Recreation District #1 of St. Tammany Parish
Board of Commissioners Meeting Agenda
Wednesday, November 18, 2026
Upon adjournment of Budget Hearing
Castine Center - Conference Room E
63350 Pelican Dr., Mandeville, LA 70448

1. Call to Order & Roll Call

2. Agenda Approval
a. Additions, Deletions, Substitions

3. Public Comments

4. Proclamations/Presentations
a. Presentation by Assured Partners

5. Approval of Minutes
a. None

6. New Business

a. Budget Amendment 2 — 3

Sponsor: Scott Goodwill, CFO
Recommendation: Amend and adopt 2026 budget as described in attachments
Attachment(s): Amended Budget

b. 2027 Employee Benefits — 8

Sponsor: Scott Goodwill, CFO
Recommendation: Authorize the Executive Director to sign the recommended Blue Cross and Blue Shield of Louisiana medical, dental, and vision policies
Attachment(s): Agenda Memo and BCBS proposals

c. 2027 Workers' Compensation Policy — 32

Sponsor: Scott Goodwill, CFO
Recommendation: Authorize the Executive Director to sign the worker's compensation renewal with LWCC
Attachment(s): Agenda Memo and policy proposal

d. 2027 Property and Liability Insurance Proposals — 46

Sponsor: Scott Goodwill, CFO
Recommendation: Authorize the Executive Director to sign the worker's compensation renewal with LWCC
Attachment(s): Agenda Memo and policy proposal

e. Pickleball Project Closeout — 66

Sponsor: Scott Goodwill, CFO
Recommendation: Approve and close out the Pickleball project and reallocate the remaining project balance of $26,056.27 to Unallocated within the Series 2023 portion of the Development Fund, making the funds available for future authorized uses.
Attachment(s): Agenda Memo and polci proposal

e. 2027 Board of Commissioner Meeting Dates — 67

Sponsor: Suzanne Fisher, Executive Director
Recommendation: Approve the 2027 Board meeting dates as presented
Attachment(s): Agenda Memo

Recreation District #1 of St. Tammany Parish
Board of Commissioners Meeting Agenda
Wednesday, November 18, 2026
6:30PM
Castine Center - Conference Room E
63350 Pelican Dr., Mandeville, LA 70448

7 Financials 68
- a. Monthly Summaries (vote)
- b. Review of Bank Statements and Credit Card Statements

8 Committee Meeting Updates
- a. Personnel 72

9 Division Monthly Reports
- a. Administration 73
- b. Planning/Environmental Education 74
- c. Parks 76
- d. Recreation 77
- e. Castine Center 78
- f. Concessions 79

10 Old Business

11 Adjourn

In accordance with the Americans with Disabilities Act, individuals requiring reasonable accommodations to participate in this meeting should contact Recreation District No. 1 at (985) 626-7997 at least forty-eight (48) hours prior to the meeting.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.A

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: 2026 Operating Budget, Amendment 2
DATE: November 13, 2026

It has been apparent for a while now that the District will fall somewhat below budget in revenues for 2026. Normally, that is not a cause for board action except in circumstances in which revenues are expected to fall 5% or more below budget. Based on most recent financial activity, staff now believe that that may be the case in 2026. Two recent factors are driving the shortfall:

1. A temporary but indefinite pause in processing of the St. Tammany Fund due to new guidance issued by the state.
2. A lack of new sponsorship revenue beyond the existing list of sponsorships.

These two areas together make it plausible that the District may come in a little in excess of 5% under the current budget. While this is not certain, it would be prudent to amend the budget as a precautionary measure to ensure that the District remains compliant with all applicable local government budget laws.

Expenditures were also examined in the course of developing the budget amendment, but there were only relatively minor changes vs. budget. The issues that have arisen are on the revenue side.

Recommendation: Staff recommend amending the 2026 budget as described in the attached documents.

Recreation District #1 of St. Tammany Parish
2026 Amended Budget Totals

Revenue

Taxes & Revenue Sharing	5,475,196
Interest & Investment Income	99,750
Facilities Rentals	440,000
Recreation Programs	497,000
Sponsorships & Endorsements	92,000
Grants, Appropriations, & Miscellaneous	246,983
TOTAL BUDGET REVENUE	6,850,929

Expenditures

Salaries & Wages	2,834,006
Benefits & Taxes	868,081
Other Personnel Costs	53,367
Professional Fees & Contract Labor	541,288
Insurance	513,246
Electric & Gas	370,000
Fuel	24,000
Marketing & PR	66,808
Board	4,000
Technology	376,206
Maintenance & Repair	255,986
Supplies and Equipment	348,403
Turf & Field Care	202,406
Financial Expenses	2,005
Other Expenses	66,200
Capital Outlay	23,407
Transfers from Other Funds	1,698,810
TOTAL BUDGET EXPENDITURES	8,248,216

Recreation District #1 of St. Tammany Parish
2026 Amended Budget Summary Comparison

	2026 YTD (10/31/26)	2026 Budget (Amendment 1)		2026 Budget (Amendment 2)		Amdt. 1 - Amdt. 2 Change	
		$ Amount	% Share	$ Amount	% Share	$	%
Taxes & Revenue Sharing	5,346,423	5,476,227	75.9%	5,475,196	79.9%	(1,031)	0.0%
Interest & Investment Income	92,490	99,750	1.4%	99,750	1.5%	-	0.0%
Facilities Rentals	343,985	525,000	7.3%	440,000	6.4%	(85,000)	-16.2%
Programs	454,059	532,618	7.4%	497,000	7.3%	(35,618)	-6.7%
Sponsorships & Endorsements	90,745	195,656	2.7%	92,000	1.3%	(103,656)	-53.0%
Merchandise	-	-	0.0%	-	0.0%	-	-
Grants, Appropriations, & Miscellaneous	246,205	381,420	5.3%	246,983	3.6%	(134,438)	-35.2%
TOTAL BUDGET REVENUE	6,573,907	7,210,671	100.0%	6,850,929	100.0%	(359,743)	-5.0%
Salaries & Wages	2,372,909	2,893,104	41.3%	2,834,006	34.4%	(59,097)	-2.0%
Benefits & Taxes	742,003	960,481	15.4%	868,081	10.5%	(92,401)	-9.6%
Other Personnel Costs	29,827	53,367	1.1%	53,367	0.6%	-	0.0%
Professional Fees & Contract Labor	421,787	513,382	5.5%	541,288	6.6%	27,906	5.4%
Insurance	513,246	532,752	8.0%	513,246	6.2%	(19,506)	-3.7%
Electric & Gas	325,315	367,500	4.5%	370,000	4.5%	2,500	0.7%
Fuel	19,527	20,861	0.4%	24,000	0.3%	3,139	15.0%
Marketing & PR	38,287	54,808	1.4%	66,808	0.8%	12,000	21.9%
Board	2,070	4,000	0.2%	4,000	0.0%	-	0.0%
Technology	229,071	371,387	3.4%	376,206	4.6%	4,819	1.3%
Maintenance & Repair	220,132	217,884	2.8%	255,986	3.1%	38,101	17.5%
Supplies and Equipment	283,937	340,496	4.4%	348,403	4.2%	7,907	2.3%
Turf & Field Care	118,919	196,181	2.9%	202,406	2.5%	6,225	3.2%
Financial Expenses	1,189	2,005	0.0%	2,005	0.0%	-	0.0%
Other Expenses	51,864	49,200	0.7%	66,200	0.8%	17,000	34.6%
Capital Expenditures	23,407	23,407	0.4%	23,407	0.3%	-	0.0%
Transfers to Other Funds	1,698,810	1,698,810	7.6%	1,698,810	20.6%	-	0.0%
TOTAL BUDGET EXPENDITURES	7,092,299	8,299,623	100.0%	8,248,216	100.0%	(51,407)	-0.6%
Beginning Fund Balance				6,504,722			
Net Current Year Operations				(1,397,288)			
Estimated Ending Fund Balance				5,107,434			

2026 Operating Budget, 11/18/26 Amendment Summary

Type	Revenue

Row Labels	2026 Budget - Amendment 1	2026 Budget - Amendment 2	Change ($)	Change (%)
4010 - Ad Valorem (Current Taxes)	5,359,181.33	5,363,150.00	3,968.67	0.1%
4020 - Ad Valorem (Back Taxes)	40,000.00	35,000.00	(5,000.00)	-12.5%
4030 - State Revenue Sharing	77,045.80	77,045.80	0.00	0.0%
4110 - Interest Income	99,750.00	99,750.00	0.00	0.0%
4210 - Facilities Rental Revenue	350,000.00	290,000.00	(60,000.00)	-17.1%
4320 - Other Rental Fees	175,000.00	150,000.00	(25,000.00)	-14.3%
4340 - Non-District Fees	32,000.00	28,000.00	(4,000.00)	-12.5%
4410 - Program Revenue	500,617.50	469,000.00	(31,617.50)	-6.3%
4610 - Sponsorships & Endorsements Revenue	195,656.00	92,000.00	(103,656.00)	-53.0%
4710 - Merchandise Sales	0.00	0.00	0.00	0.0%
4910 - State Appropriations	310,920.47	186,626.47	(124,294.00)	-40.0%
4920 - Grants	15,500.00	0.00	(15,500.00)	-100.0%
4922 - Memorial Contributions	0.00	0.00	0.00	0.0%
4930 - Retainer Fees	10,000.00	10,000.00	0.00	0.0%
4960 - Proceeds from Sales of Assets	6,000.00	2,000.00	(4,000.00)	-66.7%
4980 - Miscellaneous Income	39,000.00	48,356.32	9,356.32	24.0%
Grand Total	**7,210,671.10**	**6,850,928.59**	**(359,742.51)**	**-5.0%**

Type	Expense

Row Labels	2026 Budget - Amendment 1	2026 Budget - Amendment 2	Change ($)	Change (%)
5100 - Full-Time / Part-Time Staffing	2,733,068.63	2,556,506.26	(176,562.37)	-6.5%
5102 - Temporary/Seasonal Staffing	160,034.93	277,500.00	117,465.07	73.4%
5104 - Employee Insurance	532,292.73	470,000.00	(62,292.73)	-11.7%
5106 - Retirement Benefits	265,954.08	240,006.00	(25,948.08)	-9.8%
5108 - Medicare & Social Security	58,100.65	56,210.08	(1,890.57)	-3.3%
5110 - Workers Comp	104,133.85	101,864.43	(2,269.42)	-2.2%
5114 - Employee Uniforms	15,491.00	15,491.00	0.00	0.0%
5116 - Employee Expenses - Other	11,465.00	11,465.00	0.00	0.0%
5118 - Employee Background Checks, Physicals, & D	3,525.00	3,525.00	0.00	0.0%
5124 - Prof. Development & Dues	17,101.60	17,101.60	0.00	0.0%
5130 - Travel	5,784.00	5,784.00	0.00	0.0%
5210 - Security Detail	150,000.00	150,000.00	0.00	0.0%
5212 - Officials	175,813.00	175,813.00	0.00	0.0%
5214 - Coach/Volunteers Expenses	22,550.00	22,550.00	0.00	0.0%
5216 - Instructors	50,975.00	57,000.00	6,025.00	11.8%
5220 - Professional Fees	114,043.92	135,925.00	21,881.08	19.2%
5229 - Insurance (Property / Liability)	532,751.68	513,245.63	(19,506.05)	-3.7%
5240 - Electric & Gas	367,500.00	370,000.00	2,500.00	0.7%
5245 - Fuel	20,860.71	24,000.00	3,139.29	15.0%
5250 - Advertising, Printing, PR, & Signage	33,808.00	36,808.00	3,000.00	8.9%
5254 - Sponsorship Expenses	21,000.00	30,000.00	9,000.00	42.9%
5260 - Board Expenses	4,000.00	4,000.00	0.00	0.0%
5261 - Board Travel	0.00	0.00	0.00	0.0%

2026 Operating Budget, 11/18/26 Amendment Summary

5280 - Hardware & Supplies	14,547.02	14,547.02	0.00	0.0%
5282 - Services & Maintenance	114,737.81	114,737.81	0.00	0.0%
5284 - Software & Subscriptions	164,671.03	164,671.03	0.00	0.0%
5286 - Communication & Security	77,431.17	82,250.00	4,818.83	6.2%
5308 - Building Maintenance & Repair	34,721.84	34,000.00	(721.84)	-2.1%
5310 - A/C Maintenance & Repair	26,000.00	61,000.00	35,000.00	134.6%
5312 - Equipment Maintenance & Repair	42,640.00	33,000.00	(9,640.00)	-22.6%
5314 - Outdoor Amenities Maintenance & Repair	20,224.98	20,224.98	0.00	0.0%
5316 - Parking Lot & Road Upkeep	6,000.00	6,000.00	0.00	0.0%
5318 - Professional Inspections	19,005.00	19,555.00	550.00	2.9%
5320 - Tools & Equipment Purchase/Rentals	25,655.56	23,305.56	(2,350.00)	-9.2%
5322 - Water, Sewer, & Trash	43,637.00	58,900.00	15,263.00	35.0%
5340 - Office Supplies & Equipment	21,372.96	21,372.96	0.00	0.0%
5342 - Recreation Supplies & Equipment	218,251.31	218,251.31	0.00	0.0%
5344 - Janitorial Supplies & Equipment	24,000.00	27,000.00	3,000.00	12.5%
5346 - Park/Facility Supplies	69,372.20	74,279.00	4,906.80	7.1%
5350 - Environmental Supplies	7,500.00	7,500.00	0.00	0.0%
5400 - Turf Materials & Supplies	154,625.00	154,625.00	0.00	0.0%
5410 - Reforestation & Landscaping	31,435.50	37,660.50	6,225.00	19.8%
5420 - Irrigation & Fencing	10,120.00	10,120.00	0.00	0.0%
5800 - Bank Charges & Fees	2,005.00	2,005.00	0.00	0.0%
5910 - Legal	33,000.00	50,000.00	17,000.00	51.5%
5915 - Assesor Reimbursement	13,200.00	13,200.00	0.00	0.0%
5920 - Land Rent	0.00	0.00	0.00	0.0%
5922 - Memorials	2,500.00	2,500.00	0.00	0.0%
5990 - Miscellaneous Expenses	500.00	500.00	0.00	0.0%
6000 - Capital Outlay	23,406.54	23,406.54	0.00	0.0%
8011 - Transfer to Debt Service Fund	1,698,809.79	1,698,809.79	0.00	0.0%
Grand Total	**8,299,623.50**	**8,248,216.50**	**(51,407.00)**	**-0.6%**

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.B

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: 2027 Employee Benefits
DATE: November 12, 2026

Staff received the renewal quote for employee medical insurance from Blue Cross and Blue Shield of Louisiana in October; the 2027 premium was quoted at a 10% increase over current rates, which was not feasible from a budgetary perspective. (For reference, the monthly premium per employee would have increased from $1,060.67 to $1,166.74.) Staff requested quotes from the broker on alternative policies, and received various options which were reviewed by Personnel Committee over two meetings (held on 11/5 and 11/12). Recommendations from Personnel Committee are listed below:

- Offer staff three medical plans in 2027:
  - Blue POS Copay 80/60 $1000D ($1,015.74 monthly premium)
  - Premier Blue Copay 80/60 $1000D ($1,087.17 monthly premium)
  - Blue Connect Savings Plus 100/80 $3000 HSA Eligible ($823.38 monthly premium)
- The Blue POS Copay plan would be the base plan offered to staff. It would be 100% covered by the district for employees. This is a Louisiana-only network.
- The Premier Blue Copay plan would be offered to out-of-state employees due to the base plan's network not covering providers located in Mississippi. It would also be available as a buy-up option for other staff. This plan has a nationwide network versus a Louisiana-only network.
- The Blue Connect plan would be accompanied by HSA contributions in the amount of $192.36 (the difference between the monthly premium and the premium of the base plan). This plan has a more limited network and a higher deductible, but the HSA component could be attractive for certain employees.
- Employee dental and vision plans are currently covered under Mutual of Omaha. These plans would be switched to Blue Cross and would be bundled with the medical plans to generate cost savings. (Blue Cross offers a 2.5% discount on medical plans that are bundled with dental and vision. Estimated net savings would be approximately $8,000 over the course of 2027.) *Note:* The monthly premiums listed in the bullets above are after the 2.5% discount is applied.

The three medical options, along with the dental and vision plans, are attached. The recommendations above would result in insurance premiums showing a modest decline from current levels, which has significant budgetary implications considering the relatively large share of benefits in the overall budget.

Recommendation: Staff recommend authorizing the Executive Director to sign the recommended Blue Cross and Blue Shield of Louisiana medical, dental, and vision policies noted above.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

HMO Louisiana

HMOLA POS Proposal

Blue POS Copay 80/60 $1000D

78V59ERC - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Agent / Broker: ASSUREDPARTNERS GULF COAST INSURANCE AGENCY LLC

Parish: St. Tammany

Sales Representative: Bonnie Fanguy

Effective Date: 1/1/2027

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max	$4,750	$9,500
Family Out of Pocket Max	$9,500	$19,000
Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$35 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$50 Co-pay per visit	Deductible then Coinsurance
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

EE Only (31)	EE Spouse (1)	EE Child (0)	Family (0)
$1,041.78	**$2,083.55**	**$1,927.29**	**$2,969.05**

Composite Rated		
Employee Premium	**Dependent Premium**	**Total Premium**
$33,336.96	**$1,041.77**	**$34,378.73**

Medical rates guaranteed for 1 year

All proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide Health benefits to all employees of this group. Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

ELIGIBLE GROUPS WITH COPAYMENT PLANS: If your group has a copayment plan, the PCP copayment may be reduced or waived when services are rendered by a Quality Blue (QB) Provider.

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Effective 2027

HMOLA POS

Blue POS Copay 80/60 $1000D

Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max*	$4,750	$9,500
Family Out of Pocket Max*	$9,500	$19,000
Coinsurance	80%	60%
Durable Medical Equipment (DME) Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$35 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$50 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	$50 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	$35 Co-pay per visit	Deductible then Coinsurance
Urgent Care	$50 Co-pay per visit	Deductible then Coinsurance
Lab & Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive & Wellness Office Visit	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech, & Occupational Therapy**	$35 Co-pay per visit	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility*** (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.		

PELICAN PARK
RECREATION DISTRICT · SERVING MANY PARISHES

HMO Louisiana Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.
This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

LOUISIANA BLUE

PremierBlue

Premier Blue Proposal

Premier Blue Copay 80/60 $1000D

78V59ERC - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Agent / Broker: ASSUREDPARTNERS GULF COAST INSURANCE AGENCY LLC

Parish: St. Tammany

Sales Representative: Bonnie Fanguy

Effective Date: 1/1/2027

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
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Family Deductible	$3,000	$6,000
Individual Out of Pocket Max	$4,750	$9,500
Family Out of Pocket Max	$9,500	$19,000
Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$35 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$50 Co-pay per visit	Deductible then Coinsurance
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
+ Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.		
Benefits are subject to change pending Louisiana Department of Insurance approval		

EE Only (31)	EE Spouse (1)	EE Child (0)	Family (0)
$1,115.05	$2,230.09	$2,062.84	$3,177.87

Employee Premium	Composite Rated Dependent Premium	Total Premium
$35,681.60	$1,115.04	$36,796.64

Medical rates guaranteed for 1 year

All proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide Health benefits to all employees of this group. Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

ELIGIBLE GROUPS WITH COPAYMENT PLANS: If your group has a copayment plan, the PCP copayment may be reduced or waived when services are rendered by a Quality Blue (QB) Provider.

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

LOUISIANA BLUE

Effective 2027

Premier Blue

Premier Blue Copay 80/60 $1000D

Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max*	$4,750	$9,500
Family Out of Pocket Max*	$9,500	$19,000
Coinsurance	80%	60%
Durable Medical Equipment (DME) Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$35 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$50 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	$50 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	$35 Co-pay per visit	Deductible then Coinsurance
Urgent Care	$50 Co-pay per visit	Deductible then Coinsurance
Lab & Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy**	$35 Co-pay per visit	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility*** (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.		

PELICAN PARK

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.
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PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

HMO Louisiana

Blue CONNECT

Group Blue Connect SP POS Proposal

Blue Connect Savings Plus 100/80 $3000 HSA Eligible

78V59ERC - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Agent / Broker:	ASSUREDPARTNERS GULF COAST INSURANCE AGENCY LLC	**Parish:**	St. Tammany
Sales Representative:	Bonnie Fanguy	**Effective Date:**	1/1/2027

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible (Applicable to policies covering only one person)	$3,000	$6,000
Family Deductible	$6,000	$12,000
Per Member Deductible within a Family (Applicable to policies covering two or more persons)	$6,000	$12,000
Individual Out of Pocket (OOP) Max (Applicable to policies covering only one person)	$5,000	$10,000
Family Out of Pocket Max	$10,000	$20,000
Per Member OOP Max within a Family (Applicable to policies covering two or more persons)	$7,900	$20,000
Coinsurance	100%	80%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance
Quality Blue Provider	Deductible then Coinsurance	Deductible then Coinsurance
Specialist	Deductible then Coinsurance	Deductible then Coinsurance
Prescription Medication		
Drug Deductible	The medical and drug deductible is integrated	
Tier 1: Generic Drugs	We pay 100% Coinsurance after deductible	
Tier 2: Brand Drugs	We pay 80% Coinsurance after deductible	

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

EE Only (31)	EE Spouse (1)	EE Child (0)	Family (0)
$844.49	**$1,688.96**	**$1,562.29**	**$2,406.77**

Composite Rated		
Employee Premium	Dependent Premium	Total Premium
$27,023.68	**$844.47**	**$27,868.15**

Medical rates guaranteed for 1 year

All proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide Health benefits to all employees of this group. Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Group Blue Connect SP POS

Blue Connect Savings Plus 100/80 $3000 HSA Eligible

Effective 2027

Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible (Applicable to policies covering only one person)	$3,000	$6,000
Family Deductible	$6,000	$12,000
Per Member Deductible within a Family (Applicable to policies covering two or more persons)	$6,000	$12,000
Individual Out of Pocket (OOP) Max* (Applicable to policies covering only one person)	$5,000	$10,000
Family Out of Pocket Max*	$10,000	$20,000
Per Member OOP Max within a Family* (Applicable to policies covering two or more persons)	$7,900	$20,000
Coinsurance	100%	80%
Durable Medical Equipment (DME) Coinsurance	100%	80%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance
Quality Blue Provider	Deductible then Coinsurance	Deductible then Coinsurance
Specialist	Deductible then Coinsurance	Deductible then Coinsurance
Pregnancy Care	Deductible then Coinsurance	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care	Deductible then Coinsurance	Deductible then Coinsurance
Lab & Low Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	In-Network Deductible then Coinsurance	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy**	Deductible then Coinsurance	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	Deductible then Coinsurance	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility***	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication		
Drug Deductible	The medical and drug deductible is integrated	
Tier 1: Generic Drugs	We pay 100% Coinsurance after deductible	
Tier 2: Brand Drugs	We pay 80% Coinsurance after deductible	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 coinsurance plus the difference in cost between the brand drug dispensed and its generic equivalent.		

PELICAN PARK
RECREATION DISTRICT MANY PARISH

HMO Louisiana Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.
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PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

HMO Louisiana

Blue CONNECT

Group Blue Connect POS Proposal

Blue Connect Copay 50/50 $4,500C

78V59ERC - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Agent / Broker: ASSUREDPARTNERS GULF COAST INSURANCE AGENCY LLC

Parish: St. Tammany

Sales Representative: Bonnie Fanguy

Effective Date: 1/1/2027

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$4,500	$9,000
Family Deductible	$12,700	$25,400
Individual Out of Pocket Max	$7,900	$15,800
Family Out of Pocket Max	$15,800	$31,600
Coinsurance	50%	50%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$20 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

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EE Only (31)	EE Spouse (1)	EE Child (0)	Family (0)
$888.24	**$1,776.46**	**$1,643.24**	**$2,531.46**

Composite Rated		
Employee Premium	**Dependent Premium**	**Total Premium**
$28,423.68	**$888.22**	**$29,311.90**

Medical rates guaranteed for 1 year

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Group Blue Connect POS

Blue Connect Copay 50/50 $4,500C

Group Size: 51+

Effective 2027

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$4,500	$9,000
Family Deductible	$12,700	$25,400
Individual Out of Pocket Max*	$7,900	$15,800
Family Out of Pocket Max*	$15,800	$31,600
Coinsurance	50%	50%
Durable Medical Equipment (DME) Coinsurance	50%	50%
Durable Medical Equipment (DME) Copay	N/A	N/A
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$20 Co-pay per visit	Deductible then Coinsurance
Quality Blue Provider	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	$55 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	$20 Co-pay per visit	Deductible then Coinsurance
Urgent Care	$55 Co-pay per visit	Deductible then Coinsurance
Lab	Fully Covered	Deductible then Coinsurance
Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness Office Visit	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech, & Occupational Therapy**	$40 Co-pay per visit	Deductible then Coinsurance
Lab	Fully Covered	Deductible then Coinsurance
Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility***	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Primarily generic drugs, although some brand-name drugs may fall into this category	15.00	45.00
Tier 2: Brand-Name Drugs	40.00	120.00
Tier 3: Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier	70.00	210.00
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

PELICAN PARK
RECREATION DISTRICT - ST. TAMMANY PARISH

HMO Louisiana Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
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PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

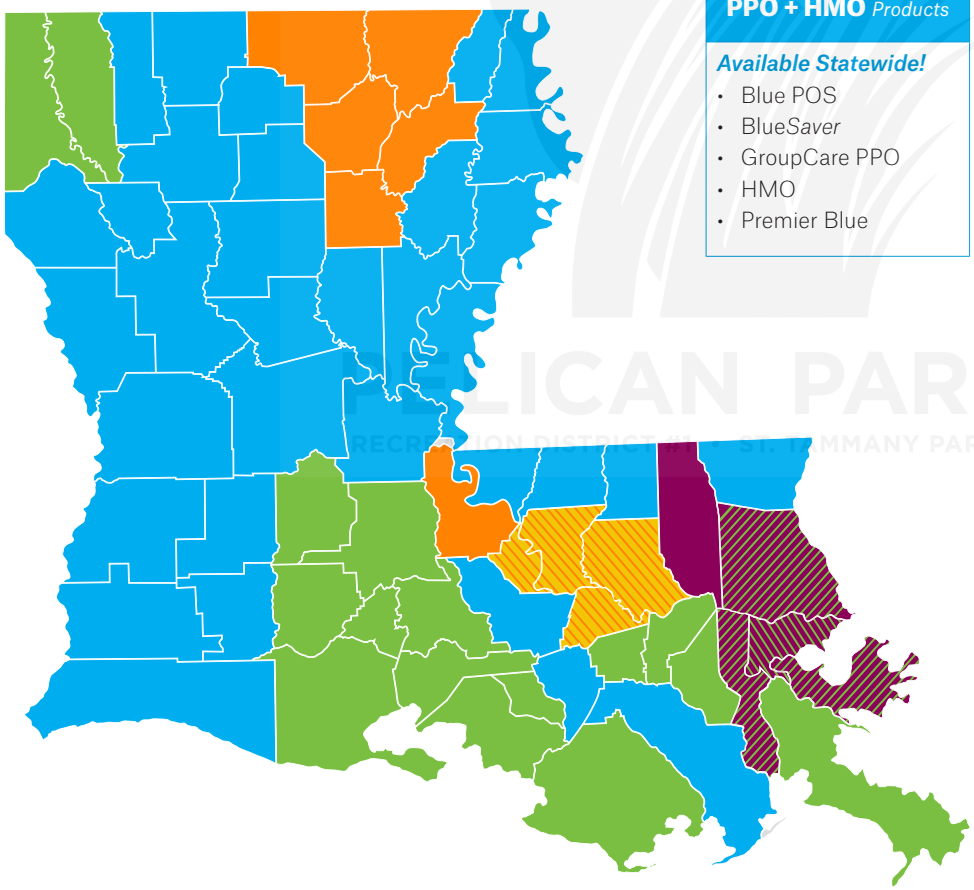
LOUISIANA BLUE

2027 SELECT NETWORK PRODUCTS:
Sales Guide for Groups

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. (hereinafter referred to as Louisiana Blue) offers groups four Select Network products throughout the state. Select networks offer big cost savings and high-quality, coordinated care in your clients' local communities. Use this guide as you talk to your clients about these lower-premium, high-value products!

Remember: Select networks can be offered as dual, triple and, in some cases, even quadruple option arrangements.

2027 Products by Area
Find the Products Available to You



PPO + HMO *Products*

Available Statewide!

- Blue POS
- Blue*Saver*
- GroupCare PPO
- HMO
- Premier Blue

BLUE CONNECT
+PPO and HMO Products

Greater New Orleans/ Northshore/Bayou
Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany, Terrebonne

Lafayette/Acadiana
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion

Shreveport/Bossier
Bossier, Caddo

COMMUNITY BLUE
+PPO and HMO Products

Ascension, East Baton Rouge, Livingston, West Baton Rouge

PRECISION BLUE
+PPO and HMO Products

Greater Baton Rouge
Ascension, East Baton Rouge, Livingston, Pointe Coupee, West Baton Rouge

Greater Monroe/West Monroe
Caldwell, Morehouse, Ouachita, Richland, Union

SIGNATURE BLUE
+PPO and HMO Products

Jefferson, Orleans, St. Bernard, St. Tammany, Tangipahoa

01MK8423 09/26

Select Network plans are products of HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana.
Both companies are independent licensees of the Blue Cross Blue Shield Association.

Louisiana

Proposal Prepared For

RECREATION DISTRICT 1 OF ST. TAMMANY PARISH

Presented by Blue Cross and Blue Shield of Louisiana

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Louisiana

BlueDental

Proposed Plan Summary for RECREATION DISTRICT 1 OF ST.

Effective 01/01/2027

Blue Dental uses the AdvantagePLUS 2.0 network that allows members to receive care from any licensed dentist; however, members receive the greatest value and convenience when they receive care from a participating dentist. This means that members who receive care from a participating dentist are responsible only for those deductibles and coinsurance amounts that are part of the Blue Dental plan.

	Plan C	
	In-Network [1]	Non-Network [2]
	AdvantagePLUS 2.0	90th Percentile
Diagnostic & Preventative	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	50%	50%
Annual Benefit Maximum	$1,500	$1,500
Annual Deductible	$50/$150 (excludes D&P)	$50/$150 (excludes D&P)
Lifetime Orthodontic Maximum	$1,500	$1,500

Selected Plan Features **Preventive Care Benefits**

Proposed Dental Rates	12 Month Rates
Employee Only	**$29.14**
Employee and Spouse	**$69.25**
Employee + Child	**$69.25**
Employee + Children	**$104.91**
Employee + Family	**$104.91**

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Bid Qualifications:

- Rates assume 34 eligible employees, with 34 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.
- Commissions included: 10%
- Rates are based upon Standard Industry Classification Code: 7999
- Orthodontia Services are excluded from Annual Deductible and Annual Benefit Maximum.
- Groups with 2-50 enrolled are eligible to purchase our small group products
- Groups with 51 or more enrolled are eligible to purchase our large group products.
- Participation Requirements:

  Employer Paid: 100% of eligible employees must enroll

1. Reimbursement is based on the schedule of maximum allowable charges (MACs). Network dentists agree to accept the allowances as payment in full for covered services, less applicable deductibles and coinsurance amounts.
2. Out-of-network charges are created by utilizing FAIR Health data supplemented with charge data as appropriate. Out-of-network charges are calculated at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between the allowance and their fee.

Louisiana

BlueDental

Proposed Dental Benefits for RECREATION DISTRICT 1 OF ST. TAMMANY

Effective Date: 01/01/2027

Benefit Category	Plan C
Diagnostic & Preventative	**Frequency Limitations**
Exams	2 every 12 months
X-Rays (Bitewings Only)	1 set every 12 months under age 19 and 1 set every 18 months age 19 and over
X-Rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-Rays Limitations may apply to other types of X-rays.
Cleanings; Fluoride Treatment	2 every 12 months; 1 every 12 months under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Palliative Treatment (Emergency)	2 in 12 months, in combination with pulpal debridement
Space Maintainers	1 every 5 years under age 14
Basic Services	
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins.
Simple Extractions	*Any frequency (no limitations)*
Repairs of Crowns, Inlays, Onlays, Dentures and Bridges	1 per 36 months
Complex Oral Surgery	May vary by procedure
General Anesthesia	Limited to 60 minutes per session
Major Services	
Endodontics	• Pulpal therapy: primary teeth that have no permanent tooth to replace it • Root canal treatment: one per tooth per lifetime
Non-Surgical Periodontics	• Full mouth debridement: 1 per lifetime • Scaling and root planing : 1 in 36 month (per area of mouth) • Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy)
Surgical Periodontics	Surgical periodontal procedures: 1 in 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Inlays, Onlays and Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Orthodontics	
Dependents to age 19	
Dependent Eligibility	
Dependent children covered to age 26.	
Selected Plan Features	
Preventive Care Benefits: Diagnostic & Preventive services do not count toward your annual benefit maximum	

PREVENTIVE CARE BENEFITS

Our Preventive Care Benefits enhancement excludes all covered Diagnostic and Preventive services, from the annual benefit maximum. This encourages members to visit the dentist for routine diagnostic and preventive care. In addition, there are more benefit dollars available if additional treatment should be needed. Members can use Preventive Care Benefits as soon as their coverage is in effect, so there is no waiting until the next plan year to benefit from this feature.

PELICAN PARK
RECREATION DISTRICT 1 OF ST. TAMMANY PARISH

ADDITIONAL INFORMATION:

- This Quote is issued on a qualified basis and is based on the accuracy and validity of the data submitted in the RFP. Please do not cancel coverage with your current carrier prior to final Underwriting review and approval.
- Underwriting reserves the right to rescind or amend this proposal based on all required information.
- Underwriting reserves the right to audit enrollment, adjust rates and reject groups if employer participation no longer meets the minimum requirements.
- Proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide dental benefits to all employees in this group.
- Dual option benefits are subject to only one open enrollment during a 12 month period and each plan must separately meet minimum participation requirements of 5 enrolled in each plan.
- Underwriting reserves the right to adjust the rates in situations where any additional entity or entities not considered in this proposal are added to the group at any time during the contract life of the group.
- Standard Blue Cross and Blue Shield of Louisiana contract wordings, definitions, limitations, plan administration, ID cards, contract booklets, Schedule of Benefits and List Billing procedures will apply unless specifically stated otherwise.
- The initial first month of premium or an equivalent estimate of first month of premium must be provided before the issuance of the contract policy and must be submitted with the submission of initial enrollment applications. All premium payments are due on the first of the month for which coverage is provided. All premium notifications will be presented in a List Bill format on a monthly basis. All List Bill reconciliations must be performed by the account and adjusted accordingly with Blue Cross on a monthly basis.
- AdvantagePLUS 2.0 Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana members.
    - To take full advantage of the Blue Dental coverage, members should choose a dentist who participates in the AdvantagePLUS 2.0 network
    - To find a dentist in the AdvantagePLUS 2.0 network, visit www.bcbsla.com/findcare

This proposal expires on: **January 01, 2027**

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ Title:_____Date:_____

Accepted By Underwriter:_____Date: _____

Quote ID: 483542

Louisiana

Proposal Prepared For

RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Presented by Blue Cross and Blue Shield of Louisiana

HMO Louisiana
A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

SOUTHERN NATIONAL LIFE INSURANCE COMPANY, INC.
A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

01MK6070 R10/16 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and is incorporated as Louisiana Health Service & Indemnity Company.

LOUISIANA BLUE

Group Vision Proposal

497816 - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Vision Rates - Plan 5 (Employer Paid) 2027

Premium Funding: Employer Paid | **Rate Summary** | **Effective Date: 1/1/2027**

In-Network Benefits	Frequency - Once Every:
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	
Eye Examination	$0
Spectacle Lenses	$15
Eyeglass Benefit - Frames	Member Benefit

Employees	Coverage Tier	Tier Rates
33	EE Only	$5.09
0	EE/Spouse	$9.98
0	EE/Minor	$10.43
0	Family	$15.52

Employee Premium	Dependent Premium	Total Monthly Premium
$167.97	$0.00	$167.97

Proposed Rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to participation requirements and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

Group may select only one vision plan. The selected group vision proposal should be signed and returned.
Rate guarantee: 1 year
Commissions Included: 10%
Participation Requirements:

- Employer Paid: 100% of eligible employees must enroll (group size 2-9); 100% of eligible employees must enroll (group size 10+).
- Contributory: 70% of eligible employees must enroll (group size 2-9); Greater of 70% or 10 eligible employees must enroll (group size 10+).
- Voluntary: Greater of 20% or 5 eligible employees must enroll (group size 10 - 50).
- Voluntary: Greater of 20% or 10 eligible employees must enroll (group size 51+).

Eligibility allows coverage of dependent children up to age 26.
Davis Vision provides the extensive network of vision care providers on behalf of Blue Cross and Blue Shield of Louisiana.

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted by Group:_____Title:_____ Date:_____

Accepted by Underwriter: _____ Date: _____

LOUISIANA BLUE

Group Vision

Vision Standard Plan 5

Effective 2027

In-Network Benefits	Frequency - Once Every:
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	
Eye Examination	$0
Spectacle Lenses	$15
Eyeglass Benefit - Frames	Member Benefit
Frame Allowance (Retail)	Allowance up to $130 or $180; 20% discount on any overage that may apply[1][2]
Davis Vision Exclusive Collection[3] (in lieu of Allowance):	Fashion: $0 / Designer: $0 / Premier: $25
Eyeglass Benefit - Spectacle Lenses	**Member Charges**
Clear plastic or glass lenses - single vision, lined bifocal, trifocal, lenticular or oversized (any size or Rx)	Covered
Tinting of Plastic Lenses, Scratch Resistant Coating	Covered
Polycarbonate Lenses (Children[4] / Adults)	$0 / $30
Ultraviolet Coating	$12
Anti-Reflective (AR) Coating	Standard: $35 / Premium: $48 / Ultra: $60
Progressive Lenses	Standard: $50 / Premium: $90 / Ultra: $140
Intermediate Vision Lenses	$30
Blended-Segment Lenses	$20
High-Index Lenses	$55
Polarized Lenses	$75
Photochromic Lenses (Glass / Plastic)	$20 / $65
Scratch Protection Plan	Single Vision: $20 / Multifocal Lenses: $40
Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens: Materials Allowance[2]	Allowance up to $130; 15% discount on any overage that may apply[2]
- Evaluation, Fitting & Follow-Up Care - Standard Lens[2]	15% Discount
- Evaluation, Fitting & Follow-Up Care - Specialty Lens[2]	15% discount; plus 15% discount on any overage that may apply
Exclusive Collection Contact Lenses[3] (in lieu of Allowance):	
Materials: Disposable OR Planned Replacement: up to	4 OR 8 Boxes
- Evaluation, Fitting & Follow-Up Care	Covered
Visually Required Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care	Covered
Out-of-Network Reimbursement Schedule: up to	
Eye Examination: $30	Single Vision Lenses: $25
Trifocal Lenses: $45	Elective Contact Lenses: $75
Frames: $30	Bifocal Lenses: $35
Lenticular Lenses: $60	Visually Required CL: $225

[1]Frame allowance increases to at Visionworks retail locations.
[2]Discounts are not available at Walmart, Sam's Club or Costco locations.
[3]Collection is available at some participating independent provider offices.
[4]Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions > +/- 6.00 diopters

PELICAN PARK
FIRE PROTECTION DISTRICT #1 • ST. TAMMANY PARISH

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

LOUISIANA BLUE

Group Vision Proposal

497816 - RECREATION DISTRICT #1 OF ST. TAMMANY PARISH

Vision Rates - Plan 10 (Employer Paid) 2027

Premium Funding: Employer Paid | **Rate Summary** | **Effective Date: 1/1/2027**

In-Network Benefits	Frequency - Once Every:
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	
Eye Examination	$10
Spectacle Lenses	$10
Eyeglass Benefit - Frames	Member Benefit

Employees	Coverage Tier	Tier Rates
33	EE Only	$4.93
0	EE/Spouse	$9.66
0	EE/Minor	$10.11
0	Family	$15.04

Employee Premium	Dependent Premium	Total Monthly Premium
$162.69	$0.00	$162.69

Proposed Rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to participation requirements and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

Group may select only one vision plan. The selected group vision proposal should be signed and returned.
Rate guarantee: 1 year
Commissions Included: 10%
Participation Requirements:

- Employer Paid: 100% of eligible employees must enroll (group size 2-9); 100% of eligible employees must enroll (group size 10+).
- Contributory: 70% of eligible employees must enroll (group size 2-9); Greater of 70% or 10 eligible employees must enroll (group size 10+).
- Voluntary: Greater of 20% or 5 eligible employees must enroll (group size 10 - 50).
- Voluntary: Greater of 20% or 10 eligible employees must enroll (group size 51+).

Eligibility allows coverage of dependent children up to age 26.
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Accepted by Group:_____Title:_____ Date:_____

Accepted by Underwriter: _____ Date: _____

LOUISIANA BLUE

Group Vision

Vision Standard Plan 10

Effective 2027

In-Network Benefits	Frequency - Once Every:
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	
Eye Examination	$10
Spectacle Lenses	$10
Eyeglass Benefit - Frames	Member Benefit
Frame Allowance (Retail)	Allowance up to $160 or $210; 20% discount on any overage that many apply[1][2]
Davis Vision Exclusive Collection[3] (in lieu of Allowance):	Fashion: $0 / Designer: $0 / Premier: $0
Eyeglass Benefit - Spectacle Lenses	**Member Charges**
Clear plastic or glass lenses - single vision, lined bifocal, trifocal, lenticular or oversized (any size or Rx)	Covered
Tinting of Plastic Lenses, Scratch Resistant Coating	Covered
Polycarbonate Lenses (Children[4] / Adults)	$0 / $30
Ultraviolet Coating	$12
Anti-Reflective (AR) Coating	Standard: $35 / Premium: $48 / Ultra: $60
Progressive Lenses	Standard: $50 / Premium: $90 / Ultra: $140
Intermediate Vision Lenses	$30
Blended-Segment Lenses	$20
High-Index Lenses	$55
Polarized Lenses	$75
Photochromic Lenses (Glass / Plastic)	$20 / $65
Scratch Protection Plan	Single Vision: $20 / Multifocal Lenses: $40
Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens: Materials Allowance[2]	Allowance up to $130; 15% discount on any overage that may apply[2]
- Evaluation, Fitting & Follow-Up Care - Standard Lens[2]	15% Discount
- Evaluation, Fitting & Follow-Up Care - Specialty Lens[2]	15% discount; plus 15% discount on any overage that may apply
Exclusive Collection Contact Lenses[3] (in lieu of Allowance):	
Materials: Disposable OR Planned Replacement: up to	4 OR 8 Boxes
- Evaluation, Fitting & Follow-Up Care	Covered
Visually Required Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care	Covered
Out-of-Network Reimbursement Schedule: up to	
Eye Examination: $30	Single Vision Lenses: $25
Trifocal Lenses: $45	Elective Contact Lenses: $75
Frames: $30	Bifocal Lenses: $35
Lenticular Lenses: $60	Visually Required CL: $225

[1]Frame allowance increases to at Visionworks retail locations.
[2]Discounts are not available at Walmart, Sam's Club or Costco locations.
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[4]Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions > +/- 6.00 diopters

PELICAN PARK
FIRE PROTECTION DISTRICT #1 • ST. TAMMANY PARISH

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PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.C

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: 2027 Workers' Compensation Policy
DATE: November 12, 2026

Staff received the renewal quote for the workers' compensation policy from LWCC. The 2027 premium is $105,487.00, a modest decline from the 2026 premium of $108,453.00. The decline is primarily driven by an improved experience modifier, which is now 1.84 (previously 1.87). The proposal is attached.

Recommendation: Staff recommend authorizing the Executive Director to sign the workers' compensation renewal with LWCC.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

INSURANCE PROPOSAL

Presented to:

Recreation District #1 of St Tammany Parish

Presented by:

Paul J Beckmann, AAI

AssuredPartners

Date: September 18, 2026

This is a proposal provided for illustration purposes only; it is not a legal contract. It is provided to facilitate your understanding of your insurance program. Please refer to the actual policies for specific terms, coverage, conditions, limitations and exclusions that will govern in the event of a loss. Specimen copies of all policies are available for review prior to the binding of coverage. In assisting you with your insurance needs we have been dependent upon authorization provided to us by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring them to our attention. Should any of your business operations or exposures to loss change after coverage is bound, it is your responsibility to let us know promptly so proper coverage(s) can be discussed.

KEY PERSONNEL

Producer: Paul J Beckmann, AAI, President

Your Producer is responsible for overall account supervision.

Phone: (504)588-2943
Email: paul.beckmann@assuredpartners.com

Account Executive: Cathy Chatelain

The Account Executive is your primary contact for daily service and assistance. Your Account Executive is charged with the development and maintenance of your account.

Phone: (504)588-3624
Email: cathy.chatelain@assuredpartners.com

Claims Consultant: John Glover, III, AIC, MBA

Your Claims Representative will take all accident information from you and report this to the carrier. They will follow up on all claims and keep a record of your loss experience.

Phone: (985)727-8233
Email: john.glover@assuredpartners.com

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

WORKERS COMPENSATION

POLICY INFORMATION

Writing Company	Effective/Expiration
Louisiana Workers Comp Corporation	01/01/2027 - 01/01/2028

PART 1 WORKERS COMPENSATION STATE INFORMATION

State

LA

PART 2 EMPLOYERS LIABILITY INFORMATION

Each Accident	1,000,000
Disease-Policy Limit	1,000,000
Disease-Each Employee	1,000,000

Note: Higher limits may be available. Please let us know if you would like a quote for higher limits.

Experience Modification	1.84

RATING INFORMATION

Code	Classification	Rate	Payroll
9102	Park NOC - All Employees & Drivers	4.79	$1,018,792.00
9083	Restaurant Fast Food	2.05	$115,256.00
8810	Clerical Office Employees NOC	0.28	$928,795.00
9063	YMCA, YWCA, YMHA or YWHA, Institutions All Employees & Clerical	1.10	$203,953.00

Coverage Endorsements, Exclusions and Limitations Included but not limited to:

- Limited Other States Endorsement
- Premium Obligations Endorsement
- Alternate Employer Endorsement - Blanket as required by written contract
- Waiver of Our Right to Recover From Others - St Tammany School Board
- Notification of Change in Ownership Endorsement
- Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
- Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
- Louisiana Amendatory Endorsement

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Premium Summary

*All quoted premiums are annual estimates and may change due to year end audits or mid-term policy changes.

Description of Coverage	2026 Premium	2027 Premium
Workers Compensation	$108,453.00	105,487.00
Total Estimated Annual Premium*	**$108,453.00**	**$105,487.00**

LWCC DIVIDEND	
2020	$11,776.17
2021	$17,745.00
2022	$26,212.56
2023	$42,241.65
2024	$29,810.88
2025	$37,881.10

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Best Ratings Guide

Carrier Ratings and Admitted Status

Carrier	Policy Type	A.M. Best's Rating	Admitted/ Non-Admitted
Louisiana Workers' Compensation Corporation	Workers Compensation/Employers Liability	A XI	Admitted

If the above indicates coverage is placed with a Non-Admitted Carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in the state.

Best Rating Levels and Categories

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B-	Fair	D	Poor
A, A-	Excellent	C++, C+	Marginal	E	Under Regulatory Supervision
B++, B+	Very Good	C, C-	Weak	F	In Liquidation
				S	Rating Suspended

Financial Size Categories
(In $000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)

Assigned by A.M. Best, the FSC is based on adjusted policyholders' surplus (PHS) and is designed to provide a convenient indicator of the size of a company in terms of its statutory surplus and related accounts. Many insurance buyers only want to consider buying insurance coverage from companies that they believe have sufficient financial capacity to provide the necessary policy limit to insure their risks. Although companies utilize reinsurance to reduce their net retention on the policy limits, they underwrite, many buyers still feel more comfortable buying from companies perceived to have greater financial capacity.

FSC I	Up to		1,000	FSC IX	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	500,000	to	750,000
FSC III	2,000	to	5,000	FSC XI	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,000,000	Or more	
FSC VIII	100,000	to	250,000				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

Our agency uses A. M. Best & Co.'s rating services to evaluate the financial condition of insurers whose policies we propose to deliver. The rating of the carrier and the year of publication of that rating are indicated. The agency makes no representation or warranty concerning the rating of the carrier which may change.

Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively “insurance coverages”) handled for a client’s account, which may vary based on market conditions and the insurance product placed for the client.

2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.

3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.

4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Compensation Disclosure Schedule

Client Name: Recreation District#1 of St. Tammany Parish

COVERAGE(S)	CARRIER NAME(S)	WHOLESALER, MGA, OR INTERMEDIARY NAME[1]	EST. ANNUAL PREMIUM[2]	GALLAGHER U.S. OWNED WHOLESALER, MGA, OR INTERMEDIARY % AND/OR FEE
Workers Comp	Louisiana Workers Comp Corp		$105,487.00	

1 We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.

2 If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

Note: When placing business with insurance companies, Gallagher Companies receive commission based on negotiated contractual terms with those carriers. The commission rate is a percentage of the premium excluding taxes and fees. Major lines of coverage, and their typical range of commissions are listed below. If you wish to receive more details on actual compensation paid to Gallagher Companies, please contact your Gallagher representative.

- **Accident & Health**: 15-25%
- **Aviation**: 14-15%
- **Contract Bonds**: 20-30%
- **All Other Bonds/Surety**: 30-35%
- **Builders Risk**: 15-18%
- **Property**: 15-22%
- **Inland Marine**: 20-22.5%
- **Ocean Marine**: 15-17.5%
- **Casualty**: 14-15%
- **Commercial Auto**: 12.5-15%
- **Package / Business Owners Package**: 15-16.8%
- **Workers Compensation**: 8-11%
- **All Other Commercial**: 10-20%
- **Executive/Professional Lines**: 15-17.5%
- **Medical Malpractice**: 10-12%

Compensation to Gallagher may also be disclosed in a Client Services Agreement or Consulting Services Agreement.

Include if applicable: Gallagher Companies receive additional compensation from the carrier for services performed on behalf of the carrier which would normally be considered part of the carrier's operating expenses. These services include but are not limited to underwriting, rating and policy issuance.

Gallagher
Insurance | Risk Management | Consulting

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 01/01/2027 , we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier	TRIA	Description/Major Differences
☐ Accept ☐ Reject	WC/LWCC	☐ Accept ☐ Reject	TRIA cannot be Rejected
☐ Accept ☐ Reject		☐ Accept ☐ Reject	
☐ Accept ☐ Reject		☐ Accept ☐ Reject	
☐ Accept ☐ Reject		☐ Accept ☐ Reject	
☐ Accept ☐ Reject		☐ Accept ☐ Reject	
☐ Accept ☐ Reject		☐ Accept ☐ Reject	

*For this coverage, TRIA cannot be rejected

Please note the recommendations and considerations summarized in this section are not intended to identify all potential exposures. Gallagher is not an expert in all aspects of your business and assumes no responsibility to independently investigate the risks your business faces. Gallagher has relied upon the information you provided in making our insurance Proposals. If you are interested in pursuing additional coverages other than those listed above, please list the additional coverages in the Client Authorization to Bind.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Additional Recommended Coverages

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By checking the box(es) below, you are requesting that Gallagher provide you with a Proposal for this coverage. By not requesting a Proposal for this coverage, you assume the risk of any uncovered loss.

☐ Cyber Liability

☐ Flood

Gallagher
Insurance | Risk Management | Consulting

The above coverage(s) does not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those listed in the Additional Recommended Coverages, please list below:

Other Services to Consider

☐ Yes ☐ No - **CORE**360™ STEP

☐ Yes ☐ No – eRiskHub

Coverage Amendments and Notes:

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Fee Agreement: In addition to **OR** in lieu of commission received by Gallagher for the policy term reflected herein, effective: 01/01/2027 Gallagher will receive a fee of: **$00.00** for:

☐ Placement of Insurance Coverage
☐ Maintenance and Management of the Account
☐ Loss/Risk Control Services
☐ Claim Advocacy Services
☐ Consulting Services
☐ Data Analytics Program Studies
☐ Umbrella Limits Analysis
☐ Pool Administration
☐ Program Administration
☐ Risk Purchasing Group or Risk Retention Group Program Administration Fees, and/or
☐ Other:

This fee IS NOT refundable, is fully earned by signing below, and is due and payable within thirty (30) days of such signing. Any placements that require the payment of additional state or federal taxes and/or fees are the client's responsibility.

By accepting this fee agreement, you agree and understand that it reflects services to be provided that have been discussed with and fully disclosed to you, and the above fee is consistent with your understanding. This agreement and any disputes that arise out of this fee agreement shall be governed by the laws of the state of Illinois.

Exposures and Values

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed $20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at https://www.ajg.com/privacy-policy/.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

By: _____

Print Name (Specify Title)

_____

Company

_____

Signature

Date: _____

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.D

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: 2027 Workers' Compensation Policy
DATE: November 12, 2026

Staff received the renewal quotes from Gallagher for the property/liability insurance policies. The 2027 premiums are broadly consistent with previous broker comments and the numbers in the 2027 draft budget.

Policy	**2027 Premium**	**2026 Premium**
Property (x-Wind)	102,519	112,624
Boiler & Machinery	3,796	3,256
Inland Marine	4,388	4,261
General Liability/Abuse Molest	162,140	169,942
Commercial Automobile	10,910	10,783
Management Liability	15,663	15,688
Accident/Medical	28,408	21,538
	$327,824	$338,092

Recommendation: Staff recommend authorizing the Executive Director to sign the renewals for the policies listed above.



PROPERTY & CASUALTY

Proposal of Insurance For: Recreation District #1 - Pelican Park

Presented by:

Eric DeWitt
Senior Vice President, Strategy & Engagement

November 13, 2026

Gallagher

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PELICAN PARK

This proposal is not a legal contract and provides only a general description/summary of the coverages offered. It does not detail all applicable terms, conditions, exclusions, and warranties. Any indication of coverages contained herein is superseded by the actual policy and is subject to all terms, exclusions, and conditions of such policy. In the event of a discrepancy between this proposal and the policy, the policy will prevail. Higher limits of coverage than those specifically offered herein may be available upon request. If property coverage is proposed, it is your responsibility as the client to determine the insured values.

Contact Information

Agency Contact Information

Arthur J Gallagher
10 E Main Street Ste 400, Carmel, IN 46032
T 317 844-7759

Your Account Service Team

Your Assured Partners of Indiana Service Team		
Eric DeWitt	Producer	**Eric_DeWitt@ajg.com**
Kelsey Davis	Client Service Supervisor	**Kelsey_Davis@ajg.com**
Jessica Senefeld	Client Service Manager	**Jessica_Senefeld@ajg.com**
Tony Allen	Client Service Associate	**Tony_Allen@ajg.com**
NEW CLAIMS	REPORTING NEW LOSSES ONLY	**ggb.gcrcclaimscenter@ajg.com**

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Named Insureds

Name
Recreation District #1 of St Tammany Parish DBA Pelican Park

Commercial Property

Proposed Insurer: Great American Risk Solutions

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Blanket Coverages – All Insured Locations

	2027-2028 Building	2027-2028 Contents	2027-2028 Annual BI	2027-2028 Total
63350 Pelican Dr Castine Center/Administrative Office	$9,276,754	$557,900	$150,000	**$9,984,654**
Castine Center Pavillion	$280,000	$10,000		**$290,000**
63352 Pelican Dr Brown Gym	$4,524,000	$30,000		**$4,554,000**
63354 Pelican Dr Pavillion - Pelicans Landing	$268,450	$0		**$268,450**
63356 Pelican Dr Green Complex	$163,680	$0		**$163,680**
63357 Pelican Dr Blue Complex	$544,280	$0		**$544,280**
63358 Pelican Dr Yellow Pavillion	$189,018	$0		**$189,018**
63359 Pelican Dr Gray Pavillion	$189,018	$0		**$189,018**
63360 Pelican Dr Orange Pavillion	$189,018	$0		**$189,018**
63361 Pelican Dr Red Complex	$544,280	$0		**$544,280**
63362 Pelican Dr5 Gold Pavillion	$227,983	$0		**$227,983**
63363 Pelican Dr Skate Park Pavillion	$157,496	$0		**$157,496**
63364 Pelican Dr White Gym 1	$3,132,000	$15,000		**$3,147,000**
63366 Pelican Dr White Gym 2	$3,045,000	$15,000		**$3,060,000**
63368 Pelican Dr Silver Pavillion	$227,983	$0		**$227,983**
63356 Pelican Dr Purple Pavillion	$206,191	$0		**$206,191**
One Raven Rd Complex 1-Mtn	$1,085,509	$0		**$1,085,509**
One Raven Rd Complex 1-Old Laundry	$506,800	$0		**$506,800**
One Raven Rd Complex 1-Mtn Garage	$503,137	$0		**$503,137**
One Raven Rd Complex 1-Storage Bldg	$504,000	$0		**$504,000**

PELICAN PARK
RECREATION DISTRICT #1 – ST. TAMMANY PARISH

	2027-2028 Building	2027-2028 Contents	2027-2028 Annual BI	2027-2028 Total
301 S Orchard LN Covington LA 70433 Dog Park Bench/Gazebo	$0	$0		**$0**
Pickleball Courts	$250,000	$250,000		**$250,000**
Exercise Complex	$50,000	$50,000		**$50,000**
Outdoor Ammenities (lights, sewerage, fencing, water)		$2,000,000		**$4,000,000**
Skatepark & Pump Track		$2,966,738		**$2,966,738**
Pickleball Expansion (additional courts)		$1,003,234		**$1,003,234**
Groves Stage	$827,252			**$827,252**
TOTAL	**$26,891,849**	**$6,897,872**	**$150,000**	**$33,939,721**

*RC = Replacement Cost

Vacancy Provision

Your property insurance policy contains significant restrictions and reductions in coverage for vacant buildings.

Typically, a building is deemed vacant when less than 31% of the total square footage is occupied for a period of more than 60 consecutive days.

Contractors or other service providers on premises do not qualify the building as being “occupied”.

When a property is considered, by policy definition, vacant:

You have no coverage for loss caused by vandalism, sprinkler leakage, water damage, glass breakage, theft, or attempted theft;

Any covered loss not excluded is typically paid at ACV, less a 15% penalty.

Notify a member of your Service Team immediately if you have or anticipate you will have a vacant property.

Endorsements /Exclusions

Please see policy for full list of endorsements/exclusions

Commercial General Liability

Proposed Insurer: Travelers Property Casualty ins Co

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Policy Form:
Occurrence

General Liability Coverage	Limits
General Aggregate Limit	$2,000,000
Products/Completed Operations Aggregate Limit	$2,000,000
Personal/Advertising Injury Limit	$1,000,000
Each Occurrence Limit	$1,000,000
Medical Expense Limit	Excluded
Damage to Rented Premises – Each Occurrence	$50,000

Higher Limits of Liability May be Available.

Abuse & Molestation	
Each Abuse or Molestation Offense Limit	$250,000
Aggregate Limit	$500,000

**Including but not limited to. Please refer to policy for full listing of terms, conditions, and exclusions.*

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Commercial Automobile

Proposed Insurer: Travelers Property Casualty Ins Co

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Coverage	Limit	Auto Symbol/Applies To
Commercial Auto Liability	$1,000,000	7 – Scheduled Autos
Medical Payments	$5,000	7 – Scheduled Autos
Comprehensive	ACV Subject to $1,000 Deductible	7 – Scheduled Autos
Collision	ACV Subject to $1,000 Deductible	7 – Scheduled Autos
Hired / Borrowed Liability	$1,000,000	States: LA
Non-Owned Liability	$1,000,000	States: LA
Hired Car Physical Damage Coverage - Secondary		
Comprehensive Deductible	If Any	
Collision Deductible	If Any	

Higher Limits of Liability May be Available.

**Including but not limited to- please refer to policy for full listing of terms, conditions, and exclusions.*

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Vehicle Schedule

#	Year	Make	Model	VIN	Comp Ded.	Coll Ded.
1	2011	Ford	Escape	FMCU0DG7BKA09399	$1,000	$1,000
2	2017	Chevy	Traverse	1GNKRFED8HJ182024	$1,000	$1,000
3	2018	Dodge	Ram	3C6BJR6AG1J6323650	$1,000	$1,000
4	2013	Chevy	Silverado	1GCNCPEA9DZ178594	$1,000	$1,000

Please Note
Notify a member of your Account Team immediately when making any additions or deletions to the vehicle schedule. Physical Damage coverage applies only to vehicles that have a deductible listed. A deductible ofN/A means there is no physical damage coverage.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Boiler & Machinery Insurance

Proposed Insurer: Travelers Ins Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Coverage	Limit 26-27	Ded	Limit 27-28	Ded
B & M Equipment Breakdown	$30,842,497	$10,000 48 Hours BI	$35,639,722	$10,000 48 Hours BI

**Including but not limited to- please refer to policy for full listing of terms, conditions, and exclusions.*

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Directors and Officers Insurance

Proposed Insurer: Travelers Casualty & Surety Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Coverage	Limit	Ded
Directors and Officers Liability	$1,000,000	$5,000 (B&C)

**Including but not limited to- please refer to policy for full listing of terms, conditions, and exclusions.*

Claims Made Coverage – Important Dates and Extended Reporting Period (ERP)	
Retroactive Date	06/06/2008
Continuity Date	06/06/2008
Length of ERP**	1 year

***Longer terms of coverage may be available upon request.*

Employment Practices Liability Insurance

Proposed Insurer: Travelers Casualty & Surety Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Coverage	Limit	Ded
Employment Practices Liability Insurance	$1,000,000	$5,000

Including but not limited to- please refer to policy for full listing of terms, conditions, and exclusions.

Claims Made Coverage – Important Dates and Extended Reporting Period (ERP)	
Retroactive Date	06/06/2008
Continuity Date	06/06/2008
Length of ERP**	1 year

***Longer terms of coverage may be available upon request.*

Crime Insurance

Proposed Insurer: Travelers Casualty & Surety Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Coverage	Option	Ded
Employee Theft	$1,000,000	$10,000
Employee Retirement Income Security Act	$1,000,000	$10,000
Forgery or Alteration	$1,000,000	$10,000
Money & Securities on Premises	$1,000,000	$10,000
In Transit Coverage	$1,000,000	$10,000
Money Orders and Counterfeit Paper Currency	$1,000,000	$10,000
Computer Fraud	$1,000,000	$10,000
Computer Restoration Expense	$50,000	$5,000
Computer & Funds Transfer Fraud	$1,000,000	$10,000

**Including but not limited to- please refer to policy for full listing of terms, conditions, and exclusions.*

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

Cyber Insurance

Proposed Insurer: Travelers Casualty & Surety Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Liability	Limit	Retention
Privacy and Security	$1,000,000	$10,000
Payment Card Costs	$500,000	Subject to Privacy and Security Retention
Media	$1,000,000	$10,000
Regulatory Proceedings	$500,000	$10,000
Breach Response	**Limit**	**Retention**
Privacy Breach Notification	$250,000	$10,000
Computer and Legal Experts	$250,000	$10,000
Betterment	$100,000	
Cyber Extortion	$250,000	$10,000
Data Restoration	$250,000	$10,000
Public Relations	$250,000	$10,000
Cyber Crime	**Limit**	**Retention**
Social Engineering Fraud	$100,000	$ 5,000
Telecom Fraud	$100,000	$ 5,000

Business Loss	Limit	Retention
Business Interruption	$250,000	
Dependent Business Interruption	$100,000	
Dependent Business Interruption - System Failure	$100,000	
Dependent Business Interruption - Outsource Provider	$100,000	
Dependent Business Interruption - Outsource Provider - System Failure	$100,000	
Reputation Harm	$500,000	$ 5,000
System Failure	$250,000	
Additional First Party Provisions		
Accounting Costs Limit:	$ 25,000	
Betterment Coparticipation:	50%	
Period Of Restoration:	180 days	
Period Of Indemnity:	30 days	
Wait Period:	8 hours.	
Knowledge Date: August 15, 2015		
P&P Date: August 15, 2015		
Extended Reporting Period		
Months 12	75%	Percentage of Annualized Premium

Gallagher

Inland Marine Coverage

Proposed Insurer: Travelers Property Casualty Ins Co

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Description	Limit
Blanketed Amount	$579,680

Scheduled Equipment

Item #	Scheduled Equipment	ID/Serial Number	Amount ofInsurance
1	Mower KUBOTA MODEL# ZD326P-60	37060	$11,612.76
2	Mower KUBOTA MODEL# ZD326P-60	38699	$11,615.76
3	Mower KUBOTA MODEL# ZD326P-60	42060	$11,615.76
4	Tractor KUBOTA 70/40	13242	$19,481.56
5	Trailer BIG TEX 12LX DUMP TRLR	16VDX1222G5062647	$6,195.00
6	Mower KUBOTA ZD1211-60 w/ 60" deck		$12,263.94
7	Mower KUBOTA ZD1211-60 w/ 60" deck		$12,263.94
8	Tractor TORO Spray Rig Toro MULTI PRO 1750		$31,380.67
9	Mower KUBOTA ZD1211-60 w/ 60" deck	29176	$12,263.94
10	Heavy Equipment Bobcat Skid-Skeet Loader S595 T4		$31,196.31
11	Utility Vehicle TORO HDX 2 wd Kubota	405498683	$24,367.51
12	Mower JACOBSEN TR320 Tri Lex Reel mower	EP100411	$31,196.31
13	Mower KUBOTA ZD1211-60 w/ 60" deck	32567	$13,283.18
14	Mower KUBOTA SZ26-52 stand on	11153	$7,625.18
14	Mower KUBOTA SZ26-52 stand on	11154	$7,625.18
15	Concrete Buggy		$8,211.00
16	Mower KUBOTA Zero Turn	2D1211-360	$17,903.00
17	Spreader Toro Model 44507, 2500 series		$17,499.00
18	Chipper Vermeer BC700XL	1VRC101V3N1004890	$19,197.00

Item #	Scheduled Equipment	ID/Serial Number	Amount ofInsurance
19	Mower KUBOTA ZD1211 - 3 - 60 , 28 H.P., 60 inch cut, Diesel Zero turn	KBGGDCA0CRGE67979	$17,724.18
20	Mower KUBOTA ZD1211 - 3 - 60 , 28 H.P., 60 inch cut, Diesel Zero turn	KBGGDCA0ERGE68001	$17,724.18
21	Mower JACOBSEN TR320 Triplex Reel Mower		$49,504.73
22	Mower KUBOTA ZD1211 - 3 - 60 , 28 H.P., 60 inch cut, Diesel Zero turn	KBGGDCA0CRGE67979	$17,724.18
23	Mower KUBOTA ZD1211 - 3 - 60 , 28 H.P., 60 inch cut, Diesel Zero turn	KBGGDCA0ERGE68001	$17,724.18
24	Mower JACOBSEN TR320 Triplex Reel Mower		$49,504.73
25	RTV Kubota RTV520-H	A5KA1DGATRG025517	$12,497.61
26	RTV KUBOTA RTVX2L-SKLH-1	A5KN2GDBHTG010337	$23,406.54

Accident/Medical Coverage

Proposed Insurer: Great American Insurance Company

Proposed Policy Dates: 01/01/2027 – 01/01/2028

Description	
Accident Coverage	
Eligibility: All Players, Coaches, Managers, Volunteers of the Policyholder's Programs	
Benefits	
$25,000 Maximum Medical Benefit per Claim	
$10,000 Accidental Death/Dismemberment Benefit per Claim	
$100 Deductible per Claim	
Dental Benefit: Included in Maximum Medical Benefit	
Based on 6,995 Participants	

Premium Summary

Coverage	Expiring Premium	Expiring Carrier	Renewal Premium	Renewal Carrier
Property	$112,624	TIV: $29.7MM Avg Rate: 0.38	**$102,519**	TIV: **$33.9MM** Avg Rate: **0.30**
Boiler & Machinery	$3,256	TIV: $30.8MM Avg Rate: 0.01	**$3,796**	TIV: **$35.6MM** Avg Rate: 0.01
Inland Marine	$4,261	Equip: $410,486	**$4,388**	Equip: $410,486 *Pending Correction
General Liability/Abuse Molest	$169,942		**$162,140**	
Commercial Automobile	$10,783	Veh: 4	**$10,910**	Veh: 4
Management Liability	$15,688		**$15,663**	
Accident/Medical	$21,538	Participants: 4,612 Avg Rate: 4.67	**$28,408**	Participants: **6,995** Avg Rate: **4.06**
Total Estimated Annual Premium	**$338,092**		**$327,824**	

AM Best Ratings

Financial Ratings for Potential Carriers Presented

Insurance Company Name	AM Best Rating / FSC
Great American Insurance Company	A+ XV
Travelers Property Casualty Ins Co	A+ XV
Travelers Property Casualty Ins Co	A+ XV
Travelers Property Casualty Ins Co	A+ XV
Travelers Property Casualty Ins Co	A+ XV
Travelers Property Casualty Ins Co	A+ XV
Travelers Casualty & Surety Company	A+ XV

Carrier Ratings Defined

Assured Partners advises Clients to select insurance companies with an A.M. Best Rating of A- or higher and Financial Size Category (FSC) of VI or higher.

A.M. Best Ratings

	AM Best Rating	Description	AM Best Opinions
Secure	A++, A+	Superior	Superior ability to meet their ongoing insurance obligations
	A, A-	Excellent	Excellent ability to meet their ongoing insurance obligations
	B++, B+	Good	Good ability to meet their ongoing insurance obligations
Vulnerable	B, B-	Fair	Fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C++, C+	Marginal	Marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C, C-	Weak	Weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
	D	Poor	Poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

Financial Size Category (FSC)

AM Best FSC	Adjusted PHS ($ millions)	AM Best FSC	Adjusted PHS ($ millions)
FSC I	Less than 1	FSC IX	250 to 500
FSC II	1 to 2	FSC X	500 to 750
FSC III	1 to 5	FSC XI	750 to 1,000
FSC IV	5 to 10	FSC XII	1,000 to 1,250
FSC V	10 to 25	FSC XIII	1,250 to 1,500
FSC VI	25 to 50	FSC XIV	1,500 to 2,000
FSC VII	50 to 100	FSC XV	2,000 or greater
FSC VIII	100 to 200		

Assigned by A.M. Best, the FSC is based on adjusted policyholders' surplus (PHS) and is designed to provide a convenient indicator of the size of a company in terms of its statutory surplus and related accounts. Many insurance buyers only want to consider buying insurance coverage from companies that they believe have sufficient financial capacity to provide the necessary policy limit to insure their risks. Although companies utilize reinsurance to reduce their net retention on the policy limits, they underwrite, many buyers still feel more comfortable buying from companies perceived to have greater financial capacity.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.E

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: Pickleball Project Closeout (Series 2023 Reallocation)
DATE: November 12, 2026

Because the pickleball project is complete and all related transactions have been accounted for, it is time to close out the project and release the remaining funds for other uses in the Series 2023 portion of the Development Fund.

The balance remaining in the pickleball project is $26,056.27. Staff are requesting authorization to deallocate this balance so that the funds can be used for other purposes.

Recommendation: Staff recommend approval to close out the Pickleball project and reallocate the remaining project balance of $26,056.27 to Unallocated within the Series 2023 portion of the Development Fund, making the funds available for future authorized uses.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 6.F

TO: Board Chairman and Board of Commissioners
FROM: Suzanne Fisher, Executive Director
RE: 2027 Board of Commissioner Meeting Dates
DATE: November 12, 2026

Purpose: The Board of Commissioners meets on the 3rd Wednesday of each month at 6:30 p.m. at the Castine Center. Note that November and December dates have been adjusted to reflect holidays. Below are the proposed meeting dates for 2026 – with exceptions noted:

- January 20, 2027
- February 17, 2027
- March 17, 2027
- April 21, 2027
- May 19, 2027
- June 16, 2027
- July 21, 2027
- August 18, 2027
- September 15, 2027
- October 20, 2027
- November 17, 2027
- December 15, 2027

RECOMMENDATION: Motion to approve the 2027 Board meeting dates as presented.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 7.A.

TO: Board Chairman and Board of Commissioners
FROM: Scott Goodwill, Chief Financial Officer
RE: Financials
DATE: November 13, 2026

For the ten months ending October 31, 2026, the District received $6,573,906.73 in revenue and expended $7,092,299.18 in the General Fund. Ad valorem receipts and interest income have continued to be in line with budgetary expectations, although other revenue sources are expected to be below budget for the year. As discussed in item 6.A, the expected revenue shortfall has necessitated a budget amendment for the current budget year.

There are several significant outstanding expenditures remaining for the remainder of the year, including the payment for the new scoreboards and the Sage Intacct annual fee; these will hit in the November and December financials.

Recreation District #1 of St. Tammany Parish
Monthly Financial Summary
October 2026

	Admin	Castine	Park	Planning	Recreation	October 2026	Year to Date	Budget	% of Budget
Taxes & Revenue Sharing	27,972	-	-	-	-	27,972	5,346,423	5,476,227	97.6%
Interest & Investment Income	4,331	-	-	-	-	4,331	92,490	99,750	92.7%
Facilities Rentals	-	32,934	-	-	4,297	37,231	343,985	525,000	65.5%
Programs	-	-	-	400	12,540	12,940	454,059	532,618	85.3%
Sponsorships & Endorsements	-	-	-	-	-	-	90,745	195,656	46.4%
Grants, Appropriations, & Misc.	15,677	-	-	-	-	15,677	246,205	381,420	64.5%
TOTAL BUDGET REVENUE	47,980	32,934	-	400	16,837	98,150	6,573,907	7,210,671	91.2%
Salaries & Wages	87,582	31,230	96,643	17,169	64,868	297,491	2,372,909	2,893,104	82.0%
Benefits & Taxes	13,619	8,298	23,725	2,642	14,183	62,466	742,003	960,481	77.3%
Other Personnel Costs	489	618	2,921	2,470	-	6,499	29,827	53,367	55.9%
Professional Fees & Contract Labor	3,023	-	-	300	55,313	58,636	421,787	513,382	82.2%
Insurance	(1,279)	-	-	-	-	(1,279)	513,246	532,752	96.3%
Electric & Gas	35,668	-	-	-	-	35,668	325,315	367,500	88.5%
Fuel	-	-	-	-	-	-	19,527	20,861	93.6%
Marketing & PR	396	-	-	-	450	846	38,287	54,808	69.9%
Board	215	-	-	-	-	215	2,070	4,000	51.7%
Technology	17,413	109	-	-	-	17,523	229,071	371,387	61.7%
Maintenance & Repair	-	19,878	18,077	-	-	37,955	220,132	217,884	101.0%
Supplies and Equipment	3,826	1,209	7,426	1,681	25,299	39,442	283,937	340,496	83.4%
Turf & Field Care	-	2,400	9,754	900	-	13,054	118,919	196,181	60.6%
Financial Expenses	200	-	-	-	-	200	1,189	2,005	59.3%
Other Expenses	1,595	-	-	-	-	1,595	51,864	49,200	105.4%
Capital Expenditures	-	-	-	-	-	-	23,407	23,407	100.0%
Transfers to Other Funds	-	-	-	-	-	-	1,698,810	1,698,810	100.0%
TOTAL BUDGET EXPENDITURES	162,749	63,742	158,547	25,161	160,113	570,312	7,092,299	8,299,625	85.5%

BALANCE	**(518,392)**

Recreation District #1 of St. Tammany Parish
Series 2023 Bond Activity, as of October 31, 2026

	Beginning Cash Balance	*Reallocations*	*Monthly Expenditures*	*Previous Cum. Expenditures*	*Cumulative Interest Income*	*Remaining Cash Balance*
Event Stage at Groves	650,000	177,252	-	(827,252)	-	-
GIS Development	-	21,719	-	(21,719)	-	-
Maint. Facility Relocation	750,000	(750,000)	-	-	-	-
Northlake Nature Center	150,000	(149,304)	-	(696)	-	-
Paths/Bridges/Misc.	250,000	(212,704)	-	(37,296)	-	-
Pickleball Courts	400,000	630,000	(225,191)	(732,068)	-	72,740.94
Reforestation / Landscaping	250,000	(156,880)	-	(93,120)	-	-
Sand Volleyball Courts	250,000	1,852,146	(77,941)	(193,307)	-	1,830,897.48
Science Center / Planetarium	326,000	(173,816)	-	(152,184)	-	-
Signage	-	390,000	(5,240)	(42,213)	-	342,546.60
Skateboard Park / Pump Track	1,700,000	1,266,738	-	(2,966,738)	-	-
Small Projects	124,000	262,245	-	(300,666)	-	85,578.45
Water Well / Hydraulic Study	150,000	(69,833)	-	(80,167)	-	-
Unallocated	2,315,664	(3,087,562)	-	(109,720)	982,559	100,941.12
	$ 7,315,664	**$ -**	**$ (308,372)**	**$ (5,557,146)**	**$ 982,559**	**$ 2,432,704.59**

	Current Allocation	*Spent to Date*	*Additional Committed*	*Current Unencumbered*
Event Stage at Groves	827,252	(827,252)	-	-
GIS Development	21,719	(21,719)	-	-
Maint. Facility Relocation	-	-	-	-
Northlake Nature Center	696	(696)	-	-
Paths/Bridges/Misc.	37,296	(37,296)	-	-
Pickleball Courts	1,030,000	(957,259)	(45,975)	26,765.77
Reforestation / Landscaping	93,120	(93,120)	-	-
Sand Volleyball Courts	2,102,146	(271,249)	(1,654,889)	176,008.94
Science Center / Planetarium	152,184	(152,184)	-	-
Signage	390,000	(47,453)	(96,600)	245,946.60
Skateboard Park / Pump Track	2,966,738	(2,966,738)	-	-
Small Projects	386,245	(300,666)	-	85,578.45
Water Well / Hydraulic Study	80,167	(80,167)	-	-
Unallocated (Inc. Interest)	210,661	(109,720)	-	100,941.12
	$ 8,298,223	**$ (5,865,519)**	**$ (1,797,464)**	**$ 635,240.88**

Recreation District #1 of St. Tammany Parish
Series 2026 Bond Activity, as of October 31, 2026

	Beginning Cash Balance	*Reallocations*	*Monthly Expenditures*	*Previous Cum. Expenditures*	*Cumulative Interest Income*	*Remaining Cash Balance*
Blue Infields	950,000	-	(560)	(1,024)	-	948,416.40
Green Infields	250,000	-	-	-	-	250,000.00
Land Purchase	1,410,000	-	(5,620)	(1,401,553)	-	2,827.50
Maintenance Facility	1,200,000	-	-	-	-	1,200,000.00
Shade Structures	500,000	-	-	-	-	500,000.00
Vehicular Circulation	1,800,000	-	-	-	-	1,800,000.00
Water System Improvements	1,200,000	-	-	-	-	1,200,000.00
Unallocated	139,214	-	(1,746)	(114,889)	93,412	115,990.48
	$ 7,449,214	**$ -**	**$ (7,926)**	**$ (1,517,465)**	**$ 93,412**	**$ 6,017,234.38**

	Current Allocation	*Spent to Date*	*Additional Committed*	*Current Unencumbered*
Blue Infields	950,000	(1,584)	(834,000)	114,416.40
Green Infields	250,000	-	-	250,000.00
Land Purchase	1,410,000	(1,407,173)	-	2,827.50
Maintenance Facility	1,200,000	-	-	1,200,000.00
Shade Structures	500,000	-	-	500,000.00
Vehicular Circulation	1,800,000	-	-	1,800,000.00
Water System Improvements	1,200,000	-	-	1,200,000.00
Unallocated	232,626	(116,636)	-	115,990.48
	$ 7,542,626	**$ (1,525,392)**	**$ (834,000)**	**$ 5,183,234.38**

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63350 PELICAN DRIVE • MANDEVILLE, LA 70448

Recreation District #1 of St. Tammany Parish
Personnel Committee Meeting Agenda
Date: Thursday, November 12, 2026
11:15 AM
Pelican Park Administration Conference Room
63350 Pelican Dr., Mandeville, LA 70448

1. Call to Order - 11:15 AM. Present in person: B. McGuire, S. Fisher, S. Goodwill. On Teams: Shearn Lemoine. Public: Alicia Wood

2. Approval of the Agenda
   a. Additions, Deletions, Substitutions - none
   b. Committee Approval of the Agenda - none

3. New Business
   a. Review of 2027 Employee Health Benefit Options - S. Goodwill noted that BCBS is not presenting a life and disability policy option so Mutual of Omaha price extension will apply for 2027.

      i. Blue POS Copay 80/60 is base plan

      ii. Blue Connect Savings Plan is option with HSA with park contribution

      iii. Premier Blue Copay 80/60 - buy up option for all staff except MS bc this is a national network

4. Old Business - Discussion about Assured being bought out by Gallagher. Discussion regarding securing brokerage services through professional services in 2027.

5. Public Comments (Non-Agenda Items)

6. Adjournment - 11:43 AM

In accordance with the Americans with Disabilities Act, individuals requiring reasonable accommodations to participate in this meeting should contact Recreation District No. 1 at (985) 626-7997 at least forty-eight (48) hours prior to the meeting.

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RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 9.A.

TO: Board Chairman and Board of Commissioners
FROM: Suzanne Fisher, Executive Director
RE: Administration
Date: November 12, 2026



Social Media Analytics: Oct 15 – Nov 11, 2026

- FB Views: 184.4K
- FB Interactions: 1.7K
- FB Visits: 6.2K
- FB Follows: 115
- Top FB content: Football homecoming reel (13,456 views & Reveillon de Loup announcement (10,918)
- Instagram Views: 116.4K
- Instagram Reach: 10.4K – increased 303.9% (increase from non-followers 453.9%)
- Instagram Interactions: 1.9K
- Instagram Follows: 105
- Top Instagram content for period is related to football

Park Visitation: Sept 11 – Oct 10, 2026

- Total Vehicles: 130,215
- Year-to-date Vehicle Volume: 1,731,756
- Unique Vehicle Volume: 27,162
- Dates of highest volume:
  - Midnight Madness
    - Saturday, October 17, 2026 – 24,868
    - Sunday, October 18, 2026 – 12,097
  - Saturday, Nov 7, 2026 – 7,606: LHS Homecoming, basketball, lil'dribblers
  - Saturday, Oct 31, 2026 – 7,064 – Louisiana Card Con, soccer, youth football home games, basketball

Other Updates:

- RecDesk – CRM down since 11/5 – impacting forms and documents on website
- APA LA Great Places Award Winner – Skatepark – presented on Thursday 11/12
- LRPA Conference – 11/16 – 11/19

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

BOARD MEETING – OCTOBER 14, 2026
AGENDA ITEM 9.B

TO:	Pelican Park, Board of Commissioners
FROM:	Louisette Scott, Planning & Environmental Education Director
RE:	Board Report/Planning & Env. Edu
DATE:	November 13, 2026

Development Fund Projects (7.3m)

Pickleball Project:

- Picklelball project has been closed out.

Sand Volleyball:

- ASC has been actively performing earthwork and grading operations throughout the construction area
- Survey work for courts and building has been completed.

Wayfinding Signage Implementation:

- **Bid Documents:** Bid documents are currently being prepared and undergo review by legal counsel.
- **Public Advertisement:** Public advertisement for bids is expected to be issued by the end of the year.

Bypass Road:

- **North/South Entrances:** Construction has started on the north and south entrance locations.
  - **Southern Entry Alignment**: Staff met on-site with the Parish, contractor, and project engineers regarding potential alignment/striping issues with the new southern entry into the park. The Parish is coordinating with the bypass road engineer to investigate the issue and provide additional information.
- **Hwy 190 Roundabout:** Work on the construction rerouting phase is scheduled to begin Tuesday, December 1.
- **Traffic Rerouting:** Transition to the new south entry and closure of the existing Park southern entry is expected in early March.
- **Project Completion:** Final completion for the entire project remains on schedule for early summer.

2026 Bond Projects

Blue Complex: Artificial Turf Infield: (Simpson Sports Engineering (SSE)

- The contract with GeoSurfaces, Inc has been signed.
- The Pre-construction meeting has been set for Monday, October 26th. Once the NTP is issued, the project will be completed within 90.

Environmental Education:

Astronomy Program:

Astronomy in the Park:

- **October 20:** Telescopes were set up at 6:30 PM with approximately 30 attendees in attendance, including several students from the Fontainebleau High School astronomy class. The event provided great interaction among the students, the program, and the Pontchartrain Astronomy Society (PAS).
- **November 8:** Planetarium shows were provided for Long Branch in the White Gym.
- **November 18:** Planetarium shows are scheduled for 5:00 PM, with telescopes set up at 6:00 PM.
- **November 23 & 24:** Telescopes will be set up for STEM Days hosted by the Children's Museum.

Nature Programs:

Events held since last report:

10/22: WILD ON TAP *with Entomologist Amanda Pennington.* 6 registered.
10/24: Core at the Shore *with Club Pilates Slidell.* 6 registered.
10/29: Nature Book Club *The Feather Heist.* 2 registered.
11/1: Junior Naturalist Sunday *with Ranger Garrett.* 2 registered.
11/8: WILD ON TAP *with Ecologist Jacob Bopp.* 4 registered.
11/12: Birdwatching Basics *with St. Tammany Library Causeway Branch.* 0 registered.
11/13: Sunset Yoga on the Beach *with Megan Gabriell.* 0 registered.
11/14: Fall Birdwatching at Fontainebleau. 0 registered.
11/14: LSU Raptor Rehab Demo. 14 registered.

Upcoming Events:

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

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TO: Board Chairman and Board of Commissoners
FROM: Ron Johnson / Parks Superintendent
RE: Monthly Report in brief
DATE: November 18, 2026

- Park Staff are currently making necessary repairs to all concession stands. Hot water heaters / hot water lines, faucets & mop sinks are among items being repaired or replaced.
- Park Staff are currently trimming low lying limbs / branches and privet on all trees thought the park.
- Numerous daily repairs have been completed by Park Staff.
- Park Staff are currently removing deteriorated dirt / sand enclosure located in the Yellow parking lot.
- Seventeen loads of mason sand have been delivered by Camellia Trucking to top dress overseeded fields.
- Red fields, Green 1 – 3 fields, Orange 1 - 4 fields & Gray fields have been overseeded with Futura 2000 rye grass seed.
- Buildings, concessions and pavilions have been sprayed for ants, roaches, spiders, and silverfish with Suspend insecticide at a rate of 1 ounce per gallon of water.
- Turf Staff has sprayed the Dog Park for fleas and ticks with 43 oz. Bifenthrin per 150 gallons of water.
- Green 4, Orange 3, Orange 5 have been treated for weeds with Specticle and Tribute herbicide. 12 oz. Specticle & 2 oz. of Tribute per 150 gallons of water.

PELICAN PARK
RECREATION DISTRICT #1 • ST. TAMMANY PARISH

RECREATION DISTRICT #1
MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 9.D.

TO: Board Chairman and Board of Commissioners
FROM: Carly Arthur, Recreation Supervisor II
RE: Recreation Monthly Report In Brief
DATE: November 18, 2026

RECREATION UPDATES:

- Winter Basketball began November 7
- 09/10 Pelicans Football will be playing in the championship which will be held on Saturday, November 14 at Hannan High School
- Fall Volleyball Allstar teams playing in a tournament on Saturday, November 14 at Coquille
- Early Spring registration opens November 30
- Getting ready for 2027

RECREATION DISTRICT #1

MEETING DATE: NOVEMBER 18, 2026
AGENDA ITEM: 9E.

TO: Board Chairman and Board of Commissoners
FROM: Catherine Barbier, Castine Center Superintendent
RE: Monthly Report
DATE: November 13, 2026

Castine Revenue YTD, 2026 vs. 2025

	2025	2026
Jan	34,655.36	28,638.00
Feb	32,230.36	33,378.00
Mar	25,377.36	36,485.50
Apr	34,427.00	36,686.00
May	31,664.00	44,772.50
Jun	16,041.84	33,736.72
Jul	20,315.75	19,089.24
Aug	5,037.00	28,958.50
Sep	14,675.21	32,879.78
Oct	45,257.16	43,529.82
Nov	27,197.86	17,382.65
Grand Total	**286,878.90**	**355,536.71**

Revenue for New or Returning Customers

	New	Returning
Jan	942.00	27,696.00
Feb	6,952.00	26,426.00
Mar	5,556.00	30,929.50
Apr	8,776.00	27,910.00
May	10,868.00	33,904.50
Jun	7,807.00	25,929.72
Jul	204.00	18,885.24
Aug	4,250.00	24,708.50
Sep	4,800.00	28,079.78
Oct	2,840.00	40,689.82
Nov	1,960.00	15,422.65
Grand Total	**54,955.00**	**300,581.71**

Concessions Weekly Report:

Sales by Location:	2025	2026	Difference	% Change
Blue	$2,064	$2,228	$164	7.94%
Brown	$912	$1,071	$159	17.46%
Castine	$0	$119	$119	#DIV/0!
Gold	$2,172	$3,434	$1,262	58.13%
Green	$1,494	$2,156	$663	44.38%
Grey	0	$115	$115	#DIV/0!
Orange	$2,984	$2,375	-$609	-20.41%
Purple	$613	$0	-$613	-100.00%
Red	$2,266	$2,234	-$32	-1.39%
White	$4,818	$2,659	-$2,159	-44.81%
Yellow	$2,159	$1,932	-$227	-10.53%
Total	$19,482	$18,324	-$1,158	-5.94%

Category	10/5-10/11	10/12-10/18	10/19-10/25	10/26-11-1	11/2-11/8
Net Sales	$5,976	$3,749	$3,632	$1,615	$3,351
LY Net Sales	$6,608	$2,322	$4,271	$3,269	$2,921
Difference	-$632	$1,427	-$639	-$1,654	$430
Net Sales Change	**-9.56%**	**61.46%**	**-14.96%**	**-50.60%**	**14.73%**
Transactions	1,492	859	879	381	756
LY Transactions	1,572	593	991	763	708
Difference	-80	266	-112	-$382	$48
Transaction Change	**-5.09%**	**44.86%**	**-11.30%**	**-50.07%**	**6.78%**
COGS $	$2,002	$1,369	$1,273	$656	$1,021
COGS %	**33.49%**	**36.52%**	**35.05%**	**40.63%**	**30.47%**
Labor $	$1,930	$1,392	$1,702	$1,411	$1,558
Labor %	**32.29%**	**37.13%**	**46.86%**	**87.37%**	**46.49%**
Prime Cost $	$3,932	$2,761	$2,975	$2,067	$2,579
Prime Cost %	**65.78%**	**73.65%**	**81.91%**	**128.00%**	**76.96%**
Gross Profit	$2,045	$988	$657	-$452	$772
Gross Profit %	**34.22%**	**26.35%**	**18.09%**	**-28.00%**	**23.04%**

Concessions Summary Report:

Period to Date

Net Sales	$18,324
LY Net Sales	$19,482
Difference	-$1,067
Net Sales Change	**-5.48%**

Transactions	4,367
LY Transactions	4,627
Difference % Change	-260
Transaction Change	**-5.62%**

COGS Sold $	$6,321
COGS %	**34.50%**

Labor $	$7,993
Labor %	**43.62%**

Prime Cost $	$14,314
Prime Cost %	**78.12%**

Gross Profit $	$4,010
Gross Profit %	**21.88%**

Year-To-Date

YTD Net Sales	$155,087
LY YTD Net Sales	$165,847
Difference	-$10,760
YTD Net Sales Change	**-6.49%**

YTD Transactions	36,726
LY YTD Transactions	39,752
Difference	-3,026
YTD Transaction Change	**-7.61%**

COGS $	$53,036
COGS YTD %	**34.20%**

YTD Labor $	$66,419
YTD Labor %	**42.83%**

YTD Prime Cost $	$119,455
YTD Prime Cost %	**77.02%**

YTD Gross Profit	$35,631
YTD Gross Profit %	**22.98%**