Brown & Brown

PUBLIC SECTOR

Proposal of Employee Benefits Coverage and Service

Proposal Date: 7/16/2026

Effective Date: 10/1/2026

DESOTO COUNTY BOARD OF COUNTY COMMISSIONERS

Risk Management Associates

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

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

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

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

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

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

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

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

Commitment to Our Clients

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

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

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

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

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

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Retail Compensation Disclosure

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

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

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

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

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

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

Disclaimers & Disclosures

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

NOTICE OF CARRIER FINANCIAL STATUS

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

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

***AM Best General Rating Guide**

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

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

Marketing Summary

Product Line	Carrier	Carrier Web Site	Results
Group Medical			
	Blue Cross Blue Shield of FL, Inc.	www.bcbsfl.com	Current / Renewal
Group Dental			
	Florida Combined Life Insurance Company, Inc.	floridabluedental.com	Current / Renewal
Group Vision			
	EyeMed Vision Care, LLC	www.eyemed.com	Current
Life / AD&D			
	USAble Life	USAbleLife.com	Current
Employee Assistance Program			
	CuraLinc Healthcare	www.curalinc.com	Current

Medical Renewal History

Effective Date	Current		Initial Renewal		Final Renewal		Differential	Action	Financing Strategy
	Carrier	Premium	Premium	%	Premium	%			
10/1/2021	UHC	$4,391,445	$4,391,445	0%	$4,391,445	0%	$0	Renewed Same Carrier	Fully Insured
10/1/2022	UHC	$4,482,193	$4,530,177	1%	$4,482,193	0%	$47,984	Renewed Same Carrier	Fully Insured
10/1/2023	UHC	$4,443,901	$4,637,654	4%	$4,443,901	0%	$193,753	Renewed Same Carrier	Fully Insured
10/1/2024	UHC	$4,682,717	$6,191,983	32%	$5,511,389	18%	$680,594	Moved to FL Blue	Fully Insured
10/1/2025	FL Blue	$5,282,430	$5,440,900	3%	$5,282,430	0%	$158,470	Renewed Same Carrier	Fully Insured

Total Differential	$1,080,801
Differential per Year	$216,160
Year over Year Change	3.5%

Medical

Executive Summary of Medical & Prescription Drug Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

			$65,000 wellness fund (due to adding USAble bundle last year)			**$50,000 wellness fund**		
			CURRENT **Florida Blue** **BlueOptions 05770**			**NEGOTIATED NO SHOP RENEWAL** **Florida Blue** **BlueOptions 05770**		
Benefit Comparison			**In-Network**			**In-Network**		
Annual Individual / Family Deductible			$1,000 | $2,000			$1,000 | $2,000		
Embedded or Aggregate Deductible			Embedded			Embedded		
Coinsurance			20%			20%		
Annual Out-of-Pocket Maximum			$3,000 | $6,000			$3,000 | $6,000		
Preventive Benefit			No charge			No charge		
Office Visits								
Primary Care			VC: $0 / In-Network: $25			VC: $0 / In-Network: $25		
Specialist			VC: $20 / In-Network: $50			VC: $20 / In-Network: $50		
Virtual Visits			$0			$0		
Urgent Care			VC: $0 visits 1-2, $75 remaining visits In-Network: $75			VC: $0 visits 1-2, $75 remaining visits In-Network: $75		
Emergency Room			$500			$500		
Hospital Services In-Patient			20% after deductible			20% after deductible		
Outpatient Diagnostic X-Ray & Lab Services			X-Ray: $60 | Lab: $0			X-Ray: $60 | Lab: $0		
Major Lab - MRI, PET Scan, CAT Scan			VC: $20 | In-Network: $200			VC: $20 | In-Network: $200		
Annual Prescription Deductible			N/A			N/A		
RX - Tier 1 / Tier 2 / Tier 3			$10 | $35 | $70			$10 | $35 | $70		
RX - Specialty			N/A			N/A		
RX Mail Order - 90 Day Supply			2.5x retail copay			2.5x retail copay		
Benefit Comparison			**Non-Network**			**Non-Network**		
Annual Individual / Family Deductible			$2,000 | $6,000			$2,000 | $6,000		
Coinsurance			40%			40%		
Annual Out-of-Pocket Maximum			$6,250 | $12,500			$6,250 | $12,500		
Per Occurrent Deductible (Inpatient/Outpatient)			N/A			N/A		
Notes	**Tier**	**Counts**	**Premium**	**ER Cost**	**EE Cost**	**Premium**	**ER Cost**	**EE Cost**
	EE Only	257	$961.36	$961.36	$0.00	$1,052.69	$1,052.69	$0.00
	EE + SP	18	$1,966.60	$1,463.96	$502.64	$2,153.43	$1,603.06	$550.37
	EE + CH	29	$1,802.21	$1,381.79	$420.42	$1,973.42	$1,513.06	$460.37
	EE + Fam	47	$2,458.09	$1,709.73	$748.36	$2,691.61	$1,872.15	$819.46
Cost Comparison			**CURRENT**			**NEGOTIATED NO SHOP RENEWAL**		
Total Monthly Premium			**$450,263**			**$493,038**		**9.5%**
Employees Pay - Monthly			$56,413			$61,772		9.5%
Employer Pays - Monthly			$393,850			$431,266		9.5%
Total Annualized Cost			**$5,403,152**			**$5,916,455**		**9.5%**
Employer Annualized Net Cost			**$4,726,200**			**$5,175,193**		**9.5%**
Employer Annualized Dollar Change From Current						**$448,992**		**9.5%**
						Initial renewal as +28%		

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

Dental Renewal History

Effective Date	Current		Initial Renewal		Final Renewal		Differential	Action	Financing Strategy
	Carrier	Premium	Premium	%	Premium	%			
10/1/2021	Standard	$155,408	$155,408	0%	$155,408	0%	$0	Renewed Same Carrier	Fully Insured
10/1/2022	Standard	$168,871	$168,871	0%	$168,871	0%	$0	Renewed Same Carrier	Fully Insured
10/1/2023	Standard	$121,476	$121,476	0%	$121,476	0%	$0	Renewed Same Carrier	Fully Insured
10/1/2024	Standard	$179,354	$195,496	9%	$181,405	1%	$14,091	Moved to FCL	Fully Insured
10/1/2025	FCL	$181,405	$181,405	0%	$181,405	0%	$0	Renewed Same Carrier (in rate guarantee)	Fully Insured

Total Differential	$14,091
Differential per Year	$2,818
Year over Year Change	0.2%

Dental

Executive Summary of Dental Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

	CURRENT		NEGOTIATED RENEWAL	
	Florida Combined Life High Plan	Florida Combined Life Low Plan	Florida Combined Life High Plan	Florida Combined Life Low Plan
Benefit Comparison	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Individual / Family Deductible	$50 | $100	$50 | $100	$50 | $100	$50 | $100
Annual Benefit Maximum	$1,750	$1,250	$1,750	$1,250
Rollover Provision	Yes	Yes	Yes	Yes
Coverage Waiting Periods	None	None	None	None
Preventive & Diagnostic Care Benefit	0%	0%	0%	0%
Basic Care Benefit	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Care Benefit	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Endodontics/Periodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Posterior Composite Fillings Benefit	Included	Included	Included	Included
Implant Benefit	Included	Included	Included	Included
Orthodontia Benefit	50% up to $1,500	50% up to $1,000	50% up to $1,500	50% up to $1,000
Orthodontia Eligibility	Child(ren) only	Child(ren) only	Child(ren) only	Child(ren) only
Frequencies				
Exams/Cleanings	2 exams per year/4 cleanings per year	2 exams per year/4 cleanings per year	2 exams per year/4 cleanings per year	2 exams per year/4 cleanings per year
Fluoride	2 per year, under age 14	2 per year, under age 14	2 per year, under age 14	2 per year, under age 14
X-Rays - Bitewing/Full Mouth	1 per year/1 per 3 years	1 per year/1 per 3 years	1 per year/1 per 3 years	1 per year/1 per 3 years
Sealants	Under age 17 for molars & pre-molars, no limits	Under age 17 for molars & pre-molars, no limits	Under age 17 for molars & pre-molars, no limits	Under age 17 for molars & pre-molars, no limits
Fillings	1 replacement per surface in 12 months	1 replacement per surface in 12 months	1 replacement per surface in 12 months	1 replacement per surface in 12 months
Major Services	1 in 5 years/implants 1 per tooth per lifetime	1 in 5 years/implants 1 per tooth per lifetime	1 in 5 years/implants 1 per tooth per lifetime	1 in 5 years/implants 1 per tooth per lifetime
Benefit Comparison	**Non-Network**	**Non-Network**	**Non-Network**	**Non-Network**
Out of Network Reimbursement	90th	90th	90th	90th
Out of Network Reimbursement %	100% | 80% | 50% | 50%	90% | 60% | 40% | 50%	100% | 80% | 50% | 50%	90% | 60% | 40% | 50%
Notes				
Rate Guarantee	Until 9/30/2026	Until 9/30/2026	**1 year until 9/30/2027**	**1 year until 9/30/2027**
Participation Requirement	30% total between both plans	30% total between both plans	30% total between both plans	30% total between both plans

Tier	Count 1	Count 2	Premium	ER Cost	EE Cost	Premium	ER Cost	EE Cost	Premium	ER Cost	EE Cost	Premium	ER Cost	EE Cost
EE Only	130	49	$30.34	$0.00	$30.34	$24.72	$0.00	$24.72	$32.16	$0.00	$32.16	$26.20	$0.00	$26.20
EE + SP	26	5	$62.71	$0.00	$62.71	$51.10	$0.00	$51.10	$66.47	$0.00	$66.47	$54.17	$0.00	$54.17
EE + CH	12	9	$84.24	$0.00	$84.24	$66.48	$0.00	$66.48	$89.29	$0.00	$89.29	$70.47	$0.00	$70.47
EE + Fam	42	7	$116.56	$0.00	$116.56	$92.73	$0.00	$92.73	$123.55	$0.00	$123.55	$98.29	$0.00	$98.29

Cost Comparison	CURRENT		TOTAL	NEGOTIATED RENEWAL		TOTAL
Employees Pay	$11,481	$2,714	$14,195	$12,170	$2,877	$15,047
Employer Pays	$0	$0	$0	$0	$0	$0
Total Monthly Premium	**$11,481**	**$2,714**	**$14,195**	**$12,170**	**$2,877**	**$15,047**
Total Annualized Premium	**$137,773**	**$32,571**	**$170,343**	**$146,035**	**$34,523**	**$180,558**
Annual Change From Current				**$10,214.88**	**6%**	

Initial renewal was +15%

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

Vision Renewal History

Effective Date	Current		Initial Renewal		Final Renewal		Differential	Action	Financing Strategy
	Carrier	Premium	Premium	%	Premium	%			
10/1/2021	EyeMed	$8,206	$8,206	0%	$8,206	0%	$0	Renewed Same Carrier (in rate guarantee)	Fully Insured
10/1/2022	EyeMed	$8,001	$8,001	0%	$8,001	0%	$0	Renewed Same Carrier (in rate guarantee)	Fully Insured
10/1/2023	EyeMed	$13,222	$13,222	0%	$13,222	0%	$0	Renewed Same Carrier	Fully Insured
10/1/2024	EyeMed	$16,994	$16,994	0%	$16,994	0%	$0	Renewed Same Carrier (in rate guarantee)	Fully Insured
10/1/2025	EyeMed	$16,994	$16,994	0%	$16,994	0%	$0	Renewed Same Carrier (in rate guarantee)	Fully Insured

Total Differential	$0
Differential per Year	
Year over Year Change	

Vision

Executive Summary of Vision Coverage

DeSoto County Board of County Commissioners
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			CURRENT EyeMed Advantage		
Benefit Comparison			**In-Network**		
Frequency of Service - Exam/Lenses/Frames			12 / 12 / 24		
Eye Exam			$10		
Lenses					
Single			$15		
Bifocal			$15		
Trifocal			$15		
Frames			$100 + 20% off balance		
Contact Lenses in Lieu of Frames & Lenses?			Yes		
Contact Lenses					
Elective			$100 + 15% off balance		
Medically Necessary			Covered in full		
Rate Guarantee			**Until 9/30/2027**		
Participation Requirement			10 enrolled		
Notes	**Tier**	**Counts**	**Premium**	**ER Cost**	**EE Cost**
	EE Only	138	$4.70	$0.00	$4.70
	EE + SP	25	$8.92	$0.00	$8.92
	EE + CH	17	$9.39	$0.00	$9.39
	EE + Fam	44	$13.80	$0.00	$13.80
Cost Comparison			**CURRENT**		
Employees Pay			$1,638		
Employer Pays			$0		
Total Monthly Premium			**$1,638**		
Total Annualized Premium			**$19,661**		
Annual Change From Current					

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

Basic Life & AD&D

Executive Summary of Group Life & AD&D Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

		CURRENT USAble Life		
Benefit Comparison		**Benefit**	**Maximum**	**Guaranteed Issue**
Class 1: County Administrators		2x annual earnings	$250,000	$250,000
Class 2: Tax Collector		$15,000	$15,000	$15,000
Class 3: All other Active Members		1x annual earnings	$200,000	$200,000
Age Reduction Schedule			to 35% at age 65 to 60% at age 70 to 75% at age 75	
Dependent Life			N/A	
Conversion			Included	
Seatbelt/Safe Driver			Included	
Waiver of Premium			Included	
Accelerated Death Benefit			Included	
Rate Guarantee			**Until 9/30/2028**	
Notes	**Total Volume**	**Description**		**Rate**
Life	$20,533,800	Life Rate per $1,000 of Benefit		$0.241
AD&D	$20,533,800	AD&D Rate per $1,000 of Benefit		$0.030
Cost Comparison		**CURRENT**		
Employees Pay		$0		
Employer Pays		$5,565		
Total Monthly Premium		**$5,565**		
Total Annualized Premium		**$66,776**		

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

Basic Life & AD&D

Executive Summary of Group Life & AD&D Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

		CURRENT USAble Life		
Benefit Comparison		**Benefit**	**Maximum**	**Guaranteed Issue**
Class 4: Retirees prior to 10/1/2008 with $15k		$15,000	$15,000	$15,000
Class 5: Retirees on or after 10/1/2008 with $10k		$10,000	$10,000	$10,000
Age Reduction Schedule			None	
Dependent Life			N/A	
Conversion			Included	
Rate Guarantee			**Until 9/30/2028**	
Notes	**Total Volume**	**Description**		**Rate**
Life	$1,045,000	Life Rate per $1,000 of Benefit		$0.241
Cost Comparison		**CURRENT**		
Employer Pays		$0		
Retirees Pay		$252		
Total Monthly Premium		**$252**		
Total Annualized Premium		**$3,022**		

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

Voluntary Life

Executive Summary of Voluntary Group Life Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

	CURRENT USAble Life
Benefit Comparison	**Description**
Employee Maximum Life Benefit	Not to exceed 5x salary or $300,000
Employee Benefit Increments	$10,000
Employee Guaranteed Issue Amount	$100,000
Spouse Maximum Life Benefit	Not to exceed $150,000 or 100% of employee's amount
Spouse Benefit Increments	$5,000
Spouse Guaranteed Issue Amount	$50,000
Dependent Child Benefit	6 months to age 26: $10,000 Live birth to 6 months: $1,000
Dependent Child Guaranteed Issue Amount	$1,000 or $10,000
Accelerated Death Benefit	Included
Waiver of Premium	Included
Portability	Included
Age Reduction Schedule	by 35% at age 65 by 60% at age 70 by 75% at age 75
Rate Guarantee	**Until 9/30/2028**
Participation Requirements	40%

Notes	**Summary Rates - Per $1,000 of Benefit**	
	Age	**Life**
	00-29	$0.060
	30-34	$0.080
	35-39	$0.120
	40-44	$0.150
	45-49	$0.260
	50-54	$0.450
	55-59	$0.810
	60-64	$1.080
	65-69	$1.970
	70-74	$3.270
	75+	$12.850
	Children	$2 per month

Employee Assistance Program

Executive Summary of Empoyee Assistance Program Coverage

DeSoto County Board of County Commissioners
October 1, 2026 - September 30, 2027

	CURRENT CuraLinc	
Benefit Comparison	**Description**	
Telephone Consultation & Referral	24/7 365	
Counseling Sessions	10 face-to-face or virtual, per issue, per year	
Management Consultation & Referral	Included	
Identity Theft Consultation	Included	
Legal Services	30-minute session | Free telephonic legal advice	
Financial Services	Financial Consultation Hotline	
Online EAP	Included	
Training/Education/Trauma Response	$225 per hour, over 100 customizable one-hour topical training modules available	
Rate Guarantee	**Until 9/30/2028**	
Notes	**#**	**Rate Per Employee Per Month**
Enrolled Employees	348	$1.81
Cost Comparison	**CURRENT**	
Total Monthly Premium	**$630**	
Total Annualized Premium	**$7,559**	