

**THE GOVERNING BOARD OF THE
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
GROUP HEALTH INSURANCE
INVITATION TO NEGOTIATE 34349**

The Governing Board of the St. Johns River Water Management District (the “District”), requests that interested parties respond to the solicitation below by 2:00 p.m., May 8, 2019. Further information is available through Onvia DemandStar at *Demandstar.com* [(800) 711-1712], Vendor Registry at *Vendorregistry.com*, or the District’s website at *sjrwm.com*. Solicitation packages may be obtained from Onvia DemandStar, Vendor Registry, or the District by calling or emailing Alan Weaver, Senior Procurement Specialist, at 386-329-4271 or *aweaver@sjrwm.com*. Responses will be opened in the Procurement Conference Room, Administration Building, Palatka Headquarters, 4049 Reid Street, Palatka, Florida 32177-2571.

The District is seeking proposals from health insurance providers on health insurance plans and self-funded health plans including, but not limited to, health and wellness programs, consumer-driven healthcare options and employee communications for the plan year beginning January 1, 2020. The total annualized health insurance premiums for 2019 is estimated to be \$8,200,000 (includes contributions from the District, active employees, COBRA participants, and retirees). The resulting contract may be renewed for two or more 12-month periods.

Special accommodations for disabilities may be requested through Alan Weaver, Senior Procurement Specialist, at 386-329-4271 or by calling (800) 955-8771 (TTY), at least five business days before the date needed.

The District’s Evaluation Committee will meet at District headquarters at 4049 Reid Street, Palatka, Florida 32177-2571, to evaluate and rank Proposals as follows:

- 11:00 a.m., May 1, 2019, to
 - Review the evaluation criteria and responsibilities of the evaluators
- 12:00 p.m. and 3:00 p.m., on May 21, 2019, to
 - Discuss and review the preliminary findings of the District’s Insurance Consultant
 - Discuss, evaluate and rank the written Proposals for the health plan designs to determine a shortlist of Respondents to proceed to the oral presentations and negotiation phase of the solicitation process
 - Discuss negotiation strategies
- 9:00 a.m., May 30, 2019, to
 - Hear oral presentations and conduct negotiations with Respondents:
 - Each Respondent will be assigned a designated meeting time, established by lot
 - Shortlisted Respondents will provide oral presentations, demonstrate their internet capabilities and participate in negotiations with the District for the health plan designs (a projector will be available for the Respondents)
 - All aspects of the proposal, agreement and premiums are subject to negotiation
 - Additional meetings may be scheduled to conclude negotiations, if necessary

- 2:00 p.m., June 4, 2019
 - Receive Respondents best-and-final offers for health plan designs
- 3:00 p.m., June 4, 2016
 - Review and rank Best-and-final offers for the health plans and decide which of the plans best meets the needs of the District
 - Once all offers are considered and the Committee has reached a decision, all Respondents will be notified in writing of the Committee's intended recommendation of a health plan design to the Governing Board for consideration

Exhibits accompanying this solicitation are as follows:

- Exhibit 1 — Health Questionnaire and Plan Comparison.xlsm (separate Excel® File):
 - Questionnaire – Health Insurance
 - Plan Design — HDHP PPO w/HSA
 - Plan Design Explanation
 - Rate Exhibit – HDHP PPO w/HSA
 - Stop Loss Questionnaire
 - Rate Exhibit – Stop Loss
 - Rate Exhibit – ASO Fees
 - GeoAccess Report Template
 - Top Physicians - Provider Disruption
 - Rx – Top 50 Spend
 - Officers
 - Explanation
- Exhibit 2 — BlueOptions 03160-03161 Summary.pdf
- Exhibit 3 — BlueOptions 03160 Plan Summary of Benefits and Coverage.pdf
- Exhibit 4 — BlueOptions 03161 Plan Summary of Benefits and Coverage.pdf
- Exhibit 5 — Florida Blue HSA Preventive Drug List.pdf
- Exhibit 6 — Health Premium Rates with Cost Share 2019.pdf
- Exhibit 7 — Health Claims Data 2018 Paid with Key Indicators.xlsx (separate Excel® File)
- Exhibit 8 — Health Claims Data Feb 2019 Paid with Key Indicators.xlsx (separate Excel® File)
- Exhibit 9 — Health Claims Data 2018 Monitoring Report.xlsx (separate Excel® File)
- Exhibit 10 — Health Claims Data Feb 2019 Monitoring Report.xlsx (separate Excel® File)
- Exhibit 11 — Census – Active and Retirees.xlsx (separate Excel® File)
- Exhibit 12 — Teledoc Flyer

Special accommodations for disabilities may be requested through Alan Weaver, or by calling (800) 955-8771 (TTY), at least five business days before the date needed.

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INSTRUCTIONS TO RESPONDENTS

1. DEFINITIONS

The definitions of capitalized terms used in this solicitation that are not otherwise defined herein can be found in the sample contract document (the “Agreement”) that is at the end of these instructions. The Agreement includes these Instructions to Respondents, any addenda published by the District, the proposal provided by Respondent (the “Proposal”), and all required certifications and affidavits.

2. CONTRACT ADMINISTRATION

All inquiries related to this solicitation may only be directed to the Procurement Specialist:

Alan Weaver, Senior Procurement Specialist
 Phone: 386-329-4271
 Fax: 386-329-4546
 Email: aweaver@sjrwmd.com

Between the release of this solicitation and the posting of the notice of intended decision, Respondents to this solicitation or persons acting on their behalf may not contact any employee or officer of the District concerning any aspect of this solicitation, except the procurement employee listed above. Violation of this provision is grounds for rejecting a response.

3. WHERE TO DELIVER PROPOSAL

The Proposal must be submitted in a sealed envelope to:

Alan Weaver, Senior Procurement Specialist
 Attn: Office of Financial Services
 St. Johns River Water Management District
 4049 Reid St, Palatka, FL 32177-2571

Respondents must clearly label the Proposal envelope with **large bold, and/or colored lettering (place label on inner envelope if double sealed)** as follows:

SEALED PROPOSAL — DO NOT OPEN
 Respondent’s Name: _____
 Invitation to Negotiate: 34349
 Opening Time: 2:00 p.m.
 Opening Date: May 8, 2019

Please note that the United States Postal Service does not deliver regular mail or express mail to the above address. The District’s experience is that Federal Express and United Parcel Service will.

4. OPENING OF PROPOSALS

Respondents or their authorized agents are invited to attend the opening of the Proposals at the following time and place:

2:00 p.m., May 8, 2019
 St. Johns River Water Management District Headquarters
 4049 Reid Street, Palatka, Florida 32177-2571

The Florida Public Records Act, §119.071(1)(b), Fla. Stat., exempts sealed Proposals from inspection and copying until such time as the District provides notice of an intended decision pursuant to

§120.57(3)(a), Fla. Stat., or until 30 days after opening of bids, proposals, submittals, or final replies, whichever is earlier. This exemption is not waived by the public opening of the Proposals.

This solicitation is subject to Florida's Public Records Laws and the exemptions there to, including provisions regarding confidential and trade secret records. Respondent is responsible for identifying confidential or trade secret information as such upon submittal to the District.

Unless otherwise exempt, Respondent's Proposal, including recorded oral presentations and presentation materials, is a public record subject to disclosure. If any information submitted with the Proposal is confidential under Florida's Public Records law or a trade secret as defined in §812.081, Fla. Stat., and exempt from disclosure pursuant to §815.04, Fla. Stat., Respondent must clearly identify any such material as "CONFIDENTIAL" or "CONFIDENTIAL TRADE SECRET" in its Proposal AND explain the statutory basis for such exemption. Placing "Confidential" or "Confidential, Trade Secret" in the header or footer of a page is NOT sufficient to identify what material Respondent believes to be confidential or trade secret, nor does it explain the basis for such exemption. The District reserves the right, in its sole judgment and discretion, to reject a Proposal for excessive or unwarranted assertion of confidentiality or trade secret confidentiality and return the Proposal to Respondent.

Notwithstanding any other provision hereof, the District shall not be liable to Respondent for release of confidential or trade secret information not identified as such upon submittal. If the District receives a public records request that requests information claimed to be confidential or trade secret by Respondent, the District shall take such steps as are necessary to comply with chapter 119, Fla. Stat., while protecting the confidential or trade secret information. In the event of a dispute as to whether the requested information is confidential or a trade secret, Respondent shall be liable for all costs incurred by the District resulting from the dispute, including any court costs and attorney's fees. The calculation of those costs shall not include costs that are charged to the public records requestor.

5. PREPARATION AND ORGANIZATION OF PROPOSAL DOCUMENTS

Respondent must submit its Proposal in "digital" format. Instructions for submitting are provided below.

- a. Respondent must follow all procedures for electronic submission or the Respondent's Proposal may be determined as "non-responsive" and rejected.
- b. All of the forms in the Invitation to Negotiate package are available upon request in Microsoft® Word to aid the Respondent in submitting its Proposal in electronic format.
- c. Complete the *forms* and *questionnaires* listed below, which are located on the pages noted (responses to the forms and questionnaires can be submitted on reproduced copies).
- d. *Forms included in this document*: Respondents must submit the fully completed documents by converting or scanning any paper forms to PDF format.
- e. *Questionnaires and all other information requested in Exhibit 1*: Respondent must submit completed questionnaires and all other information requested in Exhibit 1 in an Excel file format (.xls or .xlsx).
- f. *Sample policies, reports, communication materials*: Sample policies, reports, or communication materials, or other similar materials may be included in pdf format.
- g. All electronically submitted files shall be saved to a flash/thumb drive. The flash/thumb drives **MUST** be placed in a sealed envelope pursuant to the instructions under Item 3 for sealed responses – **DO NOT SUBMIT YOUR RESPONSE BY E-MAIL — THIS WILL RESULT IN THE SUBMITTAL BEING REJECTED AS NON-RESPONSIVE.**

- h. Number of Flash/Thumb Drives: Submit an electronic copy of its proposal and completed exhibits on two separate flash/thumb drives.
- i. On each flash drive, Respondents shall use the following procedures for proposal content organization and file naming conventions:

Subfolder: Introductory Materials (file name: ITN 34352 Proposer Name Introduction)

- 1. Title page – Include the ITN subject and number, the name of the Proposer’s firm, address, telephone and fax numbers, email address, tax identification number, name of contact person(s) and the date submitted.
- 2. Table of contents – Include a clear identification of the materials submitted by name and subfolder location.

Subfolder: Exhibit 1 (file name: ITN 34352 Proposer Name Exhibit 1)

- 1. Completed Exhibit 1 Excel spreadsheet (must be provided in Excel file format)
- 2. Any specimen materials submitted in response to Exhibit 1 Questionnaire

Subfolder: Tab 1 Organization, Experience and Qualifications (file name: ITN 34352 Proposer Name Tab 1)

NOTE: Respondents providing health insurance coverage must complete and include all forms in their proposals.

- 1. Certificate as to Corporation Form (page 21)
 - a. Affidavit as to Non-Collusion and Certification of Material Conformance with Specifications (page 22)
 - b. Qualifications — General (page 23)
 - c. Qualifications — Similar Public- or Private-Entity Health Insurance Plans (page 24)
 - d. Licenses
 - e. Independent confirmation of financial rating for the 24 months immediately preceding the deadline for the receipt of proposals
 - f. Financial statements covering the last two fiscal years (please state if publicly available)

Subfolder: Tab 2 Customer Service and Technology Capabilities (file name: ITN 34352 Proposer Name Tab 2)

- 1. Any supplemental materials regarding Customer Service and Technology Capabilities the Respondent wishes to provide.

Subfolder: Tab 3 Network Access

- 1. Include Exhibit 1 in this subfolder

Subfolder: Tab 4: Plan Construction: Network Pricing, Cost Containment and Management Strategies (file name: ITN 34352 Proposer Name Tab 4)

- 1. Contract/Policy Documents and Program Implementation Schedule (page 25)
- 2. Any supplemental material regarding:
 - a. Cost auditing procedures and billing error incentives
 - b. Cost containment, reduction or avoidance strategies

- c. Wellness and Disease Management Programs
- d. Network aggregation
- e. Network discounts
- f. Insurance Terms and Conditions
- g. Specimen Policies, Contracts for Services and Monthly Billing Statement
- h. Documentation on participating contract option(s)

Subfolder: Tab 5: Cost (file name: ITN 34352 Proposer Name Tab 5)

- 1. Proposal and Addenda Acknowledgement Form (page 17)
- 2. Cost Schedule (pages 18 – 20)
- 3. Proposed cost data, including rate structures and a summary of monthly premiums per plan for the following:
 - **Plan Design** — *A high-deductible health benefit plan matching our current plan design.* Any deviations from current plan design must be noted in Exhibit 1.

Subfolder: Tab 6: Additional Information (Information included under this tab will not receive a score) (file name: ITN 34352 Proposer Name Tab 6)

- 1. Standard brochures and specifications may be submitted as additional material but shall not be submitted as the health qualification data.
- 2. Respondents may suggest additional services, which in their opinion, would be in the best interest of the District. The Respondent should also present such services, if any, for discussion during the negotiation phase of the solicitation process.

The Respondent is encouraged to include as much pertinent data and information under each section as necessary to ensure proper evaluation of the qualifications. Each section shall be evaluated separately on its own merit.

If you need assistance or have any questions about the format, please email or call Alan Weaver at aweaver@sjrwmd.com or (386) 329-4271.

In the event you decline to submit a Proposal, the District would appreciate submittal of the “No Response Form” provided at the end of the “FORMS” section to describe the reason for not submitting a Proposal.

6. ADHERENCE TO PLAN DESIGN

Health Plan Designs are equivalent to the current health insurance program benefits and services outlined in the documents and attachments hereto, which is a high-deductible health benefits plan. The **Health Plan Design** requirements, terms and conditions are stated herein. Details of the current “plan design” are provided in **Exhibits 1 – 6**. The District will assume that the **Health Plan Design** meets or exceeds those benefits outlined in **Exhibits 1 – 6**. If a service requirement of the **Health Plan Design** cannot be met by the Respondent, then the phrase “**Not Available**” should be entered in **Exhibit 1 — Health Questionnaire and Plan Comparison** for that requirement. In the case of a “Not Available” remark, the Respondent may offer an alternative.

Respondents are advised to clearly state all deviations, if any, from the Health Plan Design in Exhibit 1. All things being otherwise equal, those Respondents whose proposals are more fully compliant with the stated requirements, terms and conditions will receive higher evaluation scores.

7. INQUIRIES AND ADDENDA

District staff are not authorized to orally interpret the meaning of the specifications or other Agreement documents, or correct any apparent ambiguity, inconsistency, or error therein. In order to be binding upon the District, the interpretation or correction must be given by the Procurement Specialist and must be in writing. The Procurement Specialist may orally explain the District's procedures and assist Respondents in referring to any applicable provision in the Invitation to Negotiate documents, but the Respondent is ultimately responsible for submitting the Proposal in the appropriate form and in accordance with written procedures.

Every request for a written interpretation or correction must be received at least nine days prior to opening of Proposals in order to be considered. Requests may be submitted by fax at (386) 329-4546 or by email at aweaver@sjrwmd.com. Interpretations, corrections, and supplemental instructions will be communicated by written addenda to this solicitation posted by Onvia DemandStar and Vendor Registry to all prospective Respondents (at the respective addresses furnished for such purposes) no later than five days before the opening of Proposals.

Submission of a Proposal constitutes acknowledgment of receipt of all addenda. Proposals will be construed as though all addenda had been received. Failure of the Respondent to receive any addenda does not relieve Respondent from any and all obligations under the Proposal, as submitted. All addenda become part of the Agreement.

8. MINIMUM QUALIFICATIONS

Respondent must use the "Qualification" forms (General, Similar Engagements, and Client References) provided in these documents to document the minimum qualifications listed below. Failure to include these forms with the Proposal may be considered non-responsive.

- a. Respondent must be providing ongoing health insurance plans to at least two similar-sized public or private entities located in Florida (minimum of 400 employees and 700 dependents) for at least the three years immediately preceding the deadline for receipt of proposals.
(District-provided form: Similar Public- or Private-Entity Health Insurance Plans)
- b. Respondent must have an established network of health-care providers that can provide services to the District's employees.
(District-provided form: Exhibit 1 — Health Questionnaire and Plan Comparison.xlsx)
- c. Respondent's **MUST** affirm their proposed plans will meet Patient Protection and Affordable Care Act mandates, including compliance with the standards for "minimum essential coverage."
(Respondent-provided documentation)
- d. A rating of at least "A-" by a financial rating service (i.e., A.M. Best).
(Respondent-provided documentation)
- e. Respondent and its representatives must meet **all** licensing requirements necessary to conduct business in the state of Florida with regard to the services requested herein (include copies of all licenses and certifications).
(Respondent-provided documentation)
- f. Respondent must provide contact information for the last public entity that left the Respondent's health plan outlining the reason(s) for leaving.
(Respondent-provided documentation)
- g. Respondents are required to include a Program Implementation Schedule with proposed dates that would provide the specified results and outcomes for the District's plan year beginning January 1, 2020, including open enrollment expectations.

(Respondent-provided documentation, see District-provided document on page 25 for additional information concerning this minimum qualification requirement)

- h. Respondent's proposal must allow for participation by all individuals eligible under the District's current health insurance coverage.

(Respondent-provided documentation)

Irrespective of the minimum qualifications stated above, the District may make such investigations as it deems necessary to determine the ability of the Respondent to perform the Work. The District reserves the right to reject any Proposal if the evidence submitted by such Respondent and/or the District's independent investigation of such Respondent fails to satisfy the District that such Respondent is properly qualified to carry out the obligations of the Agreement and complete the Work in a manner acceptable to the District within the time period specified.

9. PROPOSAL GUARANTY

For the purposes of this Proposal, a Proposal guaranty is not required.

10. SUBCONTRACTS

Respondent must identify all portions of the Work Respondent intends to perform through subcontractors for each portion of the Work exceeding ten percent of the Work on the attached "Proposed Subcontractors" form. Respondent must submit with its Proposal a list of all known subcontractors who will participate in more than ten percent of the Work. Acceptance of the Proposal does not constitute approval of the subcontractors identified with the Proposal.

11. SIGNATURE AND CERTIFICATION REQUIREMENTS

An individual submitting a Proposal must sign his/her name therein and state his/her address and the name and address of every other person interested in the Proposal as principal. If a firm or partnership submits the Proposal, state the name and address of each member of the firm or partnership. If a corporation submits the Proposal, an authorized officer or agent must sign the Proposal, subscribing the name of the corporation with his or her own name and affixing the corporate seal. Such officer or agent must also provide the name of the state under which the corporation is chartered, and the names and business addresses of the President, Secretary, and Treasurer. Corporations chartered in states other than Florida must submit evidence of registration with the Florida Secretary of State for doing business in the State of Florida. Respondent must certify that all persons or entities having an interest as principal in the Proposal or in substantial performance of the Work have been identified in the Proposal forms.

12. DISQUALIFICATION OF RESPONDENTS

Any of the following causes will be considered as sufficient grounds for disqualification of a Respondent and rejection of the Proposal:

- a. Contacting a District employee or officer other than the procurement employee named in this solicitation about any aspect of this solicitation before the notice of intended decision is posted.
- b. Submission of more than one Proposal for the same subject matter by an individual, firm, partnership, or corporation under the same or different names;
- c. Evidence of collusion among Respondents;
- d. Submission of materially false information with the Proposal;
- e. Information gained through checking of references or other sources which indicates that Respondent may not successfully perform the Work;
- f. Respondent is failing to adequately perform on any existing contract with the District;

- g. Respondent has defaulted on a previous contract with the District;
- h. The evidence submitted by Respondent, or the District's investigation of Respondent, fails to satisfy the District that Respondent is properly qualified to carry out the obligations of the Agreement in a manner acceptable to the District and within the time period specified;
- i. Any other cause that is sufficient to raise doubt regarding the ability of a Respondent to perform the Work in a manner that meets the District's objectives for the Work.

13. EVALUATION AND AWARD PROCEDURES

- a. Proposals will be evaluated by a staff Evaluation Committee (the "Committee") based upon the criteria and weighting set forth in "EVALUATION CRITERIA" to determine the shortlist of respondents for the oral presentations and negotiation phase of the solicitation process, as well as the final rankings, inclusive of the Best-and-Final offers. Respondents may be invited to present and negotiate on the *Health Plan* designs. The Committee members will meet at District headquarters or other location as appropriate to discuss the Proposals and their individual evaluations. Each Committee member will complete evaluation forms for the health plan design, from which the overall rankings of the written Proposal and plan design will be compiled. Evaluation forms may be submitted at or subsequent to the Evaluation Committee meeting. The Evaluation Committee may utilize the expertise of a benefits consultant in evaluating the proposal and plan design.
- b. Each shortlisted Respondent will make an oral presentation to the Evaluation Committee for the *Health Plan* designs for which the Respondent is shortlisted. The Evaluation Committee will score each oral presentation using the same criteria used to score the written proposals. Immediately following the oral presentation(s), the District will enter negotiations with the Respondent. **Following negotiations, each Respondent will submit Best-and-Final offers for the *Health Plan* Designs to the District.**
- c. Section 286.0113, Fla. Stat., exempts from being open to the public, any portion of a meeting at which: (1) a negotiation with a Respondent is conducted pursuant to a competitive solicitation; (2) a Respondent makes an oral presentation as part of a competitive solicitation; (3) a Respondent answers questions as part of a competitive solicitation; or (4) negotiation strategies are discussed. Also, recordings of, and any records presented at, the exempt meeting are exempt from §119.07(1) and §24(a), Art. I of the State Constitution (Public Records) until such time as the District provides notice of an intended decision or until 30 days after opening the bids, proposals, submittals, or final replies, whichever occurs earlier. A complete recording shall be made of any portion of an exempt meeting. No portion of the exempt meeting may be held off the record.
- d. Pursuant to §286.0113 Fla. Stat., if the District rejects all Proposals and concurrently provides notice of its intent to reissue the competitive solicitation, the recording and any records presented at any exempt meeting shall remain exempt from §119.07(1) and §24(a), Art. I of the State Constitution (Public Records) until such time as the District provides notice of an intended decision concerning the reissued competitive solicitation or until the District withdraws the reissued competitive solicitation. A recording and any records presented at an exempt meeting are not exempt for longer than 12 months after the initial District notice rejecting all Proposals.
- e. Following the evaluation process, contract negotiations will commence with the Respondent submitting the highest-ranked Proposal. If negotiations fail with the highest-ranked Respondent, negotiations will proceed with the next highest-ranked Respondent, and so forth.
- f. Following the evaluation process, the District will submit the final ranking of Submittals to the Governing Board for approval, except for those instances in which the authority to approve and execute the Agreement has been delegated by the Governing Board to the Executive Director, or

designee. All Respondents will be notified in writing of the evaluation committee’s final ranking of Submittals.

- g. The committee will meet to evaluate and rank the Proposals in the location(s), time(s) and date(s), stated at the beginning of this Request for Proposals package.
- h. The Agreement will be awarded to the Respondent having the highest ranked Proposal, which successfully concludes negotiations with the District (the “Successful Respondent”). The Agreement may be modified based on the District’s acceptance of any alternatives listed in the Proposal that the District deems in its best interest.
- i. If two or more Proposals are equal in all respects, the Agreement will be awarded as follows: (1) to the Respondent that certifies compliance with §287.087, Fla. Stat., via the Drug-Free Workplace Form; (2) to a Respondent university in the State University System pursuant to §373.63, Fla. Stat.; or (3) by lot.
- j. In the event the Successful Respondent fails to enter into the Agreement or the Agreement with said Respondent is terminated within 90 days of the effective date, the District reserves the right to negotiate with the other respondents in ranked order, if available, and award an Agreement.
- k. All Respondents will be notified of the District’s intent to award or decision to award the Agreement. For the purpose of filing a protest under §120.57(3), Fla. Stat., the time period will commence as provided in “NOTICES AND SERVICES THEREOF.”

14. EVALUATION CRITERIA

The District’s Evaluation Committee will evaluate the health plan design using the evaluation criteria on the subsequent pages (failure by the Respondent to include the required information may result in the Proposal being considered non-responsive or may receive a correspondingly low score pursuant to the Evaluation Rating Scale):

The District will use the following scoring matrices to determine the shortlist of respondents for the oral presentations and negotiation phase of the solicitation process, as well as the final rankings inclusive of the Best-and-Final offers.

- 1. Determine Shortlist of Respondents – Initial Ranking
 - a. The Committee will use the total weighted score for Criteria Items 1 – 5 of the “Written Proposal & Plan Cost” to determine a shortlist of respondents that will advance to the oral presentation and negotiation phase of the solicitation process.
 - b. The Committee may opt to invite all health insurance plan respondents to the oral presentations and negotiations phase of the solicitation process.
- 2. Determine Final Ranking of Respondents
 - a. The District will re-evaluate the Respondents after the oral presentations phase of the solicitation process to determine a final score for each Respondent. The total weighted composite score for Criteria Items 1 – 5 of the “Written Proposal, Oral Presentation & Best-and-Final Offer (BAFO)” will be used to determine the final ranking of respondents for the Health plan design. The final composite score may be higher or lower than the initial score for the “Written Proposal & Plan Cost.”

Responses shall include information or documentation regarding, and will be evaluated using, the evaluation criteria set forth below. The evaluation rating scale is as follows:

More than adequate	8 – 10	Less than adequate.....	1 – 4
Adequate	5 – 7	Not covered in submittal	0

Option 1: Fully-Insured Health Benefits Plan:

	Criteria	Weight	Written Proposal & Plan Cost		Written Proposal, Oral Presentations & BAFO	
			Raw Score	Weighted Score	Raw Score	Weighted Score
1	Organization, Experience and Qualifications a) Knowledge of subject b) Ability to meet needs and perform work c) List of all similarly-sized plans currently operating in Florida d) Public Entity References e) Financial Information	.05				
2	Customer Service and Technology Capabilities a) Customer Service Center b) Customer Relations c) Accounts Installation Team Access d) Electronic enrollment file capability e) Internet tools and resources f) Benefits Information Aids g) Health Provider Information Aids h) Claims and Administration Process	.05				
3	Network Access (All scores will be rounded to the nearest "tenth.") a) GeoAccess Capability: Medical – 60% (The Respondent with the greatest percentage of "District Employees Meeting Access Standard" will receive a GeoAccess score of 10. All other responses will be scored proportionately using the following formula: Divide the highest percentage into the second highest percentage and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. The Respondent's score will then be multiplied by 60% to determine the weighted raw score.) b) Top Physician Network Utilization – 40% (The Respondent with the greatest number of physicians from the total of all three "Top Physician Network Utilization by Member/Claim/Total Paid" "District Employees Meeting Access Standard" will receive a GeoUtilization score of 10. All other responses will be scored proportionately using the following formula: Divide the highest total into the second highest total and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. The Respondent's score will then be multiplied by 40% to determine the weighted raw score.)	.25				
4	Plan Construction: Cost Containment and Management Strategies a) Plan Comparison b) Plan Design Deviations (<i>Negative Impact</i>) c) Wellness and Disease Management Programs d) Cost auditing procedures and billing error incentives e) Cost containment, reduction or avoidance strategies f) Claim reporting capabilities g) Network pricing and aggregation h) Insurance Terms and Conditions i) Specimen Policies, Contracts for Services and Monthly Billing Statement j) Implementation Schedule	.20				
5	Cost Score The Respondent whose proposed cost is the lowest will receive a Plan Design Cost Score of 10. All other responses will be scored proportionately using the following formula: Multiply the lowest proposed amount by 10, divide that amount by the next lowest amount to determine the Plan Design Cost Score, and so forth.	.45				
TOTALS		1.00				

Option 2: Self-Insured Plan Design:

	Criteria	Weight	Written Proposal & Plan Cost		Written Proposal, Oral Presentations & BAFO	
			Raw Score	Weighted Score	Raw Score	Weighted Score
1	Organization, Experience and Qualifications a) Knowledge of subject b) Ability to meet needs and perform work c) List of all similarly-sized plans currently operating in Florida d) Public Entity References e) Financial Information	.05				
2	Customer Service and Technology Capabilities a) Customer Service Center b) Customer Relations c) Accounts Installation Team Access d) Electronic file capability e) Internet tools and resources f) Benefits Information Aids g) Health Provider Information Aids h) Claims and Administration Process	.05				
3	Network Access (All scores will be rounded to the nearest "tenth.") a) GeoAccess Capability: Medical – 60% (The Respondent with the greatest percentage of "District Employees Meeting Access Standard" will receive a GeoAccess score of 10. All other responses will be scored proportionately using the following formula: Divide the highest percentage into the second highest percentage and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. The Respondent's score will then be multiplied by 60% to determine the weighted raw score.) b) Top Physician Network Utilization – 40% (The Respondent with the greatest number of physicians from the total of all three "Top Physician Network Utilization by Member/Claim/Total Paid" "District Employees Meeting Access Standard" will receive a GeoUtilization score of 10. All other responses will be scored proportionately using the following formula: Divide the highest total into the second highest total and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. The Respondent's score will then be multiplied by 40% to determine the weighted raw score.)	.25				
4	Plan Construction: Cost Containment and Management Strategies a) Plan Comparison b) Plan Design Deviations (<i>Negative Impact</i>) c) Wellness and Disease Management Programs d) Cost auditing procedures and billing error incentives e) Cost containment, reduction or avoidance strategies f) Claim reporting capabilities g) Network pricing and aggregation h) Insurance Terms and Conditions i) Specimen Policies, Contracts for Services and Monthly Billing Statement j) Implementation Schedule	.20				
5	Cost Score The Respondent whose proposed cost is the lowest will receive a Plan Design Cost Score of 10. All other responses will be scored proportionately using the following formula: Multiply the lowest proposed amount by 10, divide that amount by the next lowest amount to determine the Plan Design Cost Score, and so forth.	.45				
	TOTALS	1.00				

15. EXECUTION OF AGREEMENT

Submittal of a Proposal binds the Successful Respondent to perform the Work upon acceptance of the Proposal and execution of the Agreement by the District.

Unless all Proposals are rejected, a contract substantially in the form included in these documents will be provided to the Successful Respondent, who must execute and return the Agreement to the District within ten days of the date of receipt, along with the following:

- a. A completed Internal Revenue Service Form W-9;
- b. Satisfactory evidence of all required insurance coverage;
- c. Proof satisfactory to the District of the authority of the person or persons executing the Agreement on behalf of Respondent;
- d. All other information and documentation required by the Agreement.

The District will not execute the Agreement until the above documents have been executed and delivered to the District. The Agreement will not be binding until executed by the District. A copy of the fully executed Agreement will be delivered to the Successful Respondent. The District reserves the right to cancel award of the Agreement without liability at any time before the Agreement has been fully executed by all parties and delivered to the Successful Respondent.

Failure upon the part of the Successful Respondent to execute the Agreement or timely submit the required evidence of insurance coverage, or any other matter required by the Agreement, will be just cause, if the District so elects, for the recommended award to be annulled. In such event, the District will be entitled to the full amount of the Proposal guaranty, not as a penalty, but in liquidation of and compensation for damages sustained.

16. REJECTION OF PROPOSAL

Proposals must be delivered to the specified location and received before the Proposal opening in order to be considered. Untimely Proposals will be returned to the Respondent unopened. Proposals will be considered irregular and may be rejected if they show material omissions, alterations of form, additions not called for, conditions, limitations, or other material irregularities. The District may consider incomplete any Proposal not prepared and submitted in accordance with the provisions specified herein, and reserves the right to waive any minor deviations or irregularities in an otherwise valid Proposal.

The District reserves the right to reject any and all Proposals and cancel this request for qualifications when it determines, in its sole judgment and discretion, that it is not in its best interest to award the agreement. This includes, but is not limited to, the District's right to reject all Proposals if subsequent negotiations with qualified Respondents result in cost determined, in the District's sole judgement and discretion, to be unacceptable.

17. WITHDRAWAL OF PROPOSAL

Respondent may withdraw its Proposal if it submits such a written request to the District prior to the designated date and hour of opening of Proposals. Respondent may be permitted to withdraw its Proposal no later than 72 hours after the Proposal opening for good cause, as determined by the District in its sole judgment and discretion.

18. EXAMINATION OF DOCUMENTS AND WORK AREA

Respondent is solely responsible for being fully informed of the conditions under which the Work is to be performed in relation to existing conditions. Respondent is responsible for carefully examining the general area of the Work, the requirements of the drawings and other contract documents related to the Work, the time in which the Work must be completed, and any other details of the Work. Respondent

must satisfy itself from its own personal knowledge and experience or professional advice as to the character of the Work, the conditions and materials to be encountered, the character, quality, and quantities of the Work, and any other conditions affecting the Work, including surrounding land.

Failure to satisfy the obligations of this paragraph will not relieve a Successful Respondent of its obligation to furnish all material, equipment, and labor necessary to perform the Agreement and to complete the Work for the consideration set forth in its Proposal. Any such failure will not be sufficient cause to submit a claim for additional compensation.

No verbal agreement or conversation with any District officer, agent or employee, either before or after the execution of the Agreement, will affect or modify any of its terms.

19. DIVERSITY

The District is committed to the opportunity for diversity in the award and performance of all procurement activities. The District encourages its Prime Respondents to make a good faith effort to ensure that women and minority-owned business enterprises (W/MBE) are given the opportunity for maximum participation as second and lower tier participants. The District will assist Respondents by sharing information on W/MBEs to encourage their participation.

20. FLORIDA SALES TAX

The District is exempt from payment of State of Florida sales tax pursuant to §212.08(6), Fla. Stat. Any tangible personal property that is the subject of this Invitation to Negotiate is intended to remain tangible personal property and not become part of a public work owned by the District.

21. PUBLIC ENTITY CRIMES/DISCRIMINATORY VENDORS

In accordance with §287.133 and §287.134, Fla. Stat., a person or affiliate who has been placed on the convicted or discriminatory vendor lists following a conviction for a public entity crime or placement on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; 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 §287.017 for CATEGORY TWO (\$35,000) for a period of 36 months following the date of being placed on the convicted or discriminatory vendor lists.

22. USE BY OTHER FLORIDA GOVERNMENTAL ENTITIES

Respondent may provide services to other State of Florida governmental entities pursuant to the terms and conditions of the Agreement. These governmental entities include other water management districts, state of Florida agencies (including members of the state university system and community college system), counties, school boards, municipalities, special districts, and other local public agencies or authorities. References to the St. Johns River Water Management District in the Agreement will be replaced with the purchasing entity and the District will not be a party to any other governmental entity's agreement to purchase. Nor will the District be responsible for payment for any goods or services delivered or performed for any other governmental entity that utilizes Respondent pursuant to this paragraph.

23. NOTICES AND SERVICE THEREOF

The District will publish notice of specifications and criteria, including addenda, intended agency decisions, or other matters pertinent to this solicitation on Onvia DemandStar at *DemandStar.com* and Vendor Registry at *vendorregistry.com*. Onvia DemandStar and Vendor Registry may also be accessed

through the District's web site at *sjrwm.com*. In addition, the District will post notices of intended agency decisions at the District's headquarters, 4049 Reid Street, Palatka, Florida, Administration Building, Procurement Bulletin Board, on the date the publication is posted on Onvia DemandStar.

Notices that are posted on Onvia DemandStar and Vendor Registry are deemed received at 8:00 a.m. on the next business day following the date posted. Notices that are posted at the District's Procurement Bulletin Board are deemed received at 8:00 a.m. on the next business day following the date of posting. Notices will be posted for a minimum of 72 hours following the time at which they are deemed received. The time period for filing a Notice of Protest pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, commences at the time notices are deemed received.

As a courtesy to Respondents, the District may send copies of the notices of intended agency decisions via email or facsimile to Respondent. These courtesy communications neither constitute official notice nor vary the times of receipt set forth above.

24. **PROTEST PROCEDURES**

Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, any person adversely affected by the procurement methodology described herein, or the specifications or criteria, including addenda, file a Notice of Protest within 72 hours after receipt of the solicitation documents or addenda.

Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, any person adversely affected by a District decision or intended decision to award a contract, or to reject all bids, proposals, or qualifications, must file a Notice of Protest within 72 hours after receipt of the decision or intended decision. Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.004, Fla. Admin. Code, the protester must also file with the District Clerk a Formal Written Protest within ten days after the date the Notice of Protest is filed with the District. The Formal Written Protest must state with particularity the facts and law upon which the protest is based. Pursuant to §287.042(2)(c), Fla. Stat., any person who files an action protesting the decision or intended decision must post with the District Clerk at the time of filing the formal written protest a bond, cashier's check, or money order made payable to the St. Johns River Water Management District in an amount equal to one percent (1%) of the estimated contract amount.

No additional time will be added for mailing. All filings must comply with Rule 28-106.104, Fla. Admin. Code, and must be addressed to and received by the District Clerk at the District Headquarters in Palatka, Florida within the prescribed time periods. The District will not accept as filed any electronically transmitted facsimile pleadings, petitions, Notice of Protest or other documents. Failure to file a protest within the time prescribed in §120.57(3), Fla. Stat., or failure to post the bond or other security required by law within the time allowed for filing a bond will constitute a waiver of proceedings under chapter 120, Fla. Stat. Mediation under §120.573, Fla. Stat., is not available.

FORMS

PROPOSAL FORM

Include this form in the response

RESPONDENT:

The undersigned, as Respondent, hereby declares and certifies that the only person(s) or entities interested in this proposal as principal(s), or as persons or entities who are not principal(s) of the Respondent but are substantially involved in performance of the Work, is or are named herein, and that no person other than herein mentioned has any interest in this proposal or in the Agreement to be entered into; that this proposal is made without connection with any other person, company, or parties making a proposal; and that this proposal is in all respects fair and in good faith without collusion or fraud.

Respondent represents to the District that, except as may be disclosed in an addendum hereto, no officer, employee or agent of the District has any interest, either directly or indirectly, in the business of Respondent to be conducted under the Agreement, and that no such person shall have any such interest at any time during the term of the Agreement, should it be awarded to Respondent.

Respondent further declares that it has examined the Agreement and informed itself fully in regard to all conditions pertaining to this solicitation; it has examined the specifications for the Work and any other Agreement documents relative thereto; it has read all of the addenda furnished prior to the proposal opening, as acknowledged below; and has otherwise satisfied itself that it is fully informed relative to the Work to be performed.

Respondent agrees that if its proposal is accepted, Respondent shall contract with the District in the form of the attached Agreement, and shall furnish everything necessary to complete the Work in accordance with the time for completion specified in the Agreement, and shall furnish the required evidence of the specified insurance.

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

Addendum No.	Date	Addendum No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Respondent (firm name) _____
Date

Address

Email address

Signature _____
Telephone number

Typed name and title _____
Fax number

COST SCHEDULE

Include this form in the response

Proposal to be opened at 2:00 p.m., May 8, 2019.

To: ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Respondents must complete the Proposal Forms and fill in all appropriate blanks. Proposals may not be accepted on Proposal Forms that have been re-typed or altered by the Respondent. Supplemental information may be attached to the Proposal Forms.

In accordance with the advertisement requesting Proposals for the health insurance plan designs for District employees and dependents, the undersigned insurer warrants that it has a certificate of authority to provide insurance in Florida and proposes to provide the services for the price contained in the following schedule (fill in all blanks).

Respondents are reminded to refer to "PREPARATION AND ORGANIZATION OF PROPOSAL DOCUMENTS" for information to be included with the proposal package.

Negotiated prices, terms and conditions will remain firm through the **initial policy/contract period of January 1, 2020 through December 31, 2020** and will be negotiable thereafter (January 1 – December 31 of each of the following two or more years).

Pursuant to §287.084(2) Fla. Stat., a vendor whose principal place of business is outside the State of Florida must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts.

I HEREBY ACKNOWLEDGE, as Respondent's authorized representative, that I have fully read and understand all terms and conditions as set forth in this proposal and upon award of such proposal, shall fully comply with such terms and conditions.

Date

Respondent (firm name)

Address

E-mail address

Signature

Telephone number

Typed name and title

Fax number

COST SCHEDULE (Continued)

This form to be completed and included in Proposal submittal under the “Tab 5” subfolder

Option 1: Fully-Insured Health Benefits Plan: Base the program costs on the current employee and dependent health benefits plans.

NOTES:

1. The District will multiply the unit rates below by the number of employees and employees with dependents currently participating in the various plans to determine an Annualized Total Premium Amount that will be used in computing the cost score.⁽¹⁾
2. State the combined District and Employee premium cost in the space provided.

Equivalent to HDHP 03160 (single) and 03161 (family)

➤ ***Health Benefits Plan: two-tier option (the District will determine percentage employee will pay):***

- Employee \$ _____
- Employee with Family \$ _____

⁽¹⁾ *The Annualized Total Premium Amount will be based on the enrollment data from the census file (Exhibit 11). The actual annualized premium amounts for all employees may vary depending on actual enrollment by employees, and the inclusion of their dependents.*

ADDITIVE ITEMS (These items will not be included in the Plan Design Option Cost Scores)

1. COBRA Administration — provide cost details in proposal or indicate “no charge” if provided at no additional cost.
2. FSA Administration — provide cost details in proposal or indicate “no charge” if provided at no additional cost.

COST SCHEDULE (Continued)

This form to be completed and included in Proposal submittal under the “Tab 5” subfolder

Option 2: Self-Funded Health Benefits Plan: Base the program costs on the current employee and dependent health benefits plans.

NOTES:

1. The District will multiply the unit rates below by the number of employees and employees with dependents currently participating in the various plans to determine an Annualized Total Premium Amount for the fixed cost portion that will be used in computing the cost score.⁽¹⁾
2. State the combined District and Employee premium cost in the space provided.

Equivalent to HDHP 03160 (single) and 03161 (family)

➤ **Administrative Services Only**

- Total Administration Fee – Per Employee Per Month (PEPM)..... \$ _____
(Total Administration Fee to include Administration Fee, Network Fee, Disease Management and Wellness)
- HIPAA Service Fee – PEPM \$ _____
- Other Fees \$ _____
(Any other administration fees for out-of-network contract negotiations, coordination of benefits, rental networks, pharmacy recoveries, provider recoveries, etc.)

➤ **Stop Loss Coverage:**

- Specific Stop Loss – Composite Rate \$ _____
- Aggregate Stop Loss – Composite Rate \$ _____

⁽¹⁾ *The Annualized Total Premium Amount will be based on the enrollment data from the census file (Exhibit 11). The actual annualized premium amounts for all employees may vary depending on actual enrollment by employees, and the inclusion of their dependents.*

ADDITIVE ITEMS (These items will not be included in the Plan Design Option Cost Scores)

1. COBRA Administration — provide cost details in proposal or indicate “no charge” if provided at no additional cost.
2. FSA Administration — provide cost details in proposal or indicate “no charge” if provided at no additional cost.

CERTIFICATE AS TO CORPORATION

Include this form in the response

The below Corporation is organized under the laws of the State of _____; is authorized by law to respond to this Invitation to Negotiate and perform all work and furnish materials and equipment required under the Agreement, and is authorized to do business in the state of Florida.

Corporation name: _____

Address: _____

Registration No.: _____

Registered Agent: _____

By: _____

(Official title)

(Affix corporate seal)

Attest: _____

(Secretary)

The full names and business or residence addresses of persons or firms interested in the foregoing proposal as principals or officers of Respondent are as follows (specifically include the President, Secretary, and Treasurer and state the corporate office held of all other individuals listed):

Identify any parent, subsidiary, or sister corporations involving the same or substantially the same officers and directors that will or may be involved in performance of the Project, and provide the same information requested above on a photocopy of this form.

If applicable, attach a copy of a certificate to do business in the state of Florida, or a copy of the application that has been accepted by the state of Florida to do business in the state of Florida, for the Respondent and/or all out-of-state corporations that are listed pursuant to this form.

AFFIDAVIT AS TO NON-COLLUSION AND CERTIFICATION OF MATERIAL CONFORMANCE WITH SPECIFICATIONS

Include this form in the response

STATE OF _____

COUNTY OF _____

I, the undersigned, _____ being first duly sworn, depose and say that:

1. I am the owner or duly authorized officer, representative, or agent of:

_____ the Respondent that has submitted the attached proposal.

2. The attached proposal is genuine. It is not a collusive or sham proposal.

3. I am fully informed respecting the preparation and contents of, and knowledgeable of all pertinent circumstances respecting the attached proposal.

4. Neither Respondent nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham proposal in connection with the Agreement for which the attached proposal has been submitted, or to refrain from proposing in connection with such Agreement, or has in any manner, directly or indirectly, sought by agreement, collusion, communication, or conference with any other Respondent, firm, or person to fix the price or prices in the attached proposal of any other Respondent, or to fix any overhead, profit, or cost element of the proposal prices or the proposal price of any other Respondent, or to secure through collusion, conspiracy, connivance, or unlawful agreement any advantage against the District or any other person interested in the proposed Agreement.

5. The price(s) quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Respondent or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

6. No official or other officer or employee of the District, whose salary or compensation is payable in whole or in part by the District, is directly or indirectly interested in this proposal, or in the supplies, materials, equipment, work, or labor to which it relates, or in any of the profits therefrom.

7. Any materials and equipment proposed to be supplied in fulfillment of the Agreement to be awarded conform in all respects to the specifications thereof. Further, the proposed materials and equipment will perform the intended function in a manner acceptable and suitable for the intended purposes of the District.

Signature: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public, state of _____ at Large

My commission expires:

(SEAL)

QUALIFICATIONS — GENERAL

Include this form in the response

As part of the proposal, Respondent shall complete the following so that the District can determine Respondent's ability, experience, and facilities for performing the Work.

Name of Respondent: _____

Respondent's tax identification No.: _____

Year company was organized/formed: _____

Number of years Respondent has been engaged in business under the present firm or trade name: _____

Total number of years Respondent has experience in similar providing group health coverage to public or private entities with at least 400 employees in multiple locations as described in the INSTRUCTIONS TO RESPONDENTS: _____

Has Respondent previously been engaged in the same or similar business under another firm or trade name? If so, please describe each such instance.

Has Respondent ever been adjudicated bankrupt, initiated bankruptcy, or been the subject of bankruptcy proceedings on behalf of the current entity submitting this proposal or a prior entity that Respondent substantially operated or controlled? If yes, please describe the nature and result of those proceedings and the entity involved.

Describe the background/experience of the person or persons who will be primarily responsible for directing the Services that will be performed pursuant to this proposal. This inquiry is intended to encompass the project (account) manager who will be engaged on a daily basis in directing performance of the Services.

QUALIFICATIONS — SIMILAR PUBLIC- OR PRIVATE-ENTITY HEALTH INSURANCE PLANS

This form to be completed and included in Proposal submittal under the “Tab 1” subfolder.

Health Insurance Respondent must be providing ongoing health insurance plans to at least two similar-sized public or private entities located in Florida (minimum of 400 employees) for at least three years immediately preceding the deadline for receipt of proposals (add additional sheet for optional additional completed projects).

Health Insurance Plan 1:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Address of agency/company: _____

Health Plan Description: _____

Annual value: _____ Start date: _____ Completion date: _____
(see note above) (month/year) (month/year)

Employees/Dependents: _____ (see note above, minimum: 400)

Name(s) of assigned personnel:

Plan manager: _____

Others: _____

Health Insurance Plan 2:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Address of agency/company: _____

Health Plan Description: _____

Annual value: _____ Start date: _____ Completion date: _____
(see note above) (month/year) (month/year)

Employees/Dependents: _____ (see note above, minimum: 400)

Name(s) of assigned personnel:

Plan manager: _____

Others: _____

QUALIFICATIONS — CONTRACT/POLICY DOCUMENTS
AND PROGRAM IMPLEMENTATION SCHEDULE

This information and documentation required on this page is to be included in Proposal submittal under the “Tab 4” subfolder

A. Contracts and Policy Documents

1. Respondents shall include specimen copies of all
 - a. Contract(s) necessary to implement the health benefits program
 - b. Policy documents that relevant to the health benefits program
 - c. Claims reporting package for the health plan design options, as applicable
 - d. Underwriting worksheets
2. Conflict with specimen contracts or policies
 - a. Unless specifically noted to the contrary on the appropriate Proposal Form, the submission of a specimen contract or policy with a proposal will not constitute notice of the Respondent’s intent to deviate from the ITN in a restrictive manner.
 - b. Unless specifically noted otherwise, the attachment of a specimen copy will be deemed to be an offer in at least full compliance with the ITN and the Respondents expressly agrees to reform said contract or policy to the extent inconsistent in a restrictive manner from the ITN. Submission of a specimen copy will be deemed solely an offer of supplemental terms and conditions not otherwise addressed in the ITN or a broadening of terms and conditions to the benefit of the District beyond that required by the ITN. Current District policies can be found in Exhibits 2 – 5.
3. ***The District is interested in a participating contract that provides a sharing of the percentage-of-surplus based on the performance of the plan. Proposals shall indicate if such a contract is available and the terms of the contract.***

B. Implementation Schedule

1. Respondents shall include a Program Implementation Schedule with proposed dates that would provide the specified results and outcomes for the District’s plan year beginning January 1, 2020, including open enrollment expectations. **Failure on the part of the Respondent to include a Program Implementation Schedule in the ITN response may be sufficient cause for the District to consider the Respondent as non-responsive.**

DRUG-FREE WORKPLACE FORM

This form required only in the event of a tie response

The Respondent, (business name) _____, in accordance with §287.087, Fla. Stat., hereby certifies that Respondent does the following:

1. Informs 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
2. Publishes a statement notifying employees that
 - a. 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 its employees for violations of such prohibition.
 - b. as a condition of working on the contractual services that are the subject of this solicitation, 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, Fla. Stat., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five days after such conviction.
3. Gives each employee engaged in providing the contractual services that are the subject of this solicitation a copy of the statement specified in paragraph 2, above.
4. Imposes a sanction on, or requires the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee’s community) of, any employee convicted of a violation listed in sub-paragraph 2.b., above.
5. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of §287.087, Fla. Stat.

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

By: _____

Title: _____

Date: _____

NO RESPONSE FORM
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
INVITATION TO NEGOTIATE 34352
GROUP EMPLOYEE HEALTH INSURANCE

Your reasons for not responding to this Invitation to Negotiate are valuable to the St. Johns River Water Management District’s procurement process. Please complete this form and return it to the Office of Procurement Services no later than the date set for receipt of proposals. Thank you for your cooperation.

Please check (as applicable):

- Specifications too “general” (explain below)
- Insufficient time to respond to the Invitation for Bids
- Do not provide this type of work for this project
- Schedule would not permit us to perform
- Unable to meet bid specifications
- Specifications unclear (explain below)
- Disagree with solicitation or Agreement terms and conditions (explain below)
- Other (specify below)

Remarks: _____

DATE _____

RESPONDENT (FIRM NAME) _____

ADDRESS _____

E-MAIL ADDRESS _____

SIGNATURE

TYPED NAME AND TITLE

TELEPHONE NUMBER

FAX NUMBER

ATTACHMENT A — STATEMENT OF SERVICES

I. INTRODUCTION:

The purpose of this Invitation to Negotiate (ITN) is to solicit proposals from qualified insurance companies for the District’s employee (and dependent) group health insurance program, which begins January 1, 2020. This ITN provides prospective Respondents with information to prepare and submit proposals for consideration by the District to satisfy the needs as outlined in this Statement of Services. Respondents are strongly encouraged to carefully read the entire Invitation to Negotiate. Respondents may partner with a broker, but proposals must be submitted by the Respondent insurer and premiums should not include any broker commissions.

The following is a snapshot of the January 2019 health plan participants:

	Subscriber	Dependents	Total
Active employee	462	679	1,141
Retirees	24	8	32
COBRA	4	2	6
All Groups	490	689	1,179

II. SCOPECurrent Situation

The District maintains one fully insured high-deductible health insurance plan, which is compatible with health savings accounts. Plan offerings, rates, contribution splits and the number of participants in each plan, etc., are included as Exhibits 2 – 6.

Additional Information:

- Employees working sixteen (16) hours or more weekly are eligible for coverage on the first day of the month following 30 days of employment.
- Pursuant to section 112.0801, Fla. Stat., District retirees have the option of continuing coverage at their cost (100% of premium);
- Children are eligible for coverage as dependents through the calendar year in which they turn 30.
- Current plans are subject to conversion rights, subrogation and special Medicare provisions, as well as coordination of benefits provisions, if applicable.

Proposed Funding

This request is for a fully insured and a self-funded health plan.

Respondents may submit a proposal for either or both funding arrangements.

All plan submittals MUST be Health Care Reform compliant and satisfy the requirements for providing minimum essential benefits under the Patient Protection and Affordable Care Act.

Respondents providing a self-funded health plan option must also provide a stop loss proposal from a carrier that provides immediate reimbursement of claims over the specific deductible level. All stop loss proposals must contain a “no laser” and “no new lasers upon renewal” provision. All stop loss proposals must contain a

premium cap not to exceed 47% at renewal. All stop loss proposers must provide their current A.M. Best rating. The stop loss requirements for quoting are as follows:

Specific Stop Loss

Claim/Contract Basis: 12/12
 Specific Deductible: \$125,000
 Annual Maximum: Unlimited
 Covered Benefits: Medical including prescription drug plan

Aggregate Stop Loss

Claim/Contract Basis: 12/12
 Maximum Aggregate benefits: \$1,000,000
 Corridor: 120%
 Covered Benefits: Medical including prescription drug plan

TERM OF CONTRACT

The initial contract term will commence January 1, 2020, and will terminate December 31, 2020, with the option for two or more additional 12-month renewal periods commencing January 1st of each subsequent year upon the written agreement of both parties.

The District may elect to negotiate additional renewal periods if the District determines such renewals would be in the best interest of the District due to an opportune price discount or other similar circumstances.

SPECIFIC HEALTH PLAN REQUIREMENTS

1. No employee will lose his or her ability to have benefits, or have any benefits delayed, as a result of any change in the program or plan.
2. The provider insurance company or administrator will be responsible for providing the following:
 - a. Certificates
 - b. Summary of Benefits and Coverage no later than October 15, 2019
 - c. On-site enrollment meetings to be held in mid-October through November each year
 - d. High-level plan summaries in plain language no later than October 15, 2019.

HEALTH PLAN DESIGN

Health plan designs in proposals should match the benefits of the current plan design, as indicated in Exhibits 2 – 5. Any deviations from the plan design should be explicitly identified in the proposal. The District may elect to request deviations from the current plan design during negotiations.

ENROLLMENT ASSISTANCE

The successful Respondent will be asked to attend and conduct employee open enrollment meetings at the following District facilities (beginning late October/early November and continuing through November):

- Palatka Headquarters
- Jacksonville service center
- Maitland service center
- Palm Bay service center

ATTACHMENT B — INSURANCE REQUIREMENTS

Contractor shall acquire and maintain until completion of the Work the insurance coverage listed below, which constitutes primary coverage. Contractor shall not commence the Work until the District receives and approves Certificates of Insurance documenting required coverage. Contractor's General Liability policy shall include Endorsement CG 20 10 04 13, or equivalent, naming the St. Johns River Water Management District (the "District") as Additional Insured. All required policies shall include: (1) endorsement that waives any right of subrogation (Endorsement CG 24 04 05 09, or equivalent) against the District for any policy of insurance provided under this requirement or under any state or federal worker's compensation or employer's liability act; (2) endorsement to give the District no less than 30 days' notice in the event of cancellation or material change. Certificates of Insurance must be accompanied by copies of the requested endorsements.

Any deductibles or self-insured retentions above \$100,000 must be declared to and approved by the District. Approval will not be unreasonably withheld. Contractor is responsible for any deductible or self-insured retention. Insurance must be placed with insurers having an A.M. Best rating of A-V or greater. District receipt of insurance certificates providing less than the required coverage does not waive these insurance requirements.

- (a) **Workers' Compensation Insurance.** Workers' compensation and employer's liability coverage, including maritime workers' compensation, if applicable, in not less than the minimum limits required by Florida law. If Contractor claims an exemption from workers' compensation coverage, Contractor must provide a copy of the Certificate of Exemption from the Florida Division of Workers' Compensation for all officers or members of an LLC claiming exemption who will be participating in the Work. In addition, Contractor must provide a completed District "Affidavit (Non-Construction)" for non-construction contracts.
- (b) **General Liability.** Commercial General Liability Insurance on an "Occurrence Basis," with limits of liability for each occurrence of not less than \$1,000,000 for personal injury, bodily injury, and property damage, with an aggregate of \$2,000,000. Coverage shall include: (1) contractual liability, (2) products and completed operations, (3) independent contractors, and (4) property in the care, control, or custody of the Contractor. Extensions shall be added or exclusions deleted to provide the necessary coverage.
- (c) **Automobile Liability.** \$500,000 combined single limit.
- (d) **Umbrella Policy.** Minimum limits of \$2,000,000 per occurrence.
- (e) **Professional Liability (Errors and Omissions).** (Per claim) \$1,000,000 single limit and \$2,000,000 annual aggregate limit. Continuous coverage shall be in place for four years after the contract is completed.

**EXHIBIT 1 — HEALTH QUESTIONNAIRE
AND PLAN COMPARISON (separate Excel[®] File)**

EXHIBIT 2 — BLUE OPTIONS
03160 – 03161 SUMMARY

2019 Benefits for:
St Johns River Water Management District

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03160 HSA compatible (Single Coverage)	BlueOptions Plan 03161 HSA compatible (Family Coverage)
Deductible (DED) (Per Person/Family Agg)		
In-Network	\$1,400 / Not Applicable	\$2,800 / \$2,800
Out-of-Network	\$2,800 / Not Applicable	\$5,600 / \$5,600
Coinsurance (Member Responsibility)		
In-Network	20%	20%
Out-of-Network	40%	40%
Out of Pocket Maximum (Per Person/Family Agg)	Includes DED, Coins, Copays	Includes DED, Coins, Copays
In-Network	\$2,800 / Not Applicable	\$5,600 / \$5,600
Out-of-Network	\$5,600 / Not Applicable	\$11,200 / \$11,200
Lifetime Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES		
Allergy Injections		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
E-Office Visit Services		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Office Services		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Medical Pharmacy Monthly In-Network OOP Max (Provider-Administered Rx)*	\$200 applies after DED	\$200 applies after DED
In-Network Family Physician and Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Provider Services at Hospital and ER		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Provider Services at Other Locations		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center or Hospital		
In-Network Specialist	ASC: DED + 20% Hospital: DED +20%	ASC: DED + 20% Hospital: DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
PREVENTIVE CARE		
Adult Wellness Office Services		
In-Network Family Physician & Specialist	\$0	\$0
Out-of-Network	40% (No DED)	40% (No DED)
Colonoscopies (Routine)	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies
In-Network	\$0	\$0
Out-of-Network	\$0	\$0
Mammograms (Routine and Dx; excludes 3-D)		
In-Network & Out-of-Network	\$0	\$0
Well Child Office Visits (No BPM)		
In-Network Family Physician & Specialist	\$0	\$0
Out-of-Network	40% (No DED)	40% (No DED)
EMERGENCY / URGENT / CONVENIENT CARE		
Ambulance Maximum (ground, air and water)	No maximum	No maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 20%	DED + 20%
Convenient Care Centers (CCC)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Emergency Room Facility Services (also see Professional Provider Services)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 20%	DED + 20%

Urgent Care Centers (UCC)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 20%	DED + 20%
FACILITY SERVICES - HOSP/SURG/ICL/IDTF		
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.		
Ambulatory Surgical Center		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Independent Clinical Lab		
In-Network	DED	DED
Out-of-Network	DED + 40%	DED + 40%
Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)		
In-Network - Advanced Imaging Services (AIS)	DED + 20%	DED + 20%
In-Network - Other Diagnostic Services	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Inpatient Hospital (per admit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
Inpatient Rehab Maximum	30 Days	30 Days
Outpatient Hospital (per visit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
Therapy at Outpatient Hospital		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Hospitalization		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Outpatient Hospitalization (per visit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 20%	Option 1 - DED + 20% Option 2 - DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Provider Services at Hospital and ER		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Physician Office Visit		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 40%	DED + 40%
Emergency Room Facility Services (per visit)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Provider Services at Locations other than Hospital and ER		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 40%	DED + 40%
OTHER SPECIAL SERVICES AND LOCATIONS		
Advanced Imaging Services in Physician's Office		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Birthing Center		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics BPM	Enteral Formulas:\$2,500 All Other: No Maximum	Enteral Formulas:\$2,500 All Other: No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Home Health Care BPM	20 Visits	20 Visits
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Hospice LTM	No Maximum	No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
Outpatient Therapy and Spinal Manipulations BPM	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)

Skilled Nursing Facility BPM		
In-Network	60 Days DED + 20%	60 Days DED + 20%
Out-of-Network	DED + 40%	DED + 40%
TELEDOC – 24 HR SERVICE 800-835-2362	DED + 20%	DED + 20%
PRESCRIPTION DRUGS		
Deductible	Medical Deductible	Medical Deductible
In-Network		
Retail (30 days) Generic/Preferred Brand/Non-Preferred	\$10/\$50/\$80 after DED	\$10/\$50/\$80 after DED
Mail Order (90 days) Generic/Preferred Brand/Non-Preferred	\$20/\$100/\$160 after DED	\$20/\$100/\$160 after DED
Out-of-Network		
Retail (30 days) Generic/Preferred Brand/Non-Preferred	50% / 50% / 50%	50% / 50% / 50%
Mail Order (90 days) Generic/Preferred Brand/Non-Preferred	50% / 50% / 50%	50% / 50% / 50%
Specialty Pharmacy / Drugs (30 day supply limit) CareMark in network provider 1-866-278-8108 In-Network – CareMark Out of Network – any pharmacy other than CareMark	DED then Applicable copay DED + 50% w/ \$1000 coverage cap	DED then Applicable copay DED + 50% w/ \$1000 coverage cap
Condition Care Preventive Medications Please see on-line Medication Guide pg VII for current medication listed under the HSA Preventive Drug list	Calendar year Deductible waived Applicable copayments apply	Calendar year Deductible waived Applicable copayments apply
MONTHLY RATES		
Employee Only	\$75.26 / month \$37.63 semi monthly N/A	N/A \$329.22 / month \$164.61 semi monthly
Employee/Family		

* (1) Medical Pharmacy Monthly OOP Max applies in-network only and is combined Preferred and Non-Preferred unless otherwise noted. It includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies).

(3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit except when the group carves out pharmacy. Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefit.


This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Florida Blue, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Florida Blue's Benefit Booklet and Schedule of Benefits; their terms prevail.

The information contained in this document includes benefit changes required as a result of the Patient Protection And Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency. In addition, the rates quoted within this proposal are based on the plan benefits at the time the proposal is issued and may change before the plan effective date if additional plan changes become necessary. Additionally, Interim rules released by the Federal Government February 2, 2010 require BCBSF to test all benefit plans to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAE). Benefits and rates reflected in the proposal are subject to change based on the outcomes of the test.


**EXHIBIT 3 — BLUE OPTIONS 03160 PLAN
SUMMARY OF BENEFITS AND COVERAGE**

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 <u>deductible</u> ?	<u>In-Network</u> : \$1,400 Per Person. <u>Out-of-Network</u> : \$2,800 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 <u>deductible</u> ?	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 <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. <u>In-Network</u> : \$2,800 Per Person. <u>Out-Of-Network</u> : \$5,600 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 <u>out-of-pocket limit</u> ?	<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 <u>network provider</u> ?	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 <u>referral</u> to see a <u>specialist</u> ?	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	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	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% <u>Coinsurance</u>	<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.
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-resources/pharmacy/medication-guide	Generic drugs	<u>Deductible</u> + \$10 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$20 <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> + \$50 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$100 <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> + \$80 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$160	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

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
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
		<u>Copay</u> per Prescription by mail		
	<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: <u>In-Network 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>	<u>In-Network 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% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
	Inpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Physician Services: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e.

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)	
	Childbirth/delivery professional services	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	ultrasound.) —————none—————
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible + 20% Coinsurance</u>	<u>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

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>.)		
• Acupuncture	• Hearing aids	• Pediatric glasses
• Bariatric surgery	• Infertility treatment	• Private-duty nursing
• Cosmetic surgery	• Long-term care	• Routine eye care (Adult)
• Dental care (Adult)	• Pediatric dental check-up	• Routine foot care unless for treatment of diabetes
• <u>Habilitation services</u>	• Pediatric eye exam	• Weight loss programs

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

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See www.floridablue.com.
- 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.

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)

- The plan's overall deductible \$1,400
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other No Charge \$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
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,860

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,400
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other Coinsurance 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
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,400
<u>Copayments</u>	\$1,300
<u>Coinsurance</u>	\$90
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,850

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,400
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other Coinsurance 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
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,500

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

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.

सुचना: 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 jíik'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 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.


**EXHIBIT 4 — BLUE OPTIONS 03161 PLAN
SUMMARY OF BENEFITS AND COVERAGE**

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 <u>deductible</u> ?	In-Network: \$2,800 Per Person/ \$2,800 Family. <u>Out-of-Network</u> : \$5,600 Per Person/ \$5,600 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 <u>deductible</u> ?	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 <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. In-Network: \$5,600 Per Person/ \$5,600 Family. <u>Out-Of-Network</u> : \$11,200 Per Person/ \$11,200 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> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<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 <u>network provider</u> ?	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 <u>referral</u> to see a <u>specialist</u> ?	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</u> office or clinic	Primary care visit to treat an injury or illness	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	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% <u>Coinsurance</u>	<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.
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-resources/pharmacy/medication-guide	Generic drugs	<u>Deductible</u> + \$10 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$20 <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> + \$50 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$100 <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> + \$80 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$160	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

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
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
		<u>Copay</u> per Prescription by mail		
	<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: <u>In-Network 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>	<u>In-Network 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% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	————none————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	————none————
	Inpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Physician Services: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e.

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)	
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + <u>20% Coinsurance</u>	ultrasound.) —————none—————
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>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</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <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> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <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> + 40% <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

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>.)		
• Acupuncture	• Hearing aids	• Pediatric glasses
• Bariatric surgery	• Infertility treatment	• Private-duty nursing
• Cosmetic surgery	• Long-term care	• Routine eye care (Adult)
• Dental care (Adult)	• Pediatric dental check-up	• Routine foot care unless for treatment of diabetes
• <u>Habilitation services</u>	• Pediatric eye exam	• Weight loss programs

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

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See www.floridablue.com.
- 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.

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)

- The plan's overall deductible \$2,800
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other No Charge \$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
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,690

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,800
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other Coinsurance 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
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$80
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$4,340

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,800
- Specialist Coinsurance 20%
- Hospital (facility) Coinsurance 20%
- Other Coinsurance 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
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
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.

सुचना: जो तमे गुजराती बोवता हो, तो निःशुल्क भाषा सहाय सेवा तमास माटे उपलब्ध छे.

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 (1-800-955-8770) 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.

**EXHIBIT 5 — FLORIDA BLUE HAS
PREVENTIVE DRUG LIST**

Health Savings Account Preventive Drug List

(Lista de medicinas preventivas con una Cuenta de ahorros para la salud)

Current (Corriente) 1/1/18

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are available for many of the brands noted on this list. Standard utilization management programs may still apply to certain drugs.

(Las medicinas listadas abajo están agrupadas en categorías amplias. Cada categoría incluye una lista alfabética de medicinas. Las medicinas genéricas están disponibles para muchas de las marcas que se mencionan en esta lista. El manejo de utilización estándar de programas podría aplicar para ciertas medicinas)

ANTI-ANGINA (ANTIANGINA)

isosorbide dinitrate ext-release
isosorbide dinitrate tabs
isosorbide mononitrate
isosorbide mononitrate
ext-release
NITRO-BID ointment
NITRO-DUR patch 0.3, 0.8mg/hr
nitroglycerin ext-release capsule
nitroglycerin patches
nitroglycerin spray

ANTI-ARRHYTHMICS (ANTI-ARRÍTMICOS)

amiodarone
disopyramide
dofetilide
flecainide
mexiletine
MULTAQ*
propafenone
propafenone ext-release
quinidine gluconate ext-release
quinidine sulfate
QUINIDINE SULFATE 200mg
sotalol
sotalol AF

ANTI-COAGULANTS/ ANTI-PLATELETS (ANTICOAGULANTES/ANTIPLAQUETAS)

anagrelide HCL
BRILINTA
cilostazol
clopidogrel
dipyridamole tabs
warfarin

DIABETES (DIABETES)

acarbose
BYDUREON
BYETTA
glimepiride
glipizide
glipizide ext-release
GLUCAGON EMERGENCY KIT
glyburide micronized
glyburide, generics of Micronase
glyburide/metformin
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
KOMBIGLYZE XR
LANTUS
LEVEMIR
metformin
metformin ext-release
miglitol
nateglinide
NOVOLIN
NOVOLOG
ONGLYZA
pioglitazone HCL
pioglitazone HCL-glimepiride
pioglitazone HCL/metformin HCL
PROGLYCEM
repaglinide
SOLIQUA
SYMLINPEN
SYNJARDY
TOUJEO
TRESIBA
VICTOZA
XULTOPHY

DIABETIC SUPPLIES (SUMINISTROS PARA LA DIABETES)

Preferred Brand Diabetic Supplies – Preferred Blood Glucose Testing Strips and Tablets, Lancets, Glucometers, and Acetone Test Tablets, Syringes and Needles

(Suministros para la diabetes – Equipo preferido para el Monitoreo de glucosa en sangre, Jeringas para la insulina, lancetas, dispositivos para lancetas, plumas de insulina, Tiras reactivas preferidas)

FLUORIDE SUPPLEMENTS (SUPLEMENTOS DE FLUORURO)

sodium fluoride chew tabs; crm; drops; gel; oral rinse; paste; soln; tabs, 2.2 mg
sodium fluoride/potassium nitrate
stannous fluoride

HEPARINS/LOW MOLECULAR WEIGHT HEPARIN (HEPARINA/HEPARINA DE BAJO PESO MOLECULAR)

enoxaparin
fondaparinux
heparin sodium inj, 5000 unit/mL

Generic Drugs = lower case Brand Drugs = CAPITAL LETTERS (Mandatory generic may apply)

* Not included for members of BlueSelect or MyBlue closed formularies. This list may change due to drug market availability

(Medicinas genéricas = letras minúscula Medicinas de marca = LETRAS MAYÚSCULA (Genérico obligatorio podrían aplicar)

(Esta lista podría no incluir todas las medicinas y puede estar sujeta a cambio de disponibilidad de las medicinas en el mercado.)

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**HIGH BLOOD PRESSURE
(PRESIÓN ARTERIAL ALTA)**

acebutolol
acetazolamide
acetazolamide ext-release
amiloride
amiloride/hydrochlorothiazide
amlodipine
amlodipine/benazepril
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hydrochlorothiazide
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
bumetanide
captopril
CAPTOPRIL/HYDROCHLOROTHI
AZIDE 25-15, 50-15 mg
captopril/hydrochlorothiazide
25-25, 50-25 mg
carvedilol
chlorothiazide
chlorthalidone
clonidine
diltiazem
diltiazem ext-release
doxazosin
enalapril
enalapril/hydrochlorothiazide
eprenone
eprosartan
felodipine ext-release
fosinopril
fosinopril/hydrochlorothiazide
furosemide soln, 10 mg/mL; tabs
guanfacine
hydralazine
hydrochlorothiazide
indapamide
INNOPRAN XL
irbesartan
irbesartan/hydrochlorothiazide
isradipine
labetalol
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
methazolamide
methyldopa
metolazone
metoprolol succinate ext-release
metoprolol tartrate
metoprolol/hydrochlorothiazide
minoxidil
moexipril
moexipril/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
nicardipine
nifedipine
nifedipine ext-release
nimodipine

**HIGH BLOOD PRESSURE
(continued)
(PRESIÓN ARTERIAL ALTA -
continuación)**

nisoldipine ext release 8.5, 17,
34 mg
NISOLDIPINE ext-release 20, 25.5,
30, 40 mg
perindopril
pindolol
prazosin
propranolol ext-release
PROPRANOLOL soln
propranolol tabs
PROPRANOLOL/
HYDROCHLOROTHIAZIDE
quinapril
quinapril/hydrochlorothiazide
ramipril
spironolactone
spironolactone/hydrochlorothiazide
telmisartan
terazosin
TIMOLOL tabs
torsemide
trandolapril
triamterene/hydrochlorothiazide
valsartan
verapamil
verapamil ext-release

**HIGH CHOLESTEROL
(COLESTEROL ALTO)**

atorvastatin
cholestyramine
cholestyramine light
colestipol
ezetimibe
fenofibrate
fenofibrate micronized
fluvastatin
gemfibrozil
lovastatin
niacin ER
omega-3 acid ethyl esters
pravastatin
rosuvastatin
simvastatin
WELCHOL

**NOVEL ORAL
ANTICOAGULANTS
(NUEVOS ANTICOAGULANTES
ORALES)**

ELIQUIS
PRADAXA
XARELTO

**OSTEOPOROSIS
(OSTEOPOROSIS)**

alendronate
calcitonin-salmon
ibandronate
raloxifene
risedronate

**PRENATAL VITAMINS
(VITAMINAS PRENATALES)
ALL PRESCRIPTION PRENATAL
VITAMINS****PROPHYLACTIC OCULAR
(OCULAR PROFILÁCTICO)**

(topical for newborns)
erythromycin eye oint

**RESPIRATORY
(TERAPIA RESPIRATORIA)**

acetylcysteine inhal soln
ADVAIR DISKUS
ADVAIR HFA
albuterol
albuterol ext-release
ANORO ELLIPTA
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
ATROVENT HFA
BREO ELLIPTA
budesonide inhal susp, 0.25,
0.5 mg/2 mL
cromolyn sodium inhal soln
DULERA
FLOVENT DISKUS
FLOVENT HFA
INCRUSE ELLIPTA
ipratropium inhal soln
ipratropium/albuterol inhal soln
levalbuterol
levalbuterol HCL
montelukast sodium
PROAIR HFA
PROAIR RESPICLICK
QVAR
SPIRIVA HANDHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline
theophylline ext-release
VENTOLIN HFA
zafirlukast

Generic Drugs = lower case Brand Drugs = CAPITAL LETTERS (Mandatory generic may apply)

* Not included for members of BlueSelect or MyBlue closed formularies. This list may change due to drug market availability

(Medicinas genéricas = letras minúscula

Medicinas de marca = LETRAS MAYÚSCULA (Genérico obligatorio podrían aplicar)

(Esta lista podría no incluir todas las medicinas y puede estar sujeta a cambio de disponibilidad de las medicinas en el Mercado.)

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**EXHIBIT 6 — HEALTH PREMIUM RATES
WITH COST SHARE**



2019 Florida Blue Medical Premium Rates

Employee Only Coverage	Employees Cost		District Cost	Total Cost
	Monthly	Semi Monthly		
Full-Time Employees	75.26	(pp 37.63)	680.07	755.33
Part-Time Employees .5 FTE (20 hrs wkly)	415.30	(pp 207.65)	340.03	755.33
Employee with Family Coverage	Employees Cost		District Cost	Total Cost
	Monthly	Semi Monthly		
Full-Time Employees	329.22	(pp 164.61)	1324.44	1653.66
Part-Time Employees .5 FTE (20 hrs wkly)	991.44	(pp 495.72)	662.22	1653.66
Rates Effective 1/1/19 to 12/31/19 Rates are for Blue Options High Deductible Health Plans 03160/03161 Health plans are HSA Compatible Premium deductions are bi-monthly (24 per year)				

Retiree participants pay 100% of premium.

COBRA participants pay 102% of premium.

EXHIBIT 7 — HEALTH CLAIMS DATA
2018 PAID WITH KEY INDICATORS
(separate Excel[®] File)

EXHIBIT 8 — HEALTH CLAIMS DATA
FEB 2019 WITH KEY INDICATORS
(separate Excel[®] File)

EXHIBIT 9 — HEALTH CLAIMS DATA
2018 MONITORING REPORT
(separate Excel[®] File)

EXHIBIT 10 — HEALTH CLAIMS DATA
FEB 2019 MONITORING REPORTS
(separate Excel[®] File)

**EXHIBIT 11 — CENSUS – ACTIVE AND RETIRED
(separate Excel® File)**

EXHIBIT 12 — TELEDOK FLYER



Getting started with Teladoc

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.



1

Online:

Go to Teladoc.com and click "set up account".

Mobile app:

Download the app and click "Activate account". Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a doctor anytime for **\$42 or less!**

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1-800-Teladoc

