



Carrier: Florida Blue
 Stop Loss Proposal for: Clay County BOCC
 Policy Period: 10/01/2023 – 09/30/2024
 Administrator: Florida Blue

10199 Southside Boulevard, Suite 205
 Jacksonville, FL 32256
 Telephone: (904) 281-2151
 Facsimile: (904) 281-0384

Proposal Number: 8

Underwriter:
 Susan Reel
 sreel@ISU-INC.NET

Marketing Representative:
 Eric F. John M.

SPECIFIC STOP LOSS COVERAGE		Renewal Option 1
Coverages		Medical, Rx Card
Specific Deductible per Individual		\$ 250,000
Aggregating Specific Deductible		\$ 139,500
Contract Basis		Paid
Specific Advancement		Included
Specific Rate(s) Per Month	Enrollment	
Single	663	\$ 26.03
Family	646	\$ 88.66
Composite	1,309	\$ 56.94
Estimated Monthly Premium		\$ 74,532
Estimated Policy Period Premium		\$ 894,387
Lifetime Reimbursement		Unlimited
Maximum Policy Period Reimbursement		Unlimited
Quoted Rate(s) include Commission of		0.00 %

OVERALL COST SUMMARY		Renewal Option 1
Total Fixed Cost		\$ 894,387
Maximum Policy Period Liability		\$ 1,033,887

Proposal Date: 08/15/2023

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Page 1

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions.



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PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Quoted terms and conditions are subject to possible revision based upon the receipt and review of the following Items:

Firm:

Firm renewal based on information through 6/30/2023. We will need to receive a copy of the signed sold quote by 8/23/2023; otherwise, the firm quote will expire and be subject to review of updated information and possible revisions.

The following claimant is not listed as covered by the groups Plan of Benefits and is excluded from this contract:

Episode ID #34872742

Proposal assumes the use of the Florida Blue network. If this network is not used, Florida Blue reserves the right to change our rates and factors.

Florida Blue reserves the right to change the rates and factors should the initial enrollment vary by 10% or more from the enrollment shown on our proposal. Assumes current participation and contribution levels will remain constant for the proposed policy period. Minimum participation level of 65% of all eligible employees is required.

A signed disclosure statement is not required; however, we will require disclosure information. Disclosure information will be accepted closer to the effective date and no later than 15 days after the effective date.

The quotation will require additional information, and may require adjustments (including lasers), regarding any claimant with serious condition(s) that may be expected to exceed the selected retention or any claimant with expenses (paid or incurred) in excess of 50% of the retention selected. Disclosure information will also include precert information, trigger diagnosis information, pended/denied claim information, and case management reports (FL Blue disclosure statement for new business only). Any individual who is a condition which currently disables any employee or dependent. (including but not limited to:

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Page 2

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STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence). Claimants with prescription item claims in excess of 50% of the lowest proposed specific deductible or \$2,000 per script must be disclosed to us.

Retirees are included under the plan.

COBRA participation is limited to 5% or less.

Florida Blue reserves the right to change the rates and factors should the initial enrollment vary by 15% or more from the enrollment shown on our proposal.

Actively-at-Work provision is waived as follows: For individuals identified and approved by Florida Blue and all other individuals covered on the Effective Date except for those individuals with serious claims known by the employer or the administrator, COBRA individuals, terminated individuals pending COBRA status, or Disabled individuals who have not been disclosed to Florida Blue is writing.

Subject to review and acceptance of Plan Document. This quote is based on the following Plan Design: Current benefit plan(s) and existing enrollment by plan.

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Page 3

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If the group acquires a new entity and adds those members to our policy, a disclosure statement must be presented to Florida Blue for approval. Approval must be received before Florida Blue will assume risk for the new member.

To consider a group for coverage we will require submission of all underlying documentation regarding member eligibility and termination as well as the group Leave of Absence Policy. If there is no Leave of Absence Policy in place, we will require a statement from the Plan Sponsor stating there is no Leave of Absence available. Additionally, we will require an approved benefit book within 60 days of Benefit Book release by FL Blue for group approval.

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Initial the selected proposal option (please initial both the selected Specific and Aggregate option):

Option	Specific	Aggregate
1	\$ 250,000 / Paid	

The Premium and Aggregate Deductibles are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date: _____

By: _____

Agent of Record or Administrator