Option 4 PCS (Presented 7/30/26) Projected Contributions 2026 and 2027 Comparison

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
June 2026 Counts		Per Pay Period Employee Deduction (20 total deductions over for 10 months)		Per Pay Period PCSB Contribution (20 total contributions over for 10 months)		Employee Percent of Permium		PCSB Percent of Permium		Total Employee Premium Monthly Deductions (10 months)		Total PCSB Premium Monthly Contribution (10 months)		Total Monthly Employee Deductions + PCSB Contributions (10 months)		Total Retiree Premium Monthly Cost (Paid every month for 12 months)		Total Annual Employee Deductions + PCSB Contributions	
		2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027
Basic																			
801	EE Only	$ 38.00	$ 41.84	$ 454.53	$ 475.31	7.7%	8.1%	92.3%	91.9%	$ 76.00	$ 83.68	$ 909.06	$ 950.62	$ 985.06	$ 1,034.30	$ 820.88	$ 861.92	$ 7,890,202	$ 8,284,743
110	EE + Child	$ 127.00	$ 139.78	$ 739.70	$ 770.26	15.6%	15.4%	85.4%	84.6%	$ 254.00	$ 279.56	$ 1,479.40	$ 1,540.52	$ 1,733.40	$ 1,820.08	$ 1,444.50	$ 1,516.73	$ 1,906,740	$ 2,002,088
10	2 Board Family	$ 73.00	$ 145.16	$ 1,329.46	$ 1,467.68	5.2%	9.0%	94.8%	91.0%	$ 146.00	$ 290.32	$ 2,658.92	$ 2,935.36	$ 2,804.92	$ 3,225.68	$ 2,337.43	$ 2,688.07	$ 280,494	$ 322,568
47	EE + Spouse	$ 137.00	$ 205.19	$ 837.31	$ 934.75	14.1%	18.0%	85.9%	82.0%	$ 274.00	$ 410.38	$ 1,674.62	$ 1,869.50	$ 1,948.62	$ 2,279.88	$ 1,623.85	$ 1,899.90	$ 915,846	$ 1,071,544
127	Family	$ 170.00	$ 234.60	$ 1,232.47	$ 1,504.46	12.1%	13.5%	87.9%	86.5%	$ 340.00	$ 469.20	$ 2,464.94	$ 3,008.92	$ 2,804.94	$ 3,478.12	$ 2,337.45	$ 2,898.43	$ 3,562,274	$ 4,417,212
																		$ 14,555,556	$ 16,098,155
CDHP																			
496	EE Only	$ 77.00	$ 84.72	$ 454.53	$ 473.38	14.5%	15.2%	85.5%	84.8%	$ 154.00	$ 169.44	$ 909.06	$ 946.76	$ 1,063.06	$ 1,116.20	$ 885.88	$ 930.17	$ 5,272,698	$ 5,536,352
108	EE + Child	$ 191.00	$ 210.10	$ 739.70	$ 767.13	20.5%	21.5%	79.5%	78.5%	$ 382.00	$ 420.20	$ 1,479.40	$ 1,534.26	$ 1,861.40	$ 1,954.46	$ 1,551.17	$ 1,628.72	$ 2,010,303	$ 2,110,817
19	2 Board Family	$ 187.00	$ 223.22	$ 1,329.46	$ 1,520.72	12.3%	12.8%	87.7%	87.2%	$ 374.00	$ 446.44	$ 2,658.92	$ 3,041.44	$ 3,032.92	$ 3,487.88	$ 2,527.43	$ 2,906.57	$ 576,259	$ 662,697
82	EE + Spouse	$ 214.00	$ 318.70	$ 837.31	$ 911.33	20.4%	25.9%	79.6%	74.1%	$ 428.00	$ 637.40	$ 1,674.62	$ 1,822.66	$ 2,102.62	$ 2,460.06	$ 1,752.18	$ 2,050.05	$ 1,724,145	$ 2,017,249
140	Family	$ 284.00	$ 393.95	$ 1,232.47	$ 1,486.47	18.7%	20.9%	81.3%	79.1%	$ 568.00	$ 787.90	$ 2,464.94	$ 2,972.96	$ 3,032.94	$ 3,760.86	$ 2,527.45	$ 3,134.05	$ 4,246,116	$ 5,265,204
																		$ 13,829,521	$ 15,592,319
Select																			
3,392	EE Only	$ 101.00	$ 111.18	$ 454.53	$ 472.12	18.2%	19.1%	81.8%	80.9%	$ 202.00	$ 222.36	$ 909.06	$ 944.24	$ 1,111.06	$ 1,166.60	$ 925.88	$ 972.17	$ 37,686,612	$ 39,571,072
779	EE + Child	$ 238.00	$ 261.88	$ 739.70	$ 764.70	24.3%	25.5%	75.7%	74.5%	$ 476.00	$ 523.76	$ 1,479.40	$ 1,529.42	$ 1,955.40	$ 2,053.18	$ 1,629.50	$ 1,710.98	$ 15,232,566	$ 15,994,272
193	2 Board Family	$ 256.00	$ 281.70	$ 1,329.46	$ 1,541.59	16.1%	15.4%	83.9%	84.6%	$ 512.00	$ 563.40	$ 2,658.92	$ 3,083.18	$ 3,170.92	$ 3,646.58	$ 2,642.43	$ 3,038.82	$ 6,119,914	$ 7,037,899
643	EE + Spouse	$ 264.00	$ 373.67	$ 837.31	$ 914.85	24.0%	29.0%	76.0%	71.0%	$ 528.00	$ 747.34	$ 1,674.62	$ 1,829.72	$ 2,202.62	$ 2,577.04	$ 1,835.52	$ 2,147.53	$ 14,162,795	$ 16,570,367
1,135	Family	$ 353.00	$ 475.77	$ 1,232.47	$ 1,490.21	22.3%	24.2%	77.7%	75.8%	$ 706.00	$ 951.54	$ 2,464.94	$ 2,980.42	$ 3,170.94	$ 3,931.96	$ 2,642.45	$ 3,276.63	$ 35,990,169	$ 44,627,746
																		$ 109,192,057	$ 123,801,356
			Percent Totals (all plans, all tiers) ->			20.0%	21.3%	80.0%	78.7%							Totals (all plans, all tiers) ->		$ 137,577,134	$ 155,491,831

8/4/26 Tentative Agreement

HR:

FOP:

PESPA:

SEIU:

PCTA:

Gallagher

Plan Design Changes – Option 2 (Illustrative Only) – requested 7/31/26

Pinellas County Schools						
Plan	**Select Choice (New 2026)**	**Select Choice 2027 Illustrative**	**Basic Essential**	**Basic Essential 2027 Illustrative**	**CDHP + HRA**	**CDHP + HRA 2027 Illustrative**
Plan Value	**85.8%**		**74.8%**	**70.7%**	**83.8%**	**80.2%**
Current Membership	**12,283**	**N/A**	**1,740**	**N/A**	**1,605**	**N/A**
Projected 2027 Claims (est.)	**141,362,592**	**135,920,875**	**20,025,312**	**19,706,891**	**18,471,624**	**18,034,214**
Network	**National**	**National**	**National**	**National**	**National**	**National**
Plan Type	EPO	EPO	EPO	EPO	EPO	EPO
Deductible	$500/$1,500	$1,000/$2,500	$2,300/$6,900	$2,500/$7,000	$1,500/$3,000	$1,750/$3,500
Coinsurance	80%	75%	70%	70%	80%	75%
Out of Pocket Maximum Medical	$5,000/$10,000	$5,000/$10,000	$8,550/$17,100	$9,000/$17,500	$5,000/$10,000	$5,500/$11,000
Out of Pocket Maximum Rx	$2,000/$4,000	~~$2,500/$5,000~~ no change	Combined with Medical	Combined with Medical	$2,000/$4,000	$2,500/$5,000
IP Copay	$600/day (max 6 days)	$600/day (max 6 days)	30% after ded.	30% after ded.	20% after ded.	25% after ded.
ER Copay	20% after ded.	30% ~~25%~~ after ded.	30% after ded.	30% after ded.	20% after ded.	25% after ded.
Urgent Care Copay	$25	$100 ~~$50~~	30% after ded.	30% after ded.	20% after ded.	25% after ded.
PCP Copay	$25	$30	$50	$60	20% after ded.	25% after ded.
Specialist Copay	$50	$60	30% after ded.	30% after ded.	20% after ded.	25% after ded.
Outpatient - Hospital Based	20% after ded.	25% after ded.	30% after ded.	30% after ded.	20% after ded.	25% after ded.
Outpatient - Non -Hospital Based	20% after ded.	25% after ded.	30% after ded.	30% after ded.	20% after ded.	25% after ded.
Pharmacy Copays - 30 day	$15/$60/$90	$15/$60/$120	$25/$60/$90	$25/$60/$120	$15/$60/$90	$15/$60/$120
Pharmacy Copays - 90 day	$30/$120/$180	$30/$120/$240	$50/$120/$180	$50/$120/$240	$30/$120/$180	$30/$120/$240
Specialty Copays	30% after ded. $0 if enrolled in Prudent Rx (30 days only)	30% after ded. $0 if enrolled in Prudent Rx (30 days only)	30% after ded. $0 if enrolled in Prudent Rx (30 days only)	30% after ded. $0 if enrolled in Prudent Rx (30 days only)	30% after ded. $0 if enrolled in Prudent Rx (30 days only)	30% after ded. $0 if enrolled in Prudent Rx (30 days only)
HSA/HRA Contributions	N/A	N/A	N/A	N/A	$500/$750/$1,000	$500/$750/$1,000

- Projected 2027 claims before plan design changes (based on June 2026 projections): **$179,860,000**
- Illustrated 2027 claims after plan design changes (based on June 2026 projections):
- Gallagher model does not break out by component but noted the most impactful design changes (ranked starting from most impactful) are deductible, coinsurance, maximum out-of-pocket, Rx copays, and then medical copays.

8/4/26 Tentative Agreement

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PESPA: [signature]

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PCTA: [signature]

SEIU: [signature]