

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 07/17/2024

Contract/Lease Control #: C22-3205-RM

Procurement#: RFP RM 23-21

Contract/Lease Type: AGREEMENT

Award To/Lessee: BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2024

Expiration Date: 09/30/2026 W (1) 1 YR RENEWAL

Description of: GROUP HEALTH INSURANCE FOR OKALOOSA COUNTY

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5977

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

Closed: _____

CC: BCC RECORDS



2190 Airport Blvd., Suite 3000
 Pensacola, FL 32504
 T 850-873-7501 C 850-207-1462
 E david.sanna@bcbsfl.com

June 11, 2024

Okaloosa Co BOCC
 Attn: Kelly Bird
 302 N. Wilson St., Ste 301
 Crestview FL 32536-3474

CONTRACT: C22-3205-RM
Blue Cross and Blue Shield of Florida, Inc.
Group Health Insurance for Okaloos County
EXPIRES:09/30/2026 w/1 yr renewal

RE: Okaloosa Co BOCC Oct 2024 Renewal with Florida Blue

Kelly,

Please review the below for the agreed details for Okaloosa Co BOCC's Oct 2024 Florida Blue Renewal. Once reviewed and approved, we will begin implementing the renewal.

Medical Effective Oct 1, 2024

1. No Rate Change – Please find Rate Structure below:
2. No Benefit Change – Continuation of current benefits.

Oct 1, 2023 Rates (No Change)							
	05192/93 RX INN Ded and \$15/\$60/\$100		BOP 05770 RX \$15/\$50/\$80		BOP 05781 RX \$15/\$60/\$80		
EMPLOYEE	357	\$ 840.15	19	\$ 1,304.35	154	\$	1,124.54
EMPLOYEE + FAMILY	127	\$ 1,282.35	15	\$ 1,990.85	85	\$	1,716.43
Spouse/Child/Spouse Child	0	\$ 609.33	1	\$ 945.61	0	\$	815.58

ProShare Plus:

1. Current Term Oct 2022 – Sep 2024 100% Gain Share
2. New Term Oct 2024 – Sep 2026 100% Gain Share

EGWP – Blue Group Medicare:

1. 8% Rate Adjustment

Wellness Funding:

1. Please see attached:
 - a. As previously agreed, subsequent to the Oct 2024 renewal, within the 1st quarter of 2025, Florida Blue will provide a \$75,000 Wellness/Technology Fund.

This Policy may to be terminated by the applicant or Florida/Blue/Florida Blue HMO by giving at least 45 days prior written notice to the other party except in the case of non-payment of premium.

Only eligible employees who regularly work a minimum of 30 hours each week and their eligible dependents shall be eligible for coverage upon the Effective Date of this Policy. Specify classification of enrollees for whom coverage is being requested, if other than eligible employees as described above.

At least 65% of the eligible employees must be enrolled under the Policy on the Effective Date and throughout the term of the Policy and the Group must meet and continue to meet Florida Blue/Florida Blue HMO participation requirements.

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

Employer Contribution: Employee: 100% Dependents: 0 %

Premium/Prepayment fees are payable monthly on or before the due date which will be 1st of the month.

Regular Billing - Employee applications should be submitted thirty (30) days prior to proposed Effective Date. Employee cancellations must be submitted within 30 days of the Effective Date of the Termination.

Please sign below for approval to renew with Florida Blue.

7/16/2024
DATE:


SIGNATURE of APPLICANT

Paul Mixon, Chairman
PRINT/TYPE NAME & TITLE



Thank you for your continued partnership with Florida Blue and allowing us to serve you and your employees.

Sincerely,

David E Sanna June 11, 2023 @8:23 AM CT

David E Sanna
Strategic Account Executive
Florida Blue

C22-3205.RM

Wellness Contribution Request and Agreement

DAVE SANNA FLORIDA BLUE 3319 Nautical Dr. Panama City 32409	MAKE CHECKS PAYABLE TO: Okaloosa Co BOCC Attn: Kelly Bird 302 N. Wilson Street, Suite 301 Crestview, FL 32536
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INVOICE NUMBER:	NA	Date:	June 11, 2024
PO#:	NA		

QTY	DESCRIPTION	PRICE	AMOUNT
	WELLNESS Initiative		
	Three (3) year Partnership beginning Oct 1, 2022 ending Sep 30, 2026.		
1	Upon Award of RFP 30-22 subsequent to the Effective Date of the Group Health Insurance Effective Oct 1, 2022, Florida Blue will provide a \$100,000 Wellness/Technology Fund.	\$ 100,000.00	Paid
2	Subsequent to the Oct 2022 renewal, within the 1st quarter of 2023, Florida Blue will provide a \$75,000 Wellness/Technology Fund	\$ 75,000.00	Paid
3	Subsequent to the Oct 2023 renewal, within the 1st quarter of 2024, Florida Blue will provide a \$75,000 Wellness/Technology Fund	\$ 75,000.00	Paid
4	Subsequent to the Oct 2024 renewal, within the 1st quarter of 2025, Florida Blue will provide a \$75,000 Wellness/Technology Fund	\$ 75,000.00	\$75,000.00
5	Subsequent to the Oct 2025 renewal, within the 1st quarter of 2026, Florida Blue will provide a \$75,000 Wellness/Technology Fund	\$ 75,000.00	TBD

Amount requested for Oct 2022 Renewal	\$ 75,000.00
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Print Name:	Paul Mixon	Chairman	7/16/2024
Authorized Signature:		Title	Date
Print Name:	JD Peacock II	Clerk of Court	7/16/2024
Witness Signature:		Title	Date

