

## **EMPLOYER APPLICATION** (True Group Application)

I. Applicant Information
Nature of Business:  Mailing Address:  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Addre
List below Subsidiary or Affiliated Companies whose employees are to be eligible and included with this application.  Name:  Address:  B. Applicant hereby applies for issuance of a Group Policy (herein referred to as Policy) by Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. (HOI). Upon acceptance of this application by BCBSF and/or HOI, it will become part of the Policy issued to the applicant named above.  C. Prior Health Carrier: Insurance  (HMO)  The Policy excludes expenses for any service or supply to diagnose or treat any Condition from or in connection with an Insured's job or employment (e.g., any service or supply which is covered by Workers' Compensation insurance) except for medically necessary services (not otherwise excluded) for an individual. The foregoing exclusion applies to an individual who elects exemption from Workers' Compensation coverage and to an individual who foregoes Workers' Compensation coverage available to employees in the Group.  E. Worker's Compensation carrier is  BITUMINOUS CASUALTY CORP.  II. Effective Date / Eligibility Information  A. Effective Date of this Policy shall be 01/01/2000. The effective date of this change to the policy shall be 10/01/2004. This Policy may be terminated by the applicant of 8CBSF/HOI by giving at least 45 days prior written notice to the other party except in the case of non-payment of Premium.  B. Only active eligible employees who regularly work a minimum of 20 hours each week and their eligibile dependents, shall be eligible for coverage upon
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INE ETIECTIVE DATE OF THIS PORCY.
C. Specify classification of enrollees for whom coverage is being requested, if other than eligible employees as described in B above.
D. New eligible employees may be covered effective on the <u>Allfexcept Loc. 0111st of the month after 90 days / Loc.01 Date of Hira for New Employees</u> , after <u>90</u> days of employment, so long as the eligible employee submits an application to BCBSF/HOI within 30 days of the date the E. At least <u>75</u> % of the eligible employees must be enrolled under the Policy on the Effective Date and throughout the term of the Policy.  F. BCBSF/HOI shall have the right to audit the applicant's payroll records at any time to confirm eligibility for coverage; applicant agrees to furnish any such request.
G. Employer Contribution Employee 100% Dependents 50%
III. Health Plan Summary Information (select the appropriate box[s]):  Mandated Benefit Offerings: (Optional) Applicant has been advised of the following benefit offerings mandated by the Federal and/or State Law
Applicant's decision to accept or decline these benefits is indicated below.
Included in Accept Decline Included in Accept Decline product Product
□    □    Mental & Nervous Disorder
BlueCross and BlueShield of Florida, inc.   Multi-plan BlueOptions Package   Other BCBSF Multi-Plan selections*
Divisions:  Health Benefits:  BlueChoice PPO PhyCopay 717 - Std  Pre-Existing  Pre-Existing Applies
Individual         Family         Participating         Non-Participating           Deductible/Calendar Year         \$500         \$1,500         Hospital Per Admission Deductible         \$0         \$300
Maximum Out of Pocket/Catendar Year \$1,500 \$4,500 Coinsurance 90% 70%  Office Visit Copay Family Physician \$15 All Other Providers \$15
Inpatient Facility Copay Option 1 Option 2 Option 3
Inpatient Facility Copay Option 1 Option 2 Option 3  Rx Option: Bluescript IV 10/25 - Std  Generic 10 Brand 25 Non-Preferred Deductible Rx Cap Contraceptives All  Rates:
Inpatient Facility Copay
Inpatient Facility Copay Option 1 Option 2 Option 3 Rx Option: Bluescript IV 10/25 - Std Generic 10 Brand 25 Non-Preferred Deductible Rx Cap Contraceptives All  Employee Only \$412.09 Employee/Spouse \$842.70 Employee/Child(ren) \$723.29 Family \$1.174.64 Other  Divisions: Health Options Health Options Health Benefits: Rx Option: BlueCare Rx 10/25C - Std
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Ingalent Facility Copay Option 1 Option 2 Option 3 Rev Option: Bluescript IV 1025- Std On-Preferred Deductible Rx Cap Contraceptives All Rates: Employee Only \$11.09 Employee/Spouse \$842.70 Employee/Child(ren) \$723.28 Family \$1.174.64 Other  Health Options Bluescript No. 100 Employee/Spouse \$842.70 Employee/Child(ren) \$723.28 Family \$1.174.64 Other  Health Options Bluescript Rx 10/25C - Std Pre-Existing Applies  Rx Option: Bluescript No. 10 Employee Only Blue Care NPC LG Grp Plan 16 - Std Pre-Existing Pre-Existing Applies  Bluescript No. 10 Employee Only Bluescript No. 10 Employee Spouse \$753.68 Employee-Child(ren) \$655.93 Family \$1,057.23 Other  N. Rate Information  A Preniums/Prepayment fee are payable monthly on or before the due date which will be _1st  B. Regular Bluescript No. 10 Employee-Spouse \$753.68 Employee-Child(ren) \$655.93 Family \$1,057.23 Other  N. Rate Information  A Preniums/Prepayment fee are payable monthly on or before the due date which will be _1st  B. Regular Bluescript No. 10 Employee-Spouse \$753.68 Employee-Child(ren) \$655.93 Family \$1,057.23 Other  N. Rate Information  A Preniums/Prepayment fee are payable monthly on or before the due date which will be _1st  B. Regular Bluescript No. 10 Employee-Spouse \$753.68 Employee-Child(ren) \$655.93 Family \$1,057.23 Other  N. Rate Information  A Preniums/Prepayment fee are payable monthly on or before the due date which will be _1st  B. Regular Bluescript Prepayment fee are payable monthly on or before the due date which will be _1st  B. Regular Bluescript No. 10 Employee-Spouse \$753.68 Employee-Child(ren) \$655.93 Family \$1,057.23 Other  N. The applicant of the Spouse-Spouse \$753.68 Employee-Spouse \$150.95 Find Develope-Spouse \$10.95 Find Develo
Ingalent Facility Copay Option 1 Option 2 Option 3 Rx Cap Coption 3 Blasecrist M 1925 - Std Non-Preferred Deductible Rx Cap Contraceptives All Rx Cap Contraceptives Cont
Inpatient Facility Copay Option 1 Option 2 Option 3 Rx Option: Bluescrist IV 1025- Std Oeneric 10 Brand 25 Non-Preferred Deductible Rx Cap Contraceptives All Rates: Employee Only \$112.09 Employee/Spouse \$842.70 Employee/Child(ren) \$723.28 Family \$1.174.64 Other  Health Options BlueScare Rx 10/25C- Std Pre-Existing Pre-Existing Applies Rx Option: BlueScare Rx 10/25C- Std Preferred Rx Cap Deductible Contraceptives All Rates: BlueScare Rx 10/25C- Std Preferred Rx Cap Deductible Contraceptives All Rates: Employee Only \$387.90 Employee/Spouse \$753.68 Employee/Child(ren) \$655.93 Family \$1,057.23 Other  IV. Rate Information  A Premiums/Prepayment fee are payable monthly on or before the due date which will be _1st Required in the Std Premiums/Prepayment fee are payable monthly on or before the due date which will be 1st submitted within 30 days of the Effective Date of the Termination.  C. The Rates established for this Policy will not be changed for the first twelve (12) months following the initial Effective Date of Coverage unless there is a change in benefits or a 15% or more change in the composition of the group. However, BCSSF/HOI may change the Rates that are to be effective after this initial twelve (12) month period of coverage by providing notice to the employer of such changed Rates forty-five (45) days prior to their Effective Date. Date.  D. Funding Arrangements  BCBSF: Discount  HMO: Discount  HMO: Discount  HMO: Discount  Premiums/Premayment shall: 1) Notify each enrollee, and in no event shall the applicant be deemed an agent of BCBSF/HOI for this or any other purpose, nor shall BCBSF/HOI in the propose of providing for involved premium due to the Agreement. 4) List any absentees at the time of initial enrollment on the appropriate BCBSF/HOI form. Applications from absentees will be accepted at BCBSF/HOI coparate Headquarters to later than trivity (30) days from the group's Effective Date. 5) Collect enrollee contribution, if required, and remit Premium payment/prepayment fees to BCBSF/HOI enrollee, o
Ingatent Facility Copay Option 1 Option 2 Option 3 Rx Option 3 Rx Option 6 Brand 25 Non-Preferred Doductible Rx Cap Contraceptives All Rx Cap  Employee Only Station 5 Employe

## BLUE CROSS/BLUE SHIELD CONTRACT EMPLOYEE HEALTH INSURANCE

ATTEST:

J.M. "CHIP" OXLEY, JR.

EX-OFFICIO CLERK

APPROVED AS TO FORM BY THE

NASSAU COUNTY ATTORNEY

MICHAEL S. MULLIN

a tentative match for the interoperability grant due to the fact that the grant was not awarded to Nassau County Fire/Rescue.

Upon the request and recommendation of the Human Resources Director, it was moved by Commissioner Samus, seconded by Commissioner Marshall, and unanimously carried to approve and authorize the Chairman to sign the following:

- Acceptance of the two new Health Coverage Plans, Plan 16 (HMO) and Plan 717 (PPO) for Nassau County employees effective October 1, 2004.
- Approval for the Chairman to sign an amendment to the Fortis contract for employee Group Dental Insurance, changing the anniversary date from January 1 to October 1 of each year.

Upon the request and recommendation of the Library Services Director, it was moved by Commissioner Samus, seconded by Commissioner Deonas, and unanimously carried to approve and authorize the Chairman to sign the State Aid Grant Application and the Nassau County Public Library System Annual Plan of Service for 2004-2005, and to approve the Library Holiday Schedule closing the Fernandina Beach, Callahan, and Bryceville Libraries on Saturday, November 27, 2004 and Saturday, December 25, 2004 due to the Thanksgiving and Christmas holidays.