



## Board of Supervisors

### Workshop Agenda

Wednesday, September 25, 2019 at 5:30 P.M.

(updated as of 09/23/2019 – 2:00 pm)

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1. CALL TO ORDER
  2. PLEDGE OF ALLEGIANCE
  3. ROLL CALL
  4. PRESIDENT’S WELCOMING REMARKS
  5. (5:30 P.M.) PRESENTATION / DISCUSSION OF EMPLOYEE INSURANCE OPTIONS
  6. (7:00 P.M.) POTENTIAL UNIT ACTIVATION FOR RECEIVING DISTRICT SERVICES
    - A. DELLWOOD (Added Backup)
    - B. LOS FLORES (Added Backup)
    - C. LEARWOOD (Added Backup)
  7. MEETING NOTICE
  8. ADJOURNMENT
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Any person wishing to appeal any decision made by the Board of Supervisors with respect to any matter considered at such meeting or hearing will need a record of the proceedings, and, for such purposes, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is made. Persons with disabilities requiring accommodations in order to participate should contact the District at 561-793-0874. If you are hearing or speech impaired, please contact The Florida Relay Service by using the following numbers: 1-800-955-8770 (voice) or 1-800-955-8771 (TTD).

#### Upcoming Important Dates:

September 26, 2019 – FDOT Traffic Calming Meeting (Open House 5:30 to 7:30 PM)

October 16 – 18, 2019 – FASD Conference in Duck Key, FL (Multiple Supervisors to attend) Schedule Posted

October 23, 2019 – Public Hearing regarding the R-3 Road Plan (6:30 PM)

October 23, 2019 – Regular Board of Supervisors Meeting (6:30 PM – directly following Public Hearing)



# Board of Supervisors

## Workshop Agenda Item 5

### Executive Summary

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**To:** Board of Supervisors  
**From:** Bruce Cuningham, Director of Finance  
**Date:** September 18, 2019  
**Subject:** Employee Insurance Workshop, Calendar Year 2020 Benefits

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#### **Background**

The District's current employee insurance policies expire on January 1, 2020. Gehring Group, the District's employee benefits broker, is preparing comparison tables for the Board to consider at the September 25<sup>th</sup> workshop. Medical, dental, vision, life and disability coverages are included in the employee benefits package.

#### **Fiscal Impact**

The FY20 budget includes \$980,000 for employee insurance.

#### **Staff Recommendation**

Staff will not make a recommendation for the workshop. The comparison materials will be provided for Board discussion and staff direction.

#### **See Attachments**

Gehring Group is supplying comparison tables for each type of insurance.

**Indian Trail Improvement District  
Medical RFP Evaluation  
Effective Date: January 1, 2020**



Schedule of Benefits	Current				Option 1				
	Florida Blue				Cigna				
	HMO 55	HMO 47	PPO 5760		Buy Up Plan	Base Plan	PPO		
	In Network Only	In Network Only	In Network	Non Network	In Network Only	In Network Only	In Network	Non Network	
	BlueCare	BlueCare	BlueOptions		Open Access In	Open Access In	Open Access Plus		
<b>Network(s) Utilized</b>									
<b>Calendar Year Deductible (CYD)</b>									
Individual	\$0	\$1,500	\$500	\$1,500	\$0	\$1,500	\$500	\$1,500	
Family	\$0	\$4,500	\$1,500	\$4,500	\$0	\$4,500	\$1,500	\$4,500	
<b>Out-of-Pocket Maximum</b>									
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$2,500	\$4,500	\$2,000	\$4,000	
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$7,500	\$9,000	\$4,000	\$8,000	
Member Coinsurance	0%	20%	10%	50%	0%	20%	10%	50%	
<b>Non Hospital Services</b>									
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$10	\$30	\$20	CYD + 50%	
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$10	\$55	\$35	CYD + 50%	
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	No Charge	\$20	CYD + 50%	
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	No Charge	No Charge	CYD + 50%	
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	\$50	\$250	\$150	CYD + 50%	
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$10	\$60	\$40	CYD + 50%	
<b>Hospital Services</b>									
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	\$250	CYD + 20%	\$600 per day	CYD + 50%	
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	\$150	CYD + 20%	\$250	CYD + 50%	
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$100	\$250	\$150	CYD + \$150	
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	No Charge	CYD + 20%	CYD + 10%	CYD + 50%	
<b>Mental Health &amp; Substance Abuse</b>									
Inpatient	No Charge	No Charge	No Charge	\$250	No Charge	No Charge	No Charge	\$250	
Outpatient	No Charge	No Charge	No Charge	50%	No Charge	No Charge	No Charge	50%	
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>				<b>\$150 Rx DED</b>			
Generic	\$10	\$10	\$10		\$10	\$10	\$10		
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$60	Rx Ded + \$60	\$30		
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$100	Rx Ded + \$100	\$50	50%	
Mail Order (90 day supply)	2.5x	2.5x	2.5x		3x	3x	3x		
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>						
Employee Only	58	0	13	\$836.14	\$660.45	\$890.61	\$836.14	\$660.46	\$890.61
Employee + Spouse	2	0	1	\$1,990.00	\$1,571.87	\$2,119.64	\$1,990.00	\$1,571.87	\$2,119.64
Employee + Child(ren)	2	3	0	\$1,538.49	\$1,215.23	\$1,638.71	\$1,538.49	\$1,215.23	\$1,638.71
Employee + Family	0	2	0	\$2,608.74	\$2,060.60	\$2,778.69	\$2,608.74	\$2,060.60	\$2,778.69
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>	<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>	<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>
<b>Annual Premium</b>				<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>	<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>
<b>\$ Increase / (Decrease)</b>				<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>% Increase / (Decrease)</b>				<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Combined Monthly Premium</b>	<b>81</b>	<b>\$77,018</b>			<b>\$77,018</b>				
<b>Combined Annual Premium</b>		<b>\$924,211</b>			<b>\$924,211</b>				
<b>\$ Increase / (Decrease)</b>		<b>N/A</b>			<b>\$0</b>				
<b>% Increase / (Decrease)</b>		<b>N/A</b>			<b>0.0%</b>				

**Indian Trail Improvement District  
Medical RFP Evaluation  
Effective Date: January 1, 2020**

Schedule of Benefits	Current				Option 2						
	Florida Blue				UnitedHealthcare - FMIT						
	HMO 55	HMO 47	PPO 5760		Plan 14		Plan 6		Plan 4		
	In Network Only	In Network Only	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	
	BlueCare	BlueCare	BlueOptions		Choice Plus		Choice Plus		Choice Plus		
<b>Network(s) Utilized</b>											
<b>Calendar Year Deductible (CYD)</b>											
Individual	\$0	\$1,500	\$500	\$1,500	\$1,000	\$1,000	\$2,500	\$5,000	\$500	\$1,000	
Family	\$0	\$4,500	\$1,500	\$4,500	\$2,000	\$2,000	\$5,000	\$1,000	\$1,000	\$2,000	
<b>Out-of-Pocket Maximum</b>											
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$4,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$8,000	\$12,000	\$10,000	\$20,000	\$6,000	\$12,000	
Member Coinsurance	0%	20%	10%	50%	20%	30%	20%	30%	20%	30%	
<b>Non Hospital Services</b>											
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$25	CYD + 30%	CYD + 20%	CYD + 30%	\$25	CYD + 30%	
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$50	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 30%	
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	CYD + 30%	CYD + 20%	CYD + 30%	No Charge	CYD + 30%	
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$35	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 30%	
<b>Hospital Services</b>											
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$200	\$200	CYD + 20%	CYD + 30%	\$150	\$150	
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
<b>Mental Health &amp; Substance Abuse</b>											
Inpatient	No Charge	No Charge	No Charge	\$250	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Outpatient	No Charge	No Charge	No Charge	50%	\$25	CYD + 30%	CYD + 20%	CYD + 30%	\$25	CYD + 30%	
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>					<b>CYD Applies</b>				
Generic	\$10	\$10	\$10		\$10		CYD + \$10		\$10		
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$35	Amount over Allowed Amount	CYD + \$35	Amount over Allowed Amount	\$35	Amount over Allowed Amount	
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$60		CYD + \$60		\$60		
Mail Order (90 day supply)	2.5x	2.5x	2.5x		2.5x		2.5x		2.5x		
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>								
Employee Only	58	0	13		\$836.14	\$660.45	\$890.61		\$865.64	\$747.50	\$923.83
Employee + Spouse	2	0	1		\$1,990.00	\$1,571.87	\$2,119.64		\$1,861.13	\$1,607.14	\$1,986.24
Employee + Child(ren)	2	3	0		\$1,538.49	\$1,215.23	\$1,638.71		\$1,601.43	\$1,382.88	\$1,709.10
Employee + Family	0	2	0		\$2,608.74	\$2,060.60	\$2,778.69		\$2,596.92	\$2,242.51	\$2,771.51
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>		<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>		<b>\$57,132</b>	<b>\$8,634</b>	<b>\$13,996</b>
<b>Annual Premium</b>					<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>		<b>\$685,587</b>	<b>\$103,604</b>	<b>\$167,952</b>
<b>\$ Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>\$18,950</b>	<b>\$10,401</b>	<b>\$3,582</b>
<b>% Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>2.8%</b>	<b>11.2%</b>	<b>2.2%</b>
<b>Combined Monthly Premium</b>	<b>81</b>					<b>\$77,018</b>					<b>\$79,762</b>
<b>Combined Annual Premium</b>						<b>\$924,211</b>					<b>\$957,143</b>
<b>\$ Increase / (Decrease)</b>						<b>N/A</b>					<b>\$32,932</b>
<b>% Increase / (Decrease)</b>						<b>N/A</b>					<b>3.6%</b>

**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**



SCHEDULE OF BENEFITS	Current		Renewal		Option #1	
	Principal DPPO		Principal DPPO		Solstice	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>						
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<b>Deductibles</b>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		Included		Included	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	<b>24 Months*</b>	<b>36 Months</b>	
Employee 65	\$43.11		\$45.05	\$43.11	\$36.82	
Employee + Spouse 8	\$87.50		\$91.44	\$87.50	\$74.73	
Employee + Child(ren) 4	\$87.95		\$91.91	\$87.95	\$75.12	
Family 9	\$138.27		\$144.49	\$138.27	\$118.10	
<b>Monthly Premium 86</b>	<b>\$5,098</b>		<b>\$5,328</b>	<b>\$5,098</b>	<b>\$4,355</b>	
<b>Annual Premium</b>	<b>\$61,181</b>		<b>\$63,934</b>	<b>\$61,181</b>	<b>\$52,254</b>	
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>		<b>\$2,753</b>	<b>\$0</b>	<b>-\$8,926</b>	
<b>% Increase/(Decrease)</b>	<b>N/A</b>		<b>4.5%</b>	<b>0.0%</b>	<b>-14.6%</b>	

\*Offer Available if bundled with STD and LTD

**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**

SCHEDULE OF BENEFITS	Current		Option #2		Option #3	
	Principal DPPO		Sun Life		Ameritas	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>						
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<b>Deductibles</b>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>		Included	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>		<b>24 Months</b>	
Employee	65	\$43.11	\$35.86		\$37.30	
Employee + Spouse	8	\$87.50	\$72.59		\$74.52	
Employee + Child(ren)	4	\$87.95	\$86.32		\$85.54	
Family	9	\$138.27	\$123.05		\$122.72	
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>	<b>\$4,364</b>		<b>\$4,467</b>	
<b>Annual Premium</b>		<b>\$61,181</b>	<b>\$52,372</b>		<b>\$53,608</b>	
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>	<b>-\$8,808</b>		<b>-\$7,573</b>	
<b>% Increase/(Decrease)</b>		<b>N/A</b>	<b>-14.4%</b>		<b>-12.4%</b>	

Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020



SCHEDULE OF BENEFITS	Current		Option #4		Option #5	
	Principal DPPO		Mutual of Omaha		The Standard	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>						
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<b>Deductibles</b>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>		Included	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>		<b>24 Months</b>	
Employee	65	\$43.11	\$41.00	\$41.36		
Employee + Spouse	8	\$87.50	\$83.00	\$84.60		
Employee + Child(ren)	4	\$87.95	\$84.00	\$85.10		
Family	9	\$138.27	\$125.00	\$133.10		
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>	<b>\$4,790</b>	<b>\$4,904</b>		
<b>Annual Premium</b>		<b>\$61,181</b>	<b>\$57,480</b>	<b>\$58,842</b>		
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>	<b>-\$3,701</b>	<b>-\$2,339</b>		
<b>% Increase/(Decrease)</b>		<b>N/A</b>	<b>-6.0%</b>	<b>-3.8%</b>		

**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**

SCHEDULE OF BENEFITS	Current		Option #6	
	Principal DPPO		Delta Dental	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>				
Calendar Year Maximum	\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000	
<b>Deductibles</b>				
Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes
<b>Benefits</b>				
Preventative	100%	100%	100%	100%
Basic	100%	100%	100%	100%
Major	60%	60%	<b>50%</b>	<b>50%</b>
Orthodontia (Child Only)	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	
Employee	65	\$43.11		\$39.94
Employee + Spouse	8	\$87.50		\$94.31
Employee + Child(ren)	4	\$87.95		\$97.68
Family	9	\$138.27		\$157.87
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>		<b>\$5,162</b>
<b>Annual Premium</b>		<b>\$61,181</b>		<b>\$61,946</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$765</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>1.3%</b>



Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020



SCHEDULE OF BENEFITS	Current		Renewal		Option #1	
	Principal		Principal		Sun Life	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10		\$10	
Materials Copay	\$25		\$25		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45	\$10	\$45
Single Lenses	\$25	\$30	\$25	\$30	\$25	\$30
Bifocal Lenses	\$25	\$50	\$25	\$50	\$25	\$50
Trifocal Lenses	\$25	\$65	\$25	\$65	\$25	\$60
Lenticular Lenses	\$25	\$100	\$25	\$100	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	\$105	\$150	\$105
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$150	\$70	\$150	\$70
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	<b>24 Months*</b>	<b>12 Months</b>	
Employee	67	\$6.56		\$6.56		\$4.19
Employee + Spouse	6	\$11.81		\$11.81		\$8.38
Employee + Child(ren)	5	\$12.48		\$12.48		\$9.22
Family	8	\$19.71		\$19.71		\$13.40
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$730</b>		<b>\$484</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$8,766</b>		<b>\$5,812</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$0</b>		<b>-\$2,954</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>0.0%</b>		<b>-33.7%</b>

\*Offer Available if bundled with STD and LTD

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020



SCHEDULE OF BENEFITS	Current		Option #2		Option #3	
	Principal		The Standard		Mutual of Omaha	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10		\$10	
Materials Copay	\$25		\$25		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45	\$10	<b>\$37</b>
Single Lenses	\$25	\$30	\$25	\$30	\$25	<b>\$20</b>
Bifocal Lenses	\$25	\$50	\$25	\$50	\$25	<b>\$36</b>
Trifocal Lenses	\$25	\$65	\$25	\$65	\$25	<b>\$64</b>
Lenticular Lenses	\$25	\$100	\$25	\$100	\$25	<b>\$64</b>
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	<b>\$75</b>	\$150	<b>\$102</b>
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	<b>\$200</b>	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$150	\$70	\$150	<b>\$66</b>
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>24 Months</b>		<b>24 Months</b>	
Employee	67	\$6.56		\$5.69		\$6.25
Employee + Spouse	6	\$11.81		\$9.90		\$11.25
Employee + Child(ren)	5	\$12.48		\$10.50		\$11.75
Family	8	\$19.71		\$16.80		\$18.75
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$628</b>		<b>\$695</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$7,530</b>		<b>\$8,340</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>-\$1,235</b>		<b>-\$426</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>-14.1%</b>		<b>-4.9%</b>

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020

SCHEDULE OF BENEFITS	Current		Option #4		Option #5	
	Principal		Solstice		VSP	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$4		\$10	
Materials Copay	\$25		\$10		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$4	\$30	\$10	\$45
Single Lenses	\$25	\$30	\$10	\$25	\$25	\$30
Bifocal Lenses	\$25	\$50	\$10	\$35	\$25	\$50
Trifocal Lenses	\$25	\$65	\$10	\$45	\$25	\$65
Lenticular Lenses	\$25	\$100	\$10	No Benefit	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$110	\$85	\$150	\$105
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$200	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$120	\$30	\$150	\$70
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>36 Months</b>		<b>48 Months</b>	
Employee	67	\$6.56		\$6.36		\$8.80
Employee + Spouse	6	\$11.81		\$12.71		\$14.08
Employee + Child(ren)	5	\$12.48		\$13.10		\$14.37
Family	8	\$19.71		\$20.35		\$23.17
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$731</b>		<b>\$931</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$8,768</b>		<b>\$11,175</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$3</b>		<b>\$2,410</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>0.0%</b>		<b>27.5%</b>

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020

SCHEDULE OF BENEFITS	Current		Option #6	
	Principal		Ameritas	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10	
Materials Copay	\$25		\$25	
<b>Frequency</b>				
Exam Copay	12 months		12 months	
Lenses	12 months		12 months	
Frames	24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45
Single Lenses	\$25	\$30	\$25	\$30
Bifocal Lenses	\$25	\$50	\$25	\$50
Trifocal Lenses	\$25	\$65	\$25	\$65
Lenticular Lenses	\$25	\$100	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	<b>\$120</b>
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$150	<b>\$75</b>
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>48 Months</b>	
Employee	67	\$6.56		\$9.08
Employee + Spouse	6	\$11.81		\$19.44
Employee + Child(ren)	5	\$12.48		\$15.76
Family	8	\$19.71		\$26.12
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$1,013</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$12,153</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$3,388</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>38.6%</b>

**Indian Trail Improvement District**  
**Basic Life RFP Evaluation**  
**Effective Date: January 1, 2020**



	Current	Renewal		Option 1
Basic Life	Principal	Principal		Mutual of Omaha
<b>Class Description</b>				
Class 1: Board Members Benefit	\$50,000	\$50,000		\$50,000
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum		2x Annual Salary to \$200,000 Maximum
<b>Features</b>				
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000		Class 1: \$50,000 Class 2: \$200,000
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum		75% up to Plan Maximum
Waiver of Premium	Included	Included		Included
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70		35% at age 65 50% at age 70
Conversion	Included	Included		Included
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>12 Months</b>	<b>24 Months*</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	\$0.206	\$0.233	\$0.233	\$0.200
AD&D Rate / \$1,000	\$0.021	\$0.021	\$0.021	\$0.020
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.254</b>	<b>\$0.248</b>	<b>\$0.220</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$1,884</b>	<b>\$1,839</b>	<b>\$1,632</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$22,612</b>	<b>\$22,067</b>	<b>\$19,585</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$2,404</b>	<b>\$1,859</b>	<b>-\$623</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>11.9%</b>	<b>9.2%</b>	<b>-3.1%</b>

\*Offer Available if bundled with VLTD and VSTD

**Indian Trail Improvement District**  
**Basic Life RFP Evaluation**  
**Effective Date: January 1, 2020**

	Current	Option 2	Option 3
<b>Basic Life</b>	<b>Principal</b>	<b>The Standard</b>	<b>Ochs</b>
<b>Class Description</b>			
Class 1: Board Members Benefit	\$50,000	\$50,000	\$50,000
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum
<b>Features</b>			
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum	75% up to Plan Maximum
Waiver of Premium	Included	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70	35% at age 65 50% at age 70
Conversion	Included	Included	Included
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>36 Months</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	\$0.206	\$0.270	\$0.330
AD&D Rate / \$1,000	\$0.021	\$0.021	\$0.021
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.291</b>	<b>\$0.351</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$2,159</b>	<b>\$2,604</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$25,906</b>	<b>\$31,247</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$5,697</b>	<b>\$11,039</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>28.2%</b>	<b>54.6%</b>

**Indian Trail Improvement District  
Basic Life RFP Evaluation  
Effective Date: January 1, 2020**

Basic Life	Current	Option 4	
	Principal	Solstice	
<b>Class Description</b>			
Class 1: Board Members Benefit	\$50,000	\$50,000	
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum	
<b>Features</b>			
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000	
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum	
Waiver of Premium	Included	Included	
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70	
Conversion	Included	Included	
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months - Board Members</b>	<b>24 Months - Other Employees</b>
Basic Life Rate / \$1,000	\$0.206	\$0.346	\$0.180
AD&D Rate / \$1,000	\$0.021	N/A	\$0.021
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.346</b>	<b>\$0.201</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$2,567</b>	<b>\$1,491</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$30,802</b>	<b>\$17,894</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$10,594</b>	<b>-\$2,315</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>52.4%</b>	<b>-11.5%</b>

**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Renewal	Option 1
<b>Supplemental Life</b>	<b>Principal</b>	<b>Principal</b>	<b>Mutual of Omaha</b>
<b>Core Benefit</b>			
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>12 Months/24 Months*</b>	<b>24 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016	\$3.016
AD&D	\$0.021	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00	\$1.00/\$2.00

\*Offer Available if bundled with VLTD and VSTD



**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Option 2	Option 3
<b>Supplemental Life</b>	<b>Principal</b>	<b>The Standard</b>	<b>Ochs</b>
<b>Core Benefit</b>			
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months</b>	<b>36 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016	\$3.016
AD&D	\$0.021	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00	\$1.00/\$2.00

**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Option 4
<b>Supplemental Life</b>	<b>Principal</b>	<b>Solstice</b>
<b>Core Benefit</b>		
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016
AD&D	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00

**Indian Trail Improvement District**  
**Voluntary Short Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**



	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Short Term Disability	Principal	Sun Life	The Standard	Ochs	Solstice	Mutual of Omaha
<b>Features:</b>						
Weekly Benefit	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income
Maximum Weekly Benefit	\$1,500	\$1,500	\$2,000	\$1,000	\$1,300	\$2,000
Elimination Period	30 Days	30 Days	30	30 days	30 days	30 Days
Duration of Benefits	110 Days	110 Days	180 days	110 Days	110 days	110 Days
<b>Rate Guarantee</b>	<b>36 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
<b>Age Banded Rates per \$10 of Benefit</b>						
18-24	\$0.140	0.106	\$0.190	\$0.240	\$0.378	N/A
25-29	\$0.120	0.101	\$0.190	\$0.210	\$0.369	N/A
30-34	\$0.120	0.108	\$0.190	\$0.220	\$0.333	N/A
35-39	\$0.140	0.125	\$0.190	\$0.260	\$0.315	N/A
40-44	\$0.200	0.169	\$0.190	\$0.380	\$0.342	N/A
45-49	\$0.210	0.178	\$0.290	\$0.420	\$0.378	N/A
50-54	\$0.270	0.263	\$0.390	\$0.520	\$0.405	N/A
55-59	\$0.340	0.405	\$0.590	\$0.710	\$0.495	N/A
60-64	\$0.420	0.45	\$0.590	\$0.900	\$0.594	N/A
65-99 / 70 +	\$.450/\$.490	0.582	\$0.590	\$1.110	\$0.729	N/A
<b>Composite Rate</b>						<b>\$0.460</b>
<b>Minimum Participation</b>	<b>3 Lives</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>

**Indian Trail Improvement District**  
**Voluntary Long Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
<b>Long Term Disability</b>	<b>Principal</b>	<b>Sun Life</b>	<b>Solstice</b>	<b>The Standard</b>	<b>Ochs</b>	<b>Mutual of Omaha</b>
<b>Features:</b>						
Eligibility Requirement	All Employees working 30 hours or more each week	All Employees working 30 hours or more each week	All Employees working 30 hours or more each week	All Employees working 30 hours or more each week	All Employees working 30 hours or more each week	All Employees working 30 hours or more each week
Monthly Benefit	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income
Maximum Monthly Benefit	\$6,000	\$7,500	\$6,000	\$7,500	\$5,000	\$7,500
Elimination Period	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
Own Occupation Period	24 months	24 months	24 months	24 months	24 months	24 months
Duration of Benefits	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)
Pre-existing Condition Limitation	6/12	3/12	3/12	3/12	3/12	6/12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 months	24 months	24 months	24 months	24 months	24 months
<b>Rate Guarantee</b>	<b>36 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
<b>Age Banded Rates per \$100 of Benefit</b>						
Age Band						
<20	\$0.230	\$0.334	\$0.117	\$0.120	\$0.130	\$0.070
20-24	\$0.230	\$0.334	\$0.117	\$0.120	\$0.130	\$0.080
25-29	\$0.240	\$0.258	\$0.135	\$0.120	\$0.140	\$0.130
30-34	\$0.250	\$0.331	\$0.243	\$0.190	\$0.160	\$0.190
35-39	\$0.310	\$0.495	\$0.459	\$0.390	\$0.310	\$0.280
40-44	\$0.630	\$0.621	\$0.666	\$0.590	\$0.510	\$0.440
45-49	\$0.810	\$0.847	\$0.927	\$0.890	\$0.880	\$0.710
50-54	\$1.090	\$1.283	\$1.287	\$1.090	\$0.990	\$1.170
55-59	\$1.240	\$1.371	\$1.413	\$1.390	\$1.350	\$1.530
60-64	\$1.480	\$1.806	\$1.260	\$1.390	\$1.220	\$1.610
65-69	\$1.070	\$1.167	\$1.062	\$1.390	\$0.850	\$1.690
70-99	\$1.090	\$1.302	\$1.062	\$1.390	\$0.850	\$1.770
<b>Minimum Participation</b>	<b>3 lives</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>



**INDIAN TRAIL  
IMPROVEMENT DISTRICT  
RFP ANALYSIS**

*Analysis by:*



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**Palm Beach Gardens, Florida 33410**

**(561) 626-6797**

**(561) 626-6970 – Fax**

**[www.gehringgroup.com](http://www.gehringgroup.com)**

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Indian Trail Improvement District

# Agenda

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- **Introduction**
  - Timeline of Expectations
  - Request for Proposal (RFP) Proposer Bid List
- **Medical RFP Analysis**
  - Medical RFP Evaluation
- **Ancillary Lines RFP Analysis**
  - Dental RFP Evaluation
  - Vision RFP Evaluation
  - Basic Life and AD&D RFP Evaluation
  - Supplemental Life and AD&D Evaluation
  - Employer Paid Short Term Disability
  - Employer Paid Long Term Disability
  - Voluntary Short Term Disability
  - Voluntary Long Term Disability
- **Appendix**
  - Executive Summary

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Indian Trail Improvement District  
Introduction

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## Indian Trail Improvement District 2020 Timeline for Renewals

<u>Insurance Coverage</u>	<u>Renewal Date</u>	<u>Current Carrier</u>
Medical	January 1, 2020	Florida Blue
Dental	January 1, 2020	Principal
Vision	January 1, 2020	Principal
Life and AD&D	January 1, 2020	Principal
EAP	August 31, 2021	Aetna
Legal	Ongoing	Legal Shield
Supplemental Worksite	Ongoing	Aflac / Colonial
<b>Proposed Schedule of Activities</b>		
<u>Date</u>	<u>Action</u>	
04/17/2019	Board Workshop Meeting	
08/21/2019	RFP Released to Market	
09/11/2019	RFP Responses Due to Gehring Group	
09/11 – 9/18/2019	RFP Responses Evaluated	
9/18/2019	Agenda Item due for Board Workshop	
9/25/2019	RFP Responses Presented at Board Workshop	
10/08/2019	Agenda Items Due for Board of Supervisors Meeting	
10/23/2019	Board of Supervisors Meeting - Approve Selection of Plans	
10/24/2019 – 11/15/2019	Prepare Open Enrollment Materials	
11/18/2019 – 11/22/2019	Open Enrollment Meetings	
01/01/2020	Plan Year begins	

*\*Dates outlined herein are subject to change based on the goals of the client and insurance carrier cooperation.*



Indian Trail Improvement District  
 Carrier Bid List  
 Effective Date: January 1, 2020

	Medical	Dental	Vision	Basic Life	Supp Life	ER Paid STD	ER Paid LTD	Vol STD	Vol LTD	Notes/Total
Ameritas Group		✓	✓							
CIGNA	✓									
Delta Dental		✓								
FMIT - Florida League of Cities	✓									
Mutual of Omaha		✓	✓	✓	✓			✓	✓	
Ochs				✓	✓	✓	✓	✓	✓	
<b>Principal Financial Group</b>		✓	✓	✓	✓	✓	✓	✓	✓	
Solstice		✓	✓	✓	✓	✓	✓	✓	✓	
The Standard		✓	✓	✓	✓	✓	✓	✓	✓	
Sun Life		✓	✓			✓	✓	✓	✓	
VSP			✓							
Aetna	DTQ	DTQ	DTQ	DTQ	DTQ			DTQ	DTQ	Not able to quote 1/1s at this time
EyeMed			DTQ							Non Competitive Rates
Humana	DTQ	DTQ	DTQ	DTQ	DTQ			DTQ	DTQ	Note able to submit at this time
Lincoln Financial Group		DTQ	DTQ	DTQ	DTQ			DTQ	DTQ	Not able to match current benefits
Reliance Standard		DTQ	DTQ	DTQ	DTQ			DTQ	DTQ	Non Competitive Rates
UnitedHealthcare	DTQ	DTQ	DTQ	DTQ	DTQ			DTQ	DTQ	Not able to quote 1/1s at this time
Avesis Vision Plans										No Response
AvMed										No Response
<b>Florida Blue</b>	✓									No Response
Guardian										No Response
Hartford										No Response
Liberty Dental Plan										No Response
MetLife										No Response
Renaissance Family										No Response
United Concordia										No Response
Unum										No Response
Versant Health										No Response
Advantica										No Response
<b>Totals</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>49</b>

Incumbent Carrier Highlighted Red

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Indian Trail Improvement District  
Medical RFP Analysis

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**Indian Trail Improvement District  
Medical RFP Evaluation  
Effective Date: January 1, 2020**

Schedule of Benefits	Current				Renewal			
	Florida Blue				Florida Blue			
	HMO 55	HMO 47	PPO 5760		HMO 55	HMO 47	PPO 5760	
	In Network Only	In Network Only	In Network	Non Network	In Network Only	In Network Only	In Network	Non Network
	BlueCare	BlueCare	BlueOptions		BlueCare	BlueCare	BlueOptions	
<b>Network(s) Utilized</b>								
<b>Calendar Year Deductible (CYD)</b>								
Individual	\$0	\$1,500	\$500	\$1,500	\$0	\$1,500	\$500	\$1,500
Family	\$0	\$4,500	\$1,500	\$4,500	\$0	\$4,500	\$1,500	\$4,500
<b>Out-of-Pocket Maximum</b>								
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$2,500	\$4,500	\$2,000	\$4,000
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$7,500	\$9,000	\$4,000	\$8,000
Member Coinsurance	0%	20%	10%	50%	0%	20%	10%	50%
<b>Non Hospital Services</b>								
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$10	\$30	\$20	CYD + 50%
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$10	\$55	\$35	CYD + 50%
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	No Charge	\$20	50%
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	No Charge	No Charge	CYD + 50%
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	\$75	\$250	\$150	CYD + 50%
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$10	\$60	\$40	CYD + \$40
<b>Hospital Services</b>								
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	\$250	CYD + 20%	\$600 per day	\$2,500
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	\$150	CYD + 20%	\$250	CYD + 50%
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$100	\$250	\$150	CYD + \$150
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	No Charge	CYD + 20%	\$50	\$50
<b>Mental Health &amp; Substance Abuse</b>								
Inpatient	No Charge	No Charge	No Charge	\$250	No Charge	No Charge	No Charge	\$250
Outpatient	No Charge	No Charge	No Charge	50%	No Charge	No Charge	No Charge	50%
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>				<b>\$800 Rx DED</b>		
Generic	\$10	\$10	\$10		\$10	\$10	\$10	
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$60	Rx Ded + \$60	\$30	
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$100	Rx Ded + \$100	\$50	50%
Mail Order (90 day supply)	2.5x	2.5x	2.5x		2.5x Copay	2.5x Copay	2.5x Copay	
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>					
Employee Only	58	0	13		\$836.14	\$660.45	\$890.61	\$998.93
Employee + Spouse	2	0	1		\$1,990.00	\$1,571.87	\$2,119.64	\$2,377.45
Employee + Child(ren)	2	3	0		\$1,538.49	\$1,215.23	\$1,638.71	\$1,838.03
Employee + Family	0	2	0		\$2,608.74	\$2,060.60	\$2,778.69	\$3,116.67
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>		<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>	<b>\$15,364</b>
<b>Annual Premium</b>					<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>	<b>\$184,362</b>
<b>\$ Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$19,992</b>
<b>% Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>12.2%</b>
<b>Combined Monthly Premium</b>	<b>81</b>				<b>\$77,018</b>			<b>\$86,700</b>
<b>Combined Annual Premium</b>					<b>\$924,211</b>			<b>\$1,040,402</b>
<b>\$ Increase / (Decrease)</b>					<b>N/A</b>			<b>\$116,191</b>
<b>% Increase / (Decrease)</b>					<b>N/A</b>			<b>12.6%</b>

Indian Trail Improvement District  
 Medical RFP Evaluation  
 Effective Date: January 1, 2020



Schedule of Benefits	Current				Option 1			
	Florida Blue				Cigna			
	HMO 55	HMO 47	PPO 5760		Buy Up Plan	HDHP	PPO	
	In Network Only	In Network Only	In Network	Non Network	In Network Only	In Network	In Network	Non Network
Network(s) Utilized	BlueCare	BlueCare	BlueOptions		OAPIN	OAPIN	OAP	
<b>Calendar Year Deductible (CYD)</b>								
Individual	\$0	\$1,500	\$500	\$1,500	\$0	\$1,500	\$500	\$1,500
Family	\$0	\$4,500	\$1,500	\$4,500	\$0	\$4,500	\$1,500	\$4,500
<b>Out-of-Pocket Maximum</b>								
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$2,500	\$4,500	\$2,000	\$4,000
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$7,500	\$9,000	\$4,000	\$8,000
Member Coinsurance	0%	20%	10%	50%	0%	20%	10%	50%
<b>Non Hospital Services</b>								
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$10	CYD + 20%	\$20	CYD + 50%
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$10	CYD + 20%	\$35	CYD + 50%
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	No Charge	\$20	CYD + 50%
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	CYD + 20%	No Charge	CYD + 50%
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	\$50	CYD + 20%	\$150	CYD + 50%
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$10	CYD + 20%	\$40	CYD + 50%
<b>Hospital Services</b>								
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	\$250	CYD + 20%	\$600 per day	CYD + 50%
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	\$150	CYD + 20%	\$250	CYD + 50%
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$100	CYD + 20%	\$150	CYD + \$150
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	No Charge	CYD + 20%	CYD + 10%	CYD + 50%
<b>Mental Health &amp; Substance Abuse</b>								
Inpatient	No Charge	No Charge	No Charge	\$250	No Charge	CYD + 20%	No Charge	\$250
Outpatient	No Charge	No Charge	No Charge	50%	No Charge	CYD + 20%	No Charge	50%
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>						
Generic	\$10	\$10	\$10		\$10	CYD + \$10	\$10	
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$60	CYD + \$60	\$30	
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$100	CYD + \$100	\$50	50%
Mail Order (90 day supply)	2.5x	2.5x	2.5x		3x	3x	3x	
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>					
Employee Only	58	0	13	\$836.14	\$660.45	\$890.61	\$836.14	\$621.70
Employee + Spouse	2	0	1	\$1,990.00	\$1,571.87	\$2,119.64	\$1,990.00	\$1,486.81
Employee + Child(ren)	2	3	0	\$1,538.49	\$1,215.23	\$1,638.71	\$1,538.49	\$1,148.27
Employee + Family	0	2	0	\$2,608.74	\$2,060.60	\$2,778.69	\$2,608.74	\$1,950.73
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>	<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>	<b>\$55,553</b>	<b>\$7,346</b>
<b>Annual Premium</b>				<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>	<b>\$666,637</b>	<b>\$88,155.24</b>
<b>\$ Increase / (Decrease)</b>				<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$0</b>	<b>-\$5,047</b>
<b>% Increase / (Decrease)</b>				<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0.0%</b>	<b>-5.4%</b>
<b>Combined Monthly Premium</b>	<b>81</b>	<b>\$77,018</b>			<b>\$76,597</b>			
<b>Combined Annual Premium</b>		<b>\$924,211</b>			<b>\$919,163</b>			
<b>\$ Increase / (Decrease)</b>		<b>N/A</b>			<b>-\$5,047</b>			
<b>% Increase / (Decrease)</b>		<b>N/A</b>			<b>-0.5%</b>			

Indian Trail Improvement District  
 Medical RFP Evaluation  
 Effective Date: January 1, 2020



Schedule of Benefits	Current				Option 3				
	Florida Blue				Cigna				
	HMO 55	HMO 47	PPO 5760		Buy Up Plan	Base Plan	PPO		
	In Network Only	In Network Only	In Network	Non Network	In Network Only	In Network Only	In Network	Non Network	
Network(s) Utilized	BlueCare	BlueCare	BlueOptions		OAPIN	OAPIN	OAP		
<b>Calendar Year Deductible (CYD)</b>									
Individual	\$0	\$1,500	\$500	\$1,500	\$0	\$1,500	\$500	\$1,500	
Family	\$0	\$4,500	\$1,500	\$4,500	\$0	\$4,500	\$1,500	\$4,500	
<b>Out-of-Pocket Maximum</b>									
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$2,500	\$4,500	\$2,000	\$4,000	
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$7,500	\$9,000	\$4,000	\$8,000	
Member Coinsurance	0%	20%	10%	50%	0%	20%	10%	50%	
<b>Non Hospital Services</b>									
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$10	\$30	\$20	CYD + 50%	
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$10	\$55	\$35	CYD + 50%	
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	No Charge	\$20	CYD + 50%	
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	No Charge	No Charge	CYD + 50%	
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	\$50	\$250	\$150	CYD + 50%	
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$10	\$60	\$40	CYD + 50%	
<b>Hospital Services</b>									
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	\$250	CYD + 20%	\$600 per day	CYD + 50%	
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	\$150	CYD + 20%	\$250	CYD + 50%	
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$100	\$250	\$150	CYD + \$150	
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	No Charge	CYD + 20%	CYD + 10%	CYD + 50%	
<b>Mental Health &amp; Substance Abuse</b>									
Inpatient	No Charge	No Charge	No Charge	\$250	No Charge	No Charge	No Charge	\$250	
Outpatient	No Charge	No Charge	No Charge	50%	No Charge	No Charge	No Charge	50%	
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>				<b>\$150 Rx DED</b>			
Generic	\$10	\$10	\$10		\$10	\$10	\$10		
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$60	Rx Ded + \$60	\$30		
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$100	Rx Ded + \$100	\$50	50%	
Mail Order (90 day supply)	2.5x	2.5x	2.5x		3x	3x	3x		
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>						
Employee Only	58	0	13	\$836.14	\$660.45	\$890.61	\$836.14	\$660.46	\$890.61
Employee + Spouse	2	0	1	\$1,990.00	\$1,571.87	\$2,119.64	\$1,990.00	\$1,571.87	\$2,119.64
Employee + Child(ren)	2	3	0	\$1,538.49	\$1,215.23	\$1,638.71	\$1,538.49	\$1,215.23	\$1,638.71
Employee + Family	0	2	0	\$2,608.74	\$2,060.60	\$2,778.69	\$2,608.74	\$2,060.60	\$2,778.69
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>	<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>	<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>
<b>Annual Premium</b>				<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>	<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>
\$ Increase / (Decrease)				N/A	N/A	N/A	\$0	\$0	\$0
% Increase / (Decrease)				N/A	N/A	N/A	0.0%	0.0%	0.0%
<b>Combined Monthly Premium</b>	<b>81</b>	<b>\$77,018</b>			<b>\$77,018</b>				
<b>Combined Annual Premium</b>		<b>\$924,211</b>			<b>\$924,211</b>				
\$ Increase / (Decrease)		N/A			N/A			\$0	
% Increase / (Decrease)		N/A			N/A			0.0%	

**Indian Trail Improvement District  
Medical RFP Evaluation  
Effective Date: January 1, 2020**

Schedule of Benefits	Current				Option 4						
	Florida Blue				UnitedHealthcare - FMIT						
	HMO 55	HMO 47	PPO 5760		Plan 14		Plan 6		Plan 4		
	In Network Only	In Network Only	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	
	BlueCare	BlueCare	BlueOptions		Choice Plus		Choice Plus		Choice Plus		
<b>Network(s) Utilized</b>											
<b>Calendar Year Deductible (CYD)</b>											
Individual	\$0	\$1,500	\$500	\$1,500	\$1,000	\$1,000	\$2,500	\$5,000	\$500	\$1,000	
Family	\$0	\$4,500	\$1,500	\$4,500	\$2,000	\$2,000	\$5,000	\$1,000	\$1,000	\$2,000	
<b>Out-of-Pocket Maximum</b>											
Individual	\$2,500	\$4,500	\$2,000	\$4,000	\$4,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	
Family	\$7,500	\$9,000	\$4,000	\$8,000	\$8,000	\$12,000	\$10,000	\$20,000	\$6,000	\$12,000	
Member Coinsurance	0%	20%	10%	50%	20%	30%	20%	30%	20%	30%	
<b>Non Hospital Services</b>											
Physician Office Visit	\$10	\$30	\$20	CYD + 50%	\$25	CYD + 30%	CYD + 20%	CYD + 30%	\$25	CYD + 30%	
Specialist Office Visit	\$10	\$55	\$35	CYD + 50%	\$50	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 30%	
Preventive Care	No Charge	No Charge	\$20	50%	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	
Independent Clinical Lab	No Charge	No Charge	No Charge	CYD + 50%	No Charge	CYD + 30%	CYD + 20%	CYD + 30%	No Charge	CYD + 30%	
Advanced Imaging	\$75	\$250	\$150	CYD + 50%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Urgent Care Visit	\$10	\$60	\$40	CYD + \$40	\$35	CYD + 30%	CYD + 20%	CYD + 30%	\$50	CYD + 30%	
<b>Hospital Services</b>											
Inpatient	\$250	CYD + 20%	\$600 per day	\$2,500	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Outpatient	\$150	CYD + 20%	\$250	CYD + 50%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Emergency Room Visit	\$100	\$250	\$150	CYD + \$150	\$200	\$200	CYD + 20%	CYD + 30%	\$150	\$150	
Physician Services at Hospital	No Charge	CYD + 20%	\$50	\$50	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
<b>Mental Health &amp; Substance Abuse</b>											
Inpatient	No Charge	No Charge	No Charge	\$250	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 30%	
Outpatient	No Charge	No Charge	No Charge	50%	\$25	CYD + 30%	CYD + 20%	CYD + 30%	\$25	CYD + 30%	
<b>Prescription Drugs</b>		<b>\$800 Rx DED</b>					<b>CYD Applies</b>				
Generic	\$10	\$10	\$10		\$10		CYD + \$10		\$10		
Preferred Brand Name	\$60	Rx Ded + \$60	\$30		\$35	Amount over Allowed Amount	CYD + \$35	Amount over Allowed Amount	\$35	Amount over Allowed Amount	
Non-Preferred Brand Name	\$100	Rx Ded + \$100	\$50	50%	\$60		CYD + \$60		\$60		
Mail Order (90 day supply)	2.5x	2.5x	2.5x		2.5x		2.5x		2.5x		
<b>Monthly Rates:</b>	<b>55</b>	<b>47</b>	<b>5760</b>								
Employee Only	58	0	13		\$836.14	\$660.45	\$890.61		\$865.64	\$747.50	\$923.83
Employee + Spouse	2	0	1		\$1,990.00	\$1,571.87	\$2,119.64		\$1,861.13	\$1,607.14	\$1,986.24
Employee + Child(ren)	2	3	0		\$1,538.49	\$1,215.23	\$1,638.71		\$1,601.43	\$1,382.88	\$1,709.10
Employee + Family	0	2	0		\$2,608.74	\$2,060.60	\$2,778.69		\$2,596.92	\$2,242.51	\$2,771.51
<b>Monthly Premium</b>	<b>62</b>	<b>5</b>	<b>14</b>		<b>\$55,553</b>	<b>\$7,767</b>	<b>\$13,698</b>		<b>\$57,132</b>	<b>\$8,634</b>	<b>\$13,996</b>
<b>Annual Premium</b>					<b>\$666,637</b>	<b>\$93,203</b>	<b>\$164,371</b>		<b>\$685,587</b>	<b>\$103,604</b>	<b>\$167,952</b>
<b>\$ Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>\$18,950</b>	<b>\$10,401</b>	<b>\$3,582</b>
<b>% Increase / (Decrease)</b>					<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>2.8%</b>	<b>11.2%</b>	<b>2.2%</b>
<b>Combined Monthly Premium</b>	<b>81</b>					<b>\$77,018</b>					<b>\$79,762</b>
<b>Combined Annual Premium</b>						<b>\$924,211</b>					<b>\$957,143</b>
<b>\$ Increase / (Decrease)</b>						<b>N/A</b>					<b>\$32,932</b>
<b>% Increase / (Decrease)</b>						<b>N/A</b>					<b>3.6%</b>

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Indian Trail Improvement District  
Dental RFP Analysis

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**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**

SCHEDULE OF BENEFITS	Current		Renewal		Option #1	
	Principal DPPO		Principal DPPO		Solstice	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>						
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<b>Deductibles</b>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		Included		Included	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	<b>24 Months*</b>	<b>36 Months</b>	
Employee	65	\$43.11	\$45.05	\$43.11	\$36.82	
Employee + Spouse	8	\$87.50	\$91.44	\$87.50	\$74.73	
Employee + Child(ren)	4	\$87.95	\$91.91	\$87.95	\$75.12	
Family	9	\$138.27	\$144.49	\$138.27	\$118.10	
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>	<b>\$5,328</b>	<b>\$5,098</b>	<b>\$4,355</b>	
<b>Annual Premium</b>		<b>\$61,181</b>	<b>\$63,934</b>	<b>\$61,181</b>	<b>\$52,254</b>	
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>	<b>\$2,753</b>	<b>\$0</b>	<b>-\$8,926</b>	
<b>% Increase/(Decrease)</b>		<b>N/A</b>	<b>4.5%</b>	<b>0.0%</b>	<b>-14.6%</b>	

\*Offer Available if bundled with STD and LTD



**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**

SCHEDULE OF BENEFITS	Current		Option #2		Option #3	
	Principal DPPO		Sun Life		Ameritas	
<u>Plan Basics</u>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<u>Deductibles</u>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<u>Benefits</u>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>		Included	
<u>Rate Guarantee</u>	<b>Expires 12/31/2019</b>		<b>12 Months</b>		<b>24 Months</b>	
Employee	65	\$43.11	\$35.86	\$37.30		
Employee + Spouse	8	\$87.50	\$72.59	\$74.52		
Employee + Child(ren)	4	\$87.95	\$86.32	\$85.54		
Family	9	\$138.27	\$123.05	\$122.72		
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>	<b>\$4,364</b>	<b>\$4,467</b>		
<b>Annual Premium</b>		<b>\$61,181</b>	<b>\$52,372</b>	<b>\$53,608</b>		
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>	<b>-\$8,808</b>	<b>-\$7,573</b>		
<b>% Increase/(Decrease)</b>		<b>N/A</b>	<b>-14.4%</b>	<b>-12.4%</b>		

Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020



SCHEDULE OF BENEFITS	Current		Option #4		Option #5	
	Principal DPPO		Mutual of Omaha		The Standard	
<u>Plan Basics</u>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Calendar Year Maximum	\$2,000		\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000		\$1,000	
<u>Deductibles</u>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes	Yes	Yes
<u>Benefits</u>						
Preventative	100%	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%	100%
Major	60%	60%	60%	60%	60%	60%
Orthodontia (Child Only)	50%	50%	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>		Included	
<u>Rate Guarantee</u>	<b>Expires 12/31/2019</b>		<b>12 Months</b>		<b>24 Months</b>	
Employee	65	\$43.11	\$41.00	\$41.36		
Employee + Spouse	8	\$87.50	\$83.00	\$84.60		
Employee + Child(ren)	4	\$87.95	\$84.00	\$85.10		
Family	9	\$138.27	\$125.00	\$133.10		
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>	<b>\$4,790</b>	<b>\$4,904</b>		
<b>Annual Premium</b>		<b>\$61,181</b>	<b>\$57,480</b>	<b>\$58,842</b>		
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>	<b>-\$3,701</b>	<b>-\$2,339</b>		
<b>% Increase/(Decrease)</b>		<b>N/A</b>	<b>-6.0%</b>	<b>-3.8%</b>		

**Indian Trail Improvement District  
PPO Dental RFP Evaluation  
Effective Date: January 1, 2020**

SCHEDULE OF BENEFITS	Current		Option #6	
	Principal DPPO		Delta Dental	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<b>Plan Basics</b>				
Calendar Year Maximum	\$2,000		\$2,000	
Orthodontia Lifetime Max	\$1,000		\$1,000	
<b>Deductibles</b>				
Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Svcs	Yes	Yes	Yes	Yes
<b>Benefits</b>				
Preventative	100%	100%	100%	100%
Basic	100%	100%	100%	100%
Major	60%	60%	<b>50%</b>	<b>50%</b>
Orthodontia (Child Only)	50%	50%	50%	50%
Rollover/Annual Max Builder	Included		<b>Not Included</b>	
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	
Employee	65	\$43.11		\$39.94
Employee + Spouse	8	\$87.50		\$94.31
Employee + Child(ren)	4	\$87.95		\$97.68
Family	9	\$138.27		\$157.87
<b>Monthly Premium</b>	<b>86</b>	<b>\$5,098</b>		<b>\$5,162</b>
<b>Annual Premium</b>		<b>\$61,181</b>		<b>\$61,946</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$765</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>1.3%</b>

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Indian Trail Improvement District  
Vision RFP Analysis

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Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020



SCHEDULE OF BENEFITS	Current		Renewal		Option #1	
	Principal		Principal		Sun Life	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10		\$10	
Materials Copay	\$25		\$25		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45	\$10	\$45
Single Lenses	\$25	\$30	\$25	\$30	\$25	\$30
Bifocal Lenses	\$25	\$50	\$25	\$50	\$25	\$50
Trifocal Lenses	\$25	\$65	\$25	\$65	\$25	\$60
Lenticular Lenses	\$25	\$100	\$25	\$100	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	\$105	\$150	\$105
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$150	\$70	\$150	\$70
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>12 Months</b>	<b>24 Months*</b>	<b>12 Months</b>	
Employee	67	\$6.56		\$6.56		\$4.19
Employee + Spouse	6	\$11.81		\$11.81		\$8.38
Employee + Child(ren)	5	\$12.48		\$12.48		\$9.22
Family	8	\$19.71		\$19.71		\$13.40
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$730</b>		<b>\$484</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$8,766</b>		<b>\$5,812</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$0</b>		<b>-\$2,954</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>0.0%</b>		<b>-33.7%</b>

\*Offer Available if bundled with STD and LTD

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020

SCHEDULE OF BENEFITS	Current		Option #2		Option #3	
	Principal		The Standard		Mutual of Omaha	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10		\$10	
Materials Copay	\$25		\$25		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45	\$10	\$37
Single Lenses	\$25	\$30	\$25	\$30	\$25	\$20
Bifocal Lenses	\$25	\$50	\$25	\$50	\$25	\$36
Trifocal Lenses	\$25	\$65	\$25	\$65	\$25	\$64
Lenticular Lenses	\$25	\$100	\$25	\$100	\$25	\$64
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	\$75	\$150	\$102
Contact Lenses (Medically Necessary)	Paid in Full after Copay		Paid in Full after Copay		Paid in Full after Copay	
Frames	\$150	\$70	\$150	\$70	\$150	\$66
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>24 Months</b>		<b>24 Months</b>	
Employee	67	\$6.56		\$5.69		\$6.25
Employee + Spouse	6	\$11.81		\$9.90		\$11.25
Employee + Child(ren)	5	\$12.48		\$10.50		\$11.75
Family	8	\$19.71		\$16.80		\$18.75
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$628</b>		<b>\$695</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$7,530</b>		<b>\$8,340</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>-\$1,235</b>		<b>-\$426</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>-14.1%</b>		<b>-4.9%</b>

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020

SCHEDULE OF BENEFITS	Current		Option #4		Option #5	
	Principal		Solstice		VSP	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$4		\$10	
Materials Copay	\$25		\$10		\$25	
<b>Frequency</b>						
Exam Copay	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$4	\$30	\$10	\$45
Single Lenses	\$25	\$30	\$10	\$25	\$25	\$30
Bifocal Lenses	\$25	\$50	\$10	\$35	\$25	\$50
Trifocal Lenses	\$25	\$65	\$10	\$45	\$25	\$65
Lenticular Lenses	\$25	\$100	\$10	No Benefit	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$110	\$85	\$150	\$105
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$200	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$120	\$30	\$150	\$70
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>36 Months</b>		<b>48 Months</b>	
Employee	67	\$6.56		\$6.36		\$8.80
Employee + Spouse	6	\$11.81		\$12.71		\$14.08
Employee + Child(ren)	5	\$12.48		\$13.10		\$14.37
Family	8	\$19.71		\$20.35		\$23.17
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$731</b>		<b>\$931</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$8,768</b>		<b>\$11,175</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$3</b>		<b>\$2,410</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>0.0%</b>		<b>27.5%</b>

Indian Trail Improvement District  
 Vision RFP Evaluation  
 Effective Date: January 1, 2020

SCHEDULE OF BENEFITS	Current		Option #6	
	Principal		Ameritas	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$10		\$10	
Materials Copay	\$25		\$25	
<b>Frequency</b>				
Exam Copay	12 months		12 months	
Lenses	12 months		12 months	
Frames	24 months		24 months	
<b>Benefits Payable</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Eye Exam	\$10	\$45	\$10	\$45
Single Lenses	\$25	\$30	\$25	\$30
Bifocal Lenses	\$25	\$50	\$25	\$50
Trifocal Lenses	\$25	\$65	\$25	\$65
Lenticular Lenses	\$25	\$100	\$25	\$100
<b>Lenses and Frames</b>	<b>Allowance</b>	<b>Reimbursement</b>	<b>Allowance</b>	<b>Reimbursement</b>
Contact Lenses (Elective)	\$150	\$105	\$150	<b>\$120</b>
Contact Lenses (Medically Necessary)	Paid in Full after Copay	\$210	Paid in Full after Copay	\$210
Frames	\$150	\$70	\$150	<b>\$75</b>
<b>Rate Guarantee</b>	<b>Expires 12/31/2019</b>		<b>48 Months</b>	
Employee	67	\$6.56		\$9.08
Employee + Spouse	6	\$11.81		\$19.44
Employee + Child(ren)	5	\$12.48		\$15.76
Family	8	\$19.71		\$26.12
<b>Monthly Premium</b>	<b>86</b>	<b>\$730</b>		<b>\$1,013</b>
<b>Annual Premium</b>		<b>\$8,766</b>		<b>\$12,153</b>
<b>\$ Increase/(Decrease)</b>		<b>N/A</b>		<b>\$3,388</b>
<b>% Increase/(Decrease)</b>		<b>N/A</b>		<b>38.6%</b>



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Indian Trail Improvement District  
Life RFP Analysis

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**Indian Trail Improvement District**  
**Basic Life RFP Evaluation**  
**Effective Date: January 1, 2020**



	Current	Renewal		Option 1
Basic Life	Principal	Principal		Mutual of Omaha
<b>Class Description</b>				
Class 1: Board Members Benefit	\$50,000	\$50,000		\$50,000
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum		2x Annual Salary to \$200,000 Maximum
<b>Features</b>				
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000		Class 1: \$50,000 Class 2: \$200,000
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum		75% up to Plan Maximum
Waiver of Premium	Included	Included		Included
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70		35% at age 65 50% at age 70
Conversion	Included	Included		Included
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>12 Months</b>	<b>24 Months*</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	\$0.206	\$0.233	\$0.233	\$0.200
AD&D Rate / \$1,000	\$0.021	\$0.021	\$0.021	\$0.020
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.254</b>	<b>\$0.248</b>	<b>\$0.220</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$1,884</b>	<b>\$1,839</b>	<b>\$1,632</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$22,612</b>	<b>\$22,067</b>	<b>\$19,585</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$2,404</b>	<b>\$1,859</b>	<b>-\$623</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>11.9%</b>	<b>9.2%</b>	<b>-3.1%</b>

\*Offer Available if bundled with VLTD and VSTD

**Indian Trail Improvement District**  
**Basic Life RFP Evaluation**  
**Effective Date: January 1, 2020**

	Current	Option 2	Option 3
<b>Basic Life</b>	<b>Principal</b>	<b>The Standard</b>	<b>Ochs</b>
<b>Class Description</b>			
Class 1: Board Members Benefit	\$50,000	\$50,000	\$50,000
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum
<b>Features</b>			
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum	75% up to Plan Maximum
Waiver of Premium	Included	Included	Included
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70	35% at age 65 50% at age 70
Conversion	Included	Included	Included
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>36 Months</b>	<b>24 Months</b>
Basic Life Rate / \$1,000	\$0.206	\$0.270	\$0.330
AD&D Rate / \$1,000	\$0.021	\$0.021	\$0.021
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.291</b>	<b>\$0.351</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$2,159</b>	<b>\$2,604</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$25,906</b>	<b>\$31,247</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$5,697</b>	<b>\$11,039</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>28.2%</b>	<b>54.6%</b>

**Indian Trail Improvement District**  
**Basic Life RFP Evaluation**  
**Effective Date: January 1, 2020**

Basic Life	Current	Option 4	
	Principal	Solstice	
<b>Class Description</b>			
Class 1: Board Members Benefit	\$50,000	\$50,000	
Class 2: All Other Eligible Employees Benefit	2x Annual Salary to \$200,000 Maximum	2x Annual Salary to \$200,000 Maximum	
<b>Features</b>			
Guaranteed Issue	Class 1: \$50,000 Class 2: \$200,000	Class 1: \$50,000 Class 2: \$200,000	
Accelerated Benefit	75% up to Plan Maximum	75% up to Plan Maximum	
Waiver of Premium	Included	Included	
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70	
Conversion	Included	Included	
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months - Board Members</b>	<b>24 Months - Other Employees</b>
Basic Life Rate / \$1,000	\$0.206	\$0.346	\$0.180
AD&D Rate / \$1,000	\$0.021	N/A	\$0.021
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.227</b>	<b>\$0.346</b>	<b>\$0.201</b>
Estimated Volume	\$7,418,550	\$7,418,550	\$7,418,550
<b>Total Monthly Premium</b>	<b>\$1,684</b>	<b>\$2,567</b>	<b>\$1,491</b>
<b>Total Annual Premium</b>	<b>\$20,208</b>	<b>\$30,802</b>	<b>\$17,894</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$10,594</b>	<b>-\$2,315</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>52.4%</b>	<b>-11.5%</b>

**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Renewal	Option 1
<b>Supplemental Life</b>	<b>Principal</b>	<b>Principal</b>	<b>Mutual of Omaha</b>
<b>Core Benefit</b>			
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>12 Months/24 Months*</b>	<b>24 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016	\$3.016
AD&D	\$0.021	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00	\$1.00/\$2.00

\*Offer Available if bundled with VLTD and VSTD

**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Option 2	Option 3
<b>Supplemental Life</b>	<b>Principal</b>	<b>The Standard</b>	<b>Ochs</b>
<b>Core Benefit</b>			
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months</b>	<b>36 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016	\$3.016
AD&D	\$0.021	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00	\$1.00/\$2.00

**Indian Trail Improvement District  
Supplemental Life RFP Evaluation  
Effective Date: January 1, 2020**

	Current	Option 4
<b>Supplemental Life</b>	<b>Principal</b>	<b>Solstice</b>
<b>Core Benefit</b>		
<b>Employees</b>	In increments of \$10,000 not to exceed \$300,000	In increments of \$10,000 not to exceed \$300,000
Guarantee Issue	\$100,000	\$100,000
<b>Spouses</b>	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit	In increments of \$5,000 not to exceed \$100,000 or 100% of EE Benefit
Guarantee Issue	\$30,000	\$30,000
<b>Child(ren)</b>	14 days old & above: \$5,000 or \$10,000	14 days old & above: \$5,000 or \$10,000
Guarantee Issue	Benefit Amount	Benefit Amount
<b>Rate Guarantee Period</b>	<b>Expires 12/31/2019</b>	<b>24 Months</b>
<b>Age Bands</b>	<b>Rate/\$1,000</b>	<b>Rate/\$1,000</b>
Age 0 - 29	\$0.069	\$0.069
Age 30 - 34	\$0.075	\$0.075
Age 35 - 39	\$0.113	\$0.113
Age 40 - 44	\$0.183	\$0.183
Age 45 - 49	\$0.282	\$0.282
Age 50 - 54	\$0.459	\$0.459
Age 55 - 59	\$0.721	\$0.721
Age 60 - 64	\$1.001	\$1.001
Age 65 - 69	\$1.848	\$1.848
Age 70 & Over	\$3.016	\$3.016
AD&D	\$0.021	\$0.021
Child \$5,000/\$10,000	\$1.00/\$2.00	\$1.00/\$2.00

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Indian Trail Improvement District  
Disability RFP Analysis

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**Indian Trail Improvement District**  
**Employer Paid Short Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**



	Option 1	Option 2	Option 3	Option 4	Option 5
Short Term Disability	Sun Life	Principal	The Standard	Solstice	Mutual of Omaha
<b>Features:</b>					
Weekly Benefit	60%	60%	60%	60%	60%
Maximum Weekly Benefit	\$1,500	\$1,500	\$2,000	\$1,300	\$2,000
Elimination Period	30 Days	30 Days	30 Days	30 Days	30 Days
Duration of Benefits	110 Days	110 Days	180 Days	110 Days	110 Days
<b>Rate Guarantee</b>	<b>24 Months</b>	<b>36 Months</b>	<b>36 Months</b>	<b>24 Months</b>	<b>24 Months</b>
Rate per \$10 of Benefit	0.172	\$0.190	\$0.190	\$0.243	\$0.260
Estimated Volume	\$43,400	\$43,400	\$43,400	\$43,400	\$43,400
<b>Monthly Premium</b>	<b>\$746</b>	<b>\$825</b>	<b>\$825</b>	<b>\$1,055</b>	<b>\$1,128</b>
<b>Annual Premium</b>	<b>\$8,958</b>	<b>\$9,895</b>	<b>\$9,895</b>	<b>\$12,655</b>	<b>\$13,541</b>

**Indian Trail Improvement District**  
**Employer Paid Long Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**

	Option 1	Option 2	Option 3	Option 4	Option 5
Long Term Disability	Mutual of Omaha	The Standard	Sun Life	Principal	Solstice
<b>Features:</b>					
Monthly Benefit	60%	60%	60%	60%	60%
Maximum Monthly Benefit	\$7,500	\$7,500	\$7,500	\$6,000	\$6,000
Elimination Period	180 Days	180 Days	180 Days	180 Days	180 Days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months
Duration of Benefits	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Pre-existing Condition Limitation	6/12	3/12	3/12	6/12	3/12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 Months	24 Months	24 Months	24 Months	24 Months
<b>Rate Guarantee</b>	<b>24 Months</b>	<b>36 Months</b>	<b>24 Months</b>	<b>36 Months</b>	<b>24 Months</b>
Rate per \$100 of Benefit	\$0.390	\$0.430	\$0.471	\$0.52	\$0.522
Estimated Volume	\$312,603	\$312,603	\$312,603	\$312,603	\$312,603
<b>Monthly Premium</b>	<b>\$1,219</b>	<b>\$1,344</b>	<b>\$1,472</b>	<b>\$1,626</b>	<b>\$1,632</b>
<b>Annual Premium</b>	<b>\$14,630</b>	<b>\$16,130</b>	<b>\$17,668</b>	<b>\$19,506</b>	<b>\$19,581</b>

**Indian Trail Improvement District**  
**Voluntary Short Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**



	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
<b>Short Term Disability</b>	<b>Principal</b>	<b>Sun Life</b>	<b>The Standard</b>	<b>Ochs</b>	<b>Solstice</b>	<b>Mutual of Omaha</b>
<b>Features:</b>						
Weekly Benefit	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income
Maximum Weekly Benefit	\$1,500	\$1,500	\$2,000	\$1,000	\$1,300	\$2,000
Elimination Period	30 Days	30 Days	30	30 days	30 days	30 Days
Duration of Benefits	110 Days	110 Days	180 days	110 Days	110 days	110 Days
<b>Rate Guarantee</b>	<b>36 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
<b>Age Banded Rates per \$10 of Benefit</b>						
18-24	\$0.140	0.106	\$0.190	\$0.240	\$0.378	N/A
25-29	\$0.120	0.101	\$0.190	\$0.210	\$0.369	N/A
30-34	\$0.120	0.108	\$0.190	\$0.220	\$0.333	N/A
35-39	\$0.140	0.125	\$0.190	\$0.260	\$0.315	N/A
40-44	\$0.200	0.169	\$0.190	\$0.380	\$0.342	N/A
45-49	\$0.210	0.178	\$0.290	\$0.420	\$0.378	N/A
50-54	\$0.270	0.263	\$0.390	\$0.520	\$0.405	N/A
55-59	\$0.340	0.405	\$0.590	\$0.710	\$0.495	N/A
60-64	\$0.420	0.45	\$0.590	\$0.900	\$0.594	N/A
65-99 / 70 +	\$.450/\$.490	0.582	\$0.590	\$1.110	\$0.729	N/A
<b>Composite Rate</b>						<b>\$0.460</b>
<b>Minimum Participation</b>	<b>3 Lives</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>

**Indian Trail Improvement District**  
**Voluntary Long Term Disability RFP Evaluation**  
**Effective Date: January 1, 2020**

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
<b>Long Term Disability</b>	<b>Principal</b>	<b>Sun Life</b>	<b>Solstice</b>	<b>The Standard</b>	<b>Ochs</b>	<b>Mutual of Omaha</b>
<b>Features:</b>						
Monthly Benefit	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income	60% of monthly income
Maximum Monthly Benefit	\$6,000	\$7,500	\$6,000	\$7,500	\$5,000	\$7,500
Elimination Period	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
Own Occupation Period	24 months	24 months	24 months	24 months	24 months	24 months
Duration of Benefits	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)	Up to age 65 (SSNRA)
Pre-existing Condition Limitation	6/12	3/12	3/12	3/12	3/12	6/12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 months	24 months	24 months	24 months	24 months	24 months
<b>Rate Guarantee</b>	<b>36 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>	<b>24 Months</b>
<b>Age Banded Rates per \$100 of Benefit</b>						
Age Band						
<20	\$0.230	\$0.334	\$0.117	\$0.120	\$0.130	\$0.070
20-24	\$0.230	\$0.334	\$0.117	\$0.120	\$0.130	\$0.080
25-29	\$0.240	\$0.258	\$0.135	\$0.120	\$0.140	\$0.130
30-34	\$0.250	\$0.331	\$0.243	\$0.190	\$0.160	\$0.190
35-39	\$0.310	\$0.495	\$0.459	\$0.390	\$0.310	\$0.280
40-44	\$0.630	\$0.621	\$0.666	\$0.590	\$0.510	\$0.440
45-49	\$0.810	\$0.847	\$0.927	\$0.890	\$0.880	\$0.710
50-54	\$1.090	\$1.283	\$1.287	\$1.090	\$0.990	\$1.170
55-59	\$1.240	\$1.371	\$1.413	\$1.390	\$1.350	\$1.530
60-64	\$1.480	\$1.806	\$1.260	\$1.390	\$1.220	\$1.610
65-69	\$1.070	\$1.167	\$1.062	\$1.390	\$0.850	\$1.690
70-99	\$1.090	\$1.302	\$1.062	\$1.390	\$0.850	\$1.770
<b>Minimum Participation</b>	<b>3 lives</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>

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Indian Trail Improvement District  
Appendix

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**Indian Trail Improvement District**  
**Executive Summary - No Change to Current Contribution Strategy**  
**Effective: January 1, 2019**

		Current			Renewal			Option 1			Option 2		
		EE	ER	Total	EE	ER	Total	EE	ER	Total	EE	ER	Total
<b>Medical</b>		Florida Blue - HMO 55			Florida Blue - HMO 55			Cigna - Buy Up Plan			Cigna - Buy Up Plan		
Employee Only	58	\$0.00	\$836.14	\$836.14	\$0.00	\$928.28	\$928.28	\$0.00	\$836.14	\$836.14	\$0.00	\$836.14	\$836.14
Employee + Spouse	2	\$1,153.86	\$836.14	\$1,990.00	\$1,281.04	\$928.28	\$2,209.32	\$1,153.86	\$836.14	\$1,990.00	\$1,153.86	\$836.14	\$1,990.00
Employee + Child(ren)	2	\$702.35	\$836.14	\$1,538.49	\$779.76	\$928.28	\$1,708.04	\$702.35	\$836.14	\$1,538.49	\$702.35	\$836.14	\$1,538.49
Employee + Family	0	\$1,772.60	\$836.14	\$2,608.74	\$1,967.97	\$928.28	\$2,896.25	\$1,772.60	\$836.14	\$2,608.74	\$1,772.60	\$836.14	\$2,608.74
<b>ANNUAL PREMIUM</b>	<b>62</b>	<b>\$44,549</b>	<b>\$622,088</b>	<b>\$666,637</b>	<b>\$49,459</b>	<b>\$690,640</b>	<b>\$740,100</b>	<b>\$44,549</b>	<b>\$622,088</b>	<b>\$666,637</b>	<b>\$44,549</b>	<b>\$622,088</b>	<b>\$666,637</b>
<b>Medical</b>		Florida Blue - HMO 47			Florida Blue - HMO 47			Cigna - Base Plan			Cigna - Base Plan		
Employee Only	0	\$0.00	\$660.45	\$660.45	\$0.00	\$821.57	\$821.57	\$0.00	\$660.45	\$660.45	\$0.00	\$660.45	\$660.45
Employee + Spouse	0	\$735.73	\$836.14	\$1,571.87	\$1,027.06	\$928.28	\$1,955.34	\$735.73	\$836.14	\$1,571.87	\$735.73	\$836.14	\$1,571.87
Employee + Child(ren)	3	\$379.09	\$836.14	\$1,215.23	\$583.41	\$928.28	\$1,511.69	\$379.09	\$836.14	\$1,215.23	\$379.09	\$836.14	\$1,215.23
Employee + Family	2	\$1,224.46	\$836.14	\$2,060.60	\$1,635.02	\$928.28	\$2,563.30	\$1,224.46	\$836.14	\$2,060.60	\$1,224.46	\$836.14	\$2,060.60
<b>ANNUAL PREMIUM</b>	<b>5</b>	<b>\$43,034</b>	<b>\$50,168</b>	<b>\$93,203</b>	<b>\$60,243</b>	<b>\$55,697</b>	<b>\$115,940</b>	<b>\$43,034</b>	<b>\$50,168</b>	<b>\$93,203</b>	<b>\$43,034</b>	<b>\$50,168</b>	<b>\$93,203</b>
<b>Medical</b>		Florida Blue - PPO 5760			Florida Blue - PPO 5760			Cigna - PPO			Cigna - PPO		
Employee Only	13	\$54.47	\$836.14	\$890.61	\$70.65	\$928.28	\$998.93	\$54.47	\$836.14	\$890.61	\$54.47	\$836.14	\$890.61
Employee + Spouse	1	\$1,283.50	\$836.14	\$2,119.64	\$1,449.17	\$928.28	\$2,377.45	\$1,283.50	\$836.14	\$2,119.64	\$1,283.50	\$836.14	\$2,119.64
Employee + Child(ren)	0	\$802.57	\$836.14	\$1,638.71	\$909.75	\$928.28	\$1,838.03	\$802.57	\$836.14	\$1,638.71	\$802.57	\$836.14	\$1,638.71
Employee + Family	0	\$1,942.55	\$836.14	\$2,778.69	\$2,188.39	\$928.28	\$3,116.67	\$1,942.55	\$836.14	\$2,778.69	\$1,942.55	\$836.14	\$2,778.69
<b>ANNUAL PREMIUM</b>		<b>\$23,899</b>	<b>\$140,472</b>	<b>\$164,371</b>	<b>\$28,411</b>	<b>\$155,951</b>	<b>\$184,362</b>	<b>\$23,899</b>	<b>\$140,472</b>	<b>\$164,371</b>	<b>\$23,899</b>	<b>\$140,472</b>	<b>\$164,371</b>
<b>Dental</b>		Principal			Principal			Solstice			Principal		
Employee Only	65	\$0.00	\$43.11	\$43.11	\$0.00	\$43.11	\$43.11	\$0.00	\$36.82	\$36.82	\$0.00	\$43.11	\$43.11
Employee + Spouse	8	\$44.39	\$43.11	\$87.50	\$44.39	\$43.11	\$87.50	\$37.91	\$36.82	\$74.73	\$44.39	\$43.11	\$87.50
Employee + Child(ren)	4	\$44.84	\$43.11	\$87.95	\$44.84	\$43.11	\$87.95	\$38.30	\$36.82	\$75.12	\$44.84	\$43.11	\$87.95
Employee + Family	9	\$95.16	\$43.11	\$138.27	\$95.16	\$43.11	\$138.27	\$81.28	\$36.82	\$118.10	\$95.16	\$43.11	\$138.27
<b>ANNUAL PREMIUM</b>		<b>\$16,691</b>	<b>\$44,490</b>	<b>\$61,181</b>	<b>\$16,691</b>	<b>\$44,490</b>	<b>\$61,181</b>	<b>\$14,256</b>	<b>\$37,998</b>	<b>\$52,254</b>	<b>\$16,691</b>	<b>\$44,490</b>	<b>\$61,181</b>
<b>Vision</b>		Principal			Principal			Sun Life			Principal		
Employee Only	67	\$0.00	\$6.56	\$6.56	\$0.00	\$6.56	\$6.56	\$0.00	\$4.19	\$4.19	\$0.00	\$6.56	\$6.56
Employee + Spouse	6	\$5.25	\$6.56	\$11.81	\$5.25	\$6.56	\$11.81	\$4.19	\$4.19	\$8.38	\$5.25	\$6.56	\$11.81
Employee + Child(ren)	5	\$5.92	\$6.56	\$12.48	\$5.92	\$6.56	\$12.48	\$5.03	\$4.19	\$9.22	\$5.92	\$6.56	\$12.48
Employee + Family	8	\$13.15	\$6.56	\$19.71	\$13.15	\$6.56	\$19.71	\$9.21	\$4.19	\$13.40	\$13.15	\$6.56	\$19.71
<b>ANNUAL PREMIUM</b>		<b>\$1,996</b>	<b>\$6,770</b>	<b>\$8,766</b>	<b>\$1,996</b>	<b>\$6,770</b>	<b>\$8,766</b>	<b>\$1,488</b>	<b>\$4,324</b>	<b>\$5,812</b>	<b>\$1,996</b>	<b>\$6,770</b>	<b>\$8,766</b>
<b>Basic Life and AD&amp;D</b>		Principal			Principal			Mutual of Omaha			Principal		
Estimated Volume		N/A	\$7,418,550	\$7,418,550	N/A	\$7,418,550	\$7,418,550	N/A	\$7,418,550	\$7,418,550	N/A	\$7,418,550	\$7,418,550
Total Life/AD&D Rate		\$0.000	\$0.227	\$0.227	\$0.000	\$0.248	\$0.248	\$0.000	\$0.220	\$0.220	\$0.000	\$0.248	\$0.248
<b>ANNUAL PREMIUM</b>		<b>\$0</b>	<b>\$20,208</b>	<b>\$20,208</b>	<b>\$0</b>	<b>\$22,067</b>	<b>\$22,067</b>	<b>\$0</b>	<b>\$19,585</b>	<b>\$19,585</b>	<b>\$0</b>	<b>\$22,067</b>	<b>\$22,067</b>
<b>Short Term Disability</b>		Principal			Principal			Sun Life			Principal		
Estimated Volume		Not Offered			N/A	\$43,400	\$43,400	N/A	\$43,400	\$43,400	N/A	\$43,400	\$43,400
Rate per \$10		Not Offered			\$0.000	\$0.190	\$0.190	\$0.000	\$0.172	\$0.172	\$0.000	\$0.190	\$0.190
<b>ANNUAL PREMIUM</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$0</b>	<b>\$9,895</b>	<b>\$9,895</b>	<b>\$0</b>	<b>\$8,958</b>	<b>\$8,958</b>	<b>\$0</b>	<b>\$9,895</b>	<b>\$9,895</b>
<b>Long Term Disability</b>		Principal			Principal			Sun Life			Principal		
Estimated Volume		Not Offered			N/A	\$312,603	\$312,603	N/A	\$312,603	\$312,603	N/A	\$312,603	\$312,603
Rate per \$100		Not Offered			\$0.00	\$0.520	\$0.520	\$0.00	\$0.471	\$0.471	\$0.00	\$0.520	\$0.520
<b>ANNUAL PREMIUM</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$0</b>	<b>\$19,506</b>	<b>\$19,506</b>	<b>\$0</b>	<b>\$17,668</b>	<b>\$17,668</b>	<b>\$0</b>	<b>\$19,506</b>	<b>\$19,506</b>
<b>COMBINED ANNUAL PREMIUM</b>		<b>\$130,169</b>	<b>\$884,196</b>	<b>\$1,014,365</b>	<b>\$156,801</b>	<b>\$1,005,017</b>	<b>\$1,161,817</b>	<b>\$127,226</b>	<b>\$901,261</b>	<b>\$1,028,488</b>	<b>\$130,169</b>	<b>\$915,456</b>	<b>\$1,045,626</b>
<b>\$ INCREASE/(DECREASE)</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$26,631</b>	<b>\$120,821</b>	<b>\$147,452</b>	<b>-\$2,943</b>	<b>\$17,066</b>	<b>\$14,123</b>	<b>\$0</b>	<b>\$31,261</b>	<b>\$31,261</b>
<b>% INCREASE/(DECREASE)</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>20.5%</b>	<b>13.7%</b>	<b>14.5%</b>	<b>-2.3%</b>	<b>1.9%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>3.5%</b>	<b>3.1%</b>









# Board of Supervisors

## Workshop Agenda Item 6

### Executive Summary

---

**To:** Board of Supervisors  
**From:** Scarlet Cantley, Administrative Secretary  
**Date:** September 18, 2019  
**Subject:** Potential Unit Activation for Receiving District Services

---

#### **Background**

The District has received inquiries from landowners/residents that live within District Boundaries but are not in an activated unit of development; therefore, they do not receive services from the District.

The attached memorandums clarify the steps to become an activated unit of development and explain the initial assessment process for a new unit of development.

#### **Fiscal Impact**

To Be Determined based on what the residents decide to do.

#### **Staff Recommendation**

Explain to the residents the process of becoming an activated unit of development.

#### **See Attachments**

1. Memorandum from District Attorney regarding unit of development formation process.
2. Memorandum from District Attorney regarding initial assessment for a new unit of development.
3. Letter the District mailed to landowners of Dellwood, Learwood, and Los Flores.

**CALDWELL PACETTI  
EDWARDS SCHOECH & VIATOR LLP**

ATTORNEYS AT LAW

MANLEY P. CALDWELL, JR.  
KENNETH W. EDWARDS  
CHARLES F. SCHOECH  
MARY M. VIATOR  
WILLIAM P. DONEY  
FRANK S. PALEN  
JOHN A. WEIG

1555 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH, FLORIDA 33401

PARALEGALS  
EMILIE PEARSON, CP

www.caldwellpacetti.com

OF COUNSEL  
BETSY S. BURDEN  
RUTH P. CLEMENTS

TELEPHONE: (561) 655-0620  
TELECOPIER: (561) 655-3775

**MEMORANDUM**

**SUBJECT:** Procedures to Form a Unit of Development, Approval of a Water Control Plan

---

The District is required to comply with the following procedures to construct a Water Control Plan for the District. This would involve the creation of a separate Unit of Development. The District would be required to go through the Water Control Plan approval process in accordance with Section 298.301, F.S., to approve the Plan. This Section provides that “notice, hearing and final adoption of a proposed water control plan or plan amendment must comply with the provisions of this Chapter”.

The process for Unit Development and the Adoption of a Water Control Plan must be followed. This process includes the following:

- I. Unit of Development: Formal creation of Unit of Development.
  - a. Request to Form Unit of Development
  - b. Board Meeting
    - Adopt Resolution of Intent to form Unit
  - c. Advertise for Objections
  - d. Board Meeting
    - Receive objections to formation of Unit
    - Adopt Resolution Approving and Confirming Creation of Unit
    - Authorization to prepare water control plan
  
- II. Approval of Water Control Plan:
  - a. Engineer submits proposed Plan at Board of Supervisor’s Meeting at which time the Board adopts the Resolution to consider adoption of the Plan.

- b. Notice of Public Hearing on Proposed Plan is published following adoption of the Plan. (Once a week for three (3) consecutive weeks.)
- c. Plan is delivered to South Florida Water Management District for review and comment which has sixty (60) days to comment.
- d. Chapter 298.301 Notices are issued. Mail Notice to landowners, South Florida Water Management District, County Commission of County and any municipality in which District is located.
- e. Public Hearing on Plan is conducted by the Board of Supervisors. Following the Public Hearing on the Plan, the Board would direct the Engineer to prepare the Engineer's Report.
- f. Engineer prepares and circulates draft of the Engineer's Report.
- g. Following completion of the Engineer's Report it is filed with the Secretary of the District.
- h. Notice is published of the Public Hearing of Filing Engineer's Report and Plan. (Once a week for two (2) consecutive weeks with a twenty (20) day response period from date of last publication.)
- i. A Public Hearing is held by the Board of Supervisors on the Report and Plan. South Florida Water Management comments are considered, if applicable.
- j. Approval of Engineer's Report and Plan by Board of Supervisors.

We hope this information is helpful to you. Please let us know if you have any questions concerning the above.

CALDWELL PACETTI  
EDWARDS SCHOECH & VIATOR LLP

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TELEPHONE: (561) 655-0620  
TELECOPIER: (561) 655-3775

OF COUNSEL  
BETSY S. BURDEN  
RUTH P. CLEMENTS

MEMORANDUM

**TO:** Board of Supervisors of the Indian Trail Improvement District  
**FROM:** Caldwell Pacetti Edwards Schoech & Viator LLP  
**DATE:** July 17, 2018  
**RE:** Uniform Initial Assessment for a New Unit of Development

---

Pursuant to Section 12, Chapter 2002-330, Laws of Florida, the Indian Trail Improvement District may levy on each acre of land within a newly created unit of development within the District a uniform initial assessment of \$50.00 per acre for the year the unit of development is created.

The assessment shall be used by the District for the payment of expenses incurred or to be incurred for:

1. Making **surveys** of the lands;
2. Assessing **benefits and damages**; and
3. Other **necessary expenses** as determined by the Board of Supervisors.

The assessment is a lien on the lands from the date of the creation of the new unit of development and will be collected in the same manner as the annual installment of taxes.

If the District needs funds to pay for **organizing, making surveys**, preparing the **water control plan**, or **other expenses** for the conduct and operation before the District obtains the initial assessment funds, the Board of Supervisors may:

1. Borrow money at a rate of interest provided by general law;
2. Issue notes or bonds; and
3. Pledge the **initial assessments** for the payment.

The Board of Supervisors may issue to any person(s) performing the above-mentioned work or services negotiable evidence of debt bearing interest at the rate provided by general law before the receipt of funds arising from assessments or benefits.

**INDIAN TRAIL IMPROVEMENT DISTRICT  
13476 61<sup>ST</sup> STREET NORTH  
WEST PALM BEACH, FL 33412-1915  
Office: 561-793-0874  
Fax: 561-793-3716**

**Established 1957**

**[www.indiantrail.com](http://www.indiantrail.com)**

September 6, 2019

RE: Potential Unit Activation Workshop – September 25, 2019 at 7:00 PM

Dear Landowner:

On Wednesday, September 25, 2019, the Board of Supervisors will hold a Public Workshop. The first part of the Workshop (5:30 P.M.) relates to employee health insurance. The second part of the workshop (7:00 P.M.) is for the Board Members and Landowners to discuss potential unit activation. The workshop will be at the Administration Building. The address is at the top of this invitation.

Presently, your property is within District boundaries. However, it is not within an activated unit. Allowing your property to become an activated unit, you will receive services which include road grading, mowing, drainage, road and canal maintenance, as well as park rental discounts.

Please accept this letter as our invitation to attend and participate at this workshop. If you are unable to attend in person, the workshop will be live-streamed on our website [www.indiantrail.com](http://www.indiantrail.com).

Respectfully,

Board of Supervisors



# Board of Supervisors

## Workshop Agenda Item 6

### Executive Summary

---

**To:** Board of Supervisors  
**From:** Jay G. Foy, P.E., District Engineer  
**Date:** 9/25/19  
**Subject:** Potential Unit Activation

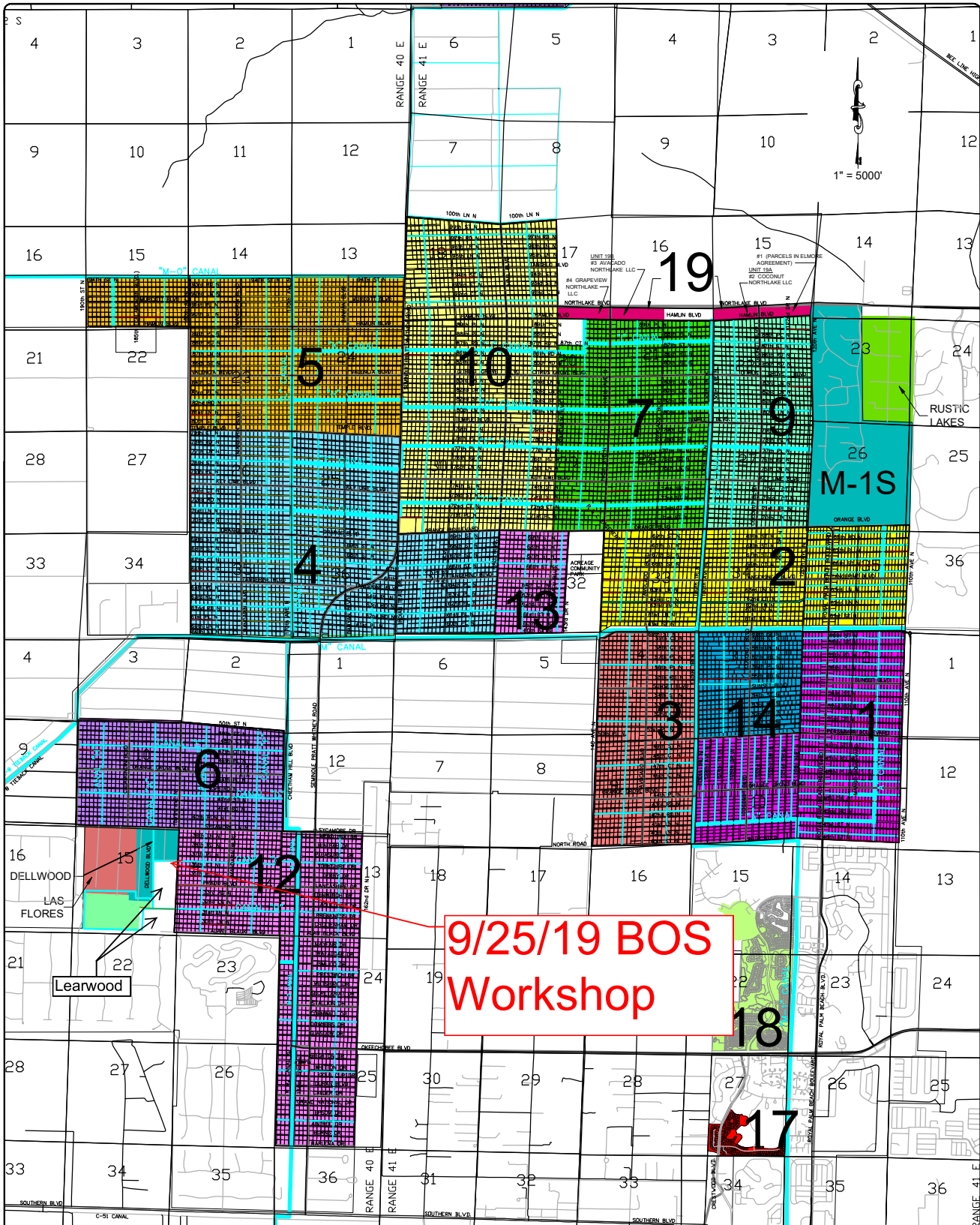
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#### Background

Areas in the M-2 Basin known as Dellwood, Las Flores, and Learwood are served by the drainage system of the NW M-2 Basin and are in the M-2 Basin Unit of Development but are not activated internally as units of development. Dellwood previously committed to internal activation with no deadline and has inquired about internal activation several times in the past. Dellwood and Las Flores are currently served by the District's M-2 drainage system to accept drainage via a "contract". Learwood is not currently assessed but is in the M-2 Drainage Basin. A current status of these areas from the District Engineer's perspective is summarized in the following graphics:

1. Map 1 is the District's Active Units of Development depicting these areas.
2. Map 2 depicts the M-2 Basin's Plan of Reclamation (POR). The Plan of Reclamation is now known as a Water Control Plan. This map highlights the two different canal sections in the NW M-2 Basin. Blue indicates canals with a design bottom of 12.0' NGVD and red indicates canals with a design bottom of 14.5'. This map also calls out the locations of the two outfall structures from the NW M-2 Basin.
3. Map 3 depicts the canals within the Dellwood and Learwood areas that are included in the POR. The District is responsible to keep these canals functional as well as all the canals depicted in Map 2.
4. Map 4 indicates the physical direction of discharge through the NW M-2 Basin.
5. Map 5 is an easement exhibit prepared by Engenuity for the POR canals in this area as well as for the east Dellwood area.
6. Map 6 is an easement exhibit approximating the above with the west Dellwood easements added. Revisions were added by the District Engineer and the aeriels updated to 2019. The easements depicted are to the District but currently only the POR easements are the District's responsibility.
7. Map 7 is the Las Flores plat depicting the roadway and drainage easements. The Las (Los) Flores Declaration of Covenants and Restrictions cites the property owners and LOS

- FLORES RANCHES OWNERS' ASSOCIATION as the responsible entities for these easements. The SFWMD permit number 50-01721-S has a special condition requiring Las Flores Ranchos to provide documentation of approval for their discharge into the District.
8. Map 8 illustrates the Learwood and Parsons parcels. These areas have direct discharge into the District's M-2 Basin via drainage ditches on the west side of 180<sup>th</sup> both north and south of the entrance road into the M-2 Impoundment.



9/25/19 BOS  
Workshop

**3 UNIT NUMBERS**

**NOTE:**

1. ACTIVE UNITS ARE 1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13, 14, 17, 18, 19A, AND M-1S.
2. CONTRACT UNITS ARE: DELLWOOD, LAS FLORES, AND RUSTIC LAKES.
3. UNIT 11 IS NOT SHOWN, IS INACTIVE, AND PBC OWNED.
4. UNIT 19 HAS A LANDOWNERS AGREEMENT.
5. NOT ALL OVERALL OR SUBUNITS ARE SHOWN.

Jay G. Foy, P.E. License #22053

91084000 STORMWATER J ENGINEERING, INC.	SHEET NO.	1
	DATE	7/24/19
	DRAWN	HKF
	CHECKED	JGF

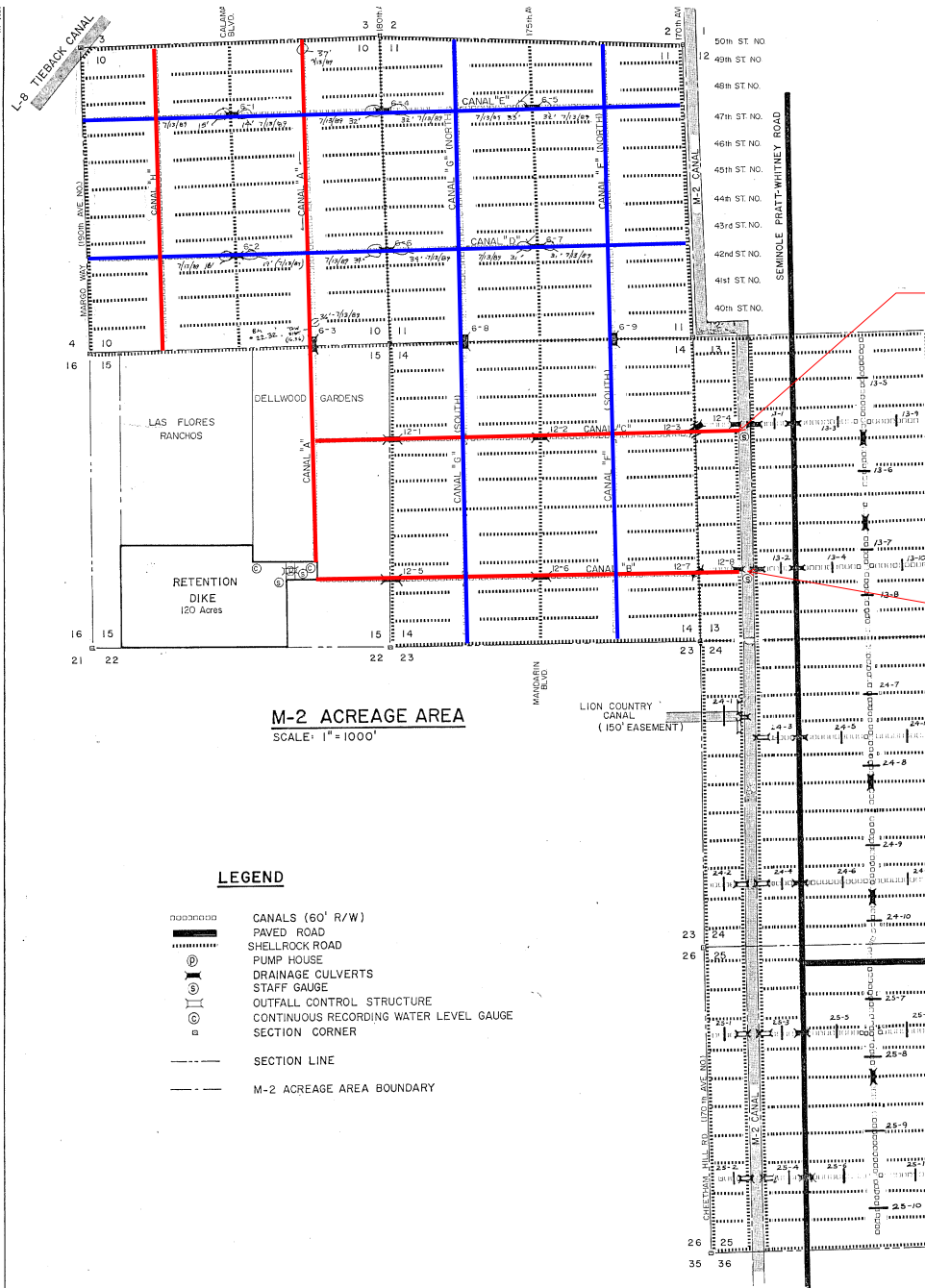
**INDIAN TRAIL IMPROVEMENT DISTRICT**  
UNIT MAP

© COPYRIGHT 2007 By  
StormwaterJ Engineering, Inc.  
This Drawing is Provided For  
Informational Purposes  
Unless Signed And Sealed By  
A Registered Professional  
Engineer Representing  
StormwaterJ Engineering, Inc.  
C.A. 00009484

**STORMWATER J ENGINEERING, INC.**

Civil, Hydrologic & Hydraulic Engineers  
1855 Indian Road, Suite 202, West Palm Beach, FL 33409  
Ph (561)242-0028 • Fax (561)242-0109  
stormj@flon.com





**M-2 ACREAGE AREA**  
SCALE: 1" = 1000'

**LEGEND**

- CANALS (60' R/W)
- PAVED ROAD
- SHELLROCK ROAD
- PUMP HOUSE
- DRAINAGE CULVERTS
- STAFF GAUGE
- OUTFALL CONTROL STRUCTURE
- CONTINUOUS RECORDING WATER LEVEL GAUGE
- SECTION CORNER
- SECTION LINE
- M-2 ACREAGE AREA BOUNDARY

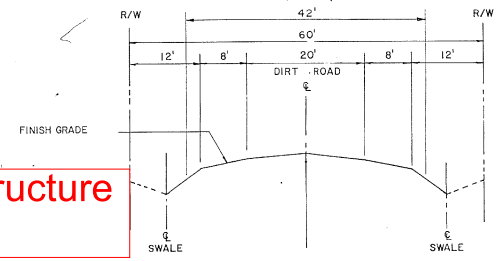
**Outfall Structure at 17.5'**

**Control Structure at 17.4' to 14.5'**

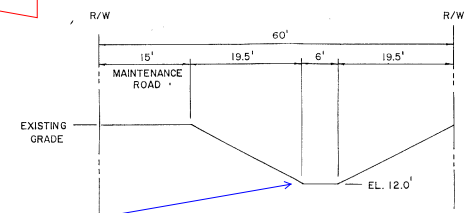
**Bottom El = 12.0'**

**Bottom El = 14.5'**

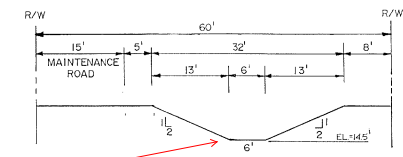
**TYPICAL ROADWAY SECTION**



- NOTES: 1. ROADS DELINEATED ON THE FOLLOWING SHEETS ARE CONSTRUCTED TO THE INDICATED MINIMUM ELEVATIONS.  
2. ROADS TO BE COMPACTED TO A MINIMUM FLORIDA BEARING VALUE (F.B.V.) OF 40 FOR THE TOP FINISHED 6", AND SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE ABOVE SECTION.



**CANAL SECTION I**  
FOR CANALS D, E, F (SOUTH), AND G (SOUTH) LOCATED WEST OF M-2 CANAL.



**CANAL SECTION II**  
FOR ALL CANALS LOCATED EAST OF M-2 CANAL AND FOR FEEDER ENDS TO CANALS D AND E, CANALS F (NORTH), G (NORTH) AND H LOCATED WEST OF M-2 CANAL.

NOTES: 1. MAINTENANCE ROAD LOCATION MAY BE ON EITHER SIDE OF CANAL.  
2. SECTIONS FOR CANALS A, B AND C ARE SHOWN ON SHEETS 6, 7 AND 8 RESPECTIVELY.

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JUL 19 1989  
RESOURCE CONTROL DEPT. - 403

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STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION

**RECORD DRAWING**



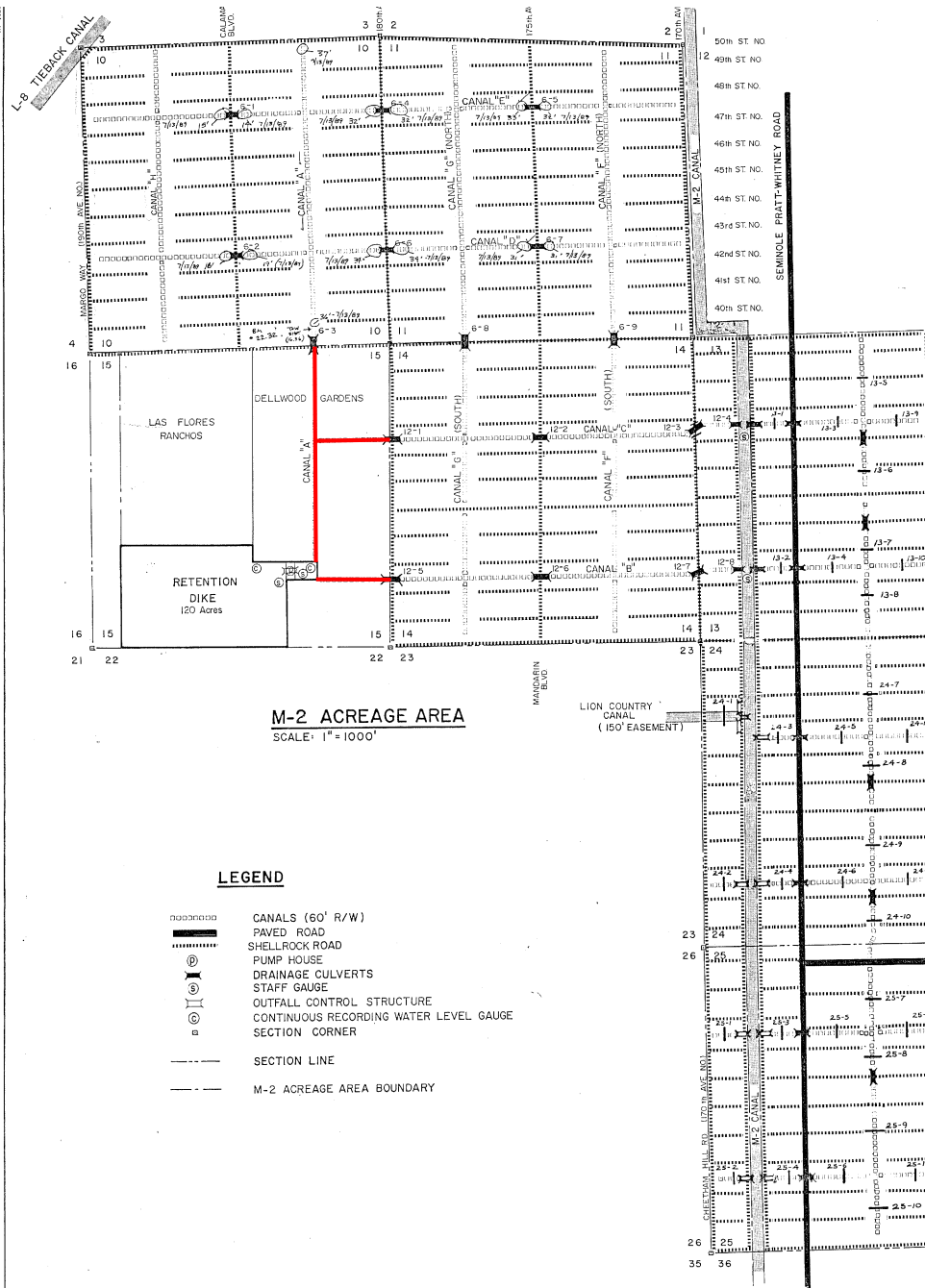
**stottler stagg & associates**  
architects engineers planners, inc.  
8660 astronaut blvd. cape canaveral fla. 32920

REVISION	DATE	BY	DESCRIPTION

INDIAN TRAIL W.C.D.  
M-2 ACREAGE AREA  
PLAN OF RECLAMATION  
ROADWAY PLAN

SCALE	DATE
AS SHOWN	
Drawn by	Checked by
RVC	RVC
Date	
8/14/84	
Approved by	
Approved date	

Sheet 25 of 29



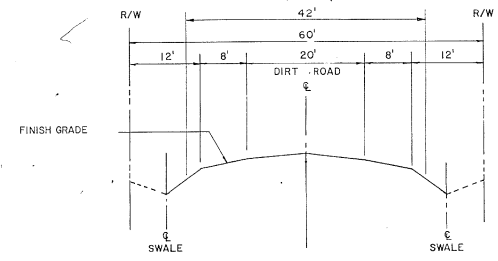
**M-2 ACREAGE AREA**  
SCALE: 1" = 1000'

**LEGEND**

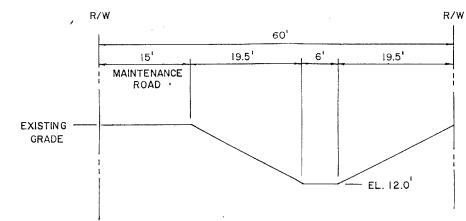
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- SECTION CORNER
- SECTION LINE
- M-2 ACREAGE AREA BOUNDARY

- SYCAMORE DRIVE
- MEAD HILL DRIVE
- HALEAN DRIVE
- PLEASURE DRIVE
- CANAL 7
- YORKSHIRE DRIVE
- DERBY DRIVE
- LANCASHIRE DRIVE
- EDINBURGH DRIVE
- AQUADUCT DRIVE
- CANAL 6
- PREAKNESS DRIVE
- CHELTENHAM DRIVE
- ALAN BLACK BOULEVARD
- MAYFAIR DRIVE
- TRAFALGAR DRIVE
- PIMLICO DRIVE
- CANAL 5
- PRESTWICH DRIVE
- WILTSHIRE DRIVE
- SECRETARIAT DRIVE
- STALLION DRIVE
- CORNWALL DRIVE
- CANAL 4
- DOWNERS DRIVE
- GLASSGOW DRIVE
- OKEECHOBEE ROAD
- BRIGHTON DRIVE
- WHITTON DRIVE
- CANAL 3
- GOLDCUP DRIVE
- DURAN BOULEVARD
- CALDER DRIVE
- GRAND NATIONAL DRIVE
- EPSON DRIVE
- CANAL 2
- AINTREE DRIVE
- BURNS DRIVE
- HARLENA DRIVE

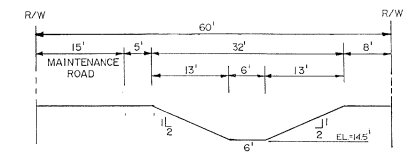
**TYPICAL ROADWAY SECTION**



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architects engineers planners, inc.  
8660 astronaut blvd. cape canaveral fla. 32920

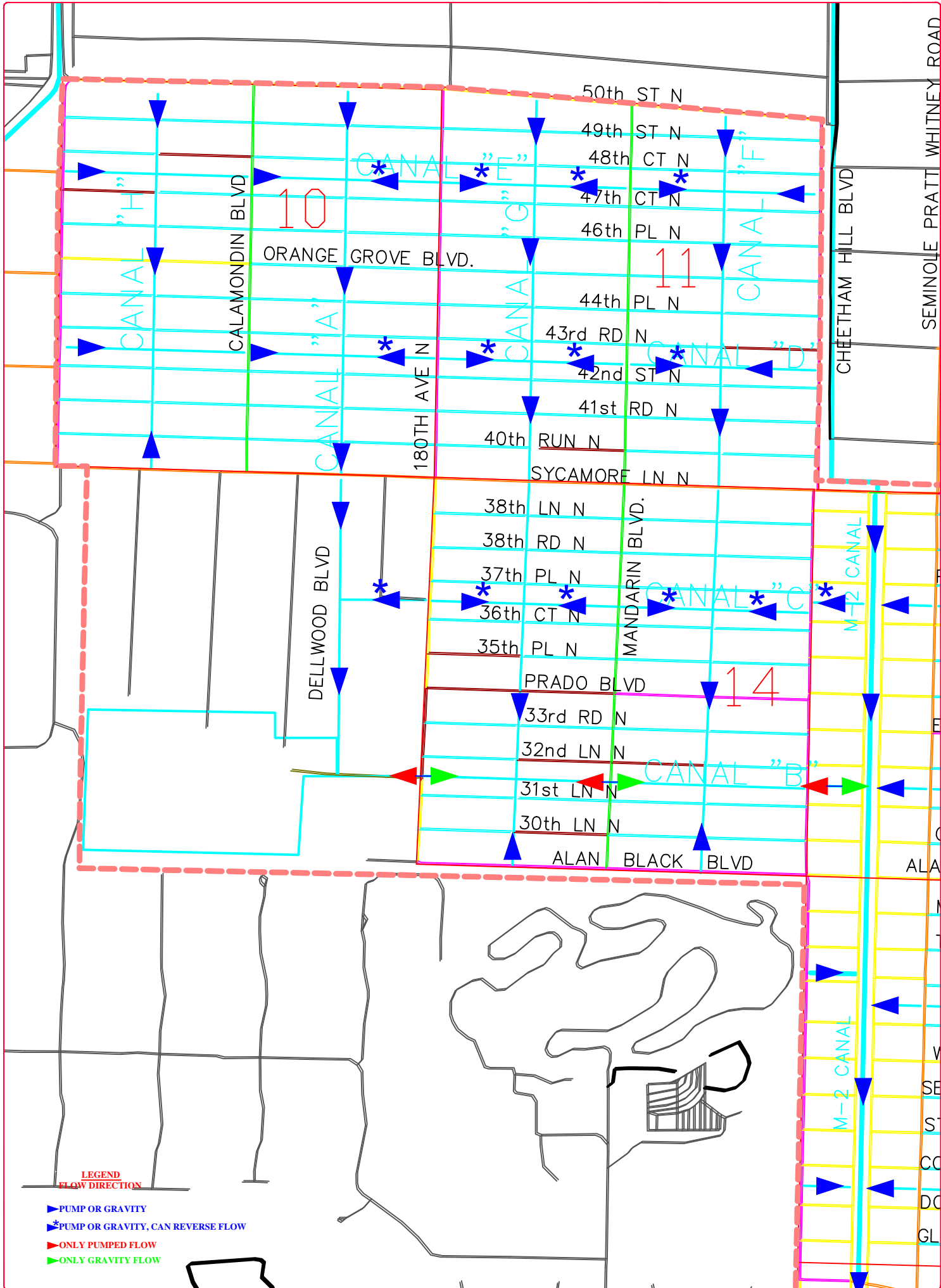
DESIGNER  
Typical Roadway Section  
Street names and signed locations  
DATE: 6/14/84  
BY: J.S.P.

INDIAN TRAIL W.C.D.  
M-2 ACREAGE AREA  
PLAN OF RECLAMATION  
ROADWAY PLAN  
M-2 ACREAGE SITE PLAN & MISC. DETAILS

SCALE: AS SHOWN  
Drawn by: RVC  
Checked by: RVC  
DATE: 6/14/84  
Approved by:  
Approved date:

Sheet No. 83166  
Sheet 25 of 29

**RECORD DRAWING**



LEGEND

- ▶ PUMP OR GRAVITY
- ▶\* PUMP OR GRAVITY, CAN REVERSE FLOW
- ▶ ONLY PUMPED FLOW
- ▶ ONLY GRAVITY FLOW

DATE	BY	CHECKED	APPROVED	SCALE

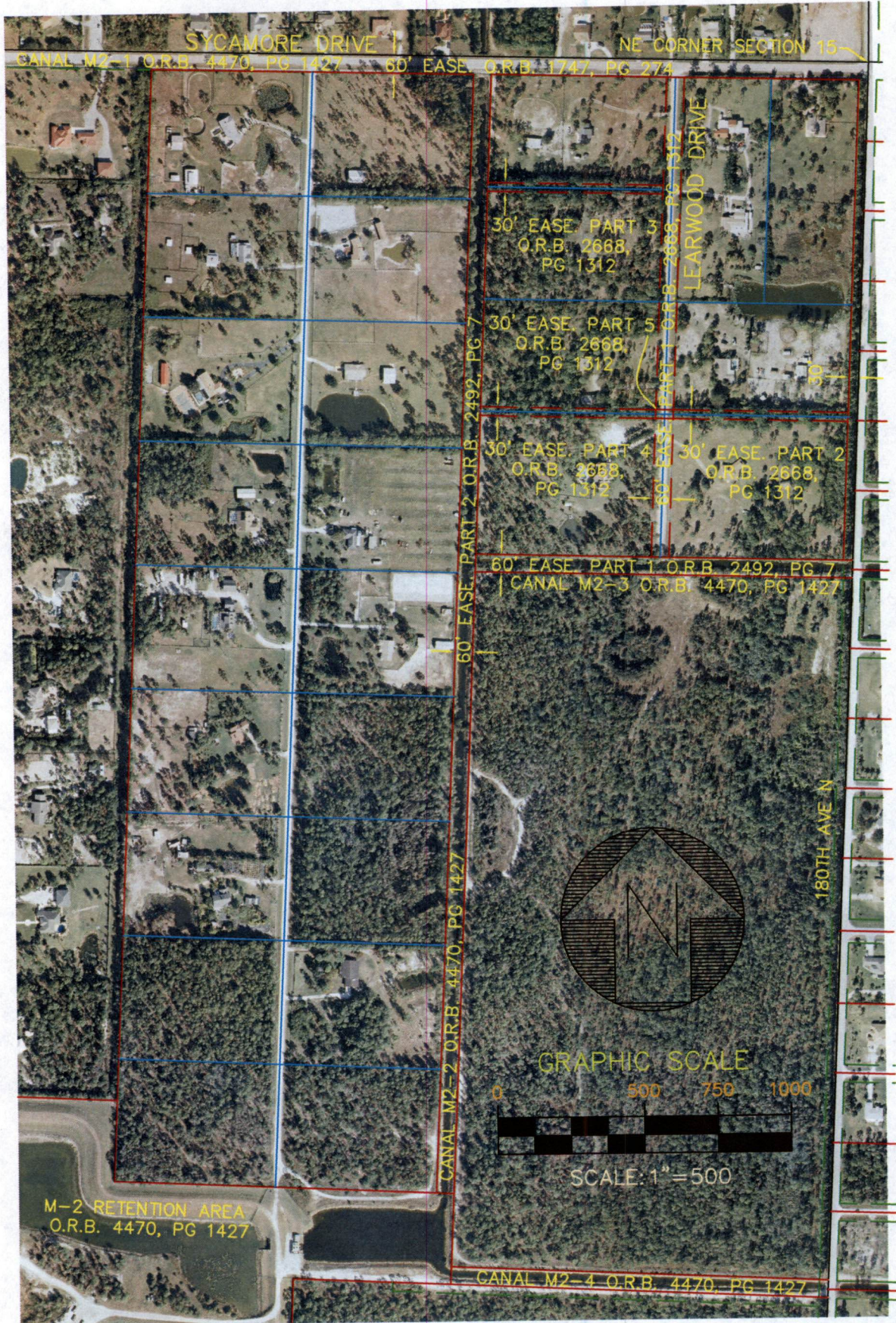
PROJECT	DRAWING NO.
M-1 & M-2 BASINS	908400

ITTD June 2018 - Drainage Flow Direction  
MW M-2 BASIN

S/E ENGINEERING, INC.  
10000 W. 10th St., Suite 100, Overland Park, KS 66211  
Tel: 913.241.1100 Fax: 913.241.1101  
www.se-engineering.com



THIS IS NOT A SURVEY

SHEET NO.	1	DATE	10/19/2011
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JOB NO.	91084.00	CAD FILE	LEARWOOD
DRAWN	STAFF	PROJECT	91084NEW
CHECKED	G.RAGER		

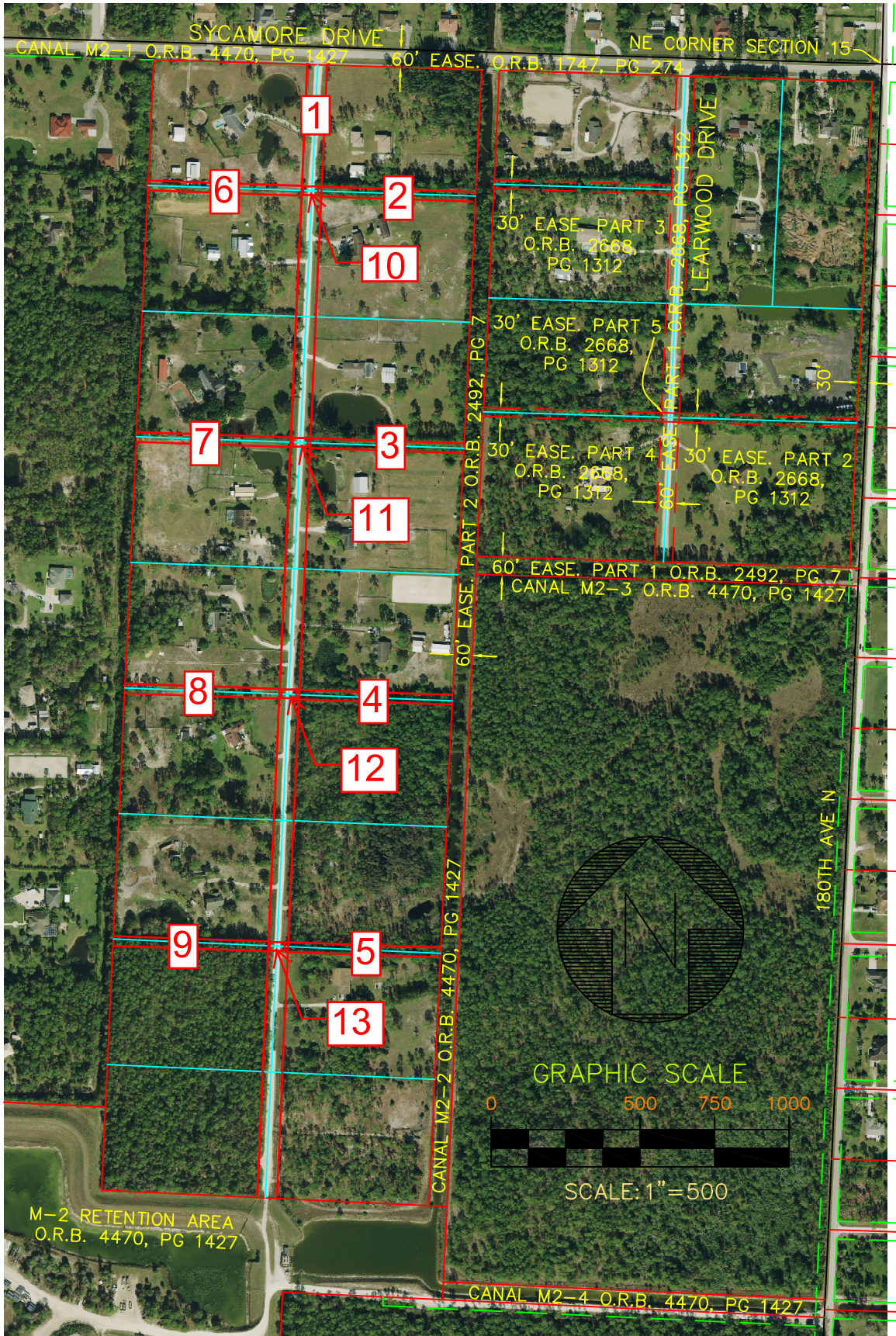
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EASEMENT EXHIBIT PREPARED FOR:

**INDIAN TRAIL IMPROVEMENT DISTRICT**



1201 BELVEDERE ROAD, WEST PALM BEACH, FLORIDA 33405  
PH (561)655-1151 • FAX (561)652-0300 • WWW.ENGENUITYGROUP.COM



THIS IS NOT A SURVEY

SHEET NO. 1	DATE	9/2/19
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JOB NO. 91084.00	CAD FILE	2019_LEARWOOD
	PROJECT	91084NEW
DRAWN JGF	CHECKED	JGF
	<small>©COPYRIGHT 2014 BY ENGENUITY GROUP, INC. THIS DRAWING IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY, UNLESS SIGNED AND SEALED BY A REGISTERED PROFESSIONAL SURVEYOR AND MAPPER REPRESENTING ENGENUITY GROUP, INC.</small>	

EASEMENT EXHIBIT PREPARED FOR:

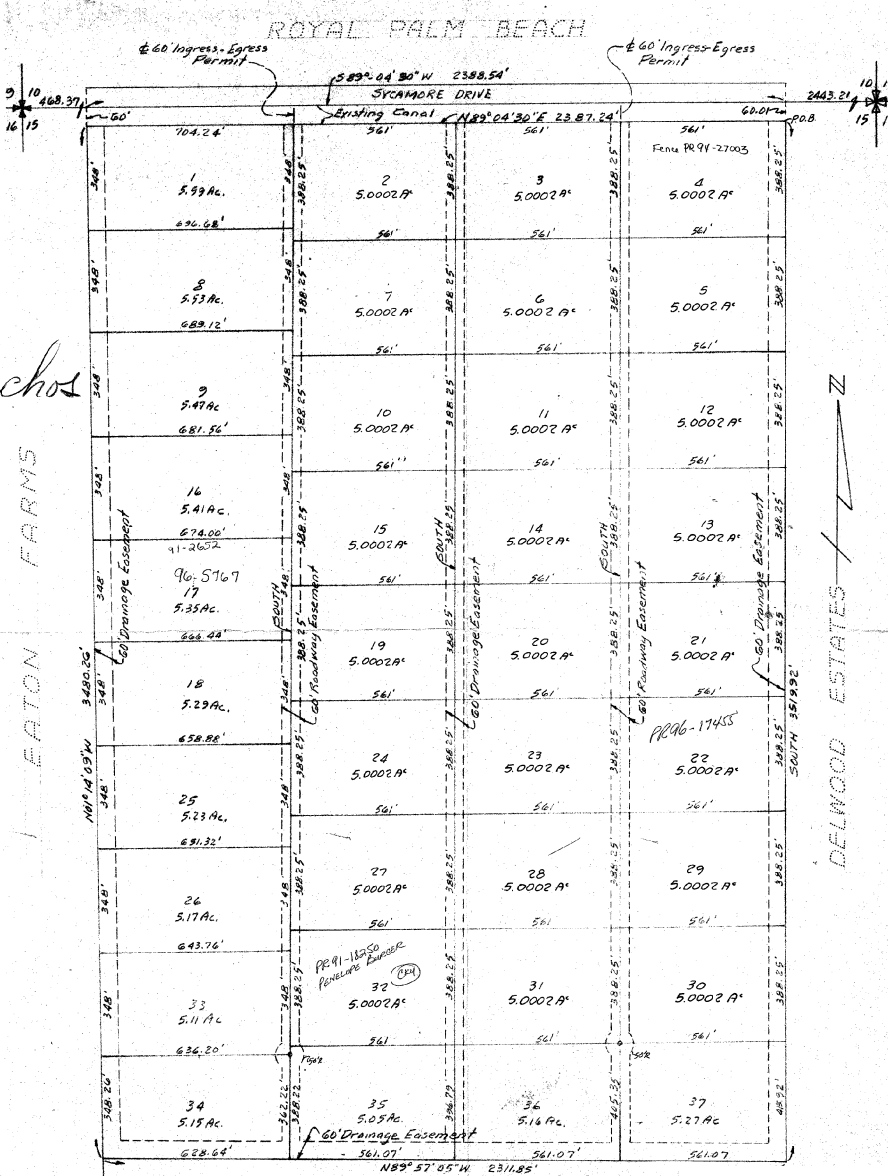
**INDIAN TRAIL IMPROVEMENT DISTRICT**  
Approximate Locations of Easements ORB2668 p1316

Y:\Engenuity logo\EG-LOGO-RGB-Subtag.tif

1201 BELVEDERE ROAD, WEST PALM BEACH, FLORIDA 33405  
PH (561)855-1151 • FAX (561)852-9390 • WWW.ENGENUITYGROUP.COM

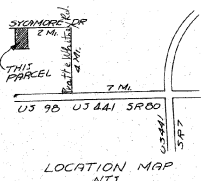
Revision: Undated Aerial 9/2/19

# Las Flores Ranchos

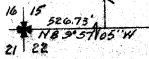


Commencing at the Northeast corner of Section 15, Township 43 South, Range 40 East, Palm Beach County, Florida; thence  $389^{\circ}04'30''$  along the North Line of said Section, a distance of 2432.21 feet to a point; thence run South a distance of 60.01 feet to the Point of Beginning. From the Point of Beginning continue South, a distance of 3519.92 feet to a point; thence run  $N89^{\circ}57'05''$  W, a distance of 2311.85 feet to a point; thence run  $N14^{\circ}09'10''$  W, a distance of 3480.06 feet to a point 60.0 feet south of the North Line of Section 15; thence run  $N89^{\circ}04'30''$  E, a distance of 2387.24 feet to the Point of Beginning.

Containing 188.77 Acres



BOUNDARY SURVEY BY  
JOHN VAN NORMAN  
REG. LAND SURVEYOR N° 1557



INDIAN TRAIL DRAINAGE  
WATER RETENTION AREA

Note:  
Survey Information by  
Mulek & Associates.

FEB 09 1989

CONSULTING ENGINEERS  
LAND SURVEYORS  
BOCA RATON - FLORIDA  
  
**WALTER A. CORNNELL, INC.**  
 PLAT LAYOUT  
 LAS FLORES RANCHOS  
 Scale 1"=200'  
 CHECKED  
 DRAWN JAV  
 DATE 8-30-79  
 JOB 76-30-60  
 FEB 09 1989  
 New 3 246 79 MAC



Learwood

Parsons Parcel

INDIAN TRAIL IMPROVEMENT DISTRICT  
NOTICE OF A WORKSHOP MEETING  
OF THE BOARD OF SUPERVISORS

YOU ARE HEREBY NOTIFIED that a Workshop Meeting of the Board of Supervisors has been scheduled for Wednesday, September 25, 2019 at 5:30 P.M. at the Administration Building located at 13476 61st Street North, West Palm Beach, Florida.

The purpose of this Workshop Meeting is to receive and discuss Employee Insurance Plan Options (5:30 P.M.) and to discuss Potential Unit Activation for the Provision of District Services for Dellwood, Los Flores, and Learwood (7:00 P.M.).

If a person decides to appeal the decision of the Board of Supervisors with respect to any matter considered at the Workshop Meeting herein referred, he or she may need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is based.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodation to participate in this proceeding should contact the District at (561) 793-0874 at least five (5) days prior to the date of the proceeding.

DATED this 12<sup>th</sup> day of September, 2019.

PUBLISH: The Palm Beach Post  
September 15, 2019