

EMPLOYER APPLICATION (True Group Application)

DEPARTMENT OF HUMAN RESOURCES

| | ☐ New Busine | | Renewal Bu | siness [| Other_ | | | Grou | p#(BCB | SF): <u>30749</u> | (H M | O): <u>30749</u> | <u>2005 NO</u> \ | 128 | PM 12: 18 |
|------------|--|---|--|---|---|---|--|--|--|--|--|--|---|------|-----------|
| ۲. | I. Applicant In Name of Gro | | NASSAU | COUNTY | восс | | | | | | | | | | |
| | Nature of Bus Mailing Addre | | Executive | offices sau Place | Yulea Fl | 32097 | SIC C | ode: 9111 | | _ | | | | | |
| | List below Su | | | | | | be eligible a | | | pplication. | | _ | | | |
| | Name: | | | | | | | Addr | ess: | | | _ | | | |
| В. | Applicant here Options, Inc. | | | | | | | | | | f Florida, Inc. ed to the appli | | | | |
| | The Policy ex any service or individual who The foregoing Compensation | cludes expe r supply which is not cover g exclusion a n coverage | enses for an chis covere ered by Wor applies to a available to | ed by Work rkers' Comp n individual o employee | ers' Comp pensation a who elects s in the Gro | ensation insu and that lack s exemption to oup. | irance) excer of coverage from Workers | ot for medica did not resul | ally neces: | sary services y intentional a | (not otherwis | e excluded) sion by that | for an individual. | | |
| E. | | <u> </u> | | | NOUS CAS | SUALTY CO | RP. | | | | | - | | | |
| L A | II. Effective Dat | | | |) The effe | ective date of | this change | to the policy | shall he | 10/01/2005 | This Policy m | av he termir | nated by the | | |
| | applicant of E Only active el Effective Dat | CBSF/HOI igible emplo e of this Pol | by giving a syees who r licy. | t least 45 da egularly wo | ays prior w ork a minim | ritten notice t um of <u>20</u> hou | to the other purs each wee | earty except k and their e | in the cas ligibile de | e of non-pay pendents, sha | ment of Prem all be eligible f | ium. | • | | |
| D. | New eligible e | mplovees n | nav be cov | ered effecti | ve on the 1 | Ist of the mo | onth after 90 | days of emi | nlovment | so long as th | e eligible emr | olovee subm | its an | | |
| | application to | BCBSF/HC | Ol within 30 | days of the | date the in | ndividual first | meets the a | pplicable elig | jibility req | uirements. | - | | | | |
| E. F. | E. At least 75% of the eligible employees must be enrolled under the Policy on the Effective Date and throughout the term of the Policy. | | | | | | | | | | | | | | |
| _ | request. | | - | | | | | | 3, | J., ., | | | | | |
| <u>G</u> . | Employer Co | | Employee | | | endents <u>0</u> % | • | | | | | | | | |
| h | Mandated Ben | | | | | | | wing benefit | offerings | mandated t | by the Federa | al and/or St | ate Law. | | |
| | Applicant's deci | | | | | | <i>t</i> . | • | • | | • | | | | |
| | Included in product | Accept | Decline | | | | Included in product | Accept | Decline | | | | | | |
| | · 🔀 | | □ | | Nervous D | | . ⊠ | ₽ | □ | | ms Waiver of | Ded. & Coi | ns. | | |
| L | × | | | Alcohol & | Drug Depe | endency | 図 | | | Enteral For | nulas | | | | |
| | lueCross and | | of Florida, | inc. | | Multi-plan Blu | eOptions Pa | | | | Multi-Plan sele selected and | | | | |
| | ivisions: eaith Benefits: | 001, C01 BlueChoid | e PPO Ph | уСорау 73 | 0 - Std | | | Pre-Exist | | Pre-Existing | | Tales | | | |
| L | eductible/Calen | dar Year | | | <u>/idual</u> 750 | Fami \$2,25 | | ospital Per A | dmission | Deductible | Participating \$150 | | articipating \$300 | | |
| M | aximum Out of | Pocket/Cak | | \$2, | 500 | \$7,50 | 30 C | oinsurance | 101111331011 | Doddonbie | 80% | | 70% | | |
| | ffice Visit Copa patient Facility | | Physician / Option 1 | | | All Other Option 2 | Providers | \$25 Opti | on 3 | | | | | | |
| | x Option: eneric 10 | Bluescript | | | on-Preferre | - · | Deductib | io . | | · | Contract | notivos All | | | |
| | eneric 1 <u>0</u> axtes: | | and 25 | | | | | | Rx C | ар | Contrace | eptives All | | | |
| E | mployee Only | \$427.25 | Emp | ployee/Spo | use \$873 | 3.71 | Employee/C | hild(ren) \$7 | 49.90 | Family | \$1.218.06 | Other _ | | | |
| | ealth Options ealth Benefits: | Division: BlueCare | | rp Plan 16 | - Std | | | Pre-Exis | stina | Pre-Existing | Applies | | _ | | |
| R | x Option: | BlueCare | Rx 10/25/4 | 0 C - Std | | | D.: C | | | | | | | | |
| | eneric <u>10</u> ates: | Br | and 25 | NC | on-Preferre | 4U | Rx Cap | | Deducti | DIE | Contrace | eptives All | | | |
| E | mployee Only | \$398.91 | Emp | oloyee/Spo | use <u>\$817</u> | .22 | Employee/C | hild(ren) <u>\$7</u> | 11.22 | Family | \$1,146.35 | Other | | | |
| _ | IV. Rate Infor | | | | | | | | | | | | | | |
| A. B. | Premiums/Pre Regular Billin | | | | | | | | ffective F | Date. Employ | ee cancellatio | ons must be | submitted | | |
| - | within 30 days | of the Effe | ctive Date | of the Term | nination. | | | | | | | | | | |
| C. | The Rates es change in ben initial twelve (| efits or a 15 | % or more | change in t | the compos | sition of the | group. Howe | ever, BCBSF | /HOI may | y change the | Rates that are | to be effec | tive after this | | |
| D. E. | Funding Arran Rate Comme | | BCB | SF: Disco | ount | | | | HMO: DI | scount | | | | | |
| _ | V. Applicant f | | ities | | | | | | | - | | | | | |
| Ā. | The applicant applicant acts BCBSF/HOL BCBSF/HOL initial enrollme thirty (30) day | as the agen be responsib 3) Notify Bo int on the ap is from the g | nt of the enroile for such CBSF/HOI opropriate B group's Effe | ollee, and in notification promptly of BCBSF/HOI | n no event n to retiree: f any chang l form. App | shall the app s). 2) Delive ges in the elig plications fro | licant be dee r to covered gibility of enro m absentees | med an age enrollees ide ollees covere will be acce | nt of BCB entification ed under to opted at B | SF/HOI for the cards and cards and cards and cards and cards and cards are cards and cards are cards are cards and cards are c | his or any othe ertificates of nt. 4) List any orporate Hea | er purpose, i coverage fui absentees : dquarters no | nor shall mished by at the time of blater than | | |
| В. | specified in the Applicant here | | | lovee Walf | are Renefit | Plan for the | numose of r | roviding for | its emnlo | vees or their | beneficiaries | medical sur | gical hospital | | |
| | care, or benef | its in the eve | ent of sickn | ess | | | | • | - | • | | | | | |
| C. | Any person who or misleading | | | | | | any insurer fi | iles a statem | ent of cla | im or an appl | ication contain | ning any fals | e, incomplete, | | |
| | M. Final Draw | luma Bana | Sto and Et | Hoothyo Da | toe are Su | bloct to Ann | roval by BC | BSF Como | rate Head | dquarters | | | | _ | _ |
| _ | Issuance of th | e Policy by | BCBSF/HC |) will be de | emed agc | eptence of th | is application | Massa | iu Co | unty I | soard o | oi Cou | mty Com | miss | ioners |
| _ | Date | (| | | Applicant | M | // | Ansle | | Acre | Char e Name & Title | irman | | | |
| | | | ز | <u>/</u> | | 4 | | Ü | sole | 47 | 1/10 | Ka | | | |
| | Date | Blue Cro | and Blue | Shield of Fig | orida, Inc. Lic | ensed Agent | (Print) Si | gnature of Ag | ent | 1 | Agent Li | icense identif | cation Number | | |
| 13 | 123-995 SR (HEV () 1 | 631 | | | | | | | ٠. | | | | | | |

Effective 10/01/2005

EMPLOYEE CONTRIBUTION: Employees hired on or after October 1, 2005 will be responsible for 100% of the dependents coverage. The county will only pay for 100% of the employees HMO Coverage, employees are responsible to buy-up to the PPO plan. All current employees will be grand fathered into the current 100%/50% for HMO, and will be responsible to buy-up the difference for the PPO. The employee contribution for Union Workers will be specific to their union contract.

LOCATION CODES ARE AS FOLLOWS:

- 00 BOARD OF COUNTY COMMISSIONERS
- 01 CLERK OF COURT'S OFFICE
- 02 PROPERTY APPRAISER 'S OFFICE
- 03 SUPERVISOR OF ELECTION'S OFFICE
- 04- TAX COLLECTOR'S OFFICE
- 05 SHERIFF'S OFFICE
- 06 RETIREES
- 07 COBRA

| Nassau County Board of County Commissione | ers |
|--|------------------|
| Signature of Applicant Ansley N. Acree, Chairman | October 12, 2005 |
| Ansley N. Acree, Chairman | |
| | |
| Signature of BCBS Sales Rep | date |
| Signature of BCBS Safes Rep | uale |

BLUE CROSS/BLUE SHIELD CONTRACT EMPLOYEE HEALTH INSURANCE

ATTEST:

John A. Crawford

EX-OFFICIO CLERK

APPROVED AS TO FORM BY THE

NASSAU COUNTY ATTORNEY

MICHAEL S. MULTAN