to recruit, qualify, track, and hire the best applicants.

Optional Services (continued)

An additional cost may apply for some of these services.

Trusted Partnerships

HR Solutions clients can sign up for the following optional services at reduced pricing negotiated through Paychex.

- **DirectAccess®.** Confidential, third-party service allows employees to report inappropriate or illegal behavior within their organization.
- **BalanceWorks® Relocation Service.** Provides a relocation expert to client employees to help facilitate a smooth relocation.
- **BalanceWorks® Employee Survey Service.** Provides data to help maximize your employees' productivity and retention levels.
- **Identity Theft.** EZShield offers identity-protection service as an employee-paid, voluntary benefit.
- **Breach Service.** EZShield also provides solutions to help prevent data-breach events.

Continuous Technology and Service Enhancements

Paychex will continue to deliver product enhancements and innovative technology, integrating the latest features and functionality you want with the dedicated service model that differentiates us from our competitors. Our message to you is clear: We want to help you succeed by providing the service and products that allow you to focus on your business.





PAYCHEX[®]

Payroll • HR • Retirement • Insurance

855-973-2419
paychex.com/solutions

Florida Blue Medical Benefits Summary
Policy Period: October 1, 2015 thru September 30, 2016

Medical Plan Option	BlueCare HMO 62	BlueCare HMO 49	BlueCare HMO 48	BlueCare HMO 53	BlueCare HMO 59	BlueCare HMO 55
Network	BlueCare (HMO)					
IN NETWORK						
Deductible (Individual/Family)	\$6,600/\$13,200	\$3,000/\$9,000	\$2,000/\$6,000	\$1,000/\$2,000	\$500/\$1,000	None/None
Coinsurance - Member	0%	20%	20%	20%	10%	0%
Member Payment Limit (Individual/Family)	\$6,600/\$13,200	\$6,600/\$13,200	\$5,500/\$11,000	\$4,000/\$8,000	\$3,000/\$6,000	\$2,500/\$5,000
Payment Limit Includes	Ded, Coins, Copays & Rx Copays					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	\$45 Copay	\$40 Copay	\$35 Copay	\$30 Copay	\$25 Copay	\$20 Copay
Specialist Office Visit	\$75 Copay	\$65 Copay	\$55 Copay	\$55 Copay	\$50 Copay	\$50 Copay
Inpatient Hospital	0% (After Ded)	\$500/Admit + 20% (After Ded)	\$100/Admit + 20% (After Ded)	20% (After Ded)	10% (After Ded)	\$500/Day (\$1500 Max)
Outpatient Hospital	0% (After Ded)	20% (After Ded)	20% (After Ded)	20% (After Ded)	10% (After Ded)	\$500 Copay
Emergency	\$400 Copay	\$400 Copay	\$300 Copay	\$250 Copay	\$250 Copay	\$200 Copay
Urgent Care	\$100 Copay	\$100 Copay	\$70 Copay	\$55 Copay	\$50 Copay	\$50 Copay
Lab Services	\$0 Copay					
X-Ray (Ind Facility)	\$75 Copay	\$65 Copay	\$65 Copay	\$55 Copay	\$50 Copay	\$50 Copay
Complex Medical Imaging ¹	0% (After Ded)	\$400 Copay	\$300 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Pharmacy	(Mandatory Generic)					
Generic	\$10 Copay					
Brand Name	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$40 Copay	\$40 Copay
Non-Preferred Brand	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$65 Copay	\$65 Copay
Specialty ²	25%	25%	25%	25%	25%	25%
OUT OF NETWORK						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance - Member	N/A	N/A	N/A	N/A	N/A	N/A
Member Payment Limit	N/A	N/A	N/A	N/A	N/A	N/A

¹Complex Medical Imaging may require pre-authorization through National Imaging Associates (NIA) / ²Specialty Drugs Exceptions (will be covered at the Tier 3 copay); ² Not available through Mail Order.

Please Note: This summary is only a partial description of the many benefits included in each plan shown above. A complete description of all benefits and exclusions are included the Florida Blue Summary of Benefits & Coverage (SBC). If this description in any way conflicts with the Florida Blue SBC, the Florida Blue SBC will prevail.

Medical Plan Offering Guidelines: Minimum contribution rules apply - at least 75% of the eligible employees (after waivers) must be enrolled in a medical plan option

RATES	Monthly Rate					
Employee	\$302.70	\$340.42	\$378.15	\$420.97	\$458.78	\$496.58
EE + Spouse	\$657.31	\$739.35	\$821.42	\$914.56	\$996.79	\$1,079.01
EE + Child(ren)	\$574.31	\$645.99	\$717.67	\$799.04	\$870.87	\$942.70
Family	\$936.47	\$1,053.41	\$1,170.37	\$1,303.13	\$1,420.32	\$1,537.52

Please Note: Final rates are based on actual enrollment medical underwriting / Rates shown include all administrative, underwriting, and commission expenses.

Florida Blue Medical Benefits Summary
Policy Period: October 1, 2015 thru September 30, 2016

Medical Plan Option	BlueOptions PPO 05772	BlueOptions PPO 05781	BlueOptions PPO 05770	BlueOptions PPO 03564	BlueOptions PPO 03559	BlueOptions PPO 03766
Network	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)
IN NETWORK						
Deductible (Individual/Family)	\$2,500/\$5,000 30%	\$1,500/\$4,500 30%	\$1,000/\$3,000 20%	\$2,000/\$6,000 0%	\$500/\$1,500 10%	\$0/\$0 0%
Coinsurance - Member	30%	30%	20%	0%	10%	0%
Member Payment Limit (Individual/Family)	\$6,600/\$13,200	\$5,500/\$11,000	\$4,000/\$8,000	\$2,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000
Payment Limit Includes	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	\$35 Copay	\$30 Copay	\$25 Copay	\$25 Copay	\$20 Copay	\$20 Copay
Specialist Office Visit	\$65 Copay	\$60 Copay	\$50 Copay	\$50 Copay	\$40 Copay	\$40 Copay
Inpatient Hospital	\$100/Admit + 30% (After Ded)	30% (After Ded)	20% (After Ded)	0% (After Ded)	Opt 1: \$600 Opt 2: \$1,000	Opt 1: \$600 Opt 2: \$1,000
Outpatient Hospital	30% (After Ded)	30% (After Ded)	Opt 1: \$500 Opt 2: \$700	0% (After Ded)	Opt 1: \$300 Opt 2: \$400	Opt 1: \$200 Opt 2: \$300
Emergency	\$300 Copay	\$250 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care	\$70 Copay	\$65 Copay	\$50 Copay	\$55 Copay	\$50 Copay	\$50 Copay
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
X-Ray (Ind Facility)	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Complex Medical Imaging ¹	\$300 Copay	\$250 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Pharmacy	(Mandatory Generic)	(Mandatory Generic)	(Mandatory Generic)	(Mandatory Generic)	(Mandatory Generic)	(Mandatory Generic)
Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Brand Name	\$50 Copay	\$50 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Non-Preferred Brand	\$80 Copay	\$80 Copay	\$65 Copay	\$65 Copay	\$65 Copay	\$65 Copay
Specialty ²	25%	25%	25%	25%	25%	25%
OUT OF NETWORK						
Deductible	\$10,000/\$20,000	\$7,500/\$15,000	\$3,000/\$6,000	Combined w/ In-Network	\$1,000/\$3,000	\$500/\$1,500
Coinsurance - Member	50%	50%	50%	40%	40%	40%
Member Payment Limit	\$14,000/\$28,000	\$11,000/\$22,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000

¹Complex Medical Imaging may require pre-authorization through National Imaging Associates (NIA) / ²Specialty Drugs Exceptions (will be covered at the Tier 3 copay); ² Not available through Mail Order.

Please Note: This summary is only a partial description of the many benefits included in each plan shown above. A complete description of all benefits and exclusions are included the Florida Blue Summary of Benefits & Coverage (SBC). If this description in any way conflicts with the Florida Blue SBC, the Florida Blue SBC will prevail.

Medical Plan Offering Guidelines: Minimum contribution rules apply - at least 75% of the eligible employees (after waivers) must be enrolled in a medical plan option

RATES	Monthly Rate					
Employee	\$370.56	\$410.46	\$483.99	\$503.31	\$525.99	\$567.99
EE + Spouse	\$804.91	\$891.70	\$1,051.62	\$1,093.65	\$1,142.96	\$1,234.33
EE + Child(ren)	\$703.26	\$779.07	\$918.77	\$955.48	\$998.56	\$1,078.38
Family	\$1,146.85	\$1,270.54	\$1,498.48	\$1,558.38	\$1,628.66	\$1,758.89

Please Note: Final rates are based on actual enrollment medical underwriting / Rates shown include all administrative, underwriting, and commission expenses.

Florida Blue Medical Benefits Summary Policy Period: October 1, 2015 thru September 30, 2016

Medical Plan Option	BlueOptions PPO 05902	BlueOptions PPO 05901	BlueOptions PPO 05774	HDHP (HSA) 05172/05173	HDHP (HSA) 05180/05181
Network	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)	BlueOptions (Network Blue)
IN NETWORK					
Deductible (Individual/Family)	\$6,600/\$13,200 0%	\$5,000 per Person 50%	\$3,500/\$10,500 20%	\$5,000/\$10,000, 0%	\$2,000/\$4,000, 10%
Coinsurance - Member	0%	50%	20%	0%	10%
Member Payment Limit (Individual/Family)	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200	\$5,000/\$10,000	\$3,500/\$7,000
Payment Limit Includes	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, & Rx Copays	Ded, Coins, & Rx Copays
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	\$40 Copay	\$40 Copay	\$40 Copay	0% (After Ded)	10% (After Ded)
Specialist Office Visit	0% (After Ded)	\$80 Copay	\$75 Copay	0% (After Ded)	10% (After Ded)
Inpatient Hospital	0% (After Ded)	50% (After Ded)	\$500/Admit + 20% (After Ded)	0% (After Ded)	10% (After Ded)
Outpatient Hospital	0% (After Ded)	50% (After Ded)	20% (After Ded)	0% (After Ded)	10% (After Ded)
Emergency	0% (After IN Ded)	50% (After IN Ded)	\$400 Copay	0% (After IN Ded)	10% (After IN Ded)
Urgent Care	\$80 Copay	\$80 Copay	\$80 Copay	0% (After Ded)	10% (After Ded)
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay	0% (After Ded)	10% (After Ded)
X-Ray (Ind Facility)	\$50 Copay	\$50 Copay	\$50 Copay	0% (After Ded)	10% (After Ded)
Complex Medical Imaging ¹	\$300 Copay	\$300 Copay	\$300 Copay	0% (After Ded)	10% (After Ded)
Pharmacy	Rx Deductible: \$800 Brand Name (Doesn't apply to Cancer drugs) (Mandatory Generic)	Rx Deductible: \$800 Brand Name (Doesn't apply to Cancer drugs) (Mandatory Generic)	(Mandatory Generic)	After IN Deductible is Met (Mandatory Generic)	After IN Deductible is Met (Mandatory Generic)
Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Brand Name	\$60 Copay	\$60 Copay	\$50 Copay	\$40 Copay	\$40 Copay
Non-Preferred Brand	\$100 Copay	\$100 Copay	\$80 Copay	\$65 Copay	\$65 Copay
Specialty ²	25%	25%	25%	25%	25%
OUT OF NETWORK					
Deductible	\$15,000/\$15,000	\$10,000 per Person	\$6,000/\$18,000	\$10,000/\$20,000	\$5,000/\$10,000
Coinsurance - Member	50%	50%	50%	20%	40%
Member Payment Limit	\$30,000/\$30,000	\$30,000/\$30,000	\$15,000/\$30,000	\$20,000/\$40,000	\$10,000/\$20,000

¹Complex Medical Imaging may require pre-authorization through National Imaging Associates (NIA) / ²Specialty Drugs Exceptions: 1) Does not include Cancer drugs (will be covered at the Tier 3 copay); 2) Not available through Mail Order.
³HDHP Plan Family Deductible: If electing any coverage tier other than Employee Only, no one in the family is eligible for benefits until the family coverage deductible has been met.

Please Note: This summary is only a partial description of the many benefits included in each plan shown above. A complete description of all benefits and exclusions are included the Florida Blue Summary of Benefits & Coverage (SBC). If this description in any way conflicts with the Florida Blue SBC, the Florida Blue SBC will prevail.

Medical Plan Offering Guidelines: Minimum contribution rules apply - at least 75% of the eligible employees (after waivers) must be enrolled in a medical plan option

RATES	Monthly Rate				
Employee	\$284.86	\$322.25	\$333.60	\$375.81	\$441.97
EE + Spouse	\$618.51	\$699.84	\$724.51	\$816.34	\$960.22
EE + Child(ren)	\$540.42	\$611.47	\$633.02	\$713.24	\$838.93
Family	\$881.18	\$997.09	\$1,032.26	\$1,163.13	\$1,368.21

Town of Ocean Ridge
Comparison: FLORIDA BLUE / Policy Period: October 1, 2015 thru September 30, 2016

Medical Plan Option	CURRENT PLAN UHC NHP XV7 POS -HSA	PROPOSED PLAN HDHP (HSA) 05180/05181
IN NETWORK		
Deductible (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance - Member (Individual/Family)	10%	10%
Member Payment Limit (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000
Payment Limit Includes	Ded, Coins, & Rx Copays	Ded, Coins, & Rx Copays
Lifetime Max	Unlimited	Unlimited
Physician Office Visit	10% (After Ded)	10% (After Ded)
Specialist Office Visit	10% (After Ded)	10% (After Ded)
Inpatient Hospital	10% (After Ded)	10% (After Ded)
Outpatient Hospital	10% (After Ded)	10% (After Ded)
Emergency	10% (After Ded)	10% (After IN Ded)
Urgent Care	10% (After Ded)	10% (After Ded)
Lab Services	10% (After Ded)	10% (After Ded)
X-Ray (Ind Facility)	10% (After Ded)	10% (After Ded)
Complex Medical Imaging	10% (After Ded)	10% (After Ded)
Pharmacy		After IN Deductible is Met (Mandatory Generic)
Generic	\$20 Copay	\$10 Copay
Brand Name	\$40 Copay	\$40 Copay
Non-Preferred Brand	\$60 Copay	\$65 Copay
Specialty	N/A	25%
OUT OF NETWORK		
Deductible	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance - Member	30%	40%
Member Payment Limit	\$6,000/\$12,000	\$10,000/\$20,000
RATES		
	CURRENT PLAN UHC NHP XV7 POS -HSA	PROPOSED PLAN HDHP (HSA) 05180/05181
Employee	21	21
EE + Spouse	1	1
EE + Child(ren)	0	0
Family	1	1
Total Enrollment / Monthly Cost	23	23
Annual Premium	\$157,176	\$139,317
Difference Annually (% and \$)	-11%	-\$17,859
Total Annual Premium All Plans Combined	\$157,176	\$139,317
Total Enrolled - Combined	23	
Difference Annually (% and \$)	-11.4%	-\$17,859
COMBINED		

Please Note: Final rates are based on actual enrollment medical underwriting / Rates shown include all administrative, underwriting, and commission expenses.

CoAdvantage - Florida Blue Medicare Benefits Summary 2016 - 2017

PROVIDER PLAN NAME NETWORK SELECTION	IN-NETWORK BENEFITS			
	Florida Blue BlueCare 62 BlueCare (HMO)	Florida Blue BlueCare 49 BlueCare (HMO)	Florida Blue BlueCare 48 BlueCare (HMO)	Florida Blue BlueCare 53 BlueCare (HMO)
DEDUCTIBLES & MAXIMUMS				
Calendar Year Deductible (Individual / Family)	\$5,600 / \$13,200	\$3,000 / \$6,000	\$2,000 / \$4,000	\$1,000 / \$2,000
Coinsurance (Insurance Provider / Member)	100% / 0%	80% / 20%	80% / 20%	90% / 10%
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,600 / \$13,200	\$6,600 / \$13,200	\$5,500 / \$11,000	\$4,000 / \$8,000
Calendar Year Out-of-Pocket Maximum Includes:	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays			
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES				
Primary Care Physician Office Visit	\$45 Copay \$0 Copay - No referral required	\$40 Copay \$0 Copay - No referral required	\$35 Copay \$0 Copay - No referral required	\$25 Copay \$0 Copay - No referral required
Specialist Office Visit	\$75 Copay - No referral required	\$65 Copay - No referral required	\$55 Copay - No referral required	\$50 Copay - No referral required
Qualified Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital and ER	\$45 Copay - PCP; \$75 Copay - SP	\$40 Copay - PCP; \$65 Copay - SP	\$30 Copay - PCP; \$65 Copay - SP	\$25 Copay - PCP; \$50 Copay - SP
Radiology, Pathology, & Anesthesiology Provider Services	\$75 Copay/ASC; 0% After Deductible/Hospital	\$65 Copay/ASC; 20% After Deductible/Hospital	\$55 Copay/ASC; 20% After Deductible/Hospital	\$50 Copay at ASC & Hospital
Provider Services at Hospital and Emergency Room	0% After Deductible	20% After Deductible	20% After Deductible	\$50 Copay
RADIOLOGY & LABORATORY SERVICES				
Independent Diagnostic Facilities - X-Ray	\$75 Copay	\$65 Copay	\$55 Copay	\$50 Copay
Independent Diagnostic Facilities - Advanced Imaging ¹	0% After Deductible	\$400 Copay	\$300 Copay	\$200 Copay
Outpatient Hospital Facilities - All Diagnostic Services ¹	0% After Deductible	20% After Deductible	20% After Deductible	10% After Deductible
Independent Clinical Laboratory (Quest Diagnostics in Florida)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
EMERGENCY SERVICES				
Emergency Room Visit	\$400 Copay	\$400 Copay	\$300 Copay	\$250 Copay
Urgent Care Visit	\$100 Copay	\$100 Copay	\$70 Copay	\$50 Copay
Ambulance Services	0% After Deductible	20% After Deductible	20% After Deductible	10% After Deductible
HOSPITAL SERVICES				
Inpatient Hospitalization	0% After Deductible	\$500 PAD + 20% After Deductible	\$100 PAD + 20% After Deductible	10% After Deductible
Outpatient Hospital Facility Services (Surgical, Diagnostic, Other)	0% After Deductible	20% After Deductible	20% After Deductible	10% After Deductible
MENTAL HEALTH / SUBSTANCE ABUSE				
Inpatient	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
OTHER BENEFITS				
Rx (Tier 1 - Generic; Tier 2 - Brand Name; Tier 3 - Non-Preferred Brand; Tier 4 - Specialty) (Mandatory Generic and Responsible Step)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	\$10 / \$40 / \$65 / 25% (30 Day Supply)
Mail Order Rx Available (90 Day Supply)	2.5x Copay	2.5x Copay	2.5x Copay	2.5x Copay
Ambulatory Surgical Center	\$350 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Durable Medical Equipment (Select services require authorization)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Skilled Nursing Facility (Authorization is required)	0% After Deductible (45 Day Max)	20% After Deductible (60 Day Max)	20% After Deductible (60 Day Max)	\$0 Copay (60 Day Max)
OUT-OF-NETWORK BENEFITS				
Calendar Year Deductible (Individual / Family)	N/A	N/A	N/A	N/A
Coinsurance (Insurance Provider / Employee)	N/A	N/A	N/A	N/A
Calendar Year Out-of-Pocket Maximum (Individual / Family)	N/A	N/A	N/A	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A
Physician Office Visit	N/A	N/A	N/A	N/A
Diagnostic Services	N/A	N/A	N/A	N/A
Emergency Room Visit	\$400 Copay	\$300 Copay	\$250 Copay	\$200 Copay
Inpatient Hospitalization	N/A	N/A	N/A	N/A
Outpatient Surgery	N/A	N/A	N/A	N/A
Mental Health / Substance Abuse (Inpatient)	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS (2016 - 2017)				
Employee	\$310.96	\$349.72	\$388.48	\$432.48
Employee + Spouse	\$675.28	\$759.58	\$843.89	\$939.58
Employee + Child(ren)	\$590.01	\$663.65	\$737.31	\$820.90
Employee + Family	\$962.08	\$1,082.23	\$1,202.40	\$1,338.79

To find a provider within the network please visit: <http://myportal.bcbsfl.com/wps/portal/opa> and select the appropriate network as noted above for the plan you are enrolled in.

¹ Advanced Imaging Services (MRIs, MRAs, CT, PET scans and Nuclear Medicine) may require pre-approval authorization through National Imaging Associates (NIA).

Please note: The above is only a partial description of the many benefits and services covered by Florida Blue. For a complete description of benefits and exclusions, please see Florida Blue's Summary of Benefits and Coverage, its terms prevail.

Final rates are based on actual enrollment medical underwriting. Rates include all administrative, underwriting and commission expenses.

PROVIDER NETWORK SELECTION	Florida Blue BlueOptions (Network Blue) 05772	Florida Blue BlueOptions (Network Blue) 05781	Florida Blue BlueOptions (Network Blue) 05770	Florida Blue BlueOptions (Network Blue) 03564	Florida Blue BlueOptions (Network Blue) 03559	Florida Blue BlueOptions (Network Blue) 03766
DEDUCTIBLES & MAXIMUMS						
Calendar Year Deductible (Individual / Family)	\$2,500 / \$5,000	\$1,500 / \$4,500	\$1,000 / \$3,000	\$2,000 / \$6,000	\$500 / \$1,500	N/A
Coinsurance (Insurance Provider / Member)	70% / 30%	70% / 30%	60% / 20%	100% / 0%	90% / 10%	100% / 0%
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,600 / \$13,200	\$5,500 / \$11,000	\$4,000 / \$8,000	\$2,000 / \$6,000	\$2,500 / \$8,000	\$2,000 / \$4,000
Calendar Year Out-of-Pocket Maximum Includes:	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays					
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES						
Primary Care Physician Office Visit	\$35 Copay	\$30 Copay	\$25 Copay	\$25 Copay	\$20 Copay	\$20 Copay
Specialist Office Visit	\$65 Copay - No referral required	\$60 Copay - No referral required	\$50 Copay - No referral required	\$50 Copay - No referral required	\$40 Copay - No referral required	\$40 Copay - No referral required
Qualified Preventive Care	\$0 Copay					
Provider Services at Locations other than Office, Hospital and ER	\$35 Primary / \$65 Specialist	\$30 Primary / \$60 Specialist	\$25 Primary / \$50 Specialist	\$25 Primary / \$50 Specialist	\$20 Primary / \$40 Specialist	\$20 Primary / \$40 Specialist
Radiology, Pathology, & Anesthesiology Provider Services	\$65 Copay/ASC ; \$100 Copay/Hospital	\$60 Copay/ASC ; \$100 Copay/Hospital	\$50 Copay/ASC ; \$100 Copay/Hospital	0% After Deductible	\$40 Copay/ASC ; \$100 Copay/Hospital	\$40 Copay/ASC ; \$0 Copay/Hospital
Provider Services at Hospital and Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay	0% After Deductible	\$100 Copay	\$0 Copay
RADIOLOGY & LABORATORY SERVICES						
Independent Diagnostic Facilities - X-Ray	\$50 Copay					
Independent Diagnostic Facilities - Advanced Imaging ¹	\$300 Copay	\$250 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Outpatient Hospital Facilities - All Diagnostic Services ¹	30% After Deductible	30% After Deductible	Option 1 - \$500 Copay ; Option 2 - \$700 Copay	0% After Deductible	Option 1 - \$300 Copay ; Option 2 - \$400 Copay	Option 1 - \$200 Copay ; Option 2 - \$300 Copay
Independent Clinical Laboratory (Quest Diagnostics in Florida)	\$0 Copay					
EMERGENCY SERVICES						
Emergency Room Visit	\$300 Copay	\$250 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care Visit	\$70 Copay	\$65 Copay	\$50 Copay	\$55 Copay	\$50 Copay	\$50 Copay
Ambulance Services	30% After Deductible	30% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible	500 Copay
HOSPITAL SERVICES						
Inpatient Hospitalization	\$100 PAD + 30% After Deductible	30% After Deductible	20% After Deductible	0% After Deductible	Option 1 - \$600 Copay ; Option 2 - \$1,000 Copay	Option 1 - \$600 Copay ; Option 2 - \$1,000 Copay
Outpatient Hospital Facility Services (Surgical, Diagnostic, Other)	30% After Deductible	30% After Deductible	Option 1 - \$500 Copay ; Option 2 - \$700 Copay	0% After Deductible	Option 1 - \$300 Copay ; Option 2 - \$400 Copay	Option 1 - \$200 Copay ; Option 2 - \$300 Copay
MENTAL HEALTH / SUBSTANCE ABUSE						
Inpatient	\$0 Copay					
Outpatient	\$0 Copay					
OTHER BENEFITS						
Rx (Tier 1 - Generic; Tier 2 - Brand Name; Tier 3 - Non-Preferred Brand; Tier 4 - Specialty) (Mandatory Generic and Responsible Stop)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	\$10 / \$40 / \$65 / 25% (30 Day Supply)	\$10 / \$40 / \$65 / 25% (30 Day Supply)	\$10 / \$40 / \$65 / 25% (30 Day Supply)	\$10 / \$40 / \$65 / 25% (30 Day Supply)
Mail Order Rx Available (90 Day Supply)	2.5x Copay					
Ambulatory Surgical Center	\$250 Copay	\$200 Copay	\$150 Copay	0% After Deductible	\$100 Copay	\$100 Copay
Durable Medical Equipment (Select services require authorization)	30% After Deductible	30% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible	10%
Skilled Nursing Facility (Authorization is required)	30% After Deductible (60 Day Max)	30% After Deductible (60 Day Max)	20% After Deductible (60 Day Max)	0% After Deductible (60 Day Max)	10% After Deductible (60 Day Max)	10% (60 Day Max)
OUT-OF-NETWORK BENEFITS						
Calendar Year Deductible (Individual / Family)	\$10,000 / \$20,000	\$7,500 / \$15,000	\$3,000 / \$6,000	Combined with In-Network	\$1,000 / \$3,000	\$500 / \$1,500
Coinsurance (Insurance Provider / Employee)	50% / 50%	50% / 50%	50% / 50%	60% / 40%	60% / 40%	60% / 40%
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$14,000 / \$28,000	\$11,000 / \$22,000	\$6,000 / \$12,000	Unlimited	\$5,000 / \$10,000	\$5,000 / \$10,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	50% After Deductible	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible	40% After Deductible
Diagnostic Services	50% After Deductible	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible	40% After Deductible
Emergency Room Visit	\$300 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Inpatient Hospitalization	\$500 PAD + 50% After Deductible	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible	40% After Deductible
Outpatient Surgery	50% After Deductible	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible	40% After Deductible
Mental Health / Substance Abuse (Inpatient)	50%	50%	50%	40%	40%	40%
MONTHLY PREMIUMS (2016 - 2017)						
Employee	\$380.68	\$421.68	\$497.22	\$517.07	\$540.37	\$583.53
Employee + Spouse	\$826.93	\$916.09	\$1,080.39	\$1,123.57	\$1,174.24	\$1,268.11
Employee + Child(ren)	\$722.49	\$800.38	\$943.90	\$981.62	\$1,025.89	\$1,107.89
Employee + Family	\$1,178.23	\$1,305.31	\$1,539.48	\$1,601.03	\$1,673.25	\$1,807.04

To find a provider within the network please visit: <http://myportal.flbbsfl.com/wps/portal/odp> and select the appropriate network as noted above for the plan you are enrolled in.

¹Advanced Imaging Services (MRIs, MRAs, CT, PET scans and Nuclear Medicine) may require pre-approval authorization through National Imaging Associates (NIA). Please note: The above is only a partial description of the many benefits and services covered by Florida Blue. For a complete description of benefits and exclusions, please see Florida Blue's Summary of Benefits and Coverage. Its terms prevail.

Out-of-Network benefits may be subject to balance billing. Final rates are based on actual enrollment medical underwriting. Rates include all administrative, underwriting and commission expenses.

PROVIDER NETWORK SELECTION	Florida Blue BlueOptions 05902 BlueOptions (Network Blue)	Florida Blue BlueOptions 05901 BlueOptions (Network Blue)	Florida Blue BlueOptions 05774 BlueOptions (Network Blue)	Florida Blue HDHP (HSA) 05172/05173 BlueOptions (Network Blue)	Florida HDHP (HSA) 05180/05181 BlueOptions (Network Blue)
IN-NETWORK BENEFITS					
DEDUCTIBLES & MAXIMUMS					
Calendar Year Deductible (Individual / Family) Coinsurance (Insurance Provider / Member)	\$6,600 / \$13,200 100% / 0%	\$5,000 Per Person 50% / 50%	\$3,500 / \$10,500 80% / 20%	\$5,000 / \$10,000 100% / 0%	\$2,000 / \$4,000 90% / 10%
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,600 / \$13,200	\$6,600 / \$13,200	\$6,600 / \$13,200	\$5,000 / \$10,000	\$3,500 / \$7,000
Calendar Year Out-of-Pocket Maximum Includes: Lifetime Maximum	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays Unlimited				
PHYSICIAN SERVICES					
Primary Care Physician Office Visit	\$40 Copay	\$40 Copay	\$40 Copay	0% After Deductible	10% After Deductible
Specialist Office Visit	0% After Deductible	\$80 Copay - No referral required	\$75 Copay - No referral required	0% After Deductible	10% After Deductible
Qualified Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	Covered 100%, Deductible waived	Covered 100%, Deductible waived
Provider Services at Locations other than Office, Hospital and ER	0% After Deductible	50% After Deductible	\$40 Primary / \$75 Specialist	0% After Deductible	10% After Deductible
Radiology, Pathology, & Anesthesiology Provider Services	0% After Deductible	50% After Deductible	\$75 Copy/ASC ; 20% After Deductible/hospital	0% After Deductible	10% After Deductible
Provider Services at Hospital and Emergency Room	0% After Deductible	50% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible
RADIOLOGY & LABORATORY SERVICES					
Independent Diagnostic Facilities - X-Ray	\$50 Copay	\$50 Copay	\$50 Copay	0% After Deductible	10% After Deductible
Independent Diagnostic Facilities - Advanced Imaging ¹	\$300 Copay	\$300 Copay	\$300 Copay	0% After Deductible	10% After Deductible
Outpatient Hospital Facilities - All Diagnostic Services ¹	0% After Deductible	50% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible
Independent Clinical Laboratory (Quest Diagnostics in Florida)	\$0 Copay	\$0 Copay	\$0 Copay	0% After Deductible	Deductible
EMERGENCY SERVICES					
Emergency Room Visit	0% After Deductible	50% After Deductible	\$400 Copay	0% After Deductible	10% After Deductible
Urgent Care Visit	\$80 Copay	\$80 Copay	\$80 Copay	0% After Deductible	10% After Deductible
Ambulance Services	0% After Deductible	50% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible
HOSPITAL SERVICES					
Inpatient Hospitalization	0% After Deductible	50% After Deductible	\$500 PAD + 20% After Deductible	0% After Deductible	10% After Deductible
Outpatient Hospital Facility Services (Surgical, Diagnostic, Other)	0% After Deductible	50% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible
MENTAL HEALTH / SUBSTANCE ABUSE					
Inpatient	\$0 Copay	\$0 Copay	\$0 Copay	0% After Deductible	10% After Deductible
Outpatient	\$0 Copay	\$0 Copay	\$0 Copay	0% After Deductible	10% After Deductible
OTHER BENEFITS					
Rx (Tier 1 - Generic; Tier 2 - Brand Name; Tier 3 - Non-Preferred Brand; Tier 4 - Specialty) (Mandatory Generic and Responsible Step)	\$10 / \$60 / \$100 / 25% (\$800 Brand Name Dco) (30 Day Supply)	\$10 / \$60 / \$100 / 25% (\$800 Brand Name Dco) (30 Day Supply)	\$10 / \$50 / \$80 / 25% (30 Day Supply)	0% After Deductible	After Annual Deductible has been met \$10/\$40/\$65/\$25% (30 Day Supply)
Mail Order Rx Available (90 Day Supply)	2.5x Copay	2.5x Copay	2.5x Copay	0% After Deductible	2.5x Copay
Ambulatory Surgical Center	0% After Deductible	50% After Deductible	\$350 Copay	0% After Deductible	10% After Deductible
Durable Medical Equipment (Select services require authorization)	0% After Deductible	50% After Deductible	20% After Deductible	0% After Deductible	10% After Deductible
Skilled Nursing Facility (Authorization is required)	0% After Deductible (60 Day Max)	50% After Deductible (60 Day Max)	20% After Deductible (60 Day Max)	0% After Deductible (60 Day Max)	10% After Deductible (60 Day Max)
OUT-OF-NETWORK BENEFITS					
Calendar Year Deductible (Individual / Family) Coinsurance (Insurance Provider / Employee)	\$15,000 / \$15,000 50% / 50%	\$10,000 Per Person 50% / 50%	\$6,000 / \$18,000 50% / 50%	\$10,000 / \$20,000 80% / 20%	\$5,000 / \$10,000 60% / 40%
Calendar Year Out-of-Pocket Maximum (Individual / Family) Lifetime Maximum	\$30,000 / \$30,000	\$30,000 / \$30,000	\$15,000 / \$30,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Physician Office Visit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Services	50% After Deductible	50% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Emergency Room Visit	0% After In-Network Deductible	50% After In-Network Deductible	\$400 Copay	0% After In-Network Deductible	10% After In-Network Deductible
Inpatient Hospitalization	50% After Deductible	50% After Deductible	\$500 PAD + 50% After Deductible	20% After Deductible	40% After Deductible
Outpatient Surgery	50% After Deductible	50% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Mental Health / Substance Abuse (Inpatient)	50%	50%	50%	20% After Deductible	40% After Deductible
MONTHLY PREMIUMS (2016 - 2017)					
Employee	\$292.64	\$331.05	\$342.71	\$361.22	\$424.80
Employee + Spouse	\$635.43	\$718.97	\$744.34	\$784.59	\$922.88
Employee + Child(ren)	\$655.20	\$628.18	\$650.34	\$685.51	\$806.31
Employee + Family	\$905.29	\$1,024.36	\$1,060.51	\$1,117.89	\$1,314.98

To find a provider within the network please visit: <http://myportal.beafl.com/myportal/opa>
¹ Advanced Imaging Services (MRI, MRAs, CT, PET scans and Nuclear Medicine) may require pre-approval authorization through National Imaging Associates (NIA).
 Please note: The above is only a partial description of the many benefits and services covered by Florida Blue. For a complete description of benefits and exclusions, please see Florida Blue's Summary of Benefits and Coverage; its terms prevail.
 Out-of-network benefits may be subject to balance billing. Final rates are based on actual enrollment medical underwriting. Rates include all administrative, underwriting and commission expenses.
 and select the appropriate network as noted above for the plan you are enrolled in.

COST SUMMARY

Workers' Compensation Class Code	FL 8810
<i>Job Description</i>	
FICA	7.65%
FUTA	0.60%
SUTA	2.50%
Workers' Compensation	Carve Out
Administration Fee	\$37.50/ck
Total Lease Rate	10.75%

*Administration includes, but is not limited to, handling payroll, accountant fees for tax filings, W-2 processing, handling & processing unemployment claims, handling & processing workers' compensation claims, employee benefit administration, EPLI coverage, 401k Retirement Plan and basic human resources support. All rates are subject to underwriting approval and are subject to change .Biweekly payroll.

Supplemental Charges: \$20 Overnight Fee (live checks)
 \$50 Additional for Off-Cycle Payroll Run

Plan Name		DMO Plan 67	Freedom of Choice (Monthly selection between the plans)		Passive High PPO
Plan Type		DMO	FOC/DMO	FOC/Active PPO	DPPO
Network Selection		Dental Maintenance Organization (DMO)	Dental Maintenance Organization (DMO)	Dental PPO/PDN	Dental PPO/PDN with PPO II Network
NETWORK	Deductible & Maximums				
	Calendar Year Deductible (Individual/Family)	None	None	\$75/\$225	\$50/\$100
	Deductible Waived for Preventive	N/A	N/A	Yes	Yes
	Annual Benefit Maximum (Per Person)	Unlimited	Unlimited	\$1,000	\$1,500
	Dental Services				
	Preventive/Diagnostic Services	Schedule	100% After a \$5 Copay	100%	100%
	Basic Services	Schedule	80%	60%	80%
	Major Services	Schedule	60%	30%	50%
	Orthodontia Services (Lifetime Maximum)	Schedule	50% to Age 20	Not Covered	50% to Age 20 (\$1,250 Maximum)
NON-NETWORK	Deductible & Maximums				
	Calendar Year Deductible (Individual/Family)	N/A	N/A	\$75/\$225	\$50/\$100
	Deductible Waived for Preventive	N/A	N/A	Yes	Yes
	Annual Benefit Maximum (Per Person)	N/A	N/A	\$1,000	\$1,500
	Dental Services				
	Preventive/Diagnostic Services	N/A	N/A	100%	100%
	Basic Services	N/A	N/A	50%	80%
	Major Services	N/A	N/A	30%	50%
	Orthodontia Services (Lifetime Maximum)	N/A	N/A	Not Covered	50% to Age 20 (\$1,250 Maximum)
Monthly Premiums (2016-2017)					
Employee		\$18.98		\$25.19	\$42.62
Employee + Spouse		\$34.14		\$48.30	\$80.98
Employee + Child(ren)		\$37.93		\$70.15	\$89.51
Employee + Family		\$57.81		\$84.13	\$133.28

Dependent child age limit is the end of the calendar year in which the child turns 26.

*The Freedom of Choice plan allows participants to change between the FOC/DMO and FOC/Active PPO plans on a monthly basis. Member may call the Aetna toll-free hotline (800-848-9993) by the 15th of the month for the change request to take effect the 1st of the following month. All covered dependents will be affected by change in coverage.

*When accessing the FOC Network under the Active PPO, members will receive additional savings by paying the coinsurance on the discounted fees to the dentist.

*When accessing the FOC Non-Network under the Active PPO, members will be paying the coinsurance on the billed charges from the dentist.

*This is a brief outline of coverage. Please refer to the Aetna Certificate of Coverage for a more detailed outline. A Certificate of Coverage will be provided to you by CoAdvantage once enrolled in the program.

Rates shown include all administrative, underwriting and commission expenses.

To find a provider within the network go to: www.aetna.com/docfind and select the appropriate plan from above.

Provider Plan Type	MetLife M150D-10/20 (Low Plan)	
	In-Network Provider	Out-of-Network Provider
Eye Examination		
Comprehensive Exam	\$10 Copay	\$45 allowance
Retinal Imaging	Up to \$39 Copay	Applied to the exam allowance
Materials/Eyewear (Glasses or Contacts)		
Standard Corrective Lenses		
Single Vision Lenses	\$20 Copay	\$30 allowance
Lined Bifocal Lenses	\$20 Copay	\$50 allowance
Lined Trifocal Lenses	\$20 Copay	\$65 allowance
Lenticular Lenses	\$20 Copay	\$100 allowance
Standard Lens Enhancement		
Ultraviolet Coating	Covered in Full	Applied to allowance for corrective lenses
Polycarbonate (child up to age 18)	Covered in Full	Applied to allowance for corrective lenses
Additional Lens Enhancements¹		
Progressive Standard	Up to \$55 Copay	\$50 allowance
Progressive Premium/Custom	Premium: Up to \$95 - \$105 Copay Custom: Up to \$150 - \$175 Copay	\$50 allowance
Polycarbonate (adult)	Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay	Applied to the allowance for the applicable corrective lenses
Scratch-resistant coating (variable by type)	Up to \$17 - \$33 Copay	Applied to allowance for corrective lenses
Tints (variable by type)	Single Vision: Up to \$17 - \$34 Copay Multifocal: Up to \$17 - \$44 Copay	Applied to allowance for corrective lenses
Anti-reflective coating (variable by type)	Up to \$41 - \$85 Copay	Applied to allowance for corrective lenses
Photochromic (variable by type)	Up to \$47 - \$82 Copay	Applied to allowance for corrective lenses
Frame Allowance		
Frame Allowance	\$150 allowance + 20% off any amount over allowance	\$70 allowance
At Costco	\$85 allowance	
Contact Lenses		
Elective	\$150 allowance	\$105 allowance
Medically Necessary	Covered in full after eyewear \$20 copay	\$210 allowance
Contact Fitting and Evaluation	Covered in full with a maximum copay of \$60	Applied to the contact lens allowance

Frequency (Based on Date of Service) ³	
Examination	Once every 12 months
Corrective Lenses or Contact Lenses	Once every 12 months
Frames	Once every 24 months
Value Added Features	
Additional Savings on Glasses and Sunglasses ¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
Laser Vision correction ²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

¹ Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

³ Either glasses or contacts allowed per frequency

Monthly Premiums (2016-2017)	
Employee	\$5.38
Employee + Spouse	\$10.79
Employee + Child(ren)	\$9.13
Employee + Family	\$15.05

Provider Plan Type	MetLife M150A-10/10 (High Plan)	
	In-Network Provider	Out-of-Network Provider
Eye Examination		
Comprehensive Exam	\$10 Copay	\$45 allowance
Retinal Imaging	Up to \$39 Copay	Applied to the exam allowance
Materials/Eyewear (Glasses or Contacts)		
Standard Corrective Lenses		
Single Vision Lenses	\$10 Copay	\$30 allowance
Lined Bifocal Lenses	\$10 Copay	\$50 allowance
Lined Trifocal Lenses	\$10 Copay	\$65 allowance
Lenticular Lenses	\$10 Copay	\$100 allowance
Standard Lens Enhancement		
Ultraviolet Coating	Covered in Full	Applied to allowance for corrective lenses
Polycarbonate (child up to age 18)	Covered in Full	Applied to allowance for corrective lenses
Additional Lens Enhancements¹		
Progressive Standard	Covered in Full	\$50 allowance
Progressive Premium/Custom	Premium: Up to \$95 - \$105 Copay Custom: Up to \$150 - \$175 Copay	\$50 allowance
Polycarbonate (adult)	Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay	Applied to the allowance for the applicable corrective lenses
Scratch-resistant coating (variable by type)	Covered in Full	Applied to allowance for corrective lenses
Tints (variable by type)	Covered in Full	Applied to allowance for corrective lenses
Anti-reflective coating (variable by type)	Up to \$41 - \$85 Copay	Applied to allowance for corrective lenses
Photochromic (variable by type)	Up to \$47 - \$82 Copay	Applied to allowance for corrective lenses
Frame Allowance		
Frame Allowance	\$150 allowance + 20% off any amount over allowance	\$70 allowance
At Costco	\$85 allowance	
Contact Lenses		
Elective	\$150 allowance	\$105 allowance
Medically Necessary	Covered in full after eyewear \$10 copay	\$210 allowance
Contact Fitting and Evaluation	Covered in full with a maximum copay of \$60	Applied to the contact lens allowance

Frequency (Based on Date of Service) ³	
Examination	Once every 12 months
Corrective Lenses or Contact Lenses	Once every 12 months
Frames	Once every 12 months
Value Added Features	
Additional Savings on Glasses and Sunglasses ¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
Laser Vision correction ²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

¹ Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

³ Either glasses or contacts allowed per frequency

Monthly Premiums (2016-2017)

Employee	\$6.68
Employee + Spouse	\$13.40
Employee + Child(ren)	\$11.34
Employee + Family	\$18.69

Provider Plan Type: Employee Paid (Voluntary)	Supplemental Life and Dependent Life
Benefit Details	
Eligibility	All Full-time Employees
Employee Coverage Options	\$10,000 increments, to a Maximum \$1,000,000*
Employee Guarantee Issue Maximum Amount†	\$250,000
Spouse Coverage Options	\$5,000 increments, to a Maximum of the lesser of 100% of your coverage or \$250,000*
Spouse Guarantee Issue Maximum Amount	\$50,000
Dependent Children Coverage Options	\$10,000 (Ages 15 days to 26 years old if FT student)
AD&D Insurance	Included in all Employee and Spouse Amounts
Accelerated Life Benefit: 12 Months or Less to Live	Up to 80% of coverage, maximum of \$500,000
Age Reduction - Coverage Reduces By:	35% at Age 65, 50% at Age 70
Extended Death Benefit	Included
Conversion and Portability	Included
Waiver of Premium	Waiver to age 70, 6 month elimination period
Employee Contribution	100%

Monthly Premiums											
Age Bands	Rate per 1,000 benefit	\$10,000	\$30,000	\$50,000	\$80,000	\$100,000	\$120,000	\$150,000	\$180,000	\$200,000	\$250,000
< 25	\$0.091	\$0.91	\$2.73	\$4.55	\$7.28	\$9.10	\$10.92	\$13.65	\$16.38	\$18.20	\$22.75
25 - 29	\$0.094	\$0.94	\$2.82	\$4.70	\$7.52	\$9.40	\$11.28	\$14.10	\$16.92	\$18.80	\$23.50
30 - 34	\$0.115	\$1.15	\$3.45	\$5.75	\$9.20	\$11.50	\$13.80	\$17.25	\$20.70	\$23.00	\$28.75
35 - 39	\$0.126	\$1.26	\$3.78	\$6.30	\$10.08	\$12.60	\$15.12	\$18.90	\$22.68	\$25.20	\$31.50
40 - 44	\$0.136	\$1.36	\$4.08	\$6.80	\$10.88	\$13.60	\$16.32	\$20.40	\$24.48	\$27.20	\$34.00
45 - 49	\$0.192	\$1.92	\$5.76	\$9.60	\$15.36	\$19.20	\$23.04	\$28.80	\$34.56	\$38.40	\$48.00
50 - 54	\$0.310	\$3.10	\$9.30	\$15.50	\$24.80	\$31.00	\$37.20	\$46.50	\$55.80	\$62.00	\$77.50
55 - 59	\$0.513	\$5.13	\$15.39	\$25.65	\$41.04	\$51.30	\$61.56	\$76.95	\$92.34	\$102.60	\$128.25
60 - 64	\$0.832	\$8.32	\$24.96	\$41.60	\$66.56	\$83.20	\$99.84	\$124.80	\$149.76	\$166.40	\$208.00
65 - 69	\$1.333	\$13.33	\$39.99	\$66.65	\$106.64	\$133.30	\$159.96	\$199.95	\$239.94	\$266.60	\$333.25
70 - 74	\$2.739	\$27.39	\$82.17	\$136.95	\$219.12	\$273.90	\$328.68	\$410.85	\$493.02	\$547.80	\$684.75
> 75	\$3.478	\$34.78	\$104.34	\$173.90	\$278.24	\$347.80	\$417.36	\$521.70	\$626.04	\$695.60	\$869.50
Cost for Child(ren)	\$0.216	\$2.16									

Employee Rates are based on Employee's Age and Spouse Rates are based on Spouse's Age. Employee must enroll for coverage in order to elect Spouse and/or Dependent Child(ren) coverage.

* Evidence of Insurability form will need to be completed for all amounts in excess of \$250,000 for Employees and \$50,000 for Spouses.

Provider Plan Type Paid by Employer	Basic Life and AD&D Option 1*	Basic Life and AD&D Option 2*	Basic Life and AD&D Option 3*	Basic Life and AD&D Option 4*	Basic Life and AD&D Option 5*	Basic Life and AD&D Option 6*	Basic Life and AD&D Option 7*
Benefit Details							
Eligibility	All Full-time Employees						
Basic Life	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	1 X Annual Salary	2 X Annual Salary
Accidental Death and Dismemberment	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	1 X Annual Salary	2 X Annual Salary
Plan Maximum	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$750,000	\$750,000
Non-Medical Maximum	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$750,000	\$750,000
Age Reduction - Coverage Reduces By:	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70	35% At Age 65, 50% At Age 70
Accelerated Benefit Option: 12 months or less to live	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000	Up to 80% of coverage, maximum of \$500,000
Conversion	Included						
Waiver of Premiums for Total Disability	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period	Waiver to age 70, 6 month elimination period
Extended Death Benefit	Included						
Guarantee Issue	Yes						
Monthly Rate Per \$1,000 of Covered Volume	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
Monthly Rate per Employee	\$1.30	\$3.25	\$6.50	\$13.00	\$19.50	Based on Payroll Volume	Based on Payroll Volume

* Employer must select one of the seven options above to be made available to employees

Provider Plan Type	Short Term Disability							
Benefit Details								
Option*	Option 1*	Option 2*	Option 3*	Option 4*	Option 5*	Option 6*	Option 7*	Option 8*
Elimination Period	7 Days	14 Days						
Benefit Period	13 Weeks							
Benefit Amount	60% of Salary							
Maximum Weekly Benefit	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,308	\$2,308
Maximum Annual Salary Covered	\$43,333	\$43,333	\$86,667	\$86,667	\$130,000	\$130,000	\$200,000	\$200,000
Portability	None							
Eligibility	All Full-time Employees							
Guarantee Issue	Yes							
Maternity Included	Yes							
Pre-existing Condition Exclusion	None							
Monthly Rate Per \$10 of Weekly Benefit								
Age Band 0 - 24	\$0.38	\$0.31	\$0.38	\$0.31	\$0.38	\$0.31	\$0.38	\$0.31
Age Band 25 - 29	\$0.38	\$0.34	\$0.38	\$0.34	\$0.38	\$0.34	\$0.38	\$0.34
Age Band 30 - 34	\$0.33	\$0.29	\$0.33	\$0.29	\$0.33	\$0.29	\$0.33	\$0.29
Age Band 35 - 39	\$0.25	\$0.24	\$0.25	\$0.24	\$0.25	\$0.24	\$0.25	\$0.24
Age Band 40 - 44	\$0.27	\$0.23	\$0.27	\$0.23	\$0.27	\$0.23	\$0.27	\$0.23
Age Band 45 - 49	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24
Age Band 50 - 54	\$0.30	\$0.28	\$0.30	\$0.28	\$0.30	\$0.28	\$0.30	\$0.28
Age Band 55 - 59	\$0.39	\$0.37	\$0.39	\$0.37	\$0.39	\$0.37	\$0.39	\$0.37
Age Band 60 - 64	\$0.49	\$0.44	\$0.49	\$0.44	\$0.49	\$0.44	\$0.49	\$0.44
Age Band 65+	\$0.54	\$0.50	\$0.54	\$0.50	\$0.54	\$0.50	\$0.54	\$0.50

* Employer must select one of the sixteen options above/on reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

$$\text{[Box]} \div 52 = \text{[Box]} \times 0.60 = \text{[Box]} \div 10 \times \text{[Box]} = \text{[Box]}$$

1. Your Annual Salary (not to exceed maximum from above)
 2. Your Weekly Salary
 3. Your Weekly Benefit
 4. Applicable Monthly Rate from Above
 5. Your Monthly Premium

Provider Plan Type	Short Term Disability							
Benefit Details								
Option*	Option 9*	Option 10*	Option 11*	Option 12*	Option 13*	Option 14*	Option 15*	Option 16*
Elimination Period	7 Days	14 Days						
Benefit Period	26 Weeks							
Benefit Amount	60% of Salary							
Maximum Weekly Benefit	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,308	\$2,308
Maximum Annual Salary Covered	\$43,333	\$43,333	\$86,667	\$86,667	\$130,000	\$130,000	\$200,000	\$200,000
Portability	None							
Eligibility	All Full-time Employees							
Guarantee Issue	Yes							
Maternity Included	Yes							
Pre-existing Condition Exclusion	None							
Monthly Rate Per \$10 of Weekly Benefit								
Age Band 0 - 24	\$0.48	\$0.39	\$0.48	\$0.39	\$0.48	\$0.39	\$0.48	\$0.39
Age Band 25 - 29	\$0.50	\$0.44	\$0.50	\$0.44	\$0.50	\$0.44	\$0.50	\$0.44
Age Band 30 - 34	\$0.44	\$0.38	\$0.44	\$0.38	\$0.44	\$0.38	\$0.44	\$0.38
Age Band 35 - 39	\$0.36	\$0.33	\$0.36	\$0.33	\$0.36	\$0.33	\$0.36	\$0.33
Age Band 40 - 44	\$0.38	\$0.34	\$0.38	\$0.34	\$0.38	\$0.34	\$0.38	\$0.34
Age Band 45 - 49	\$0.39	\$0.36	\$0.39	\$0.36	\$0.39	\$0.36	\$0.39	\$0.36
Age Band 50 - 54	\$0.45	\$0.42	\$0.45	\$0.42	\$0.45	\$0.42	\$0.45	\$0.42
Age Band 55 - 59	\$0.62	\$0.56	\$0.62	\$0.56	\$0.62	\$0.56	\$0.62	\$0.56
Age Band 60 - 64	\$0.83	\$0.74	\$0.83	\$0.74	\$0.83	\$0.74	\$0.83	\$0.74
Age Band 65+	\$0.89	\$0.83	\$0.89	\$0.83	\$0.89	\$0.83	\$0.89	\$0.83

* Employer must select one of the sixteen options above/on reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

	÷ 52 =		x 0.60 =		÷ 10 x		=	
1. Your Annual Salary <small>(not to exceed maximum from above)</small>		2. Your Weekly Salary		3. Your Weekly Benefit		4. Applicable Monthly Rate from Above		5. Your Monthly Premium

Unum will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

Provider Plan Type	Short Term Disability							
Benefit Details								
Option	Option 1*	Option 2*	Option 3*	Option 4*	Option 5*	Option 6*	Option 7*	Option 8*
Elimination Period	7 Days	14 Days						
Benefit Period	13 Weeks							
Benefit Amount	60% of Salary							
Maximum Weekly Benefit	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,308	\$2,308
Maximum Annual Salary Covered	\$43,333	\$43,333	\$86,667	\$86,667	\$130,000	\$130,000	\$200,000	\$200,000
Portability	None							
Eligibility	All Full-time Employees							
Guarantee Issue	Yes							
Maternity Included	Yes							
Pre-existing Condition Exclusion	None							
Monthly Rate Per \$10 of Weekly Benefit	\$0.18	\$0.16	\$0.18	\$0.16	\$0.18	\$0.16	\$0.18	\$0.16

* Employer must select one of the sixteen options from above/reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

$$\text{[Box]} \div 52 = \text{[Box]} \times 0.60 = \text{[Box]} \div 10 \times \text{[Box]} = \text{[Box]}$$

1. Your Annual Salary (not to exceed maximum from above)
 2. Your Weekly Salary
 3. Your Weekly Benefit
 4. Applicable Monthly Rate from Above
 5. Your Monthly Premium

Unum will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

Provider Plan Type	Short Term Disability							
Benefit Details								
Option	Option 9*	Option 10*	Option 11*	Option 12*	Option 13*	Option 14*	Option 15*	Option 16*
Elimination Period	7 Days	14 Days						
Benefit Period	26 Weeks							
Benefit Amount	60% of Salary							
Maximum Weekly Benefit	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,308	\$2,308
Maximum Annual Salary Covered	\$43,333	\$43,333	\$86,667	\$86,667	\$130,000	\$130,000	\$200,000	\$200,000
Portability	None							
Eligibility	All Full-time Employees							
Guarantee Issue	Yes							
Maternity Included	Yes							
Pre-existing Condition Exclusion	None							
Monthly Rate Per \$10 of Weekly Benefit	\$0.27	\$0.24	\$0.27	\$0.24	\$0.27	\$0.24	\$0.27	\$0.24

* Employer must select one of the sixteen options from above/reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

<input style="width: 80%;" type="text"/>	÷ 52 =	<input style="width: 80%;" type="text"/>	x 0.60 =	<input style="width: 80%;" type="text"/>	÷ 10 x	<input style="width: 80%;" type="text"/>	=	<input style="width: 80%;" type="text"/>
1. Your Annual Salary <small>(not to exceed maximum from above)</small>		2. Your Weekly Salary		3. Your Weekly Benefit		4. Applicable Monthly Rate from Above		5. Your Monthly Premium

Unum will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

Provider Plan Type	Long Term Disability			
Benefit Details				
Option*	Option 1	Option 2	Option 3	Option 4
Elimination Period	90 Days	90 Days	180 Days	180 Days
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Benefit Amount	60% of Salary	60% of Salary	60% of Salary	60% of Salary
Maximum Weekly Benefit	\$5,000	\$10,000	\$5,000	\$10,000
Maximum Annual Salary Covered	\$100,000	\$200,000	\$100,000	\$200,000
Portability	None	None	None	None
Eligibility	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees
Guarantee Issue	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12
Monthly Rate Per \$10 of Weekly Benefit				
Age Band 0 - 24	\$0.040	\$0.040	\$0.040	\$0.030
Age Band 25 - 29	\$0.071	\$0.071	\$0.060	\$0.050
Age Band 30 - 34	\$0.131	\$0.131	\$0.101	\$0.101
Age Band 35 - 39	\$0.212	\$0.202	\$0.181	\$0.181
Age Band 40 - 44	\$0.323	\$0.323	\$0.282	\$0.272
Age Band 45 - 49	\$0.433	\$0.444	\$0.393	\$0.393
Age Band 50 - 54	\$0.554	\$0.564	\$0.464	\$0.474
Age Band 55 - 59	\$0.675	\$0.675	\$0.554	\$0.554
Age Band 60 - 64	\$0.665	\$0.665	\$0.514	\$0.504
Age Band 65 - 69	\$0.494	\$0.474	\$0.413	\$0.323
Age Band 70+	\$0.393	\$0.373	\$0.272	\$0.202

* Employer must select one of the four options above/on reverse to provide for all eligible employees.

** Plan is guarantee issue during an employee's initial eligibility period only. An Evidence of Insurability form is required if employee elects during an open enrollment in the future.

How to Calculate Your Monthly Premium:

<input style="width: 80%;" type="text"/>	$\div 52 =$	<input style="width: 80%;" type="text"/>	$\times 0.60 =$	<input style="width: 80%;" type="text"/>	$\div 10 \times$	<input style="width: 80%;" type="text"/>	$=$	<input style="width: 80%;" type="text"/>
1. Your Annual Salary <small>(not to exceed maximum from above)</small>		2. Your Weekly Salary		3. Your Weekly Benefit		4. Applicable Monthly Rate from Above		5. Your Monthly Premium

Unum will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

Provider Plan Type	Long Term Disability			
Benefit Details				
Option	Option 1*	Option 2*	Option 3*	Option 4*
Elimination Period	90 Days	90 Days	90 Days	90 Days
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Own Occupation	24 months own occ	24 months own occ	24 months own occ	Own occ to age 65
Benefit Amount	60% of Salary	60% of Salary	60% of Salary	66 2/3% of Salary
Maximum Monthly Benefit	\$5,000	\$10,000	\$15,000	\$15,000
Maximum Annual Salary Covered	\$100,000	\$200,000	\$300,000	\$300,000
Portability	None	None	None	None
Eligibility	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees
Guarantee Issue	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12
Monthly Rate Per \$100 of Monthly Salary	\$0.316	\$0.320	\$0.450	\$0.585

* Employer must select one of the eight options above/on reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

$\div 12 =$ $\div 100 \times$ $=$

1. Your Annual Salary
(not to exceed maximum from above)

2. Your Monthly Salary

3. Applicable Monthly Rate from Above

4. Your Monthly Premium

Unum will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

Provider Plan Type	Long Term Disability			
Benefit Details				
Option	Option 5*	Option 6*	Option 7*	Option 8*
Elimination Period	180 Days	180 Days	180 Days	180 Days
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Own Occupation	24 months own occ	24 months own occ	24 months own occ	Own occ to age 65
Benefit Amount	60% of Salary	60% of Salary	60% of Salary	66 2/3% of Salary
Maximum Monthly Benefit	\$5,000	\$10,000	\$15,000	\$15,000
Maximum Annual Salary Covered	\$100,000	\$200,000	\$300,000	\$300,000
Portability	None	None	None	None
Eligibility	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees
Guarantee Issue	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12
Monthly Rate Per \$100 of Monthly Salary	\$0.306	\$0.306	\$0.390	\$0.534

* Employer must select one of the eight options above/on reverse to provide for all eligible employees.

How to Calculate Your Monthly Premium:

$$\text{[Input Box]} \div 12 = \text{[Input Box]} \div 100 \times \text{[Input Box]} = \text{[Input Box]}$$

1. Your Annual Salary (not to exceed maximum from above)
 2. Your Monthly Salary
 3. Applicable Monthly Rate from Above
 4. Your Monthly Premium

Benefits and Amounts	Option 1
HSA Compatible Benefits	
First day hospital confinement benefit	\$1,250
Limit to number of occurrences	One per year
Daily hospital confinement benefit	\$250
Maximum number of days ¹	90 days
Hospital intensive care benefit	\$250
Maximum number of days ²	90 days
Optional Exclusions	
Mental and nervous disorders covered	No
Drug addiction and alcoholism covered	No
Pregnancy waiting period	10 months
Additional Options	
Pregnancy (normal and complications) covered	Yes
Removal of pre-existing conditions limitation	Yes

Monthly Premiums

Option	Mode	HSA/Non-HSA	Employee	Employee + Spouse	Employee + Child(ren)	Family
1	Monthly	HSA	\$16.12	\$40.95	\$27.82	\$44.85

¹ Payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement is paid

² Payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit
Minimum case size is 51 eligible employees.

This quote expires on 7/12/2016

Benefits and Amounts	Option 1
HSA Compatible Benefits	
First day hospital confinement benefit	\$1,250
Limit to number of occurrences	One per year
Daily hospital confinement benefit	\$250
Maximum number of days ¹	90 days
Hospital intensive care benefit	\$250
Maximum number of days ²	90 days
Optional Exclusions	
Mental and nervous disorders covered	No
Drug addiction and alcoholism covered	No
Pregnancy waiting period	10 months
Additional Options	
Pregnancy (normal and complications) covered	Yes
Removal of pre-existing conditions limitation	Yes

Monthly Premiums

Option	Mode	HSA/Non-HSA	Employee	Employee + Spouse	Employee + Child(ren)	Family
1	Monthly	HSA	\$16.12	\$40.95	\$27.82	\$44.85

¹ Payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement is paid

² Payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit
Minimum case size is 51 eligible employees.

This quote expires on 7/12/2016

Group Voluntary Accident Insurance pays benefits directly to you to help you be financially prepared in the event of an on or off-the-job accident injury. This plan pays in addition to any other coverage including major medical insurance that can be used for non-medical related expenses that health insurance may not cover.

- Our Accident coverage helps offer peace of mind when an accidental injury occurs.
- Benefits correspond with treatment for on and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures and more.
- Benefits are paid directly to you, unless you assign them to someone else.

As a result of a covered accidental injury, the following benefits will be paid:			
	Employee	Spouse	Child(ren)
Accidental Death	\$100,000	\$50,000	\$25,000
Common Carrier Accidental Death <i>insured if a death is the result of a covered injury sustained while riding as a fare paying passenger on a scheduled common carrier.</i>	\$500,000	\$250,000	\$125,000
Dismemberment	Up to \$200,000	Up to \$100,000	\$50,000
Dislocation and Fracture	Up to \$8,000	\$4,000	\$2,000
Initial Hospital Confinement	\$2,000 for first-time hospital confinement; pays only once for each covered person over the lifetime of the certificate		
Hospital Confinement	\$800/day confined to a hospital up to a maximum of 90 days for any one covered injury		
Intensive Care	\$1,600/day confined to a hospital up to a maximum of 90 days for any one covered injury		
Ambulance	\$800 ground or \$2,400 air		
Medical Expenses	Up to \$600 expenses incurred for each medical or surgical treatment		
Outpatient Physician's Treatment	\$50 paid per visit outside the hospital		

Monthly Premiums

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$14.52	\$26.88	\$24.60	\$36.96

Pre-existing Condition Limitation: Allstate Workplace does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Policy is portable

Group Cancer & Specified Illness Plan

Pays benefits directly to you, the employee, and pays in addition to any other coverage, including major medical insurance that can be used for non-medical related expenses that health insurance may not cover as a result of cancer and 29 other covered specified illnesses.

This plan has over 25 different benefits: a \$5,000 Cancer Initial Diagnosis Benefit; \$10,000 Radiation Chemotherapy Benefit; \$10,000 Blood; Plasma; Platelets; \$5,000 New and Experimental Treatment Benefits; In and Out-Patient Surgery Benefits up to \$1500; \$2,000 Prosthesis; \$200 Hospital Daily Benefit; and \$200 Intensive Care Daily Benefit. Benefits are paid as they go, covering the cost of specific treatments and expenses as they happen. All are reloadable each year.

This policy also covers: Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia Rocky Mountain Spotted Fever, Legionnaire’s Disease (confirmation by culture of sputum), Addison’s Disease, Hansen’s Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure of Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye’s Syndrome, Primary Sclerosing Cholangitis (Walter Payton’s Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Allstate will pay the benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

This plan also includes a \$100 Cancer Screening Benefit that pays you (and your covered family members) \$100 each calendar year if you have any one of 12 covered cancer screening tests performed while not hospital confined. The eligible cancer screening tests are: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap Smear; PSA (blood test for prostate cancer); and Serum Protein Electrophoresis (test for myeloma). Allstate will pay this benefit regardless of the result of the test.

Monthly Rates		
Age	Employee Only	Family
18-80	\$24.01	\$41.19

Pre-existing Condition: If the covered person has a pre-existing condition as defined below, this policy does not pay under this plan during the first 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which advice or treatment was received by the covered person during the six month period prior to the effective date of coverage.

Policy is Convertible: Covered person can obtain a policy of insurance (called the converted policy) without evidence of insurability.

Guaranteed Issue: During this initial open enrollment period only. If you do not enroll during this open enrollment and wish to enroll at a later date, you may have to provide evidence of insurability, which may result in a declination of coverage.

Provider Plan Type	MetLife Critical Illness Employee Paid (Voluntary)	
Benefit Details		
Eligibility	All Full-time Employees	
Benefit Options	Employee	\$10,000 or \$20,000
	Spouse	50% of Employee
	Dependent Children	50% of Employee
Coverage Tier Options	Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family	
Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Elected Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Elected Benefit Amount	50% of Elected Benefit Amount
Full Benefit Cancer	100% of Elected Benefit Amount	50% of Elected Benefit Amount
Partial Benefit Cancer	100% of Elected Benefit Amount	12.5% of Elected Benefit Amount
Heart Attack	100% of Elected Benefit Amount	50% of Elected Benefit Amount
Kidney Failure	100% of Elected Benefit Amount	NONE
Major Organ Transplant	100% of Elected Benefit Amount	NONE
Stroke	100% of Elected Benefit Amount	50% of Elected Benefit Amount
Occupational HIV	100% of Elected Benefit Amount	NONE
Listed Conditions	<p>Receive 25% of the initial benefit amount for 22 additional conditions: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebro-spinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.</p>	
Benefit Suspension Period	After a covered condition occurs there is a 180 days day Benefit Suspension Period during which most plans do not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions.	
Cancer Recurrence	We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.	
Health Screening Benefit	\$100 per covered person per calendar year	
Pre-Existing Condition Limitation	None	

Monthly Premiums

Age	Non-Tobacco (\$10,000)				Tobacco (\$10,000)			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$4.20	\$8.00	\$8.30	\$12.00	\$4.70	\$8.70	\$8.80	\$12.70
25 - 29	\$4.30	\$8.10	\$8.40	\$12.20	\$4.80	\$9.00	\$8.90	\$13.00
30 - 34	\$4.90	\$9.00	\$9.00	\$13.10	\$5.90	\$10.50	\$9.90	\$14.60
35 - 39	\$5.90	\$10.50	\$9.90	\$14.60	\$7.60	\$13.00	\$11.60	\$17.00
40 - 44	\$7.60	\$13.00	\$11.60	\$17.00	\$10.40	\$17.20	\$14.50	\$21.20
45 - 49	\$10.00	\$16.60	\$14.10	\$20.70	\$14.80	\$23.70	\$18.80	\$27.70
50 - 54	\$13.40	\$21.60	\$17.50	\$25.70	\$20.90	\$32.60	\$24.90	\$36.70
55 - 59	\$17.90	\$28.20	\$22.00	\$32.30	\$28.80	\$44.30	\$32.90	\$48.40
60 - 64	\$24.70	\$38.20	\$28.80	\$42.20	\$40.90	\$62.00	\$44.90	\$66.10
65 - 69	\$36.10	\$54.80	\$40.10	\$58.90	\$61.30	\$91.80	\$65.30	\$95.90
70+	\$52.80	\$79.70	\$56.80	\$83.70	\$91.30	\$136.40	\$95.30	\$140.50

Telephone and office consultations

for an unlimited number of personal and legal matters with an attorney of your choice

E-Services including attorney locator, law firm e-panel, law guide, free, downloadable legal documents, financial planning, insurance and work/life resources

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents

Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legalization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Sale, Purchase or Refinancing of Your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence)
- Home Equity Loans for Your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Identity Theft Defense
- LifeStages, Identity Management Services**
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™***

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment, online or by phone

Cost Per Employee Per Month
(Covers Spouse and Dependents*)
\$16.50

For More Information: Visit our website info.legalplans.com and enter access code: *Legal*, or call our Client Service Center at 1-800-821-6400 Monday - Friday from 8 a.m. - 7 p.m. (Eastern Time).

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Carrier Member Services

Aetna

877-238-6200
aetna.com

Allstate Workplace Division

800-521-3535
allstatebenefits.com

Florida Blue

800-352-2583
bcbsfl.com

Humana Vision Care

866-537-0229
humanavisioncare.com

Kaiser Permanente

800-464-4000
kaiserpermanente.org

MetLife

800-275-4638
metlife.com

Unum Disability

800-421-0344
unum.com

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Medical Benefit Plan Options

Provider	Plan Type	States Offered
Aetna	MCPOS	National
Aetna	HDHP	National
Aetna	Out-of-Area PPO	National (only when MCPOS network is not available)
Aetna	HMO	California
Aetna	HNO	Arizona, Nevada, Texas
Florida Blue	PPO	Florida & National (not available in NV or VA)
Florida Blue	HDHP	Florida & National (not available in NV or VA)
Florida Blue	HMO	Florida
Kaiser Permanente	Traditional HMO	California
Kaiser Permanente	Deductible HMO	California

Certain qualifications may apply

Plan Name	Freedom of Choice (Monthly selection between the plans)		Passive High PPO
	DMO Plan 67	FOC/Active PPO	
Plan Type	DMO	Dental Maintenance Organization (DMO)	Dental PPO/PDN with PPO II Network
Network Selection	Dental Maintenance Organization (DMO)	Dental Maintenance Organization (DMO)	Dental PPO/PDN
NETWORK			
Deductible & Maximums			
Calendar Year Deductible (Individual/Family)	None	None	\$50/\$100
Deductible Waived for Preventive	N/A	N/A	Yes
Annual Benefit Maximum (Per Person)	Unlimited	Unlimited	\$1,500
Dental Services			
Preventive/Diagnostic Services	Schedule	100% After a \$5 Copay	100%
Basic Services	Schedule	80%	80%
Major Services	Schedule	60%	50%
Orthodontia Services (Lifetime Maximum)	Schedule	50% to Age 20	50% to Age 20 (\$1,250 Maximum)
NON-NETWORK			
Deductible & Maximums			
Calendar Year Deductible (Individual/Family)	N/A	N/A	\$50/\$100
Deductible Waived for Preventive	N/A	N/A	Yes
Annual Benefit Maximum (Per Person)	N/A	N/A	\$1,500
Dental Services			
Preventive/Diagnostic Services	N/A	N/A	100%
Basic Services	N/A	N/A	80%
Major Services	N/A	N/A	50%
Orthodontia Services (Lifetime Maximum)	N/A	N/A	50% to Age 20 (\$1,250 Maximum)
Monthly Premiums (2015-2016)			
Employee	\$17.81	\$24.17	\$39.96
Employee + Spouse	\$32.04	\$46.34	\$75.93
Employee + Child(ren)	\$35.60	\$67.30	\$83.92
Employee + Family	\$54.25	\$80.71	\$124.96

To be eligible a dependent child must be: unmarried; and under age 19; or under age 25, as long as he or she attends school on a regular basis and depends solely upon you for support.

*The Freedom of Choice plan allows participants to change between the FOC/DMO and FOC/Active PPO plans on a monthly basis. Member may call the Aetna toll-free hotline (800-848-9993) by the 15th of the month for the change request to take effect the 1st of the following month. All covered dependents will be affected by change in coverage.
 *When accessing the FOC Network under the Active PPO, members will receive additional savings by paying the coinsurance on the discounted fees to the dentist.
 *When accessing the FOC Non-Network under the Active PPO, members will be paying the coinsurance on the billed charges from the dentist.
 *This is a brief outline of coverage. Please refer to the Aetna Certificate of Coverage for a more detailed outline. A Certificate of Coverage will be provided to you by CoAdvantage once enrolled in the program.
 Rates shown include all administrative, underwriting and commission expenses.

To find a provider within the network go to: www.aetna.com/docfind and select the appropriate plan from above.

Provider Plan Type		Vision Care Plan (VCP)		
		In-Network Provider	Out-of-Network Provider	
Exam with Dilatation		Covered 100% after \$10 Copay	\$50 allowance	
Lenses				
Single Vision Lenses (pair)		Covered 100% after \$20 Copay	\$50 allowance	
Bifocal Lenses (pair)		Covered 100% after \$20 Copay	\$75 allowance	
Trifocal Lenses (pair)		Covered 100% after \$20 Copay	\$100 allowance	
Frames		\$50 wholesale frame allowance (\$100 - \$150 approximate retail value)	\$70 retail allowance	
Contact Lenses¹				
Elective (conventional and disposable) ^{2,3}		\$150 allowance	\$150 allowance	
Medically Necessary		Covered 100%	\$210 allowance	
Frequency (Based on Date of Service)				
Examination		Once every 12 months		
Lenses or Contact Lenses		Once every 12 months		
Frames		Once every 24 months		
HumanaVision Lasik Discount				
We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik. The network locations listed below offer the following prices (per eye):				
		Conventional / Traditional		Custom
TLC		\$895	\$1,295	\$1,895*
888-358-3937 (designated locations only)				
LasikPlus		\$695*	\$1,395*	\$1,895*
888-757-8082		LasikPlus Free Enhancements for 1-yr	LasikPlus Free Enhancements for Life	LasikPlus Free Enhancements for Life
QualSight LASIK		\$895	\$1,295	\$1,995*
855-456-2020		QualSight Free Enhancements for 1-yr	with QualSight Lifetime Assurance Plan	with QualSight Lifetime Assurance Plan

* with IntraLase™

Humana Vision Benefits Summary, continued

Additional Plan Discounts

- Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19-years-old.

Contact Lens Allowance

- ¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).
- ² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.
- ³ Contact lens allowance must be used at one time; no amount will be carried forward.

Wholesale Frame Allowance Example

If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. Members never pay full retail.

Retail Price*	Wholesale Price	Wholesale Allowance	Member Pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50 = \$25x2 = \$50)	\$137.50

* Retail costs may differ and are based on 2.5 times the wholesale cost. Actual savings may vary.

Monthly Vision Rate

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$6.77	\$12.49	\$13.01	\$18.69

Dependent child age limit is the end of the calendar month in which the child turns 26.

To find a provider within the network, go to: humanavisioncare.com

Provider Plan Type Paid by Employer	Basic Life and AD&D Option 1*	Basic Life and AD&D Option 2*	Basic Life and AD&D Option 3*	Basic Life and AD&D Option 4*	Basic Life and AD&D Option 5*
Benefit Details					
Eligibility	All Full-time Employees				
Basic Life	\$10,000	\$25,000	\$50,000	1 X Annual Salary	2 X Annual Salary
Accidental Death and Dismemberment	\$10,000	\$25,000	\$50,000	1 X Annual Salary	2 X Annual Salary
Plan Maximum	\$10,000	\$25,000	\$50,000	\$500,000	\$500,000
Non-Medical Maximum	\$10,000	\$25,000	\$50,000	\$500,000	\$500,000
Age Reduction - Coverage Reduces By:	35% At Age 65, 50% At Age 70				
Accelerated Benefit Option: 12 Months or Less to Live	Up to 80% of Coverage, Maximum of \$500,000	Up to 80% of Coverage, Maximum of \$500,000	Up to 80% of Coverage, Maximum of \$500,000	Up to 80% of Coverage, Maximum of \$500,000	Up to 80% of Coverage, Maximum of \$500,000
Conversion	Included	Included	Included	Included	Included
Waiver of Premiums for Total Disability	Included	Included	Included	Included	Included
Extended Death Benefit	Included	Included	Included	Included	Included
Guarantee Issue	Yes	Yes	Yes	Yes	Yes
Monthly Rate Per \$1,000 of Covered Volume	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15
Monthly Rate per Employee	\$1.50	\$3.75	\$7.50	Based on Payroll Volume	Based on Payroll Volume

* Employer must select one of the five options above to be made available to employees

Provider Plan Type: Employee Paid (Voluntary)		Supplemental Life and Dependent Life									
		Benefit Details									
Eligibility		All Full-time Employees									
Employee Coverage Options		\$10,000 increments, to a Maximum of the lesser of 5X Annual Salary or \$750,000*									
Employee Guarantee Issue Maximum Amount[†]		\$150,000									
Spouse Coverage Options		\$5,000 Increments, to a Maximum of the Lesser of 100% of your coverage or \$250,000*									
Spouse Guarantee Issue Maximum Amount		\$25,000									
Dependent Children Coverage Options		\$10,000 (Ages 15 Days to 26-years-old)									
AD&D Insurance		Included in all Employee and Spouse Amounts									
Accelerated Life Benefit: 12 Months or Less to Live		Up to 80% of Coverage, Maximum of \$500,000									
Age Reduction - Coverage Reduces By:		35% At Age 65, 50% At Age 70									
Extended Death Benefit		Included									
Conversion and Portability		Included									
Waiver of Premium		Included									
Employee Contribution		100%									
Monthly Premiums											
Age Bands	Rate per 1,000 benefit	\$10,000	\$30,000	\$50,000	\$80,000	\$100,000	\$120,000	\$150,000			
< 30	\$0.09	\$0.90	\$2.70	\$4.50	\$7.20	\$9.00	\$10.80	\$13.50			
30 - 34	\$0.11	\$1.10	\$3.30	\$5.50	\$8.80	\$11.00	\$13.20	\$16.50			
35 - 39	\$0.12	\$1.20	\$3.60	\$6.00	\$9.60	\$12.00	\$14.40	\$18.00			
40 - 44	\$0.13	\$1.30	\$3.90	\$6.50	\$10.40	\$13.00	\$15.60	\$19.50			
45 - 49	\$0.19	\$1.90	\$5.70	\$9.50	\$15.20	\$19.00	\$22.80	\$28.50			
50 - 54	\$0.31	\$3.10	\$9.30	\$15.50	\$24.80	\$31.00	\$37.20	\$46.50			
55 - 59	\$0.51	\$5.10	\$15.30	\$25.50	\$40.80	\$51.00	\$61.20	\$76.50			
60 - 64	\$0.83	\$8.30	\$24.90	\$41.50	\$66.40	\$83.00	\$99.60	\$124.50			
65 - 69	\$1.32	\$13.20	\$39.60	\$66.00	\$105.60	\$132.00	\$158.40	\$198.00			
70 - 74	\$2.71	\$27.10	\$81.30	\$135.50	\$216.80	\$271.00	\$325.20	\$406.50			
> 75	\$3.93	\$39.30	\$117.90	\$196.50	\$314.40	\$393.00	\$471.60	\$589.50			
Cost for Child(ren)	\$0.216	\$2.16									

Employee Rates are based on Employee's Age and Spouse Rates are based on Spouse's Age. Employee must enroll for coverage in order to elect Spouse and/or Dependent Child(ren) coverage.
 * Evidence of insurability form will need to be completed for all amounts in excess of \$150,000 for employees and \$25,000 for Spouses.
 † Guarantee issue applies only at initial enrollment. If electing during open enrollment there is no Guarantee issue. Evidence of insurability will need to be completed and approved.

\$10,000 and \$20,000 Group Critical Illness Plan

Pays lump sum benefits (choice of \$10,000 or \$20,000) directly to you, the employee, and pays in addition to any other coverage including major medical insurance. Critical Illness coverage pays at the time of diagnosis for heart attack, stroke, heart transplant, and other threatening conditions as defined in the certificate.

Category Number	Illness	Percentage of Basic Benefit Amount	Max Total Percentage of Basic Benefit Amount for Category
(1)	Heart Attack	100%	100%
	Stroke	100%	
	Heart Attack	100%	
	Coronary Artery Bypass Surgery	25%	
(2)	Major Organ Transplant (excluding heart transplant)	100%	100%
	End Stage Renal Failure	100%	
	Paralysis (not as a result of stroke)	100%	
	Alzheimer's Disease	25%	

This plan also includes a **25% Recurrence Benefit** for Category 1&2 above, as well as a **\$100 Wellness Benefit** that pays you (and your covered family members) \$100 each year if you have any one of 20 preventative tests performed while not hospital confined. These tests include: Bone Marrow Testing; CA-Tests for breast cancer, ovarian cancer, colon cancer; Chest X-ray; Colonoscopy; Mammography; Breast Ultrasound; PAP Smear; PSA test for prostate cancer; Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); and Blood test for triglycerides.

\$20,000 Employee (\$10,000 Spouse and Child(ren)) - Monthly Rates*							
Non-Tobacco			Tobacco				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Employee + Spouse	Employee + Child(ren)	Family
18-35	\$7.60	\$11.72	\$8.00	\$12.32	\$16.92	\$11.40	\$17.52
36-49	\$16.00	\$24.32	\$16.40	\$24.72	\$40.92	\$27.40	\$41.12
50-59	\$32.00	\$47.92	\$32.40	\$48.32	\$88.32	\$59.80	\$88.72
60-64	\$50.40	\$75.32	\$50.80	\$75.72	\$125.72	\$84.80	\$125.92
65-69	\$64.60	\$96.32	\$65.00	\$96.92	\$145.92	\$98.60	\$146.12
70+	\$77.80	\$115.52	\$78.20	\$116.12	\$164.52	\$111.20	\$165.12

Allstate Critical Illness, continued

\$10,000 Employee (\$5,000 Spouse and Child(ren)) - Monthly Rates

Age	Non-Tobacco				Tobacco			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18-35	\$5.80	\$9.12	\$6.00	\$9.44	\$7.52	\$11.72	\$7.72	\$12.04
36-49	\$10.00	\$15.44	\$10.20	\$15.64	\$15.60	\$23.72	\$15.72	\$23.84
50-59	\$18.00	\$27.24	\$18.20	\$27.44	\$31.60	\$47.44	\$31.92	\$47.64
60-64	\$27.20	\$40.92	\$27.40	\$41.12	\$44.20	\$66.12	\$44.40	\$66.24
65-69	\$34.32	\$51.44	\$34.52	\$51.72	\$51.12	\$76.20	\$51.32	\$76.32
70+	\$40.92	\$61.04	\$41.08	\$61.32	\$57.40	\$85.52	\$57.60	\$85.84

Pre-existing Condition: If the covered person has a pre-existing condition as defined, this policy does not pay under this plan during the first 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which advice or treatment was received by the covered person during 12 month period prior to the effective date of coverage.

Guaranteed Issue: During the initial open enrollment period only. If you do not enroll during this open enrollment, and wish to enroll at a later date, you may have to provide evidence of insurability, which may result in a declination of coverage.

*These plans do not allow for domestic partner coverage.

Group Voluntary Accident Insurance pays benefits directly to you to help you be financially prepared in the event of an on or off-the-job accident injury. This plan pays in addition to any other coverage including major medical insurance that can be used for non-medical related expenses that health insurance may not cover.

- Our Accident coverage helps offer peace of mind when an accidental injury occurs.
- Benefits correspond with treatment for on and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures and more.
- Benefits are paid directly to you, unless you assign them to someone else.

As a result of a covered accidental injury, the following benefits will be paid:

	Employee	Spouse	Child(ren)
Accidental Death	\$100,000	\$5,000	\$25,000
Common Carrier Accidental Death <i>insured if a death is the result of a covered injury sustained while riding as a fare paying passenger on a scheduled common carrier.</i>	\$500,000	\$25,000	\$125,000
Dismemberment	Up to \$100,000	Up to \$50,000	\$25,000
Dislocation and Fracture	Up to \$4,000	\$2,000	\$1,000
Initial Hospital Confinement	\$1,000 for first-time hospital confinement; pays only once for each covered person over the lifetime of the certificate		
Hospital Confinement	\$400/day confined to a hospital up to a maximum of 90 days for any one covered injury		
Intensive Care	\$800/day confined to a hospital up to a maximum of 90 days for any one covered injury		
Ambulance	\$400 ground or \$1,200 air		
Medical Expenses	Up to \$600 expenses incurred for each medical or surgical treatment		
Outpatient Physician's Treatment	\$50 paid per visit outside the hospital		

Monthly Rates	
Employee Only	\$14.52
Family	\$36.96

Pre-existing Condition Limitation: Allstate Workplace does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Policy is portable

Group Cancer & Specified Illness Plan pays benefits directly to you, the employee, and pays in addition to any other coverage, including major medical insurance that can be used for non-medical related expenses that health insurance may not cover as a result of cancer and 29 other covered specified illnesses.

This plan has over 25 different benefits: a \$5,000 Cancer Initial Diagnosis Benefit; \$10,000 Radiation Chemotherapy Benefit; \$10,000 Blood, Plasma, Platelets; \$5,000 New and Experimental Treatment Benefits; In and Out-Patient Surgery Benefits up to \$1500; \$2,000 Prosthesis; \$200 Hospital Daily Benefit; and \$200 Intensive Care Daily Benefit. Benefits are paid as they go, covering the cost of specific treatments and expenses as they happen. All are reloadable each year.

This policy also covers: Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture of sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure of Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Allstate will pay the benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

This plan also includes a \$100 Cancer Screening Benefit that pays you (and your covered family members) \$100 each calendar year if you have any one of 12 covered cancer screening tests performed while not hospital confined. The eligible cancer screening tests are: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap Smear; PSA (blood test for prostate cancer); and Serum Protein Electrophoresis (test for myeloma). Allstate will pay this benefit regardless of the result of the test.

Monthly Rates*	
Age	Family
18-80	\$41.19
	Employee Only \$24.01

Pre-existing Condition: If the covered person has a pre-existing condition as defined below, this policy does not pay under this plan during the first 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which advice or treatment was received by the covered person during the six month period prior to the effective date of coverage.

Policy is Convertible: Covered person can obtain a policy of insurance (called the converted policy) without evidence of insurability.

Guaranteed Issue: During this initial open enrollment period only. If you do not enroll during this open enrollment and wish to enroll at a later date, you may have to provide evidence of insurability, which may result in a declination of coverage.

*These plans do not allow for domestic partner coverage.

Provider Plan Type	Short Term Disability Option 1*	Short Term Disability Option 2*	Short Term Disability Option 3*	Short Term Disability Option 4*	Short Term Disability Option 5*
Benefit Details					
Elimination Period	14 Days 13 Weeks				
Benefit Period	60% of Salary				
Benefit Amount	\$2,308	\$1,500	\$1,000	\$750	\$500
Maximum Weekly Benefit	\$200,000	\$130,000	\$86,667	\$65,000	\$43,333
Portability	None	None	None	None	None
Eligibility	All Full-time Employees				
Guarantee Issue	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/6	3/6	3/6	3/6	3/6
Monthly Rate Per \$10 of Weekly Benefit	\$0.41	\$0.42	\$0.42	\$0.48	\$0.48

* Employer must select one of the options to provide for all eligible employees.

How to Calculate Your Monthly Premium:

÷ 52 = x 0.60 = =

1. Your Annual Salary (not to exceed maximum from above)

2. Your Weekly Salary

3. Your Weekly Benefit

4. Applicable Monthly Rate from Above

5. Your Monthly Premium



Provider Plan Type	Short Term Disability Option 6*	Short Term Disability Option 7*	Short Term Disability Option 8*	Short Term Disability Option 9*	Short Term Disability Option 10*
Benefit Details					
Elimination Period	14 Days				
Benefit Period	26 Weeks				
Benefit Amount	60% of Salary				
Maximum Weekly Benefit	\$2,308	\$1,500	\$1,000	\$750	\$500
Maximum Annual Salary Covered	\$200,000	\$130,000	\$86,667	\$65,000	\$43,333
Portability	None	None	None	None	None
Eligibility	All Full-time Employees				
Guarantee Issue	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/6	3/6	3/6	3/6	3/6
Monthly Rate Per \$10 of Weekly Benefit	\$0.62	\$0.65	\$0.65	\$0.72	\$0.72

* Employer must select one of the options to provide for all eligible employees.

How to Calculate Your Monthly Premium:

÷ 52 = x 0.60 = ÷ 10 x =

1. Your Annual Salary (not to exceed maximum from above) 2. Your Weekly Salary 3. Your Weekly Benefit 4. Applicable Monthly Rate from Above 5. Your Monthly Premium

Provider Plan Type	Long Term Disability Option 1*	Long Term Disability Option 2*	Long Term Disability Option 3*	Long Term Disability Option 4*	
Benefit Details					
Elimination Period	90 Days	90 Days	90 Days	90 Days	
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	
Benefit Amount	60% of Salary	60% of Salary	60% of Salary	60% of Salary	
Maximum Monthly Benefit	\$10,000	\$5,000	\$2,500	\$1,000	
Maximum Annual Salary Covered	\$200,000	\$100,000	\$50,000	\$20,000	
Portability	None	None	None	None	
Eligibility	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees	
Guarantee Issue	Yes	Yes	Yes	Yes	
Maternity Included	Yes	Yes	Yes	Yes	
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12	
Monthly Rate Per \$100 of Monthly Salary	Non-California	California	Non-California	California	
	Age Band 00 - 29	\$0.17	\$0.14	\$0.16	\$0.14
	Age Band 30 - 34	\$0.28	\$0.23	\$0.27	\$0.23
	Age Band 35 - 39	\$0.43	\$0.36	\$0.43	\$0.35
	Age Band 40 - 44	\$0.60	\$0.50	\$0.59	\$0.49
	Age Band 45 - 49	\$0.93	\$0.73	\$0.90	\$0.74
	Age Band 50 - 54	\$1.31	\$1.10	\$1.28	\$1.06
	Age Band 55 - 59	\$1.68	\$1.40	\$1.63	\$1.36
	Age Band 60 - 64	\$1.72	\$1.43	\$1.67	\$1.39
	Age Band 65+	\$1.76	\$1.47	\$1.70	\$1.42

* Employer must select one of the options to be made available to employees.

How to Calculate Your Monthly Premium:

1. Your Annual Salary (not to exceed maximum from above) ÷ 12 =

2. Your Monthly Salary ÷ 100 x =

3. Applicable Age-Banded Monthly Rate from Above =

4. Your Monthly Premium

Provider Plan Type	Long Term Disability Option 5*	Long Term Disability Option 6*	Long Term Disability Option 7*	Long Term Disability Option 8*
Benefit Details				
Elimination Period	180 Days	180 Days	180 Days	180 Days
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Benefit Amount	60% of Salary	60% of Salary	60% of Salary	60% of Salary
Maximum Monthly Benefit	\$10,000	\$5,000	\$2,500	\$1,000
Maximum Annual Salary Covered	\$200,000	\$100,000	\$50,000	\$20,000
Portability	None	None	None	None
Eligibility	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees
Guarantee Issue	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12
Monthly Rate Per \$100 of Monthly Salary				
Age Band 00 - 29	Non-California \$0.13 California \$0.11	Non-California \$0.13 California \$0.11	Non-California \$0.12 California \$0.10	Non-California \$0.09 California \$0.07
Age Band 30 - 34	Non-California \$0.21 California \$0.17	Non-California \$0.20 California \$0.16	Non-California \$0.19 California \$0.15	Non-California \$0.14 California \$0.12
Age Band 35 - 39	Non-California \$0.32 California \$0.27	Non-California \$0.32 California \$0.26	Non-California \$0.30 California \$0.25	Non-California \$0.23 California \$0.19
Age Band 40 - 44	Non-California \$0.49 California \$0.41	Non-California \$0.47 California \$0.40	Non-California \$0.45 California \$0.37	Non-California \$0.34 California \$0.29
Age Band 45 - 49	Non-California \$0.74 California \$0.61	Non-California \$0.72 California \$0.59	Non-California \$0.68 California \$0.57	Non-California \$0.51 California \$0.43
Age Band 50 - 54	Non-California \$1.04 California \$0.86	Non-California \$1.01 California \$0.84	Non-California \$0.95 California \$0.79	Non-California \$0.73 California \$0.60
Age Band 55 - 59	Non-California \$1.36 California \$1.13	Non-California \$1.31 California \$1.10	Non-California \$1.25 California \$1.04	Non-California \$0.95 California \$0.79
Age Band 60 - 64	Non-California \$1.44 California \$1.20	Non-California \$1.40 California \$1.16	Non-California \$1.32 California \$1.10	Non-California \$1.01 California \$0.84
Age Band 65+	Non-California \$1.74 California \$1.45	Non-California \$1.68 California \$1.40	Non-California \$1.60 California \$1.33	Non-California \$1.22 California \$1.02

* Employer must select one of the options to be made available to employees.

How to Calculate Your Monthly Premium:

÷ 12 = ÷ 100 x =

1. Your Annual Salary (not to exceed maximum from above) 2. Your Monthly Salary 3. Applicable Age-Banded Monthly Rate from Above 4. Your Monthly Premium

Provider Plan Type	Short Term Disability Option 1*	Short Term Disability Option 2*	Short Term Disability Option 3*	Short Term Disability Option 4*	Short Term Disability Option 5*
Benefit Details					
Elimination Period	14 Days				
Benefit Period	13 Weeks				
Benefit Amount	60% of Salary				
Maximum Weekly Benefit	\$2,308	\$1,500	\$1,000	\$750	\$500
Maximum Annual Salary Covered	\$200,000	\$130,000	\$86,667	\$65,000	\$43,333
Portability	None	None	None	None	None
Eligibility	All Full-time Employees				
Guarantee Issue	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	None	None	None	None	None
Monthly Rate Per \$10 of Weekly Benefit	\$0.22	\$0.23	\$0.23	\$0.25	\$0.25
Monthly Rate Per \$10 of Weekly Benefit (California Residents)	\$0.063	\$0.072	\$0.072	\$0.08	\$0.08

* Employer must select one of the options from above to provide for all eligible employees.

How to Calculate Your Monthly Premium:

÷ 52 = x 0.60 = ÷ 10 x =

1. Your Annual Salary (not to exceed maximum from above) 2. Your Weekly Salary 3. Your Weekly Benefit 4. Applicable Monthly Rate from Above 5. Your Monthly Premium

Provider Plan Type	Short Term Disability Option 6*	Short Term Disability Option 7*	Short Term Disability Option 8*	Short Term Disability Option 9*	Short Term Disability Option 10*
Benefit Details					
Elimination Period	14 Days				
Benefit Period	26 Weeks				
Benefit Amount	60% of Salary				
Maximum Weekly Benefit	\$2,308	\$1,500	\$1,000	\$750	\$500
Maximum Annual Salary Covered	\$200,000	\$130,000	\$86,667	\$65,000	\$43,333
Portability	None	None	None	None	None
Eligibility	All Full-time Employees				
Guarantee Issue	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	None	None	None	None	None
Monthly Rate Per \$10 of Weekly Benefit	\$0.35	\$0.37	\$0.37	\$0.40	\$0.40
Monthly Rate Per \$10 of Weekly Benefit (California Residents)	\$0.11	\$0.11	\$0.11	\$0.126	\$0.126

* Employer must select one of the options from above to provide for all eligible employees.

How to Calculate Your Monthly Premium:

1. Your Annual Salary (not to exceed maximum from above) ÷ 52 =

2. Your Weekly Salary x 0.60 =

3. Your Weekly Benefit ÷ 10 x =

4. Applicable Monthly Rate from Above

5. Your Monthly Premium

Provider Plan Type	Long Term Disability Option 1*	Long Term Disability Option 2*	Long Term Disability Option 3*	Long Term Disability Option 4*	Long Term Disability Option 5*	Long Term Disability Option 6*
Benefit Details						
Elimination Period	90 Days					
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Benefit Amount	60% of Salary	66 2/3% of Salary				
Maximum Monthly Benefit	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000	\$15,000
Maximum Annual Salary Covered	\$300,000	\$200,000	\$100,000	\$50,000	\$20,000	\$300,000
Portability	None	None	None	None	None	None
Eligibility	All Full-time Employees					
Guarantee Issue	Yes	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12	3/12	3/12
Monthly Rate Per \$100 of Monthly Salary	\$0.45	\$0.45	\$0.43	\$0.41	\$0.36	\$0.55
Monthly Rate Per \$100 of Monthly Salary (California Residents)	\$0.21	\$0.21	\$0.21	\$0.20	\$0.14	\$0.27

* Employer must select one of the options to provide for all eligible employees.

How to Calculate Your Monthly Premium:

1. Your Annual Salary (not to exceed maximum from above) **÷ 12 =** **÷ 100 x** **=**

2. Your Monthly Salary **÷ 12 =** **÷ 100 x** **=**

3. Applicable Monthly Rate from Above **÷ 100 x** **=**

4. Your Monthly Premium

Provider Plan Type	Long Term Disability Option 7*	Long Term Disability Option 8*	Long Term Disability Option 9*	Long Term Disability Option 10*	Long Term Disability Option 11*	Long Term Disability Option 12*
Benefit Details						
Elimination Period	180 Days					
Benefit Period	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
Benefit Amount	60% of Salary	66 2/3% of Salary				
Maximum Monthly Benefit	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000	\$15,000
Maximum Annual Salary Covered	\$300,000	\$200,000	\$100,000	\$50,000	\$20,000	\$300,000
Portability	None	None	None	None	None	None
Eligibility	All Full-time Employees					
Guarantee Issue	Yes	Yes	Yes	Yes	Yes	Yes
Maternity Included	Yes	Yes	Yes	Yes	Yes	Yes
Pre-existing Condition Exclusion	3/12	3/12	3/12	3/12	3/12	3/12
Monthly Rate Per \$100 of Monthly Salary	\$0.39	\$0.39	\$0.37	\$0.36	\$0.28	\$0.48
Monthly Rate Per \$100 of Monthly Salary (California Residents)	\$0.18	\$0.18	\$0.18	\$0.17	\$0.13	\$0.23

* Employer must select one of the options to provide for all eligible employees.

How to Calculate Your Monthly Premium:

÷ 12 = = 1. Your Annual Salary
(not to exceed maximum from above)

÷ 100 x = 2. Your Monthly Salary

= 3. Applicable Monthly Rate from Above

= 4. Your Monthly Premium

Flexible Spending Accounts

CoAdvantage offers several FSA options that comply with most health insurance plans to provide savings and reduce taxes.

Health Care Flexible Spending Account

Plan Year Maximum \$2,550

A health care FSA sets aside pre-tax funds to pay for a wide range of common out-of-pocket expenses, such as long-term care, hospital visits, physician co-pays, prescriptions, prescription co-pays and insurance plan deductibles. The health care FSA is only available to participants of an employer-sponsored group medical plan. Up to \$500 of unused health care FSA funds can be rolled over to the next plan year.

Limited-Purpose FSA

Plan Year Maximum \$2,550

Participants of a high-deductible health plan with an active health savings account are not eligible to participate in a health care FSA. However, pre-tax funds for dental and vision expenses can be contributed to a limited-purpose FSA.

Dependent Care Flexible Spending Account

Calendar Year Maximum \$5,000

A dependent or daycare FSA covers eligible expenses for the care of:

- Dependent children under age 13
- A person of any age you claim as a dependent on your federal income tax return, and who is mentally or physically incapable of self-care
- Care of an elderly dependent family member who lives with you and qualifies as a tax dependent



Who is eligible?

All full-time employees who work 30 hours or more per week and have fulfilled their benefit eligibility wait period.

How does it work?

Each pay period a portion of your annual election amount will be deducted from your gross pay prior to calculating federal and Social Security taxes.



Your Benefit Partner

Our benefit plans help businesses of any size take care of employees and recruit new talent. Customers work with dedicated representatives to build a competitive and comprehensive benefit package on par with Fortune 500 companies.

- Qualify and enroll new employees and dependents
- Work with separated employees qualified for insurance through COBRA
- Process and reconcile bills, claims and premium payments
- Provide health care reform guidance and resources
- Manage FMLA and HIPAA compliance
- Administer an employee assistance program

<p>New Plan Enrollment</p>	<p>CoAdvantage will provide employee communication during open enrollment each year, onboard all enrollees with the carrier and set up and manage deductions in our human resource management system.</p>
<p>Eligibility Tracking</p>	<p>CoAdvantage will manage and communicate plan enrollment with newly eligible employees and maintain plan documents.</p>
<p>COBRA Administration</p>	<p>CoAdvantage will distribute COBRA notifications to all employees who elect benefits and communicate with employees eligible for COBRA participation. CoAdvantage will track COBRA payments.</p>
<p>Liaison with the Carrier</p>	<p>CoAdvantage is a platinum provider of insurance with all large carriers. We will enroll all new participants with the carrier, terminate participants at separation from employment and assist with escalation of employee issues to the carrier.</p>
<p>Bill Reconciliation</p>	<p>CoAdvantage will reconcile each insurance-related bill and communicate and track adjustments with the carriers.</p>
<p>Web Access to Benefits</p>	<p>CoAdvantage offers an employee portal where participants may view current enrollments, employer contributions, employee deductions and covered dependents. The system is populated with links to applicable carrier websites and additional plan documentation.</p>

Key Guidelines for Benefit Enrollment

Eligibility

Enrollment applications from new employees must be received within 30 days of employee eligibility. CoAdvantage requires applications to be submitted to carriers no later than the 15th of the month prior to the coverage start date. Applications received after this date will be declined, and employees will be required to wait until the next annual enrollment period to apply.

Change Restrictions

Federal guidelines stipulate that there are only two occasions when an employee may revoke or modify their annual pre-tax benefit elections under a flexible benefit plan:

1. During the annual open enrollment period
2. When an employee experiences a qualified change of status related to:
 - a. Employee's marital status
 - b. Spouse or dependent coverage status
 - c. Health coverage cost increase greater than 10 percent
 - d. Entitlement to Medicare or Medicaid
 - e. Employee's employment status: termination, rehire, relocation, move from full time to part time

Pre-Tax Benefits

You may pay for these group plans with pre-tax dollars:

- Major Medical
- Group Indemnity Medical
- Critical Illness
- Dental
- Cancer & Specified Illness
- Accident
- Vision

The following illustrates the tax advantage from paying insurance premiums on a pre-tax basis.

WITHOUT Pre-Tax Benefits	
Weekly Gross Pay	\$350.00
<u>Pre-tax Premiums</u>	<u>- 0.00</u>
Taxable Income	\$350.00
Federal Taxes	- \$70.00
<u>Social Security Taxes</u>	<u>- 26.78</u>
Before Benefit Premiums	- \$253.22
<u>After-tax Premiums</u>	<u>- 64.77</u>
Net Pay After Deductible	\$188.45

WITH Pre-Tax Benefits	
Weekly Gross Pay	\$350.00
<u>Pre-tax Premiums</u>	<u>- 64.77</u>
Taxable Income	\$285.23
Federal Taxes	- \$57.05
<u>Social Security Taxes</u>	<u>- 21.82</u>
Net Pay After Pre-Tax Benefits*	\$206.36

*Net Weekly Savings: \$17.91 (\$206.36 - \$188.45)

**Net Annual Savings: \$859.68 (\$17.91 x 48 paychecks from which benefit premiums are deducted)

A Beneficial Partnership

Thank you for considering CoAdvantage for your human resource outsourcing needs. We strive to create a rewarding partnership that brings small businesses valuable resources and consultative support. By handling your HR administration functions, we free you to focus on business growth.



Under a co-employment arrangement, CoAdvantage and you share certain employer responsibilities, but you maintain control of your day-to-day operations and retain responsibility for production, staff management, planning/investment spending, sales and marketing, and finance.

Value-Driven HR Services

As a Professional Employer Organization (PEO), CoAdvantage specializes in – and excels at – handling human resources. Our integrated approach enables us to provide top level services that support your business needs, help you maintain compliance and allow you to return your attention to growth and business development.

	Payroll	Benefits	Risk Management	Human Resources
Protect Your Business	<ul style="list-style-type: none"> • Payroll tax withholdings & filings • Unemployment claims management • Pre-employment screening 	<ul style="list-style-type: none"> • Health Care Reform compliance • FMLA/HIPAA/ERISA compliance • COBRA administration • Retirement plan administration & fiduciary 	<ul style="list-style-type: none"> • Workers' comp coverage & claims resolution • Safety consultants • Employment Practices Liability Insurance (EPLI) • Pre-employment screening 	<ul style="list-style-type: none"> • Dedicated & certified HR consultants • Progressive discipline policies • Employee Assistance Program • Regulatory compliance
Develop Efficiencies	<ul style="list-style-type: none"> • Web-based payroll processing • W-2 preparation • Paperless payroll • Reporting & job costing • PTO accruals • Web-based & mobile time/labor management 	<ul style="list-style-type: none"> • Benefits administration • Paperless benefits enrollment • Administration 	<ul style="list-style-type: none"> • Workers' comp coverage • Claims administration 	<ul style="list-style-type: none"> • Employee handbooks • HR forms library • New hire support • FMLA administration • Integrated HR, payroll & benefits administration
Contain Costs	<ul style="list-style-type: none"> • SUI claims investigation • PTO tracking • W-2 & paycheck processing • Payroll controls 	<ul style="list-style-type: none"> • Negotiating power • Claims management • Improved cash flow with "Pay-As-You-Go" benefit • Eligibility tracking • Billing reconciliation 	<ul style="list-style-type: none"> • Workers' comp claims investigation • Improved cash flow with "Pay-As-You-Go" benefit • Stabilized workers' comp premiums • No audits/deposits 	<ul style="list-style-type: none"> • Reduced turnover • Reduced liability • Better management of HR expenses
Improve Employee Productivity	<ul style="list-style-type: none"> • Web-based HR Management System with employee self-service access • Change and update personal profile • Request PTO 	<ul style="list-style-type: none"> • PTO accrual tracking • Paperless open enrollment • Skills improvement with online training 	<ul style="list-style-type: none"> • Safety training • Safety reviews 	<ul style="list-style-type: none"> • Online employee onboarding • Online learning programs • FMLA tracking • Performance management • Employee Assistance Program
Attract & Retain Employees	<ul style="list-style-type: none"> • Direct deposit • Compensation analysis • Payroll accuracy 	<ul style="list-style-type: none"> • Group benefits • Access to Life, Disability, HSA, FSA • Benefits call center • 401(k) • Employee perks program • Employee Assistance Program 	<ul style="list-style-type: none"> • Return to work program • Safety programs 	<ul style="list-style-type: none"> • Professional training workshops • Pre-employment screening • Reward and recognition program assistance • Succession planning • Talent acquisition services

Payroll

Count on CoAdvantage for timely and accurate payroll processing. With easy to use web-based technology, you and your employees can track hours, request time off and handle other administrative tasks quickly and efficiently. CoAdvantage will:

- Process payroll and enable direct deposit
- Manage deductions, advances, garnishments or any other payroll changes
- Track time, attendance and paid time off
- Handle federal and state withholding and payroll tax deposits
- Ensure compliance with IRS requirements
- Provide unemployment and SUI claims support
- Complete year-end tax documents

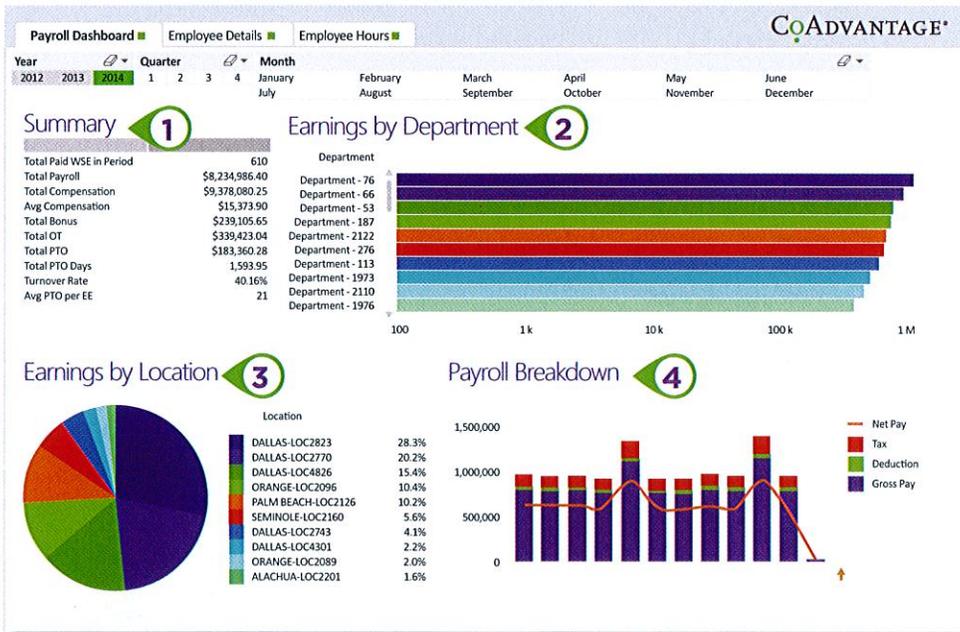
Employers Can:

- ✓ Process new hires
- ✓ Change job status or pay rate
- ✓ Edit and approve timesheets
- ✓ Submit payroll
- ✓ Pull employee data reports
- ✓ Edit direct deposit and recurring deductions

Employees Can:

- ✓ Edit personal information
- ✓ View and update direct deposit accounts
- ✓ View pay stubs and year-to-date-summary
- ✓ Reprint W-2s
- ✓ View benefit elections, flexible spending account deductions and 401(k) summary

Access technology-driven intelligence for your small business with the CoAdvantage self-service Business Intelligence Payroll Dashboard.



1 See a quick overview of your total payroll, overtime pay and other key metrics.

2 Analyze your earnings by department using easy-to-interpret graphs.

3 Visualize your earnings by location, job code and other factors with pie and bar charts.

4 Assess gross pay, taxes and other deductions.

Web-Based Time & Labor Management

Whether measuring piece work in a manufacturing plant, or counting tips in a restaurant, any industry can benefit from a labor management solution. CoAdvantage provides effective tools to streamline your payroll processes and help ensure your business complies with labor laws. Utilizing these systems can reduce time spent processing payroll by as many as 14 hours.*

	FUNCTIONALITY	SMALL BUSINESS EDITION	MID-MARKET EDITION
Configuration	Job Costing	●	●
	Multiple Pay Periods	●	●
	Flexible Pay Rules	●	●
	Pay Categories	●	●
	Customizable Design	●	●
	Dynamic Scheduling Module		●
	Accruals		●
	Automated Points System		●
	Rates		●
Features	Import/Export Utility	●	●
	Manager & Employee Self-Service	●	●
	Time Off Request Tool		●
	Timesheet Approval Workflow		●
	Mass Edit Capabilities		●
	Notifications Module		●
Reports	Standard Reports	< 15	50+
	Export to 5 Formats (CSV, Excel, PDF, HTML, XML)	●	●
	Daily Email Summary Report	●	●
	Report Saving Capability	●	●
	In/Out Dot Board		●
	Exception Reporting		●
	Time Off Calendar		●
Security	Permanent Detailed Audit Trail	●	●
	IP Address and/or Punch Restriction	●	●
	Manager Permissions	●	●
Hardware	Ethernet- and Modem-Based Clocks	●	●
	Mag-Stripe, Proximity & Barcode Cards	●	●
	Biometric Fingerprint Reader & Hand Scanner	●	●
	Remote Hardware Management	●	●
	Access Control	●	●

*Kronos SaasHR

● = Full functionality ● = Limited functionality

Benefit Offerings

Cost-effective health insurance options let you offer competitive benefits on par with Fortune 500 companies to take care of your employees, and give your company a boost when recruiting new talent. CoAdvantage will:

- Provide health and supplemental insurance offerings, including dental, vision, life, disability and flexible spending accounts
- Qualify and enroll new employees and dependents
- Work with separated employees qualified for insurance through COBRA
- Process and reconcile bills, claims and premium payments
- Provide health care reform guidance and resources
- Manage FMLA and HIPAA compliance
- Administer an employee assistance program



New Plan Enrollment	CoAdvantage will provide employee communication during open enrollment each year, onboard all enrollees with the carrier and set up and manage deductions in our human resource management system.
Eligibility Tracking	CoAdvantage will manage and communicate plan enrollment with newly eligible employees and maintain plan documents.
COBRA Administration	CoAdvantage will distribute COBRA notifications to all employees who elect benefits and communicate with employees eligible for COBRA participation. CoAdvantage will track COBRA payments.
Liaison with the Carrier	CoAdvantage is a platinum provider of insurance with all large carriers. We will enroll all new participants with the carrier, terminate participants at separation from employment and assist with escalation of employee issues to the carrier.
Bill Reconciliation	CoAdvantage will reconcile each insurance-related bill and communicate and track adjustments with the carriers.
Web Access to Benefits	CoAdvantage offers an online employee portal where participants may view current enrollments, employer contributions, employee deductions and covered dependents. The system is populated with links to applicable carrier websites and additional plan documentation.

Medical and Ancillary Benefits



MEDICAL BENEFIT PLANS

- Aetna
- Florida Blue
- Kaiser Permanente
- Plan options by state or region
- Group indemnity provided by Allstate

*not all plans available in all areas



VISION BENEFIT PLANS

- Provided by Humana
- Lenses, frame and contact lens allowances and LASIK procedure discounts



DENTAL BENEFIT PLANS

- Provided by Aetna
- Choose from dental maintenance organization, Freedom of Choice and preferred provider organization plans



SUPPLEMENTAL BENEFITS

- Short-term disability provided by Unum
- Long-term disability provided by Unum
- Voluntary life and term life insurance provided by MetLife
- Accident insurance provided by Allstate
- Critical and specified illness insurance provided by Allstate



EMPLOYEE ASSISTANCE PROGRAM

Confidential employee services include:

- Personal short-term counseling
- Legal and financial guidance
- Online work-life resources
- 24/7 access online or by phone



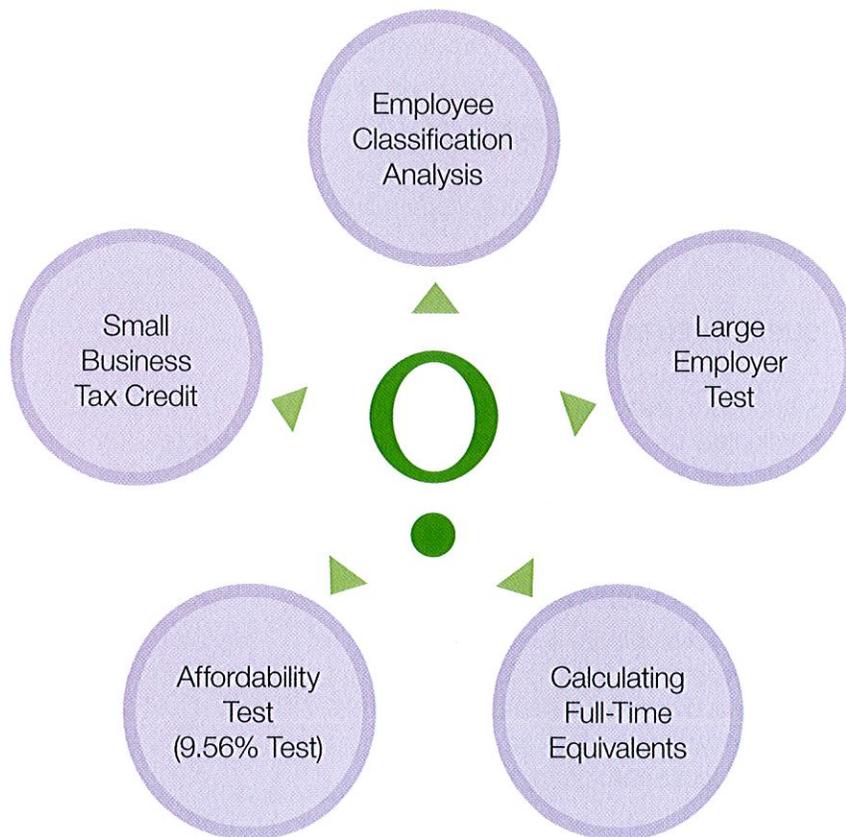
HEALTH ADVOCATE

Gives employees, as well as their dependents and parents, access to assistance from trained professionals. Registered nurses, medical directors and benefits and claims specialists offer guidance with clinical issues, grievances and paperwork, and help:

- Find the right doctors, dentists, and specialists
- Schedule appointments
- Clarify benefits, denials, and billing errors
- Negotiate payment arrangements with providers
- Find in-home care, adult day care, assisted living and long-term care
- Clarify Medicare, Medicare Supplement plans and Medicaid
- Research transportation to appointments

Health Care Reform

CoAdvantage will assist you in navigating the complexities of health care reform. Our experts monitor developments daily in order to help our clients understand the law and how it may affect their business. Our webinars, resources and consultative support are designed to help employers plan for and comply with rules and requirements, while avoiding potential penalties and pitfalls. We are also able to assist with ACA compliance respective to forms 1094-C and 1095-C.



Robust Reporting to Adapt to Evolving Health Care Regulations, including IRS Code Section 6056 Requirements for Applicable Large Employers

Flexible Spending Accounts

CoAdvantage offers several FSA options that comply with most health insurance plans to provide savings and reduce taxes.

Health Care Flexible Spending Account

Plan Year Maximum \$2,550

A health care FSA sets aside pre-tax funds to pay for a wide range of common out-of-pocket expenses, such as long-term care, hospital visits, physician co-pays, prescriptions, prescription co-pays and insurance plan deductibles. The health care FSA is only available to participants of an employer-sponsored group medical plan. Up to \$500 of unused health care FSA funds can be rolled over to the next plan year.

Limited-Purpose FSA

Plan Year Maximum \$2,550

Participants of a high-deductible health plan with an active health savings account are not eligible to participate in a health care FSA. However, pre-tax funds for dental and vision expenses can be contributed to a limited-purpose FSA.

Dependent Care Flexible Spending Account

Calendar Year Maximum \$5,000

A dependent or daycare FSA covers eligible expenses for the care of:

- Dependent children under age 13
- A person of any age you claim as a dependent on your federal income tax return, and who is mentally or physically incapable of self-care
- Care of an elderly dependent family member who lives with you and qualifies as a tax dependent

Who is eligible?*



All full-time employees who work 30 hours or more per week and who have fulfilled the benefit eligibility wait period. Premiums paid through health exchanges are not eligible for reimbursement under any FSA plans.



*Sole proprietorship and partnership owners (including LLP and LLC companies taxed as partnerships) and more than two percent shareholders in an S Corporation are not eligible to participate in an FSA. Spouses and lineal ascendants and descendants of S Corporation shareholders are also ineligible.

Employee Discount Program

Our employee perks program puts the purchasing power of CoAdvantage to work for you. Our robust offering delivers savings on everything from electronics and cell phones to vacations and dining. Once an account is activated, you and your employees will have access to exclusive offers and deep discounts from popular retailers and top name brands. Free family memberships are included.

ABSOLUTE BEST PRICING



Computers

Pricing for all major brands



Dining

Up to 90% off at 18,000 locations



Cell Phones

Discounts off monthly rates



Personal Vacations

Air, hotel and car rental corporate rates



Electronics

Best prices at retailers and manufacturers



**Your Account
Comes with a FREE
Family Membership!**

Compliance & Risk Management

The state and federal regulatory landscape is varied and expansive, creating a broad patchwork of requirements to which your business must adhere. From harassment claims to wage and hour disputes, CoAdvantage risk management consultants help ensure your employee policies and training standards are in compliance, and provide you and your employees with tools to build a safe and dynamic workplace. Our services include:

- Handling workers' compensation claims and administration in partnership with Zurich in North America, a global insurance provider with an A+ credit rating from A.M. Best
- Offering Employment Practices Liability Insurance (EPLI)
- Administering onsite safety and compliance training
- Creating a customized safety manual that details employee responsibilities
- Assisting with OSHA regulations
- Supplying required labor posters
- Attending Equal Employment Opportunity and unemployment hearings on your behalf

Employment Practices Liability Insurance

As part of our relationship with Zurich in North America, CoAdvantage offers several plans for Employment Practices Liability Insurance. These policies cover employment-related claims for allegations such as discrimination, sexual harassment, wrongful termination and retaliation. Our Human Resource Consultants keep you updated on claims administration, and provide consultative support to help reduce the risk of workplace issues.

- Policy options depend on deductible amount and number of worksite employees
- CoAdvantage plans include damages and attorney fees, as well as limited third-party coverage
- Customers who qualify for our Deductible Participation Program partner with CoAdvantage to lower costs per claim
- Coverage does not have to be obtained through CoAdvantage, but proof of coverage must be provided

HR Administration

CoAdvantage is committed to providing consultative HR support to optimize your business operations. Our Human Resource Consultants and HR Service Center team are certified with the Society for Human Resource Management and the Human Resource Certification Institute, all in an effort to provide expert consistent service. Our dedicated account managers handle several core areas:

- *Benefit Enrollment & Administration.* From customer implementation to annual enrollment to new hires, our benefit team has detailed processes in place to ensure you and your employees have a smooth benefit experience. Our comprehensive options allow you to offer insurance plans that attract and retain top talent, comply with federal health care regulations and manage the cost to your business.
- *Employee Development.* A talent management plan for your top employees is key to strong retention and leadership training. Our experts will provide employee relations guidance to create development strategies that benefit your business and workers.
- *New Hire Assistance.* It can be a challenge to find new employees with the right experience and skillset. From recruitment through onboarding, we'll assess your workplace culture and organizational needs to send the best new talent to your company.
- *Regulatory Support.* Keeping up with compliance matters is a critical and time-consuming part of your business operations. CoAdvantage safety consultants and HR experts will review your business and keep you informed of regulatory changes.

Additional fees may apply



Our certified Human Resource Consultants will work with you to develop strategic service plans to address:

- Customer business goals and objectives
- Measures of success
- Service deliverables
- Completion timelines



Technology

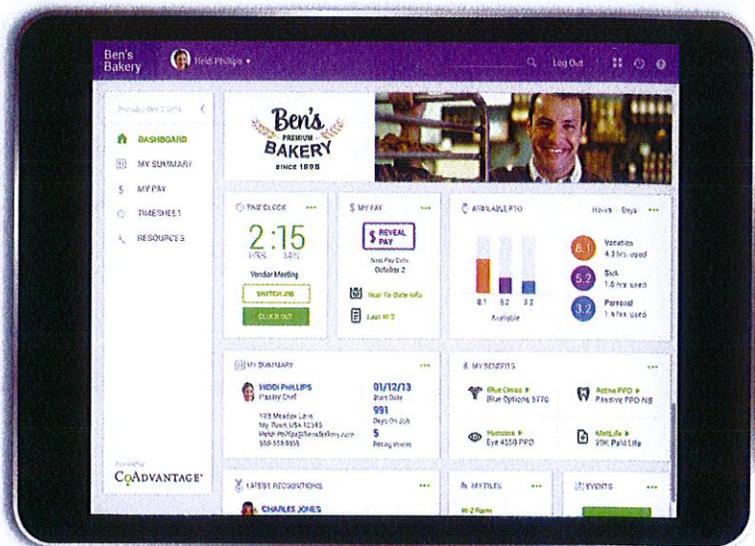
CoAdvantage offers many web-based resources to heighten your customer experience, make your administrative tasks more efficient, and provide expert guidance for HR management.

CoAd360, our new state-of-the-art online portal for employers and employees, simplifies a variety of functions, including:

- Payroll submission
- Employee updates
- Time tracking
- Benefits management
- Time off requests
- Reporting
- On-boarding
- Employee recognition

With fast, simple navigation, CoAd360 puts you and your employees in control, providing secure, online access to conduct HR activities quickly and efficiently.

- Customizable dashboard
- Content organized by category
- Icons quickly identify important information
- Responsive design adapts to mobile devices



January 2016 release



Online Resources

- Live webinars give you a chance to hear subject matter experts speak on pressing topics like health care reform and help you learn how to handle HR tasks like recruitment and employee engagement.
- White papers, blog posts and emails keep you abreast of important topics of the day.
- An online learning management system gives employees access to dozens of timely and relevant courses that comply with training standards, encourage career development and explain important workplace topics.
- Visit coadvantage.com/resources to access additional materials and important links.

401(k) Offering

CoAdvantage provides a variety of retirement and saving plans our clients can offer to their employees. The list includes a traditional 401(k) plan as well as profit sharing options.

Participant Benefits

- Dedicated Retirement Plan Specialist to assist with enrollment and answer questions
- Top tier investment options with stringent analysis and monitoring
- Quarterly benefit statements online or by mail
- Onsite participant educational services and access to robust real-time interactive website
- Online management and transactions

Employer Benefits

- Administration, annual audit, 5500 filing and compliance testing
- Personalized service with website access and 24/7 telephone support
- Streamlined daily valuation for up-to-date account balances
- Accurate record keeping with weekly electronic submission of contribution data
- Retirement plan tailored for each employer
Traditional 401(k) plan, Safe harbor 401(k) plan, Roth 401(k) plan, Profit-sharing plan
- Customizable eligibility options for employees including age, length of employment and minimum hours worked
- Partnership with top retirement services provider
MassMutual Retirement Solutions

Employer Contribution Options

- **Pro-Rata Profit Sharing Formula.** All eligible employees receive the same percentage of pay.
- **Integrated Profit Sharing Formula.** Employees that earn more than the social security wage base receive a larger percentage of pay contribution than employees that earn less than the social security wage base. This skews the contribution toward highly compensated employees.
- **New Compatibility Profit Sharing Formula.** This allows a greater contribution for older employees. If the owner is older than the staff, it can create a large difference in the percentage of pay contributed on behalf of the owner.
- **Vesting Provisions.** Vesting is the number of years required for participants to “own” the employer contributions to the plan. CoAdvantage offers several vesting schedules.
- **Safe Harbor.** Safe harbor plan designs eliminate discrimination and top-heavy vesting, allowing highly compensated employees to maximize their personal contributions.

Implementation Process Overview

At CoAdvantage, our goal is to transition our customers as smoothly and seamlessly as possible. Our comprehensive implementation process includes multiple touchpoints designed to minimize interruption and ensure satisfaction among our clients and the employees we jointly serve.

Your project team consists of several key operations personnel:

- A Project Manager who is responsible for planning, execution and integration;
- A Data Specialist who supports the Project Manager and maintains the integrity of your information;
- An expert Human Resource Consultant, who manages employee relations, facilitates enrollment meetings, and provides ongoing support for daily HR operations.



With a combination of Six Sigma methodology and refined project management techniques, your CoAdvantage team ensures close engagement, quality assurance and most importantly, client satisfaction. We appreciate the high marks our program receives from our customer surveys, and welcome client input as we continually refine our process.

Cycle Start/End

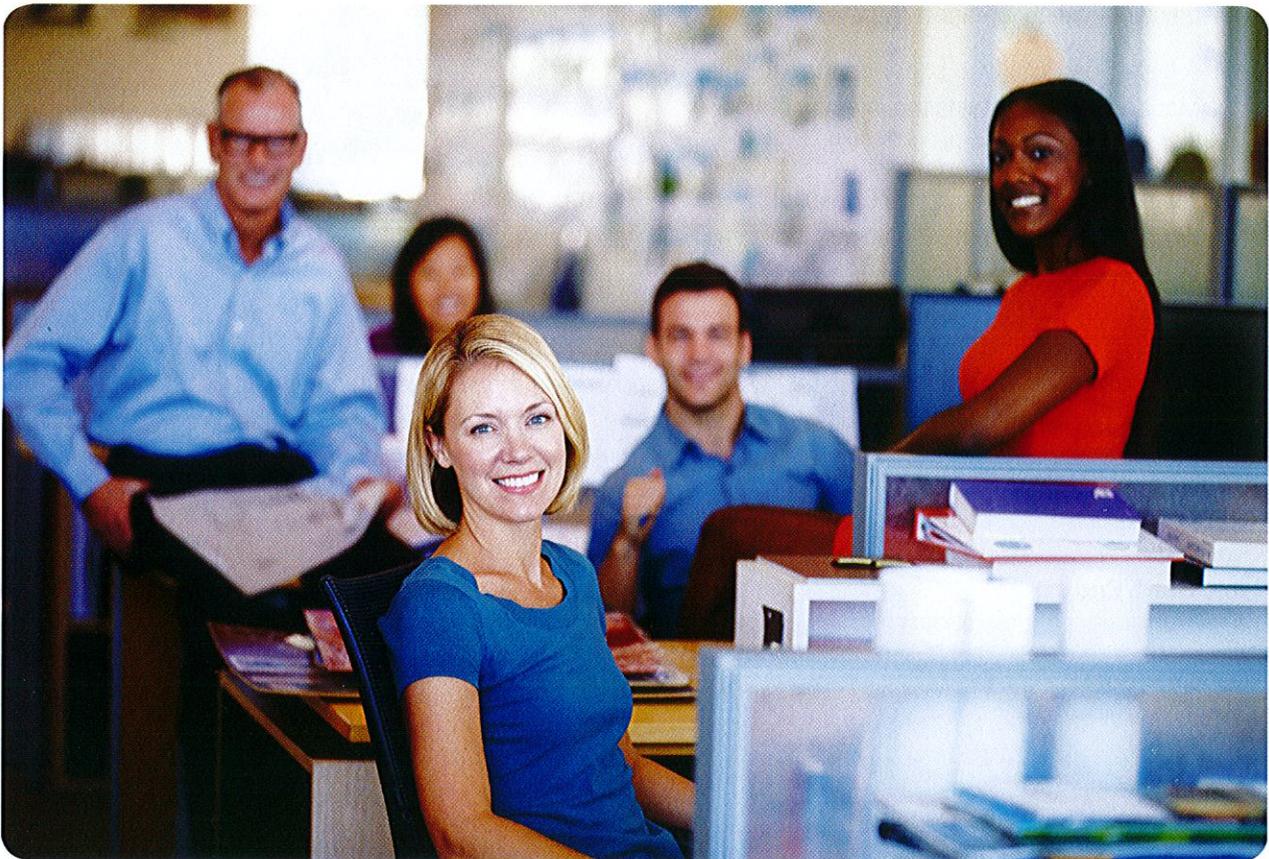


A Team Approach

Every CoAdvantage client benefits from certified professionals and on-demand experts. Our account management teams are designed to:

- Provide consultative support for employee management
- Keep HR operations accurate and efficient
- Maintain the integrity and confidentiality of your personal information and business data
- Ensure the highest accuracy in payroll processing.

Your Human Resource Consultant will also work closely with you to develop service plans that support your business objectives, help maintain compliance, and heighten employee engagement.



CoAdvantage is committed to providing your business with integrated services and support that boost productivity, create a safe, dynamic workplace and allow you to focus on growth. Our team of account representatives, consultants and specialists stand ready to contribute to the success of your business.

Thank you again for considering CoAdvantage. We value the trust you place in us and look forward to a rewarding partnership.