



## LARGE GROUP EMPLOYER APPLICATION

Group Name (full and complete legal name): SCHOOL DISTRICT OF HERNANDO CO Group #: 49771

Doing Business As:

Effective Date: 01/01/2026

Contract Type: ☐ New ☒ Renewal ☐ Other

### I. Selection of Coverage\*

Coverage Selected: ☒ Health ☐ Vision ☐ Dental

(For detailed information refer to Section IV: Benefit Information)

Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, Health Options, Inc., DBA Florida Blue HMO, BeHealthy Florida Inc., DBA Truli for Health, Capital Health Plan Inc. (CHP), are the carriers for Health and Vision Plan offerings in this application. Florida Combined Life Insurance Company, Inc., is the carrier for the Dental offerings in this application.

### II. Group Information

1. SIC Code: 8211

2. Nature of Business: Elementary and secondary schools

3. Tax ID Number: 596000647

4. Workers' Compensation Carrier: PMA

The Policy excludes expenses for any service or supply to diagnose or treat any Condition from or in connection with an Insured's job or employment (e.g., any service or supply which is covered by Workers' Compensation insurance) except for medically necessary services (not otherwise excluded) for an individual who is not covered by Workers' Compensation and that lack of coverage did not result from any intentional action or omission by that individual. The foregoing exclusion applies to an individual who elects exemption from Workers' Compensation coverage and to an individual who foregoes Workers' Compensation coverage available to employees in the Group.

#### Group Addresses

5. Applicant Group Physical Address: 919 N BROAD ST

County: Hernando

City: BROOKSVILLE

State: FL

Zip Code: 34601

#### Group Contact Information

8. Decision-Maker Name:  
MATTHEW GOLDRICK

Email:  
goldrick\_m@hcsb.k12.fl.us

Phone Number:  
(352) 797-7005

Location(s) (if applicable):

9. Primary Benefit Administrator Name:  
AWILDA RODRIGUEZ-FONTE

Email:  
fonte\_a@hcsb.k12.fl.us

Phone Number:  
(352) 797-7005

Location(s) (if applicable):

#### Common Ownership, Subsidiary & Affiliate Information

10. Is your organization considered a single employer (i.e., as part of a controlled group of corporations) under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986? ☐ Yes ☒ No

#### Billing Options

13. Bill Setup: ☒ One Bill ☐ Multiple Bill by Location ☐ Multiple Bill by Other Categories

14. Bill Itemizing: ☒ None ☐ Custom Categories

15. Bill Sorting by: ☒ Alphabetical ☐ Contract Number

### III. Eligibility Information

#### Employee Eligibility

1. Waive the waiting period for the initial group enrollment? ☐ Yes ☒ No

| 2. Description | Product | Length of Waiting Period | Employees Become Eligible On | Last Day of Coverage      |
|----------------|---------|--------------------------|------------------------------|---------------------------|
| ALL EMPLOYEES  | Health  | 60                       | 1st day of billing cycle     | Last day of billing cycle |

Health and Vision insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, CHP and/or Truli for Health, which are affiliates of Florida Blue. Florida Combined Life Insurance Company, Inc., is the carrier for the Dental offerings in this application. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

|   |                     |                                  |
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New eligible employee must submit an application to Florida Blue/Florida Blue HMO/Truli for Health/CHP /Florida Combined Life for Dental within 30 days of the date the individual first meets the applicable eligibility requirements.

3. Total average number of employees on payroll (full-time, part-time, and seasonal) for the prior calendar year, regardless of insurance eligibility: 3140

4. Total number of employees (including owners, partners, etc.) currently employed by your business: 3140

| <b>Health</b>  |                                       |                   |                   |                   |   |  |
|--|---------------------------------------|-------------------|-------------------|-------------------|---|--|
| <b>ELIGIBILITY<br/>THE FOLLOWING<br/>INFORMATION IS TO BE<br/>PROVIDED ONLY FOR<br/>COVERAGE SELECTED:</b> | <b>Participation<br/>Requirements</b> | <b># Eligible</b> | <b># Enrolled</b> | <b>% Enrolled</b> | <b>% Employer<br/>Contribution<br/>For Employee</b> | <b>% Employer<br/>Contribution<br/>For<br/>Dependent</b> |
| Health   | NA                                    | 2826              | 2045              | 73.00%            | 73.00   | 0.00   |

1. At least 65 % of 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 and/or Florida Blue HMO/Truli for Health/CHP participation requirements.

Only eligible employees who regularly work a minimum of 20.00 hours each week and their eligible dependents, shall be eligible for coverage upon the Effective Date of this Policy.

2. Total # of COBRA Continuant: 6

3. Total # of Part-Time/Seasonal Employees: 26

4. Total # of New Full Time employees still in Waiting Period: 294

5. Number of Employees waiving Florida Blue and/or Florida Blue HMO/Truli for Health/CHP health benefits who are:  
0 Enrolled in another group health plan  
759 Without other health coverage

6. Applicant is a ☒ Single Employer Plan OR ☐ Multiple or Multi-Employer Plan  
(A Multi-Employer Plan is sponsored by more than one employer and is maintained pursuant to at least one collective bargaining agreement.)

7. Medicare Primary or Secondary Determination. Use the following information to answer questions below: Count full and/or part-time employees each working 20 or more weeks.

One or more employers in applicant's group employed 20 or more full and/or part-time employees during the current or preceding calendar year. ☒ Yes ☐ No

Applicant's group employed 100 or more full and/or part-time employees on 50% or more of the work days during the preceding calendar year. ☒ Yes ☐ No

8. Florida Blue, Florida Blue HMO and/or Truli for Health is the COBRA administrator. Do you wish to waive administrative services for COBRA? ☐ Yes ☒ No

#### **IV. Benefit Information**

| <b>Health Coverage</b>   |                          |                                |                |
|--|--------------------------|--------------------------------|----------------|
| <b>Administrative Options</b>  |                          |                                |                |
| 1. Benefit Period:   | 01/01/2026 to 12/31/2026 | 2. Anniversary Date:           | 01/01          |
| 3. Funding Arrangement:  | Fully Insured            | 4. Religious Exemption:        | None           |
| 5. Domestic Partner:   | None                     | 6. Overage Dependent:          | Opt In         |
| 7. Section 125:  | Yes                      | 8. Initial ID Cards Sent To:   | GROUP          |
| 9. Subsequent ID Cards Sent To:  | SUBSCRIBER               | 10. Retroactive Enrollment:    | 90 Days        |
| 11. Deferred Premium Payment:  | N/A                      | 12. Group Defines Eligibility: | Not Applicable |
| 13. Self Billing:  | Not Applicable           | 14. 15/16 Billing Rule:        | Does Not Apply |
| 15. Additional Admin Options to note:  |                          |                                |                |
| 16. Applicant shall deliver identification cards to covered enrollees. Benefit booklet will be made available to covered enrollees by Florida Blue, Florida Blue HMO, CHP and/or Truli for Health. |                          |                                |                |

Health and Vision insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, CHP and/or Truli for Health, which are affiliates of Florida Blue. Florida Combined Life Insurance Company, Inc., is the carrier for the Dental offerings in this application. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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Final premiums, benefits, and effective date of coverage are subject to approval by Florida Blue, Florida Blue HMO, CHP and/or Truli for Health corporate headquarters. Issuance of the Group Policy by Florida Blue, Florida Blue HMO, CHP and/or Truli for Health will be deemed acceptance of this application. Applicant must have an application/refusal form on file for all eligible employees, even those who are not taking the health coverage.

#### Plans

Health Plan: BlueCare Predictable Cost 60 CUST Rx Option: BlueCare Rx OOP Integrated - (\$10/\$30/\$50)

#### PREMIUM RATES

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$1046.04     | \$1,990.46        | \$1,809.78            | \$2,842.58        |

#### Plans

Health Plan: BlueCare Lower Premium 54 STD Rx Option: BlueCare Rx OOP Integrated (\$10/\$50/\$80)

#### PREMIUM RATES

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$899.00      | \$1,710.66        | \$1,554.98            | \$2,443.02        |

#### Plans

Health Plan: BlueOptions Predictable Cost 05770 CUST Rx Option: BlueScript Rx OOP Integrated - (\$10/\$30/\$50)

#### PREMIUM RATES

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$977.86      | \$1,871.88        | \$1,709.70            | \$2,679.68        |

#### Financial Products

17. Is applicant choosing Florida Blue, Florida Blue HMO and/or Truli for Health's preferred administrator arrangement for their HSA, HRA, or FSA account? ☐ Yes ☒ No

#### V. Applicant Responsibilities

**Health, Dental, Vision:** The applicant hereby applies for issuance of a Group Policy (herein referred to as a policy) by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, Health Options, Inc., DBA Florida Blue HMO, BeHealthy Florida Inc., DBA Truli for Health, CHP and/or Florida Combined Life (FCL). Upon acceptance of the application by Florida Blue, Florida Blue HMO, Truli for Health, CHP and/or FCL, it will become part of the Policy issued to the applicant named above. This Policy may be terminated by the applicant or Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL by giving at least 45 days prior written notice to the other party except in the case of non-payment of Premium.

**Rate Information:** Premiums/Prepayment fees are payable monthly on or before the due date which will be the 1st. 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. The Rates established for this Policy will not be changed for the first twelve (12) months following the original Effective Date of Coverage unless there is a change in benefits or a 15% or more change in the composition of the group. However, Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL may change the Rates that are to be effective after this initial twelve (12) month period of coverage by providing notice to the employer of such changed Rates at least forty-five (45) days prior to their Effective Date.

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**A) The Applicant Shall**

- 1) Be solely responsible for notifying each enrollee, employee, retiree, or beneficiary of the benefits selected, the effective date, and the termination date of coverage (at no time and for no reason, will the applicant be deemed an agent of Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL, nor shall Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL be responsible for such notification to enrollees, employees, retirees or beneficiaries).
- 2) Notify Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL promptly of any changes in the eligibility of enrollees covered under this Agreement.
- 3) List any absentees at the time of initial enrollment on the appropriate Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL form. Applications from absentees will be accepted at Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL Corporate Headquarters no later than thirty (30) days from the group's original Effective Date.
- 4) Collect enrollee contribution, if required, and remit Premium payment/prepayment fees to Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL as specified in this application.
- 5) Be solely responsible for providing an SBC to each employee and their dependents, at the following times, and under the following circumstances: upon application for coverage; by the first day of coverage if there are changes to the SBC after application; to special enrollees; upon renewal; or upon request for an SBC or summary information about health coverage.

**B) Applicant hereby establishes an Employee Welfare Benefit Plan for the purpose of providing for its employees or their beneficiaries medical, surgical, hospital care, or benefits in the event of sickness.**

**C) Applicant acknowledges that if applying for BlueOptions with an Exclusive Provider Provision (EPP), all eligible employees live, reside or work in the Service Area and the applicant acknowledges receipt of a description of the following: 1) exclusive providers; 2) the exclusive provider provisions, including coinsurance and deductible levels if providers other than exclusive providers are used; 3) coverage for emergency and urgently needed care and other out-of-service area coverage; 4) limitations on referrals to restricted exclusive providers and to other providers; and 5) Florida Blue's quality assurance program and grievance procedure. Applicant further acknowledges its understanding of the restrictions of the BlueOptions Exclusive Provider Organization.**

**D) If applicant chose an HSA, HRA, or FSA integrated arrangement with Florida Blue/Florida Blue HMO/Truli for Health's preferred administrator in Section IV under Health Coverage subsection, applicant agrees to obtain from each employee enrolling in a health plan issued or administered by Florida Blue/Florida Blue HMO/Truli for Health and establishing an HSA, HRA, or FSA in conjunction therewith, the employee's signed HIPAA compliant authorization form that authorizes Florida Blue/Florida Blue HMO/Truli for Health to disclose to Florida Blue/Florida Blue HMO/Truli for Health's preferred administrator such information, including protected health information, of the employee as administrator may require in order to establish and maintain the employee's HSA, HRA, or FSA accounts. Applicant acknowledges and agrees that Florida Blue/Florida Blue HMO/Truli for Health does not provide banking or administrative services for HSA, HRA, or FSAs and that Florida Blue/Florida Blue HMO/Truli for Health is not responsible for the provision of HSA, HRA, or FSA services. HSA, HRA, or FSA services are provided by the administrator of applicant's choice subject to the terms and conditions of such agreements, including any fees that the administrator may require.**

**E) Applicant understands that if applying for an HSA-qualified High Deductible Health Plan and electing to grant Prior Carrier Credit under Florida law to enrolling Employees, then that plan may no longer qualify as an HSA- compatible plan.**

**F) I understand that this information will be used to determine my group's compliance with Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL Underwriting Guidelines, as well as the relevant State and Federal laws relating to my group and plan. Florida Blue/Florida Blue HMO/CHP/Truli for Health/FCL reserves the right to request documentation to support evidence of business activity at any time, and from time to time as validation of compliance.**


**G) Applicant agrees to receive group invoices and other communications from Florida Blue/Florida Blue HMO/Truli for Health/FCL electronically through your EmployerPoint account. You agree to keep your email address up-to-date in order to access and receive required communications through your EmployerPoint account. Applicant understands that failing to update your email address may result in delay of notification of important information including premium invoices. Applicant may change this mailing preference at any time by calling Florida Blue/Florida Blue HMO/Truli for Health/FCL or logging into your EmployerPoint account.**

**Certification:**

- 1) The applicant hereby certifies that the information contained in this application, including any attachment to it, is true and complete.

**Fraud Notice:** 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.

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|   |  |   |
|---|--|---|
| Please print or type, except where signature is requested.    |  |   |
| For (Name of Applicant):<br>SCHOOL DISTRICT OF HERNANDO<br>CO | Representative:<br><br>Robin Macdonald   | Licensed Agent (FL):<br><br>Amitha Vedere             |
| By: SHANNON RODRIGUEZ<br>MATTHEW GOLDRICK                     | Representative Code & License:<br><br>I02  | License #:  |
| Signature:  | Representative Signature:<br><br> | Licensed Agent Signature:                             |
| Dated:  | Representative Email:<br><br>robin.macdonald@bcbsfl.com  | Licensed Agent Email:<br><br>amitha.vedere@bcbsfl.com |
| Date:   | Date:<br><br>August 20, 2025   | Date:   |

Approved as to Content & Form  
Caroline Mockler, Esq.  
Staff Counsel, HCSD  
5:20 pm, 08/22/2025

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