



ADDENDUM 1

March 12, 2021

RFP RM 23-21

EMPLOYEE BENEFITS CONSULTANT/BROKERAGE SERVICES

This purpose of this addendum is to provide answers to questions submitted by the vendors.

Questions and Responses:

1. Please provide the County's current contract with their broker including scope of services and fees/commissions. **The fees/commissions are disclosed in a table in the RFP on page 1 of the scope. Contract is Attachment 1 to this Addendum. The previous contract was for health broker only.**
2. Please advise if the County's current broker also receives bonus commissions from health carrier. **None that have been disclosed.**
3. Please advise the premium return amounts to the County from Florida Blue's Pro-share agreement for the past three years? **No return amounts in the past 3 years.**
4. Per the ACA 85/15 rule for large groups, has the County received a Medical Loss Ratio (MLR) rebate check from Florida Blue during the past three years? **No, however we received Covid rebates in July, which was a 15% discount on the premium. This was passed along to our employees.**
5. If so, please advise the year received and amount **N/A**
6. Please provide benefit summaries for all plans. **See Attachments 2 through 9 to this Addendum.**
7. Does the County utilize an online enrollment system for the employees to enroll in their benefits? **Not at this time.**
8. Is the System for Award Management (SAM) system registration a requirement for proposers of this particular RFP? **Yes**
9. Would you please provide Attachment A – Questionnaire in a Word document? **You can contact Angela Etheridge at aetheridge@myokaloosa.com to request a word document be emailed to you.**
10. Does the County currently utilize an online enrollment platform? **Not currently. There are plans for a benefits admin system with NeoGov.** If so, which platform is being utilized? **N/A** Does the County or current consultant pay for the system? **County**
11. The Evaluation Criteria refers to Tabs 3-8 and Sections A-N. Please confirm the Sections are in reference to the Questionnaire. **That is correct. Disregard references to tabs. This is in error. Refer to Sections A-N**
12. Please confirm which sections of the questionnaire correlate with Tabs 3-8 referenced on the Proposal Evaluation Form on page 4 of the RFP. Also, please confirm what is to be included in Tabs 1 and 2? **The tabs were referenced in error. Please disregard.**

13. Is the Okaloosa Sheriff's Office currently covered under the BOCC plan offerings? **No, our plans cover BOCC employees as well as Clerk of Court, Property Appraiser, Supervisor of Elections, and Tax Collector.**
14. Which HRIS/financial/payroll system is currently being used for each entity? **Pentamation and OnBase**
15. Is the county requesting the broker to provide an online enrollment/administration system and if so, are they looking for broker to pay for it? **No**
16. Please provide further detail on what the current process is for reconciliation assistance and discrepancy reports along with who is currently providing discrepancy reporting (ie.carriers/broker)? **Currently, the Benefits Specialist reconciles the carrier provided bill to the payroll deduction report. Any discrepancies are currently communicated to the broker and carrier and typically adjusted on the next bill.**
17. What is the County currently offering related to wellness program offerings, initiatives and/or incentives? **We use Florida Blue Better You Strides. We have a County Wellness Committee in place. Currently, employees can earn up to \$200 annually for wellness efforts. For more information visit our wellness site at <http://www.myokaloosa.com/wellness>**
18. If applicable, who funds the wellness initiatives? The County or its medical carrier? **We receive wellness funds from Florida Blue at this time. What is estimated annual cost? Approximately \$75,000 annually.**
19. Can you please provide your definition of "consultant" versus "broker" as it relates to question # 7 on page 5 of the RFP? (For how many of your clients do you provide consultant services? For how many of your clients do you provide broker services?) **Consultant services would be defined as evaluating and assessing the County's insurance needs/goals and economic issues as it relates to insurance coverage and helping to create a plan to meet those needs. Broker services would be defined as being the intermediary for the County to negotiate/procure insurance on their behalf.**
20. Please provide clarification to the following items under proposer minimum qualifications - Compliance – Provide HIPAA training, documents and other related items as needed. **We are looking for our consultant to keep us updated on compliance issues in relation to benefits and insurance.**
21. To what audience will the HIPAA training be provided? **Risk Management and other constitutional employees who deal with benefits.**
22. What is the preferred format for the HIPAA training to be administered to the approved population? **No preference**
23. How has any HIPAA training been administered in the past? **No training has been provided.**
24. Please provide clarification to the following items under proposer minimum qualifications - Billing and Ongoing Enrollment - Facilitate the enrollment of all retirees:
 - a. How are the retirees currently being enrolled? **A retiree packet is given/mailed out and an appointment is scheduled with the retiree. Currently the broker assists with questions at open enrollment meetings and specific Medicare questions.**
 - b. What is the expectation for their enrollment moving forward? **We envision a more hands on approach versus presentations only at open enrollment. We are looking for advisement on ways to streamline the current process.**
 - c. Would an exclusively online enrollment platform be sufficient for all retirees? **We would need to provide assistance for those who are not comfortable with technology.**

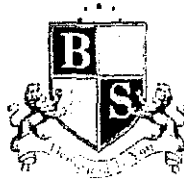
- d. Would a combination of online and paper be required due to technology constraints of the population? **Possibly or assistance with an online platform.**
25. Who is the vendor for your current educational platform and is it owned by Okaloosa BCC to be used in the future or is this a requirement of the new consultant / broker to procure a vendor to provide an educational platform i.e. Jelly Vision, Brain Shark, etc.? **We have an educational intranet site designed by Risk Management. In addition, we did use Jelly Vision services last year. There is no obligation for the consultant/broker to purchase an educational platform.**
26. In what format do your employees currently receive their Benefits Educational Materials / Guides? **We have an intranet site with all forms, summaries, and videos. This was designed due to Covid last year. <http://www.myokaloosa.com/benefits/riskbenefits.html> Electronic or paper? **Our forms are currently paper only.** What is the expectation of the new Broker / Consultant for printed materials vs electronic materials (if any), i.e. benefit guides? **We are open to recommendations/innovative ideas. We would like to see an all-inclusive benefits guide printed.****
27. Are you currently utilizing the BetterYou Program with FloridaBlue? **We use Florida Blue Better You Strides. We have a County Wellness Committee in place. Currently, employees can earn up to \$200 annually for wellness efforts. For more information visit our wellness site at <http://www.myokaloosa.com/wellness>**
28. Please confirm why the County is out to bid at this time. **Our current broker contract for health expires in September. It is both advantageous for the County and Broker to renew contracts at this time due to timing for benefits renewals.**
29. We can agree to a fee-based contract. However, the RFP is silent in regards to supplemental compensation/voluntary benefit commissions. Will the County allow the consultant to keep/accept supplemental compensation/voluntary benefit commissions? **No**
30. The RFP asks that we delineate self-funded governmental clients in our transmittal letter. Is the County entertaining moving to a self-funded plan in the near future? **We are open to any/all recommendations after our consultant evaluates our current benefit program.** If the County is moving to a self-funded arrangement, the scope of services is different as there are several actuarial services that need to be included. Would the County like to see our proposed fee/pricing for a self-funded scope of services? **No, not at this time.**
31. We noticed there are no voluntary products such as AFLAC or Colonial mentioned in the RFP. Would the broker have an opportunity to sell these types of plans and keep any commissions associated with these plans? **We do have supplemental plans that are payroll deducted for employees in place. The current RFP is for our basic benefits package, not for the supplemental coverages.**
32. The RFP was not clear if the broker is to provide an online enrollment system. Does the County have a system now and if so, who pays for it? **Not at this time. The County is possibly moving toward a system with NeoGov. This system is paid for by the County.** Is the County happy with the services that are being provided through this system? **N/A** If no, what additional services would the County like to see the system perform? **N/A**
33. The wording in the RFP was, “develop and maintain the communication portion of any enrollment website” so please explain your intentions. **If the County moves to an enrollment system, we would expect the consultant to assist with making sure that we have clearly communicated the information from our carriers.**

If the County requires the broker to provide a system, then we would need a listing of detailed specifications and the name of the payroll system the County will require for the system. Is the County able to provide such a list including, but not limited to? **N/A**

- a. Who owns the eligibility data and other information contained in the current system? Can it be easily transferred to a new system? **N/A**
 - b. We work with dozens of different systems vendors to insure that the different needs of each client perform well with the system they select. Is the County willing to work with our systems' consultant to insure that the replacing system fully meets the needs of the County? **N/A**
34. Is the County willing to work through a transition period, which could potentially mean six or more months without a system? Under Customer Service, the RFP mentions supporting Risk Management with day-to-day administrative issues with carriers and vendors. **This refers to assisting with claim disputes and billing reconciliation discrepancies.** Will these types of calls come from administration staff OR will these calls come directly from employees? **Mainly RM Staff but occasionally if the situation is complicated, it may be more appropriate to have direct employee contact.** In addition, under this section you ask that the broker provide a qualified contact person for all members. Would this individual be required to be on-site or accessible via phone and/or email and what would be the required days/hours of operation? **Accessible by phone, occasional meetings, and open enrollment.** What services would this qualified person provide? Please provide examples. **See the scope of work (page 1).**
35. Under your Scope of Services, you mention services for GASB, which requires an Actuary. How does the County file today and does the County pay directly for this service or are they included in the current agreement? **We have a contract with an actuary. In the past, our broker has assisted with gathering data required from the carrier.**
36. Our insurers are not required to provide advance notice of cancellation/non-renewal via the terms of the policies, so we cannot agree to provide 30 days prior notice to its clients. Rather, any cancelled or non-renewed policy will be replaced with no coverage gap and a current Certificate of Insurance will be provided to the County. Is this acceptable to the County? **Yes**
37. With regards to WOS, we would request that the waiver of the insurer's subrogation rights with WC, EL, GL and AI be removed or if not, will the County allow mutual waivers under the other party's policies? Is this acceptable to the County **This question needs clarification.**
38. We request that the primary, non-contributory language be removed and have the County's Commercial General Liability policy be primary. Will this be acceptable to the County? **No**
39. Please confirm if the County is willing to accept the Auto Liability based on Auto limits on any one accident or loss? **We require \$1 million dollars in coverage (a combined single limit). The policy must be primary with Okaloosa County as additional insured.**
40. Please confirm if the County is willing to accept that our professional liability limits are for each wrongful act/annual aggregate. **Yes**
41. We can only agree to name the County as an additional insured on the Commercial General Liability Policy and we provide this via a Certificate of Insurance, not an endorsement. Will this be acceptable to the County? **You must list the County as additional insured on the AL, EL, and CGL.**
42. **Indemnification:** Please confirm if the County is willing to accept the indemnification be limited to losses and damages as a result of our negligence and covered under the terms of our general liability policy; any wrongful acts solely in rendering or failing to render professional services and covered under our professional liability policy; or, any claim alleging a security failure, privacy event or wrongful act and covered under our cyber liability policy (misappropriation of trade secret or, infringement of patent are exclusions in our cyber policy). **This is acceptable.**

43. **Indemnification:** Is the County willing to allow a cap or limitation of \$20 million on the liability and indemnification? **No** If no, is there a larger cap or limitation that the County would be willing to allow? **No** If yes, please provide the amount.
44. Can you provide the current consulting agreement and annual fee of the incumbent Consultant? **There is no previous agreement for consultant/broker for all benefits. The previous agreement was only for health. Remunerations are disclosed on page 1 of the scope.** If there are additional commissions, please provide the annual premium for each line of coverage, including any overrides and supplemental commissions within each line of coverage.
45. **RFP Due Date:** Would the County consider extending the closing date given the next-day shipping limitations? **No, an extension is not warranted at this time.**
46. For all questions requesting claims summaries, marketing summaries, and reports pertaining to historical information, please consider the following statement. **While we understand and appreciate your desire to customize an approach for Okaloosa County, it is not necessary for this RFP. It is only necessary for the successful firm to demonstrate that they are qualified and have the experience to advise/assist the County absent this information. We will gladly supply current plans, prices, and summaries.**

The response due date remains March 22, 2021 at 3:00 P.M. CST.



Barnes Insurance & Financial Services

AN ALERA GROUP COMPANY

02/10/2020

Okaloosa County BOCC
302 Wilson Street
Crestview, FL 32536

Okaloosa County BOCC,

We are writing you in regards to your request to add Automobile Liability to the "Description of Operations" space on the Certificate of Liability Insurance Certificate for Okaloosa County. Alera does not own any vehicles, thus Alera will not be able to add Okaloosa County BOCC as an additional named insured on the Certificate of Liability. Please let us know if you need anything further.

Thank you,

Dennis E Barnes
Managing Partner

CONTRACT #: C15-2322-RM
Barnes Insurance & Financial Services
Medical Insurance Agent of Record
EXPIRES: 09/30/2021

1582 Airport Blvd. Pensacola, FL 32504 Phone 850-473-1500 Fax 850-473-1501 www.biafs.com

Securities offered through Triad Advisors, Member FINRA/SIPC. Barnes Insurance & Financial Services, Alera Group, Inc., and Alera Investment Advisors, LLC are not affiliated with Triad Advisors, LLC.

Attachment 1

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 02/13/2020

Contract/Lease Control #: C15-2322-RM

Procurement#: RM 54-15

Contract/Lease Type: CONTRACT

Award To/Lessee: BARNES INSURANCE & FINANCIAL SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2015

Expiration Date: 09/30/2021

Description of MEDICAL INSURANCE AGENT OF RECORD

Department: RM

Department Monitor: PORTER

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KBIRD@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C15-2322-RM Tracking Number: 3759-20
Procurement/Contractor/Lessee Name: Barnes Insurance Grant Funded: YES ___ NO X
Purpose: Renewal / amendment
Date/Term: 9-30-21
Amount: _____
Department: RM
Dept. Monitor Name: Bird

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
Wata Mason Date: 1-23-20
Purchasing Director or designee Jeff Hyde, DeRita Mason, Jessica Darr

2CFR Compliance Review (if required)

Approved as written: no federal fines
_____ Date: _____
Grants Coordinator Danielle Garcia

Risk Management Review

Approved as written: see email attached
_____ Date: 1-23-20
Edith Gibson or Karen Donaldson

County Attorney Review

Approved as written: see mail attached
_____ Date: 2-1-2020
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Clerk Finance

Document has been received:
_____ Date: _____
Finance Manager or designee

DeRita Mason

From: Karen Donaldson
Sent: Thursday, January 23, 2020 12:28 PM
To: DeRita Mason
Subject: RE: Contract extension C15-2322-RM

DeRita

This is approved by risk management for insurance purposes. I have requested the vendor to send me a current insurance certificate.

Thank you

Karen Donaldson

Karen Donaldson
Public Records and Contracts Specialist
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.683.6207
KDonaldson@myokaloosa.com

Risk Management has moved
Please note new Address



Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Thursday, January 23, 2020 9:39 AM
To: 'Parsons, Kerry' <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: FW: Contract extension C15-2322-RM

Please review the attached.

Thank you,

DeRita Mason

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Saturday, February 1, 2020 11:59 AM
To: DeRita Mason
Cc: Lynn Hoshihara; Karen Donaldson
Subject: RE: Contract extension C15-2322-RM

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Thursday, January 23, 2020 10:39 AM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: FW: Contract extension C15-2322-RM

Please review the attached.

Thank you,

DeRita Mason



DeRita Mason
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road



CONTRACT#: C15-2322-RM
BARNES INSURANCE & FINANCIAL SERVICES
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES: 09/30/2021

RENEWAL AND FIRST AMENDMENT TO THE AGREEMENT BETWEEN
OKALOOSA COUNTY, FLORIDA AND
BARNES INSURANCE & FINANCIAL SERVICES
CONTRACT NO. C15-2322-RM

This Renewal and First Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and Barnes Insurance & Financial Services, executed this 5th day of February, 2020, is made a part of the original Agreement dated October 1, 2015, Contract No. C15-2322-RM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **OPTION TO RENEW.** The parties hereby wish renew the contract for an additional one (1) year. The contract does not currently have renewals, however; the County is undergoing staff change within the Risk Department and the need for a renewal is necessary to keep the department functioning properly.
2. **EFFECTIVE DATE OF RENEWAL TERM.** The Effective Date of this Amendment shall commence October 1, 2020 and shall terminate no later than September 30, 2021.
3. **INSURANCE.** Effective for the term of renewal, the parties wish to amend Attachment "B" of the original Agreement "Insurance Requirements" and replace with Attachment "A" of this Amendment.

4. **COMPENSATION.** Compensation for this renewal term of the Agreement shall:

Stay the same as set forth in Section 5 of the original Agreement ("Compensation") and/or any amendments thereto. All fees will be paid by Florida Blue or the current health insurance provider.

5. **PROHIBITION AGAINST CONTRACTING WITH SCRUTINIZED COMPANIES.** Pursuant to Florida Statutes Section 215.4725, contracting with any entity that is listed on the Scrutinized Companies that Boycott Israel List or that is engaged in the boycott of Israel is prohibited. Contractors must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars (\$1,000,000) or more shall be terminated at the County's option if it is discovered that the entity submitted false documents of certification, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria after July 1, 2018.

Any contract entered into or renewed after July 1, 2018 shall be terminated at the County's option if the company is listed on the Scrutinized Companies that Boycott Israel List or engaged in the boycott of Israel. Contractors must submit the certification that is attached to this agreement as Attachment "B". Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination was in error. If the



Contractor does not demonstrate that the County's determination of false certification was made in error, then the County shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute Section 215.4725.

6. **CIVIL RIGHTS.** The Contractor agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds the Contractor and subcontractors from the bid solicitation period through the completion of the contract. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.
7. **COMPLIANCE WITH NONDISCRIMINATION REQUIREMENTS.** During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest, agrees as follows:
 - a. Compliance with Regulations: The Contractor will comply with the Title VI List of Pertinent Nondiscrimination Acts and Authorities, as they may be amended from time to time, which are herein incorporated and attached hereto as Attachment "C".
 - b. Nondiscrimination: The Contractor, with regard to the work performed by it during the Agreement, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.
 - c. Solicitations for Subcontracts, including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the Contractor of the contractor's obligations under this contract and the Nondiscrimination Acts and Authorities on the grounds of race, color, or national origin.
 - d. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County or other governmental entity to be pertinent to ascertain compliance with such Nondiscrimination Acts and Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the County or the other governmental entity, as appropriate, and will set forth what efforts it has made to obtain the information.



e. Sanctions for Noncompliance: In the event of a Contractor's noncompliance with the non-discrimination provisions of this contract, the County will impose such contract sanctions as it or another applicable state or federal governmental entity may determine to be appropriate, including, but not limited to:

a. Withholding payments to the Contractor under the Agreement until the Contractor complies; and/or

b. Cancelling, terminating, or suspending the Agreement, in whole or in part.

f. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will take action with respect to any subcontract or procurement as the County may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Contractor may request the County to enter into any litigation to protect the interests of the County. In addition, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.

8. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated October 1, 2015 and any amendments thereto, shall remain in full force and effect.

9. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

10. **PUBLIC RECORDS.**

Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 302 N. WILSON STREET, CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@myokaloosa.com.



Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

11. Keep and maintain public records required by the County to perform the service.
12. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
13. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.
14. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

(Remainder of Page Intentionally Left Blank)



IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

WITNESS:

[Signature]
Signature

Glean Little
Print Name

BY: [Signature]
Dennis E. Barnes
Managing Partner

WITNESS:

[Signature]

Roland C. Sims Jr
Print Name

OKALOOSA COUNTY, FLORIDA

BY: [Signature]
JOHN HOFSTAD,
COUNTY ADMINISTRATOR



ATTACHMENT "A"
Insurance Requirements



GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of



this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.

2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability
 - 3.) Independent Contractors Liability
 - 4.) Contractual Liability
 - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.



INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The



certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.

2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10 days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.



Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.



ATTACHMENT "B"
Scrutinized Companies Certificate



VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate Barnes Ins. Financial Svcs., the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 02/05/2020

SIGNATURE: 

COMPANY: Barnes Ins. Financial Svcs.
an Alera Group

NAME: Dennis E. Barnes
(Typed or Printed)

ADDRESS: 1582 Airport Blvd.
Pensacola, FL
32504

TITLE: Managing Partner

E-MAIL: dbarnes@biafs.com

PHONE NO.: 850-473-1500



Civil Rights Clauses Attachment "C"

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "Contractor"), as applicable, agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq.*, 78 stat. 252) (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination in Federally-assisted programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 USC § 4601) (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq.*), as amended (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq.*) (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209) (broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131 – 12189) as implemented by U.S. Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 *et seq.*).

FLORIDA DEPARTMENT of FINANCIAL SERVICES

BARNES INS. & FINANCIAL SVCS., AN ALERA
GROUP, LLC

1582 AIRPORT BOULEVARD
PENSACOLA FL 32504

Agency License Number L102827

Location Number: 311388

Issued On 06/28/2018

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT of FINANCIAL SERVICES

BARNES INS. & FINANCIAL SVCS., AN ALERA
GROUP, LLC

328 RACETRACK ROAD
NORTHEAST, SUITE B
FORT WALTON BEACH FL 35247

Agency License Number L102827

Location Number: 2

Issued On 06/28/2018

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jimmy Patronis
Chief Financial Officer
State of Florida

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/19/2015

Contract/Lease Control #: C15-2322-RM

Bid #: RM 54-15

Contract/Lease Type: CONTRACT

Award To/Lessee: BARNES INSURANCE & FINANCIAL SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2015

Term: 09/30/2020

Description of Contract/Lease: MEDICAL INSURANCE AGENT OF RECORD

Department: RM

Department Monitor: PORTER

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: LPORTER@CO.OKALOOSA.FL.US

Closed: _____

cc: Finance Department Contracts & Grants Office




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/05/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HMK Insurance 54 South Commerce Way Suite 150 Bethlehem PA 18017		CONTACT NAME: Jacqueline Kilgour, CIC, CISR
		PHONE (A/C, No, Ext): (610)868-8507 FAX (A/C, No): (610)868-7604 E-MAIL ADDRESS:
INSURED Alera Group Inc Barnes Insurance & Financial Services, An Alera Group Agency, LLC Three Parkway North, Suite 500 Deerfield IL 60015	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Charter Oak Fire Insurance Co	NAIC # 25615
	INSURER B: Travelers Prop Cas Co of Amer.	NAIC # 25674
	INSURER C:	
	INSURER D:	
	INSURER E:	

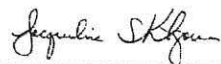
COVERAGES **CERTIFICATE NUMBER:** 17/gl/auto/umb/wc- **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Y-630-0J529217-COF-17	12/30/2017	12/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			BA-0J544491-17-CAG	12/30/2017	12/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-0J551654-17-14	12/30/2017	12/30/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	UB-0J545764-17-14-G	12/30/2017	12/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured includes Barnes Insurance & Financial Services, BIAFS.
Okaloosa County is Additional Insured on the General Liability policy (per form CGD411 04/08) when required in a written contract.

CIS-2322-RM

CERTIFICATE HOLDER Okaloosa County 302 Wilson Street Crestview FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

NOTICE OF AWARD

TO:

Glenn Little
Barnes Insurance and Financial Services
1582 Airport Road
Pensacola, FL 32504

PROJECT: Medical Insurance Agent of Record
DESCRIPTION: RFQ RM 54-15, CONTRACT C15-2322-RM

The **OWNER** has considered the qualifications submitted by you for the above-described WORK in response to its Advertisement.

You are hereby notified that your **contract** has been accepted for items in the amounts of specified within the contract.

You are required to return an acknowledged copy of this **NOTICE OF AWARD** to the **OWNER**: Okaloosa County Purchasing, ATTN: Joanne Kublik, 602-C North Pearl St., Crestview, FL 32536. If you have any questions, please call Joanne Kublik at 850-689-5960.

Dated this 19 day of August, 2015

OWNER – OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS-

BY: Zan Fedorak TITLE Purchasing Manager
Zan Fedorak

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE OF AWARD** is hereby acknowledged.

BY: [Signature]

This the 24 day of August, 2015.

BY: DENNIS E BARNES

Title: President

CONTRACT # C15-2322-RM
BARNES INSURANCE & FINANCIAL SVS
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES: 09/30/2020

NOTICE TO PROCEED

DATE: August 20, 2015

TO:

Glenn Little
Barnes Insurance and Financial Services
1582 Airport Road
Pensacola, FL 32504

PROJECT: Medical Insurance Agent of Record
DESCRIPTION: RFQ RM 54-15, CONTRACT C15-2322-RM

You are hereby notified to commence WORK in accordance with the Agreement dated August 5, 2015. The contract is in effect as of October 1, 2015.

You are required to return an acknowledged copy of this **NOTICE TO PROCEED** to the **OWNER**: Okaloosa County Purchasing, Attention: Joanne Kublik, 602-C North Pearl St, Crestview, FL 32536, within 15 days.

Dated this 20 day of August, 2015

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

OWNER

BY: Zan Fedorak
Zan Fedorak

TITLE: Purchasing Manager

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE TO PROCEED** is hereby acknowledged.

BARNES INSURANCE & FINANCIAL SVS
Company Name

This the 24 day of August, 2015

[Signature]
Signature

By: DENNIS E BARNES
Type or Print Name

Title: PRESIDENT

CONTRACT # C15-2322-RM
BARNES INSURANCE & FINANCIAL SVS
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES: 09/30/2020

NOTICE OF AWARD

TO:

Glenn Little
Barnes Insurance and Financial Services
1582 Airport Road
Pensacola, FL 32504

CONTRACT # C15-2322-RM
BARNES INSURANCE & FINANCIAL SVS
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES: 09/30/2020

PROJECT: Medical Insurance Agent of Record
DESCRIPTION: RFQ RM 54-15, CONTRACT C15-2322-RM

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Dated this 19 day of August, 2015

OWNER – OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS-

BY: Zan Fedorak TITLE Purchasing Manager
Zan Fedorak

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE OF AWARD** is hereby acknowledged.

BY: [Signature]

This the 24 day of August, 2015.

BY: DENNIS E BARNES

Title: President

NOTICE TO PROCEED

DATE: August 20, 2015

TO:

Glenn Little
Barnes Insurance and Financial Services
1582 Airport Road
Pensacola, FL 32504

CONTRACT # C15-2322-RM
BARNES INSURANCE & FINANCIAL SVS
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES: 09/30/2020

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Dated this 20 day of August, 2015

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
OWNER

BY: Zan Fedorak
Zan Fedorak

TITLE: Purchasing Manager

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE TO PROCEED** is hereby acknowledged.

BARNES INSURANCE & FINANCIAL SVS
Company Name

This the 24 day of August, 2015

[Signature]
Signature

By: DENNIS E BARNES
Type or Print Name

Title: PRESIDENT

[View assistance for Search Results](#)

Search Results

Current Search Terms: barnes* insurance*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

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IBM v1.P.34.20150710-1415

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: _____	Tracking Number: <u>1425-15</u>
Contractor/Lessee Name: <u>Barnes Ins</u>	Grant Funded: YES ___ NO ___
Purpose: <u>Med Insurance Agent of Record</u>	
Date/Term: <u>9/30/2020</u>	1. <input type="checkbox"/> GREATER THAN \$50,000
Amount: _____	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>Rm</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Porter</u>	
Document has been reviewed and includes any attachments or exhibits.	

Purchasing Review

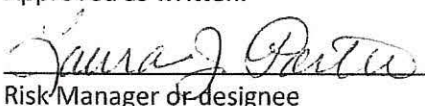
Procurement requirements are met.

 Date: 7-28-15

Purchasing Director or Designee _____ Joanne Kublik or Sunnie Estes

Risk Management Review

Approved as written:

 Date: 7-29-15

Risk Manager or designee _____ Laura Porter or Krystal King

County Attorney Review

Approved as written:

see attached

_____ Date: _____

County Attorney _____ Gregory T. Stewart or Lynn Hoshihara

Following Okaloosa County approval:

Contracts & Grants

Document has been received:

_____ Date: _____

Contracts & Grants Manager

Joanne Kublik

From: Parsons, Kerry [KParsons@ngn-tally.com]
Sent: Tuesday, July 28, 2015 8:01 AM
To: Joanne Kublik; Lynn Hoshihara
Subject: RE: Barnes INS

Sounds good – if you incorporate it in, then it is approved for legal purposes.

From: Joanne Kublik [<mailto:jkublik@co.okaloosa.fl.us>]
Sent: Tuesday, July 28, 2015 8:58 AM
To: Parsons, Kerry; Lynn Hoshihara
Subject: Barnes INS

The Okaloosa County Board of County Commissioners agrees to the remuneration for the Initial annual term of \$59,800. The Agreement term will be for October 1, 2015 to September 30, 2020. The annual fee is paid as commission by Florida Blue.

Joanne Kublik, Contracts and Lease Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536
(850) 689-5960
jkublik@co.okaloosa.fl.us

Please note: Due to Florida's very broad public records laws, most written communications to, or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

Consulting Agreement

This Consulting Agreement (Agreement) is between Okaloosa County Board of County Commissioners (The County) and Barnes Insurance & Financial Services (Consultant), effective as of October 1, 2015.

WHEREAS, the County wishes to obtain the assistance of Consultant with strategic benefit planning, design, funding, administration and communication with respect to its employee benefit programs; and

WHEREAS, Consultant has superior knowledge and expertise in assisting employers with designing and servicing employee benefit plans; and

WHEREAS, the parties now wish to set forth their respective expectations.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby mutually acknowledged, the parties hereby agree as follows:

1. Scope of Services

Consultant shall perform the following services:

- a. Assist in servicing the implementation of 2015 - 2016 medical insurance program as needed, and service subsequent year program renewals throughout the term of the Agreement.
- b. Assist in planning for each annual enrollment; assist the County with enrollment meetings and activities.
- c. Assist, as needed, with implementation of program changes when it occurs.
- d. Respond to questions regarding the medical insurance program as may be presented by the County, and maintain verbal communications with employee benefits staff at least monthly.
- e. Be available on-site, as needed, for meetings or to address specific problems.
- f. Meet with the County at regular intervals, at least quarterly, to review and discuss plan performance, premium/claims history, market trends, medical insurance trends, and provide observations.
- g. Meet with the County's Employee Wellness Committee as needed.
- h. Respond to employees, as needed, to educate them on coverage questions and help them with problems.
- i. Monitor and notify the County of major developments regarding medical benefits and in the medical insurance industry or with the County's insurer that may affect the County.
- j. Provide timely information, literature, and consultation on Affordable Care Act (ACA) and other regulations that may affect the County.

CONTRACT # C15-2322-RM
BARNES INSURANCE & FINANCIAL SVS
MEDICAL INSURANCE AGENT OF RECORD
EXPIRES 09/30/2020

CERTIFIED A TRUE
AND CORRECT COPY

JD PEACOCK II
CLERK CIRCUIT COURT

BY Jurisa Ward
DEPUTY CLERK

DATE Aug. 5, 2015



- k. Provide an estimated renewal projection 180 days in advance of renewal, based on the standard underwriting formula.
- l. Coordinate with the County 150 days prior to renewal with an updated estimate of renewal changes in premium, including but not limited to, changes in coverage, and policy terms.
- m. Present final renewal pricing and policy changes 120 days before renewal.
- n. If desired by the County, formally market the medical insurance program with the current and other insurers per Florida Statutes § 112.08, with regard to advertising.
- o. Coordinate with the County to assure insurers have needed information, up-to-date specifications, plan descriptions, census data, experience information, other necessary information and response format to propose competitive insurance programs.
- p. Deliver to the County a listing of all companies contacted, detailed spreadsheets of all proposals received and any rejection letters, and assist, as needed, in helping the County reach a purchase decision.
- q. Coordinate issuance and delivery of insurance program purchased by the County, and assist if any irregularities are detected.
- r. If the County conducts its own Request For Proposals (RFP) process for coverage, the Consultant shall provide, promptly assist in coordinating provision of necessary documentation, background and rating data, and premium/claim history information desired for the RFP.
- s. Compare and contrast the County's plan and performance with other like plans, when asked by the County.
- t. Fully disclose insurance policy premiums and commissions and other remuneration received for the sale of such policies.
- u. Permit the County to conduct an audit of all remuneration/revenues attributable to the County's account and to fully cooperate with persons designated by the County to perform such audit.
- v. Any other services as mutually agreed to by the parties in writing.

2. The County's Responsibilities

- a. The County will make available such reasonable information as required for Consultant to conduct its services. Such data will be made available as promptly as possible. It is understood by Consultant that the time of the County's personnel is limited, and judicious use of that time is a requirement of this Agreement.
- b. The County will make timely payments of the service fees as set forth elsewhere in this Agreement.

3. Disclosure and Recordkeeping

A. Full Disclosure.

The County has the right to approve any arrangements and/or the utilization of any intermediaries in connection with, or arising out of, or in any way related to the County's insurance and risk management program. Consultant must seek written approval from The County prior to the use of any of the above in connection with the County's insurance and risk management program.

B. Recordkeeping.

Consultant will maintain accurate and current files including, but not limited to, insurance policies and correspondence with insurers or brokers in accordance with industry standard record retention practice or as otherwise directed by The County.

4. Term & Termination

A. Term.

The initial term of this Agreement shall be for five (5) years, commencing on October 1, 2015 and ending September 30, 2020 (Initial Term).

B. Termination.

This Agreement may be terminated with or without cause by either party in writing with thirty (30) days advance written notice to the other party.

5. Cost of Services

The Okaloosa County Board of County Commissioners agrees to the remuneration of \$59,800 annually. The Agreement term will be for October 1, 2015 to September 30, 2020. The annual fee is paid as commission by Florida Blue.

6. Personnel

Consultant will assign its personnel according to the needs of the County and according to the disciplines required to complete the appointed task in a professional manner. Consultant retains the right to substitute personnel with reasonable cause. The Account Management Team consists of the following individuals:

Primary Service Team:

Glenn Little, Vice President

Elizabeth Penfield, Account Manager

Additional Key Resources: Johnnie Dahlinger, the County Services Representative
Dennis Barnes, President

7. Records and Information

Consultant agrees to keep any information provided by the County confidential and to exercise reasonable and prudent cautions in protecting the confidentiality of such information. If the services

provided by Consultant involve the use of protected health information, the County and Consultant agree to enter into an appropriate business associate agreement.

8. Independent Contractor.

It is understood and agreed that Consultant is engaged by the County to perform services under this Agreement as an independent contractor. Consultant shall use its best efforts to follow written, oral or electronically transmitted (i.e., sent via facsimile or email) instructions from the County as to policy and procedure.

9. Fiduciary Responsibility.

The County acknowledges that: (i) Consultant shall have no discretionary authority or discretionary control respecting the management of any of the employee benefit plans; (ii) Consultant shall exercise no authority or control with respect to management or disposition of the assets of the County's employee benefit plans; and (iii) Consultant shall perform services pursuant to this Agreement in a non-fiduciary capacity.

The County agrees to notify Consultant as soon as possible of any proposed amendments to the plans' legal documents to the extent that the amendments would affect Consultant in the performance of its obligations under this Agreement. The County agrees to submit (or cause its agent, consultants or vendors to submit) all information in its (or their) control reasonably necessary for Consultant to perform the services covered by this Agreement.

10. Public Records.

Consultant shall allow public access to all documents, records, and other materials subject to the provisions of Chapter 119, Florida Statutes, prepared or received by Consultant in conjunction with this Agreement.

11. Audit.

The County shall have the right from time to time, at its sole expense, to audit the compliance by the Consultant with the terms, conditions, obligations, limitations restrictions and requirements of this Agreement, and such right shall extend for a period of three (3) years after termination of this Agreement.

12. Insurance.

Barnes Insurance and Financial Services shall maintain, at a minimum, the following limits of insurance coverage during the term of this Agreement:

Limits of Liability

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this Agreement:

LIMIT

A. Worker's Compensation

1.)	State	Statutory
2.)	Employer's Liability	\$100,000 each accident
B.	Business Automobile & Commercial	\$1,000,000 each occurrence
	General Liability Insurance	(A combined single limit)
C.	Personal and Advertising Injury	\$250,000
D.	Professional Liability	\$1,000,000

13. Indemnification & hold harmless.

CONSULTANT shall indemnify and hold harmless COUNTY, its officers, and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the **CONSULTANT** and other persons employed or utilized by the **CONSULTANT** in the performance of this Agreement. The parties further agree that nothing contained herein is intended to nor shall be construed a waiver of the County's rights and immunities under Section 768.28, Florida Statutes, as amended from time to time.

14. Governing Law & Venue.

The Agreement shall be interpreted in accordance with the laws of the State of Florida without regard to its principles of conflicts of laws. Venue for any legal proceedings arising out of this Agreement shall be in Okaloosa County, Florida.

15. Notice

All notices required by this Contract shall be in writing to the representatives listed below:

REPRESENTATIVES: The authorized representative of the County shall be:

Okaloosa County Risk Management
 Laura Porter
 602-A N. Pearl St.
 Crestview, FL 32536
 850-689-5977
 E-mail: lporter@co.okaloosa.fl.us

The authorized representative for Barnes Insurance & Financial Services shall be:

Glenn Little
 Barnes Insurance & Financial Services
 1582 Airport Road
 Pensacola, Florida 32504
 850-473-1498 (phone)
 850-473-1501 (fax)
 E-mail: glittle@biafs.com

courtesy copy to:

Joanne Kublik
Contracts & Leases Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, FL 32536
850-689-5960 / 850-689-5998 (fax)
E-mail: jkublik@co.okaloosa.fl.us

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days prior notice of the address change.

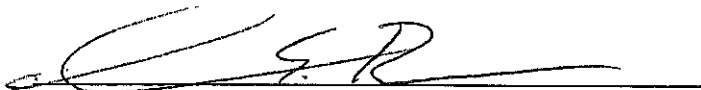
16. Third Party Beneficiaries

It is specifically agreed between the parties executing this Contract that it is not intended by any of the provisions of any part of the Contract to create in the public or any member thereof, a third party beneficiary under this Contract, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provision of this Contract.

17. Entire Agreement

This constitutes the entire Agreement between the parties, and any other warranties or agreements are hereby superseded.

Subsequent amendments to this Agreement shall only be in writing signed by both parties.



Signature

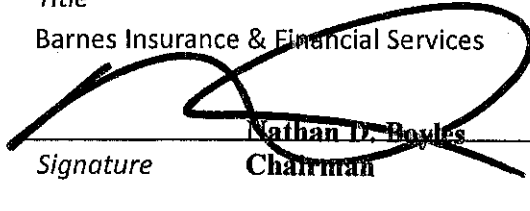
7/28/14

Date

President

Title

Barnes Insurance & Financial Services



Signature

Nathan D. Boyles

Chairman



August 4, 2015

Date

Chairman, Okaloosa County Board of County Commissioners



REQUEST FOR QUALIFICATIONS (RFQ) & RESPONDENTS ACKNOWLEDGEMENT

RFQ TITLE:

Information for Medical Insurance Agent of Record

RFQ NUMBER:

RFQ RM 54-15

LAST DAY FOR QUESTIONS:May 20th, 2015 3:00 P.M. CST**RFQ DUE DATE & TIME:**June 4th, 2015 4:00 P.M. CST

NOTE: QUALIFICATIONS RECEIVED AFTER THE REQUEST FOR QUALIFICATIONS OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits your company to submit a qualifications on the above referenced goods or services. All terms, specifications and conditions set forth in this RFQ are incorporated into your response. Qualifications will not be accepted unless all conditions have been met. All qualifications must have an authorized signature in the space provided below. All qualifications must be sealed and received by the Okaloosa County Clerk of Court by the "RFQ Opening Date & Time" referenced above. All envelopes containing sealed qualifications must reference the "RFQ Title" and "RFQ Number". Okaloosa County is not responsible for lost or late delivery of qualifications by the U.S. Postal Service or other delivery services used by the respondent. Neither faxed nor electronically submitted documents will be accepted. Qualifications may not be withdrawn for a period of sixty (60) days after the opening of qualifications unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR QUALIFICATIONS. QUALIFICATIONS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.

COMPANY NAME

Barnes Insurance and Financial Services

MAILING ADDRESS

1582 Airport Blvd

CITY, STATE, ZIP

Pensacola, FL 32504

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):

33-1106816

TELEPHONE NUMBER:

850-473-1500EXT: —

FAX:

850-473-1501

EMAIL:

dbarnes@biafs.com

I CERTIFY THAT THIS SUBMITTAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS SOLICITATION AND CERTIFY THAT I AM AUTHORIZED TO SIGN THESE DOCUMENTS FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: 

TYPED OR PRINTED NAME

Dennise Barnes

TITLE:

President

DATE

June 2, 2015

NOTICE TO RESPONDENTS RFQ RM 54-15

The Okaloosa County Board of County Commissioners request qualifications from interested respondents detailing their qualifications and experience to provide **Information for Medical Insurance Agent of Record**.

Interested respondents desiring consideration shall provide an original and six (6) copies of their Request for Qualifications (RFQ) response with the respondent's areas of expertise identified. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical. **All originals must have original signatures in blue ink.** Guidelines detailing form and content requirements for qualifications are available by contacting Okaloosa County Purchasing Department, 602-C North Pearl St., Crestview, FL 32536, 850-689-5960, or downloading them from our website at http://www.co.okaloosa.fl.us/dept_purchasing.html then access the link "Vendor Registration and Opportunities" which will link you to the Florida Purchasing Group <http://www.floridabidsystem.com/>.

RFQs must be delivered to the Okaloosa County Purchasing Department at the address below no later than **June 4th, 2015 4:00 P.M. CST** in order to be considered. All qualifications received after the stated time and date will be returned unopened and will not be considered. **NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services.** Proposers using mail or delivery services assume all risks of late or non-delivery.

All qualifications must be in sealed envelopes reflecting on the outside thereof "**Information for Medical Insurance Agent of Record**". Failure to mark outside of envelope as set forth herein shall result in the submittal not being considered.

The County reserves the right to award to the firm with a resulting negotiated agreement that is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality. Okaloosa County shall be the sole judge of the submittal and the resulting negotiated agreement that is in its best interest and its decision will be final.

All submittals should be addressed as follows:

Information for Medical Insurance Agent of Record

Okaloosa County Purchasing Department
602-C North Pearl Street –
Crestview, FL 32536

Zan Fedorak

Purchasing Manager

Date

Deputy Clerk

Clerk of Circuit Court

Date

OKALOOSA COUNTY
BOARD OF COUNTY COMMISSIONERS

Nathan D. Boyles
Chairman

REQUIREMENTS

SCOPE OF WORK:

This is a Request for Qualifications (RFQ) process for interested persons/firms to submit their credentials and qualifications to the County for consideration to be agent of record for the County's medical insurance. Wherever herein the term(s) "agent(s)" is/are used, it shall also mean brokers.

It is the County's intent to select one insurance agent to be considered to service its group medical insurance program(s). Agents desiring to respond should have experience with public entities and/or customers the size of Okaloosa County.

BACKGROUND

Okaloosa County is located in northwest Florida, in the Panhandle area. The County has approximately 780 employees, retirees and COBRA persons currently enrolled in health insurance. This includes employees of the Board of County Commissioners, Supervisor of Elections, Clerk of Courts, Property Appraiser, and Tax Collector.

The County's medical benefits insurance program has an **OCTOBER 1** anniversary/renewal and is currently provided by Florida Blue, which began providing benefits in 2000. The current annual premium is approximately \$8,413,278. The agent is Dennis Barnes with Barnes Insurance and Financial Services in Pensacola, Florida.

SERVICE

Services shall include coordination of renewals, delivery and explanation of premiums quotations, coverages, etc., issuance and delivery of policies as proposed, provisions of ongoing services related to the medical insurance throughout the year as needed.

Immediately following is a specific listing of services desired from the agent.

SCOPE OF AGENT SERVICES

The insurance agent to be contracted by the County to provide medical insurance agent services will be expected to provide the following insurance services. Respondents are asked to indicate which are automatically included in their commission/maximum commission remuneration as agent of record, and which are separate and require a separate contract and/or separate fee.

1. Assist in servicing of implementation of 2015 - 2016 medical insurance program as needed, and service subsequent year program renewals throughout the term of the contract.
2. Assist in planning for each annual enrollment; assist the County with enrollment meetings and activities.
3. Assist, as needed, with implementation of program changes when they occur.
4. Respond to questions regarding the medical insurance program as may be presented by the County, and maintain verbal contact with employee benefits staff at least monthly.

5. Be available on-site, as needed, for meetings or to address specific problems.
6. Meet with the County at regular intervals (e.g. at least quarterly) to review and discuss plan performance, premium/claims history, market trends, medical insurance trends, and provide observations.
7. Meet with the County's Employee Wellness Committee as needed.
8. Respond to employees, as needed, to educate them on coverage questions and help them with problems.
9. Monitor and notify the County of major developments regarding medical benefits and in the medical insurance industry or with the County's insurer that may affect the County.
10. Provide timely information, literature, and consultation on Affordable Care Act (ACA) and other regulations that may affect the County.
11. Provide an estimated renewal projection about 180 days in advance of renewal, based on standard underwriting formula.
12. Coordinate with the County about 150 days prior to renewal with an updated estimate of renewal changes in premium, along with possible changes in coverage, policy terms, etc.
13. Present final renewal pricing and policy changes about 120 days before renewal.
14. If desired by the County, formally market the medical insurance program with the current and other insurers per Florida Statute 112.08 with regard to advertising:
 - a. Coordinate with the County to assure insurers have needed information, up-to-date specifications, plan descriptions, census data, experience information, other necessary information and response format to propose competitive insurance programs.
 - b. Deliver to the County a listing of all companies contacted, detailed spreadsheets of all proposals received and any rejection letters, and assist, as needed, in helping the County reach a purchase decision.
 - c. Coordinate issuance and delivery of insurance program purchased by the County, and assist if any irregularities are detected.
15. If the County conducts its own RFP process for coverage provided, promptly assist (as needed) in coordinating provision of necessary documentation, background and rating data, and premium/claims history information desired for the RFP.
16. Compare and contrast the County's plan and performance with other like plans, if asked by the County.
17. Other services as mutually agreed upon.

18. Fully disclose insurance policy premiums and commissions and other remuneration received for the sale of such policies.

19. Permit the County to conduct an audit of all remuneration/revenues attributable to the County's account and to fully cooperate with persons designated by the County to perform such audit.

SELECTION OF AGENT

The County will qualify, based on responses to this RFQ, a single agent to be considered to become agent of record for the County's medical insurance renewal and program. The County's incumbent agent is not exempt from completion of the Submission Forms and is expected to respond to all items.

AGENT QUALIFICATION/EXPERIENCE/COMMITMENT TO SERVICE

Information should be furnished regarding the qualifications of the specific agent/representative who will serve the County, the agent's experience with entities of similar size, complexity and magnitude, and other public entities; the agent's experience with the scope of services requested, and the agent's commitment to the County's account.

The agent should describe the expected frequency of service contact to be provided, availability for meetings, etc.

The County expects submitters to commit to and provide examples of proactive and aggressive pursuit of negotiation of favorable policy and contract terms, conditions and pricing of insurance, benefits and services related to the insurance.

AGENCY BUSINESS WITH MEDICAL INSURERS/AGENCY QUALIFICATIONS

Florida medical insurance volume with the major (and local, if any) insurers should be provided as a measure of the degree of involvement with medical insurance programs.

Information should be furnished as applicable, regarding the size of agency and number of personnel, location to serve the County, experience with similar size entities and public entities, personnel (and qualifications for persons other than the agent/representative who will serve the County), services, etc.

EVALUATION OF SUBMISSIONS

In evaluating submissions, the County shall consider several factors, including but not limited to:

Criteria
Agent qualifications and experience.
Agent commitment to customer service.
Agency local office medical insurance business volume with major insurers.
Agency qualifications.
Services included.
Reasons for agent selection/uniqueness/special advantages.
References, including current customer satisfaction with quantity and quality of services.
Finalist interview, if interviews held (applicable only to those chosen as finalists).

The order in which these items are listed does not necessarily reflect their order of importance.

REASONS FOR AGENT SELECTION/UNIQUENESS/SPECIAL ADVANTAGES

Submitters should provide a narrative setting forth the key reasons they should be qualified by the County to be their agent for its medical insurance program. The narrative should emphasize issues that make the agent/firm unique, or give them special advantages over other submitters, and how this is relevant to the County's medical insurance program.

REFERENCES

Submitters should provide at least five County references, including from the County's general area. Preferably, references should include public entities of similar size, complexity and magnitude to the County.

CONTRACT EFFECTIVE DATE, TERM

Although the contract term (and term of remuneration) will be October 1, 2015 – September 30, 2016, the same as the County's insurance policy term; it is expected that upon contract award, the successful agent, will begin providing service in conjunction with the medical insurer. County renewal of the agent services for subsequent years will be in part dependent upon acceptability of costs, extent and quality of service, provider stability and market conditions.

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 09/22/14

BONDING REQUIREMENTS

RESPONDENT'S INSURANCE

1. The Respondent shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Manager or designee.
2. All insurance policies shall be with insurers licensed to do business in the State of Florida.
3. All insurance shall include the interest of all entities names in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. The County shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
5. The County shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual agreements between the County and the Respondent.
6. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Respondent.
7. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the Respondent, which are involved, and which is a part of the contract.
8. The County reserves the right at any time to require the Respondent to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
9. The designation of Respondent shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.

10. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.

WORKERS' COMPENSATION INSURANCE

1. The Respondent shall secure and maintain during the life of this agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Respondent shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual agreements which have been approved by the County.
2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. No class of employee, including the Respondent himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE AND COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Respondent shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
2. The Respondent shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both On-and Off-Premises Operations, Contractual Liability, and Broad Form Property Damage.
3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the Respondent shall notify the County representative in writing. The Respondent shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
4. Commercial General Liability coverage shall be endorsed to include the following:
 - 1.) Premises – Operation Liability
 - 2.) Occurrence Bodily Injury and Property Damage Liability
 - 3.) Independent Respondent's Liability
 - 4.) Completed Operations and Products Liability

5. Respondent shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond acceptance of project.

LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Worker's Compensation	
1.) State	Statutory
2.) Employer's Liability	\$100,000 each accident
2. Business Automobile & Commercial General Liability Insurance	\$1,000,000 each occurrence (A combined single limit)
3. Personal and Advertising Injury	\$250,000
4. Professional Liability	\$1,000,000 each occurrence (A combined single limit)

NOTICE OF CLAIMS OR LITIGATION

The Respondent agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Respondent's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Respondent becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

To the fullest extent permitted by law, Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this contract.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

CERTIFICATE OF INSURANCE

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by County prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 602-C North Pearl Street, Crestview, Florida, 32536.

2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above \$10,000. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs).
4. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Respondent's full responsibility. In particular, the Respondent shall afford full coverage as specified herein to entities listed as Additional Insured.
5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Respondent has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Respondent required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Respondent of any responsibility under this contract.

Should the Respondent engage a subcontractor or sub-subcontractor, the same conditions will apply under this agreement to each subcontractor and sub-subcontractor.

The Respondent hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Respondent under all the foregoing policies of insurance.

UMBRELLA INSURANCE

The Respondent shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this agreement.

GENERAL SERVICES SPECIAL QUALIFICATIONS CONDITIONS

1. **PROJECT DESCRIPTION** – The purpose and intent of this Request of Qualifications is to select a supplier to provide a Medical Insurance Agent of Records to the various locations for Okaloosa County Board of County Commissioners.

2. **PRE-QUALIFICATION ACTIVITY** -

a. **Addendum** - Except as provided in this section, respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Review Committee members, or any other person authorized on behalf of the County related or involved with the solicitation. All inquiries on the scope of work, specifications, additional requirements, attachments, terms and general conditions or instructions, or any issue must be directed in writing, by US mail or email to:

Okaloosa County Purchasing Department
602 C North Pearl Street
Crestview, FL 32536
Email: sestes@co.okaloosa.fl.us
(850)689-5960

b. All questions or inquiries must be received no later than seven (7) calendar days prior to the RFQ's closing date. Any addenda or other modification to the qualifications documents will be issued by the County five (5) days prior to the date and time of RFQ's closing, as a written addenda distributed to all prospective respondents by posting to the Florida Purchasing Group. To access the Florida Purchasing Group go to: www.floridabidsystem.com.

c. Such written addenda or modification shall be part of the RFQ documents and shall be binding upon each respondent. Each respondent is required to acknowledge receipt of any and all addenda in writing and submit with their documents. No respondent may rely upon any verbal modification or interpretation.

3. **PREPARATION OF QUALIFICATIONS** – Qualifications which contain any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for which shall in any manner fail to conform to the conditions of public notice requesting qualifications may be rejected.

a. Qualifications submitted by a corporation shall be executed in the corporate name by the president or a vice president or other corporate officer who has legal authority to sign. The corporate seal shall be affixed and attested by the secretary or an assistant secretary.

b. Qualifications submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

c. Qualifications submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

- d. Qualifications submitted by an individual shall show the respondent's name and official address.
- e. Qualifications submitted by a joint venture shall be executed by each joint venture in the manner indicated in the Request for Qualification. The official address of the joint venture must be shown below the signature.
- f. All signatures shall be in blue ink. All names shall be typed or printed below the signature.
- g. The submittal shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the submittal shall be shown.
- h. If the respondent is an out-of-state corporation, the submittal shall contain evidence of respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida in accordance with Article 3. A state contractor license # for the State of Florida shall also be included on the proposal form. Respondent shall be licensed in accordance with the requirements of Chapter 489, Florida Statutes.

4. **INTEGRITY OF QUALIFICATIONS DOCUMENTS** - Respondents shall use the original Bid Sheet provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Bid Sheet if sufficient space is not available. Any modifications or alterations to the original solicitation documents by the respondent, whether intentional or otherwise, will constitute grounds for rejection of submittal. Any such modifications or alterations that a respondent wishes to propose must be clearly stated in the respondent's response and the form of an addendum to the original documents.

5. **SUBMITTAL OF QUALIFICATIONS** – Qualifications shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or request for qualifications and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the qualifications are being submitted for), the name and address of the respondent, and shall be accompanied by the other required documents.

Note: Crestview is not a next day delivery site for overnight carriers.

6. **MODIFICATION & WITHDRAWAL OF SUBMITTAL** – Qualifications may be modified or withdrawn by an appropriate document duly executed in the manner that a submittal must be executed and delivered to the place where documents are to be submitted prior to the date and time for the opening of the solicitation.

If within 24 hours after qualifications are opened any respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its submittal, that respondent may withdraw its submittal, and the respondent's security will be returned. Thereafter, if the work is a re-qualification, that respondent will be disqualified from 1) further purposing on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

7. **QUALIFICATIONS OPENING INFORMATION** – Qualifications will be opened at the time and place indicated in the advertisement or request for qualifications and unless obviously non-responsive, read aloud publicly. It is the respondent’s responsibility to assure that its documents are delivered at the proper time and place. Offers by telegram, facsimile, or telephone will **NOT** be accepted.

Note: Crestview, Florida is “not a next day guaranteed delivery location” by delivery services.

8. **QUALIFICATIONS TABULATION SHEET** – Any respondent interested in receiving a copy of the qualification tabulation sheet **must** enclose a stamped self-addresses envelop with their qualifications.
9. **QUALIFICATIONS DOCUMENTS TO REMAIN SUBJECT TO ACCEPTANCE** – All qualifications documents will remain subject to acceptance or rejection for sixty (60) calendar days after the day of the opening, but the County may, in its sole discretion, release any submittal and return the respondent’s security prior to the end of this period.
10. **IDENTICAL TIE QUALIFICATIONS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more qualifications which are equal with respect to price, quality and service are received by the County for the procurement of commodities, contractual services, a submittal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

Established procedures for processing tie qualifications will be followed if none of the tied vendors have a drug-free workplace program.

Note: For respondent’s convenience, this certification form is enclosed and is made a part of the qualification package.

11. **CONDITIONAL & INCOMPLETE QUALIFICATIONS** - Okaloosa County specifically reserves the right to reject any conditional submittal and qualifications which make it impossible to determine the true quality of services to be provided by respondent.
12. **ADDITION/DELETION OF ITEM** – The County reserves the right to add or delete any item from this qualification or resulting contract when deemed to be in the County’s best interest.
13. **APPLICABLE LAWS & REGULATIONS** – All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the qualifications throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.
14. **DISQUALIFICATION OF RESPONDENTS** - Any of the following reasons may be considered as sufficient for the disqualification of a respondent and the rejection of its qualifications:
- A. Submission of more than one qualification for the same work from an individual, firm or corporation under the same or different name.
 - B. Evidence that the respondent has a financial interest in the firm of another proposer for the same work.

- C. Evidence of collusion among respondents. Participants in such collusion will receive no recognition as respondents for any future work of the County until such participant has been reinstated as a qualified respondent.
- D. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
- E. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of qualifications.
- F. Default under previous contract.
- G. Listing of the respondent by the Federal Government on its barred/suspended vendor list.

15. AWARD OF CONTRACT-

- A. **Okaloosa County Review** - Okaloosa County designated Staff will review all qualifications and will participate in the Recommendation to Award.
- B. The County will award the contract to the most qualified respondent, and the County reserves the right to award the contract to the respondent submitting the most responsive submittal with a resulting negotiated agreement which is most advantageous and in the best interest of the County, and to reject any and all qualifications or to waive any irregularity or technicality in qualifications received. Okaloosa County shall be the sole judge of the qualifications and the resulting negotiated agreement that is in its best interest and its decision shall be final.
- C. Okaloosa County reserves the right to waive any informalities or reject any and all qualifications, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this RFQ and to accept the submittal that in its judgment will best serve the interest of the County.
- D. Okaloosa County specifically reserves the right to reject any conditional qualifications and bids which make it impossible to determine the true quality of services to be provided by respondent.

16. PAYMENTS – The respondent shall be paid upon submission of invoices and approval of acceptance by Okaloosa County Board of County Commissioners, Finance Office, 302 N. Wilson St., #203, Crestview FL 32536, for the prices stipulated herein for articles delivered and accepted. Invoices must show Contract #.

17. DISCRIMINATION - An entity or affiliate who has been placed on the discriminatory vendor list may not submit qualifications for a contract to provide goods or services to a public entity, may not submit qualifications on a contract with a public entity for the construction or repair of a public building or public work, may not submit qualifications on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

18. **PUBLIC ENTITY CRIME INFORMATION** - {PRIVATE }Pursuant to Florida Statute 287.133, a respondent may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.
19. **CONFLICT OF INTEREST** - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their qualifications the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies. Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.
20. **REORGANIZATION OR BANKRUPTCY PROCEEDINGS** – Qualifications will not be considered from respondents who are currently involved in official financial reorganization or bankruptcy proceedings.
21. **INVESTIGATION OF RESPONDENT** – The County may make such investigations, as it deems necessary to determine the stability of the respondent to perform the work and that there is no conflict of interest as it relates to the project. The respondent shall furnish any additional information and financial data for this purpose as the County may request.
22. **AUTHORITY TO PIGGYBACK** - All respondents submitting a response to this Request for Qualifications agree that such response also constitutes qualifications to all governmental agencies under the same conditions, for the same contract price, and for the same effective period as this proposal, should the respondent feel it is in their best interest to do so. Each governmental agency desiring to accept these qualifications and make an award thereof shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials and/or services ordered and received by it, and no agency assumes any liability by virtue of this contract.

This agreement in no way restricts or interferes with the right of any governmental agency to bid any or all items.

23. **NO CONTACT CLAUSE** - The Okaloosa County Board of County Commissioners have established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services issued by the Board through the County Purchasing Department. The period commences when the procurement document is received by the respondent and terminates when the Board of County Commissioners approves an award.

Note: For respondent's convenience, this certification form is enclosed and is made a part of this qualifications package.

24. **REVIEW OF PROCUREMENT DOCUMENTS** - Per Florida Statute 119.071 (2) 2 sealed bids, proposals, or replies received by an the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

25. **COMPLIANCE WITH FLORIDA STATUTE 119.071** - The Respondent shall comply with all the provisions of section 119.071, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the respondent upon termination of the contract.
26. **PROTECTION OF RESIDENT WORKERS** – The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verifications. The respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

27. **SUSPENSION OR TERMINATION FOR CONVENIENCE** - The County may, at any time, without cause, order Respondent in writing to suspend, delay or interrupt the work in whole or in part for such period of time as the County may determine, or to terminate all or a portion of the Contract for the County's convenience. Upon such termination, the Contract Price earned to the date of termination shall be paid to Respondent, but Respondent waives any claim for damages, including loss of profits arising out of or related to the early termination. Those Contract provisions which by their nature survive final acceptance shall remain in full force and effect. If the County orders a suspension, the Contract price and Contract time may be adjusted for increases in the cost and time caused by suspension, delay or interruption. No adjustment shall be made to the extent that performance is, was or would have been so suspended, delayed or interrupted by reason for which Respondent is responsible; or that an equitable adjustment is made or denied under another provision of this Contract.
28. **FAILURE OF PERFORMANCE/DELIVERY** - In case of default by the respondent, the County after due notice (oral or written) may procure the necessary supplies or services from other sources and hold the respondent responsible for difference in cost incurred. Continuous instances of default shall result in cancellation of the contract and removal of the respondent from the vendor list for duration of one (1) year, at the option of County.
29. **AUDIT** - If required, respondent shall permit an authorized, independent audit agency to inspect all data and records of respondent relating to its performance and its subcontracts under this contract from the date of the contract through and until the expiration of contract.

30. **EQUAL EMPLOYMENT OPPORTUNITY; NON DISCRIMINATION** – Respondent will not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.
31. **NON-COLLUSION** – Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other respondents. See Florida Statute 838.22.
32. **UNAUTHORIZED ALIENS/PATRIOT’S ACT** – The knowing employment by respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the respondent is notified or becomes aware of such default, the respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent’s failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.
33. **The following documents are to be submitted with the qualifications packet:**
 - A. Drug-Free Workplace Certification Form
 - B. Conflict of Interest
 - C. Federal E-Verify
 - D. No Contact Clause Form
 - E. Indemnification and Hold Harmless
 - F. Company Data
 - G. Addendum Acknowledgement
 - H. Ranking Sheet
 - I. Lobbyist Certification
 - J. Submission Form

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

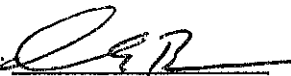
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE:

June 2, 2015

SIGNATURE:



COMPANY:

Barnes Insurance

NAME:

Dennis E. Barnes

(Typed or Printed)

ADDRESS:

1582 Airport Blvd
Pensacola, FL 32504

TITLE:

President

E-MAIL:

dbarnes@biafs.com

PHONE NO.:

850.473.1500

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all respondents/proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

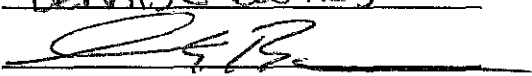
Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO X _____

NAME(S)

POSITION(S)

FIRM NAME: Barnes Insurance
BY (PRINTED): Dennis E Barnes
BY (SIGNATURE): 
TITLE: President
ADDRESS: 1582 Airport Blvd
Pensacola, FL 32504
PHONE NO. 850-473-1500
E-MAIL dbarnes@biafs.com
DATE June 2, 2015

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Proposer hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: June 2, 2015

SIGNATURE: 

COMPANY: Barnes Insurance

NAME: Dennis E Barnes

ADDRESS: 1582 Airport Blvd
Pensacola, FL 32504

TITLE: President

E-MAIL: dbarnes@biafs.com

PHONE NO.: 850-473-1500

NO CONTACT CLAUSE

The Board of County Commissioners have established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

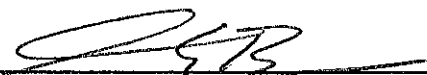
The period commences when the procurement document is received and terminates when the Board of County Commissioners approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents/proposers and members of the Board of County Commissioners the County Administrator or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **MUST** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after documents are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the proposer from consideration during the selection process.

All proposers must agree to comply with this policy by signing the following statement and including it with their submittal.

I  representing Barnes Insurance
Signature Company Name

On this 2nd day of June, 2015 hereby agree to abide by the County's "No Contact Clause" and understand violation of this policy shall result in disqualification of my submittal.

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, CONTRACTOR shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

Barnes Insurance
Respondent's Company Name


Authorized Signature – Manual

1582 Airport Blvd
Physical Address Pensacola, FL 32504

Dennis E Barnes
Authorized Signature – Typed

1582 Airport Blvd
Mailing Address Pensacola, FL 32504

President
Title

850-473-1500
Phone Number

850-473-1501
FAX Number

850-982-7316
Cellular Number

850-982-7316
After-Hours Number(s)

June 2, 2015
Date

COMPANY DATA

Physical Address & Phone #: 1582 Airport Blvd
Pensacola, FL 32504
850-473-1500

Proposer's Company Name: Barnes Insurance and Financial Services

Physical Address: 1582 Airport Blvd
Pensacola, FL 32504

Contact Person (Typed-Printed): Dennis E Barnes

Phone #: 850-473-1500

Cell #: 850-982-7316

Federal ID or SS #: 33-1106816

Proposer's License #: A 013980

Fax #: 850-473-1501

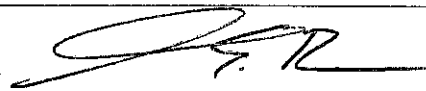
Emergency #'s After Hours,
Weekends & Holidays: 850-982-7316

ADDENDUM ACKNOWLEDGEMENT

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO. 1 DATE 5-21-2015

Questions and Answers 5-28-2015



NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

Addendum #1
RFP RFQ RM 54-15
Information for Medical Insurance Agent of Record

The following has been removed, added and/or changed in RFQ RM 54-15 Information for Medical Insurance Agent of Record:

1. On the **'REQUEST FOR QUALIFICATIONS (RFQ) & RESPONDENTS ACKNOWLEDGEMENT'** the following has been changed:

All qualifications must be sealed and received by the Okaloosa County Clerk of Court by the "RFQ Opening Due Date & Time" referenced above.

2. Under **'GENERAL SERVICES SPECIAL QUALIFICATIONS CONDITIONS'** Item 8 has been removed:

~~8. QUALIFICATIONS TABULATION SHEET — Any respondent interested in receiving a copy of the qualification tabulation sheet must enclose a stamped self-addressed envelop with their qualifications.~~

Questions & Answers
for
RFQ RM 54-15
Information for Medical Insurance Agent of Record

1. Do we need to include a broker fee in the pricing?

- NO – this is a Request for Qualifications

2. Also there are 2 ways we can get compensated. Which do you prefer?

- Not applicable

3. Do you prefer the RFQ in notebooks or not?

- Submissions are to be in portrait format, unbound, and 8 ½ x 11 where practical.

REQUEST FOR QUALIFICATIONS
RFQ RM 54-15

COMPANY NAME	Barnes Insurance and Financial Services			
Qualifications				
Agent Qualifications and Experience (0-20)				
Agent Commitment to Customer Services (0-20)				
Agency Medical Insurance Business Volume with Major Insurers. (0-15)				
Agency Qualifications (0-15)				
Agent Uniqueness/Special Advantages (0-15)				
References (0-15)				
Total (100 point scale)				

COMMITTEE MEMBER (Print): _____

DATE: _____

SIGNATURE _____

LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements
(To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*.)]

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, Barnes Insurance certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

 Signature of Contractor's Authorized Official

Dennis E Barnes, Name and Title of Contractor's Authorized Official

President
June 2, 2015 Date

**OKALOOSA COUNTY
SUBMISSION FORM**

FOR QUALIFICATION OF MEDICAL INSURANCE AGENT OF RECORD

This is a form for submitters to provide basic information and specific qualifications to become medical insurance agent of record to the County. Provide all information requested, as answers are needed for comparison of all submissions. This form need not be typed; it may be handwritten in ink.

1. Insurance Agent Dennis E Barnes and James Glenn Little
2. Firm Name Barnes Insurance and Financial Services
3. Address 1582 Airport Blvd, Pensacola, FL 32504
4. Telephone 850-473-1500 Fax 850-473-1501 Email dbarnes@biafs.com

Agent Qualifications and Experience See response Tab for full answers

5. How many years have you been in the insurance business? _____
6. How many years have you been with your present firm? _____
7. Have you attached background information on yourself, e.g. resume? _____
8. Do you have special professional qualifications or professional designations? _____
9. What is your experience with medical insurance plans for groups of similar or greater size, complexity and magnitude? _____
10. What is your experience with medical insurance plans for other public entities of similar size, complexity and magnitude? _____
11. How many public entities do you service? _____
12. Are you experienced with all the items listed in the Scope of Agent Services? If not, explain. _____

Agent Commitment to Customer Service

13. Will you provide the full scope of agent services as outlined in the RFQ? _____
14. Do you, if chosen, expect to begin immediately providing service, in conjunction with the medical insurer? _____
15. What is your commitment to County service, including frequency of contact, availability for meetings with staff, committees, etc.? _____
16. Will you commit to proactive and aggressive pursuit of negotiation for favorable policy terms, conditions and pricing, benefits and servicing of insurance coverage? _____

See Response Tab for full answers

17. Have you attached examples of such proactive and aggressive negotiations, etc.? _____

Agency Local Office Medical Insurance Business Volume with Major Insurers

18. What is your local office's Florida medical insurance premium volume with the following?

#	Insurer	Premium Volume
1.	Aetna	
2.	AVMED	
3.	BCBS	
4.	CIGNA	
5.	Humana	
6.	United	
7.	*	*
8.	*	*

* This space is for additional insurers, HMO's, etc. that may be unique to your area.

19. Which of these insurers do you expect to be the best equipped and most likely to be to compete for the County's business, and why? _____

Agency Qualifications

20. What size is your agency's local office, in number of professionals and non-professionals that will serve the County? _____

21. Which Florida office of your firm will provide the ongoing services to the County?

22. Will any other offices be involved; to what extent? Be specific. _____

23. How many years has the firm been in business? _____

24. What is your agency's experience with medical insurance plans for groups of similar or greater size, complexity and magnitude? _____

25. What is your agency's experience with medical insurance plans for other public entities of similar size, complexity and magnitude? _____

26. How many public entities does your agency service? _____

27. Have you provided background information on the range of your firm's services? _____

See Response Tab for full answers

28. Are the key persons designated to service the County's account appropriately licensed by the State of Florida? Please list the following:

Name	Types of Licenses	Years Serving Large Commercial Accounts	Years Serving Public Entities

29. Have you attached details of the experience of these persons (and non-licensed personnel you intend to assign) with accounts and/or public entities with similar size and complexity as the County?

30. State the amount of errors and omissions insurance for the firm and the name of the insurer.

Reasons for Agent Selection/Uniqueness/Special Advantages

31. Reasons for the County qualifying you and your firm: Describe below and/by attachment the key reasons you and your firm should be qualified by the County to be the agent of record. Emphasize issues that make you and/or the firm unique, or give you/it special advantages over other submitters and how these are of value to the County for its medical insurance program. Attach any supplemental documentation you think is relevant to being selected.

General

32. Have you disclosed the name of any officer, director, agent or other key person who is also an official or employee of the County? If none, state "none". _____

33. Have you disclosed the name of any official or employee of the County who owns, directly or indirectly, an interest of five percent or more in a proposing firm or any of its branches? If none, state "none". _____

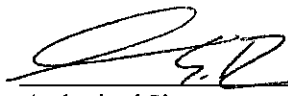
Additional Comments:

See Response Tab for full answers

I have read the County's Request for Qualification for Agent of Record in its entirety. I am submitting information based upon the representation that my firm is of sufficient size and capability and has sufficient experience to serve the County.

I understand that the County may conduct interviews with selected firms submitting proposals, and the County's decision about interviews and selection shall be final.

This Request by the County is understood to be a solicitation of background information and qualifications from firms that may be designated as agent of record. I represent that I am authorized to provide this submission on behalf of my firm.

 Barnes Insurance June 2, 2015 850-473-1500
Authorized Signature Firm Date Telephone

**OKALOOSA COUNTY
AGENT OF RECORD FOR MEDICAL INSURANCE**

REFERENCES

Provide specific references for at least five customers (preferably public entities), including customers served by the firm's nearest office to the County. They should be of similar size, complexity and magnitude to the County. Additional references may be provided by attachment.

FIRM Barnes Insurance and Financial Services

1. Organization See Response Tab for full answers
Address _____
Contact, phone number _____ E-mail address _____
Insurance/Services provided _____

2. Organization _____
Address _____
Contact, phone number _____ E-mail address _____
Insurance/Services provided _____

3. Organization _____
Address _____
Contact, phone number _____ E-mail address _____
Insurance/Services provided _____

4. Organization _____
Address _____
Contact, phone number _____ E-mail address _____
Insurance/Services provided _____

5. Organization _____
Address _____
Contact, phone number _____ E-mail address _____
Insurance/Services provided _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Greene Hazel Insurance Group 10739 Deerwood Park Blvd Ste 200 Jacksonville FL 32256		CONTACT NAME: Joanie Newton PHONE (A/C, No, Ext): 904-398-1234 E-MAIL ADDRESS: jmn@greenehazel.com FAX (A/C, No): 904-396-7432	
INSURED Barnes Insurance & Financial Services, LLC 1582 Airport Blvd Pensacola FL 32504		INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Insurance Co. NAIC # 40231 INSURER B: Travelers Indemnity Co America 25666 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2090582783** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BPG1180C	11/3/2014	11/3/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			UB0756M135	2/1/2015	2/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Okaloosa County P.O. Box 4730 Fort Walton Beach FL 32549	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual | **Plan Type:** PPO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.floridablue.com/plancontracts/group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.floridablue.com/plancontracts/group or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>In-Network</u> : \$2,500 Per Person. <u>Out-of-Network</u> : \$5,000 Per Person.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$500 <u>Out-of-Network</u> Per Admission <u>Deductible</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Yes. <u>In-Network</u> : \$5,800 Per Person. <u>Out-Of-Network</u> : \$11,600 Per Person.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	Primary Care Visits: <u>Deductible</u> + 20% Coinsurance/ Virtual Visits (Telemedicine): <u>Deductible</u> + 20% Coinsurance	Primary Care Visits: <u>Deductible</u> + 40% Coinsurance/ Virtual Visits (Telemedicine): Not Covered	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% Coinsurance	<u>Deductible</u> + 40% Coinsurance	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: <u>Deductible</u> / Independent Diagnostic Testing Center: <u>Deductible</u> + 20% Coinsurance	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.floridablue.com/tools-resources/pharmacy/medication-guide	Generic drugs	<u>Deductible</u> + \$15 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$40 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	<u>Deductible</u> + \$60 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$150 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	<u>Deductible</u> + \$100 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$250 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: In-Network <u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	In-Network <u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: <u>Deductible</u> + 20%	Per Admission <u>Deductible</u> + <u>Deductible</u> + 40%	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
		<u>Coinsurance</u>	<u>Coinsurance</u>	share.
	Physician/surgeon fees	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
	Inpatient services	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible + 20% Coinsurance</u>	Per Admission <u>Deductible + Deductible + 40% Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Dental care (Adult)• <u>Habilitation services</u>	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Pediatric dental check-up• Pediatric eye exam	<ul style="list-style-type: none">• Pediatric glasses• Private-duty nursing• Routine eye care (Adult)• Routine foot care unless for treatment of diabetes• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Chiropractic care - Limited to 35 visits	<ul style="list-style-type: none">• Most coverage provided outside the United States. See www.floridablue.com.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ <u>The plan's overall deductible</u>	\$2,500
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other No Charge</u>	\$0

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$1,800
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,400

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

■ <u>The plan's overall deductible</u>	\$2,500
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$1,700
<u>Coinsurance</u>	\$100
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Joe would pay is	\$4,360

Mia's Simple Fracture

(in network emergency room visit and follow up care)

■ <u>The plan's overall deductible</u>	\$2,500
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

सूचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કચે [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન કચે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227


توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yániití'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 1-800-333-2227.

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Family | **Plan Type:** PPO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.floridablue.com/plancontracts/group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.floridablue.com/plancontracts/group or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$2,800 Per Person/ \$5,000 Family. <u>Out-of-Network: \$10,000</u> Per Person/ \$10,000 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$500 <u>Out-of-Network</u> Per Admission <u>Deductible</u> . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Yes. In-Network: \$6,850 Per Person/ \$11,600 Family. <u>Out-Of-Network: \$23,200</u> Per Person/ \$23,200 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	Primary Care Visits: <u>Deductible</u> + 20% Coinsurance/ Virtual Visits (Telemedicine): <u>Deductible</u> + 20% Coinsurance	Primary Care Visits: <u>Deductible</u> + 40% Coinsurance/ Virtual Visits (Telemedicine): Not Covered	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% Coinsurance	<u>Deductible</u> + 40% Coinsurance	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: <u>Deductible</u> / Independent Diagnostic Testing Center: <u>Deductible</u> + 20% Coinsurance	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.floridablue.com/tools-resources/pharmacy/medication-guide	Generic drugs	<u>Deductible</u> + \$15 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$40 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	<u>Deductible</u> + \$60 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$150 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	<u>Deductible</u> + \$100 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$250 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: In-Network <u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	In-Network <u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: <u>Deductible</u> + 20%	Per Admission <u>Deductible</u> + <u>Deductible</u> + 40%	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
		<u>Coinsurance</u>	<u>Coinsurance</u>	share.
	Physician/surgeon fees	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
	Inpatient services	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible + 20% Coinsurance</u>	Per Admission <u>Deductible + Deductible + 40% Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Dental care (Adult)• <u>Habilitation services</u>	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Pediatric dental check-up• Pediatric eye exam	<ul style="list-style-type: none">• Pediatric glasses• Private-duty nursing• Routine eye care (Adult)• Routine foot care unless for treatment of diabetes• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Chiropractic care - Limited to 35 visits	<ul style="list-style-type: none">• Most coverage provided outside the United States. See www.floridablue.com.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ <u>The plan's overall deductible</u>	\$2,800
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other No Charge</u>	\$0

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$1,800
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,700

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

■ <u>The plan's overall deductible</u>	\$2,800
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$1,600
<u>Coinsurance</u>	\$80
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Joe would pay is	\$4,540

Mia's Simple Fracture

(in network emergency room visit and follow up care)

■ <u>The plan's overall deductible</u>	\$2,800
■ <u>Specialist Coinsurance</u>	20%
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કચે [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન કચે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583** (TTY: **1-800-955-8770**) หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yániiti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 1-800-333-2227.

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services


Coverage for: Individual and/or Family | **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.floridablue.com/plancontracts/group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.floridablue.com/plancontracts/group or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>In-Network</u> : \$750 Per Person/\$2,250 Family. <u>Out-of-Network</u> : \$1,500 Per Person/\$4,500 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Yes. <u>In-Network</u> : \$5,000 Per Person/\$10,000 Family. <u>Out-Of-Network</u> : \$6,000 Per Person/\$12,000 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a referral to see a specialist ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary Care Visits: \$30 <u>Copay</u> per Visit/ Virtual Visits (Telemedicine): \$10 <u>Copay</u> per Visit/ Value Choice Provider: No Charge	Primary Care Visits: <u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits (Telemedicine): Not Covered/ Value Choice Provider: Not Covered	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$70 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.floridablue.com/tols-resources/pharmacy/medication-guide	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$50 <u>Copay</u> per Prescription at retail, \$125 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$80 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$250 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	Physician/surgeon fees	Ambulatory Surgical Center: \$70 <u>Copay</u> per Visit/ Hospital: \$100 <u>Copay</u> per Visit	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: \$100 <u>Copay</u> per Visit	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	\$300 <u>Copay</u> per Visit	\$300 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	Urgent Care Visits: \$65 <u>Copay</u> per Visit/ Value Choice Provider: \$0 <u>Copay</u> - Visits 1-2 \$65 <u>Copay</u> for remaining Visits	Urgent Care Visits: <u>Deductible</u> + \$65 <u>Copay</u> per Visit/ Value Choice Provider: Not Covered	—————none—————

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	\$100 <u>Copay</u> per Visit	\$100 <u>Copay</u> per Visit	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	50% <u>Coinsurance</u>	—————none—————
	Inpatient services	No Charge	<u>Physician Services</u> : No Charge/ <u>Hospital</u> : 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$70 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	\$100 <u>Copay</u> per Visit	\$100 <u>Copay</u> per Visit	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	Physician Office: \$70 <u>Copay</u> per Visit/ Outpatient Rehab Center: \$60 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Dental care (Adult)• Habilitation services	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Pediatric dental check-up• Pediatric eye exam	<ul style="list-style-type: none">• Pediatric glasses• Private-duty nursing• Routine eye care (Adult)• Routine foot care unless for treatment of diabetes• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Chiropractic care - Limited to 35 visits	<ul style="list-style-type: none">• Most coverage provided outside the United States. See www.floridablue.com.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ <u>The plan's overall deductible</u>	\$750
■ <u>Specialist Copayment</u>	\$70
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other No Charge</u>	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,600
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,510

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

■ <u>The plan's overall deductible</u>	\$750
■ <u>Specialist Copayment</u>	\$70
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$2,700
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,760

Mia's Simple Fracture

(in network emergency room visit and follow up care)

■ <u>The plan's overall deductible</u>	\$750
■ <u>Specialist Copayment</u>	\$70
■ <u>Hospital (facility) Coinsurance</u>	20%
■ <u>Other Copayment</u>	\$300

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$600
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,200

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

सूचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન ક્રમે [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન ક્રમે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227


توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره (1-800-955-8770) TTY: 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiíłnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | **Plan Type:** PPO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.floridablue.com/plancontracts/group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.floridablue.com/plancontracts/group or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$1,500 Per Person/ \$4,500 Family. Out-of-Network: \$4,500 Per Person/ \$13,500 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$500 Out-of-Network Per Admission <u>Deductible</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Yes. In-Network: \$5,500 Per Person/ \$11,000 Family. Out-Of-Network: \$11,000 Per Person/ \$22,000 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premium</u> , <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary Care Visits: \$30 <u>Copay</u> per Visit/ Virtual Visits (Telemedicine): \$10 <u>Copay</u> per Visit/ Value Choice Provider: No Charge	Primary Care Visits: <u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits (Telemedicine): Not Covered/ Value Choice Provider: Not Covered	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$55 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	\$250 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.floridablue.com/tols-	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$150 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$80 <u>Copay</u> per	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
resources/pharmacy/medication-guide		Prescription at retail, \$200 <u>Copay</u> per Prescription by mail		for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$200 <u>Copay</u> per Visit/ Hospital: <u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>	—————none—————
	Physician/surgeon fees	Ambulatory Surgical Center: \$55 <u>Copay</u> per Visit/ Hospital: <u>Deductible + 30% Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible + 50% Coinsurance</u> / Hospital: <u>In-Network Deductible + 30% Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	\$500 <u>Copay</u> per Visit	\$500 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible + 30% Coinsurance</u>	<u>In-Network Deductible + 30% Coinsurance</u>	—————none—————
	<u>Urgent care</u>	Urgent Care Visits: \$60 <u>Copay</u> per Visit/ Value Choice Provider: \$0 <u>Copay</u> - Visits 1-2 \$60 <u>Copay</u> for remaining Visits	Urgent Care Visits: <u>Deductible + \$60 Copay</u> per Visit/ Value Choice Provider: Not Covered	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible + 30% Coinsurance</u>	Per Admission <u>Deductible + Deductible + 50% Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	<u>Deductible + 30% Coinsurance</u>	<u>In-Network Deductible + 30% Coinsurance</u>	—————none—————

For more information about limitations and exceptions, see the [plan](#) or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	50% <u>Coinsurance</u>	—————none—————
	Inpatient services	No Charge	<u>Physician Services</u> : No Charge/ Hospital: 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$55 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Per Admission Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	\$55 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Dental care (Adult)• <u>Habilitation services</u>	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Pediatric dental check-up• Pediatric eye exam	<ul style="list-style-type: none">• Pediatric glasses• Private-duty nursing• Routine eye care (Adult)• Routine foot care unless for treatment of diabetes• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Chiropractic care - Limited to 35 visits	<ul style="list-style-type: none">• Most coverage provided outside the United States. See www.floridablue.com.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ <u>The plan's overall deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$55
■ <u>Hospital (facility) Coinsurance</u>	30%
■ <u>Other No Charge</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$3,000
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,600

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

■ <u>The plan's overall deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$55
■ <u>Hospital (facility) Coinsurance</u>	30%
■ <u>Other Coinsurance</u>	30%

This **EXAMPLE** event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$2,900
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,960

Mia's Simple Fracture

(in network emergency room visit and follow up care)

■ <u>The plan's overall deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$55
■ <u>Hospital (facility) Coinsurance</u>	30%
■ <u>Other Copayment</u>	\$500

This **EXAMPLE** event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,600

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કચે [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન કચે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583** (TTY: **1-800-955-8770**) หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yániiti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 1-800-333-2227.

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Dental PPO Summary of Benefits Effective 10/1/2020

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT-OF-NETWORK	NETWORK	OUT-OF-NETWORK
Individual Annual Calendar Year Deductible	\$50	\$50	\$0	\$0
Family Annual Calendar Year Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	\$1250 per person per Calendar Year	\$1250 per person per Calendar Year	\$1000 per person per Lifetime	\$1000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network) No (Out-of-Network)
Solstice BenefitsBooster Included (Increasing Calendar Year Maximum Benefit)	Yes
Preventive Waiver Saver Included (P&D Services Do Not Accumulate Towards Annual Maximum)	No
Orthodontic eligibility requirement	Children up to 19 Years Old

COVERED SERVICES	NETWORK PLAN PAYS*	OUT-OF-NETWORK PLAN PAYS**	BENEFIT GUIDELINES
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PREVENTIVE & DIAGNOSTIC SERVICES

Periodic Oral Evaluation	100%	100%	Limited to two (2) times per consecutive twelve (12) months.
Routine Radiographs	100%	100%	Bitewings: Limited to one (1) series of films per consecutive twelve (12) months.
Non-Routine - Complete Series Radiographs	100%	100%	Complete Series/Panorex: Limited to one (1) time per consecutive thirty-six (36) months.
Prophylaxis (Cleanings)	100%	100%	Limited to (4) prophylaxis in any twelve (12) consecutive months, to a maximum of (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.
Fluoride Treatment	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.
Sealants	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per first or second unrestored permanent molar every consecutive thirty-six (36) months.
Space Maintainers	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.
Palliative Treatment	100%	100%	Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit

BASIC SERVICES

Restorations (Amalgam or Composite)	80%	80%	Multiple restorations on one (1) surface will be treated as a single filling.
Simple Extractions	80%	80%	Limited to one (1) time per tooth per lifetime.
Oral Surgery (includes surgical extractions)	80%	80%	Extractions: Limited to one (1) time per tooth per lifetime.
Periodontics - Surgical	80%	80%	Periodontal Surgery: Limited to one (1) quadrant or site per consecutive thirty-six (36) months per surgical area.
Periodontics - Non Surgical	80%	80%	Scaling and Root Planing: Limited to one (1) time per quadrant per consecutive twenty-four (24) months. Periodontal Maintenance: Limited to four (4) periodontal maintenance in any twelve (12) consecutive months, to a maximum of four (4) total prophylaxis and/or periodontal maintenance procedures in any twelve(12) consecutive months.
Endodontics	80%	80%	
Anesthetics	80%	80%	General Anesthesia: When clinically necessary.
Adjunctive Services	80%	80%	

MAJOR SERVICES

Inlays/Onlays/Crowns/Implants	50%	50%	Limited to one (1) time per tooth per consecutive sixty (60) months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to one (1) per consecutive sixty (60) months. No additional allowances for precision or semi precision attachments.
Fixed Partial Dentures (Bridges)	50%	50%	Bridges: Limited to one (1) time per tooth per consecutive sixty (60) months

ORTHODONTIC SERVICES

Diagnose or correct misalignment of the teeth or bite	50%	50%	Limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.
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*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

Limitations, Non-Covered Services, and Exclusions

General Limitations

ALTERNATE BENEFIT – Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$300; please consult your dentist.

BASIC RESTORATIONS – Multiple restorations on one (1) surface will be treated as a single filling.
BITEWING RADIOGRAPHS are limited to one (1) series of films per consecutive twelve (12) months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS are limited to one (1) time per consecutive thirty-six (36) months.

DENTAL PROPHYLAXIS (CLEANINGS) are limited to prophylaxis in any twelve (12) consecutive months, to a maximum of (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.

EXTRAORAL RADIOGRAPHS are limited to two (2) films per consecutive twelve (12) months.

FLUORIDE TREATMENTS are limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.

FULL OR PARTIAL DENTURES are limited to one (1) time every consecutive sixty (60) months. No additional allowances for precision or semi-precision attachments.

FULL-MOUTH DEBRIDEMENT is limited to one (1) time per consecutive thirty-six (36) months.

GENERAL ANESTHESIA, IV SEDATION are covered when necessary for one of the following reasons: toxicity to local anesthesia, mental retardation, Alzheimer's, spastic muscle disorders.

MAJOR RESTORATIONS – Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to one (1) time per consecutive sixty (60) months from initial or subsequent placement.

OCCUSAL GUARDS are limited to one (1) guard every consecutive sixty (60) months and only if prescribed to control habitual grinding.

ORAL EVALUATIONS - Periodic Oral Evaluation limited to two (2) times per consecutive twelve (12) months. Comprehensive Oral Evaluation limited to one (1) time per dentist per consecutive thirty-six (36) months, only if not in conjunction with other exams.

ORTHODONTIC SERVICES – When Orthodontic Services are covered under the plan, orthodontic services are limited to twenty-four (24) months of treatment, with the initial payment at banding of 20% and remaining payment prorated over the course of the treatment.

PALLIATIVE TREATMENT is covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.

PERIODONTAL MAINTENANCE is limited to two (2) periodontal maintenance in any twelve (12) consecutive months, to a maximum of two (2) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.

PERIODONTAL SURGERY – Hard tissue and soft tissue periodontal surgery is limited to one (1) time per quadrant or site per consecutive thirty-six (36) months.

PIN RETENTION is limited to two (2) pins per tooth; not covered in addition to Cast Restoration.

POST AND CORES are covered only for teeth that have had root canal therapy.

RELINING, REBASING AND TISSUE CONDITIONING DENTURES are limited to relining/rebasing performed more than six (6) months after the initial insertion. Thereafter, limited to one (1) time per consecutive thirty-six (36) months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES are limited to repairs or adjustments performed more than twelve (12) months after the initial insertion. Limited to one (1) time per consecutive six (6) months.

REPLACEMENT of crowns, bridges, and fixed or removable prosthetic appliances, if inserted prior to plan coverage, are covered after the patient has been eligible under the plan for twelve (12) continuous months.

REPLACEMENT of missing natural teeth lost prior to the effective date of coverage are covered only after the patient has been eligible under the plan for twelve (12), continuous months.

SEALANTS are limited to Covered Persons under the age of sixteen (16) years and to one (1) time per first or second unrestored permanent molar every consecutive thirty-six (36) months.

SCALING AND ROOT PLANING is limited to one (1) time per quadrant per consecutive twenty-four (24) months. Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth, by report, is not covered when performed on the same day as root planing and scaling.

SEDATIVE FILLINGS are covered as a separate benefit only if no other service, other than X-rays and exam, were performed on the same tooth during the visit.

SPACE MAINTAINERS are limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.

Non-Covered Services

The following are **NOT** covered under the plan:

- Dental Services that are not Reasonable and/or Necessary.
- Hospital or other facility charges.
- Reconstructive surgery to the mouth or jaw.
- Any Procedures not directly associated with dental disease.
- Any Dental Procedure not performed in a dental setting.
- Procedures that are considered Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered Experimental, Investigational or Unproven in the treatment of that particular condition.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal.
- Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- If previously submitted for payment under the Plan within sixty (60) months of initial or subsequent placement, replacements of: (a) complete or partial dentures, (b) fixed bridgework, or (c) crowns. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- If damage or breakage was directly related to provider error, replacements of: (a) complete or partial dentures, (b) fixed bridgework, or (c) crowns. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- Temporomandibular joint (TMJ) services; upper and lower jaw bone surgery, including that related to the TMJ; and orthognathic surgery, or jaw alignment.
- Charges for failure to keep a scheduled appointment without giving the dental office twenty-four (24) hours notice.
- Expenses for dental procedures begun before enrollment under the plan.
- Prosthodontic restoration that is fixed or removable for complete oral rehabilitation. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- Attachments to conventional removable prosthesis or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- Incision and drainage of abscess, if the involved tooth is extracted on the same date of service.
- Occlusal guards used as safety items or for sports-related activities.
- Placement of fixed or partial dentures for the sole purpose of achieving periodontal stability.
- Dental Services otherwise Covered under the plan but rendered after the date individual Coverage under the plan terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the plan terminates.
- Acupuncture, cupressure, and other forms of alternative treatment, whether or
- Services for which the Copayments and/or the Deductibles are routinely waived by the provider.
- Crowns, inlays, cast restorations, or laboratory prepared restorations when the tooth/teeth may be restored with an amalgam or composite resin filling.
- Inlays, cast restorations, or other laboratory prepared restorations when used primarily for the purpose of splinting.
- Any charges related to histological review of diagnostic biopsy, material, or specimens submitted to a pathologist or pathology lab.
- Any charges related to infection control, denture duplication, oral hygiene instructions, radiograph duplication, charges for claim submission, equipment or technology fees, exams required by a third party, personal supplies, or replacement of lost or stolen appliances.
- Any Dental Services or Procedures not listed in the Schedule of Benefits.

Exclusions

This Policy excludes Coverage for Dental Service, unless otherwise specified in the Schedule of Benefits or a Rider, as follows:

- Illness, accident, treatment or medical condition arising out of:
 - war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection;
 - service in the Armed Forces or units auxiliary thereto;
 - suicide, attempted suicide or intentionally self-inflicted injury;
- aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; and,
- with respect to blanket insurance, interscholastic sports.
- Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any State or Federal workers' compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the Covered Person's immediate family; and services for which no charge is normally made:
- Services provided while the Covered Person is outside the United States, its possessions or the countries of Canada and Mexico are not Covered unless required as an Emergency Service.
- ILLEGAL OCCUPATION:** Solstice shall not be liable for any loss to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was you being engaged in an illegal occupation.
- INTOXICANTS AND NARCOTICS:** Solstice shall not be liable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.



Okaloosa County BOCC

SUMMARY OF BENEFITS

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

These discounts are not insured benefits and are for in-network providers only. For vision plans with qualified materials benefit only. Not applicable for exam only vision plans.

Take a sneak peek before enrolling

- You're on the Insight Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982
- For LASIK providers, call 1.800.988.4221

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	\$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Any available frame at provider location	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$70
Lenticular	\$15 copay	Up to \$70
Progressive - Standard	\$70 copay	Up to \$50
Progressive - Premium Tier 1	\$100 copay	Up to \$50
Progressive - Premium Tier 2	\$110 copay	Up to \$50
Progressive - Premium Tier 3	\$125 copay	Up to \$50
Progressive - Premium Tier 4	\$190 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Std - Dependent Children	\$0 copay	Up to \$32
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130
Contacts - Disposable	\$0 copay; plus balance over \$130 allowance	Up to \$130
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
OTHER		
Hearing Care from Amplifon NetworkCare	Discounts on hearing exam and aids; call 1.844.526.5432	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCIES <i>(Plan allows member to receive either contacts and frame, or frames and lens services)</i>		
Exam	Once every plan year	
Frame	Once every other plan year	
Lenses	Once every plan year	
Contacts	Once every plan year	

QL-0000003259

Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Get more and see more with EyeMed



CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.



CREATE AN ACCOUNT

Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

on eye exams and glasses for EyeMed members*

Learn more about enrolling in EyeMed vision benefits at enroll.eyemed.com and see more of the good stuff

*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits



GUARANTEED ISSUE OPPORTUNITY

Find Plan Details, Features & Cost Included

LIFE INSURANCE ANNUAL ENROLLMENT GUARANTEED ISSUE OFFER

employees can elect or increase their life coverage by **\$25,000** (provided the resulting amount does not exceed \$300,000); and elect or increase child life **up to \$20,000** no health questions or evidence of insurability required!

To increase the financial security for you and your family
take advantage of this enrollment opportunity!

**Turn in the enrollment forms to
your employer no later than your
annual enrollment deadline.**

Life Insurance - Evidence of Insurability is required for employee life elections (above the noted guaranteed issue offer) and for all spouse life elections, up to the plan maximums found on the Plan Summary flyer.

Long Term Disability - Evidence of Insurability is required for all long term disability increases and new elections.

Guaranteed elections will be effective October 1, 2020.

All other elections will be effective upon underwriting approval.

Questions: Contact your employer or Ochs - **phone:** 651-665-3789 or **email:** ochs@ochsinc.com

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial administered by Ochs.

LIFE and AD&D INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage employer paid

Employee
Basic Term Life and AD&D

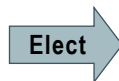


\$25,000*

- Includes a matching AD&D benefit
- Includes a line of duty benefit

Elect Supplemental Coverage employee paid

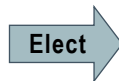
Employee
Term Life and AD&D



up to **\$500,000** maximum

- Elect in **\$5,000 increments**
- Includes a matching AD&D benefit
- Includes a line of duty benefit

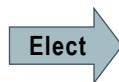
Spouse
Term Life



up to 100% of employee's total basic & supplemental coverage, not to exceed **\$250,000**

- Elect in **\$5,000 increments**

Child
Term Life



\$1,000 increments up to **\$10,000, \$15,000 or \$20,000** each child

- One premium insures all eligible children from live birth to age 26
- Includes first newborn child benefit

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

*Coverage reduces to 65% beginning at age 65 (see certificate for details).

MONTHLY COST PER \$1,000

**Employee Supplemental Term Life and AD&D
Spouse Supplemental Term Life**

See rate grid for easy cost calculation.

Age	Employee	Spouse
<25	\$0.080	\$0.060
25-29	\$0.080	\$0.060
30-34	\$0.090	\$0.070
35-39	\$0.120	\$0.100
40-44	\$0.170	\$0.150
45-49	\$0.280	\$0.260
50-54	\$0.430	\$0.410
55-59	\$0.580	\$0.560
60-64	\$0.950	\$0.930
65-69	\$0.956	\$0.943
70-74	\$0.944	\$0.936
75*	\$1.170	\$1.165

*Rates beyond age 75 are available upon request.

NOTE: Spouse rates are based on employee's age.
Rates increase with age and all rates are subject to change.

**MONTHLY COST
Child Life**

\$1,000	\$10,000	\$15,000	\$20,000
\$0.10 per \$1,000	\$1.50	\$2.00	

One premium insures all eligible children.

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$300,000**
- **Spouse** - up to **\$50,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - add or increase **up to \$25,000** (provided the resulting amount does not exceed \$300,000 of total coverage)
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts and all other elections.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability.** *If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.*



Contact Ochs

ochs@ochsinc.com
651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota Life is an affiliate of Securian Financial Group, Inc.

Products are offered under policy form series MHC-96-13180.9.

Ochs, Inc.
A Securian Financial Company
400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com

EMPLOYEE Supplemental Term Life (WITH AD&D) Monthly Rates (based on age)

Age	<25	25 29	30 34	35 39	40 44	45 49	50 54	55 59	60 64	65 69	70 74	75+
Rate per \$1,000	\$0.080	\$0.080	\$0.090	\$0.120	\$0.170	\$0.280	\$0.430	\$0.580	\$0.950	\$0.956	\$0.944	\$1.170
Coverage												
\$5,000	0.40	0.40	0.45	0.60	0.85	1.40	2.15	2.90	4.75	4.78	4.72	5.85
\$10,000	0.80	0.80	0.90	1.20	1.70	2.80	4.30	5.80	9.50	9.56	9.44	11.70
\$20,000	1.60	1.60	1.80	2.40	3.40	5.60	8.60	11.60	19.00	19.12	18.88	23.40
\$30,000	2.40	2.40	2.70	3.60	5.10	8.40	12.90	17.40	28.50	28.68	28.32	35.10
\$40,000	3.20	3.20	3.60	4.80	6.80	11.20	17.20	23.20	38.00	38.24	37.76	46.80
\$50,000	4.00	4.00	4.50	6.00	8.50	14.00	21.50	29.00	47.50	47.80	47.20	58.50
\$60,000	4.80	4.80	5.40	7.20	10.20	16.80	25.80	34.80	57.00	57.36	56.64	70.20
\$70,000	5.60	5.60	6.30	8.40	11.90	19.60	30.10	40.60	66.50	66.92	66.08	81.90
\$80,000	6.40	6.40	7.20	9.60	13.60	22.40	34.40	46.40	76.00	76.48	75.52	93.60
\$90,000	7.20	7.20	8.10	10.80	15.30	25.20	38.70	52.20	85.50	86.04	84.96	105.30
\$100,000	8.00	8.00	9.00	12.00	17.00	28.00	43.00	58.00	95.00	95.60	94.40	117.00
\$110,000	8.80	8.80	9.90	13.20	18.70	30.80	47.30	63.80	104.50	105.16	103.84	128.70
\$120,000	9.60	9.60	10.80	14.40	20.40	33.60	51.60	69.60	114.00	114.72	113.28	140.40
\$130,000	10.40	10.40	11.70	15.60	22.10	36.40	55.90	75.40	123.50	124.28	122.72	152.10
\$140,000	11.20	11.20	12.60	16.80	23.80	39.20	60.20	81.20	133.00	133.84	132.16	163.80
\$150,000	12.00	12.00	13.50	18.00	25.50	42.00	64.50	87.00	142.50	143.40	141.60	175.50
\$160,000	12.80	12.80	14.40	19.20	27.20	44.80	68.80	92.80	152.00	152.96	151.04	187.20
\$170,000	13.60	13.60	15.30	20.40	28.90	47.60	73.10	98.60	161.50	162.52	160.48	198.90
\$180,000	14.40	14.40	16.20	21.60	30.60	50.40	77.40	104.40	171.00	172.08	169.92	210.60
\$190,000	15.20	15.20	17.10	22.80	32.30	53.20	81.70	110.20	180.50	181.64	179.36	222.30
\$200,000	16.00	16.00	18.00	24.00	34.00	56.00	86.00	116.00	190.00	191.20	188.80	234.00
\$210,000	16.80	16.80	18.90	25.20	35.70	58.80	90.30	121.80	199.50	200.76	198.24	245.70
\$220,000	17.60	17.60	19.80	26.40	37.40	61.60	94.60	127.60	209.00	210.32	207.68	257.40
\$230,000	18.40	18.40	20.70	27.60	39.10	64.40	98.90	133.40	218.50	219.88	217.12	269.10
\$240,000	19.20	19.20	21.60	28.80	40.80	67.20	103.20	139.20	228.00	229.44	226.56	280.80
\$250,000	20.00	20.00	22.50	30.00	42.50	70.00	107.50	145.00	237.50	239.00	236.00	292.50
\$260,000	20.80	20.80	23.40	31.20	44.20	72.80	111.80	150.80	247.00	248.56	245.44	304.20
\$270,000	21.60	21.60	24.30	32.40	45.90	75.60	116.10	156.60	256.50	258.12	254.88	315.90
\$280,000	22.40	22.40	25.20	33.60	47.60	78.40	120.40	162.40	266.00	267.68	264.32	327.60
\$290,000	23.20	23.20	26.10	34.80	49.30	81.20	124.70	168.20	275.50	277.24	273.76	339.30
\$300,000	24.00	24.00	27.00	36.00	51.00	84.00	129.00	174.00	285.00	286.80	283.20	351.00
\$350,000	28.00	28.00	31.50	42.00	59.50	98.00	150.50	203.00	332.50	334.60	330.40	409.50
\$400,000	32.00	32.00	36.00	48.00	68.00	112.00	172.00	232.00	380.00	382.40	377.60	468.00
\$450,000	36.00	36.00	40.50	54.00	76.50	126.00	193.50	261.00	427.50	430.20	424.80	526.50
\$500,000	40.00	40.00	45.00	60.00	85.00	140.00	215.00	290.00	475.00	478.00	472.00	585.00

*Additional rates available upon request
 Rates change according to age brackets.
 Rate Grid Okaloosa County BOCC.doc



SPOUSE Supplemental Term Life (NO AD&D) Monthly Rates (based on employee's age)

Age	<25	25 29	30 34	35 39	40 44	45 49	50 54	55 59	60 64	65 69	70 74	75+
Rate per \$1,000	\$0.060	\$0.060	\$0.070	\$0.100	\$0.150	\$0.260	\$0.410	\$0.560	\$0.930	\$0.943	\$0.936	\$1.165
Coverage												
\$5,000	0.30	0.30	0.35	0.50	0.75	1.30	2.05	2.80	4.65	4.72	4.68	5.83
\$10,000	0.60	0.60	0.70	1.00	1.50	2.60	4.10	5.60	9.30	9.43	9.36	11.65
\$20,000	1.20	1.20	1.40	2.00	3.00	5.20	8.20	11.20	18.60	18.86	18.72	23.30
\$30,000	1.80	1.80	2.10	3.00	4.50	7.80	12.30	16.80	27.90	28.29	28.08	34.95
\$40,000	2.40	2.40	2.80	4.00	6.00	10.40	16.40	22.40	37.20	37.72	37.44	46.60
\$50,000	3.00	3.00	3.50	5.00	7.50	13.00	20.50	28.00	46.50	47.15	46.80	58.25
\$60,000	3.60	3.60	4.20	6.00	9.00	15.60	24.60	33.60	55.80	56.58	56.16	69.90
\$70,000	4.20	4.20	4.90	7.00	10.50	18.20	28.70	39.20	65.10	66.01	65.52	81.55
\$80,000	4.80	4.80	5.60	8.00	12.00	20.80	32.80	44.80	74.40	75.44	74.88	93.20
\$90,000	5.40	5.40	6.30	9.00	13.50	23.40	36.90	50.40	83.70	84.87	84.24	104.85
\$100,000	6.00	6.00	7.00	10.00	15.00	26.00	41.00	56.00	93.00	94.30	93.60	116.50
\$110,000	6.60	6.60	7.70	11.00	16.50	28.60	45.10	61.60	102.30	103.73	102.96	128.15
\$120,000	7.20	7.20	8.40	12.00	18.00	31.20	49.20	67.20	111.60	113.16	112.32	139.80
\$130,000	7.80	7.80	9.10	13.00	19.50	33.80	53.30	72.80	120.90	122.59	121.68	151.45
\$140,000	8.40	8.40	9.80	14.00	21.00	36.40	57.40	78.40	130.20	132.02	131.04	163.10
\$150,000	9.00	9.00	10.50	15.00	22.50	39.00	61.50	84.00	139.50	141.45	140.40	174.75
\$160,000	9.60	9.60	11.20	16.00	24.00	41.60	65.60	89.60	148.80	150.88	149.76	186.40
\$170,000	10.20	10.20	11.90	17.00	25.50	44.20	69.70	95.20	158.10	160.31	159.12	198.05
\$180,000	10.80	10.80	12.60	18.00	27.00	46.80	73.80	100.80	167.40	169.74	168.48	209.70
\$190,000	11.40	11.40	13.30	19.00	28.50	49.40	77.90	106.40	176.70	179.17	177.84	221.35
\$200,000	12.00	12.00	14.00	20.00	30.00	52.00	82.00	112.00	186.00	188.60	187.20	233.00
\$210,000	12.60	12.60	14.70	21.00	31.50	54.60	86.10	117.60	195.30	198.03	196.56	244.65
\$220,000	13.20	13.20	15.40	22.00	33.00	57.20	90.20	123.20	204.60	207.46	205.92	256.30
\$230,000	13.80	13.80	16.10	23.00	34.50	59.80	94.30	128.80	213.90	216.89	215.28	267.95
\$240,000	14.40	14.40	16.80	24.00	36.00	62.40	98.40	134.40	223.20	226.32	224.64	279.60
\$250,000	15.00	15.00	17.50	25.00	37.50	65.00	102.50	140.00	232.50	235.75	234.00	291.25

*Additional rates available upon request
 Rates change according to age brackets.
 Rate Grid Okaloosa County BOCC.doc

Long Term Disability Insurance - Benefit Summary (Core / Buy-Up)

Prepared for: Okaloosa County Board of County Commissioners

Eligibility

To be eligible, you must be an active employee working a minimum of 30 hours per week.

Coverage Eligibility Date

You are benefit eligible upon the first of the month following 30 calendar days.

Benefit Amount Options

Core Plan: Your Employer provides you with a benefit of 50% of your basic monthly earnings, to a maximum monthly benefit of \$3,500.

Buy-Up Plan: You have the option to purchase additional coverage to increase your benefit to 60% of your basic monthly salary, to a maximum monthly benefit of \$5,000.

Guaranteed Issue

As a newly eligible employee, you can elect up to the maximum amount without answering the medical questionnaire if applying within 31 days from your eligibility date.

Pre-Existing Conditions

Definition: A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 3-month period prior to your effective date of coverage. **Coverage under this plan:** You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

Definition of Disability

As a result of physical disease, injury, mental disorder, substance abuse or pregnancy, you are considered disabled if you are unable to perform one or more of the material duties of your *Own Occupation* during your *Own Occupation Period*. After your *Own Occupation Period* ends, you are still considered disabled only if you are unable to perform one or more of the material duties of *Any Occupation*. Please see your certificate of insurance for full definition.

Own Occupation Period

24 months following the end of the Elimination Period.

Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

Minimum Monthly Benefit

\$100/month

Elimination Period

Benefits will begin 180 days after suffering a covered illness or accident.

How Long Benefits Will Be Paid

Core Plan: If you are Disabled prior to age 62, benefits may continue to age 65 or 5 years, whichever is shorter. If Disabled on or after age 62, refer to Maximum Benefit Period in the Schedule of Benefits of certificate of insurance.

Buy-Up Plan: If you are Disabled prior to age 62, benefits may continue to age 65 or the Social Security Normal Retirement Age. If Disabled on or after age 62, refer to Maximum Benefit Period in the Schedule of Benefits of certificate of insurance.

Additional Benefits*

- Survivor Benefit
- Rehabilitation Benefit
- Reasonable Accommodation Expense Benefit

*See *certificate of insurance for definitions*

When Coverage Ends

Coverage ends the date your Employer's coverage ends; the date you cease to be an Eligible Person; the date your premium payment is not paid when required; or the date you retire.

How to Enroll

Please complete the enrollment form and return it to your Employer.

Questions

Contact Ochs

ochs@ochsinc.com

651-665-3789 • 1-800-392-7295

Exclusions

- A. War.
- B. Criminal Conduct.
- C. Military Leave.
- D. Imprisonment.
- E. Intentionally Self-Inflicted Injury-Suicide.
- F. Pre-existing Conditions.

Limitations

- A. **Mental Disorders, Substance Abuse, and Special Conditions.** LTD Benefit payments based on a Mental Disorder, Substance Abuse, or Special Conditions are limited to 24 months during your lifetime. Please see the certificate for Special Conditions. Other limitations may apply.
- B. **Foreign Residency.** Payment of LTD Benefits is limited to 12 months while you reside outside of the United States or Canada.
- C. **Payment Limit.** If you are working during a covered Disability, in no event will the LTD Benefit plus Deductible Income plus Work Earnings exceed 100% of Pre-disability Earnings.



This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc. For complete details including all benefits, exclusions and limitations, refer to the certificate of insurance GLDI-C200-(0413)-FL as issued by your employer.

Employee Assistance Program (EAP): EAP is provided to participating employees at no additional cost by Morneau Shepell. The program offers confidential 24/7 support for a wide variety of personal problems including; financial or legal concerns, depression, eating disorders, relationship problems, child and elder care, stress management, alcohol or drug addictions and more. EAP is not part of the Madison National Life Insurance Company, Inc. insurance contract. Brochures with additional information can be requested through your employer.