# **CITY OF PAHOKEE**



# **AGENDA**

City Commission Regular Meeting Monday, September 08, 2025, at 6:00 PM

> Pahokee Commission Chambers 360 East Main Street Pahokee, Florida 33476

## **CITY COMMISSION:**

Mayor Keith W. Babb, Jr.
Vice Mayor Sanquetta Cowan-Williams
Commissioner Isabelle J. McDonald
Commissioner Everett D. McPherson, Sr.
Commissioner James H. Scott

## **CHARTER OFFICERS:**

Michael E. Jackson, City Manager Nylene Clarke, City Clerk Burnadette Norris-Weeks, P.A., City Attorney

[TENTATIVE: SUBJECT TO REVISION]

## **AGENDA**

- A. CALL TO ORDER
- B. INVOCATION AND PLEDGE OF ALLEGIANCE
- C. ROLL CALL
- D. ADDITIONS OF EMERGENCY BASIS FROM CITY MANAGER, DELETIONS AND APPROVAL OF AGENDA ITEMS
- E. PRESENTATIONS / PROCLAMATIONS / PUBLIC SERVICE ANNOUNCEMENTS / PUBLIC COMMENTS (agenda items only)

(This section of the agenda allows for comments from the public to speak. Each speaker will be given a total of three (3) minutes to comment. A public comment card should be completed and returned to the City Clerk. When you are called to speak, please go to the podium or unmute your device, and prior to addressing the Commission, state your name and address for the record)

- Executive Summary Presentation (Benefits Renewal 2025-2026) Samantha Ricchini, Benefits Consultant for Gehring Group
- 2. Property and Casualty Insurance Presentation (2025-26 Proposed Premium) Kyle Stoekel, Public Risk Advisor for Brown & Brown
- 3. Presentation of 20 Years of Service Plaque to Irving Croney
- <u>4.</u> Presentation of FLC Certificate Program for Elected Municipal Officials 2024-2025 Mayor Babb, Vice Mayor Cowan-Williams, and Commissioner McPherson
- 5. Tentative Budget FY 2025-2026 Presentation Joseph R. Martin, Director of Finance
- F. CONSENT AGENDA
- **G. OLD BUSINESS** (discussion of existing activities or previously held events, if any)
- H. PUBLIC HEARINGS AND/OR ORDINANCES
  - 1. RESOLUTION 2025-52 A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF PAHOKEE, FLORIDA PROVIDING FOR THE ADOPTION AND FUNDING OF THE TENTATIVE MUNICIPAL BUDGET IN THE AMOUNT OF \$7,627,990.00 FOR THE CITY OF PAHOKEE, FLORIDA, FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2025, AND ENDING SEPTEMBER 30, 2026; PROVIDING FOR ADOPTION OF REPRESENTATIONS; PROVIDING FOR AN EFFECTIVE DATE.
  - 2. ORDINANCE 2025-01 (FIRST READING) AN ORDINANCE OF THE CITY OF PAHOKEE, FLORIDA; PROVIDING FOR THE CITY'S CONSENT TO THE INCLUSION OF THE ENTIRE TERRITORY WITHIN THE CITY OF PAHOKEE'S MUNICIPAL BOUNDARIES INTO PALM BEACH COUNTY'S FIRE/RESCUE MUNICIPAL SERVICE TAXING UNIT FOR FIRE-RESCUE, FIRE PROTECTION, ADVANCED LIFE SUPPORT (OR SIMILAR EMERGENCY SERVICES), FIRE CODE ENFORCEMENT AND OTHER NECESSARY AND INCIDENTAL SERVICES; PROVIDING FOR INCORPORATION; PROVIDING FOR INTENT, PURPOSE AND CONSENT; PROVIDING FOR EFFECTIVENESS AND DURATION OF CONSENT; PROVIDING FOR EFFECTIVENESS OF REPEAL; ACKNOWLEDGING AD VALOREM MILLAGE RATE LIMITATION; PROVIDING FOR REPEAL OF CONFLICTING ORDINANCES; PROVIDING FOR SEVERABILITY; PROVIDING FOR CODIFICATION; PROVIDING FOR CAPTIONS; AND PROVIDING FOR EFFECTIVE DATE.

- I. RESOLUTION(S)
- **J. NEW BUSINESS** (presentation by city manager of activity or upcoming event, if any)
- K. REPORT OF THE MAYOR
- L. REPORT OF THE CITY MANAGER
  - 1. Update City Projects
- M. REPORT OF THE CITY ATTORNEY
- N. FUTURE AGENDA ITEMS OF COMMISSIONERS, IF ANY
- **O. GENERAL PUBLIC COMMENTS** (items not on the agenda)
- P. COMMISSIONER COMMENTS AND FOR THE GOOD OF THE ORDER (community events, feel good announcements, if any)
- Q. ADJOURN

Any citizen of the audience wishing to appear before the City Commission to speak with reference to any agenda or non-agenda item must complete the "Request for Appearance and Comment" form and present completed form to the City Clerk prior to commencement of the meeting.

Should any person seek to appeal any decision made by the City Commission with respect to any matter considered at this meeting, such person will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. (Reference: Florida Statutes 286.0105)

In accordance with the provisions of the Americans with Disabilities Act (ADA), this document can be made available in an alternate format upon request. Special accommodations can be provided upon request with three (3) days advance notice of any meeting, by contacting the Office of the City Clerk at 561-924-5534. If hearing impaired, contact Florida Relay at 800-955-8771 (TDD) or 800-955-8770 (Voice), for assistance. (Reference: Florida Statutes 286.26)

September 8, 2025





# Recommendations



RECOMMENDATION

Effective Date: Octobe	:1 1, 2025	CURRENT	Г 2024-2025	RECOMMENDATION  RENEWAL 2025-2026			
Schedule of Benefits		Florida Blue -	Florida Blue -	Florida Blue -	Florida Blue -		
		BlueCare 16253 In Network Only	BlueCare 14256 In Network Only	BlueCare 16253 In Network Only	BlueCare 14256 In Network Only		
Deductible (Calendar Year - CYD)	)	,			,		
Single		\$4,250	\$1,000	\$4,250	\$1,000		
Family			\$3,000	\$8,500	\$3,000		
Coinsurance		0%	20%	0%	20%		
Maximum Out of Pocket (MOOP	·)						
Single		\$9,300	\$5,500	\$9,200	\$5,500		
Family		\$18,600	\$11,000	\$18,400	\$11,000		
Non-Hospital Services							
Physician Office Visit		\$25	\$20	\$35	\$20		
Specialist Visit		\$55	\$45	\$65	\$45		
Preventive Services (Wellness)		No Charge	No Charge	No Charge	No Charge		
Clinical Laboratory Services		\$55	\$25	\$55	\$25		
Advanced Imaging (MRI, PET, C	T scans)	\$350	\$250	\$550	\$350		
Outpatient Surgery in Surgical C		\$400	\$200	\$400	\$200		
Physician Services at Surgical Co	enter	\$150	\$100	\$150	\$150		
Urgent Care Center		\$60	\$50	\$60	\$50		
Hospital Services							
Inpatient Hospital		CYD + \$1,000/adm	CYD + \$500/adm	CYD + \$1,000/adm	CYD + \$500/adm		
Outpatient Hospital		\$500	\$350	\$650	\$450		
Physician Services at Hospital		\$150	\$100	\$150	\$150		
Emergency Room Visit		CYD + \$300	\$500	CYD + \$300	\$600		
Mental Health / Substance Abus	se Services						
Inpatient Facility		No Charge	No Charge	No Charge	No Charge		
Outpatient Services		No Charge	No Charge	No Charge	No Charge		
Prescription Drug Benefits							
Tier 1		\$0 / \$4 / \$15	\$0 /\$4 / \$15	\$0 / \$4 / \$15	\$0 /\$4 / \$15		
Tier 2		\$30 / \$75	\$30 / \$60	\$30 / \$75	\$30 / \$60		
Tier 3		\$150	\$100	\$150	\$100		
Tier 4		N/A	N/A	N/A	N/A		
Tier 5 - Specialty		\$300	\$200	\$300	\$200		
Mail Order (90 day supply)		2x Retail	2x Retail	2x Retail	2x Retail		
Rates	1 2¹						
Employee Only	2 22	\$769.07	\$886.83	\$839.30	\$967.42		
Employee + Spouse	0 0	\$1,538.13	\$1,773.67	\$1,678.59	\$1,934.84		
Employee + Child(ren)	0 0	\$1,422.77	\$1,640.64	\$1,552.70	\$1,789.73		
Employee + Family	0 0	\$2,191.84	\$2,527.48	\$2,392.00	\$2,757.15		
Monthly Premium	2 22	\$1,538	\$19,510	\$1,679	\$21,283		
Annual Premium TOTAL Premium	24	\$18,458 \$25	\$234,123 52,581	\$20,143 \$27	\$255,399 5,542		
Annual \$ Increase/(Decrease)		ſ	N/A	\$22	,961		
Annual % Increase/(Decrease)		P	N/A	9.	1%		

Annual % Increase/(Decrease)

<sup>1</sup>Lives from July Invoice

Effective Date: October 1, 2025



## **RECOMMENDATION**

#### Current 2024-2025

## **Negotiated Renewal 2025-2026**

		Current	2024-2025	Negotiated Renewal 2025-2026		
SCHEDULE OF BENEFITS		Hui	mana	Humana		
		In Network	Out of Network	In Network	Out of Network	
Annual Benefit Maximum		Unlimited	Unlimited	Unlimited	Unlimited	
Do Class 1 services apply toward Annual Max?		,	⁄es	Y	es	
Naiting Period(s)		N	one	No	ne	
Deductible		Calend	dar Year	Calend	ar Year	
Single/Family		\$50	/\$150	\$50/	\$150	
Is deductible waived for Class 1 services?		•	⁄es	Y	es	
Class 1 Services: Preventive and Diagnostic						
Routine Oral Exam		100%	100%	100%	100%	
Routine Cleaning		100% (2x/year)	100%	100% (2x/year)	100%	
Complete X-rays		100%	100%	100%	100%	
Bitewing X-rays		100%	100%	100%	100%	
Class 2 Services: Basic Restorative						
Fillings		80%	80%	80%	80%	
Simple Extractions (Oral Surgery)		80%	80%	80%	80%	
Class 3 Services: Major Restorative						
Periodontics		50%	50%	50%	50%	
Endodontics		50%	50%	50%	50%	
Bridges		50%	50%	50%	50%	
Crowns		50%	50%	50%	50%	
Dentures		50%	50%	50%	50%	
Implants		N/A	N/A	N/A	N/A	
Class 4 Services: Orthodontia		.4,	.,,,,	.,,	,	
Orthodontia Lifetime Maximum (Adult & Child)		50% up	to \$2,000	50% up t	o \$2.000	
Dental Plan Reimbursement Level		2371 0	33 7 - 7 - 33	2077 347	- + - /	
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	
Required Participation			rrent	Curi		
Rate Guarantee		Expires 9	9/30/2025	Expires 9	/30/2026	
Rates L	ives 1					
Employee	10	\$3	4.84	\$39	.10	
Employee + Spouse	1	\$6	9.67	\$78		
Employee + Child(ren)	1	•	01.03	\$11:		
Employee + Family	2		39.12	\$154		
Monthly Premium	14		797		90	
Annual Premium			,568		,676	
Annual \$ Increase/Decrease			I/A		107	
Annual % Increase/Decrease			I/A	*Original Ro	6%	

<sup>1</sup> Lives from July Invoice

\*Original Renewal: 13.9%

**Effective Date: October 1, 2025** 



#### **RECOMMENDATION**

Current 2024-2025 Renewal 2025-2026

Plan Basics			Current 2024-2025	Renewal 2025-2026
Defice Visit	SCHEDULE OF BENEFITS			
Periodic Exam   D0120   \$0   \$0   \$0   \$0   \$0   \$0   \$0	Plan Basics	Code	In Network Only	In Network Only
Full Mouth X-rays (Bitewings)	Office Visit	D9430	\$10	\$10
Prophylaxis (Cleaning) D1110 \$0 \$0 \$0  Restorative Services (Fillings)  Amalgam - 1 surface D2140 \$20 \$20 \$20  Anesthesis/Nitrous Oxide D9230 \$35 \$35 \$35  Anesthesis/Nitrous Oxide D9230 \$30 \$35 \$35  Anesthesis/Nitrous Oxide D9230 \$30 \$30 \$30  Crowns  Porcelain fused to High Noble Metal D2750 \$350 \$350 \$350  Endodontics (Root Canal Services)  Anterior D3310 \$135 \$135  Ricuspid 03320 \$240 \$240 \$240  Molar D3330 \$310 \$310 \$310  Periodontics  Gingly extomy (per quad) D4310 \$135 \$135 \$135  Scaling and Root Planning (per quad) D4341 \$70 \$70  Extraction Services (Oral Surgery)  Single Tooth D7111 \$0 \$0 \$0  Partial Bony Impaction D7230 \$85 \$85  Complete Bony Impaction D7240 \$105 \$315  Comprehensive Treatment - Child (<19) D8080 \$2,195 \$2,195  Comprehensive Treatment - Adult D8090 \$2,195 \$2,195  Required Participation  Rate Guarantee Expires 9/30/2025 Expires 9/30/2026  Rates Lives¹  Employee \$5 \$12.95 \$12.95  Employee + Spouse 1 \$25.91 \$25.91  Employee + Family 1 \$46.89 \$46.89  Monthly Premium 8 \$1167 \$167  Annual Premium  Sincrease / (Decrease)	Periodic Exam	D0120	\$0	\$0
Restorative Services (Fillings)	Full Mouth X-rays (Bitewings)	D0210	\$0	\$0
Amalgam - 1 surface D2140 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2	Prophylaxis (Cleaning)	D1110	\$0	\$0
Resin - 1 surface - anterior         D2330         \$35         \$35           Anesthesia/Nitrous Oxide         D9230         \$30         \$30           Crows           For clain fused to High Noble Metal         D2750         \$350         \$350           Full Cast High Noble Metal         D2790         \$340         \$340           Full Cast High Noble Metal         D330         \$310         \$310           Full Cast High Noble Metal         D320         \$340         \$240           Supple Challer Or D330         \$310         \$310         \$310         \$310         \$310         \$310         \$310         \$310         \$315         \$315         \$315         \$315         \$315         \$315         \$315         \$315         \$315         \$3	Restorative Services (Fillings)			
Anesthesia/Nitrous Oxide D9230 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$	Amalgam - 1 surface	D2140	\$20	\$20
Crowns         Porcelain fused to High Noble Metal         D2750         \$350         \$350           Full Cast High Noble Metal         D2790         \$350         \$350           Endodontics (Root Canal Services)         Sature of the Control of the Control of	Resin - 1 surface - anterior	D2330	\$35	\$35
Porcelain fused to High Noble Metal D2750 \$350 \$350 \$350 \$350 \$350 \$250 \$250 \$250 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$3	Anesthesia/Nitrous Oxide	D9230	\$30	\$30
Full Cast High Noble Metal D2790 \$350 \$350  Endodontics (Root Canal Services)  Anterior D3310 \$135 \$135 \$135 \$135 \$135 \$135 \$135 \$135	Crowns			
### Endodontics (Root Canal Services)  Anterior D3310 \$135 \$135 \$135 \$135 \$135 \$135 \$135 \$135	Porcelain fused to High Noble Metal	D2750	\$350	\$350
Anterior D3310 \$135 \$135 \$135 \$135 \$135 \$135 \$135 \$135	Full Cast High Noble Metal	D2790	\$350	\$350
Bicuspid   D3320   \$240   \$240   \$240	Endodontics (Root Canal Services)			
Molar         D3330         \$310         \$310           Periodontics         Comprehensive Freatment - Adult         D4210         \$135         \$135           Scaling and Root Planning (per quad)         D4341         \$70         \$70           Extraction Services (Oral Surgery)         Single Tooth         D7111         \$0         \$0           Partial Bony Impaction         D7230         \$85         \$85           Complete Bony Impaction         D7240         \$105         \$105           Orthodontia         Comprehensive Treatment - Child (<19)         D8080         \$2,195         \$2,195           Comprehensive Treatment - Adult         D8090         \$2,195         \$2,195           Required Participation         Current         Current           Retar Guarantee         Expires 9/30/2025         Expires 9/30/2026           Rates         Lives¹         Expires 9/30/2025         Expires 9/30/2026           Employee         5         \$12.95         \$12.95         \$2.91           Employee + Spouse         1         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29.14         \$29	Anterior	D3310	\$135	\$135
Periodontics         Ginglvectomy (per quad)       D4210       \$135       \$135         Scaling and Root Planning (per quad)       D4341       \$70       \$70         Extraction Services (Oral Surgery)         Single Tooth       D7111       \$90       \$0         Partial Bony Impaction       D7230       \$85       \$85         Complete Bony Impaction       D7240       \$105       \$105         Orthodontia         Comprehensive Treatment - Child (<19)	Bicuspid	D3320	\$240	\$240
Singlevectomy (per quad)   D4210   \$135	Molar	D3330	\$310	\$310
Scaling and Root Planning (per quad)         D4341         \$70         \$70           Extraction Services (Oral Surgery)         Single Tooth         D7111         \$0         \$0           Partial Bony Impaction         D7230         \$85         \$85           Complete Bony Impaction         D7240         \$105         \$105           Orthodontia           Comprehensive Treatment - Child (<19)	Periodontics			
Extraction Services (Oral Surgery)         D7111         \$0         \$0           Partial Bony Impaction         D7230         \$85         \$85           Complete Bony Impaction         D7240         \$105         \$105           Orthodontia           Comprehensive Treatment - Child (<19)	Gingivectomy (per quad)	D4210	\$135	\$135
Single Tooth   D7111   \$0   \$0   \$0     Partial Bony Impaction   D7230   \$85   \$85     Complete Bony Impaction   D7240   \$105   \$105     Orthodontia	Scaling and Root Planning (per quad)	D4341	\$70	\$70
Partial Bony Impaction D7230 \$85 \$85  Complete Bony Impaction D7240 \$105 \$105  Orthodontia  Comprehensive Treatment - Child (<19) D8080 \$2,195 \$2,195  Comprehensive Treatment - Adult D8090 \$2,195 \$2,195  Required Participation Current Current  Rate Guarantee Expires 9/30/2025 Expires 9/30/2026  Rates Lives 1  Employee \$5 \$12.95 \$12.95  Employee + Spouse \$1 \$25.91 \$25.91  Employee + Child(ren) \$1 \$29.14 \$29.14  Employee + Family \$1 \$46.89 \$46.89  Monthly Premium \$8 \$167 \$167  Annual Premium \$2,000 \$2,000  \$1 Increase / (Decrease) \$1	Extraction Services (Oral Surgery)			
Complete Bony Impaction         D7240         \$105         \$105           Orthodontia           Comprehensive Treatment - Child (<19)	Single Tooth	D7111	\$0	\$0
Orthodontia           Comprehensive Treatment - Child (<19)	Partial Bony Impaction	D7230	\$85	\$85
Comprehensive Treatment - Child (<19)         D8080         \$2,195         \$2,195           Comprehensive Treatment - Adult         D8090         \$2,195         \$2,195           Required Participation         Current         Current           Rate Guarantee         Expires 9/30/2025         Expires 9/30/2026           Rates         Lives¹         \$12.95         \$12.95           Employee         5         \$12.95         \$12.95           Employee + Spouse         1         \$25.91         \$25.91           Employee + Child(ren)         1         \$29.14         \$29.14           Employee + Family         1         \$46.89         \$46.89           Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0	Complete Bony Impaction	D7240	\$105	\$105
Comprehensive Treatment - Adult         D8090         \$2,195         \$2,195           Required Participation         Current         Current           Rate Guarantee         Expires 9/30/2025         Expires 9/30/2026           Rates         Lives¹         Employee         5         \$12.95         \$12.95           Employee + Spouse         1         \$25.91         \$25.91         \$25.91           Employee + Child(ren)         1         \$29.14         \$29.14         \$29.14           Employee + Family         1         \$46.89         \$46.89           Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0	Orthodontia			
Comprehensive Treatment - Adult         D8090         \$2,195         \$2,195           Required Participation         Current         Current           Rate Guarantee         Expires 9/30/2025         Expires 9/30/2026           Rates         Lives¹         Employee         5         \$12.95         \$12.95           Employee + Spouse         1         \$25.91         \$25.91         \$25.91           Employee + Child(ren)         1         \$29.14         \$29.14         \$29.14           Employee + Family         1         \$46.89         \$46.89           Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0	Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,195
Required Participation         Current         Current           Rate Guarantee         Expires 9/30/2025         Expires 9/30/2026           Rates         Lives¹         Employee         5         \$12.95         \$12.95           Employee + Spouse         1         \$25.91         \$25.91         \$25.91           Employee + Child(ren)         1         \$29.14         \$29.14         \$29.14           Employee + Family         1         \$46.89         \$46.89           Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0		D8090	\$2,195	\$2,195
Rates         Lives¹           Employee         5         \$12.95         \$12.95           Employee + Spouse         1         \$25.91         \$25.91           Employee + Child(ren)         1         \$29.14         \$29.14           Employee + Family         1         \$46.89         \$46.89           Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0	Required Participation		Current	Current
Employee       5       \$12.95       \$12.95         Employee + Spouse       1       \$25.91       \$25.91         Employee + Child(ren)       1       \$29.14       \$29.14         Employee + Family       1       \$46.89       \$46.89         Monthly Premium       8       \$167       \$167         Annual Premium       \$2,000       \$2,000         \$ Increase / (Decrease)       N/A       \$0	Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026
Employee + Spouse       1       \$25.91       \$25.91         Employee + Child(ren)       1       \$29.14       \$29.14         Employee + Family       1       \$46.89       \$46.89         Monthly Premium       8       \$167       \$167         Annual Premium       \$2,000       \$2,000         \$ Increase / (Decrease)       N/A       \$0	Rates	Lives 1		
Employee + Child(ren)       1       \$29.14       \$29.14         Employee + Family       1       \$46.89       \$46.89         Monthly Premium       8       \$167       \$167         Annual Premium       \$2,000       \$2,000       \$2,000         \$ Increase / (Decrease)       N/A       \$0	Employee	5	\$12.95	\$12.95
Employee + Child(ren)       1       \$29.14       \$29.14         Employee + Family       1       \$46.89       \$46.89         Monthly Premium       8       \$167       \$167         Annual Premium       \$2,000       \$2,000         \$ Increase / (Decrease)       N/A       \$0	Employee + Spouse	1	\$25.91	\$25.91
Employee + Family       1       \$46.89       \$46.89         Monthly Premium       8       \$167       \$167         Annual Premium       \$2,000       \$2,000         \$ Increase / (Decrease)       N/A       \$0		1	\$29.14	\$29.14
Monthly Premium         8         \$167         \$167           Annual Premium         \$2,000         \$2,000           \$ Increase / (Decrease)         N/A         \$0		1	\$46.89	\$46.89
Annual Premium \$2,000 \$2,000 \$ Increase / (Decrease)		8	\$167	\$167
\$ Increase / (Decrease) N/A \$0				
9/ Improper / (Degrees)				
11/A 0.0%   9	% Increase / (Decrease)		N/A	0.0%

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



## **RECOMMENDATION**

		024-2025	Renewal 2		
SCHEDULE OF BENEFITS	Humana -	Vision 200	Humana - Vision 200		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam Copay	\$0	Up to \$30	\$0	Up to \$30	
Materials Copay	\$0	Varies	\$0	Varies	
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered	
Frequency					
Examination	Every 12	! months	Every 12	months	
Lenses or Contact Lenses	Every 12	! months	Every 12	months	
Frames	Every 24	months	Every 24	months	
Lenses					
Single	\$0	Up to \$25	\$0	Up to \$25	
Bifocal	\$0	Up to \$40	\$0	Up to \$40	
Trifocal	\$0	Up to \$60	\$0	Up to \$60	
Lenticular	\$0	·		Up to \$100	
Standard Progressive	\$0	Up to \$40	\$0	Up to \$40	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to \$100	
Contacts Lenses					
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200 + 15% off retail	Up to \$160	
Non-Elective (Medically Necessary)	\$0	Up to \$210	\$0	Up to \$210	
Fitting and Evaluation (Standard)	\$0	Up to \$30	\$0	Up to \$30	
Rate Guarantee	Expires 9,	/30/2026	Expires 9/	/30/2026	
Monthly Rates Lives 1					
Employee 8	\$9.	83	\$9.	83	
Employee + Spouse 3	\$19	.66	\$19	.66	
Employee + Child(ren) 3	\$18	.68	\$18.68		
Employee + Family 3	\$29.36		\$29	.36	
Monthly Premium 17	\$2	82	\$2	82	
Annual Premium	\$3,	381	\$3,	381	
\$ Increase /(Decrease)	N	/A	\$	0	
% Increase /(Decrease)	N,	/A	0.0	)%	

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## City of Pahokee RFP Evaluation - Basic Life and AD&D



**Effective Date: October 1, 2025** 

## **RECOMMENDATION**

Current 2024-2025 Negotiated Renewal 2025-2026

	Current 2024-2025	Negotiated Renewal 2025-2026
	Humana	Humana
	All active employees working 30 hours/week	All active employees working 30 hours/week
	\$25,000	\$25,000
	Equal to Life Benefit	Equal to Life Benefit
	No/Yes	No/Yes
	Included	Included
	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85
	50% of the Basic Life Benefit	50% of the Basic Life Benefit
	Expires 9/30/2025	Expires 9/30/2026
Lives*		
27	\$666,300	\$666,300
	\$0.310	\$0.310
	\$0.030	\$0.030
	\$0.340	\$0.340
	\$227	\$227
	\$2,719	\$2,719
	N/A	\$0
	N/A	0.0%
		### Humana  All active employees working 30 hours/week  \$25,000  Equal to Life Benefit   No/Yes  Included  35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85 50% of the Basic Life Benefit  **Expires 9/30/2025  Lives**  27 \$666,300 \$0.310 \$0.030 \$0.340  \$227 \$2,719 N/A

<sup>\*</sup>Lives and volume from July invoice

## RFP Evaluation - Voluntary Life and AD&D

**Effective Date: October 1, 2025** 



#### Current 2024-2025

# RECOMMENDATION Renewal 2025-2026

	Current 2	2024-2025	Renewal 2025-2026			
Schedule of Benefits	Hur	nana	Hu	mana		
Eligibility		mployees working 30 /week	All active Full Time employees working 3 hours/week			
Employee		000 to the lesser of or 7x salary	Increments of \$1,000,000	,000 to the lesse O or 7x salary	r of	
Guarantee Issue	\$75	,000	\$7!	5,000		
Spouse	Increments of \$1,0	Increments of \$1,000 up to \$500,000		.000 up to \$500,	000	
Guarantee Issue	\$35	,000	\$3.	5,000		
Child		nonths: \$500, older: \$10,000		months: \$500, I older: \$10,000		
Guarantee Issue	\$10	,000	\$10	0,000		
AD&D Benefit	100% of L	ife Benefit	100% of	Life Benefit	ife Benefit	
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		
Portability/Conversion Option	Yes	/Yes	Yes/Yes			
Annual Enrollment Option		may add or increase up to \$25,000.	At OE, employees may add or increas coverage by up to \$25,000.		ease	
Minimum Participation	Cur	rent	Cui	rrent		
Rate Guarantee		/30/2025	Expires 9/30/2026			
	•	Spouse (Based on	•	Spouse (Base	ed on	
Rates per \$1,000	Employee	Spouse age)	Employee	Spouse ag		
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810	\$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580		
75 - 79 80+ Child(ren) - per \$10,000	\$8.980	\$4.580 \$8.530	\$8.980	\$4.580 \$8.530		
			· ·		12	
AD&D - Employee/Spouse	\$0.	030	\$0.030			

## **Current 2024-2025**

## Renewal 2025-2026

Current 2024-2025					Nellewal 2025-2020					
	Lives*	Employee	EE/Pay (24)	Employer	Total	Employee	EE/Pay (24)	Employer	Total	ER%
Medical HMO Plan 1			Florida Blue B	lueCare 16253			Florida Blue Bl	ueCare 16253		
Employee Only	2	\$76.91	\$38.45	\$692.16	\$769.07	\$83.93	\$41.97	\$755.37	\$839.30	90%
Employee + Spouse	0	\$845.97	\$422.98	\$692.16	\$1,538.13	\$923.22	\$461.61	\$755.37	\$1,678.59	45%
Employee + Child(ren)	0	\$730.61	\$365.30	\$692.16	\$1,422.77	\$797.33	\$398.67	\$755.37	\$1,552.70	49%
Employee + Family	0	\$1,499.68	\$749.84	\$692.16	\$2,191.84	\$1,636.63	\$818.32	\$755.37	\$2,392.00	32%
Medical HMO Plan 2			Florida Blue B	lueCare 14256			Florida Blue Bl	ueCare 14256		
Employee Only	22	\$88.68	\$44.34	\$798.15	\$886.83	\$96.74	\$48.37	\$870.68	\$967.42	90%
Employee + Spouse	0	\$975.52	\$487.76	\$798.15	\$1,773.67	\$1,064.16	\$532.08	\$870.68	\$1,934.84	45%
Employee + Child(ren)	0	\$842.49	\$421.25	\$798.15	\$1,640.64	\$919.05	\$459.53	\$870.68	\$1,789.73	49%
Employee + Family	0	\$1,729.33	\$864.67	\$798.15	\$2,527.48	\$1,886.47	\$943.24	\$870.68	\$2,757.15	32%
Annual Total	24	\$25,257		\$227,323	\$252,581	\$27,554		\$247,988	\$275,542	
\$ Increase/Decrease						\$2,296		\$20,665	\$22,961	
% Increase/Decrease						9.1%		9.1%	9.1%	
Dental HMO			Hum	nana			Hum	ana		
Employee Only	5	\$6.47	\$3.24	\$6.48	\$12.95	\$6.47	\$3.24	\$6.48	\$12.95	50%
Employee + Spouse	1	\$19.43	\$9.72	\$6.48	\$25.91	\$19.43	\$9.72	\$6.48	\$25.91	25%
Employee + Child(ren)	1	\$22.66	\$11.33	\$6.48	\$29.14	\$22.66	\$11.33	\$6.48	\$29.14	22%
Employee + Family	1	\$40.41	\$20.21	\$6.48	\$46.89	\$40.41	\$20.21	\$6.48	\$46.89	14%
Dental PPO			Hum	nana			Hum	ana		
Employee Only	10	\$28.36	\$14.18	\$6.48	\$34.84	\$32.62	\$16.31	\$6.48	\$39.10	17%
Employee + Spouse	1	\$63.19	\$31.60	\$6.48	\$69.67	\$71.72	\$35.86	\$6.48	\$78.20	8%
Employee + Child(ren)	1	\$94.55	\$47.28	\$6.48	\$101.03	\$105.43	\$52.72	\$6.48	\$111.91	6%
Employee + Family	2	\$132.64	\$66.32	\$6.48	\$139.12	\$147.78	\$73.89	\$6.48	\$154.26	4%
Annual Total	22	\$9,858		\$1,711	\$11,568	\$10,965		\$1,711	\$12,676	
\$ Increase/Decrease						\$1,107		\$0	\$1,107	
% Increase/Decrease						11.2%		0.0%	9.6%	
Vision			Hum	nana			Hum	ana		
Employee Only	8	\$9.83	\$4.92	\$0.00	\$9.83	\$9.83	\$4.92	\$0.00	\$9.83	0%
Employee + Spouse	3	\$19.66	\$9.83	\$0.00	\$19.66	\$19.66	\$9.83	\$0.00	\$19.66	0%
Employee + Child(ren)	3	\$18.68	\$9.34	\$0.00	\$18.68	\$18.68	\$9.34	\$0.00	\$18.68	0%
Employee + Family	3	\$29.36	\$14.68	\$0.00	\$29.36	\$29.36	\$14.68	\$0.00	\$29.36	0%
Annual Total	17	\$3,381		\$0	\$3,381	\$3,381		\$0	\$3,381	
\$ Increase/Decrease						\$0		\$0	\$0	
% Increase/Decrease						0.0%		0.0%	0.0%	
Basic Life and AD&D			Hum	nana			Hum			
Estimated Volume		N/A	N/A	\$666,300	\$666,300	N/A	N/A	\$666,300	\$666,300	100%
Basic Life Rate/\$1,000		\$0.000	\$0.000	\$0.310	\$0.310	\$0.000	\$0.000	\$0.310	\$0.310	100%
AD&D Rate/\$1,000		\$0.000	\$0.000	\$0.030	\$0.030	\$0.000	\$0.000	\$0.030	\$0.030	100%
Total Rate/\$1,000		\$0.000	\$0.000	\$0.340	\$0.340	\$0.000	\$0.000	\$0.340	\$0.340	100%
Annual Total	27	\$0		\$2,719	\$2,719	\$0		\$2,719	\$2,719	
\$ Increase/Decrease				•		\$0		\$0	\$0	
% Increase/Decrease						0.0%		0.0%	0.0%	
Voluntary Life and AD&I	D		Hum	nana			Hum			
Voluntary Life Rate				ded Rates			Age Band			0%
Annual Total		\$4,788	<b>5</b>	\$0	\$4,788	\$4,788	<u> </u>	\$0	\$4,788	
\$ Increase/Decrease		1 /2 00				\$0		\$0	\$0	
% Increase/Decrease						0.0%		0.0%	0.0%	
COMBINED ANNUAL TO	TAL	\$43,284	N/A	\$231,753	\$275,037	\$46,688	N/A	\$252,418	\$299,105	
\$ Increase/Decrease		, ,,=0	,	, , , , , , ,	, .,,	\$3,404	,	\$20,665	\$24,069	
% Increase/Decrease						7.9%		8.9%	8.8%	
, 2 00. 00.0						,.		2.370	2.57	

# **Addendum**

## Renewal & RFP Evaluation - Medical

Effective Date: October 1, 2025



		2024-2025	ALTERNATE #1		
chedule of Benefits	Florida Blue - BlueCare 16253	Florida Blue - BlueCare 14256	Florida Blue - BlueCare 24301	Florida Blue - BlueCare 14353	
	In Network Only	In Network Only	In Network Only	In Network Only	
Peductible (Calendar Year - CYD)					
Single	\$4,250	\$1,000	\$5,000	\$2,000	
Family	\$8,500	\$3,000	\$10,000	\$4,000	
Coinsurance	0%	20%	20%	20%	
Maximum Out of Pocket (MOOP)					
Single	\$9,300	\$5,500	\$9,100	\$5,000	
Family	\$18,600	\$11,000	\$18,200	\$10,000	
Ion-Hospital Services					
Physician Office Visit	\$25	\$20	No Charge (Visits 1-3), then \$50	\$35	
Specialist Visit	\$55	\$45	\$85	\$60	
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	
Clinical Laboratory Services	\$55	\$25	\$50	\$ <b>50</b>	
Advanced Imaging (MRI, PET, CT scans)	\$350	\$250	20% after CYD	20% after CYD	
Outpatient Surgery in Surgical Center	\$400	\$200	20% after CYD	20% after CTD	
Physician Services at Surgical Center	\$150	\$100	20% after CYD	\$100	
,	\$60	\$50	\$90	\$100 \$65	
Urgent Care Center	Ş00	<b>330</b>	Ç	<b>303</b>	
lospital Services	0.00 44 000 / 1	0/2 4500/	200/ 5: 01/2	2007 5: 01/2	
Inpatient Hospital	CYD + \$1,000/adm	CYD + \$500/adm	20% after CYD	20% after CYD	
Outpatient Hospital	\$500	\$350	20% after CYD	20% after CYD	
Physician Services at Hospital	\$150	\$100	20% after CYD	\$100	
Emergency Room Visit	CYD + \$300	\$500	\$750	20% after CYD	
Mental Health / Substance Abuse Services					
Inpatient Facility	No Charge	No Charge	No Charge	No Charge	
Outpatient Services	No Charge	No Charge	No Charge	No Charge	
rescription Drug Benefits					
Tier 1	\$0 / \$4 / \$15	\$0 /\$4 / \$15	\$0 / \$4 / \$15	\$0/\$4/ <b>\$10</b>	
Tier 2	\$30 / \$75	\$30 / \$60	\$20 / CYD + \$40	\$15 / \$30	
Tier 3	\$150	\$100	CYD + \$75	\$50	
Tier 4	N/A	N/A	N/A	N/A	
Tier 5 - Specialty	\$300	\$200	CYD + \$200	\$150	
Mail Order (90 day supply)	2x Retail	2x Retail	2x Retail	2x Retail	
tates 1 2 <sup>1</sup>					
Employee Only 2 22	\$769.07	\$886.83	\$797.68	\$928.41	
Employee + Spouse 0 0	\$1,538.13	\$1,773.67	\$1,595.35	\$1,856.81	
Employee + Child(ren) 0 0	\$1,422.77	\$1,640.64	\$1,475.70	\$1,717.55	
Employee + Family 0 0	\$2,191.84	\$2,527.48	\$2,273.38	\$2,645.96	
Monthly Premium 2 22	\$1,538	\$19,510	\$1,595	\$20,425	
nnual Premium 24	\$18,458	\$234,123	\$19,144	\$245,100	

<sup>1</sup>Lives from July Invoice

Effective Date: October 1, 2025



			2024-2025	ALTERNATE #2*		
Schedule of Benefits		Florida Blue - BlueCare 16253	Florida Blue - BlueCare 14256	UnitedHealthcare - NHP HMO DYZY NH2S	UnitedHealthcare - NHP HMO DY1X NH2S	
		In Network Only	In Network Only	In Network Only	In Network Only	
eductible (Calendar Year - CYD)						
Single		\$4,250	\$1,000	\$5,000	\$1,750	
Family		\$8,500	\$3,000	\$10,000	\$3,500	
Coinsurance		0%	20%	50%	30%	
Maximum Out of Pocket (MOOP)						
Single		\$9,300	\$5,500	\$9,100	\$5,250	
Family		\$18,600	\$11,000	\$18,200	\$10,500	
Ion-Hospital Services						
Physician Office Visit		\$25	\$20	\$50	DDP: \$35 / NDDP: \$45	
Specialist Visit		\$55	\$45	\$75	DDP: <b>\$70</b> / NDDP: <b>\$80</b>	
Preventive Services (Wellness)		No Charge	No Charge	No Charge	No Charge	
Clinical Laboratory Services		\$55	\$25	\$50	\$35	
Advanced Imaging (MRI, PET, CT	scans)	\$350	\$250	DDP: \$500 / Non-DDP: 50% after CYD	DDP: <b>\$500</b> / Non-DDP: <b>50% after CYD</b>	
Outpatient Surgery in Surgical Co		\$400	\$200	Non-DDP: 50% after CYD  50% after CYD	Non-DDP: 50% after CYD  30% after CYD	
Physician Services at Surgical Ce		\$150	\$100	50% after CYD	30% after CYD	
Urgent Care Center		\$60	\$50	\$75	\$75	
ospital Services		, , ,	, , ,	, ,	, -	
Inpatient Hospital		CYD + \$1,000/adm	CYD + \$500/adm	50% after CYD	30% after CYD	
Outpatient Hospital		\$500	\$350	50% after CYD	30% after CYD	
Physician Services at Hospital		\$150	\$100	50% after CYD	30% after CYD	
Emergency Room Visit		CYD + \$300	\$500	50% after CYD	\$750	
<u> </u>	Camilaga	C1D + \$300	\$300	30% after CTD	\$730	
Mental Health / Substance Abuse	e Services	N. Cl	N. Cl	500/ E 0VD	200/ 5: 0//	
Inpatient Facility		No Charge	No Charge	50% after CYD	30% after CYD	
Outpatient Services		No Charge	No Charge	OV: \$75 / Other: 50%	OV: \$70 / Other: CYD	
rescription Drug Benefits						
Tier 1		\$0 / \$4 / \$15	\$0 /\$4 / \$15	\$10	\$10	
Tier 2		\$30 / \$75	\$30 / \$60	\$40	\$40	
Tier 3		\$150	\$100	\$140	\$140	
Tier 4		N/A	N/A	\$300	\$300	
Tier 5 - Specialty		\$300	\$200	\$10/\$40/\$140/\$500	\$10/\$40/\$140/\$500	
Mail Order (90 day supply)		2x Retail	2x Retail	2.5x Retail	2.5x Retail	
ates	1 2¹					
Employee Only	2 22	\$769.07	\$886.83	\$842.43	\$961.50	
Employee + Spouse	0 0	\$1,538.13	\$1,773.67	\$1,684.86	\$1,923.00	
Employee + Child(ren)	0 0	\$1,422.77	\$1,640.64	\$1,558.50	\$1,778.78	
Employee + Family	0 0	\$2,191.84	\$2,527.48	\$2,400.93	\$2,740.28	
Monthly Premium	2 22 24	\$1,538 \$18,458	\$19,510 \$234,123	\$1,685 \$20,218	\$21,153 \$253,836	
OTAL Premium	24		2,581		1,054	
Annual \$ Increase/(Decrease)		N	/A	\$21	,474	

Effective Date: October 1, 2025



## Current 2024-2025

<u> </u>	urrent 2024-2025	Ait	Alternate #1		
	Humana		Guardian		
In Netwo	rk Out of Net	twork In Network	Out of Network		
Unlimite	d Unlimite	ed \$5,000 + Rollover	\$5,000 + Rollove		
	Yes		No		
	None		None		
	Calendar Year	Cal	endar Year		
	\$50/\$150	\$	50/\$150		
	Yes		Yes		
100%	100%	100%	100%		
100% (2x/y	ear) 100%	5 100% (2x/year)	100%		
100%	100%	100%	100%		
100%	100%	100%	100%		
80%	80%	80%	80%		
80%	80%	80%	80%		
50%	50%	50%	50%		
50%	50%	50%	50%		
50%	50%	50%	50%		
50%	50%	50%	50%		
50%	50%	50%	50%		
N/A	N/A	N/A	N/A		
	50% up to \$2,000	50%	up to <b>\$1,500</b>		
Fee Sched	ule Fee Scher	dule Fee Schedule	Fee Schedule		
	Current	81% of eli	gible employees		
1	Expires 9/30/2025	Expire	es 9/30/2026		
Lives 1					
10	\$34.84		\$30.43		
1	\$69.67		\$61.78		
1			\$82.24		
		Ç	\$121.57		
14			\$691		
	<b>\$9,508</b>		\$8,298		
	N/A		-\$1,271		
	100% 100% 100% 100% 100% 100% 80% 80% 50% 50% 50% 50% N/A Fee Sched	In Network	Humana		

Effective Date: October 1, 2025



#### Current 2024-2025

Current 2	2024-2025	Alterr	nate #2	
Hun	nana	MetLife		
In Network	Out of Network	In Network	Out of Network	
Unlimited	Unlimited	\$2,500	\$2,500	
Y	es	Y	'es	
No	one	No	one	
Calend	lar Year	Calena	lar Year	
\$50/	<b>/</b> \$150	\$50,	/\$150	
Y	es	Y	'es	
100%	100%	100%	100%	
100% (2x/year)	100%	100% (2x/year)	100%	
100%	100%	100%	100%	
100%	100%	100%	100%	
100%	100%	10070	10070	
80%	80%	80%	80%	
			80%	
80%	80%	80%	80%	
50%	50%	50%	50%	
50%	50%	50%	50%	
50%	50%	50%	50%	
50%	50%	50%	50%	
50%	50%	50%	50%	
N/A	N/A	50%	50%	
	'			
50% up 1	to \$2,000	50% up to \$2,0	000 (Child Only)	
Fee Schedule	Fee Schedule	Fee Schedule	90th Percentile	
Cur	rent	Greater of 52% of all	eligible or 15 enrolle	
Expires 9	/30/2025	Expires 9	0/30/2026	
			4.41	
			7.17	
			3.40	
			949	
			.0%	
	### ##################################	Unlimited       Yes         None       Calendar Year         \$50/\$150       Yes         100%       100%         100% (2x/year)       100%         100%       100%         100%       100%         80%       80%         80%       80%         50%       50%         50%       50%         50%       50%         50%       50%         50%       50%         N/A       N/A	Humana	

**Effective Date: October 1, 2025** 



#### Current 2024-2025

		Current	2024-2025	Alternate #3		
SCHEDULE OF BENEFITS		Hui	mana	Principal		
		In Network	Out of Network	In Network	Out of Network	
Annual Benefit Maximum		Unlimited	Unlimited	\$2,000 + Rollover	\$2,000 + Rollove	
Do Class 1 services apply toward Annual Max?		,	Yes	Ye	S	
Naiting Period(s)		N	one	No	ne	
Deductible		Calend	dar Year	Calenda	r Year	
Single/Family		\$50	/\$150	\$50/\$	5150	
Is deductible waived for Class 1 services?		Y	Yes	Ye	S	
Class 1 Services: Preventive and Diagnostic						
Routine Oral Exam		100%	100%	100%	100%	
Routine Cleaning		100% (2x/year)	100%	100% ( <b>4x</b> /year)	100%	
Complete X-rays		100%	100%	100%	100%	
Bitewing X-rays		100%	100%	100%	100%	
Class 2 Services: Basic Restorative						
Fillings		80%	80%	80%	80%	
Simple Extractions (Oral Surgery)		80%	80%	80%	80%	
Class 3 Services: Major Restorative						
Periodontics		50%	50%	50%	50%	
Endodontics		50%	50%	50%	50%	
Bridges		50%	50%	50%	50%	
Crowns		50%	50%	50%	50%	
Dentures		50%	50%	50%	50%	
Implants		N/A	N/A	N/A	N/A	
Class 4 Services: Orthodontia						
Orthodontia Lifetime Maximum (Adult & Child)		50% up	to \$2,000	50% up to	\$2,000	
Dental Plan Reimbursement Level						
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	
Required Participation		Cui	rrent	50% of eligible	e employees	
Rate Guarantee		Expires	9/30/2025	Expires 9/	30/2026	
Rates	Lives 1					
Employee	10		4.84	\$38.		
Employee + Spouse	1		9.67	\$74.		
Employee + Child(ren)	1		01.03	\$90.		
Employee + Family	2		39.12	\$132		
Monthly Premium	14		797	\$83		
Annual Premium			),568 /^	\$9,7		
Annual \$ Increase/Decrease			N/A	\$19		
Annual % Increase/Decrease  1 Lives from July Invoice			N/A	2.0	<mark>%</mark> 1	

Effective Date: October 1, 2025



#### Current 2024-2025

		Current 2024-2025		Alternate #4		
SCHEDULE OF BENEFITS		Hui	mana	UnitedHealthcare		
		In Network	Out of Network	In Network	Out of Network	
Annual Benefit Maximum		Unlimited	Unlimited	Unlimited	Unlimited	
Do Class 1 services apply toward Annual Max?		,	⁄es	Ye	S	
Waiting Period(s)		N	one	Noi	None	
Deductible		Calendar Year		Calenda	r Year	
Single/Family		\$50/\$150		\$50/\$	\$50/\$150	
Is deductible waived for Class 1 services?		Yes		Ye	S	
Class 1 Services: Preventive and Diagnostic						
Routine Oral Exam		100%	100%	100%	100%	
Routine Cleaning		100% (2x/year)	100%	100% ( <b>4x</b> /year)	100%	
Complete X-rays		100%	100%	100%	100%	
Bitewing X-rays		100%	100%	100%	100%	
Class 2 Services: Basic Restorative						
Fillings		80%	80%	80%	80%	
Simple Extractions (Oral Surgery)		80%	80%	80%	80%	
Class 3 Services: Major Restorative						
Periodontics		50%	50%	50%	50%	
Endodontics		50%	50%	80%	80%	
Bridges		50%	50%	50%	50%	
Crowns		50%	50%	50%	50%	
Dentures		50%	50%	50%	50%	
Implants		N/A	N/A	50%	50%	
Class 4 Services: Orthodontia						
Orthodontia Lifetime Maximum (Adult & Child)		50% up	to \$2,000	50% up to	\$2,000	
Dental Plan Reimbursement Level						
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	
Required Participation		Cui	rrent	50% of eligible	e employees	
Rate Guarantee		Expires 9/30/2025		Expires 9/30/2026		
Rates	Lives 1					
Employee	10	\$3	4.84	\$41.		
Employee + Spouse	1	\$69.67		\$82.12		
Employee + Child(ren)	1		01.03	\$96.62		
Employee + Family	2	\$139.12		\$145.09		
Monthly Premium	14		797	\$880		
Annual Premium			,568	\$10,554		
Annual \$ Increase/Decrease			I/A	\$986		
Annual % Increase/Decrease <sup>1</sup> Lives from July Invoice		N	I/A	10.3	3%	

**Effective Date: October 1, 2025** 



## Current 2024-2025

		Current 2024-2025		Alternate #5		
SCHEDULE OF BENEFITS		Humana		Unum		
		In Network	Out of Network	In Network	Out of Network	
nnual Benefit Maximum		Unlimited	Unlimited	\$5,000 + Rollover	\$5,000 + Rollove	
Oo Class 1 services apply toward Annual Max?			Yes	Ye	es	
Vaiting Period(s)		N	lone	Ortho: 12 Months		
Deductible		Calen	dar Year	Calendar Year		
Single/Family		\$50	)/\$150	\$50/\$150		
Is deductible waived for Class 1 services?			Yes	Ye	es	
Class 1 Services: Preventive and Diagnostic						
Routine Oral Exam		100%	100%	100%	100%	
Routine Cleaning		100% (2x/year)	100%	100% (2x/year)	100%	
Complete X-rays		100%	100%	80%	80%	
Bitewing X-rays		100%	100%	100%	100%	
		100/0	100%	100%	100%	
Class 2 Services: Basic Restorative				25:		
Fillings		80%	80%	80%	80%	
Simple Extractions (Oral Surgery)		80%	80%	80%	80%	
Class 3 Services: Major Restorative						
Periodontics		50%	50%	50%	50%	
Endodontics		50%	50%	50%	50%	
Bridges		50%	50%	50%	50%	
Crowns		50%	50%	50%	50%	
Dentures		50%	50%	50%	50%	
Implants		N/A	N/A	50%	50%	
Class 4 Services: Orthodontia						
Orthodontia Lifetime Maximum (Adult & Child)		50% up	to \$2,000	50% up t	o \$2,000	
Dental Plan Reimbursement Level						
Benefits Reimbursement Level		Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	
Required Participation		Cu	rrent	51% of eligibl	le employees	
Rate Guarantee		Expires 9/30/2025		Expires 9/30/2026		
Rates	Lives 1					
Employee	10		4.84	\$39		
Employee + Spouse	1	\$69.67		\$78.78		
Employee + Child(ren)	1	\$101.03		\$100.53		
Employee + Family	2		39.12	\$150.81		
Monthly Premium	14		797	\$879		
Annual Premium			9,568	\$10,544		
Annual \$ Increase/Decrease		N/A		\$975		
Annual % Increase/Decrease <sup>1</sup> Lives from July Invoice			N/A	10.	<b>2</b> %	

**Effective Date: October 1, 2025** 



Current 2024-2025

Alternate #1
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		Current 2024-2025	Alternate #1
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	Guardian Managed Dental Care N200
Plan Basics	Code	In Network Only	
Office Visit	D9430	\$10	\$5
Periodic Exam	D0120	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$0
Restorative Services (Fillings)			
Amalgam - 1 surface	D2140	\$20	\$20
Resin - 1 surface - anterior	D2330	\$35	\$26
Anesthesia/Nitrous Oxide	D9230	\$30	Covered with surgical procedure
Crowns			
Porcelain fused to High Noble Metal	D2750	\$350	\$430
Full Cast High Noble Metal	D2790	\$350	\$430
Endodontics (Root Canal Services)			
Anterior	D3310	\$135	\$130
Bicuspid	D3320	\$240	\$150
Molar	D3330	\$310	\$195
Periodontics			
Gingivectomy (per quad)	D4210	\$135	\$150
Scaling and Root Planning (per quad)	D4341	\$70	\$55
Extraction Services (Oral Surgery)			
Single Tooth	D7111	\$0	\$20
Partial Bony Impaction	D7230	\$85	\$75
Complete Bony Impaction	D7240	\$105	\$125
Orthodontia			
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$1,895
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,195
Required Participation		Current	Current
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026
Rates	Lives 1		
	5	\$12.95	\$14.76
Employee L Spouse	1	\$25.91	\$29.52
Employee + Spouse	1	\$29.14	\$32.24
Employee + Child(ren)	1	\$46.89	\$49.78
Employee + Family			
Monthly Premium	8	\$167	\$185
Annual Premium		\$2,000	\$2,224
\$ Increase / (Decrease)		N/A	\$224
% Increase / (Decrease)  1 Lives from July Invoice		N/A	11.2%

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

		Current 2024-2025	Alternate #2	
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	MetLife Managed Dental Plan	
Plan Basics	Code	In Network Only	In Network Only	
Office Visit	D9430	\$10	\$0	
Periodic Exam	D0120	\$0	\$0	
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0	
Prophylaxis (Cleaning)	D1110	\$0	\$5	
Restorative Services (Fillings)				
Amalgam - 1 surface	D2140	\$20	\$12	
Resin - 1 surface - anterior	D2330	\$35	\$12	
Anesthesia/Nitrous Oxide	D9230	\$30	\$15	
Crowns				
Porcelain fused to High Noble Metal	D2750	\$350	\$335	
Full Cast High Noble Metal	D2790	\$350	\$335	
Endodontics (Root Canal Services)				
Anterior	D3310	\$135	\$130	
Bicuspid	D3320	\$240	\$215	
Molar	D3330	\$310	\$305	
Periodontics				
Gingivectomy (per quad)	D4210	\$135	\$150	
Scaling and Root Planning (per quad)	D4341	\$70	\$60	
Extraction Services (Oral Surgery)				
Single Tooth	D7111	\$0	\$5	
Partial Bony Impaction	D7230	\$85	\$65	
Complete Bony Impaction	D7240	\$105	\$135	
Orthodontia				
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,410	
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,410	
Required Participation		Current	10 enrolled	
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026	
Rates	Lives 1			
	5	\$12.95	\$11.72	
Employee	1	\$25.91	\$20.52	
Employee + Spouse	1	\$29.14	\$24.62	
Employee + Child(ren)	1	\$46.89	\$34.58	
Employee + Family				
Monthly Premium	8	\$167	\$138	
Annual Premium \$ Increase / (Decrease)		\$2,000	\$1,660	
		N/A	-\$340	
% Increase / (Decrease)  1 Lives from July Invoice		N/A	<b>-17.0%</b> 23	

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



#### Current 2024-2025

		Current 2024-2025	Alternate #3
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	Principal Solstice S700B
Plan Basics	Code	In Network Only	In Network Only
Office Visit	D9430	\$10	\$0
Periodic Exam	D0120	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$0
Restorative Services (Fillings)			
Amalgam - 1 surface	D2140	\$20	\$0
Resin - 1 surface - anterior	D2330	\$35	\$30
Anesthesia/Nitrous Oxide	D9230	\$30	\$20
Crowns			
Porcelain fused to High Noble Metal	D2750	\$350	\$245
Full Cast High Noble Metal	D2790	\$350	\$245
Endodontics (Root Canal Services)			
Anterior	D3310	\$135	\$110
Bicuspid	D3320	\$240	\$195
Molar	D3330	\$310	\$245
Periodontics			
Gingivectomy (per quad)	D4210	\$135	\$175
Scaling and Root Planning (per quad)	D4341	\$70	\$50
Extraction Services (Oral Surgery)			
Single Tooth	D7111	\$0	\$50
Partial Bony Impaction	D7230	\$85	\$65
Complete Bony Impaction	D7240	\$105	\$80
Orthodontia			
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,250
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,350
Required Participation		Current	2 enrolled in DHMO, 50% across both plans
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026
Rates	Lives 1		
Employee	5	\$12.95	\$12.09
Employee + Spouse	1	\$25.91	\$21.17
Employee + Child(ren)	1	\$29.14	\$26.21
Employee + Family	1	\$46.89	\$33.26
Monthly Premium	8	\$167	\$141
Annual Premium		\$2,000	\$1,693
\$ Increase / (Decrease)		N/A	-\$307
% Increase / (Decrease)			
<sup>1</sup> Lives from July Invoice		N/A	<b>-15.4%</b> 24

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

		Current 2024-2025	Alternate #4
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	UnitedHealthcare D1056
Plan Basics	Code	In Network Only	In Network Only
Office Visit	D9430	\$10	\$0
Periodic Exam	D0120	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$0
Restorative Services (Fillings)			
Amalgam - 1 surface	D2140	\$20	\$0
Resin - 1 surface - anterior	D2330	\$35	\$20
Anesthesia/Nitrous Oxide	D9230	\$30	\$20
Crowns			
Porcelain fused to High Noble Metal	D2750	\$350	\$195
Full Cast High Noble Metal	D2790	\$350	\$195
Endodontics (Root Canal Services)			
Anterior	D3310	\$135	\$100
Bicuspid	D3320	\$240	\$175
Molar	D3330	\$310	\$210
Periodontics			
Gingivectomy (per quad)	D4210	\$135	\$175
Scaling and Root Planning (per quad)	D4341	\$70	\$36
Extraction Services (Oral Surgery)			
Single Tooth	D7111	\$0	\$45
Partial Bony Impaction	D7230	\$85	\$55
Complete Bony Impaction	D7240	\$105	\$63
Orthodontia			
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$1,850
Comprehensive Treatment - Adult	D8090	\$2,195	\$1,950
Required Participation		Current	Current
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026
Rates	Lives 1		
	5	\$12.95	\$14.10
Employee L Spause	1	\$25.91	\$24.68
Employee + Spouse	1	\$29.14	\$30.55
Employee + Child(ren)	1	\$46.89	\$38.78
Employee + Family			
Monthly Premium	8	\$167	\$165
Annual Premium		\$2,000	\$1,974
\$ Increase / (Decrease)		N/A	-\$26
% Increase / (Decrease)  1 Lives from July Invoice		N/A	<b>-1.3%</b> 25

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

**Effective Date: October 1, 2025** 



Current 2024-2025

Alternate #5
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		Current 2024-2025	Alternate #5
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	UnitedHealthcare D1057
Plan Basics	Code	In Network Only	In Network Only
Office Visit	D9430	\$10	\$0
Periodic Exam	D0120	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$0
Restorative Services (Fillings)			
Amalgam - 1 surface	D2140	\$20	\$0
Resin - 1 surface - anterior	D2330	\$35	\$25
Anesthesia/Nitrous Oxide	D9230	\$30	\$20
Crowns			
Porcelain fused to High Noble Metal	D2750	\$350	\$240
Full Cast High Noble Metal	D2790	\$350	\$240
Endodontics (Root Canal Services)			
Anterior	D3310	\$135	\$100
Bicuspid	D3320	\$240	\$185
Molar	D3330	\$310	\$225
Periodontics			
Gingivectomy (per quad)	D4210	\$135	\$175
Scaling and Root Planning (per quad)	D4341	\$70	\$45
Extraction Services (Oral Surgery)			
Single Tooth	D7111	\$0	\$45
Partial Bony Impaction	D7230	\$85	\$60
Complete Bony Impaction	D7240	\$105	\$75
Orthodontia			
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,050
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,150
Required Participation		Current	Current
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2026
Rates	Lives 1		
	5	\$12.95	\$13.11
Employee L Spouse	1	\$25.91	\$22.94
Employee + Spouse	1	\$29.14	\$28.41
Employee + Child(ren)	1	\$46.89	\$36.06
Employee + Family			
Monthly Premium	8	\$167	\$153
Annual Premium		\$2,000	\$1,836
\$ Increase / (Decrease)		N/A	-\$165
% Increase / (Decrease)  1 Lives from July Invoice		N/A	<b>-8.2</b> % 26

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## **RFP Evaluation - Vision**



Effective Date: October 1, 2025  Current 2024-2025  Alternate #2*							
SCHEDULE OF BENEFITS		Current 2 Humana - '		Alternate #2*  Guardian - VSP Enhanced Choice B			
Examination		In-Network	Out-of-Network	In-Network	Out-of-Network		
Eye Exam Copay		\$0	Up to \$30	\$0	Up to <b>\$39</b>		
Materials Copay		\$0	Varies	\$0	Varies		
Retinal Imaging		Up to \$39	Not Covered	Up to \$39	Not Covered		
Frequency							
Examination		Every 12	months	Every 12	2 months		
Lenses or Contact Lenses		Every 12	months	Every 12	2 months		
Frames		Every 24	months	Every 24 months			
Lenses							
Single		\$0	Up to \$25	\$0	Up to <b>\$23</b>		
Bifocal		\$0	Up to \$40	\$0	Up to <b>\$37</b>		
Trifocal		\$0	Up to \$60	\$0	Up to <b>\$49</b>		
Lenticular		\$0	Up to \$100	\$0	Up to <b>\$64</b>		
Standard Progressive		\$0	Up to \$40	\$55	Not Provided		
Frames							
Retail Allowance		Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to <b>\$46</b>		
Contacts Lenses							
Elective		Up to \$200 + 15% off retail	Up to \$160	Up to \$200	Up to <b>\$100</b>		
Non-Elective (Medically Ne	ecessary)	\$0	Up to \$210	\$0	Up to \$210		
Fitting and Evaluation (Star	ndard)	\$0	Up to \$30	Copay not to exceed \$60; 15% discount	Included in contact lens allowance		
Rate Guarantee		Expires 9/	/30/2026	Expires 9,	/30/2026		
Monthly Rates	Lives 1						
Employee	8	\$9.	83	\$12.11			
Employee + Spouse	3	\$19	.66	\$22.93			
Employee + Child(ren)	3	\$18	.68	\$23.36			
Employee + Family	3	\$29	.36	\$36.98			
Monthly Premium	17	\$2	82	\$3	347		
Annual Premium		\$3,3	381	\$4,160			
\$ Increase /(Decrease)		N/	'A	\$779			

N/A

% Increase /(Decrease)

23.1%

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



## **Current 2024-2025**

Eye Exam Copay \$0 Up to \$30 \$0 Up to \$40	Alternate #3		
Eye Exam Copay			
Materials Copay   \$0	-Network		
Retinal Imaging	to <b>\$45</b>		
Retinal Imaging	aries		
Examination	d to exam wance		
Lenses or Contact Lenses			
Every 24 months	Every 12 months		
Single	Every 12 months		
Single			
Bifocal   \$0			
Trifocal	to <b>\$30</b>		
Lenticular	to <b>\$50</b>		
Lenticular	to <b>\$65</b>		
Standard Progressive   \$0	o \$100		
Frames         Up to \$200 + 20% off retail         Up to \$100         Up to \$200 + 20% off retail	to <b>\$50</b>		
Retail Allowance  retail  Up to \$100  retail  Up to \$100  retail  Up to \$100  retail  Up to \$100  retail  Up to \$200 + 15% off retail  Non-Elective (Medically Necessary)  Fitting and Evaluation (Standard)  Rate Guarantee  Expires 9/30/2026  Expires 9/30/2027  Monthly Rates  Employee 8 \$9.83  Employee + Spouse 3 \$19.66  Fretail  Up to \$100  retail  Up to \$100  Up to \$200  Up to \$200  Up to \$200  Up to \$200  Copay not to exceed should be allowed allowed allowed should be allowed allowed should be allowed should b			
Elective   Up to \$200 + 15% off retail   Up to \$160   Up to \$200   Up	to <b>\$70</b>		
The state of the			
Fitting and Evaluation (Standard)  \$0 Up to \$30  Copay not to exceed allows \$60 Included in concluded in Conc	o <b>\$105</b>		
So	o \$210		
Monthly Rates         Lives <sup>1</sup> Employee         8         \$9.83         \$8.33           Employee + Spouse         3         \$19.66         \$16.70	n contact lens wance		
Employee         8         \$9.83         \$8.33           Employee + Spouse         3         \$19.66         \$16.70			
<b>Employee + Spouse</b> 3 \$19.66 \$16.70			
	\$8.33		
Employee + Child(ren) 3 \$18.68 \$14.14	\$16.70		
	\$14.14		
<b>Employee + Family</b> 3 \$29.36 \$23.32	\$23.32		
Monthly Premium 17 \$282 \$229	\$229		
Annual Premium \$3,381 \$2,749			
\$ Increase /(Decrease) N/A -\$631	-\$631		
% Increase /(Decrease) N/A -18.7%			

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



## **Current 2024-2025**

## Alternate #4

	Current 2024-2025		Alternate #4		
SCHEDULE OF BENEFITS	Humana -	Vision 200	Principal		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam Copay	\$0	Up to \$30	\$0	Up to <b>\$45</b>	
Materials Copay	\$0	Varies	\$10	Varies	
Retinal Imaging	Up to \$39	Not Covered	Not Provided	Not Provided	
Frequency					
Examination	Every 12	! months	Every 12 months		
Lenses or Contact Lenses	Every 12	? months	Every 12	months	
Frames	Every 24	months	Every 24	months	
Lenses					
Single	\$0	Up to \$25	\$10	Up to <b>\$30</b>	
Bifocal	\$0	Up to \$40	\$10	Up to <b>\$50</b>	
Trifocal	\$0	Up to \$60	\$10	Up to <b>\$65</b>	
Lenticular	\$0	Up to \$100	\$10	Up to \$100	
Standard Progressive	\$0	Up to \$40	\$10	Not Provided	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to <b>\$70</b>	
Contacts Lenses					
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200	Up to <b>\$105</b>	
Non-Elective (Medically Necessary)	\$0	Up to \$210	\$10	Up to \$210	
Fitting and Evaluation (Standard)	\$0	Up to \$30	Copay not to exceed \$60	Not Provided	
Rate Guarantee	Expires 9,	Expires 9/30/2026		/30/2026	
Monthly Rates Lives	1				
Employee 8	\$9.83		\$8.04		
Employee + Spouse 3	\$19.66		\$15.26		
Employee + Child(ren) 3	\$18.68		\$16.74		
Employee + Family 3	\$29.36		\$25.69		
Monthly Premium 17	\$282		\$237		
Annual Premium	\$3,381		\$2,849		
\$ Increase /(Decrease)	N/A		-\$532		
% Increase /(Decrease)	N/A		-15.7%		

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

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## **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



## **Current 2024-2025**

## Alternate #5

COLLEGE OF DEVICE A	Current 2024-2025		Alternate #5		
SCHEDULE OF BENEFITS	Humana -	Vision 200	UnitedHealthcare - SH509		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam Copay	\$0	Up to \$30	\$0	Up to <b>\$40</b>	
Materials Copay	\$0	Varies	\$0	Varies	
Retinal Imaging	Up to \$39	Not Covered	\$0 (Diabetics only)	Not Covered	
Frequency					
Examination	Every 12	2 months	Every 12 months		
Lenses or Contact Lenses	Every 12	2 months	Every 12	months	
Frames	Every 24	months	Every 24	months	
Lenses					
Single	\$0	Up to \$25	\$0	Up to <b>\$40</b>	
Bifocal	\$0	Up to \$40	\$0	Up to <b>\$60</b>	
Trifocal	\$0	Up to \$60	\$0	Up to <b>\$80</b>	
Lenticular	\$0	Up to \$100	\$0	Up to <b>\$80</b>	
Standard Progressive	\$0	Up to \$40	\$55	Up to <b>\$60</b>	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + <b>30% off</b> <b>retail</b>	Up to <b>\$45</b>	
Contacts Lenses					
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200	Up to <b>\$175</b>	
Non-Elective (Medically Necessary)	\$0	Up to \$210	\$0	Up to \$210	
Fitting and Evaluation (Standard)	\$0	Up to \$30	\$40	Not Covered	
Rate Guarantee	Expires 9,	/30/2026	Expires 9,	/30/2026	
Monthly Rates Lives	1				
Employee 8	\$9.83		\$8.94		
Employee + Spouse 3	\$19.66		\$16.95		
Employee + Child(ren) 3	\$18.68		\$19.89		
Employee + Family 3	\$29.36		\$27.99		
Monthly Premium 17	\$282		\$266		
Annual Premium	\$3,381		\$3,192		
\$ Increase /(Decrease)	N/A		-\$189		
% Increase /(Decrease)	N/A		-5.	6%	

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

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## **RFP Evaluation - Vision**

**Effective Date: October 1, 2025** 



## **Current 2024-2025**

	Current 2024-2025		Alternate #5		
SCHEDULE OF BENEFITS	Humana -	Vision 200	Unum - EyeMed Plan		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam Copay	\$0	Up to \$30	\$10	Up to <b>\$40</b>	
Materials Copay	\$0	\$0 Varies		Varies	
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered	
Frequency		'			
Examination	Every 12	2 months	Every 12 months		
Lenses or Contact Lenses	Every 12	2 months	Every 12	! months	
Frames	Every 24	1 months	Every 24	months	
Lenses					
Single	\$0	Up to \$25	\$25	Up to <b>\$30</b>	
Bifocal	\$0	Up to \$40	\$25	Up to <b>\$50</b>	
Trifocal	\$0	Up to \$60	\$25	Up to <b>\$70</b>	
Lenticular	\$0	Up to \$100	\$25	Up to <b>\$70</b>	
Standard Progressive	\$0	Up to \$40	\$90	Up to <b>\$50</b>	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to <b>\$140</b>	
Contacts Lenses					
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200	Up to <b>\$200</b>	
Non-Elective (Medically Necessary	y) \$0	Up to \$210	\$0	Up to \$210	
Fitting and Evaluation (Standard)	\$0	Up to \$30	\$40	Not Covered	
Rate Guarantee	Expires 9	/30/2026	Expires 9,	/30/2026	
Monthly Rates Live	es 1				
Employee 8	\$9	\$9.83		\$6.46	
Employee + Spouse 3	\$19	\$19.66		\$12.91	
Employee + Child(ren) 3	\$18	\$18.68		\$14.41	
Employee + Family 3	\$29	\$29.36		\$22.53	
Monthly Premium 1	7 \$2	\$282		\$201	
Annual Premium	\$3,	\$3,381		\$2,415	
\$ Increase /(Decrease)	N	/A	-\$966		
% Increase /(Decrease)	N	/A	-28	.6%	

<sup>&</sup>lt;sup>1</sup> Lives from July Invoice

## RFP Evaluation - Basic Life and AD&D

Effective Date: October 1, 2025



Humana	Guardian
All active employees working 30 hours/week	All active employees working 30 hours/week
\$25,000	\$25,000
Equal to Life Benefit	2x Life Benefit to Max of \$25,000
No/Yes	Yes/Yes
Included	Included
35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80
50% of the Basic Life Benefit	50% of the Basic Life Benefit
Expires 9/30/2025	Expires 9/30/2027
*	
\$666,300	\$666,300
\$0.310	\$0.401
\$0.030	\$0.020
\$0.340	\$0.421
\$227	\$281
\$2,719	\$3,366
N/A	\$648
N/A	23.8%
	All active employees working 30 hours/week \$25,000  Equal to Life Benefit  No/Yes  Included  35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85 50% of the Basic Life Benefit  Expires 9/30/2025  *  \$666,300 \$0.310 \$0.030 \$0.340  \$227 \$2,719 N/A

<sup>\*</sup>Lives and volume from July invoice

## RFP Evaluation - Basic Life and AD&D

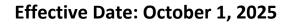
**Effective Date: October 1, 2025** 



Schedule of Benefits	Humana	MetLife
Life and AD&D Benefit		
Eligibility	All active employees working 30 hours/week	All active employees working <b>40</b> hours/week
Basic Term Life	\$25,000	\$25,000
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit
Features		
Portability/Conversion Privilege	No/Yes	No/Yes
Waiver of Premium	Included	Included
Age Reduction (Reduces By)	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 50% at age 70
Accelerated Death Benefit	50% of the Basic Life Benefit	80% of the Basic Life Benefit
Rate Guarantee	Expires 9/30/2025	Expires 9/30/2026
Rates Liv	25 <sup>*</sup>	
Volume 2	7 \$666,300	\$666,300
Basic Term Life Rate / \$1,000	\$0.310	\$0.240
AD&D Rate / \$1,000	\$0.030	\$0.020
Total Life AD&D Rate / \$1,000	\$0.340	\$0.260
Monthly Premium	\$227	\$173
Annual Premium	\$2,719	\$2,079
\$ Increase /(Decrease)	N/A	-\$640
% Increase /(Decrease)	N/A	-23.5%

<sup>\*</sup>Lives and volume from July invoice

## RFP Evaluation - Basic Life and AD&D





Schedule of Benefits		Humana	Principal
Life and AD&D Benefit			
Eligibility		All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life		\$25,000	\$25,000
Basic AD&D		Equal to Life Benefit	Equal to Life Benefit
Features			
Portability/Conversion Privilege		No/Yes	No/Yes
Waiver of Premium		Included	Included
Age Reduction (Reduces By)		35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 50% at age 70
Accelerated Death Benefit		50% of the Basic Life Benefit	<b>75%</b> of the Basic Life Benefit
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2027
Rates Li	ives*		
Volume	27	\$666,300	\$666,300
Basic Term Life Rate / \$1,000		\$0.310	\$0.294
AD&D Rate / \$1,000		\$0.030	\$0.025
Total Life AD&D Rate / \$1,000		\$0.340	\$0.319
Monthly Premium		\$227	\$213
Annual Premium		\$2,719	\$2,551
\$ Increase /(Decrease)		N/A	-\$168
% Increase /(Decrease)		N/A	-6.2%

<sup>\*</sup>Lives and volume from July invoice

## RFP Evaluation - Basic Life and AD&D

**Effective Date: October 1, 2025** 



Schedule of Benefits	Humana	UnitedHealthcare
Life and AD&D Benefit		
Eligibility	All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life	\$25,000	\$25,000
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit
Features		
Portability/Conversion Privilege	No/Yes	No/Yes
Waiver of Premium	Included	Included
Age Reduction (Reduces By)	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 50% at age 70
Accelerated Death Benefit	50% of the Basic Life Benefit	50% of the Basic Life Benefit
Rate Guarantee	Expires 9/30/2025	Expires 9/30/2027
Rates Lives	*	
Volume 27	\$666,300	\$666,300
Basic Term Life Rate / \$1,000	\$0.310	\$0.480
AD&D Rate / \$1,000	\$0.030	\$0.020
Total Life AD&D Rate / \$1,000	\$0.340	\$0.500
Monthly Premium	\$227	\$333
Annual Premium	\$2,719	\$3,998
\$ Increase /(Decrease)	N/A	\$1,279
% Increase /(Decrease)	N/A	47.1%

<sup>\*</sup>Lives and volume from July invoice

## RFP Evaluation - Basic Life and AD&D

Effective Date: October 1, 2025



		Current 2024-2025	Aiternate #5
Schedule of Benefits		Humana	Unum
Life and AD&D Benefit			
Eligibility		All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life		\$25,000	\$25,000
Basic AD&D		Equal to Life Benefit	Equal to Life Benefit
Features			
Portability/Conversion Privilege		No/Yes	Yes/Yes
Waiver of Premium		Included	Included
Age Reduction (Reduces By)		35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80
Accelerated Death Benefit		50% of the Basic Life Benefit	50% of the Basic Life Benefit
Rate Guarantee		Expires 9/30/2025	Expires 9/30/2027
Rates	Lives*		
Volume	27	\$666,300	\$666,300
Basic Term Life Rate / \$1,000		\$0.310	\$0.320
AD&D Rate / \$1,000		\$0.030	\$0.050
Total Life AD&D Rate / \$1,000		\$0.340	\$0.370
Monthly Premium		\$227	\$247
Annual Premium		\$2,719	\$2,958
\$ Increase /(Decrease)		N/A	\$240
% Increase /(Decrease)		N/A	8.8%

<sup>\*</sup>Lives and volume from July invoice

**Effective Date: October 1, 2025** 



	Current 2	2024-2025	Aiteri			
Schedule of Benefits	Hun	nana	Gua	rdian		
Eligibility		mployees working 30 /week	All active Full Time employees working 30 hours/week			
Employee		000 to the lesser of or 7x salary	Increments of \$10,000 up to <b>\$250,000</b>			
Guarantee Issue	\$75	,000	\$10	0,000		
Spouse	Increments of \$1,0	000 up to \$500,000		0 up to <b>\$250,000</b> NTE t (\$10,000 minimum)		
Guarantee Issue	\$35	,000	\$25	5,000		
Child	<u>-</u>	nonths: \$500, older: \$10,000	14 days and older: In	days: \$500, crements of \$1,000 to E 100% of EE Amount		
Guarantee Issue	\$10	,000	\$10	),000		
AD&D Benefit	100% of L	ife Benefit	100% of Life Benefit			
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	5: 35% 0: 55% 5: 70% 0: 80% 5: 85%	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80%			
Portability/Conversion Option	Yes	/Yes	Yes	s/Yes		
Annual Enrollment Option	· · · · · · · · · · · · · · · · · · ·	may add or increase up to \$25,000.	coverage by an ele \$50,000, not to ex	may increase their ctable amount up to ceed the Guarantee sue.		
Minimum Participation	Curi	rent		6 or 10 enrolled		
Rate Guarantee		/30/2025	-	)/30/2027		
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse* (Based on Employee age)		
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810 \$8.980	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580 \$8.530	\$0.074 \$0.074 \$0.080 \$0.108 \$0.155 \$0.246 \$0.403 \$0.630 \$0.900 \$1.600 \$3.109 \$3.109 \$3.109	\$0.074 \$0.074 \$0.080 \$0.108 \$0.155 \$0.246 \$0.403 \$0.630 \$0.900 \$1.600		
Child(ren) - per \$10,000		\$2.000 \$1.55		27		
AD&D - Employee/Spouse	Ş0.	\$0.030		AD&D Available) 37		

**Effective Date: October 1, 2025** 



	Current 2	2024-2025	Aiteri			
Schedule of Benefits	Hun	nana	Me	tLife		
Eligibility		mployees working 30 /week		employees working <mark>40</mark> s/week		
Employee		000 to the lesser of or 7x salary		Increments of \$10,000 to the lesser of \$500,000 or 5x salary		
Guarantee Issue	\$75	,000	\$10	0,000		
Spouse	Increments of \$1,0	000 up to \$500,000	Increments of \$5,000 up to <b>\$100,000</b> l 50% of EE Amount			
Guarantee Issue	\$35	,000	\$25	5,000		
Child	-	nonths: \$500, older: \$10,000	15 days - 6 months: <b>\$1,000</b> , 6 months and older: \$10,000			
Guarantee Issue	\$10	,000	\$10,000			
AD&D Benefit	100% of L	ife Benefit	100% of Life Benefit			
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	5: 35% 0: 55% 5: 70% 0: 80% 5: 85%	None			
Portability/Conversion Option	Yes	/Yes	Yes	s/Yes		
Annual Enrollment Option		may add or increase up to \$25,000.	coverage to the next	may increase their t benefit level without to the GI.		
Minimum Participation	Current		Greater of 449	% or 12 enrolled		
Rate Guarantee		/30/2025	-	0/30/2027		
	Expires 3	Spouse (Based on	Expires 3	Spouse (Based on		
Rates per \$1,000	Employee	Spouse age)	Employee	Employee age)		
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810 \$8.980	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580 \$8.530	\$0.080 \$0.080 \$0.092 \$0.126 \$0.171 \$0.253 \$0.402 \$0.728 \$1.381 \$2.335 \$4.343 \$4.343	\$0.080 \$0.080 \$0.092 \$0.126 \$0.171 \$0.253 \$0.402 \$0.728 \$1.381 \$2.335 \$4.343 \$4.343		
Child(ren) - per \$10,000			\$2.400			
AD&D - Employee/Spouse	J \$0.	030	<b>\$0.021</b> / \$0	0.051 (Child) 38		

**Effective Date: October 1, 2025** 



	Current	2024-2025		nate #3		
Schedule of Benefits	Hun	nana	Prin	icipal		
Eligibility		mployees working 30 /week	All active Full Time e hours	mployees work s/week	ing 30	
Employee		000 to the lesser of or 7x salary	Increments of \$10,	Increments of \$10,000 up to <b>\$300</b> ,		
Guarantee Issue	\$75	,000	_	70: <b>\$100,000</b> <b>\$10,000</b>		
Spouse	Increments of \$1,0	000 up to \$500,000	Increments of \$5,000 up to <b>\$100,000</b> l 100% of EE Amount			
Guarantee Issue	\$35	,000	_	70: <b>\$25,000</b> <b>10,000</b>		
Child	· ·	nonths: \$500, older: \$10,000	14 days and older: \$	Birth - 14 days: <b>\$1,000</b> , <b>14 days</b> and older: <b>\$5,000</b> or <b>\$10,000</b> 100% of EE Amount		
Guarantee Issue	\$10	,000	\$10	),000		
AD&D Benefit	100% of L	ife Benefit	100% of Life Benefit			
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	5: 35% 0: 55% 5: 70% 0: 80% 5: 85%	Age 65: 35% Age 70: 50%			
Portability/Conversion Option	Yes	/Yes	Yes	/Yes		
Annual Enrollment Option		may add or increase up to \$25,000.	At OE, employees and or increase covera increments			
Minimum Participation	Curi	rent	Greater of 20°	% or 5 enrolled		
Rate Guarantee		/30/2025	_	/30/2027		
nute Guululitee	Expires 9	Spouse (Based on	Expires 5	Spouse (Base	od cs	
Rates per \$1,000	Employee	Spouse age)	Employee	Spouse ag	ge)	
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810 \$8.980	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580 \$8.530	\$0.093 \$0.093 \$0.113 \$0.143 \$0.234 \$0.346 \$0.565 \$0.912 \$1.241 \$1.996 \$3.442 \$3.442	\$0.093 \$0.093 \$0.113 \$0.143 \$0.234 \$0.346 \$0.565 \$0.912 \$1.241 \$1.996 \$3.442 \$3.442		
Child(ren) - per \$10,000			\$2.000			
	\$2.	000	\$2.	000	39	

**Effective Date: October 1, 2025** 



	Current 2	2024-2025	Aiteri		
Schedule of Benefits	Hun	nana	UnitedH	ealthcare	
Eligibility		e Full Time employees working 30 All active Full Time e hours/week hours			
Employee		000 to the lesser of or 7x salary	Increments of \$10	,000 up to <b>\$300,000</b>	
Guarantee Issue	\$75	,000	\$50	),000	
Spouse	Increments of \$1,0	000 up to \$500,000	Increments of \$10,000 up to <b>\$150,00</b> 0		
Guarantee Issue	\$35	,000	\$30	),000	
Child		nonths: \$500, older: \$10,000	Increments of \$5	,000 up to <b>\$15,000</b>	
Guarantee Issue	\$10	,000	\$15	5,000	
AD&D Benefit	100% of L	ife Benefit	100% of Life Benefit		
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	5: 35% 0: 55% 5: 70% 0: 80% 5: 85%	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		
Portability/Conversion Option		/Yes	_	5/No	
Annual Enrollment Option		may add or increase up to \$25,000.	N	one	
Minimum Participation	Curi	rent	25% of	eligible	
Rate Guarantee		/30/2025	_	0/30/2026	
nate dualuntee	Expires 9	Spouse (Based on	Expires 3	Spouse (Based on	
Rates per \$1,000	Employee	Spouse age)	Employee	Spouse age)	
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$1.280 \$1.280 \$2.490 \$4.810 \$8.980	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580 \$8.530	\$0.060 \$0.070 \$0.080 \$0.110 \$0.160 \$0.260 \$0.420 \$0.640 \$0.870 \$1.400 \$2.360 \$6.990	\$0.060 \$0.070 \$0.080 \$0.110 \$0.160 \$0.260 \$0.420 \$0.640 \$0.870 \$1.400 \$2.360 \$6.990 \$6.990	
Child(ren) - per \$10,000		000	\$1.000		
AD&D - Employee/Spouse	\$0.030 \$0.0		\$0.020 (Child /	AD&D Available 40	

**Effective Date: October 1, 2025** 



	Current 2	2024-2025		nate #5		
Schedule of Benefits	Hun	nana	Ur	num		
Eligibility		mployees working 30 /week		employees working 30 s/week		
Employee		000 to the lesser of or 7x salary	Increments of \$10,000 to the lesser of \$500,000 or 5x salary			
Guarantee Issue	\$75	,000	\$100,000			
Spouse	Increments of \$1,000 up to \$500,000 Increments of \$5,000 up 100% of EE Ar			·		
Guarantee Issue	\$35	,000	\$15	5,000		
Child	Birth - 6 months: \$ 15 days - 6 months: \$500, 6 months and older: \$10,000 to a max of \$10,000 NTE Amount			Increments of \$2,000 000 NTE 100% of EE		
Guarantee Issue	\$10	,000	\$10	0,000		
AD&D Benefit	100% of L	ife Benefit	100% of	Life Benefit		
Age Reduction (Reduces By)	Age 7 Age 7 Age 8	5: 35% 0: 55% 5: 70% 0: 80% 5: 85%	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80%			
Portability/Conversion Option	Yes	/Yes	Yes	s/Yes		
Annual Enrollment Option		may add or increase up to \$25,000.	N	one		
Minimum Participation	Curi	rent	Greater of 419	% or 10 enrolled		
Rate Guarantee	Expires 9	/30/2025		9/30/2027		
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)		
<25 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80+	\$0.060 \$0.060 \$0.070 \$0.090 \$0.140 \$0.220 \$0.350 \$0.550 \$0.780 \$1.280 \$2.490 \$4.810 \$8.980	\$0.060 \$0.060 \$0.070 \$0.090 \$0.130 \$0.210 \$0.330 \$0.520 \$0.740 \$1.210 \$2.370 \$4.580 \$8.530	\$0.090 \$0.110 \$0.160 \$0.240 \$0.340 \$0.530 \$0.740 \$1.130 \$1.410 \$1.730 \$3.180 \$11.240	\$0.090 \$0.110 \$0.160 \$0.240 \$0.340 \$0.530 \$0.740 \$1.130 \$1.410 \$1.730 \$3.180 \$11.240		
Child(ren) - per \$10,000 AD&D - Employee/Spouse		\$2.000 \$0.030		000 AD&D Available) 41		
	\$0.030		+0.000 (Cilia)			

#### **City of Pahokee**

#### **Summary of Costs - Dental**

**Effective Date: October 1, 2025** 

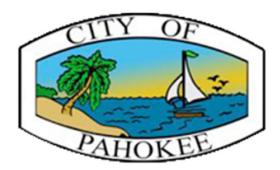


Summary	Current	Renewal	Alternate #1	Alternate #2	Alternate #3	Alternate #4a	Alternate #4b	Alternate #5*
Dental	Humana	Humana	Guardian	MetLife	Principal	UnitedHealthcare	UnitedHealthcare	Unum
Dental PPO	\$9,568	\$10,676	\$8,298	\$11,386	\$9,760	\$10,554	\$10,554	\$16,891
Difference From Current	N/A	\$1,107	-\$1,271	\$1,818	\$192	\$986	\$986	\$7,323
Dental HMO	\$2,000	\$2,000	\$2,224	\$1,660	\$1,693	\$1,974	\$1,836	Not Quoted
Difference From Current	N/A	\$0	\$224	-\$340	-\$307	-\$26	-\$165	N/A
TOTAL COST	\$11,568	\$12,676	\$10,522	\$13,046	\$11,453	\$12,528	\$12,390	\$16,891
TOTAL \$ Increase /(Decrease)	N/A	\$1,107	-\$1,047	\$1,478	-\$116	\$960	\$821	\$5,323
TOTAL % Increase /(Decrease)	N/A	9.6%	-9.0%	12.8%	-1.0%	8.3%	7.1%	46.0%

\*Unum did not quote a DHMO product. Costs above assume 100% enrollment in DPPO product.







#### Property and Casualty Insurance Presentation

Prepared By:

Kyle Stoekel, ARM-P, CIC, CRM

Brown & Brown Public Sector

Public Risk Advisor

(386) 944-5805 – Direct Office

September 8<sup>th</sup>, 2025



#### 2025-26 Proposed Premium

Coverage is being renewed through the Preferred Governmental Insurance Trust (*Preferred*)

#### **TOTAL PREMIUM- All Coverages**

Property, Inland Marine, Crime, General Liability, Employee Benefits Liability, Public Officials Liability, Employment Practices Liability, Cyber Liability, Auto Liability, Auto Physical Damage, and Workers Compensation \$376,405



#### **Premium Savings: \$27,785 (6.87%)**

- Compared to 2024-2025 premium of \$404,190
- Property Rate Decrease (5%)
- Improvement to Workers Compensation Experience Mod: 1.67 to 1.21

#### **Historical Premiums:**

- > 2023/2024 FMIT Renewal: \$560,985
- 2023/2024 PGIT Option: \$465,455 (Bound) (17% Savings)
- > 2024/2025 PGIT Renewal: \$404,190 (13% Savings)
- 2025/2026 PGIT Renewal: \$376,405 (7% Savings)



#### 2025-26 Additional Services

Coverage is being renewed through the Preferred Governmental Insurance Trust (*Preferred*)



#### Please note the following Value-Added Services are included at NO ADDITIONAL COST:

- Dedicated Loss Control Representative with onsite availability
- Full Suite of Online Training Resources, including access to My Community Workplace
- Access to the Preferred Risk Management Resource Center
- PGCS- Dedicated 3<sup>rd</sup> Party Claims Administrator
- Property Appraisal Services- performed by a 3<sup>rd</sup> party dedicated appraisal service company!
- Preferred Priority: Turn-Key Disaster Recovery Program
- TIPS Safety Grant: \$5,000 in matching funds available annually
- Dedicated Service Team to assist with all matters of insurance



Elected Municipal Officials Certificate Program for 2024-2025

## Silver Certificate of Leadership

## Keith W. Babb, Jr.

Mayor City of Pahokee

Section E, Item 4.





# Sanquetta Cowan-Williams

Vice Mayor City of Pahokee



Elected Municipal Officials Certificate Program for 2024-2025

## Silver Certificate of Leadership

## Everett D. McPherson, Sr.

Commissioner City of Pahokee



#### Proposed Budget

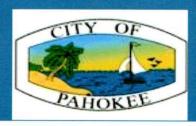
City of Pahokee FY 2026





#### **Budget Workshop Agenda:**

- Introduction: City Manager
- •FY 25-26 Proposed Budget Summary
- Other factors
- Financial Update
- Closing Remarks





#### **Critical Dates**

August 12 - Budget Workshop & Planning meeting 5:00 PM.

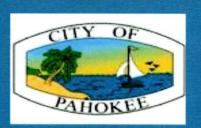
August 26 - Budget Workshop & Planning meeting 5:00 PM.

August 29 - Budget Workshop & Planning meeting 4:00 PM.

**September 8** – First hearing for tentative millage rate and budget 6:00 PM.

**September 23** – Second hearing for the final millage rate and budget 6:00 PM.

October 1 – The FY 25-26 Adopted budget becomes effective.



#### City proposing:

- No millage increase
- Current millage is 6.5419
- Assessed value
- Current year rolled back rate 5.9585%
- Current year proposed rate as a % change of rolled back rate 9.79%.



Section E, Item 5.

#### OVERALL FUND BUDGET

#### **Adopted Budget FY 24-25**

- · \$8,939,702
- Proposed Budget FY 25-26
  - · \$7,627,990
- Variance (Decrease)
  - · (\$1,311,712)
- Percent (Decrease)
  - · (14.7%)

#### **INCLUDES:**

**Minimal Federal Support** 

Trickle down effects of Federal Cuts and State Funding.

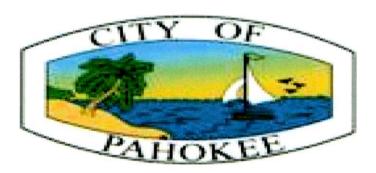
#### Overall Comparison by Fund

		Adopted udget 2024		Proposed udget 2025		
Funds		2025		2026	Variance	Percent
General Fund	\$	5,438,908	\$	5,821,561	\$ 382,653	7.0%
Henderson Endownment Fund		26,000	:e	24,000	(2,000)	-7.7%
Special Revenue Fund	1	867,000		500,000	(367,000)	-42.3%
Capital Project Fund		2,005,780		676,972	(1,328,808)	-66.2%
Marina Campground Fund		384,388		377,031	(7,357)	-1.9%
Cemetery Fund		217,626		228,426	10,800	5.0%
Total	\$	8,939,702	\$	7,627,990	\$ (1,311,712)	-14.7%

Section E, Item 5.

## OVERALL PERSONNEL COSTS COMPARISON BUDGET:

- Adopted Budget FY 24-25
  - \$2,429,115
- Proposed Budget FY 25-26
  - · \$2,603,925
- Variance Increase
  - · \$174,810
- Percent Increase
  - 7%



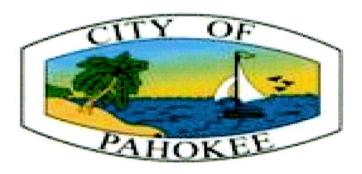
#### **Overall Comparison Personnel Costs**

	<b>Adopted</b>		<b>Proposed</b>				
	Budget 2024		Budget 2025				
<b>Department / Division</b>		2025	2026		Variance		Percent
City Commission	\$	58,547	\$	56,547	\$	(2,000)	-3%
City Manager		216,548		238,444		21,896	10%
City Clerk		93,484		98,528		5,044	5%
Finance		340,996		350,086		9,090	3%
Human Resources		79,864		93,779		13,915	17%
Protective Inspections		261,451		266,083		4,632	2%
Roads and Streets		606,467		601,834		(4,633)	-1%
Community Development		99,919		180,181		80,262	80%
Recreation Dept- City		375,717		409,938		34,221	9%
Recreation Dept-PBC		137,608		139,388		1,780	1%
Marina & Campground	П	33,057		32,860		(197)	-1%
Cemetery		125,457		136,257		10,800	9%
ALL TOTAL FUNDS	\$	2,429,115	\$	2,603,925	\$	174,810	7%

Section E, Item 5.

## OVERALL OPERATING COSTS COMPARISON BUDGET:

- Adopted Budget FY 24-25
  - \$3,399,878
- Proposed Budget FY 25-26
  - \$3,615,310
- Variance Increase
  - \$215,432
- Percent Increase
  - 6.3%

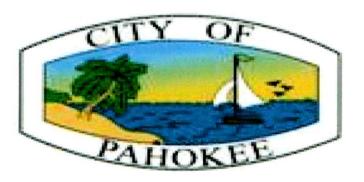


#### **Overall Comparison Operating Costs**

			Adopted		Proposed			
		Bu	dget 2024	В	udget 2025			
Fund	Department / Division		2025		2026	V	/ariance	Percent
General Fund	City Commission	\$	146,220	\$	146,220	\$	-	0.0%
General Fund	City Manager		100,744		88,100		(12,644)	-12.6%
General Fund	City Clerk		80,950		50,950		(30,000)	-37.1%
General Fund	Finance		120,603		120,258		(345)	-0.3%
General Fund	Human Resources	1	25,266		31,715		6,449	25.5%
General Fund	IT/GATV Access (Contracted)		40,000		43,800		3,800	9.5%
General Fund	Legal Counsel- (Contracted)		100,000		100,000		7	0.0%
General Fund	Comprehesive Planning (Contracted)		15,250		15,250		밑	0.0%
General Fund	Police Department (Contracted)		623,938		655,938		32,000	5.1%
General Fund	Protective Inspections		87,050		87,550		500	0.6%
General Fund	Roads and Streets		820,515		969,985		149,470	18.2%
General Fund	Community Development		33,200		25,200		(8,000)	-24.1%
General Fund	Recreation Dept- City	ı	321,556		347,298		25,742	8.0%
General Fund	Recreation Dept-PBC		17,500		27,500		10,000	57.1%
General Fund	Parks Department		52,759		54,379		1,620	3.1%
General Fund	Non Departmental		375,827		414,827		39,000	10.4%
Marina Fund			346,331		344,171		(2,160)	-0.6%
Cemetery Fund			92,169		92,169		:=:	0.0%
Total		\$	3,399,878	\$	3,615,310	\$	215,432	6.3%

#### GENERAL FUND REVENUE COMPARISON BUDGET:

- Adopted Budget FY 24-25
  - · \$5,438,908
- Proposed Budget FY 25-26
  - \$5,821,561
- Variance Increase
  - · \$382,653
- Percent Increase
  - 7%



#### **General Fund Revenues By Type**

		opted Budget 2024 2025	Proposed udget 2025 2026	Variance	Percent
Ad Valorem Taxes	\$	793,451	\$ 864,974	\$ 71,523	9.0%
Sales Taxes		1,390,800	1,357,000	\$ (33,800)	-2.4%
Franchise Fees		492,000	482,000	\$ (10,000)	-2.0%
Utility Taxes		418,500	407,000	\$ (11,500)	-2.7%
Licenses And Permits		199,550	185,650	\$ (13,900)	-7.0%
Intergovernmental Revenue		313,774	378,699	\$ 64,925	20.7%
Fines & Forfeitures		82,000	82,000	\$ -	0.0%
Charges For Services		734,920	905,900	\$ 170,980	23.3%
Interest Earnings & Rents		122,850	134,600	\$ 11,750	9.6%
Miscellaneous Revenue		90,800	66,500	\$ (24,300)	-26.8%
Appropriated Fund Balance		800,263	957,238	\$ 156,975	19.6%
<b>Total Revenues</b>	\$	5,438,908	\$ 5,821,561	\$ 382,653	7.0%

### Why Do Expenditures Increase?

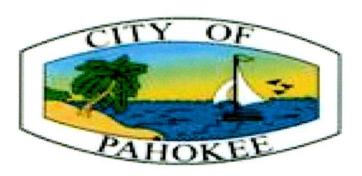
- Inflationary trends
- Technology concerns
- Demands for service
- Energy & fuel



Section E, Item 5.

#### GENERAL FUND EXPENDITURES COMPARISON BUDGET:

- Adopted Budget FY 24-25
  - · \$5,438,908
- Proposed Budget FY 25-26
  - · \$5,821,561
- Variance Increase
  - \$382,653
- Percent Increase
  - 7%

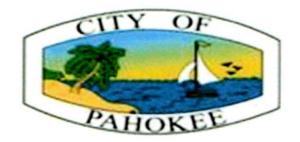


#### **General Fund Expenditures By Type**

	Adopted Budget 2024		Proposed udget 2025	1	
Departments	202		2026	Variance	Percent
Commission	\$ 204	1,767	\$ 202,767	\$ (2,000)	-1.0%
City Manager	317	7,292	326,544	9,252	2.9%
City Clerk	174	1,434	149,478	(24,956)	-14.3%
Finance and Administration	461	L,599	470,344	8,745	1.9%
Human Resources	105	5,130	125,494	20,364	19.4%
IT/GATV	40	0,000	43,800	3,800	9.5%
Legal	100	0,000	100,000	-	0.0%
Comprehensive Planning	15	,250	15,250	-	0.0%
Police Department (PBSO)	623	3,938	655,938	32,000	5.1%
Protective Inspections/Building, Planning & Zoning	348	3,501	353,633	5,132	1.5%
Roads & Streets	1,426	5,982	1,571,819	144,837	10.1%
Community Economic Development	133	3,119	205,381	72,262	54.3%
Recreation Department (City)	697	7,273	757,236	59,963	8.6%
Recreation DeptPBC FAA	155	,108	166,888	11,780	7.6%
Parks	52	2,759	54,379	1,620	3.1%
Non-Departmental	375	,827	414,827	39,000	10.4%
Transfers Out	206	,929	207,783	854	0.4%
Total Expenditures	\$ 5,438	3,908	\$ 5,821,561	\$382,653	7.0%

#### **SURTAX DOLLAR FY 2025 2026**

- Rehabilitations/renovations of City Facilities in accordance with Sec 212.055 capital expenditure or fixed capital outlay associated with Construction, reconstruction or improvement.
- Infrastructure Improvements such as Parks
   Improvements, Neighborhood Signage Rebranding,
   Streets/Roads Improvement, Public Works Equipment.



### FY 2025 2026 CAPITAL IMPREMENT PROJECTS DICRETIONARY SURTAX

Park Improvement Splash Pads. This project includes sanitary restoration, Drainage **Improvements** Signage Rebranding **City Wide Streets Resurfacing Parks & Recreation Improvements Public Works - Equipments** 

## Capital Projects Highlights/initiatives

FY 2025- 2026 CAPITAL IMPROVEMENT PROJECTS STATUS							
PROJECT NAME			ESTIMATED COMPLETION				
		Completion	DATE				
Barfield Highway Reconstruction	FDOT/PBCWUD	100%	Final inspection Scheduled the end of July 2025				
McClure Road Reconstruction Project	FDOT /PBCWUD	60% Design Completed and 0% Construction Completed	September 2025				
Street Resurfacing and Reconstruction Phase IV	FDOT	0%	September 2026				

Questions?



#### **AGENDA**

#### **MEMORANDUM**

TO: HONORABLE MAYOR & CITY COMMISSIONERS

VIA: MICHAEL E. JACKSON, CITY MANAGER

FROM: JOSEPH R. MARTIN, FINANCE DIRECTOR

SUBJECT: FY 2025 2026 Tentative Budget

DATE: 8<sup>th</sup> September 2025

#### **GENERAL SUMMARY/BACKGROUND:**

In accordance with Florida Statute 200.065 the City must approve a Resolution to adopt the "final budget" for the next fiscal year. This is required for Statutory Truth in Millage (TRIM) compliance.

Any changes adopted by the City Commission during the Tentative Budget Hearing, shall be incorporated into the Adopted Budget for Fiscal Year 2025 2026.

**BUDGET IMPACT: YES** 

**LEGAL NOTE: Defer to City Attorney** 

#### **STAFF RECOMMENDATION:**

Staffs recommend approval of Resolution 2025-52 approving the Tentative Budget for Fiscal Year 2025-2026.

#### **ATTACHMENTS:**

Resolution 2025-52

#### **RESOLUTION 2025-52**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF PAHOKEE, FLORIDA PROVIDING FOR THE ADOPTION AND FUNDING OF THE TENTATIVE MUNICIPAL BUDGET IN THE AMOUNT OF \$7,627,990.00 FOR THE CITY OF PAHOKEE, FLORIDA, FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2025, AND ENDING SEPTEMBER 30, 2026; PROVIDING FOR ADOPTION OF REPRESENTATIONS; PROVIDING FOR AN EFFECTIVE DATE.

**WHEREAS**, the City Manager of the City of Pahokee ("City") has recommended an annual budget for the City for Fiscal Year 2025-2026 commencing October 1, 2025, and ending September 30, 2026, which budget relies upon a millage rate of 6.5419 mills; and

**WHEREAS**, the City scheduled a Final Budget Hearing on the proposed budget and millage rate, as required by Section 200.065, Florida Statutes, to be held on September 23, 2025; and

WHEREAS, the adoption and implementation of a tentative fiscal budget to provide municipal expenses for the fiscal year beginning October 1, 2025, and ending September 30, 2026, for the City of Pahokee, Florida is essential.

#### NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF PAHOKEE, FLORIDA, AS FOLLOWS:

<u>Section 1.</u> <u>Adoption of Representations.</u> The foregoing whereas clause is hereby ratified and confirmed as being true, and the same is hereby made a specific part of this Resolution.

- <u>Section 2.</u> <u>Tentative Fund Budgets.</u> The City Commission of the City of Pahokee, Florida finds and determines that the sums set forth in the following tentative fund budgets for the fiscal year beginning October 1, 2025 and ending on September 30, 2026 are necessary to preserve the Public Health, Public Peace and Public Welfare of the City of Pahokee, and are necessary for it to properly function as a City.
- (a) A Tentative Budget for the General Fund of the City of Pahokee for the above-described fiscal year, in the total sum of Five Million, Eight Hundred Twenty-One Thousand, Five Hundred Sixty-One Dollars (\$5,821,561.00) is hereby adopted (Exhibit "A").

- (b) A Tentative Budget for Henderson Endowment in the total sum of Twenty-Four Thousand Dollars (\$24,000.00) is hereby adopted (Exhibit "A").
- (c) A Tentative Budget for the Special Revenue in the total sum of Five Hundred Thousand Dollars (\$500,000.00) is hereby adopted (Exhibit "A").
- (d) A Tentative Budget for the Capital Project Fund of the City of Pahokee for the above-described fiscal year in the total sum of Six Hundred Seventy-Six Thousand, Nine Hundred Seventy-Two Dollars (\$676,972.00) is hereby adopted (Exhibit "A").
- (e) A Tentative Budget for the Marina Campground Fund of the City of Pahokee for the above-described fiscal year in the total sum of Three Hundred Seventy-Seven Thousand, Thirty-One Dollars (\$377,031.00) is hereby adopted (Exhibit "A").
- (f) A Tentative Budget for the Cemetery Fund of the City of Pahokee for the above-described fiscal year in the total sum of Two Hundred Twenty-Eight Thousand, Four Hundred Twenty-Six Dollars (\$228,426.00) is hereby adopted (Exhibit "A").

<u>Section 3.</u> <u>Effective Date.</u> This Resolution shall be effective immediately upon its passage and adoption.

**DONE AND RESOLVED** at the Special Meeting of the City Commission of the City of Pahokee, Florida, on this 8<sup>th</sup> day of September 2025.

ATTEST:	Keith W. Babb, Jr., Mayor
Nylene Clarke, City Clerk	

### APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

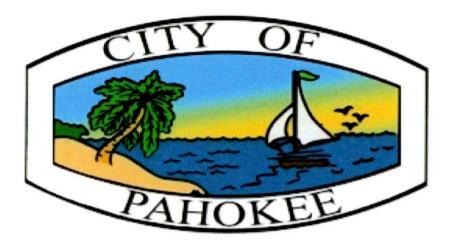
Burnadette Norris-Weeks, City	Attorney		
	Moved by:		
	, <u> </u>		
	Seconded by:		
VOTE:			
Vice Mayor Cowan-Williams	(Yes)	(No)	
Commissioner McDonald	(Yes)	(No)	
Commissioner McPherson	(Yes)	(No)	
Commissioner Scott	(Yes)	(No)	
Mayor Babb	(Yes)	(No)	

#### EXHIBIT "A"

#### **Tentative Budget FY 2025-2026**

(attached)

# City of Pahokee, Florida 2025-2026 Proposed Budget



"The Grassy Waters Gateway to Lake Okeechobee"

207 Begonia Drive Pahokee, FL 33476

(561) 924-5534

www.cityofpahokee.com

**Proposed Budget** 

Monday, September 8, 2025



# City of Pahokee 2025-2026

"The Grassy Waters Gateway to Lake Okeechobee"

Keith W. Babb Jr. Mayor Sanquetta Cowan-Williams Vice Mayor

James H. Scott Commissioner Everett D. McPherson, Sr. Commissioner

Isabelle J. McDonald Commissioner

Michael E. Jackson City Manager

> Incorporated 1922 Population 5,579

Prepared by:

www.Cityofpahokee.com

# City of Pahokee 2025-2026

#### Elected Officials

Mayor
Vice Mayo
Commissione
Commissione
Commissione
d Officials
City Manage
City Clerk
City Attorney
PBSO
istration
Director of Public Works
Director of Finance
Director Community Development
Director of Human Services
Director of Parks and Recreation

#### BUDGET SUMMARY FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2026

### THE PROPOSED OPERATING BUDGET EXPENDITURES/EXPENSES OF THE CITY OF PAHOKEE, FLORIDA ARE 14.7% LESS THAN PRIOR YEAR'S TOTAL OPERATING EXPENDITURES/EXPENSES

Roll back rate 5.9585	_	General Fund	Henderson Endowment Fund	Special Revenue Fund	Debt Service Fund	Capital Project Fund	Marina Campground Fund	Cemetery Fund	Total Budget
Estimated Revenues:	_	•		•					
Taxes:	Millage per \$1000								
Ad Valorem Taxes	6.5419	864,974	-	-	•	-	-	-	864,974
Sales and Use Taxes	_	1,357,000	-	500,000	-	-	-	-	1,857,000
Franchise Fees	_	482,000	-	-	-	•	-	-	482,000
Utility Service Taxes		407,000	-	-	•	` -	•	•	407,000
Licenses and Permits		185,650	-	-	-	<del>-</del>	-	<del>-</del>	185,650
Intergovernmental Revenue		378,699	-	-	-	676,972	-	•	1,055,671
Charges for Services		905,900	=	•	-	-	•	157,674	1,063,574
Fines and Forfeits		82,000			-	-		-	82,000
Interest Earnings & Rents		134,600	24,000	-	-	-	216,000	-	374,600
Miscellaneous Revenue		66,500	-	-	- `	-	-	-	66,500
Interfund Transfers In		•	•	-	-	-	161,031	70,752	231,783
Appropriated Fund Balance		957,238	-	-	-	-	-	-	957,238
Total Estimated Revenues, Transfers, and Appropriations	-	5,821,561	24,000	500,000		676,972	377,031	228,426	<b>7</b> ,627,990
Expenditures/Expenses:									
General Government		2,282,024	_	_		_	-	_	2,282,024
Public Safety		655,938	-	-	-	-	-	-	655,938
Physical Environment		720,000	-	500,000	-	676,972	377,031	228,426	2,502,429
Road and Street Expenses		851,819	-	-	-	-	-	-	851,819
Human Services		125,494	-		-	-	•	-	125,494
Culture and Recreation		978,503	-	-	-	-	-	=	978,503
Debt Service		-	=	-	-	-	=	-	-
Interfund Transfers Out		207,783	24,000	-		-		<u> </u>	231,783
Total Appropriated Expenditures/Expenses, Reserves and Transfers	_	5,821,561	24,000	500,000		676,972	377,031	228,426	7,627,990

THE TENTATIVE, PROPOSED BUDGETS ARE ON FILE IN THE OFFICE OF THE ABOVE MENTIONED TAXING AUTHORITY AS A PUBLIC RECORD.

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#### City of Pabokee, Florida Comparison By Fund For The Fiscal Year Ending September 30, 2026

Fund		Adopted Budget 2024-2025		Proposed Budget 2025-2026		Variance	% Inc /Dec
GENERAL FUND Total Revenues		5,438,908	s	5,821,561	_\$_	382,653	7.04%
Expendiutures by Department							
Commission	\$	204,767	\$	202,767	\$	(2,000)	-0,98%
City Manager		317,292		326,544		9,252	2.92%
City Clerk		174,434		149,478		(24,956)	-14.31%
Financial & General Accounting Human Resources		461,599 10 <b>5</b> ,130		470,344 125,494		8,745 20,364	1,89% 19.3 <b>7%</b>
IT / GATV Access		40,000		43,800		3,800	9,50%
Legal Counsel		100,000		100,000			0.00%
Comprehensive Planning		15,250		15,250		-	0.00%
Police		623,938		655,938		32,000	5.13%
Protective Inspections		348,501		353,633		5,132	1.47%
Roads & Streets		1,426,982		1,571,819		144,837	10,15%
Community Development		133,119		205,381		72,262	54.28%
Recreation (City)		697,273		757,236		59,963	8.60%
Recreation (PBC) Parks		155,108		166,888		11,780	7.59%
Parks Non-Departmental		52,759 375,827		54,379 414,827		1,620 39,000	3,07% 10.38%
Transfers Out		206,929		207,783		39,000 854	0.41%
Total Expenditures and Transfers	<u>s</u>	5,438,908	<u> </u>	5,821,561	\$	382,653	7.04%
•		_,		-,,	_		
Special Revenue Fund Revenue	s	867,000	\$	500,000	\$	(367,000)	-42.33%
Transfer In		-					0.00%
Total Revenues and Transfers		867,000	\$	500,000	_\$_	(367,000)	-42.33%
Expenses	\$	867,000	\$	500,000	\$	(367,000)	0.00%
Transfers Out Total Expenses and Transfers	<u> </u>	867,000	<u>\$</u> s	500,000	<u>\$</u> \$	(367,000)	-42.33%
Revenue Transfer In Total Revenues and Transfers	\$ 	26,000 - 26,000	\$ \$ \$	24,000	<u>s</u>	(2,000)	-7.69% 0.00%
10tal Revenues and Transfers		20,000	3	24,000	_\$_	(2,000)	-7,69%
Expenses	s	-	\$	•	\$	•	0.00%
Transfers Out	\$	26,000	\$	24,000	\$	(2,000)	-7.69%
Total Expenses and Transfers	\$	26,000		24,000	\$	(2,000)	-7.69%
Capital Project Fund							
Revenue	\$	2,005,780	S	676,972	\$	(1,328,808)	-66,25%
Transfer In		<u> </u>	_\$		_\$_	•	0.00%
Total Revenues and Transfers	<u>s</u>	2,005,780		676,972		(1,328,808)	-66.25%
Expenses	\$	2,005,780	\$	676,972	\$	(1,328,808)	-66.25%
Transfers Out	_\$	<u> </u>	\$		\$		0.00%
Total Expenses and Transfers	<u>s</u>	2,005,780	<u>. s</u>	676,972	_\$	(1,328,808)	-66,25%
MARINA & CAMPGROUND FUND							
Revenue	2	211,411	\$	216,000	\$	(4,589)	2,17%
Transfer In	<u>\$</u>	172,977		/ 161,031	_\$_	(11,946)	-6.91%
Total Revenues and Transfers	\$	384,388	<u>s</u>	377,031	_\$_	(16,535)	-1,91%
Expenses	\$	384,388	\$	377,031	\$	(7,357)	-1,91%
Total Expenses and Transfers	\$	384,388	S	377,031	\$	(7,357)	-1.91%
CEMETERY FUND							
Revenue	\$	157,674	\$	157,674	\$	-	0,00%
Transfer In	\$	59,952	<u>.</u> \$	70,752		10,800	18.01%
Total Revenues and Transfers	_\$	217,626	S	228,426	_\$	10,800	4.96%
Expenses	2	217,626	\$	228,426	\$	10,800	4,96%
Total Expenses and Transfers	S	217,626	\$	228,426	s	10,800	4.96%
TOTAL REVENUES - ALL FUNDS	<u>.s</u>	8,939,702	_\$	7,627,990	_\$_	(1,311,712)	-14.67%
	<u></u>						

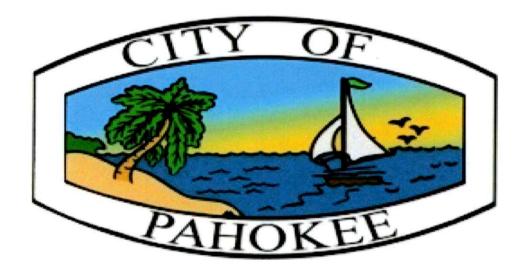
# General Fund For the Fiscal Year Ending September 30, 2026 (Proposed)

#### **Personnel Service Detail**

Classification	Number of Positions
Accounts Payable Clerk	1
Athletic Coordinator/Facilities	1
Administrative Assistant	1
Assistant Director of Parks & Recreation	1
Cemetery Coordinator	1
Cemetery Worker I	2
City Clerk	1
City Manager	1
Executive Assistant	1
Planning, Building & Zoning Manager	1
Code Enforcement Officer (Part Time)	1
Code Enforcement Officer	1
Commission	5
Custodian / Parks & Marina Maintenance Helper	1
Grant Administrator	1
Director of Community & Economic Dev	1
Director of Finance	1
Director of Parks & Recreation	1
Director of Public Services	1
Assstant Director of Public Services	1
Recreational Specialist (Part time- Seasonal)	2
Human Resources / Risk & Public Safety Manager	1
Senior Accountant	1
Maintenance I (PW)	6
Maintenance II (PW)	1
Maintenance III	1
Marina / Public Service Clerk III	1
Public Services Assistant Director	1
Program Specialist I	1
Program Specialist II	1
Summer Camp Counselors	2
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			CITY OF PAHO					
		Persor	nel Service Cos	t by Departme	nt	_		
	Department / Division	2025 Funded Positions	, que	ite <sup>5</sup>	O RE	servent stelle	att more more	TOTALS
General Funds		32465						
511000	City Commission	5	\$ 28,200	\$ 2,157	\$ 2,073	\$ 24,000	\$ 117	56,547
512010	City Manager	2	170,000	13,005	47,163	7,800	476	238,444
512020	City Clerk	1	76,385	5,844	5,615	10,400	284	98,528
513010	Finance	4	267,899	20,494	19,691	41,300	702	350,086
513020	Human Resources	1	72,100	5,516	5,299	10,400	464	93,779
524000	Protective Inspections	4	202,801	15,514	13,411	31,350	3,007	266,083
541000	Roads and Streets	11.5		32,364	31,360	80,000	35,053	601,834
555000	Community Development	1	138,000	10,557	10,143	20,800	681	180,181
572000	Recreation Dept- City	8		23,215	17,827	50,400	15,028	409,938
572020	Recreation Dept-PBC	2	109,316	8,363	6,153	-	15,556	139,388
572150	Parks Department	0			Edition Publication			
	<b>General Funds Total</b>		_					2,434,808
Enterprise & Spec	ial Revenue Funds						To the second	
575000	Marina & Campground	0.5	23,878	1,827	1,755	5,400		32,860
539000	Cemetery	2	88,524	6,772	6,507	19,344	15,110	136,257
	Enterprise Funds Totals			THE REPORT OF THE PERSON	STEET THE PERSON	Enter Harrister	Here we seems	
	ALL TOTAL FUNDS	42	\$ 1,903,628	\$ 145,628	\$ 166,997	\$ 301,194	\$ 86,478	\$ 2,603,925

### General Fund

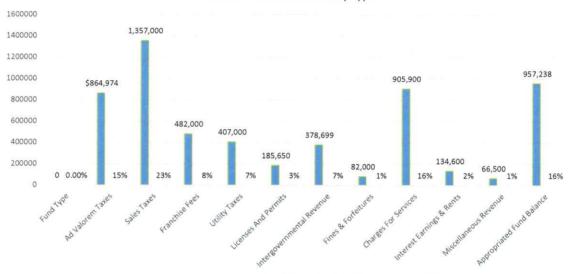


#### City of Pahokee, Florida Revenues by Type For The Fiscal Year Ending September 30, 2026

General Fund Revenues By Type

Fund Type		roposed Budget	Percent of Total
Ad Valorem Taxes	S	864,974	15%
Sales Taxes		1,357,000	23%
Franchise Fees		482,000	8%
Utility Taxes		407,000	7%
Licenses And Permits		185,650	3%
Intergovernmental Revenue		378,699	7%
Fines & Forfeitures		82,000	1%
Charges For Services		905,900	16%
Interest Earnings & Rents		134,600	2%
Miscellaneous Revenue		66,500	1%
Appropriated Fund Balance	8	957,238	16%
Total Revenues	S	5,821,561	100%

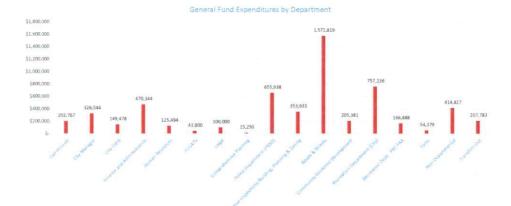
#### General Fund Revenues by type

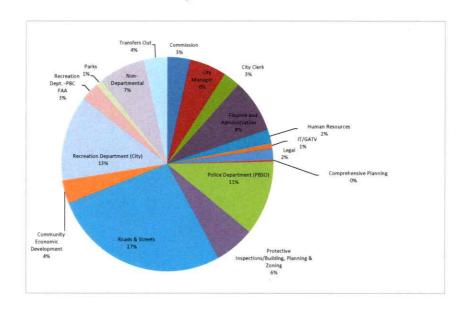


#### City of Pahokee, Florida Expenditures by Department For The Fiscal Year Ending September 30, 2026

General Fund -Expenditures by Department

Departments	Proposed Budget	Percent of Total
Commission	202,767	3.48%
City Manager	326,544	5.61%
City Clerk	149,478	2.57%
Finance and Administration	470,344	8.08%
Human Resources	125,494	2.16%
IT/GATV	43,800	0.75%
Legal	100,000	1.72%
Comprehensive Planning	15,250	0.26%
Police Department (PBSO)	655,938	11.27%
Protective Inspections/Building, Planning & Zoning	353,633	6.07%
Roads & Streets	1,571,819	27.00%
Community Economic Development	205,381	3.53%
Recreation Department (City)	757,236	13.01%
Recreation DeptPBC FAA	166,888	2.87%
Parks	54,379	0.93%
Non-Departmental	414,827	7.13%
Transfers Out	207,783	3.57%
Total Expenditures	\$ 5,821,561	100.00%





#### City of Pahokee, Florida Schedule of Budgeted Revenues

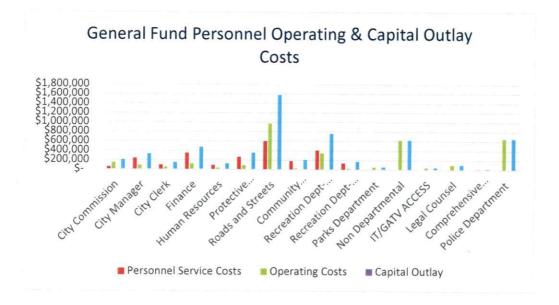
For The Fiscal Year Ending September 30, 2026

		As of 4/2025				
		Adopted	Proposed			
		Budget	YTD	Budget		
Account #	Account Name	2024-2025	2024-2025	2025-2026		
311000	Current Year Ad Valorem Taxes	\$ 793,451	670,419	864,974		
311100	Early Payment Discounts	(18,000)	(22,364)	(18,000)		
311200	Prior Years' Ad Valorem Taxes	18,000	1,392	18,000		
312100	New Local Option Gas Tax (Ct	60,000	32,484	60,000		
312200	Local Option Gas Tax	135,000	71,608	126,000		
313100	Franchise Fees - Electric	300,000	107,676	280,000		
313400	SWA Recycling Shared Revenue	- 1	207	-		
314100	Communication Service Tax	80,000	45,325	78,000		
314200	Water Utility Service Tax	72,000	33,330	68,000		
314300	Propane Utility Service Tax	6,500	2,438	9,000		
314400	Electric Utility Service Tax	340,000	155,943	330,000		
321000	Business Tax Receipts	18,000	17,292	18,000		
321051	Business Tax Receipts(Late Fees)	2,200	537	500		
338100	County Business Tax Receipts	16,000	3,274	, 14 <b>,</b> 000		
322000	Building Permits	85,000	28,806	80,000		
322010	Court Administration Fee	3,000	1,825	3,000		
322500	Inspection Fee	9,500	4,540	8,000		
323500	Education Fee	2,500	792	2,000		
324000	Site Plan Review	50,000	16,545	50,000		
324200	Site Plan - Rezoning Fees	5,000	4,450	2,250		
324300	PBZ Advertising	2,500	-	2,000		
325000	Vendor /Application Fee	50	72	100		
326000	Mobile Home/RV permit fees	300	-	300		
334100	FL DOT Lighting Agreement	69,574	-	50,785		
335200	State Revenue Sharing	470,000	214,577	462,000		
335300	Mobile Home Licenses	5,500	3,854	5,500		
335400	Alcoholic Beverage Licenses	5,000	24	5,000		
335500	8th Cent Motor Fuel Tax-Trns	92,000	54,014	96,000		
335700	1/2 Cent Sales Tax	547,000	259,584	529,000		
335490	DOR - Motor Fuel Tax Refunds	1,800	-	1,000		
337120	PBC Economic Development Grant (CDBG)		-	41,714		
338200	DJJ - Paymt in Lieu of Taxes	142,900	-	142,900		
338300_	PHA - Paymt in Lieu of Taxes	25,000	•	25,000		
337100	PBC Sheriff-LETF	` -	. 32,000	32,000		
337875	Early Learning Coalition	75,000	47,281	85,000		
341300	Election Qualifying Fee	500	250	500		
341400	Title Searches	6,000	4,421	4,000		
341500	Photo Copy Charges	1,000	208	900		
366400	Bench Advertising Revenue	1,900	1,085	1,900		
347005	Admission/Gate Fees	-		6,100		
347007	After School Rec Activity Fe	2,500	2,465	3,500		
347010	Summer Recreation Program Fe	7,020	<del>'</del> -	7,500		

# Schedule of Budgeted Revenues For The Fiscal Year Ending September 30, 2026

		As of 4/2025						
	•	Adopted	Actual	Proposed				
		Budget	YTD	Budget				
Account #	Account Name	2024-2025	2024-2025	2025-2026				
347011	Basketball/Baseball/Softball	500	150	500				
347013	Basketball - Sponsorship Fee	5,400	750	5,400				
347015	Basketball/Baseball Donation	600	-	600				
347020	Cheerleader Registration	15,000	-	16,000				
347027	Track - Registration Fees	500	-	250				
347040	Orange Bowl - Sponsorship	7,000	5,500	6,000				
347041	Donation - Dick's Sporting Goods	5,000		5,000				
347042	Football - Registration	27,000	2,005	28,000				
347043	Flag Football - Sponsorship	4,000	-	_				
347045	Flag Football - Concessions	10,000	7,273	15,000				
347046	Recreational Activities Dona	1	500	1,000				
347047	Recreation Department - Donations	2,500	-	2,500				
350100	Court Fines	2,000	2,945	2,000				
350500	Code Enforcement Fines	80,000	98,892	80,000				
350505	Vacant Properties Registry	1,300	·	1,300				
360100	Interest Income	4,000	2,166	3,200				
360350	Interest - SBA	19,800	10,140	15,300				
360500	Interest Delinquent Tax	-	332	500				
361049	Interest - Investment	1,000	4,345	6,500				
361050	Interest Income	4,000	_	4,000				
362200	Rents - Metro PCS	25,500	15,348	26,000				
362300	Rents - Cafeteria	4,000	1,900	6,500				
362400	Rent-Everglades Preparatory	36,200	18,084	42,000				
362590	Rent-Lutheran Services	27,600	16,097	30,000				
362900	Rent- Seniors Room	, 250	-	200				
362910	Rent -MLK Parks/Comm	200	_	200				
362920	Rent-Athletic Field	300	_	200				
363100	Donations - Back to School Bash	5,000	_ 1	5,000				
363000	Donations	28,600	-	15,000				
364200	Insurance Proceeds	20,000	22,689	20,000				
369098	Other Miscellaneous Revenues	12,700	1,435	6,000				
343600	Water Entity Fees	192,000	103,668	202,000				
343400	Garbage Fee Income	573,000	286,429	716,250				
343420	Container Fee Income	20,000	9,939	25,000				
343430	Recycling Fee Income	42,000	20,945	52,500				
343700	Infrastructure Fee	28,000	12,484	28,000				
381000	Interfund Trns	_ [	29,000					
389408	Other Sources: Appropriated Fund Balance	800,263	25,000	957,238				
	• • •		_					
	TOTAL REVENUES/OTHER SOURCES	\$ 5,438,908	2,469,370	5,821,561				

Department / Division	Personnel		Capital	
Department / Division	Service Costs	<b>Operating Costs</b>	Outlay	Total
City Commission	\$ 56,547	\$ 146,220		\$ 202,767
City Manager	238,444	88,100		326,544
City Clerk	98,528	50,950		149,478
Finance	350,086	120,258		470,344
Human Resources	93,779	31,715		125,494
Protective Inspections	266,083	87,550		353,633
Roads and Streets	601,834	969,985	-	1,571,819
Community Development	180,181	25,200		205,381
Recreation Dept- City	409,938	347,298		757,236
Recreation Dept-PBC	139,388	27,500		166,888
Parks Department		54,379		54,379
Non Departmental	-	622,610		622,610
IT/GATV ACCESS	FI.	43,800		43,800
Legal Counsel	12	100,000		100,000
Comprehensive Planning	-	15,250		15,250
Police Department	<u> </u>	655,938		655,938
Total %	42%	58%	0%	100%



#### City of Pahokee, Florida Schedule of Expenditures

#### For The Fiscal Year Ending September 30, 2026

#### Dept 511000 City Commission

		4	Adopted		Actual	1	Proposed.
		1	Budget		YTD		Budget
Object#	Account Name	2	024-2025	2	024-2025	2	025-2026
110	Executive Salaries	\$	28,200	\$	16,450		28,200
110/120/130	Salaries & Wages		28,200		16,450		28,200
210	FICA Taxes		2,157		2,550	İ	2,157
220	FLC Ret 3%	1	846		242		846
221	FLC 4.35%	1	1,227		350		1,227
230	Life and Health Insurance		26,000		8,786	ļ	24,000
240	Worker's Compensation	ı	117		68		117
	TOTAL PERSONNEL SERVICE		58,547		28,446		56,547
310	Professional Fees	ł	36,000		18,651		36,000
360	Travel & Per Diem	i	60,000		17,321	l	60,000
367	Other Charges		10,000		1,048		10,000
482	Tri-Cities Barbecue		5,000		3,089		5,000
483	Tri-Cities Meeting		900		•		900
489	Contributions & Sponsorships		11,000		3,053		10,000
515	Dues		6,500		2,307		7,500
528	Uniforms	1	420		148		420
520	Operating Supplies		400		84	•	400
561	Conference Registrations		16,000		_	l	16,000
	TOTAL OPERATING EXPENDITURES		146,220		45,701		146,220
	*Total City Commission	\$	204,767	\$	74,147	\$	202,767

#### Dept 512010 City Manager

		As of 4/2025						
			Adopted	Actual		F	roposed	
			Budget		YTD		Budget	
Object#	Account Name	2	024-2025	20	24-2025	2	025-2026	
110	Executive Salaries	\$	120,000	\$	65,933	\$	120,000	
120	Regular Salaries & Wages		50,000		-		50,000	
110/120/130	Salaries & Wages	ì	170,000		65,933		170,000	
210	FICA Taxes		13,005		5,044		13,005	
211	FRS Retirement Contributions		17,892		2,620		43,488	
220	League of Cities Retirement 3%	1	1,500		-		1,500	
221	FLC Ret 4.35%	1	2,175		-		2,175	
230	Life and Health Insurance	1	11,500		-		7,800	
240	Worker's Compensation		476		278		476	
	TOTAL PERSONNEL SERVICE		216,548		73,875		238,444	
310	Professional Fees		5,280		-		5,000	
340	Contractual Services		60,000		15,000		40,000	
360	Travel & Per Diem -Seminars		16,000		599		10,000	
367	Other Charges		4,000	540			4,000	
368	City Manager Luncheons		1,500		-		1,500	
461	Repairs/Maintennce		2,000		417		10,000	
515	Dues		3,000		173		3,000	
520	Operating Supplies		500		239		1,000	
521	Computer Supplies		-		-		5,000	
524	Fuel		4,000		880		3,000	
528	Uniforms		300		18		300	
559	Books & Subscriptions	1	300		-		300	
561	Conference Registration		3,864		-		5,000	
	TOTAL OPERATING EXPENDITURES		100,744		17,866		88,100	
	*Total City Manager	\$_	317,292	\$	91,741	\$	326,544	
							u	

#### Dept 512020 City Clerk

		As of 4/2025				
		Adopted	Actual	Proposed		
		Budget	YTD	Budget		
Object #	Account Name	2024-2025	2024-2025	2025-2026		
110	Executive Salaries	\$ 69,903	\$ 40,028	\$ 74,160		
130	COLA	_	_	_		
	3% Cost of Living Increase	2,097		2,225		
110/120/130	Salaries & Wages	72,000	40,028	76,385		
210	FICA Taxes	5,508	2,773	5,844		
220	FLC Ret 3%	2,160	1,201	2,292		
221	FLC Ret 4.35%	3,132	1,741	3,323		
230	Life and Health Insurance	10,400	6,429	10,400		
240	Worker's Compensation	284	166	284		
	TOTAL PERSONNEL SERVICE	93,484	52,338	98,528		
310	Professional Services	25,000	-	5,000		
340	Contractual Services	10,000	-	15,000		
360	Travel & Per Diem	6,000	127	6,000		
367	Other Charges	5,000	70	5,000		
414	Celluar Service	800	635	800		
461	Repair/Maintenance	500	-	500		
490	Advertising	2,100	2,090	2,100		
497	Election Staffing	15,000	14,854	_		
515	Dues	1,300	208	1,300		
524	Fuel	250	-	250		
561	Conference Registration	5,000	_	5,000		
600	Software w/	10,000	-	10,000		
	TOTAL OPERATING EXPENDITURES	80,950	17,984	50,950		
	*Total City Clerk	\$ 174,434	\$ 70,322	\$ 149,478		

#### Dept 513010 Financial & General Accounting

		As of 4/2025					
		A	Adopted		Actual	Proposed	
			Budget		YTD		Budget
Object#	Account Name	20	24-2025	20	024-2025	20	)25-2026
110	Executive Salaries	\$	85,000	\$	48,115	\$	87,550
120	Regular Salaries & Wages		167,421		94,845		172,546
130	COLA		-		-		-
	3% Cost of Living Increase		7,573		-		7,803
110/120/130	Salaries & Wages		259,994		142,960		267,899
210	FICA Taxes		19,890		10,537		20,494
220	FLC Ret 3%		7,800	ĺ	4,289		8,037
221	FLC Ret 4.35%		11,310		5,319		11,654
230	Life and Health Insurance		41,300		25,813		41,300
240	Worker's Compensation		702		409		702
	TOTAL PERSONNEL SERVICE		340,996		189,327		350,086
310	Professional Fees		50,000		14,400		45,000
311	Drug Testing		200		-		200
320	Accounting & Auditing		36,000		36,000		36,000
360	Travel & Per Diem		6,000		-		6,000
367	Other Charges		600		882		1,600
461	Repair & Maintenance		1,000		-		1,000
470	Accounting Software Service		13,793		13,793		15,448
478	Printing (Checks & Deposit slips)		550		-		550
490	Advertising		1,000		-		2,600,
492	Bank Charges/Fees		2,000		1,506		2,500
515	Dues		600		-		1,000
520	Operating Supplies		£3,000	l	253		2,500
524	Fuel		460		-		460
528	Uniforms		400		152		400
561	Conference Registrations		5,000		170		5,000
	TOTAL OPERATING EXPENDITURES		120,603		67,156		120,258
	*Total Financial & General Accounting	\$	461,599	\$	256,483	\$	470,344

#### Dept 513020 Human Resources

		_	As of 4/2025						
			Adopted		Actual		Proposed		
			Budget		YTD	l	Budget		
Object#	Account Name		2024-2025	20	24-2025		2025-2026		
110	Executive Salaries	5	60,000	\$	37,905	\$	70,000		
130	COLA		-		-		-		
	3% Cost of Living Increase		_		-		2,100		
110/120/130	Salaries & Wages		60,000		37,905		72,100		
210	FICA Taxes		4,590		2,807		5,516		
220	FLC Ret 3%		1,800		249		2,163		
221	FLC Ret 4.35%	- 1	2,610		361		3,136		
230	Life and Health Insurance		10,400		7,260		10,400		
240	Worker's Compensation	į.	464		271		464		
	TOTAL PERSONNEL SERVICE		79,864		48,853		93,779		
310	Professional	ł	950		•		900		
340	Contractual Services		-		-		5,000		
360	Travel & Per Diem		780		-		1,400		
367	Other Charges	ľ	550		908		500		
461	Repairs/Maintenance		316		-		300		
478	Printing		150		-		250		
490	Advertising	1	400		-		200		
494	Background Screening		500		52		640		
515	Dues		500		10		450		
520	Operating Supplies		500		1,400		1,400		
521	Computer Supplies		400		-		400		
528	Uniforms		120		36		75		
561	Conference Registrations	ı	1,100		-		1,200		
576	Maint - Payroll Program		19,000		11,219		19,000		
	TOTAL OPERATING EXPENDITURES	L	25,266		13,625		31,715		
	ATT A LEE D		400455	_	4- 4				
	*Total Human Resources		105,130	\$	62,478	\$	125,494		

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#### City of Pahokee, Florida Schedule of Expenditures For The Fiscal Year Ending September 30, 2026

#### Dept 513030 IT / GATV ACCESS

			AS 01 4/2025								
			Adopted Actual Budget YTD			Proposed Budget					
Object #	Account Name	20	24-2025	20	24-2025		2025-2026				
	sional Services	\$	40,000	\$	24,633	\$	43,800				
TOTAL OF	PERATING EXPENDITURES		40,000		24,633		43,800				
*Te	otal IT / GATV Access	\$	40,000	\$	24,633	\$	43,800				

#### Dept 514000 Legal Counsel

	Ado	pted	Actual	Proposed
	Bud	dget	YTD	Budget
Object # Account Name	2024	-2025	2024-2025	2025-2026
310 Professional Fees	\$ 10	0,000	\$ 50,000	\$ 100,000
TOTAL OPERATING EXPENDITURES		00,000	50,000	100,000
*Total Legal Counsel	\$ 10	0,000	\$ 50,000	\$ 100,000

#### Dept 515000 Comprehensive Planning

Object # Account Name		] ]	dopted Budget 24-2025	Actual YTD 2024-2025		Proposed Budget 2025-2026		
310	Professional Fees	\$	12,000	\$		\$	12,000	
367	Other Charges		250		-		250	
490	Advertising		3,000		_		3,000	
TOTAL C	PERATING EXPENDITURES		15,250				15,250	
*Tota	al Comprehensive Planning	\$	15,250	\$	-	\$	15,250	

#### Dept 521000 Police Department (PBSO)

	Adopted Budget			Actual YTD	Proposed Budget		
Object #	Account Name	20	024-2025	20	024-2025	20	025-2026
310	Professional Services	\$	623,938	\$	407,959	\$	623,938
340	Contract - Service PBSO		-		32,000		32,000
TOTAL	L OPERATING EXPENDITURES		623,938		439,959		655,938
	*Total Police Department	\$	623,938	\$	439,959	\$	655,938

Dept 524000 Building, Planning & Zoning/Protective Inspections

		***************************************	
	Adopted	Actual	Proposed
	Budget	YTD	Budget
Account Name	2024-2025	2024-2025	2025-2026
Regular Salaries & Wages	\$ 171,987	\$ 97,247	\$ 177,160
COLA & Part Time Wages	19,734	10,843	19,734
3% Cost of Living Increase	5,752	\$ -	5,907
Salaries & Wages	197,473	108,090	202,801
FICA Taxes	15,107	7,669	15,514
FLC Ret 3%	5,924	2,917	5,474
FLC Ret 4.35%	8,590	P	7,937
Life and Health Insurance	31,350	19,360	31,350
Worker's Compensation	3,007	1,754	3,007
TOTAL PERSONNEL SERVICE	261,451	144,020	266,083
			, ,
Professional Services	62,000	47,795	62,000
Travel & Per Diem	5,000	360,	6,000
Repair/Maintenance	500	40 أ	-
Printing	500	-	400
Dues	2,500	255	2,500
Operating Supplies	3,500	2,092	3,500
Fuel	1,500	764	1,500
Uniforms	250	324	350
Conference Registration	1,300	512	1,300
Program-BPC Code Software Service	10,000	9,998	10,000
TOTAL OPERATING EXPENDITURES	87,050	62,140	87,550
		`	
*Total Protective Inspections	\$ 348,501	\$ 206,160	\$ 353,633
	Regular Salaries & Wages COLA & Part Time Wages 3% Cost of Living Increase Salaries & Wages FICA Taxes FLC Ret 3% FLC Ret 4.35% Life and Health Insurance Worker's Compensation TOTAL PERSONNEL SERVICE  Professional Services Travel & Per Diem Repair/Maintenance Printing Dues Operating Supplies Fuel Uniforms Conference Registration Program-BPC Code Software Service TOTAL OPERATING EXPENDITURES	Account Name         Budget 2024-2025           Regular Salaries & Wages         \$ 171,987           COLA & Part Time Wages         19,734           3% Cost of Living Increase         5,752           Salaries & Wages         197,473           FICA Taxes         15,107           FLC Ret 3%         5,924           FLC Ret 4.35%         8,590           Life and Health Insurance         31,350           Worker's Compensation         3,007           TOTAL PERSONNEL SERVICE         261,451           Professional Services         62,000           Travel & Per Diem         5,000           Repair/Maintenance         500           Printing         500           Dues         2,500           Operating Supplies         3,500           Fuel         1,500           Uniforms         250           Conference Registration         1,300           Program-BPC Code Software Service         10,000           TOTAL OPERATING EXPENDITURES         87,050	Account Name         Budget 2024-2025         YTD 2024-2025           Regular Salaries & Wages         \$ 171,987         \$ 97,247           COLA & Part Time Wages         19,734         10,843           3% Cost of Living Increase         5,752         \$ -           Salaries & Wages         197,473         108,090           FICA Taxes         15,107         7,669           FLC Ret 3%         5,924         2,917           FLC Ret 4.35%         8,590         4,230           Life and Health Insurance         31,350         19,360           Worker's Compensation         3,007         1,754           TOTAL PERSONNEL SERVICE         261,451         144,020           Professional Services         62,000         47,795           Travel & Per Diem         5,000         360           Repair/Maintenance         500         40           Printing         500         -           Dues         2,500         255           Operating Supplies         3,500         2,092           Fuel         1,500         764           Uniforms         250         324           Conference Registration         1,300         512           Program-BPC Code Softwar

#### Dept 541000 Roads & Streets

As	οf	4	12	<b>N</b> 2	5

,		Adopted	Actual	Proposed	
		Budget	YTD	Budget	
Object #	Account Name	2024-2025	2024-2025	2025-2026	
110	Executive Salaries	\$ 75,000	\$ 42,455	\$ 77,250	
120	Regular Salaries & Wages	330,670	154,477	266,774	
130	COLA & Part Time Wages	-	- ,	67,200	
	3% Cost of Living Increase	10,298	817	11,833	
	Salaries & Wages	415,968	197,749	423,057	
210	FICA Taxes	31,822	14,214	32,364	
211	FRS Retirement Contributions	10,550	5,787	11,164	
220	FLC Ret 3%	12,479	4,286	8,243	
221	FLC Ret 4.35	18,095	5,270	11,953	
230	Life and Health Insurance	82,500	48,517	80,000	
240	Worker's Compensation	35,053	20,448	35,053	
	TOTAL PERSONNEL SERVICE	606,467	296,271	601,834	
310	Due fossional Caminas	2 522			
	Professional Services	2,520	-	2,000	
320	Drug Testing	400	210	400	
340	Accounting & Auditing	6,000	5,000	5,000	
	Contractual Services	525,000	361,368	720,000	
352 360	Tipping Fees	2,000	-	2,000	
367	Travel & Per Diem	1,500	-	1,500	
	Other Charges	3,000	3,072	4,500	
410	Communications - Local Service	2,000	371	1,000	
	Communications - Long Distance	3,000	1,966	3,000	
	Electric Service	105,000	59,985	105,000	
432	Water, Sewer & Solid Waste S	4,000	2,289	4,500	
	General Liability Insurance	30,758	17,731	30,758	
	Auto Liability Insurance	6,346	3,097	6,346	
	Property Insurance	7,681	3,384	7,681	
	Repair/Maintenance	72,000	18,003	40,000	
	Promotional Activities	510	-	-	
	Vehicle Registration Fees	200	-	500	
	General Office Supplies	300	-	300	
	Operating Supplies	7,200	3,362	7,000	
	Fuel Chemicals	24,000	7,647	18,000	
		2,500	-	2,000	
	Small Equipment Uniforms	5,500	740	1,500	
	Protective Apparel	3,600	2,313	3,000	
	Sign/Sidewalk/Street/Replacements	1,000	-	1,000	
	- ·	2,500	-	1,500	
	Conference Registrations TOTAL OPERATING EXPENDITURES	2,000	400 520	1,500	
	TOTAL OFERATING EXPENDITURES	820,515	490,538	969,985	
	*Total Roads & Streets	\$ 1,426,982	\$ 786,809	\$ 1,571,819	
	Solid Waste Expense (Physical Services)	525,000	331,960	720,000	
	*Total Roads & Streets	\$ 901,982	\$ 454,849	\$ 851,819	

#### Dept 555000 Community Economic Development

		As of 4/2025						
		A	Adopted	Actual		P	roposed	
			Budget	YTD		Budget		
Object #	Account Name	20	024-2025	20	24-2025	20	2025-2026	
110	Executive Salaries	\$	75,000	\$	45,290	\$	78,000	
120	Regular Salaries & Wages		-		-		60,000	
130	COLA		-		-		-	
	3% Cost of Living Increase		2,250		-		-	
110/120/130	Salaries & Wages		77,250		45,290		138,000	
210	FICA Taxes	,	5,910	İ	3,174		10,557	
220	FLC Ret 3%	1	2,317		1,004		4,140	
221	FLC Ret 4.35%		3,361		1,456		6,003	
230	Life and Health Insurance		10,400		3,261		20,800	
240	Worker's Compensation		681		397		681	
	TOTAL PERSONNEL SERVICE		99,919		54,582		180,181	
360	Travel & Per Diem		2,000		_		2,000	
367	Other Charges		1,500		1,280		1,500	
461	Repair/Maintenance		200		1,200		200	
478	Printing		500		_		500 500	
480	Promotional activities & Events	1	25,000		26,350		18,000	
490	Advertising		25,000		431		500	
515	Dues		500		-		500	
520	Operating Supplies		500		-		500	
524	Fuel		500		_		500	
561	Conference Registration		2,500		-		1,000	
	TOTAL OPERATING EXPENDITURES		33,200		28,061		25,200	
	*Total Community Development	\$	133,119	\$	82,643	\$	205,381	
				L				

#### Dept 572000 Recreation Department - City

			AS 01 4/2025	
		Adopted	Actual '	Proposed
		Budget	YTD	Budget
Object #	Account Name	2024-2025	2024-2025	2025-2026
110	Executive Salaries	\$ 66,512	\$ 37,653	\$ 68,508
120	Regular Salaries & Wages	166,782	68,235	168,083
130	COLA & Part Time Wages	41,200	863	60,100
150	3% Cost of Living Increase	6,999	603	6,777
110/120/130	) Salaries & Wages	281,493	106,751	
210	FICA Taxes	21,534	7,838	303,468 23,215
220	FLC Ret 3%	7,209	2,612	
221	FLC Ret 4.35%	10,453	2,672	7,276
230	Life and Health Insurance	40,000		10,551
240	Worker's Compensation	15,028	22,620 8,766	50,400
210	TOTAL PERSONNEL SERVICE	375,717	151,259	15,028
	TO THE TERBOTATEL SERVICE	373,717	131,239	409,938
320	Annual Audit Fee	2,500	1,440	2,500
340	Contract - Janitorial Service	2,000	1,740	2,700
342	Copier Lease	5,000	2,715	5,550
354	Permit	1,500	2,715	500
360	Travel & Per Diem	500	_	4,500
367	Other Charges	11,000	6,036	12,000
410	Communications - Local Service	9,000	2,178	4,000
411	Gym Alarm Honeywell (entire complex)	1,000	318	4,000 800
413	Communications - Long Distance	500	516	500
415	Internet Service	7,600	4,227	7,600
420	Postage	200	4,221	7,000 200
431	Electric Service	47,000	30,131	48,000
432	Water, Sewer, & Solid Waste	8,000	4,732	8,500
436	Solid Waste Assessment	6,000	3,093	7,000
450	General Liability Insurance	33,834	19,505	33,834
451	Auto Liability Insurance	8,132	3,969	8,132
452	Property Insurance	69,132	30,454	69,132
461	Repair/Maintenance	22,500	18,755	23,000
493	Background Screening Coaches	22,300	10,733	3,000
	•	_	-	
494	HRS Background Screening	250	-	250
495	Cafeteria Expenses	2,000	-	1,000
496	Security (Special Events)	1,008	-	1,500
499	Annual Fire Safety Ins	1,000	570	1,200
510	General Office Supplies	2,000	476	2,000
515	Dues	1,500	1,230	3,200
520	Operating Supplies	12,600	3,879	10,000
521	Computer Supplies	1 -	-	2,000
524	Fuel	13,000	7,065	14,000
528	Uniforms	1,800	568	1,800
530	Food - After School Program	3,000	2,673	4,000
531	Misc. Expenses - After School Program	1,000	883	1,200
537	Program Supplies	35,000	8,108	35,000
539	Program Supplies- After School	-	-	17,000
544	Back-To-School BASH	10,000	85	10,000
561	Conference registration	2,000		1,700
1	TOTAL OPERATING EXPENDITURES	321,556	153,090	347,298
	ATT-1-1 December 19			
	*Total Recreation Department - City	S 697,273	\$ 304,349	\$ 757,236

#### <u>Dept 572020 Recreation Department - PBC</u>

As of 4/2025

		A	Adopted	Actual		P	roposed		
		Budget		YTD			Budget		
Object #	Account Name	2024-2025		2024-2025		24-2025 2024-2025		20	025-2026
120	Regular Salaries & Wages	\$	103,041	\$	58,331		106,132		
130	COLA & Part Time Wages				_		·		
	3% Cost of Living Increase		3,091		_		3,184		
110/120/130	Salaries & Wages		106,132		58,331		109,316		
210	FICA Taxes		8,119		4,272		8,363		
220	FLC Ret 3%		3,184		886		1,398		
221	FLC Ret 4.35%		4,617		1,082		4,755		
240	Worker's Compensation		15,556	(	9,074		15,556		
	TOTAL PERSONNEL SERVICE		137,608		73,645		139,388		
_									
360	Travel and Per Diem		2,000	,	128		2,000		
528	Uniforms		1,500		-		1,500		
530	Food - After School Program		2,000		156		4,000		
535	Contributions & Sponsorships		5,000		-		5,000		
537	Program Supplies		5,000		6,742		13,000		
561	Conference Registration		2,000		•		2,000		
	TOTAL OPERATING EXPENDITURES		17,500		7,026	-	27,500		
	*Total Recreation Department - PBC	\$	155,108	\$	80,671	\$	166,888		

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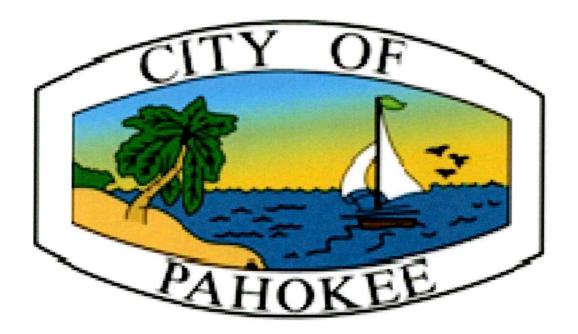
#### Dept 572150 Parks Department

		Adopted		Actual		Proposed	
		Budget		YTD		Budget	
Object #	Account Name	2024-2025		4-2025 2024-2025		2025-202	
320	Accounting & Auditing	\$	500	\$	-	\$	500
431	Electric Service		5,500		3,102	ŀ	6,200
432	Water, Sewer & Solid Waste S		18,580		10,596		19,000
436	Solid Waste Assessment		7,000		3,095		7,500
450	General Liability Insurance		9,227		5,319		9,227
452	Property Insurance		9,602		4,230		9,602
461	Repair/Maintenane		1,600		450		1,600
499	Annual Fire Safety Inspection		50		-		50
520	Operating Supplies		200		-		200
525	Chemicals		500		-		500
	TOTAL OPERATING EXPENDITURES		52,759		26,792		54,379
	*Total Parks Department	\$	52,759	\$	26,792	\$	54,379

#### Dept 590000 Non-Departmental

		Adopted	Proposed		
		Budget	YTD	Budget	
Object #	Account Number/Name	2024-2025	2024-2025	2025-2026	
310	Professional Fees	\$ 20,000	\$ 516	\$ 20,000	
342	Copier Lease	19,000	8,048	21,000	
349	Lease -Vehicles	20,000	_	_	
367	Other Charges-City Hall	25,000	11,000	25,000	
410	Communications - Local	14,000	7,527	14,000	
415	Internet for City	8,000	5,008	8,000	
420	Postage	6,000	3,640	6,000	
431	Electric Service	9,500	6,142	9,500	
432	Water, Sewer and Solid Waste	5,500	2,015	5,500	
434	East Beach Water Assessment-Inc 246 E Main	6,500	5,037	6,500	
436	Solid Waste Assessment	4,000	3,095	4,000	
440	Rentals and Leases	2,500	-	2,500	
450	General Liability Insurance	67,668	39,009	67,668	
451	Auto Liability Insurance	4,165	2,033	4,165	
452	Property Insurance	67,211	29,608	67,211	
453	Cyber Security	4,118	2,402	4,118	
461	Repair/Maintenance	38,000	2,916	35,000	
478	Printing	1,000	-	1,000	
480	Promotional Activities	1,000	250	1,000	
487	Employee of the Quarter	700	-	700	
488	Employee of the Year	500	-	500	
492	Bank Charges/Fees	100	-	100	
499	Annual Fire Safety Inspection	200	-	200	
510	General Office Supplies	11,000	5,610	11,000	
515	Books, Dues & Subsription	165	_	165	
546	Fourth of July Celebration	20,000	-	20,000	
548	Christmas Celebration	20,000	_	20,000	
919	Contingencies	-	_	60,000	
	TOTAL OPERATING EXPENDITURES	375,827	133,856	414,827	
			<u> </u>		
920	Interfund Transfer	206,929	-	207,783	
	`TOTAL INTERFUND TRANSFER	206,929		207,783	
	*Total Non-Departmental	\$ 582,756	\$ 133,856	\$ 622,610	

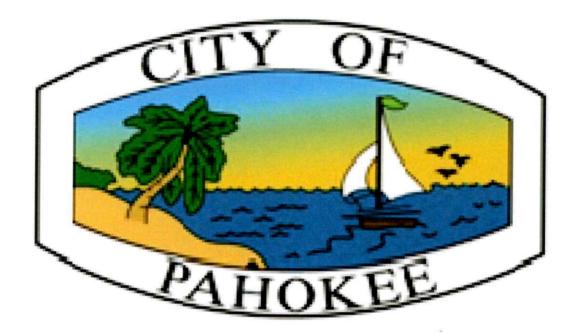
### Henderson Endowment Fund



#### Fund 051 - Henderson Endowment

		Adopted Budget	Actual YTD	Proposed Budget
Object#	Account Number/Name	2024-2025	2024-2025	2025-2026
	REVENUES/OTHER SOURCES			
360150	Interest Income	26,000	10,863	24,000
	TOTAL REVENUES/OTHER SOURCES	26,000	10,863	24,000
	EXPENDITURES			
539100	Interfund Tsfr Out - Cemetery	26,000	10,863	24,000
	TOTAL EXPENSES	\$ 26,000	\$ 10,863	\$ 24,000

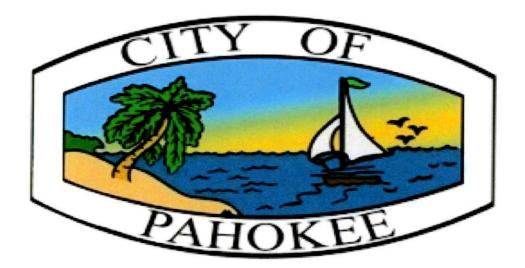
### Special Revenue Fund



#### Fund 100 - Special Revenue Fund

Object#	Account Number/Name		Adopted Budget 024-2025	2:	Actual YTD 024-2025	Proposed Budget 2025-2026	
<u> </u>	REVENUES/OTHER SOURCES						
335800	Disc Sales Surtax 1%	\$	867,000	\$	275,814	\$	500,000
,	TOTAL REVENUES/OTHER SOURCES	<u> </u>	867,000		275,814		500,000
631	EXPENDITURES Capital Outlay Disc Surtax (1%)		867,000		61,600		500,000
	TOTAL EXPENSES	\$	867,000	\$	61,600	\$	500,000

## Capital Project Fund



Section H, Item 1.

# City of Pahokee, Florida Schedule of Revenues For The Fiscal Year Ending September 30, 2026

# Fund 330 - Capital Project Fund

1

As of 4/2025

Object #	Account Number/Name	)	Adopted Budget 2024-2025	7	ctual /TD 4-2025		roposed Budget 025-2026
	REVENUES/OTHER SOURCES				"		
334255	F LDOT road grant	\$	1,755,780	\$	_	s	676,972
334304	MLK Park Grant		250,000		-		-
	TOTAL CAPITAL PROJECTS				<del></del> -	<u> </u>	
	REVENUES	\$	2,005,780	\$	_	\$	676,972

### Section H, Item 1.

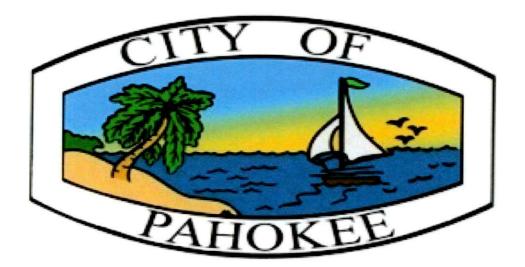
# City of Pahokee, Florida Schedule of Expenses For The Fiscal Year Ending September 30, 2026

# Fund 330 Capital Project Fund

# As of 4/2025

Object#	Account Number/Name		Adopted Budget 2024-2025	2	Actual Budget 024-2025	roposed Budget 025-2026
	Capital Outlay (FDOT Road Project) Barfield					
600	Hwy	\$	1,755,780	\$	722,695	\$ -
600	Capital Outlay FDOT -McClure		-			466,972
600	Capital Outlay Street/Roads Resurfacing	1	•			210,000
623	MLK Park		250,000		13,300	•
	TOTAL OPERATING EXPENSE		2,005,780		735,995	676,972
	*Total Captial Project Fund	\$	2,005,780	\$	735,995	\$ 676,972

# Marina Fund



# City of Pahokee, Florida Schedule of Revenues For The Fiscal Year Ending September 30, 2026

# Fund 445 - Marina & Campground

		Adopted		Actual		Proposed	
		Budget		et YTD			Budget
Object#	Account Number/Name	2024-2025		2024-2025		2025-2026	
347510	Marina Campground Revenue	\$	184,223	\$	111,592	\$	200,000
347520	Marina Revenues - Laundry		1,457		300		1,000
347530	Marina Deposits		15,731		409		10,000
362350	Rental Marina Area		10,000		1,050		5,000
	Subtotal - Marina Revenues		211,411		113,351		216,000
381001	Interfund transfer - General Fund		172,977		_		161,031
	TOTAL MARINA & , CAMPGROUND						
	REVENUES/OTHER SOURCES	\$	384,388	\$	113,351	\$	377,031
				·			

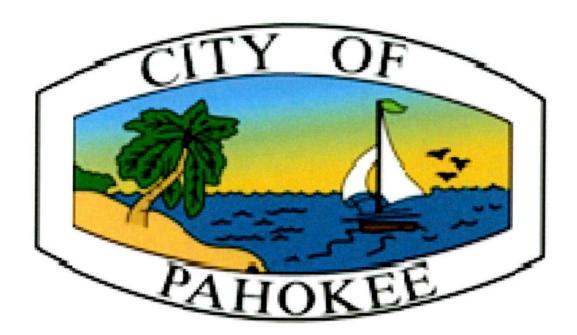
# City of Pahokee, Florida Schedule of Expenses

# For The Fiscal Year Ending September 30, 2026

# Dept 575000 Marina & Campground

		As 4/2025		
		Adopted	Actual	Proposed
		Budget	Budget YTD	
Object #	Account Number/Name	2024-2025	2024-2025	2025-2026
110/120	Regular Salaries & Wages	\$ 22,506	\$ 12,758	\$ 23,182
130	COLA	-	-	-
	3% Cost of Living Increase	675	-	696
110/120/130	Regular Salaries & Wages	23,181	12,758	23,878
210	FICA Taxes	1,773	863	1,827
220	FLC Ret 3%	695	383	716
221	FLC Ret 4.35%	1,008	555	1,039
230	Life and Health Insurance	6,400	3,192	5,400
	TOTAL PERSONNEL SERVICE	33,057	17,751	32,860
210	n ( · 1n			
310	Professional Fees	1,700	1,742	2,000
311	Drug Testing	100	-	100
320	Accounting & Auditing	500	-	500
354	Permits	1,200	295	1,000
410	Communications Local Services	2,000	909	2,000
413	Communications Long Distance	200	-	200
415	Internet Services	5,000	2,716	6,000
431	Electric Services	62,000	33,568	67,000
432	Water, Sewer & Solid Waste	90,000	49,527	92,000
434	East Beach Water Assessment	2,000	980	2,000
436	Solid Waste Assessment	13,000	10,438	15,000
444	DNR Annual Adm Fee	400	-	450
450	General Liability Insurance	3,076	( 1,773	3,076
452	Property Insurance	32,645	14,381	32,645
461	Repair/Maintenance ,	85,000	43,586	85,000
490	Advertising	4,500	-	2,500
492 <sup>.</sup>	Bank Charges/Fees	1,400	962	1,400
499	Annual Fire Safety	5,000	593	5,000
510	General Office Supplies	1,500	-	1,000
515	Dues	300	-	300
520	Operating Supplies	34,000	10,919	25,000
640	Equipment	810		
	TOTAL OPERATING EXPENSE	346,331	172,389	344,171
600	Capital Outlay	5,000	_	-
	TOTAL CAPITAL OUTLAY	5,000	-	
	Sub-Total Marina Expenditures	384,388	190,140	377,031
	*Total Marina & Campground Expenses	\$ 384,388	\$ 190,140	\$ 377,031

# Cemetery Fund



# City of Pahokee, Florida Schedule of Revenues For The Fiscal Year Ending September 30, 2026

## Fund 450 - Cemetery

		Adopted	Actual	Dunnand
		_		Proposed
Object#	A constant North and (NY and a	Budget	YTD	Budget
Object#	Account Number/Name	2024-2025	2024-2025	2025-2026
346920	Pre-Need Prepetual Care	2,400	3,600	2,400
346921	Perpetual Care Fees	13,000	7,000	13,000
361010	Restricted Interest- Perpetual	69	-	69
363653	Pre-Need Open/Closing	3,394	3,045	3,394
363654	Private Openings and Closing	43,000	27,895	43,000
364111	Sale of Cemetery Lot- Private	36,000	24,200	36,000
364112	Sale of Cemetery Lot- PreNeed	7,000	17,600	7,000
364120	Pre- Need Vault Sale	2,400	1,700	2,400
364121	Sale of Vault Liners- Private	20,000	16,270	20,000
364123	Sale of Vault Liners- PreNeed	4,333	-	4,333
364130	Marker Installation- Private	500	175	500
364132	Vault Service	1,286	1,200	1,286
364150	Cremation Fees	2,000	500	2,000
364171	Sale of Memorials- At Need	1,704	-	1,704
364172	Sale of Memorial- PreNeed	500	_	500
364181	Sale of Crypts-At Need	8,000	2,595	8,000
364182	Sale of Crypts - Preneed	8,000	3,995	8,000
369042	Cemetery Land Lease Income	3,888	2,268	3,888
369098	Other Miscellaneous Revenues	200	250	200
	Subtotal - Cemetery Revenues	157,674	112,293	157,674
				-
381001	Interfund transfer in-From General Fund	33,952	-	46,752
		-		
381100	Interfund Trns In- Henderson	26,000	10,863	24,000
	Total Cemetery Revenues/Other Sources	\$ 217,626	\$ 123,156	\$ 228,426

# City of Pahokee, Florida Schedule of Expenses For The Fiscal Year Ending September 30, 2026

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## Dept 539000 Cemetery

		As 4/2025		
		Amended	Actual	Proposed
		Budget	YTD	Budget
Object #	Account Number/Name	2024-2025	2024-2025	2025-2026
110/120/130	Regular Salaries & Wages	\$ 83,450	47,426	\$ 85,946
130	COLA	_	i -	-
	3% Cost of Living Increase	2,504	-	2,578
110/120/130	Regular Salaries & Wages	85,954	47,426	88,524
210	FICA Taxes	6,575	3,557	6,772
220	FLC Ret 3%	2,579	1,423	2,656
221	FLC Ret 4.35%	3,739	2,063	3,851
230	Life and Health Insurance	11,500	12,059	19,344
240	Worker's Compensation	15,110	8,814	15,110
	TOTAL PERSONNEL SERVICE	125,457	75,342	136,257
320	Accounting & Auditing	4,500	-	4,500
360	Travel & Per Diem	500	-	500
410	Communications - Local Servi	8,000	1,413	8,000
413	Communications - Long Distan	400	-	400
415	Internet Service	1,000	505	1,000
420	Postage	200	-	200
431	Electric Service	2,500	984	2,500
432	Water, Sewer & Solid Waste	2,500	1,117	2,500
442	License	100	-	100
450	General Liability Insurance	9,227	5,319	9,227
451	Auto Liability Insurance	1,191	581	1,191
452	Property Insurance	5,761	2,538	5,761
461	Repair/Maintenance	13,000	2,916	13,000
510	General Office Supplies	4,000	1,835	,4,000
520	Operating Supplies	3,700	1,100	3,700
524	Fuel	9,000	2,388	9,000
525	Chemicals	370	-	370
526	Small Equipment	1,000	-	1,000
528	Uniforms	420	144	420
551	COS Markers (Memorial Sales)	8,000	-	8,000
552	COS Lot Markers	1,000	-	1,000
553	COS Vault Liners	14,500	11,785	14,500
559	Books & Subscriptions	300	560	300
561	Conference registration	1,000	-	1,000
	TOTAL OPERATING EXPENSE	92,169	33,185	92,169
	*Total Cemetery Expenses	\$ 217,626	\$ 108,527	\$ 228,426



### AGENDA

#### **MEMORANDUM**

TO: Honorable Mayor & City Commissioners

VIA: Michael E. Jackson, City Manager

FROM: Offices of the City Manager and City Clerk

SUBJECT: City of Pahokee's Continuing Consent to Inclusion in PBC Fire Rescue

Municipal Service Taxing Units (MSTU)

DATE: August 26, 2025

### **GENERAL SUMMARY/BACKGROUND:**

Florida Statutes §125.01(1)(q) authorizes counties to establish Municipal Service Taxing Units (MSTUs) to provide essential services such as fire-rescue, and §125.01(1)(r) allows municipalities to be included with the municipality's consent by ordinance.

Palm Beach County established the Fire/Rescue MSTU to provide regional fire protection, advanced life support, fire prevention, fire code enforcement, and related services. The City of Pahokee initially consented to inclusion in the Fire/Rescue MSTU through Ordinance No. 2005-06, which was extended by subsequent City action and County boundary ordinances. In 2016, Ordinance No. 2016-09 extended the City's consent through December 31, 2025, with services continuing through October 1, 2026, 7:30 a.m. to allow for completion of the 2025 tax year funding cycle.

The proposed ordinance continues the City's participation for an additional ten (10) years (December 31, 2025 – December 31, 2035), ensuring uninterrupted services through October 1, 2036.

### **BUDGET IMPACT:**

The City will continue funding fire-rescue services through the MSTU ad valorem millage set by Palm Beach County. No new or additional local funding obligations are imposed on the City under this ordinance.

### **LEGAL NOTE:**

Defer to the City Attorney.

### STAFF RECOMMENDATION:

Inclusion in the County's Fire/Rescue MSTU allows the City to maintain reliable, professional fire-rescue services without bearing the significant financial and operational burden of establishing and staffing its own municipal fire department. Staff recommends approval of the item.

### **ATTACHMENTS:**

Ordinance 2025-01

### ORDINANCE NO. 2025-01

AN ORDINANCE OF THE CITY OF PAHOKEE, FLORIDA; PROVIDING FOR THE CITY'S CONSENT TO THE INCLUSION OF THE ENTIRE TERRITORY WITHIN THE CITY OF PAHOKEE'S MUNICIPAL BOUNDARIES INTO PALM BEACH COUNTY'S FIRE/RESCUE MUNICIPAL SERVICE TAXING UNIT FOR FIRE-RESCUE, FIRE PROTECTION, ADVANCED LIFE SUPPORT (OR SIMILAR EMERGENCY SERVICES), FIRE CODE ENFORCEMENT AND INCIDENTAL OTHER **NECESSARY** PROVIDING FOR INCORPORATION; PROVIDING FOR INTENT, PURPOSE AND CONSENT; PROVIDING FOR EFFECTIVENESS AND DURATION OF CONSENT; PROVIDING FOR EFFECTIVENESS OF REPEAL; ACKNOWLEDGING AD VALOREM MILLAGE RATE LIMITATION; PROVIDING FOR REPEAL OF CONFLICTING ORDINANCES; PROVIDING FOR SEVERABILITY; PROVIDING FOR CODIFICATION; PROVIDING FOR CAPTIONS; AND PROVIDING FOR EFFECTIVE DATE.

WHEREAS, pursuant to Section 125.01(1)(q) and (r), Florida Statutes, the Florida Legislature has empowered counties to establish Municipal Service Taxing Units ("MSTU"s), whereby a county may levy a tax within the MSTU for certain essential municipal services, including the provision of fire-rescue services; and

**WHEREAS**, pursuant to Section 125.01(1)(q), Florida Statutes, a municipality may be included within an MSTU, subject to approval by ordinance of the governing body of the municipality giving consent either annually or for a term of years; and

WHEREAS, Palm Beach County ("County") established an MSTU known as the Fire/Rescue MSTU to provide fire protection, fire rescue, advanced life support (or similar emergency services), fire code enforcement and other services necessary and incidental to the purpose for which the Fire/Rescue MSTU was created; and

WHEREAS, the City of Pahokee ("City") by Ordinance No. 2005-06 consented to its inclusion in the County's Fire/Rescue MSTU for a ten year term through December 31, 2015, as a mechanism to receive and fund County fire-rescue services through September 30, 2016; and

WHEREAS, the County by Ordinance No. 2005-064 amended the boundaries of Page 1 of 5 (Ord 2025-01)

the Fire/Rescue MSTU to include the City for the duration of the term identified in City Ordinance No.2005-06, as such term may be extended by the City from time to time; and

WHEREAS, City Ordinance No. 2016-09 affirmed, continued and extended the City's consent and inclusion in the County's Fire/Rescue MSTU through December 31, 2025, and further provided that said consent and inclusion shall be deemed to continue through 7:30 a.m. on October 1, 2026, to the extent necessary to enable the County to provide within the City fire-rescue and related services funded by tax year 2025, including but not limited to the enforcement of the Fire Code and any other applicable laws and regulations; and

WHEREAS, the City Commission hereby desires to extend, for an additional ten (10) year period from December 31, 2025, through December 31, 2035, its consent to the inclusion of all the territory lying within the municipal boundaries of the City into the County's Fire/Rescue MSTU for County fire-rescue and related services within the City from October 1, 2026, until 7:30 a.m. on October 1, 2036, and believes that such inclusion is in the best interest of the health, safety and welfare of the citizens of the City.

# NOW, THEREFORE, BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF PAHOKEE, FLORIDA, THAT:

**Section 1. Incorporation.** The above recitals are herein incorporated by reference.

Section 2: Intent, Purpose and Consent: It is the intent, purpose, and effect of this Ordinance to comply with the provisions of Section 125.01(1)(q), Florida Statutes. The City Commission hereby extends and consents to the inclusion of all territory within the incorporated municipal boundaries of the City, as may be amended from time to time, within the County's Fire/Rescue Municipal Service Taxing Unit (the "Fire/Rescue MSTU"), which was established pursuant to enabling legislation adopted by the Board of County Commissioners of Palm Beach County. The purpose of the enactment of this Ordinance is to extend the City's consent to be included in the County's Fire/Rescue

MSTU in order to enable the County to fund and provide fire-rescue and related services within the territorial limits of the City including, but not limited to, the County's enforcement of the Florida Fire Prevention Code and Palm Beach County Local Amendments thereto (collectively "Fire Code") and any other laws and regulations applicable within the Fire/Rescue MSTU.

Section 3: Effectiveness and Duration of Consent: The City's consent to be included in the Fire/Rescue MSTU is hereby extended effective from December 31, 2025, to be implemented for tax year 2026 in order to fund and provide County fire-rescue and related services within the City as of October 1, 2026, and to provide for the City's continuing inclusion in the Fire/Rescue MSTU without interruption. The City's consent to be included in the County's Fire/Rescue MSTU shall continue from December 31, 2025, for a term of ten (10) years through December 31, 2035; provided, however, that the City's consent and inclusion in the County's Fire/Rescue MSTU shall be deemed to continue through 7:30 a.m. on October 1, 2036, to the extent necessary to enable the County to provide within the City fire-rescue and related services funded by the final tax year including, but not limited to, the County's enforcement of the Fire Code and any other laws and regulations applicable within the Fire/Rescue MSTU.

Section 4: Effectiveness of Repeal: Should the City intend to repeal its consent to be included in the Fire/Rescue MSTU prior to its expiration on December 31, 2035, the City shall provide written notice to the County, by March 1st of any given year, of the City's intent to repeal this Ordinance and the consent provided herein effective December 31st of the same year. The County will then adopt an ordinance to remove the City from the Fire/Rescue MSTU as of said December 31st. The City shall adopt an ordinance to repeal this Ordinance and the consent provided herein, and shall provide a certified copy of the repealing ordinance to the County and to the Property Appraiser, by said December 31st. The City's inclusion in the County's Fire/Rescue MSTU shall terminate on said December 31st; provided, however, that the City's inclusion in the County's Fire/Rescue MSTU shall be deemed to continue through the following October

1st at 7:30 a.m. to the extent necessary to enable the County to provide within the City fire-rescue and related services funded by the final tax year, including, but not limited to, the County's enforcement of the Fire Code and any other laws and regulations applicable within the Fire/Rescue MSTU.

Section 5: Ad Valorem Millage Rate Limitation: The City acknowledges that by opting into the Fire/Rescue MSTU, it cannot levy an annual ad valorem millage rate that would exceed the ten (10) mill cap for municipal purposes when combined with the Fire/Rescue MSTU's annual ad valorem millage rate.

Section 6: Repeal of Conflicting Ordinances: All other City ordinances and parts of ordinances in conflict with any provisions of this Ordinance are hereby repealed to the extent of the conflict. Notwithstanding the above, Ordinance No. 2016-09 shall not be deemed repealed by this Ordinance and shall expire as provided for therein; provided, however, that Ordinance No. 2016-09 and the term of consent identified therein shall be deemed to be extended to the extent necessary to enable the County to provide within the City fire-rescue and related services funded by the final tax year thereunder.

<u>Section 7:</u> <u>Severability:</u> If any section, paragraph, sentence, clause, phrase, or word of this Ordinance is for any reason held by a court of competent jurisdiction to be invalid, unconstitutional, inoperative or void, such holding shall not affect the remainder of this Ordinance.

<u>Section 8:</u> <u>Codification:</u> The provisions of this Ordinance shall become and be made a part of the code of ordinances of the City. The sections of this Ordinance may be renumbered or re-lettered to accomplish such, and the word "ordinance" may be changed to "section", "article", or other appropriate word.

<u>Section 9:</u> <u>Captions:</u> The captions, section headings, and section designations used in this Ordinance are intended only for the convenience of users and shall have no effect on the interpretation of the provisions of this Ordinance.

Section 10: Effective Date: This Ordinance shall be effective December 31, 2025. Notwithstanding anything here to the contrary, the City's continuing

participation in the Fire/Rescue MSTU is contingent upon the County maintaining an ordinance including the City within the Fire/Rescue MSTU.

FIRST READING this 8th day of Septemb	per, 2025.
APPROVED AND ADOPTED ON SEC	OND READING by the City Commission of
the City of Pahokee, Florida, on this	s day of, 20
	Keith W. Babb, Jr., Mayor
ATTEST:	
Nylene Clarke, CMC, City Clerk	
APPROVED AS TO FORM AND LEGAL SUFFICIENCY:	
Burnadette Norris-Weeks, P.A. City Attorney	
Moved by:	
Seconded by:	
VOTE:	
	(Yes) (No)
	Yes) (No)
Commissioner McDonald (	(Yes) (No)
	(Yes) (No)
Commissioner Scott (	(Yes) (No)

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