



**Blue Cross Blue Shield
of Florida**
Health Options.

Health Options and its Plans, like Original Blue Shield of Florida, are licensed under laws of the State of Florida.

EMPLOYER APPLICATION (True Group Application)

New Business Renewal Business Other

I. Group Information

Group # (BCBSF): (HMO):

A. Name of Group:

Nature of Business: SIC Code:

Mailing Address:

Email Address:

List below Subsidiary or Affiliated Companies whose employees are to be eligible and included with this application.

Name	Address
<input type="text"/>	<input type="text"/>

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

D. 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 who is not covered by Workers' Compensation and that lack of coverage did not result from any intentional action or omission by that 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. Workers Compensation Carrier is:

II. Effective Date/Eligibility Information

A. Effective Date of this Policy shall be

Effective Date of this Change to the Policy shall be

This Policy may be terminated by the applicant or BCBSF/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 eligible employees who regularly work a minimum of hours each week and their eligible dependents, shall be eligible for coverage upon the Effective Date of this Policy.

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 after days of employment, so long as the eligible employee submits an application to BCBSF/HOI within 30 days of the date the individual first meets the applicable eligibility requirements.

E. At least % of the eligible employees must be enrolled under the Policy on the Effective Date and throughout the term of the Policy and the Group must meet and continue to meet BCBSF/HOI's participation requirements.

F. BCBSF/HOI shall have the right to audit the applicant's payroll records at any time to confirm eligibility for coverage, including participation percentage criteria required by BCBSF/HOI. Applicant agrees to furnish any such request.

G. Employer Contribution: Employee: % Dependents: %



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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 Product	Accept	Decline	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental & Nervous Disorder
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol and drug dependency
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mammograms Waiver of Deductible & Coinsurance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enteral Formulas

Single Plan

Blue Packages

Health Plan Name		Rx Option <i>(indicate copayments)</i>	
HSA Compatible Plans 05192 - NSTD		BlueScript G In-network DED + \$10/\$50/\$80C - STD	
OOP Max In: \$5,800		OOP Max Out: \$11,600	
Benefit Period : 01/01/2012 - 12/31/2012		Coinsurance:	
Deductible :		In-Network / Participating 80% / 20%	
Per Person \$2,500 / \$5,000		Out-of-Network/Non-Participating 60% / 40%	
Per Family Not Applicable / Not Applicable		Office Visit Copay:	
Pre-Existing Applies		Family Phy. DED + Coinsurance	
Rates		All Other Providers DED + Coinsurance	
Employee \$449.63	Employee/Spouse N/A	Employee/Child(ren) N/A	Family N/A Other N/A
Spouse N/A	Child(ren) N/A	Spouse/Child(ren) N/A	



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Single Plan

Blue Packages

Health Plan Name		Rx Option <i>(indicate copayments)</i>	
HSA Compatible Plans 05193 - NSTD		BlueScript G In-network DED + \$10/\$50/\$80C - STD	
OOP Max In: \$11,600		OOP Max Out: \$23,200	
Benefit Period : 01/01/2012 - 12/31/2012		Coinsurance:	
Deductible :		In-Network / Participating	80% / 20%
Per Person	\$5,000 / \$10,000	Out-of-Network/Non-Participating	60% / 40%
Per Family	\$5,000 / \$10,000	Office Visit Copay:	
Pre-Existing	Applies	Family Phy.	DED + Coinsurance
Rates		All Other Providers	DED + Coinsurance
Employee	N/A	Employee/Spouse	\$930.72
Spouse	N/A	Child(ren)	N/A
		Employee/Child(ren)	\$845.30
		Spouse/Child(ren)	N/A
		Family	\$1427.57
		Other	N/A

Single Plan

Blue Packages

Health Plan Name		Rx Option <i>(indicate copayments)</i>	
BlueCare NFQ LG GRP Plan 45 - NSTD		BlueCareRx Plan \$10/\$50/\$80C - STD	
OOP Max: \$4,000/\$8,000		Coinsurance:	
Benefit Period : 01/01/2012 - 12/31/2012		In-Network / Participating	90% / 10%
Deductible :		Out-of-Network/Non-Participating	Not Applicable
Per Person	\$1,500 / Not Applicable	Office Visit Copay:	
Per Family	\$4,500 / Not Applicable	Family Phy.	\$30
Pre-Existing	Applies	All Other Providers	\$55
Rates			
Employee	\$573.26	Employee/Spouse	\$1186.65
Spouse	N/A	Child(ren)	N/A
		Employee/Child(ren)	\$1077.72
		Spouse/Child(ren)	N/A
		Family	\$1820.09
		Other	N/A



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Single Plan

Blue Packages

Health Plan Name BlueOptions Network Advantage Plans 03769 - NSTD		Rx Option (indicate copayments) BlueScript I \$10/\$30/\$50C - STD	
OOP Max In: \$3,000/\$6,000		OOP Max Out: \$6,000/\$12,000	
Benefit Period: 01/01/2012 - 12/31/2012		Coinsurance:	
Deductible:		In-Network / Participating	80% / 20%
Per Person	\$500 / \$1,500	Out-of-Network/Non-Participating	50% / 50%
Per Family	\$1,500 / \$4,500	Office Visit Copay:	
Pre-Existing	Applies	Family Phy.	\$25
Rates		All Other Providers	\$60
Employee	\$701.94	Employee/Spouse	\$1453.76
Spouse	N/A	Child(ren)	N/A
Employee/Child(ren)	\$1320.31	Spouse/Child(ren)	N/A
Family	\$2229.81	Other	N/A

Single Plan

Blue Packages

Health Plan Name BlueCare NFQ LG Plan 042 - Cust		Rx Option (indicate copayments) BlueCare Rx \$10/\$30/\$50C - STD	
OOP Max: \$4,000/\$8,000		Coinsurance:	
Benefit Period: 01/01/2012 - 12/31/2012		In-Network / Participating	90% / 10%
Deductible:		Out-of-Network/Non-Participating	Not Applicable
Per Person	\$500 / Not Applicable	Office Visit Copay:	
Per Family	\$1,000 / Not Applicable	Family Phy.	\$25
Pre-Existing	Applies	All Other Providers	\$45
Rates		Employee	\$643.40
Employee/Spouse	\$1331.85	Employee/Child(ren)	\$1209.59
Spouse	N/A	Child(ren)	N/A
Spouse/Child(ren)	N/A	Family	\$2042.79
Other	N/A		

See the Group Master Policy for a complete description of benefits.

IV. Health Saving Account (HSA) Banking Arrangement (optional with HSA Compatible health plans)

- A. Are you choosing BCBSF's integrated HSA banking arrangement? Yes No
(if left blank, the response is assumed to be No.)

V. Rate Information

- A. Premium/Prepayment fee are payable monthly on or before the due date which will be: **1st**
- B. **Regular Billing** - Employee applications should be submitted thirty (30) days prior to proposed Effective Date. Employee cancellations must be 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.



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VI. Applicant Responsibilities

- A. The applicant shall: 1) Notify each enrollee to the benefits selected by the applicant, their Effective Date, and the termination date of coverage (in this regard, applicant acts as the agent of the 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 be responsible for such notification to retirees). 2) Deliver to covered enrollees identification cards and certificates of coverage furnished by BCBSF/HOI. 3) Notify BCBSF/HOI promptly of any changes in the eligibility of enrollees covered under this 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 Corporate Headquarters no later than thirty (30) days from the group's Effective Date. 5) Collect enrollee contribution, if required, and remit Premium payment/prepayment fees to BCBSF/HOI as specified in this application.
- B. By choosing the HSA Banking Arrangement, if applicable, I authorize BCBSF to exchange certain limited information, for employees enrolling in a high deductible health plan designed for use with an HSA, **with BCBSF's preferred bank**, for the purposes of initial enrollment in and administration of, HSAs. I recognize that BCBSF does not provide banking services and that BCBSF is not responsible for the provision of HSA services. HSA services are provided by the bank of your choice subject to the terms and conditions of such arrangements, including fees the bank may charge.
- C. Applicant understands that if applying for an HSA-qualified High Deductible Health Plan and electing to grant Prior Carrier Credit under Florida law to enrolling Employees, then that plan may no longer qualify as an HSA-compatible plan.
- D. Applicant hereby establishes an Employee Welfare Benefit Plan for the purpose of providing for its employees or their beneficiaries medical, surgical, hospital care, or benefits in the event of sickness.
- E. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

VII. Final Premiums, Benefits and Effective Dates are Subject to Approval by BCBSF Corporate Headquarters

Issuance of the Policy by BCBSF/HOI will be deemed acceptance of this application.

Effective October 1, 2012.

Date	Signature of Applicant	Print/Type Name & Title
7/18/12		Daniel B. Leeper, Chair Nassau County Board of County Commissioners
Date	Blue Cross and Blue Shield of Florida, Inc. and/or Health Options, Inc. Licensed Agent (Print)	
	Signature of Agent	Agent License Identification Number

Attest:

John A. Crawford
Ex-Officio Clerk

Approved as to form by the Nassau
County Attorney

David H. Hallman, Esq.

MES 07-18-12