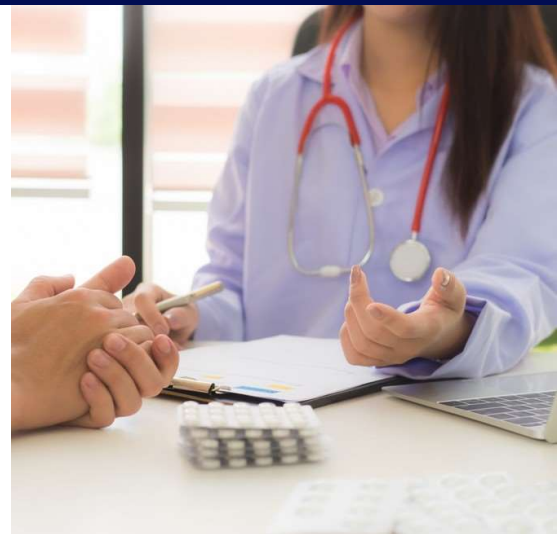


Levy County Board of County Commissioners

Employee Health Insurance
RFP_2026_02

Presented on:
May 18, 2026 at 10:00 am E.D.T.

Proposer:
Public Risk Management of Florida Health Trust



Submitted by:

World Risk Management
ATTN: Paul Hebert, VP
Employee Benefits Practice Leader
paul.hebert@ballator.com
(561) 699-9102



INTRODUCTION

May 18, 2026

Levy County Board of County Commissioners
310 School Street
Bronson, FL 32621
Attn: Jason Rivera, Director of Finance & Administration

RE: RFP_2026_02 Levy County Employee Health Insurance

The Public Risk Management of Florida Health Trust (“PRM Health Trust”) is pleased to present this Proposal to Levy County Board of County Commissioners in response to the above-referenced RFP. The County has been a Health Trust Member since 2001 and has first-hand experience of the custom benefits and services that differentiate the PRM Health Trust from traditional medical insurance carriers and other insurance arrangements in the Florida market.

The Health Trust is a Member-run pool. The County has one vote on the Board giving it a voice in the direction and administration of the pool in areas such as plan benefit design and use of surplus. The Health Trust has built up a \$43+ million surplus over 37 years which satisfies the State’s funding reserve requirements. Surplus beyond the reserve requirements is available to be used at the Board’s discretion.

In this proposal, you will find a detailed overview of our approach to plan administration, funding strategies, cost containment measures, and member engagement initiatives. Your decision to remain a PRM Health Trust Member ensures no disruption whatsoever to your employees’ medical insurance or County staff. It will be business as usual for everyone.

We hope the County decides to stay with the PRM Health Trust. We value our 25-year relationship and hope it continues many years into the future.

<p>Paul Hebert Vice President, Employee Benefits Practice Leader World Risk Management (561) 699-9102</p>	<p>Robbie Chartier Executive Director Public Risk Management of Florida Health Trust (239) 671-1619</p>
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Sincerely,

Robbie L. Chartier

Robbie L. Chartier, Executive Director



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SECTION 1

2.3 – PART 1: KNOWLEDGE/EXPERIENCE AND QUALIFICATIONS OF PERSONNEL AND THE FIRM

2.3.1 Knowledge/Experience and Qualifications of Personnel and the Firm

- A list of the persons who will be assigned to provide the Services with a description of their anticipated role, including identifying the primary contact to manage the Services.

The PRM Health Trust provides multiple layers of customer service directly through the PRM Administrative staff, Florida Blue, and World Risk Management (“WRM”). Each organization has individuals that are dedicated to PRM and work exclusively with the PRM Health Trust and its Member Entities and support the Member Entities and their employees. Additionally, each organization has other individuals who work on and provide valuable functions for PRM, although they are not dedicated full-time to the PRM Health Trust.

PRM Administrative Staff

The following individuals provide day-to-day service for all Health Trust Member Entities:

- Robbie Chartier, Executive Director
- Tia O’Neal, Assistant Executive Director
- Doris Bernard, Senior Benefit Specialist (Dedicated to PRM Health Trust)
- Yvonne Blackford, Benefit Specialist (Dedicated to PRM Health Trust)
- Brigid Gash, Director of Health & Wellness Training (Dedicated to PRM Health Trust)
- Mary Ann Whitney, Board Secretary

Florida Blue

This medical insurer provides reporting, wellness education, group-level customer service, and claims assistance. Florida Blue supports the PRM Health Trust with the help of the personnel below:

- Ellen Daley, Account Management Specialist (Dedicated to PRM Health Trust)
- Amanda Renner, Market Relations Service Representative (Dedicated to PRM Health Trust)
- Robin MacDonald, Strategic Account Executive

World Risk Management

This broker’s staff provides the PRM Health Trust with expert group-level broker services and assists with employee benefits’ education, open enrollment support, and Member Entity customer service:

- Paul Hebert, Employee Benefits Practice Leader
- Kathleen Sullivan, Vice President of Employee Benefits
- David Parker, Consulting Actuary
- Brittany Livingston, Senior Account Executive & Benefits Team Lead
- Hilda Delgado, Account Manager (Dedicated to PRM Health Trust)
- Jason Arevalo, Benefit Specialist (Dedicated to PRM Health Trust)



- A resume for each person on the list that describes their experience, education, and qualifications to provide the Services.

The following charts outline key individuals working within and alongside the PRM Health Trust. They have all dedicated many years to ensure the PRM Health Trust runs efficiently and brings expert customer service to its growing Member Entities.

PRM Health Trust

Robbie Chartier

Executive Director

- 35+ Years Experience with Florida local governments
- 33+ Years Experience with PRM Health Trust
- 5+ Years Experience as PRM Executive Director
- MPA, Florida Gulf Coast University

Tia O’Neal

Assistant Executive Director

- 25+ Years of Experience with Florida Public Entities
- 17+ Years of Experience with PRM Health Trust
- 7.5 Years with PRM as an employee
- MPA, University of Central Florida

Doris Bernard – Dedicated to PRM Health Trust

Senior Benefit Specialist

- 25+ Years of Health Insurance Industry Experience
- 25+ Years of Employee Benefit Experience
- 15+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)

Yvonne Blackford – Dedicated to PRM Health Trust

Benefit Specialist

- 17+ Years of Health Insurance Industry Experience
- 16+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)
- BSc, Nova Southeastern University

Brigid Gash – Dedicated to PRM Health Trust

Director of Health & Wellness

- 22+ Years of Health Insurance Industry Experience
- 16+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)
- BSBA, University of Pittsburgh



Florida Blue

Ellen Daley – Dedicated to PRM Health Trust

Account Manager

- 25+ Years of Health Insurance Industry Experience
- 8+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)

Amanda Renner – Dedicated to PRM Health Trust

Dedicated Service Representative

- 11+ Years of Health Insurance Industry Experience
- 3+ Years of Experience with Florida Blue
- 1+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)

Robin MacDonald

Strategic Account Executive

- 31+ Years of Insurance Industry Experience
- 23+ Years of Experience with Florida Blue
- 20+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)
- BA from Edinburgh, Scotland
- Royal Navy College, Dartmouth, England



World Risk Management

Paul Hebert

Employee Benefits Practice Leader

- 30+ Years of Health Insurance Industry Experience
- 15+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)
- LL.M. in Taxation, New York University
- JD with Tax Honors, Rutgers University Law School
- BA, Vassar College

Kathleen Sullivan

Vice President of Employee Benefits

- 34+ years of Health Insurance Industry Experience
- 3+ Years of Experience with PRM Health Trust
- 2-15 Health, and Annuity License (Florida)
- Active member of PRIMA
- BS, University of Connecticut

Brittany Livingston

*Senior Account Executive &
Benefits Team Lead*

- 10+ years of Health Insurance Industry Experience
- 3+ Years of Experience with PRM Health Trust
- 10+ Years of Experience with Public Entities
- 8+ Years as a Licensed Notary
- 2-15 Health, and Annuity License (Florida)

Hilda Delgado – Dedicated to PRM Health Trust

Account Manager

- 5+ Years of Health Insurance Industry Experience
- 3+ Years of Experience with PRM Health Trust
- 2-15 Life, Health, and Annuity License (Florida)
- BA from University of South Florida

Jason Arevalo – Dedicated to PRM Health Trust

Benefits Specialist

- 8+ Years of Health Insurance Industry Experience
- 1+ Years of Experience with PRM Health Trust
- 2-40 Health & 2-15 Life and Annuity License (Florida)

David Parker

Consulting Actuary

- 35+ years of Insurance Industry Experience
- BS Applied Mathematics, Georgia Tech
- Associate, Society of Actuaries

- A list of projects/work of a similar nature that the firm or its personnel have been involved.



The PRM Health Trust is a consortium of 64 Florida public entities who have joined together under Florida Statute §112.08 to offer group insurance on a pooled basis. The services requested under this RFP are the same services currently provided by the PRM Health Trust to Levy County and the other PRM Health Trust members. Those other Health Trust members consist of Cities, Towns, Constitutional Officers, Special Taxing Districts, and six (6) other Counties including:

- Gilchrist County
- Glades County
- Hamilton County
- Hardee County
- Hendry County
- Okeechobee County



SECTION 2

2.3 – PART 2: APPROACH TO SERVICES

Proposer shall provide a written narrative explaining their intended approach and a proposed timeline for the completion of the Services with clear deadlines and specific action items identified for each phase of the project, including alternatives for providing effective stakeholder engagement and public participation and underrepresented members of our community.

The Public Risk Management of Florida Health Trust (“PRM Health Trust”) is an insurance pool made up of 64 Florida governmental employers, including counties, cities, towns, and special taxing districts. The PRM Health Trust was formed in 1989 under Florida Statute §112.08 and has been providing group medical insurance on a self-insured basis to Florida public entities for the past 37 years. The PRM Health Trust has also offered dental, vision and life insurance for many years. The PRM Health Trust is authorized to operate in the State of Florida. The Health Trust is classified as a Local Government Unit Payee/Self-Insurer for the purpose of transacting Accident and Health Insurance (Direct and Reinsurance). The PRM Health Trust’s Company Code from the Florida Office of Insurance Regulation (“OIR”) is 58159.

The County currently offers its medical, dental, vision and life insurance through the Health Trust. This response is proposing that the County remain with the PRM Health Trust and continue offering the Health Trust’s health insurance benefit options to County employees on the same basis as it does today. Under the PRM Health Trust By-Laws, the County is a voting Board Member and membership continues until the Member decides to terminate its participation. Under the signed By-Laws, a Member can terminate participation as of the end of any plan year as long as required advance notice is provided to the PRM Health Trust’s Executive Director.

During Open Enrollment each year, the County can make changes to the benefit plans available under the PRM Health Trust (meaning, the County can choose among the 11 medical, 3 dental and 2 vision plan options available. That’s also the time the County can elect life, short- and long-term disability options, Medicare Advantage plans, and newly-introduced worksite products coming effective October 1, 2026). PRM Health Trust utilizes the Businessolver database to house all member benefit elections for the current plan year. There are two ways to upload election information during Open Enrollment into the Businessolver system: through Self-Service or by using Benefit Administrator oversight. While either method ensures the enrollment elections of your employees are properly processed, the PRM Health Trust team will be available throughout the entire Open Enrollment season to assist Benefit Administrators in finalizing enrollments.

Should the County remain with the PRM Health Trust, the County has the option to participate in Self-Service for the 2026-2027 plan year’s Open Enrollment. Self-Service through BenefitSolver, Businessolver’s enrollment platform, allows each employee to access BenefitSolver online and



complete their enrollment selections individually. Electing the Self-Serve option would grant the County complimentary notifications to keep track of employees enrolling timely and to identify any that have not yet completed their enrollments. The benefits to utilizing the Self-Serve feature include reducing the workload of the Benefit Administrator during Open Enrollment, as well as relieving the County of responsibility in the event an employee's election is incorrect. The Self-Service feature has shifted the responsibility for that error from the employer to the employee.

Businessolver is the contracted company that provides the PRM Health Trust with benefits administration technology. It is a benefits technology company with a highly configurable, secure SaaS-based platform, and a culture of high-touch service. Businessolver was founded in 1998 by experienced human resources and insurance professionals, enthusiastic about providing a more efficient and effective environment for facilitating health and welfare benefits. Businessolver, the web-based benefits platform was launched in 2000. Today, Businessolver has a reputation for being the most-trusted benefits administration company in the industry, with a relentless focus on innovation and thought leadership. Businessolver is privately owned and is not owned by or affiliated with any carriers or brokers; their business is built on long-term, mutually beneficial relationships with brokers and carriers across the country. One of Businessolver's first clients was a pooled insurance association and the structural complexity of that organization influenced the first generations of Businessolver; these types of organizations represent over 30% of Businessolver's client base. In addition, more than 5% of their client base is made up of public sector clients, and they have significantly invested in growing that area of their business.

There is no added cost for Businessolver. The administration services provided for the PRM Health Trust, and its Member Entities are included in the proposed rates.

Through its partnership with Businessolver, World Risk Management, and the medical insurance carrier, Florida Blue, the PRM Health Trust provides its Member Entities with a self-contained solution to administering employee health benefits for Florida's public sector employers. This will mean experiencing the same familiar approach to current services, timelines, action items, and support as the County enjoys today while currently being a PRM Health Trust Member. It will be business as usual, with no disruption, for the County, its staff, and its employees to remain with the PRM Health Trust.

4.1 – PROJECT DESCRIPTION

The County is seeking an experienced and qualified individual or firm to provide administrative services and premiums/rates for the provision of group health insurance, group life insurance, and group vision insurance programs which include:

- A. Employer Paid – major medical (health insurance only).** The County intends to contribute 100% of single coverage per employee in twelve monthly installments toward the cost of this program. A minimum of one (1) Preferred Provider Organization (PPO) Insurance Plan, a minimum of one



(1) Health Maintenance Organization (HMO) Medical Insurance Plan, and a minimum of one (1) Health Savings Account (HSA) Medical Insurance Plan which will include an Employee Assistance Programs must be included. While not anticipated, future circumstances may change so that the Employer Paid major medical health insurance for County employees would be paid by County at some percentage less than 100%, with the difference to be paid by the applicable employee(s) through payroll deduction.

Acknowledged. PRM Health Trust is proposing that the County remain with the PRM Health Trust and continue offering the Health Trust’s medical plan options administered by Florida Blue. As the incumbent, the PRM Health Trust offers an exact match to the County’s current plan offerings, resulting in no disruption to your covered employees and their family members. The County can select from alternate plan options available in any of our insurances annually, including 11 medical plan options, three dental plan options, two vision carriers, and life insurance. The County will continue to enjoy this option and may simply make their plan selections during the upcoming October 1, 2026 renewal and annual enrollment process.

The PRM Health Trust will continue to offer the BlueCare HMO 55, BlueOptions 03559 and the BlueOptions HDHP HSA 05180/05181. In addition, the PRM Health Trust offers 8 other medical plan options from which to choose. This submission provides the County with proposed rates for all 11 medical plan options, and those rates are not conditioned on achieving minimum enrollment in any particular plan option.

The 11 different medical plan options include seven PPOs, one HMO, and three High-Deductible Health Plans (“HDHP”) that are compatible with Health Savings Accounts (“HSA”). Those plans, with their corresponding Florida Blue networks, are as follows:

Plan Type – Plan Name	Florida Blue Network
*HMO – 55	BlueCare
PPO – 03769	BlueOptions
PPO – 03748	BlueOptions
*PPO – 03559	BlueOptions
PPO – 05360	BlueOptions
PPO – 05787	BlueOptions
PPO – 05901	BlueOptions
PPO – 05904	BlueOptions
HSA-Compatible HDHP – 05168/69	BlueOptions
*HSA-Compatible HDHP – 05180/81	BlueOptions
HSA-Compatible HDHP – 05172/73	BlueOptions

* = Plans currently in force at Levy County BOCC.

The current and proposed plan rates for all available PRM Health medical plan options can be found enclosed on the online submission. Please refer to Section 3 for more details on how the PRM Health



Trust develops medical plan quotes. And please refer to Section 4 to find a benefit overview for all the PRM Health Trust medical plans offered.

Additionally, the PRM Health Trust includes a full Employee Assistance Program through Resources for Living. These benefits are currently available to the County as a current Health Trust Member and will continue to be available if this RFP is awarded to the PRM Health Trust. The following benefits are available to your employees, all members of their households, and adult children up to the age of 30. All services are confidential and are available 24 hours a day, 7 days a week. There is no additional cost or fee to utilize the following EAP services.

Counseling and Relationship Support

- Unlimited, toll-free telephonic access to EAP dedicated staff, 24 hours per day
- Telephonic access to licensed behavioral health professionals
- Support, consultation and resources for stress, family relationship issues, anger management, substance abuse, and helping balance work and home life
- Direct access to a full range of Web-based tools and resources, such as easy-to-find information, self-assessments and more, on a variety of relevant topics
- Seven (7) face-to-face counseling session per issue per year, with licensed network professionals, at no cost to the employee (i.e., no copays or deductibles)

Online Resources

- A customized website which offers a full range of tools and resources on behavioral health and work-life balance topics. Most sections of the website are available in Spanish.
- Website links include:
 - Articles and self-assessments
 - Access to work-life service providers
 - Stress resource center
 - Live webinars and on-demand library
 - Mobile app
 - myStrength – a “health club” for your mind
- Resourceful information, articles, and links on a variety of topics, such as:
 - Child care
 - Parenting
 - Special needs
 - Urgent/daily living needs
 - Summer care
 - Convenience/personal services
 - Pet care
 - Elder care
 - Caregiver support
 - Care for people with disabilities
 - Adoption



- Temporary back-up care
 - School/college planning
 - Consumer information
- On-line Discounts on brand-name products and services, including categories such as computers and electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, child and elder care, flowers, jewelry, fitness centers and more.

Legal Services

- ½ hour free consultation with a participating attorney for each new legal topic (each plan year) related to:
 - General law, family law, criminal law (excluding employment law)
 - Elder law and estate planning
 - Divorce
 - Real estate transactions
 - Mediation services
 - Special Needs, including emergency matters
 - Document preparation, including wills
- A discount of 25% off the hourly rate charged by the participating attorney for any legal services not covered and/or beyond the ½ hour initial consultations referenced above (excluding flat legal fees, contingency fees, and plan mediator services)
- All services must be for legal matters related to the employee and eligible household members

Financial Services

- ½ hour free consultation on new financial counseling topics each plan year
- Topics include Budgeting, Credit, Debt, Retirement, College Funding, Buying vs. Leasing, Mortgages/Refinancing, Financial Planning, Tax Questions and Preparation, IRS Matters, Tax levies and garnishments, Consumer Credit Counseling, Community Services
- A discount of 25% off the tax preparation services
- All services must be for financial matters related to the employee and eligible household members

Other Services

- Identity Theft Services: One-hour telephonic fraud resolution consultation as well as coaching and direction on prevention and restoring credit for victims of ID Theft, and a free Identity Theft Emergency Response Kit for victims of Identity Theft

Critical Incident Support/Critical Incident Stress De-Briefing (CISD) Services – Standard Services (On-site attendance response time in more than 3 hours)

- Resources for Living can help if a traumatic workplace event occurs that impacts your employees. They can consult with the County to determine the best approach and provide resources and guidance. If onsite services are needed, the EAP can arrange for a counselor to come onsite to meet with employees – often within 24 to 48 hours – or sooner if necessary. Typically, these services are



provided when a workgroup experiences the death of a coworker or workplace incident. These services are also available for a wide variety of conditions, including organization changes, accidents, and other traumas. These services are available 24 hours a day, 7 days a week through a dedicated management services number.

- Unlimited Standard CISD sessions are included and are limited to 5 hours per incident.
- Additional charges for requesting specific crisis counselor, remote locations, at times of large-scale disaster, and/or non-standard travel.

B. Employee Paid – major medical health insurance dependent coverage under the same plans as the employer paid major medical health insurance program, which will be paid by the applicable employee(s) through payroll deduction.

Acknowledged and agreed. Member Entities can cover spouses and dependents under the same plans they make available to employees. The employer can choose the rate structure that works best for them, including:

- 2-tier (Employee Only, and Employee + Family); or
- 3-tier (Employee Only, Employee + Dependent, and Employee + Family); or
- 4-tier (Employee Only, Employee + Spouse, Employee + Child(ren) and Employee + Family).

Currently, the County utilizes 4-tier rates for its medical insurance and 2-tier rates for its dental insurance. It is in the County's discretion how much of the total premium it chooses to fund and how much to charge to employees for the coverages the employees elect.

C. Employee Paid – Basic Life/Voluntary Life and Accidental Death and Dismemberment (AD&D) Term Insurance Plan, and Voluntary Supplemental Life Insurance Plan for Spouses and Dependents, the premiums/fees for which will be borne by the County and paid in twelve monthly installments.

Acknowledged and agreed. The PRM Health Trust currently offers life insurance benefits on a fully insured basis through The Standard. The County's life insurance benefits are structured into classes (active vs. retired) which can be customized, along with the standing benefit amounts offered. All available life insurance benefits through the PRM Health Trust include Basic Life, Additional Voluntary Life for Employees, Dependent Life for Spouse and Child, Additional Voluntary Life for Spouse and Child, AD&D for Employee, and AD&D for Spouse.

The PRM Health Trust proposes to continue the current structure and benefits through The Standard. We are excited to announce that PRM negotiated less expensive Basic Life insurance rates for Active Employees effective October 1, 2026, resulting in additional savings to the County. In addition to reduced rates, the County will not experience any disruption that inevitably results from a life insurance carrier change. Mirroring the current structure under another carrier can result in unintended changes to the structure or benefits and create issues for the insured, their beneficiaries,



and the County. Continuing to offer the County’s life insurance through the PRM Health Trust will avoid these potential concerns and pitfalls while providing County-paid premium savings.

D. Employee Paid – One (1) Vision Insurance Plan with coverage available for employees and their dependents, the premiums/fees for which will be paid by the applicable employee through payroll deduction.

The PRM Health Trust offers two vision plan options. One through National Vision Administrators (“NVA”) and the other through Vision Service Plan (“VSP”). The County currently offers its vision benefits through VSP. The PRM Health Trust is proposing the same VSP vision plan it offers today at the same rates. Neither the County nor its employees will experience any disruption in their vision benefits if the County awards this RFP to the PRM Health Trust.

VSP has been providing vision care services nationally for over 50 years. Your current VSP Account Executive, Fabian Whipple, will continue to serve as the County’s day-to-day liaison and will provide service and support at the carrier level. He will be VSP’s single point of contact for the County. Fabian is very familiar with the County’s vision plan and your plan members. Fabian will continue to provide the County with the very finest service, and this continuity of service will make life easier for your Human Resources team and your employees.

In addition to the current VSP plan proposed, the PRM Health Trust has also provided a benefit summary for the vision plan benefits offered by NVA, with rates which are lower than the VSP rates. To view the NVA plan benefit summary, please find the relevant exhibits located under Section 4.

E. Employee Paid—One (1) Dental Insurance Plan with coverage available for employees and their dependents, the premiums/fees for which will be paid by the applicable employee through payroll deduction.

The Health Trust offers three self-insured dental plan options—a High PPO, a Low PPO, and an Economy PPO plan—through Florida Combined Life (“FCL”). The County currently offers all three dental plan options. The PRM Health Trust is proposing to continue the same dental plan options offered to the County currently, at the same rates. Neither the County nor its employees will experience any disruption in their dental benefits if the RFP is awarded to the PRM Health Trust.

FCL has been meeting the health and dental insurance needs of businesses in Florida for over 75 years. It offers large, highly discounted PPO networks in Florida. The PRM Health Trust’s dental options use Florida Blue’s BlueDental Choice PPO network, which was ranked #1 in Florida for effective discounts (per Milliman Research Report: 2023 Dental Actuarial Analytics PPO Network Study,” June 2024).

Please find a summary of the three dental plan options under Section 4.

Coverage for all insurance shall be proposed for a term beginning October 1st, 2026 and ending



September 30, 2027. Coverage may be renewed annually upon mutual agreement of the County and a selected proposer.

The PRM Health Trust complies. The PRM Health Trust operates on an October 1st through September 30th plan year.

4.2 – GENERAL SERVICES REQUIREMENTS

In addition to all other requirements contained in this RFP, any proposal and the services and products provided pursuant to a proposal and this RFP will be subject to the following:

1. REQUIRED TIME LINE: Dates for open enrollment, issuance of I.D. cards, or any other administrative services will be as determined by the County.

Acknowledged and agreed. PRM Health Trust will continue the same timelines that are currently utilized by the County with no disruption.

2. INSURER QUALIFICATIONS: Proposals will only be accepted from financially sound insurers/claims administrators, authorized to do business in Florida. Best’s rating of “A” or better is required for each insurer being proposed. As set out in section RP-07 of this RFP, proposers should explain the full range of their services available to the County and should state their experience, expertise and data processing capability. Background information should be furnished on personnel that will service the group. Please, provide a list of other political subdivisions, i.e., county, city, or school boards to which the proposer is currently providing benefits or related services; include the contact person and phone number for these accounts.

Acknowledged and agreed. The PRM Health Trust itself is a Local Government Unit Payee/Self-Insurer; therefore, the PRM Health Trust is not A.M. Best rated. However, the PRM Health Trust uses Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, to provide administrative services, and Florida Blue is rated as A+ (Superior) by A.M. Best.

The following is a list of the 64 Florida public entities that currently participate in the PRM Health Trust.

PRM Health Trust Members as of May 2026	
Bartow Executive Airport	City of Umatilla
City of Apopka	City of Wauchula
City of Bartow	City of Zephyrhills
City of Belle Glade	Englewood Water District
City of Crystal River	Florida State Fair Authority
City of DeFuniak Springs	Gainesville Alachua County Regional Airport
City of Eustis	Gilchrist County BOCC
City of Fort Meade	Gilchrist County School District



City of Fort Pierce	Glades County BOCC
City of Fort Walton Beach	Hamilton County BOCC
City of Gulf Breeze	Hardee County BOCC
City of Gulfport	Hendry County BOCC
City of Indian Rocks Beach	Hendry County Sheriff's Office
City of Inverness	Housing Authority of Fort Myers
City of Labelle	Housing Authority of Lakeland
City of Lake Mary	Jacksonville Aviation Authority
City of Largo	Jacksonville Port Authority
City of Madeira Beach	Levy County BOCC
City of Marianna	Okeechobee County BOCC
City of Milton	Okeechobee Utility Authority
City of Moore Haven	Panama City-Bay County Airport
City of Okeechobee	Port Labelle Community Development District
City of Perry	Public Risk Management of Florida
City of Plant City	Sarasota Bradenton International Airport
City of Port Richey	South Florida Conservancy District
City of Punta Gorda	Sun 'N Lake of Sebring Improvement District
City of Safety Harbor	Town of Belleair
City of Seminole	Town of Indian Shores
City of St Pete Beach	Town of Kenneth City
City of Starke	Town of Lady Lake
City of Treasure Island	Town of Lake Placid
City of Trenton	Town of Longboat Key



The County can reach out to any Health Trust Member for a positive reference. For your convenience, below is a partial list of the Members of a similar size to the County with contact information.

Member Entity	Contact Information	Insured Members	Time with PRM-GHT
Hendry County Board of County Commissioners	Audelia Bustamante, HR Manager 640 South Main Street, P.O. Box 2340, Labelle, FL 33935 (863) 675-5220 ext. 5352 audelia.bustamante@hendryfla.net	254	Active Since 2019
Okeechobee County Board of County Commissioners	Lisa Ridley, HR & Risk Management Director 304 NW 2 nd Street, Room 103 Okeechobee, FL 34972-4187 (863) 763-9312 – option #4 lr Ridley@okeechobeecountyfl.gov	221	Active Since 1999
City of Zephyrhills	Sandra Amerson, Director of Admin Services 5335 Eighth Street Zephyrhills, FL 33542 (813) 780-0009 samerson@ci.zephyrhills.fl.us	189	Active Since 2004

3. HMO/PPO QUALIFICATIONS: Proposals are expected from HMO’s and PPO’s authorized to do business in Florida with acceptable financial strength. Area provider lists must accompany your HMO and PPO proposals. All HMO and PPO networks must be organized and in place. HMO’s and PPO’s should explain the full range of their services available. Background information should be furnished on HMO and PPO personnel that will service the group. All HMO’s must be accredited by the N.C.Q.A. Levy County will also consider proposals from self-insured pools.

Florida Blue is in a unique position of having one of the largest, most extensive and robust provider networks in Florida. Florida Blue’s BlueOptions Network is available statewide, in all 67 Florida counties. And its HMO service area includes 45 counties in Florida, including Levy County. HMO members must live or work in the service area. Developing effective provider partnerships to support the needs of members is a critical area of focus for Florida Blue. The network development department consistently reviews the adequacy and quality of the network to ascertain the effectiveness of the network based on geographic access and potential gaps for access to services/specialties within the market. Additional inputs to this process come from their profiling processes.



Florida Blue members are secure in knowing their health care coverage goes with them wherever they go, because Florida Blue can provide them with access to a nationwide network of providers who participate in the BlueCard program. Members will also receive all the same benefits of their Florida Blue health plan. The BlueCard Program provides Blue Plans and their members access to the networks of independent Blue Cross and/or Blue Shield organizations across the country. The BlueCard network is the nation's leading network with more than 2.2 million unique, in-network providers. The program facilitates efficient claims processing and customer service, and helps Blue Plans maintain strong relationships with their local providers.

Participating physicians and providers accept the contractually agreed upon allowance and may not balance bill the BlueCard member for the difference between their standard charge and contractual allowance. The provider can balance bill only for any applicable copays, deductibles, coinsurance, and any non-covered services. Out-of-state services for BlueCare HMO members are limited to emergency services and certain covered services that are authorized to be received outside of Florida. Members participating in BlueCare HMO plans are responsible for requesting authorizations.

Also, for years, Florida Blue has been leading the industry in moving providers away from fee-for-service reimbursement to models based on value and outcomes. Today Florida Blue has the largest commercial value-based footprint in Florida. This supports its commitment to optimize quality and affordability through efficient use of the health care system. Florida Blue's key strategies include: continuing to grow the carrier's Patient-Centered Medical Home (PCMH) and Accountable Care program, expanding performance-based hospital contracting, and its Blue Distinction Specialty Care (COEs). Florida Blue's COEs focus on high impact complex care areas that have significant variation in quality and cost and include Centers for Bariatric Surgery, Cancer Care, Cardiac Care, Cellular Immunotherapy, Fertility, Gene Therapy, Knee and Hip Replacement, Maternity Care, Spine Surgery, Substance Use Treatment and Recovery, and Transplants.

Florida Blue selected the National Committee for Quality Assurance (NCQA) as its accrediting entity for its Health Options HMO products beginning in 1992. Then in August 2013, Florida Blue completed the initial accreditation for its PPO products. NCQA is recognized as being the leader in accreditation in the industry. NCQA is recognized at both the federal level and by the State of Florida as an accepted accrediting entity. Florida Blue's current accreditation status is Commercial Accredited through June 2, 2027.

4. SUBCONTRACTING: Where proposers do not have "in-house" capability to perform work desired in the RFP, subcontracting will be permitted only with prior knowledge and approval of proposed subcontractors by the County. The County must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner. Therefore, the name of any intended subcontractor(s) should be identified in the proposal.

Acknowledged and agreed. There are no services requested in this RFP that PRM Health Trust intends to subcontract.



5. SUCCESSFUL PROPOSER HOLD HARMLESS/PAY ON BEHALF: The successful proposer will maintain all claims fiduciary with the plan. Successful proposer will provide evidence of insurance as required in this RFP.

Acknowledged and agreed.

6. COMPLIANCE WITH LAWS: A proposer assures that proposed programs will meet the County's obligations set forth by any federal or state laws, rules or regulations in effect at or subsequent to, time of agreement (if any). Proposers shall comply with all applicable federal or state statutes, laws, rules or regulations in the provision of any services pursuant to an agreement entered into as a result of this RFP.

Acknowledged and agreed.

4.3 – PLAN AND BENEFITS

This portion of the RFP is to describe the health insurance services desired, unless the language clearly indicates that it applies to other services as well. For the purposes of the RFP, the term “fully insured health benefits” will include medical benefits.

1. GENERAL ADMINISTRATION OF SERVICES: The successful proposer/insurer will be responsible for any filings and approvals of documentation or audits of the insurance plan which may be legally required. Proposers will describe, in detail, claims handling, statistical reporting services and other services normally provided and set forth the administrative services proposed.

PRM Health Trust provides integrated, centralized claims administration through Florida Blue that ensures claims and adjustments are handled in a timely, accurate and cost-efficient manner. The claims processing system provides:

- Capture of initial claim information to establish and maintain control of receipts through final disposition;
- Interactive Exam/Entry capabilities to allow eligibility, Other Carrier Liability and initial editing as the claim is entered;
- Automatic editing and verification of all claim data elements that are required for processing, record maintenance, and quality assurance;
- Automated development of claims requiring additional information;
- Automatic pre- and post-payment review parameters to ensure accuracy of payments;
- Automatic duplicate charge checking;
- Automatic deductible, coinsurance, and benefit maximum determination;
- Automatic pricing resolution in routine cases;
- Control of both the actual claim and the computer data elements to ensure timely processing;
- Check and/or Explanation of Benefits (EOB) creation; and
- Accumulation of statistical data.



Those claims meeting all adjudication criteria result in a check and/or EOB. Claims failing any of the adjudication criteria suspend for special handling and additional judgment by qualified personnel before reaching a final disposition.

Special handling functions involve the resolution and re-entry of only claim data that fails predetermined edits, prepayment review auditing, validation, eligibility, and duplicate checking or pricing parameters. When the problem is resolved, only the erroneous or incomplete data elements of those claims requiring special handling are re-entered and the claims are finalized.

When members require assistance concerning a claim or eligibility issue, they simply call the toll-free member service number printed on their ID card.

2. PROGRAM IMPLEMENTATION: The successful proposer will be expected to provide at no additional cost a plan document, certificates or booklets, and any other appropriate literature (including, but not limited to, literature for orientation meetings) to describe benefits to employees. Literature distributed to employees must be in layman's terms. Proposers must indicate the procedure and assistance to be provided for enrollment of employees who become eligible after plan inception. (Sample copies of brochures and any other documents should be included in proposal).

Acknowledged and agreed. The County will continue to receive the same plan materials it has historically received as a Health Trust Member.

Additionally, the County will receive an updated Digital Kit from Florida Blue, which is a customized website that includes various employee resources. The Digital Kit contains tools designed to assist employees with their health insurance options, providing them robust benefit comparisons, provider directories, a Glossary, and more. Staying with the PRM Health Trust guarantees continued access to the Digital Kit's comprehensive outline of the County's available plan options, helping your employees make informed decisions about their health benefits for 10/1/2026 and in the future.

3. CLAIMS SERVICE: A successful proposer must provide prompt and efficient claims service for benefits which require submission of claims. Proposers must identify standard claims turn-around time. The preferred turn-around time for a claim will be from the date a claim is received by the claims administrator until payment is received by the participants or medical service providers. Each proposer must state the location and staffing of the claims office, which will serve the County. The successful proposer will be required to verify eligibility and verify benefits for the employees and dependents. The insurer/provider whose rates the proposer provides for the employee and dependent health coverages and the vision coverage must also provide a claims account representative dedicated to providing claims assistance to the County, and its employees and employees' dependents in processing claims. Documentation or statements indicating that such a claims account representative will be provided by the insurer/provider must be included in the proposal.

The central location of Florida Blue's claims staff and member service center is located at its home office in Jacksonville, Florida.



Claim turnaround time is measured from the date of receipt to the date the examiner finalized the claim. The end of the cycle for a final claim is based on the post-date where Remittance Advice (RA)/Explanation of Benefit (EOB) is issued.

As the current incumbent, Florida Blue has an existing process in place for verifying eligibility and benefits for employees and dependents. To build upon this foundation, they propose the following:

- **Leveraging Existing Infrastructure.** Florida Blue will utilize its current systems and processes to verify eligibility and benefits, minimizing disruptions and ensuring continuity of service.
- **Streamlined Verification Process.** Florida Blue will continue to use its established procedures for verifying eligibility and benefits, which have been refined over time to ensure accuracy and efficiency.
- **Collaboration with Stakeholders.** Florida Blue will work closely with PRM Health Trust to ensure that eligibility and benefits data is accurate and up-to-date.

Key Strengths

Established Relationships: Florida Blue's existing relationship with PRM Health Trust enables us to quickly and efficiently verify eligibility and benefits.

Familiarity with Current Processes: Florida Blue's knowledge of current processes and systems allows for easy identification of areas for improvement and seamless implementation of changes.

Value Proposition: By leveraging existing infrastructure and expertise, Florida Blue can provide a seamless transition and continuity of service, ensuring that eligibility and benefits verification processes remain efficient and accurate.

4. PREMIUM/CLAIMS EXPERIENCE RECORDS: The successful proposer must provide timely reports which provide details on its experience and which may be used to detect trends in benefit utilization which can be controlled to reduce ultimate group benefits program costs. Reports shall include, but not be limited to, the information detailed below.

- i. Each quarter, the successful proposer shall provide summaries of enrollment, paid claims (separately for employees, retirees, COBRA, and their dependents and separately for medical) for the month just completed and a recap of policy years' experience to date. Claims reports are to be provided additionally for 12 months after plan termination plus any extension of benefit periods. Each report should be identified by employee group established by the County.

Acknowledged and Agreed. Levy County will continue to receive the same reporting it currently receives as a PRM Health Trust Member.

- ii. Proposers should submit a listing of the variety of claims reports and other management reporting systems available to the County, and sample copies of each format that may be requested by the County.



The PRM Health Trust has access to a variety of reports that it can generate and share with the County upon request. It can be a challenge to get data from medical carriers. Each carrier has its own standards that can impede the time that you receive information (such as an annual renewal), what types of data they will share, and in what frequency. The PRM Health Trust strives to provide you with the information you need to perform your job function, to the extent permitted by HIPAA and any other relevant federal and state requirements. The PRM Health Trust's Board of Directors meets three times per year to discuss the Trust's financial status and claims experience. A cumulative report containing these updates is prepared by World Risk Management's actuarial team and provided to all Board Members.

Standard Reporting

Our "Standard Reporting" is a comprehensive package that details the past and present financial condition of the Trust and provides reliable and predictable data for the Trust's future. This data enables each of our Members to better prepare and budget for future health plan costs. The extent of the data provided includes:

- Medical Claims Status
 - Gross Paid Claims
 - Average Claims Cost
 - Average Employee Enrollment
- Medical and Rx
 - Paid Prescription Drugs
 - Average Monthly Employee Cost
- Large Claimant Information
- Current Status Report
 - Net Paid Claims
 - Fixed Costs
 - Plan Funding Paid through Claims
 - Surplus
- Plan Projection
- Relevant Healthcare Reform Taxes and Fees
- Health Plan Monthly and Aggregate Charts

Additional Reporting

Beyond Standard Quarterly Reporting, Florida Blue is able to provide various reports on a monthly, quarterly, or annual basis "upon request." These reports are summary level and would include general utilization and enrollment information. Some standard reports can be automatically generated monthly while other reports can be generated based on need. Customizable report parameters include reporting by group/association level, division, product and plan, and location code (if applicable). Florida Blue's reporting database is updated approximately on the 11th business day of each month, rendering the following reports available:

- Monthly Claims Monitoring Reports



- High Cost Claims Summary
- Claims Lag
- Wellness and Preventive Service Utilization
- Top Diagnosis by Location of Service
- Brand vs Generic Utilization
- Top Provider Utilization

Percentage of Dollars Spent on Paying Claims

When considering the need for cost-savings within a medical program, it is important to look not just at the medical claims data, but also at other costs that contribute to the program's overall cost. In the PRM Health Trust, ninety-one percent (91%) of all dollars collected in the form of premiums is used to pay claims incurred by the members. The remaining 9% is used to pay expenses of administering the Health Trust, including the fees paid to Florida Blue and Businessolver for the Administrative Services for the Health Trust and the Benefits Administration system, respectively. There is zero profit margin built into the premiums. The Affordable Care Act allows insurers of small plans to retain up to 20% of premiums collected and allows an insurer of large plans to retain up to 15% of the premiums. That's a significant difference when thinking about the impact that an additional 6% or 11% can make on a renewal.

The PRM Health Trust, WRM and Florida Blue can provide additional reports to Levy County on request. A sample reporting package of the available reporting for the County can be found under Section 4.

- iii. If a proposer cannot comply with reporting as outlined herein, the proposer should provide that information and provide the types of reporting the proposer is able to provide.

See answer above.

5. COBRA AND CONVERSION BENEFITS: In addition to providing mandated COBRA benefits, the successful proposer shall make conversion benefits available to participants entitled to continue similar coverage, without evidence of insurability, as prescribed by Florida law. Proposals should indicate to what extent the proposal extends to the legal liability of the County or is extended by the proposer's COBRA vendor. The County currently utilizes a COBRA vendor who performs this service. This service must be included in the proposal. Retirees shall have an option to remain in the County's regular group program at their expense.

If the County remains with the PRM Health Trust, it will continue to receive the same COBRA Administration services and benefits that it receives today for all lines of COBRA-eligible coverage. That service is provided by the PRM Health Trust's Benefits Administration system, Businessolver, at no additional cost to the County. The eligible employee will elect COBRA directly with Businessolver and pay Businessolver directly as well. Any COBRA participants will not be included on the County's monthly invoice.



6. FUNDING AND DELIVERY SYSTEMS: The County requests all proposals on the following basis:

- i. Funding Options: Fully insured and self-funded programs shall be considered. For fully insured programs, a sixty (60) day premium delay is required.

The PRM Health Trust offers self-funded medical and dental plans; and fully insured vision and life insurance plans.

7. PROVISION OF LEGAL DEFENSE: Proposals must indicate the extent to which the proposers will provide a legal defense and/or pay claims in the event of suit by plan participants, and the extent to which the expense of such legal defense will be paid by the proposer.

Pursuant to the terms and provisions of the Florida Blue contract with PRM Health Trust, and as provided for under the Intergovernmental Cooperative Agreement, Contract and Bylaws for Public Risk Management of Florida Health Trust, as amended and restated through June 16, 2023, Article 11.1.4, members of the Trust shall allow attorneys employed by the Trust to represent the members in investigation, settlement, discussions, and all levels of litigation arising out of any dispute or claim for medical services relating to the purpose or powers of the Trust. As such, PRM Health Trust shall represent its members in investigation, settlement, discussions, and all levels of litigation arising out of any dispute or claim for medical services or other matters relating to the purpose or powers of the Trust.

4.4 – PPO/HMO

This section of the RFP applies to the PPO/HMO element in proposals.

1. COMPLIANCE WITH FLORIDA STATUTES: A proposer assures that proposed programs will meet the County's obligations set forth by any federal or state laws, rules or regulations in effect at or subsequent to, time of agreement (if applicable). A successful proposer shall comply with all applicable federal or state statutes, laws, rules or regulations in the provision of any services pursuant to an agreement entered into as a result of this RFP.

Acknowledged and Agreed.

2. NATURE OF PPO/HMO: Proposals must indicate if the sponsor of the PPO/HMO is an insurer, a hospital or a physician's group. Proposals also must indicate if the network is owned or rented and the source location for the network management.

Florida Blue is an insurer and directly contracts with providers throughout the state. Florida Blue does not lease any networks.

3. NETWORK: Proposals must provide descriptive materials of the plan offered, listings of preferred providers (including hospitals, general practitioners, specialists, and pharmacies), locations and office



hours of providers and arrangements for after-hours or emergency services. Proposals must state when the last previous provider directory was published and how often it is revised.

Florida Blue's networks are quite extensive and is in a unique position of having one of the largest, robust provider networks in Florida. Florida Blue's BlueOptions NetworkBlue is available statewide, in all 67 Florida counties. The BlueCard Program provides Blue Plans and their members access to the networks of independent Blue Cross and/or Blue Shield organizations across the country. The BlueCard network is the nation's leading network with more than 2.2 million unique, in-network providers

Florida Blue has the tools available for members to utilize to find the best provider type and care setting based on cost. These tools include the cost-transparency tool, and the ratings and reviews tool. Also, Value-Based providers are recognized on the carrier's member website and National Hospital Doctor Finder. As part of Florida Blue's Find Care customer journey, once logged into their account, members can search for providers who have been recognized with the value-based designation.

The BCBS Association provides the "Blue National Doctor and Hospital Finder", a consumer-friendly Online Provider Directory (OPD), at <http://provider.bcbs.com/>.

The main search functions of the directory are doctors by name, doctors by specialty, places by name, and places by type. The directory also includes advance search functions to include specialty, value based programs, quality designations, languages spoken, etc. Blue Cross updates its provider information daily as physicians and providers can revise their directory information online at any time. Requested changes are verified and updated information is typically reflected within the same day, for terminations and additions. Additionally, provider data is monitored and cleansed on an ongoing basis so our members have access to the most current information.

Providers are not removed from the OPD until the provider is terminated. OPD changes will appear the day after the termination date.

4. COST CONTAINMENT: Proposals must describe the nature and special features of the PPO and the HMO plans offered. Indicate how benefits, deductibles and co-payments are applied or recommended by the PPO/HMO and any required or recommended penalties for non-use of preferred providers. Proposals should describe discounts and other pricing arrangements that the PPO/HMO has negotiated with hospitals and physicians who will provide cost reductions to the County. Although statewide averages are useful, it is preferred that discounts in the Levy County area be disclosed. Proposals must indicate to what extent pre-admission review, concurrent review, psychiatric review, second surgical opinions and catastrophic case management are employed to control utilization. Proposers must provide specifics about any requirements of the network providers so the County and its plan participants can make use of the plan.



Florida Blue remains unmatched in network capabilities. Deep discounts coupled with unparalleled access to quality care through the broadest and most reliable networks of physicians and hospitals translate into a formula that positively outperforms all carriers.

Florida Blue offers members a national delivery platform through the BlueCard PPO program. Members may receive covered services from participating providers from independent Blue Plans throughout the United States – with more than 2.2 million unique in-network providers. There are no claims to file and no balance billing. Members also enjoy international coverage through BCBS Global Core. Employee acceptance and trust in the Blue Cross Blue Shield brand is the highest in the industry. BCBS companies provide coverage to people across nearly every ZIP code the U.S., the District of Columbia and Puerto Rico; Largest association of health insurance companies in the nation, covering nearly one in three Americans – more than 118 million members;

- BCBS companies are uniquely positioned to provide insights on health care quality and cost at the local, regional, and national levels.

Evaluation and selective provider contracting using performance metrics for quality and efficiency are strengthening Blue Cross provider partnerships and administrative savings. Scope of services are being expanded and fully defined in Blue Cross contracts to drive savings through preferred relationships for chiropractic, diagnostics (lab, x-ray, advanced imaging) home health home infusion, durable medical equipment, and behavioral health. Convenient Care Centers, Urgent Care Centers and advanced non-physician practitioners (ANPP) have been added to its networks to meet the growing demand for primary access and diversion from high-cost emergency rooms when non-urgent care is called for and to improve the contracting of statewide services, such as durable medical equipment.

5. PROVISION OF LEGAL DEFENSE: Proposals must indicate the extent to which the PPO/HMO will provide a legal defense and/or pay claims in the event of suit by plan participants.

Pursuant to the terms and provisions of the Florida Blue contract with PRM Health Trust, Florida Blue shall be responsible for the legal defense of claims that involve a claim determination based on PRM's medical and/or pharmacy, and authorization standards.

6. HMO/PPO: Proposals must include nine (9) copies of a proposer's network provider listing and booklets for benefits.

The County's employees and family members will continue to access the same Florida Blue networks of physicians and facilities it uses today as a current PRM Health Trust Member. The BCBS Association provides the "Blue National Doctor and Hospital Finder", a consumer-friendly Online Provider Directory (OPD), at <http://provider.bcbs.com/>.



The main search functions of the directory are doctors by name, doctors by specialty, places by name, and places by type. The directory also includes advanced search functions to include specialty, value-based programs, quality designations, languages spoken, etc.

7. CONTINUUM OF TREATMENT: It is the desire of the County that the currently enrolled employees experience no loss in existing coverage or treatment plans. Continuity of existing providers in treatment plans is of the utmost importance. The successful proposer must provide that continuity of treatment to County employees and their dependents. Specifically related to providers, proposals must state how, when and who will work with our large claimants to assure the quality of care of employees and dependents is not compromised or interrupted. Proposals must state whether current approved ongoing procedures will need to be recertified by your organization or will they continue their current treatment plan with no interruption of service or provider.

Proposals must include a description of proposer's grievance procedures.

There will be no loss in existing coverage or treatment plans for members already enrolled in coverage if the County chooses to stay with the PRM Health Trust. Employees and their family members will continue their current medical benefits and treatment through Florida Blue with no disruption whatsoever.

In addition, for future employees who become new to Health Trust coverage, Florida Blue is committed to ensuring the smooth transition for any member who is undergoing treatment for serious health problem, with little or no disruption in care. During enrollment meetings these members are encouraged to complete a New Enrollee Transition of Coverage Request Form. Florida Blue will work with the member to assist in the coordination of needed services to include identification of network providers under their plan.

With regard to grievance procedures, Florida Blue is committed to first contact resolution. Many issues regarding claim denials can be resolved over the phone. Florida Blue encourages members to call the number on their ID card to speak to a member service representative. If the issue cannot be resolved by phone, Florida Blue has an administrative procedure to provide a full, fair and prompt review of member appeals.

Additionally, every member health statement includes information on the right to appeal and the internal appeal process. This information is also included in the member's benefit booklet.

4.5 – ADDITIONAL INFORMATION

The employee group contains approximately 255 active employees and retirees for group health and group vision. Additionally, there are 406 active employees and retirees for group life insurance. Additional information on employees and claims history is attached. This information is provided to facilitate proposals. Much effort was made to provide necessary and accurate information when this



request was prepared, but the County is not to be penalized for any lack of completeness. Accuracy of this data is not guaranteed. It is the sole responsibility of proposers to assure that they have all information necessary for submission of their proposals.

Acknowledged and agreed.

5 – INTENT AND GENERAL INFORMATION

Thank you for your interest in working with Levy County. General information regarding this procurement process is provided below:

It is the intent of Levy County (“County”) to negotiate a contract with a qualified proposer who meets, or exceeds, all requirements set forth in this Request for Proposals (“RFP”).

Acknowledged and agreed.

5.2 – QUESTIONS, EXCEPTIONS TO FORM OF AGREEMENT AND ADDENDA

There shall not be any contact between a potential proposer/proposer or their representative(s) and any member of County Staff or County Commissioners regarding this Project or RFP.

The County will not respond to verbal (in person or phone) questions regarding this RFP. Proposers must submit written questions via the OpenGov Procurement Portal at <https://procurement.opengov.com/portal/levycounty/projects/255056>

Any proposer who requires/requests revision(s) to the Form of Agreement must submit a completed Contract Exception Form. The County is under no obligation to grant any exceptions and proposals that are contingent on exceptions being granted will not be accepted. If an exception is rejected by the County during the question portion of this RFP process and the proposer subsequently submits a proposal, the proposer is deemed to have waived their request for an exception.

All questions and Contract Exception Forms must be received by the County prior to the deadline for same in order to receive a response. The Contract Exception Forms can be found in the ATTACHEMENTS section of this RFP. The County will respond to each question and each completed Contract Exception Form and will issue written addenda for any supplemental instructions or clarifications to the RFP or the Contract. All addenda will be posted in County's OpenGov Procurement Portal. Each proposer must acknowledge receipt of addenda as part of its proposal and is presumed to have read and be thoroughly familiar with the provisions of this RFP and its addenda.

Acknowledged and agreed.



5.3. HOW TO SUBMIT A PROPOSAL

The County only accepts electronic submittals through OpenGov Procurement. In order to submit a proposal, the proposer must be registered with OpenGov. The complete proposal must be uploaded in PDF format unless the RFP specifically states otherwise. Any proposal submitted after the due date and time will not be accepted by OpenGov and will not be considered. The County is not responsible for any delays in delivery or uploading of a proposal caused by any issues experienced in attempts to upload on OpenGov or caused by any other occurrence. A proposer should give sufficient time to address any delivery or uploading issues when it schedules the submittal of its proposal.

Proposals must be submitted in the format specified by the County in this RFP. Any erasures or other corrections to the County Forms must be explained or noted over the signature of the proposer. Forms containing any conditions, omissions, erasures, alterations, or irregularities of any kind, whether explained or noted or not, may be rejected by the County.

The documents listed within the Vendor Questionnaire must accompany any proposal submitted. A proposal submitted without the required documents may result in the County deeming the proposal non-responsive. The County reserves the right to request additional information from any proposer prior to award.

The County is not responsible for any expense incurred by a proposer in reviewing, evaluating, preparing, or submitting a proposal. Proposers are solely responsible for the entire expense of responding to this RFP.

[Acknowledged and agreed.](#)



5.4. WITHDRAWAL OF PROPOSALS

Modifications to or withdrawal of a proposal may be made up until the Due Date. Modifications and withdrawals must be documented in OpenGov in order to be recognized by the County. Error or negligence in preparing the proposal confers no right for withdrawal of the proposal after it has been opened.

Acknowledged and agreed.

5.5. ARITHMETIC DISCREPANCIES

For the purpose of evaluation of proposals, the following will be utilized in resolving arithmetic discrepancies found in any proposal:

- A. Obviously misplaced decimal points will be corrected.
- B. In case of discrepancy between unit price and extended price, the unit price will govern.
- C. Apparent errors in addition of lump sum and extended prices will be corrected.

Acknowledged and agreed.

5.6. PROPOSAL PREPARATION & SUBMITTAL EXPENSES

The County is not responsible for any expense incurred by a proposer in reviewing, evaluating, preparing, or submitting a proposal. Proposers are solely responsible for the entire expense of responding to this RFP.

Acknowledged and agreed.

5.7. CODE OF ETHICS

With respect to this RFP, if any proposer violates or is a party to a violation of the State of Florida Code of Ethics for Public Officers and Employees, Chapter 112, Part III, Florida Statutes, such proposer shall be disqualified from furnishing the goods or services for which the proposal is submitted and may be further disqualified from participating in future County procurement processes.

Acknowledged and agreed.

5.8. PROPOSAL OPENING; PROPOSAL SUBMITTALS

In accordance with Section 255.0518, Florida Statutes, the proposals will be opened at a public meeting, and the name of each proposer and the price submitted in the proposal will be announced at that meeting. However, in accordance with Section 119.071(1)(b)2, Florida Statutes, the sealed



bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from Section 119.07(1), Fla. Stat., and s. 24(a), Art. I of the State Constitution, until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

Acknowledged and agreed.

5.9. EQUAL EMPLOYMENT OPPORTUNITY

In accordance with the provisions of Title VI of Civil Rights Act of 1964 and the Regulations of the Department of Commerce issued pursuant to such Act, no proposer will be discriminated against on the grounds of race, color, or national origin. In addition, in accordance with the provisions of the County's Procurement Policy, small and minority business enterprises, women's business enterprises and labor surplus area firms will be afforded full opportunity to submit responses to this RFP.

Acknowledged and agreed.



SECTION 3

2.3 – PART 3: PRICE PROPOSAL

Proposer shall describe basis for billing for the Services, such as a fixed fee for each Task or hourly rates with a not to exceed amount per Task. Please include time/cost for travel to public meetings. For Budget purposes, it is critical to the County to have a maximum cost for these Services.

Billing

As a current PRM Health Trust Member, the County is already familiar with the flow and quality of the PRM Health Trust billing process. The County will continue to follow the same processes utilized currently without the burden of learning and following new processes and procedures that will result from a carrier change.

On a monthly basis, the County will receive a trial invoice, followed by a final invoice, which will assess the premium equivalent amount for that month based on actual enrollment. Effective with your invoice for 10/1/2026 and going forward, the invoices will be based on the proposed medical rates for the upcoming plan year contained in this RFP response.

Medical Plan Rating Methodology

The PRM Health Trust is a self-funded pool of 64 employers representing over 8,600 employees and 14,000 members. The PRM Health Trust purchases reinsurance to protect the Trust against large losses from high-cost claimants. The experience of any claimant above the specific deductible is not counted toward the employer's experience. This aggregated approach to pooling, combined with the PRM Health Trust's underwriting approach, has proven to be very effective in creating a stable renewal history for the PRM Health Trust and its Members and has also contributed to the financial solvency and sustainability of the PRM Health Trust, which now has reserves of approximately \$43 million.

Annually, the PRM Health Trust's actuaries determine the amount of dollars needed for the upcoming plan year to pay the projected claims costs and administrative expenses, and that determination results in a "Pool Average" renewal. Keep in mind - medical trend typically increases at 7%+, meaning that we would expect to see total claims incurred in any given year to increase by that medical trend percentage in the subsequent year. Each Member Entity's renewal increase is determined by applying a deviation schedule to the Pool Average based on the group's experience. The maximum increase that any Member Entity can receive is 6% above the Pool Average.



As a self-funded program, financial risk and liability for claims is not shifted to an insurance carrier. Premiums are actuarially-established at an amount needed to cover exactly one hundred percent (100%) of the projected claims and expenses for the upcoming plan year with nothing additional built in for profit. Although the PRM Health Trust cannot give a specific maximum percentage for future years, the 6% cap applied to the Pool Average provides a welcome maximum to Member Entities that find themselves having a bad claims year.

The following table shows how the County has benefitted from the PRM Health Trust’s methodology where the County received Actual Renewal Increases below the Pool Average Increase based on its claims experience. In addition, the County has consistently received renewals well-below the 7%+ medical trend figure.

Plan Year	County’s Medical Expense Ratio	Pool Average Increase	County’s Actual Renewal Increase
2025/2026	90.26%	5.5%	1.50%
2024/2025	82.33%	6.9%	0.90%
2023/2024	101.51%	5.75%	5.75%
2022/2023	104.1%	4.0%	6.0%
2021/2022	90.5%	4.43%	2.4%
2020/2021	95.6%	5.5%	4.5%

Keep in mind that a 100% Medical Expense Ratio means the PRM Health Trust paid out (for claims and expenses) exactly what it received in premium dollars.

Another feature of the PRM Health Trust program that the County can leverage is the ability to utilize Health Trust surplus dollars to reduce future year renewal increases. Although it is not a direct return of premium dollars paid based on positive claims experience, a decrease in a renewal does equate to monetary savings for each Member Entity.

Over 37 years, the PRM Health Trust has built up a surplus of over \$43 million which serves not only to satisfy the State’s funding reserve requirements, but it is also available to be used at the discretion of the Health Trust Board Members for the benefit of the Health Trust and its Members. As PRM Health Trust Board Members each year, Levy County can vote to use surplus to “buy down” the Pool Average in an upcoming plan year.



What that means to Levy County: Levy County's approximate premium cost is \$3.6 million. Every one percent (1%) reduction in a renewal increase would equal a \$36,000 reduction in the County's annual premium cost.

Pricing Proposal

While the proposed rates are included on Response #4 of the electronic bid submitted, the below information outlines how to compare those proposed rates to the County's current plan design under Section 3 of this proposal document. Furthermore, all proposed rates have also been uploaded as a separate document labeled "PRM Health Trust – Pricing Proposal" for the County's review.

➤ **Medical:**

- "Similar to Current #1 Quote" – Proposed rates for your current HMO 55 plan
- "Alternate Benefits #2 Quote" – Proposed rates for your current PPO 03559 plan
- "Alternate Benefits #3 Quote" – Proposed rates for your current HDHP HSA 05180/05181 plan

➤ **Dental:**

- "Similar to Current #1 Quote" – Proposed rates for your current Low Plan
- "Alternate Benefits #2 Quote" – Proposed rates for your current High Plan
- The PRM Health Trust offers, and the County offers, a third dental plan option (Economy Plan) that does not appear on #4 of the electronic submission through the OpenGov Procurement Portal. However, proposed rates for all three dental plans can be found on the Pricing Proposal attachment under Section 8 of the electronic submission.

➤ **Vision:**

- "Similar to Current #1 Quote" – Proposed renewal rates for your current VSP vision plan
- "Alternate Benefits #2 Quote" – Proposed renewal rates for PRM's alternative NVA vision plan

➤ **Life:**

- "Similar to Current #1 Quote" – Proposed renewal rates for your Basic Life plan
- "Alternate Benefits #2 Quote" – None. The PRM Health Trust offers only one life insurance plan option through which the County currently participates.

The quoted pricing for the medical proposal is guaranteed through September 30, 2027 and will become effective on October 1, 2026. All PRM Health Trust medical rates are guaranteed for the 12-month plan year. The PRM Health Trust is a self-insured pool with no profit margin built in. Rates are established each year to ensure that the Health Trust collects sufficient premiums to pay for the projected claims and fixed costs of the upcoming plan year. The PRM Health Trust medical program does offer a rate cap in future years. The County's renewal increase in subsequent years is capped at 6% over the actuarially-determined Pool Average.



The vision and life insurance plans proposed operate on a fully-insured basis. Both lines of coverage are currently under **rate guarantee** until September 30, 2029.

Fixed Fees

Managing costs of group health care is a continual challenge that gets harder each year. The PRM Health Trust devotes time and resources to help Member Entities and their employees manage claims costs. Additionally, we continually monitor our fixed expenses to ensure that the costs to run the program are reasonable, appropriate, and necessary. Fixed costs for the PRM Health Trust program represent less than 9% of the total Health Trust spend. The remaining estimated 91%+ is used to pay claims. The Health Trust's expense ratio is significantly better than what the Affordable Care Act allows insurance carriers to retain. The PRM Health Trust's fixed costs effective 10/1/2025 were as follows:

Expense	Basis
Florida Blue ASO Fee	\$57.00 PEPM
Businessolver Administration Fee	\$5.21 PEPM
Consortium Fee	\$7.96 PEPM
Stop Loss Reinsurance – Specific/Aggregate	\$33.71/\$0.86 PEPM
PCORI Fee	Flat \$ per Average # of members covered

Miscellaneous Costs for County Budgeting

The County's sole financial responsibility under the PRM Health Trust as an active Member is the payment of premium proposed for each benefit plan selected based on enrollment. All benefits and services provided by the PRM Health Trust to the County while an active Member are included in the proposed premiums. There are no other fees or assessments beyond the premiums charged by PRM Health Trust.

Under the By-Laws, the County is responsible for run-off charges if it decides to leave the PRM Health Trust. The County will be charged four months of both the: (a) Florida Blue ASO Fee and (b) PRM Consortium Fee (based on the County's number of enrolled employees in September 2026). Those run-off charges are used to offset the cost of PRM's continued obligation to pay County claims after it leaves the Health Trust.



For example (using March 2026 enrollment), the County would owe an estimated \$63,141.12* in Run-Off Charges to the PRM Health Trust.

Fee Type	Fee Amount (Per Employee Per Month)	# of Employees (Based on March 2026 Enrollment)	# of Months of Run-Off Charges	Total
Florida Blue ASO Fee	\$57.00	243	4	\$55,404.00
PRM Consortium Fee	\$7.96	243	4	\$7,727.12
Total	\$64.96	243	4	\$63,141.12*

**This number will change because it will be based on September 2026 enrollment.*



SECTION 4

2.3 – PART 4: FORMS AND DOCUMENTS

- A. Completed Proposal Signature Form (with all Forms and required documents attached); *and*
- B. Copies of Certifications/Licenses (if any) of personnel who will be assigned to the Services.

Please find all the signed forms, documents, and certifications on the following pages. These have also been included in the official electronic submission on the OpenGov Procurement portal.

Additionally, the following pages contain benefit summaries for the medical, dental, and vision plans available through the PRM Health Trust effective 10/1/2026.



8.2 – PROPOSAL SIGNATURE FORM

Docusign Envelope ID: 3267E27A-8D40-831B-803B-3835A3007287

**REQUEST FOR PROPOSALS RFP_2026_02
FOR GROUP HEALTH INSURANCE, GROUP LIFE INSURANCE AND GROUP VISION INSURANCE
PROPOSAL SIGNATURE FORM**

The undersigned attests to his/her authority to submit this proposal and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Request for Proposals package, and any other documentation relating to the Request for Proposals, and that this proposal is submitted with full knowledge and understanding of the requirements and time constraints noted herein.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: Public Risk Management of Florida Health Trust

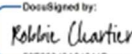
Home Office Address: 3434 Hancock Bridge Parkway, Suite 203

City, State, Zip: Fort Myers, FL, 33903

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Rep: Robbie L. Chartier, Executive Director

Telephone: (239) 671-1619 Fax: (239) 656-1066

Signature:  Date: 5/14/2026

As Addenda are considered binding as if contained in the original Request for Proposals, it is critical each proposer acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 4/28/26 Signature 

Addendum No. 2 Dated 4/28/26 Signature 

Addendum No. 3 Dated 4/30/26 Signature 

The PRM Health Trust has also received and acknowledged **Addendum No. 4** on 5/11/2026.

Signature 



8.4 – SWORN STATEMENT ON PUBLIC ENTITY CRIME

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County Board of County Commissioners
By Robbie Chartier, Executive Director
(Print individual name and title)
For Public Risk Management of Florida
(Print name of entity submitting statements)
Whose business address is 3434 Hancock Bridge Parkway, Suite 203, Fort Myers, FL 33903
and if applicable whose Federal Employer Identification Number (FEIN) is 65-0026040.
If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:

2. I understand that a “public entity crime” as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any proposal or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which proposals or applies to proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).
 Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.



The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Robbie Chartier
(Signature)

State of Florida
County of Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of May, 2026, by Robbie Chartier (name), as Executive Director (title) for Public Risk Management of Florida (name of proposer)
Personally known OR Produced Identification (type of identification).

Cori Ann Burnsed
(Signature) Notary Public
My Commission expires 5/23/2029

(SEAL)

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



8.5 – NON-COLLUSION AFFIDAVIT

NON-COLLUSION AFFIDAVIT

I, Robbie Chartier of the County of Saint Lucie

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Executive Director of the firm of Public Risk Management of Florida providing that I executed the said proposal with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Robbie Chartier
(Signature of Proposer Representative)

5/13/26
(Date)

State of Florida
County of Okeechobee

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of May, 2026, by Robbie Chartier (name), as Executive Director (title) for Public Risk Management of Florida (name of proposer) Personally known OR Produced Identification (type of identification).

Cori Ann Burnsed
(Signature) Notary Public

(SEAL)

Cori Ann Burnsed
(Printed, typed or stamped commissioned name of notary public)

My Commission expires 5/23/2029



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



8.6 – DRUG-FREE WORKPLACE CERTIFICATION

Docusign Envelope ID: 2359F009-2C46-8D53-8391-9B5047E8E234

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Public Risk Management of Florida Health Trust (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Robbie Chartier

Signature: 

Title: Executive Director

Date: 5/14/2026



8.7 – ANTI-HUMAN TRAFFICKING AFFIDAVIT

***Please Note: This form does not apply to the PRM Health Trust as it is meant for non-governmental entities. The PRM Health Trust is a governmental entity.**

ANTI-HUMAN TRAFFICKING AFFIDAVIT

DIRECTIONS: All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 787.06(13), Florida Statutes effective July 1, 2024.

I _____ (insert name) as _____ (insert title) on behalf of _____ (insert entity name) under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. _____ (insert entity name) does not use coercion for labor or services as defined in s. 787.06(2)(a), Florida Statutes.
3. More particularly, _____ (insert entity name) does not participate in any of the following actions:
 - a. Using or threatening to use physical force against any person;
 - b. Restraining, isolating or confining or threatening to restrain, isolate or confine any person without lawful authority and against her or his will;
 - c. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of the labor or services are not respectively limited and defined;
 - d. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
 - e. Causing or threatening to cause financial harm to any person;
 - f. Enticing or luring any person by fraud or deceit; or
 - g. Providing a controlled substance as outlined in Schedule I or Schedule II of s. 893.03, Florida Statutes to any person for the purpose of exploitation of that person.



***Please Note: This form does not apply to the PRM Health Trust as it is meant for non-governmental
The PRM Health Trust is a governmental entity.**

FURTHER AFFIANT SAYETH NAUGHT.

Printed Name:
Title:
Nongovernmental entity:
Date:

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me ____ in person or ____ remote notarization by
_____ as _____ on behalf of
_____, who is personally known to me or who
produced _____ as identification this _____ day of
_____, 202__.

Notary Public

(Notary Seal)



8.8 – FOREIGN COUNTRY OF CONCERN AFFIDAVIT

***Please Note: This form does not apply to the PRM Health Trust as it is meant for non-governmental. The PRM Health Trust is a governmental entity.**

EXHIBIT B

FOREIGN COUNTRY OF CONCERN AFFIDAVIT

DIRECTIONS: All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 287.138, Florida Statutes, for all entities that may have access to individuals' personal identifying information.

I _____ (insert name) as _____
(insert title) on behalf of _____ (insert entity name)
under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. I certify that _____ (insert entity name) ("Vendor"):
 - a. Is not owned by the government of a foreign country of concern;
 - b. A government of a foreign country of concern does not have a controlling interest in Vendor; and
 - c. Is not organized under the laws of nor have its principal place of business in a foreign country of concern.
3. For purposes of this Affidavit, "Foreign Country of Concern" means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern.

FURTHER AFFIANT SAYETH NAUGHT.

Printed Name:
Title:
Nongovernmental entity:



***Please Note: This form does not apply to the PRM Health Trust as it is meant for non-governmental
The PRM Health Trust is a governmental entity.**

Date:

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me ____ in person or ____ remote
notarization by _____ as _____ on
behalf of _____, who is personally
known to me or who produced _____ as identification
this _____ day of _____, 202__.

Notary Public

(Notary Seal)



8.9.1 – CONFLICT OF INTEREST DISCLOSURE STATEMENT

DocuSign Envelope ID: 8FBA2487-0F3D-8C3D-8080-89E78B8C38E1

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposals whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All proposers must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All proposers must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All proposers must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All proposers are also required to include a disclosure statement of any potential conflict of interest that the proposer may have due to other Clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Proposers Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other Clients, contracts or interests:

None of the above applicable:

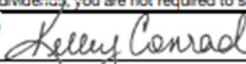
Signature:  Printed Name: Robbie Chartier

Proposer Name: Public Risk Management of Florida Health Trust

Date: 5/14/2026




8.11 – W-9

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Public Risk Management of Florida	2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <u>Governmental Agency</u>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	5 Address (number, street, and apt. or suite no.). See instructions. 3434 Hancock Bridge Parkway-Suit 203	
	6 City, state, and ZIP code NorthFortMyers, FL 33903	
	7 List account number(s) here (optional)	
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
	Social security number _____ - _____ - _____ or Employer identification number 6 5 - 0 0 2 6 0 4 0	
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person 	Date 10/9/2025
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .		
What's New Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.		
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).		
Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they		
Cat. No. 10231X		Form W-9 (Rev. 3-2024)



8.12 – CERTIFICATE OF INSURABILITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 5/14/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

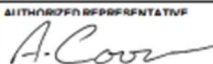
PRODUCER World Risk Management 20 N. Orange Ave., Suite 500 Orlando FL 32801	CONTACT NAME: Jenna Jennings PHONE (AC, No, Ext): 4074452414 FAX (AC, No): 407-445-2868 E-MAIL ADDRESS: jennifer.jennings@wrmilc.com
INSURED Public Risk Management of Florida 3434 Hancock Bridge Pkwy Suite #203 Fort Myers FL 33903	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Public Risk Management of FL (11111 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 2075611763 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PRM025-012A-032	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		Y	PRM025-012A-032	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	PRM025-012A-032	10/1/2025	10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> PROF. LIA/PUBLIC OFFICIALS LIA			PRM025-012A-032	10/1/2025	10/1/2026	EACH CLAIM 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Levy County Board and Constitutional Officers are additional insured [with respect to General Liability and Automobile Liability] only for Public Risk Management's liability or negligence [except for Workers' Compensation and Employers Liability], but not Levy County Board and Constitutional Officers' negligence, per FL Statute 768.28.

CERTIFICATE HOLDER Levy County Board and Constitutional Officers 310 School Street Bronson FL 32621-0310	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



8.14 – COPIES OF APPLICABLE/CURRENT LICENSES AND CERTIFICATIONS

Company Directory: Search Results

This information is current as of 5/11/2026

PUBLIC RISK MANAGEMENT OF FLORIDA

FEIN	
Florida Company Code	58159
NAIC Company Code	
Company Type	LOCAL GOVERNMENT UNIT PAYEE/SELF-INSURER
Home State	FL
Web Site	
Authorization Type	INFORMATION ONLY
Authorization Status	ACTIVE
First Licensed in Florida Date	

Authorized Lines of Business

Line of Business	Type
ACCIDENT AND HEALTH	DIRECT AND REINSURANCE

[New Search](#)

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The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Office of Insurance Regulation

200 East Gaines Street
Tallahassee, FL 32399
(850) 413-3140

Office of the Insurance Commissioner

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Detail by Entity Name

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS



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Detail by Entity Name

Florida Limited Liability Company
WORLD RISK MANAGEMENT, LLC

Filing Information

Document Number L06000116007
FE/EIN Number 20-8039920
Date Filed 12/05/2006
State FL
Status ACTIVE

Principal Address

20 North Orange Avenue
Suite 500
ORLANDO, FL 32801

Changed: 01/26/2022

Mailing Address

20 North Orange Avenue
Suite 500
ORLANDO, FL 32801

Changed: 01/26/2022

Registered Agent Name & Address

Hartin, John Wesley
20 North Orange Avenue
Suite 500
ORLANDO, FL 32801

Name Changed: 01/26/2022

Address Changed: 01/26/2022

Authorized Person(s) Detail

Name & Address

Title MGR

JONES, MICHELE L
12548 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787



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Detail by Entity Name

Title Manager

Ballator Insurance Group
20 North Orange Avenue
Suite 500
ORLANDO, FL 32801

Annual Reports

Report Year	Filed Date
2023	01/31/2023
2024	02/12/2024
2025	02/19/2025

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12/05/2006 -- Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations



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Detail by Entity Name

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS



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Detail by Entity Name

Florida Profit Corporation
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.

Filing Information

Document Number	P20000012831
FEI/EIN Number	59-2015694
Date Filed	12/11/2013
Effective Date	07/01/1980
State	FL
Status	ACTIVE
Last Event	CONVERSION
Event Date Filed	12/11/2013
Event Effective Date	NONE

Principal Address

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

Changed: 03/13/2020

Mailing Address

PO BOX 60729
JACKSONVILLE, FL 32236

Registered Agent Name & Address

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000

Address Changed: 03/13/2020

Officer/Director Detail

Name & Address

Title CEO, President

PIENINCK, BRIAN D
4800 DEERWOOD CAMPUS PARKWAY DC 1-8
JACKSONVILLE, FL 32246

Title CFO



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Detail by Entity Name

GODDARD, JEFFREY W
4800 DEERWOOD CAMPUS PARKWAY DC 1-8
JACKSONVILLE, FL 32246

Title Treasurer

PROVENZANO, CRAIG S
4800 DEERWOOD CAMPUS PARKWAY DC 1-5
JACKSONVILLE, FL 32246

Title Chairman

KUNTZ, THOMAS G
1568 HOLTS GROVE CIRCLE
WINTER PARK, FL 32789

Title Director

SASTRE, MARIA A
2420 INDIAN MOUND TRAIL
CORAL GABLES, FL 33134

Title Director

COST, TIMOTHY P
365 ROYAL TERN ROAD
PONTE VEDRA BEACH, FL 32082

Title Director

BURWELL, SYLVIA M
3244 NEBRASKA AVENUE NW
WASHINGTON, DC 20016

Title Director

BLUM, KRISTEN E
4938 MONTEREY DRIVE
FRISCO, TX 75034

Title Director

THAKKAR, RASESH H
9833 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

Title Director

Weatherford, William W
1001 WATER STREET
SUITE 1200



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Detail by Entity Name

Tampa, FL 33602

Title Director

BROWN, JULIA M
 1331 BRICKEL BAY DRIVE
 #1305
 MIAMI, FL 33131

Title Asst. Secretary

HORNE, SUZANNE U
 4800 DEERWOOD CAMPUS PARKWAY DC 1-7
 JACKSONVILLE, FL 32246

Title VP, Corporate Services

TREVATHAN, JOHN
 4800 DEERWOOD CAMPUS PARKWAY
 DC 4-1
 JACKSONVILLE, FL 32246

Annual Reports

Report Year	Filed Date
2026	01/05/2026
2026	02/11/2026
2026	04/28/2026

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FLORIDA DEPARTMENT of FINANCIAL SERVICES

ACCRETIVE GLOBAL INSURANCE SERVICES, LLC

20 ORANGE AVE.
STE. 500
ORLANDO FL 32801

Agency License Number L112319

Location Number: 347453

Issued On 03/16/2021

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jimmy Patronis
Chief Financial Officer
State of Florida



PROPOSED BENEFITS – MEDICAL PLAN MATRIX

Product	BlueOptions (PPO) 03748	BlueCare (HMO) 55	BlueOptions (PPO) 03769	BlueOptions (HSA) 05168/9	BlueOptions (PPO) 03559	BlueOptions (PPO) 05360	
Cost Sharing - Member's Responsibility							
Deductible (Per Person / Family Aggregate)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,650 / NA	\$3,300 / \$3,300	\$3,000 / \$6,000	\$3,000 / \$6,000
Office Services							
Family Physician / Specialist	\$10/\$20 Copay	\$10/\$10 Copay	\$15/\$15 Copay	DED+0%/DED+0%	DED+0%/DED+0%	\$20/\$35 Copay	\$25 / \$75 Copay
Preventive Services							
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility							
Ambulatory Surgical Center (ASC)	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Inpatient Hospital Facility							
Option 1	\$250 Copay	\$250 Copay	DED + 20%	DED + 0%	DED + 0%	\$750 Copay	DED + 20%
Option 2	\$500 Copay	NA	NA			\$1,000 Copay	
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Emergency and Urgent Care							
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Urgent Care Centers	\$20 Copay	\$10 Copay	\$15 Copay			\$35 Copay	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)							
Independent Clinical Laboratory	\$0 Copay	\$0 Copay	20%	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay			\$50 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)							
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Other Special Services and Locations							
Durable Medical Equipment							
Skilled Nursing Facility							
Home Health Care	DED + 0%	\$0 Copay	DED + 20%	DED + 0%	DED + 0%	DED + 20%	DED + 20%
Hospice							
Prescription Drugs (Certain Medications subject to Prior Authorization)							
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60	\$5 / \$25 / \$25	\$5 / \$35 / \$35	100% after INN DED	100% after INN DED	\$10 / \$25 / \$60	\$10 / \$35 / \$70
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120	\$10 / \$50 / \$50	\$10 / \$70 / \$70	100% after INN DED	100% after INN DED	\$20 / \$50 / \$120	\$20 / \$70 / \$140
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	30% / \$3,000	30% / \$3,000	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit							
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included	Included



Product	BlueOptions HDHP (HSA) 05180/1	BlueOptions (PPO) 05904	BlueOptions (PPO) 05901	BlueOptions (PPO) 05787	BlueOptions HDHP (HSA) 05172/3	
Cost Sharing - Member's Responsibility						
Deductible (Per Person / Family Aggregate)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,000 / NA	\$7,350 / \$14,700	\$5,000 / NA / \$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	50% / 50%	100% / 0%	90% / 10% / 90% / 10%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$2,500	\$5,000	\$6,000 / \$12,000	\$6,350 / \$12,800	\$7,350 / \$14,700	\$6,850 / NA / \$6,850 / \$13,700
Office Services						
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%	\$35 / \$75 Copay	\$35 / \$75 Copay	\$45 / \$90 Copay	DED+10%/DED+10% / DED+10% DED+10%
Preventive Services						
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility						
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10% / DED + 10%
Inpatient Hospital Facility						
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10% / DED + 10%
Option 2				\$3,000 Copay		
Outpatient Hospital Facility						
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10% / DED + 10%
Option 2				\$400 Copay		
Emergency and Urgent Care						
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10% / DED + 10%
Urgent Care Centers			\$75 Copay	\$75 Copay	\$90 Copay	
Diagnostic Testing (e.g., Lab, x-ray)						
Independent Clinical Laboratory	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay	\$0 Copay	DED + 0% / DED + 0%
Independent Diagnostic Testing Center			\$50 Copay	\$50 Copay	\$75 Copay	DED + 10% / DED + 10%
Outpatient Hospital Facility						
Option 1	DED + 0%	DED + 0%	\$250 Copay	\$300 Copay	DED + 0%	DED + 10% / DED + 10%
Option 2			DED + 20%	\$400 Copay		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)						
Independent Diagnostic Testing Center	DED + 0%	DED + 0%	DED + 20%	\$200 Copay	DED + 0%	DED + 10% / DED + 10%
Outpatient Hospital Facility						
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10% / DED + 10%
Option 2				\$400 Copay		
Other Special Services and Locations						
Durable Medical Equipment						
Skilled Nursing Facility	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10% / DED + 10%
Home Health Care						
Hospice						
Prescription Drugs (Certain Medications subject to Prior Authorization)						
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED	\$10 / \$50 / \$80 / \$120	\$10 / \$60 / \$100 / \$120	\$10 / \$60 / \$100 / \$120	10% after INN DED / 10% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED	\$20 / \$100 / \$160	\$30 / \$180 / \$300	\$30 / \$180 / \$300	10% after INN DED / 10% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000 / 30% / \$3,000
Hearing Aid Benefit						
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included / Included



PROPOSED BENEFITS – DENTAL PLAN SUMMARIES

BlueDental Choice Plus
 Benefit Summary



Group Name: Public Risk Management Plan 1 – High

Option Group Anniversary Date: 10/1/2025

Deductible	In-Network		Out-of-Network	
	No Deductible for Preventive Services (or ortho if selected) Per Person Per Calendar Year Per Family Per Calendar Year	\$ 50 \$ 100		\$ 50 \$ 100
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	100%	0%
Basic Services	80%	20%	80%	20%
Major Services	50%	50%	50%	50%
Periodic Oral Evaluation (0120)				Preventive
Comprehensive Oral Evaluation (0150)				Preventive
Bitewing X-rays, two films (0272)				Preventive
Cleanings – Adult/Child (1110, 1120)				Preventive
Fluoride Treatment – Child (1206, 1208)				Preventive
Office Visits (9430)				Preventive
Space Maintainers – fixed – unilateral (1510)				Preventive
X-rays - Intraoral/Complete Series (0210)				Preventive
Sealant – per tooth (1351)				Preventive
Amalgam Restorations (Silver Fillings) (2140)				Basic
Resin-Based Restorations – Anterior (2330)				Basic
Extractions – Routine and Surgical (7140)				Basic
Root Canal Molar (3330)				Basic
Periodontal Scaling & Root Planing – per quad (4341)				Basic
Osseous Surgery – 4 or more contiguous teeth (4260)				Major
Crowns – Porcelain fused to noble metal (2752)				Major
Complete Dentures (5110, 5120)				Major
Pontic – Porcelain fused to noble metal (6242)				Major
Partial Dentures (5213, 5214)				Major
Surgical placement of implant body – endosteal implant (6010)				Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)				Major
Orthodontia Services				Child and Adult
BlueDental Coverage	50%		50%	
Waiting Periods				None
Major Service Benefits				None
Orthodontia Benefits				None
Maximum Benefits				
Plan Year (per person)	\$3000		\$3000	
Lifetime Orthodontia (per person)	\$1500		\$1500	
<i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>				
Dental Rollover				No



BlueDental Choice Plus Benefit Summary



Group Name: Public Risk Management Plan 2 – Low

Option Group Anniversary Date: 10/1/2025

Deductible	In-Network		Out-of-Network	
	No Deductible for Preventive Services (or ortho if selected) Per Person Per Calendar Year Per Family Per Calendar Year	\$ 50 \$ 100		\$ 50 \$ 100
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	90%	10%
Basic Services	80%	20%	60%	40%
Major Services	50%	50%	40%	60%
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)			Preventive	
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)			Preventive	
X-rays - Intraoral/Complete Series (0210)			Preventive	
Sealant – per tooth (1351)			Preventive	
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)			Basic	
Periodontal Scaling & Root Planing – per quad (4341)			Basic	
Osseous Surgery – 4 or more contiguous teeth (4260)			Major	
Crowns – Porcelain fused to noble metal (2752)			Major	
Complete Dentures (5110, 5120)			Major	
Pontic – Porcelain fused to noble metal (6242)			Major	
Partial Dentures (5213, 5214)			Major	
Surgical placement of implant body – endosteal implant (6010)			Major	
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			Major	
Orthodontia Services	Child(ren) to age 19			
BlueDental Coverage	50%		50%	
Waiting Periods	None			
Major Service Benefits	None			
Orthodontia Benefits	None			
Maximum Benefits				
Plan Year (per person)	\$2000		\$2000	
Lifetime Orthodontia (per person)	\$1000		\$1000	
<i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>				
Dental Rollover	No			



BlueDental Choice Plus Benefit Summary

Group Name: Public Risk Management Plan 3 – Economy

Plan Group Anniversary Date: 10/1 /25



Deductible	In-Network		Out-of-Network	
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Calendar Year	\$ 50		\$ 50	
Per Family Per Calendar Year	\$ 100		\$ 100	
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	70%	30%
Basic Services	80%	20%	50%	50%
Major Services	50%	50%	30%	70%
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)			Preventive	
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)			Preventive	
X-rays - Intraoral/Complete Series (0210)			Preventive	
Sealant – per tooth (1351)			Preventive	
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)			Basic	
Periodontal Scaling & Root Planing – per quad (4341)			Basic	
Osseous Surgery – 4 or more contiguous teeth (4260)			Major	
Crowns – Porcelain fused to noble metal (2752)			Major	
Complete Dentures (5110, 5120)			Major	
Pontic – Porcelain fused to noble metal (6242)			Major	
Partial Dentures (5213, 5214)			Major	
Surgical placement of implant body – endosteal implant (6010)			Major	
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			Major	
Orthodontia Services				
BlueDental Coverage	N/A		N/A	
Waiting Periods				
Major Service Benefits			None	
Orthodontia Benefits			N/A	
Maximum Benefits				
Plan Year (per person)	\$1000		\$1000	
Lifetime Orthodontia (per person)	N/A		N/A	
<i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>				
Dental Rollover			No	



PROPOSED BENEFITS – VISION PLAN SUMMARIES

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through PUBLIC RISK MANAGEMENT OF FLORIDA HEALTH TRUST.

Provider Network:

VSP Signature

Effective Date:

10/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every plan year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$15	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club frame allowance \$80 Costco frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam	up to \$45	Lined Bifocal Lenses	up to \$65	Progressive Lenses	up to \$65
Frame	up to \$70	Lined Trifocal Lenses	up to \$85	Contacts	up to \$105
Single Vision Lenses	up to \$45				





Your NVA Vision Benefit Summary



Public Risk Management
 Revised 10/01/2025
 Group Number #51701

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$35
Examination for Type 1 or Type 2 Diabetes [Ⓞ] Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% After \$20 copay 	<ul style="list-style-type: none"> Up to \$13
Lenses Once Every Plan Year	Standard Glass or Plastic	
<ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Solid Tints Fashion Gradient Tints Progressive – Tier 1 	<ul style="list-style-type: none"> Covered 100% After \$15 copay Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$25 Up to \$40 Up to \$60 Up to \$80 Up to \$10 Up to \$5 Up to \$5 Up to \$25
Frame Once Every Two Plan Years	Retail Allowance Up to \$150 (20% discount off balance)*	<ul style="list-style-type: none"> Up to \$50
Contact Lenses Once Every Plan Year	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$140 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$130
Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear	<ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% After \$20 Copay 	<ul style="list-style-type: none"> Up to \$20 Up to \$30 Up to \$30
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$210
Low Vision Aids**** Once Every Two Plan Years	<ul style="list-style-type: none"> Up to \$999 	<ul style="list-style-type: none"> Up to \$500

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses once every plan year and a frame once every two plan years or contact lenses and contact lens evaluation/fitting once every plan year.

At the start of the program, if authorized by your employer you may receive identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, you must indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 51701000101 or the group number on the identification card and enter in your search parameters. It's that easy!

[Ⓞ]Diabetic Examination requires pre-approval from NVA and consists of the following: Medical Follow Up Eye Examination; Retinal Imaging Examination; Extended Ophthalmoscopy, initial/subsequent; Gonioscopy; Scanning Laser

*Does not apply to Costco, Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands.

**Does not apply to Costco, Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

***Only covered if you choose Contact Lenses.

****Subject to criteria as defined in the insurance policy.

Fixed prices/courtesy discount do not apply at Costco, Walmart/Sam's Club and LensCrafters locations.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> \$75 Polarized \$30 Blended Bifocal (Segment) \$40 Blue Light Blocker (Standard) \$80 Blue Light Blocker (Premium) \$150 Blue Light Blocker (Ultra) \$12 Ultraviolet Coating \$20 Glass Photogrey (Single Vision) \$30 Glass Photogrey (Multi-Focal) \$55 High Index | <ul style="list-style-type: none"> \$25 Polycarbonate (Single Vision) 19 & over \$30 Polycarbonate (Multi-Focal) 19 & over \$10 Scratch-Resistant Coating (Standard) \$85 Transitions Single Vision (Standard) \$70 Transitions Multi-Focal (Standard) \$40 AR Coating – Tier 1 \$50 AR Coating – Tier 2 \$85 AR Coating – Tier 3 \$80 AR Coating – Tier 4 | <ul style="list-style-type: none"> 20% discount AR Coating – Tier 5 \$39 Retinal Screening \$80 Progressive – Tier 2 \$100 Progressive – Tier 3 \$120 Progressive – Tier 4 \$140 Progressive – Tier 5 \$185 Progressive – Tier 6 \$190 Progressive – Tier 7 20% discount Progressive – Tier 8 |
|--|---|--|

