CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/27/2021

Contract/Lease Control #: C20-2944-RM

Procurement#: RFP RM 28-20

Contract/Lease Type: AGREEMENT

Award To/Lessee: BLUE CROSS/BLUE SHIELD OF FLORIDA, LLC

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2020

Expiration Date: 09/30/2022 W/3 1 YR RENEWALS

Description of: GROUP HEALTH INSURANCE FOR OKALOOSA COUNTY

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5772

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

Closed:

Cc: BCC RECORDS

Florida Blue

An Independent Licensee of the Blue Cross and Blue Shield Association

CONTRACT: C20-2944-RM
BLUE CROSS/BLUE SHIELD OF FLORIDA, INC.
GROUP HEALTH INSURANCE FOR OKALOOSA COUNTY
EXPIRES: 09/30/2022 W/3 1 YR RENEWALS

Medicare Secondary Payor Compliance

Multiple Employer Plan: a plan sponsored by more than one employer. **Multi-employer plan:** a plan jointly sponsored by employers and unions.

If you are a single employer plan:

☑ Yes ☐ No Our Company employed 20 or more employees** each working day in 20 or more calendar weeks during the current or preceding calendar year.

If you are a single employer, multiple employer, or multi-employer plan:

☑ Yes ☐ No Our Company employed 100 or more employees** on 50 percent or more of the business days during the preceding calendar year.

If you are a multiple employer or a multi-employer plan:

☐ Yes ☐ No All employers in our Group Health Plan (GHP) employed 20 or more employees** for 20 or more weeks in either the current or proceding calendar year.

☐ Yes ☐ No At least one of the employers in our GHP employed 20 or more employees** for 20 or more weeks in either the current or preceding calendar year.

☐ Yes ☐ No All employers in our GHP employed fewer than 20 employees** for 20 or more weeks in either the current or preceding calendar year.

**"Employees" includes all full and/or part time employees

Common Ownership/Controlled Group Compliance

☐ Yes ☑ No Our Company is part of a common ownership or Controlled Group as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

General Information

Group Name	Okaloosa Co Board of Co Commissioners			Tax ID #	59-6000765
Group Number	41954	Group Sales Rep/Agent	Dave Sanna/Gehring Group	Effective Date	10/1/2021
Employer Contribution Toward Employees Premium (50% recommended for groups with 51+ employees)					
What was the average total number of all employees (full-time, part-time, and seasonal) in the previous calendar year?					1,058

II. Recap of Employee Participation

Participation must be collected in certain scenarios. Please use the drop down and select the option that most fits your company.

Provide information regarding the questions listed below in the right hand column. Some cells are auto-calculated and can not be typed within.

1. How many TOTAL EMPLOYEES ON PAYROLL do you have?		1,053
2. How many TOTAL COBRA CONTINUANTS are currently enrolled in your Group Health Plan (GHP)?		1
3. The form will calculate the TOTAL INELIGIBLE EMPLOYEES according to answers in 3A through 3C below.		86
A. How many Total Part Time and Seasonal Employee(s) do you have currently have?	86	
B. How many Total New Employees (in Waiting Period) do you currently have?	0	
C. How many Total Other Employee(s) are not eligible or accounted for in 3A & 3B?	0	
4. The form will calculate the TOTAL ELIGIBLE EMPLOYEES according to above answers to determine Group size.		968
A. How many Total Employees with Other Coverage are not enrolling in this GHP?	181	
B. Indicate Other employee(s) totals not accounted for above that are eligible.	0	
C. How many employees are Not Covered by BCBSF/HOI? (Provide Total from Common Ownership Groups.)	0	
5. The form will calculate the TOTAL ELIGIBLE FOR PARTICIPATION according to the above answers.		787
A. Enter the number of Total Refusals. This represents employees refusing coverage without other coverage.	0	
6. The form will calculate the TOTAL ENROLLED according to the answers provided above.		787
7. The form will calculate the total EMPLOYEE PARTICIPATION using the answers provided. (65% Recommended)		100%
8. The form will calculate the ENROLLED PERCENT OF TOTAL (6/4) (50% RULE) using the answers provided.		81%

Florida Blue

An Independent Licensee of the
Blue Cross and Blue Shield Association

ENROLLMENT SUMMARY

For Groups with 51+ Eligible Employees

Please read the information below and provide electronic signatures when the document is completed.

I certify that the above information is correct to the best of my knowledge. I understand that this information will be used to determine my company's compliance with Blue Cross Blue Shield of Florida, INC. and/or Health Options, INC. eligibility and Underwriting Guidelines, as well as the applicability of State and Federal laws relating to my company and plan. Blue Cross Blue Shield of Florida INC. and/or Health Options, INC. reserves the right to request a UCT-6 or other documentation as evidence of business activity at any time and from time to time in order to validate my compliance with eligibility and Underwriting Guidelines, as well as validate the applicability of State and Federal laws.

I certify that the applicant is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. 414 (b), (c), (m), or (o)), and under any applicable state law.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kelly Bird Digitally signed by Kelly Bird Date: 2021.06.28 10:55:31 -05'00'

Officer of the Company's Signature

Date/Time Field

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an HMO subsidiary of Florida Blue. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Okaloosa County BCC
Benefit Program Rate Sheet

2021 - 2022

Benefit Provider & Plan Options		Paid by BCC	Paid by Employee	
		Monthly	Monthly	Per Pay Period
FL BLUE (Health)				
*** HSA PLAN ($1,500 HSA Contribution)**				
	SINGLE	$916.59	$0.00	$0.00
	FAMILY	$916.59	$482.44	$241.22
*** 05781 Plan**				
	SINGLE	$1,045.59	$181.27	$90.64
	FAMILY	$1,045.59	$827.02	$413.51
*** 05770 Plan**				
	SINGLE	$1,045.59	$377.44	$188.72
	FAMILY	$1,045.59	$1,126.40	$563.20
TRICARE SUPPLEMENT				
	SINGLE	N/A	$67.50	$33.75
	EMPLOYEE + ONE	N/A	$132.50	$66.25
	EMPLOYEE FAMILY	N/A	$178.50	$89.25
SOLSTICE (Dental)				
	SINGLE	$26.41	N/A	N/A
	FAMILY	$26.41	$50.21	$25.11
	COBRA SINGLE	N/A	$26.94	N/A
	COBRA FAMILY	N/A	$78.15	N/A
EYE MED (Vision)				
	EMPLOYEE	N/A	$6.00	$3.00
	EMP + SPOUSE	N/A	$12.93	$6.47
	EMP + CHILDREN	N/A	$10.43	$5.22
	FAMILY	N/A	$17.35	$8.68
OCHS (Life & LTD)				
$25,000 LIFE W/ AD&D	EMPLOYEE	$2.00	N/A	N/A
LONG TERM DISABILITY (50%)	EMPLOYEE	$3.80	N/A	N/A
LONG TERM DISABILITY (Buy-Up)	EMPLOYEE	N/A	$6.99	$3.50

Florida Blue

2190 Airport Blvd., Suite 3000
Pensacola, FL 32504

T 850-873-7501 C 850-207-1462
E david.sanna@bcbsfl.com

June 28, 2021

Kelly Bird, Risk Manager
Okaloosa Co Board of County Commissioners
302 N. Wilson Street, Suite 301
Crestview, FL 32536

Re: Oct 1, 2021 Florida Blue Renewal

Dear Kelly,

Thank you for choosing Florida Blue to continue as your group health benefit provider. We value you as a customer and appreciate your business.

We have completed our annual review of your coverage with Florida Blue, considering a variety of factors that affect rate development. After careful consideration and analysis, we have established your renewal rates for the next plan year. ***Your current rates will remain at the same level.*** The renewal rates will take effect on your renewal date and are guaranteed for the following 12 months, subject to the terms and conditions of your group contract.

We look forward to continuing our relationship well into the future. Should you have any questions regarding this letter, please contact me.

Sincerely,

Dave Sanna, Strategic Account Executive
Florida Blue 2190 Airport Blvd. Ste. 3000, Pensacola FL 32504
david.sanna@bcbsfl.com **C: 850-207-1462** Off: 850-873-7501