

	Deductible	Amount of Coverage	Exp. Prem.	New Prem.				
General Liab.	200,000	2,000,000 per Occur.	240,446	263,113	PRM	9%		Increase in Payroll and Increase in #
Auto Liab.	200,000	2,000,000 per Occur	0	0	PRM	0%		
PO/Emp. Pract.	200,000	2,000,000 per Occur/6,000,000 Agg.	0	0	PRM	0%		
Umbrella Policy	N/A	3,000,000 per Occur.	0	0	PRM	0%		
Workers Comp.	200,000	3,000,000 per Occur	324,881	355,506	PRM	9%		Increase in Payroll
Property	25,000	Per Schedule	433,460	516,030	PRM	19%		Increase in Prop. Equip. & Natural D
Crime	1,000	500,000 per Occur.	0	0	PRM			
Boiler & Machinery	1,000/10,000 Transformers	50,000,000 with varying sublimits	21,561	22,432	PRM	4%		Natural Disasters
Auto Prop.	100,000	Per Schedule			PRM			
			1,050,334	1,157,081				
		Preferred Member		(23,142)				
		Total premium		1,133,939		8%		
Additional Coverages								
Cyber Liab.	25,000	3,000,000	\$ 29,986	29,986	BRITT	Flat		
AD&D		In the line of Duty Coverage - \$75,000	8,383	8,537	2%	1.84%		
		Unlawful and Intentional Death Coverage - \$225,000		Included in premium above				

[illegible]

Contract Highlights			Berkshire Hathaway	Berkshire Hathaway	Florida Blue
Coverages			Curent Rate	Renewal Rate	Propsed Rate
Policy Period			10/1/2018 - 10/1/2019	10/1/2019 - 10/2020	10/1/2019 - 10/2020
Specific Deductible			\$350,000	\$350,000	\$350,000
Specific Lifetime Maximum Per Person			Unlimited	Unlimited	Unlimited
Annual Maximum			Unlimited	Unlimited	Unlimited
Benefits Covered			Medical/RX	Medical/RX	Medical/RX
Specific Contract Basis			24/12	24/12	24/12
Premium Analysis	Enrollement				
Employee	1296		\$ 23.40	\$ 32.10	\$ 30.73
Employee + Family	852		\$ 23.40	\$ 32.10	\$ 30.73
Total Participation	2148		\$ 23.40	\$ 32.10	\$ 30.73
Total Estimated Monthly Premium			\$ 50,263.20	\$ 68,950.80	\$ 66,008.04
Total Estimated Annual Premium			\$ 603,158.40	\$ 827,409.60	\$ 792,096.48
Percent of Change from Current Rate			N/A	37.18%	31.32%
Laser Information				No Laser and No New Laser	Patient #1 - \$550,000
					Patient #2 - \$475,000
Laser Information	Claims Amount Paid	Amount Reimbursed to date			
Patient 1 -	\$1,520,740	\$ 1,170,740.00			
Patient 2	\$314,701	\$ -			