

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



THIS IS NOT A BILL

Okaloosa County BOCC, 41954  
 Attn: Kelly Bird  
 kbird@myokaloosa.com  
 302 N Wilson Street, Suite 301  
 Crestview, FL 32536

Date: 06/10/21

If ASO, select  Add to Monthly Claims Statement  
 one:  Invoice separately to group

Service Type	Unit price	Quantity	Total
<b>Lifestyle Improvement Programs</b> (*fee waived for Better You Groups)			
*5 Week Series - Onsite	\$1,500.00		
*5 Week Series - Online	\$500.00		
- Per Participant Fee (Min 15)	\$45.00		
<b>Condition Management Series</b>			
*3 Week Series - Onsite	\$900.00		
*3 Week Series - Online	\$400.00		
*Per Participant Fee (Min 15)	\$25.00		
<b>Wellness Presentations</b>			
*Onsite 1 Hour	\$250.00		
*Online/Webinar	\$150.00		
<b>Better You Strides</b>			
Package Configuration Fee (ASO Groups)	\$ TBD		
Connect Partner Program Fee	\$ TBD		
Non-Member, PMPM (Based on 1st Non-Mbr census)	\$0.20 PMPM	181	\$398.20
Program period dates: 10/1/2021 - 8/15/2022			
<b>Biometric Screening Add-ons</b> (**Non-member fee only)			
**Health Designs - Standard Profile	\$39.00	181	\$7,059.00
**Quest - Standard Panel, PSC Only	\$43.00		
**Quest - Physician Results Forms	\$12.00		
**Quest - Denied Physician Results Forms	\$10.00		
<b>Total:</b>			<b>\$7,457.20</b>

**Please note:** Your invoice will be based on actual participation, unless a minimum is noted above under service type. An employee must be enrolled and effective on your employer group plan on the day of the event to be considered a member. If any employee is covered under another Florida Blue plan, they must provide their ID card at the event to be considered a member. Any participants not meeting this criteria will appear on your invoice as a non-member.

**Statement of Commitment:** By entering signature and date below, Employer Group agrees to the proposal, pricing, and terms above, and hereby orders the services indicated herein from Better You.

Kelly Bird  
 Client Name (Print):

Kelly Bird  
 Client Signature  
10/20/2021  
 Date: