

**Proposed Premiums 2016
Funded to 95% at 1.1 Million Increase**

| High Option PPO | Employee | Board | Total |
|-----------------------|----------|---------|---------|
| Employee | 85.61 | 522.96 | 608.57 |
| Employee + Spouse | 734.55 | 713.86 | 1448.41 |
| Employee + Child(ren) | 527.34 | 592.44 | 1119.78 |
| Employee + Family | 1017.82 | 880.95 | 1898.77 |
| 2-Employee Family | 727.10 | 1171.67 | 1898.77 |

| Low Option HDHP/HSA | Employee | Board | Total |
|-----------------------|----------|--------|---------|
| Employee | 28.00 | 433.46 | 461.46 |
| Employee + Spouse | 288.00 | 535.64 | 823.64 |
| Employee + Child(ren) | 223.00 | 413.77 | 636.77 |
| Employee + Family | 378.00 | 701.76 | 1079.76 |
| 2-Employee Family | 86.00 | 993.76 | 1079.76 |

Recommended premiums reflect increases based on 95% of Maximum Liability Funding of the Self Insured Plan. The estimated increase in premiums across plans will total approximately \$1,100,000.00. Cost increases are to be incurred by Insured employees, Retirees, Cobra Eligible employees, and the School Board for the 2016 Plan Year.

The Board's portion in line with the master contract language would be approximately **\$786,033.48 (71.5% of total cost)**. The Employee/Retiree portion would be approximately **\$313,944.60 (28.5% of total cost)**.

Premium increases or decreases discussed by the Insurance Committees for the 2017 Plan Renewal will be based on premiums from the 2015 Plan year.



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

May 15, 2015

Pamela Smith
Santa Rosa County School Board
5086 Canal Street
Milton, FL, 32570

RE: Group Policy Number:

198L42

198L42

Renewal Date: January 01, 2016

Dear Pamela Smith :

Thank you for choosing Florida Combined Life Insurance Company, Inc. for your group Dental Insurance benefits. We value you as a customer and appreciate your business.

Your Group Dental Insurance Plan is about to renew. We have completed our annual review of your coverage with FCL, taking into account a variety of factors that affect rate development. After careful consideration and analysis, we have established your renewal rates for the next plan year. Your current and renewal rates are shown below. The renewal rates will take effect on your renewal date and are guaranteed for the following 12 months, subject to the terms and conditions of your group contract.

BlueDental Choice Voluntary 198L42

| | Current Rates | New Rates |
|-----------------------|---------------|-----------|
| Employee | \$22.11 | \$23.22 |
| Employee + Spouse | \$57.56 | \$60.44 |
| Employee + Child(ren) | \$66.17 | \$69.48 |
| Family | \$93.28 | \$97.94 |

BlueDental Choice Voluntary 198L42

| | Current Rates | New Rates |
|-----------------------|---------------|-----------|
| Employee | \$19.43 | \$20.40 |
| Employee + Spouse | \$50.61 | \$53.14 |
| Employee + Child(ren) | \$58.19 | \$61.10 |
| Family | \$81.98 | \$86.08 |

We look forward to continuing our relationship well into the future. Should you have any questions regarding this letter please contact your local Blue Cross and Blue Shield sales representative or telephone our office at 1-800-772-8244 ext. 7145.

Sincerely,

Amy Cain

Group Dental Underwriting

cc: Agency: Fisher Brown, Inc.