STOP LOSS
PROPOSAL

for: City of Ocala

Proposed Effective Date: 10/01/2026
Proposal Situs State: FL
Broker: Risk Management Associates Inc
Sales Representative: Andrew Carroll
HM National Alliance Partner: Florida Blue

Florida Blue

An Independent Licensee of the
Blue Cross and Blue Shield Association

Claims Administrator(s): Florida Blue
Provider Network: Florida Blue
Utilization Review Vendor(s): Florida Blue
Rx Vendor(s): Prime Therapeutics LLC
Retirees: Retirees are included in the Stop Loss coverage

Alternate Specific Deductible (Laser): One or more is included in the rates below. See details on the following page.

Specific Stop Loss		Current	Renewal	Option 1	Option 2
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Specific Deductible (per Covered Participant)		$250,000	$250,000	$275,000	$300,000
Covered Claims Basis		192/12	204/12	204/12	204/12
Maximum Specific Benefit		Unlimited	Unlimited	Unlimited	Unlimited
Aggregating Specific Loss Fund		$100,000	$100,000	$100,000	$100,000
Rate Cap		50%	50%	None	None
Commission		0.00%	0.00%	0.00%	0.00%
Rate Tier	**Lives**	**Specific Premium Rates**			
Single	546	$65.29	$73.86	$65.29	$60.30
Family	716	$187.07	$210.36	$187.07	$177.69
Total Lives	**1,262**				
Estimated Specific Policy Premium		**$2,035,086**	**$2,291,344**	**$2,035,086**	**$1,921,798**

Aggregate Stop Loss		Current	Renewal	Option 1	Option 2
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Corridor		125%	125%	125%	125%
Covered Claims Basis		192/12	204/12	204/12	204/12
Maximum Aggregate Benefit		$1,000,000	$1,000,000	$1,000,000	$1,000,000
Commission		0.00%	0.00%	0.00%	0.00%
Aggregate Factor Tier	**Lives**	**Aggregate Factors**			
Single Medical, Rx May Factor	546	$1,014.44	$1,073.14	$1,078.50	$1,082.80
Family Medical, Rx May Factor	716	$2,434.66	$2,575.53	$2,588.41	$2,598.71
Total Lives	**1,262**				
Estimated Aggregate Deductible		**$27,565,210**	**$29,160,167**	**$29,305,951**	**$29,422,622**
Estimated Minimum Aggregate Deductible		$27,565,210	$29,160,167	$29,305,951	$29,422,622
Rate Tier	**Lives**	**Aggregate Premium Rates**			
Composite	1,262	$3.41	$1.58	$2.24	$2.92
Estimated Aggregate Policy Premium		**$51,641**	**$23,928**	**$33,923**	**$44,220**
Total Estimated Policy Premium		**$2,086,727**	**$2,315,271**	**$2,069,008**	**$1,966,019**

Alternate Specific Deductible (Laser)

An Alternate Specific Deductible is a separate Specific Deductible for an identified Participant. The Alternate Specific Deductible must be satisfied prior to any Specific Benefit becoming payable with respect to such Participant. Only amounts up to the group Specific Deductible will apply toward the satisfaction of the Annual Aggregate Attachment Point.

All options on the previous page include:

- 15000169983, Unknown, with an Alternate Specific Deductible of $650,000

Proposal Notes

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pended claims.
- The Estimated Minimum Aggregate Deductible Percent is 100%.
- The Estimated Policy Term Aggregate Deductible includes the Aggregate Corridor level as shown. To determine Estimated Expected Claims, you may divide the Aggregate Deductible or Aggregate factors by the corridor level.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- This proposal includes a 50% rate cap on the Specific Premium Rate at the renewal of your Stop Loss Policy. If applicable, this increase also will apply to the Aggregating Specific Loss Fund. The rate cap does not apply to Material Changes including, but not limited to, the following: Covered Underlying Plan, our Stop Loss Policy provisions, the PPO network or the Claims Administrator, and the rates may be further adjusted by such changes. The rate cap rider applies to this Policy Term only. It may be offered at subsequent Stop Loss Policy renewals at the discretion of Underwriting.
- At renewal, We will not apply any new lasers, including but not limited to, an Alternate Specific Deductible or Excluded Claim Expense, within the Special Risk Limitations section of the policy, unless mutually agreed upon.
- Florida Blue follows the underlying Plan Document, subject to the Exclusions and Limitations and Special Risk Limitations section of the Stop Loss Policy.
- An up to date, signed and complete Summary Plan Document is required for claims to be eligible for reimbursement.
- Notwithstanding any other terms or conditions, the following provisions shall apply to gene therapies:
- No new laser (including, but not limited to, an alternate specific deductibles or excluded claim expenses) will be applied to any individual at the next renewal for gene therapy costs.
- Rates and aggregate specific deductibles, if applicable, will not increase at renewal due to gene therapy claim costs.
- Any lasers and/or contingencies in place as of the proposal effective date may be continued on subsequent renewals, subject to the carrier's discretion.
- The carrier reserves the right to offer, modify, or discontinue these provisions on subsequent renewals.
- These provisions do not supersede the group's plan documents in determining eligibility for gene therapy coverage and do not apply to gene therapy claims deemed ineligible for coverage.
- The specific deductible and any pre-existing lasers remain applicable.
- These provisions apply exclusively to the costs of the gene therapy itself and do not extend to costs associated with underlying conditions, comorbidities, or other medical expenses related to the treatment or management of such conditions.

Claims Administrator(s): Florida Blue
Provider Network: Florida Blue
Utilization Review Vendor(s): Florida Blue
Rx Vendor(s): Prime Therapeutics LLC
Retirees: Retirees are included in the Stop Loss coverage

Alternate Specific Deductible (Laser): One or more is included in the rates below. See details on the following page.

Specific Stop Loss		Option 3	Option 4
Eligible Claims Expenses		Med, Rx	Med, Rx
Specific Deductible (per Covered Participant)		$350,000	$400,000
Covered Claims Basis		204/12	204/12
Maximum Specific Benefit		Unlimited	Unlimited
Aggregating Specific Loss Fund		$100,000	$100,000
Commission		0.00%	0.00%
Rate Tier	**Lives**	**Specific Premium Rates**	
Single	546	$49.45	$39.72
Family	716	$150.65	$125.26
Total Lives	**1,262**		
Estimated Specific Policy Premium		**$1,618,381**	**$1,336,479**

Aggregate Stop Loss		Option 3	Option 4
Eligible Claims Expenses		Med, Rx	Med, Rx
Aggregate Corridor		125%	125%
Covered Claims Basis		204/12	204/12
Maximum Aggregate Benefit		$1,000,000	$1,000,000
Commission		0.00%	0.00%
Aggregate Factor Tier	**Lives**	**Aggregate Factors**	
Single Medical, Rx May Factor	546	$1,089.24	$1,093.53
Family Medical, Rx May Factor	716	$2,614.17	$2,624.47
Total Lives	**1,262**		
Estimated Aggregate Deductible		**$29,597,649**	**$29,714,255**
Estimated Minimum Aggregate Deductible		$29,597,649	$29,714,255
Rate Tier	**Lives**	**Aggregate Premium Rates**	
Composite	1,262	$3.34	$3.75
Estimated Aggregate Policy Premium		**$50,581**	**$56,790**
Total Estimated Policy Premium		**$1,668,962**	**$1,393,269**

Details/Notes specific to option(s) 3-4

Alternate Specific Deductible (Laser)

An Alternate Specific Deductible is a separate Specific Deductible for an identified Participant. The Alternate Specific Deductible must be satisfied prior to any Specific Benefit becoming payable with respect to such Participant. Only amounts up to the group Specific Deductible will apply toward the satisfaction of the Annual Aggregate Attachment Point.

All options on the previous page include:

- 15000169983, Unknown, with an Alternate Specific Deductible of $650,000

Proposal Notes

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pended claims.
- The Estimated Minimum Aggregate Deductible Percent is 100%.
- The Estimated Policy Term Aggregate Deductible includes the Aggregate Corridor level as shown. To determine Estimated Expected Claims, you may divide the Aggregate Deductible or Aggregate factors by the corridor level.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- At renewal, We will not apply any new lasers, including but not limited to, an Alternate Specific Deductible or Excluded Claim Expense, within the Special Risk Limitations section of the policy, unless mutually agreed upon.
- Florida Blue follows the underlying Plan Document, subject to the Exclusions and Limitations and Special Risk Limitations section of the Stop Loss Policy.
- An up to date, signed and complete Summary Plan Document is required for claims to be eligible for reimbursement.
- Notwithstanding any other terms or conditions, the following provisions shall apply to gene therapies:
- No new laser (including, but not limited to, an alternate specific deductibles or excluded claim expenses) will be applied to any individual at the next renewal for gene therapy costs.
- Rates and aggregate specific deductibles, if applicable, will not increase at renewal due to gene therapy claim costs.
- Any lasers and/or contingencies in place as of the proposal effective date may be continued on subsequent renewals, subject to the carrier's discretion.
- The carrier reserves the right to offer, modify, or discontinue these provisions on subsequent renewals.
- These provisions do not supersede the group's plan documents in determining eligibility for gene therapy coverage and do not apply to gene therapy claims deemed ineligible for coverage.
- The specific deductible and any pre-existing lasers remain applicable.
- These provisions apply exclusively to the costs of the gene therapy itself and do not extend to costs associated with underlying conditions, comorbidities, or other medical expenses related to the treatment or management of such conditions.

Claims Administrator(s): Florida Blue
Provider Network: Florida Blue
Utilization Review Vendor(s): Florida Blue
Rx Vendor(s): Prime Therapeutics LLC
Retirees: Retirees are included in the Stop Loss coverage

Alternate Specific Deductible (Laser): One or more is included in the rates below. See details on the following page.

Specific Stop Loss		Option 5	Option 6	Option 7
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx
Specific Deductible (per Covered Participant)		$250,000	$275,000	$300,000
Covered Claims Basis		204/12	204/12	204/12
Maximum Specific Benefit		Unlimited	Unlimited	Unlimited
Aggregating Specific Loss Fund		$200,000	$200,000	$200,000
Rate Cap		50%	None	None
Commission		0.00%	0.00%	0.00%
Rate Tier	**Lives**	**Specific Premium Rates**		
Single	546	$70.43	$61.50	$57.16
Family	716	$200.58	$178.37	$168.45
Total Lives	**1,262**			
Estimated Specific Policy Premium		**$2,184,841**	**$1,935,503**	**$1,821,835**

Aggregate Stop Loss		Option 5	Option 6	Option 7
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx
Aggregate Corridor		125%	125%	125%
Covered Claims Basis		204/12	204/12	204/12
Maximum Aggregate Benefit		$1,000,000	$1,000,000	$1,000,000
Commission		0.00%	0.00%	0.00%
Aggregate Factor Tier	**Lives**	**Aggregate Factors**		
Single Medical, Rx May Factor	546	$1,073.14	$1,078.50	$1,082.80
Family Medical, Rx May Factor	716	$2,575.53	$2,588.41	$2,598.71
Total Lives	**1,262**			
Estimated Aggregate Deductible		**$29,160,167**	**$29,305,951**	**$29,422,622**
Estimated Minimum Aggregate Deductible		$29,160,167	$29,305,951	$29,422,622
Rate Tier	**Lives**	**Aggregate Premium Rates**		
Composite	1,262	$1.58	$2.24	$2.92
Estimated Aggregate Policy Premium		**$23,928**	**$33,923**	**$44,220**

Total Estimated Policy Premium	**$2,208,768**	**$1,969,426**	**$1,866,055**

Details/Notes specific to option(s) 5-7

Alternate Specific Deductible (Laser)

An Alternate Specific Deductible is a separate Specific Deductible for an identified Participant. The Alternate Specific Deductible must be satisfied prior to any Specific Benefit becoming payable with respect to such Participant. Only amounts up to the group Specific Deductible will apply toward the satisfaction of the Annual Aggregate Attachment Point.

All options on the previous page include:

- 15000169983, Unknown, with an Alternate Specific Deductible of $650,000

Proposal Notes

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pended claims.
- The Estimated Minimum Aggregate Deductible Percent is 100%.
- The Estimated Policy Term Aggregate Deductible includes the Aggregate Corridor level as shown. To determine Estimated Expected Claims, you may divide the Aggregate Deductible or Aggregate factors by the corridor level.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- This proposal includes a 50% rate cap on the Specific Premium Rate at the renewal of your Stop Loss Policy. If applicable, this increase also will apply to the Aggregating Specific Loss Fund. The rate cap does not apply to Material Changes including, but not limited to, the following: Covered Underlying Plan, our Stop Loss Policy provisions, the PPO network or the Claims Administrator, and the rates may be further adjusted by such changes. The rate cap rider applies to this Policy Term only. It may be offered at subsequent Stop Loss Policy renewals at the discretion of Underwriting.
- At renewal, We will not apply any new lasers, including but not limited to, an Alternate Specific Deductible or Excluded Claim Expense, within the Special Risk Limitations section of the policy, unless mutually agreed upon.
- Florida Blue follows the underlying Plan Document, subject to the Exclusions and Limitations and Special Risk Limitations section of the Stop Loss Policy.
- An up to date, signed and complete Summary Plan Document is required for claims to be eligible for reimbursement.
- Notwithstanding any other terms or conditions, the following provisions shall apply to gene therapies:
- No new laser (including, but not limited to, an alternate specific deductibles or excluded claim expenses) will be applied to any individual at the next renewal for gene therapy costs.
- Rates and aggregate specific deductibles, if applicable, will not increase at renewal due to gene therapy claim costs.
- Any lasers and/or contingencies in place as of the proposal effective date may be continued on subsequent renewals, subject to the carrier's discretion.
- The carrier reserves the right to offer, modify, or discontinue these provisions on subsequent renewals.
- These provisions do not supersede the group's plan documents in determining eligibility for gene therapy coverage and do not apply to gene therapy claims deemed ineligible for coverage.
- The specific deductible and any pre-existing lasers remain applicable.
- These provisions apply exclusively to the costs of the gene therapy itself and do not extend to costs associated with underlying conditions, comorbidities, or other medical expenses related to the treatment or management of such conditions.

Claims Administrator(s): Florida Blue
Provider Network: Florida Blue
Utilization Review Vendor(s): Florida Blue
Rx Vendor(s): Prime Therapeutics LLC
Retirees: Retirees are included in the Stop Loss coverage

Alternate Specific Deductible (Laser): One or more is included in the rates below. See details on the following page.

Specific Stop Loss		Option 8	Option 9
Eligible Claims Expenses		Med, Rx	Med, Rx
Specific Deductible (per Covered Participant)		$350,000	$400,000
Covered Claims Basis		204/12	204/12
Maximum Specific Benefit		Unlimited	Unlimited
Aggregating Specific Loss Fund		$200,000	$200,000
Commission		0.00%	0.00%
Rate Tier	**Lives**	**Specific Premium Rates**	
Single	546	$46.40	$36.78
Family	716	$141.34	$115.97
Total Lives	**1,262**		
Estimated Specific Policy Premium		**$1,518,406**	**$1,237,397**

Aggregate Stop Loss		Option 8	Option 9
Eligible Claims Expenses		Med, Rx	Med, Rx
Aggregate Corridor		125%	125%
Covered Claims Basis		204/12	204/12
Maximum Aggregate Benefit		$1,000,000	$1,000,000
Commission		0.00%	0.00%
Aggregate Factor Tier	**Lives**	**Aggregate Factors**	
Single Medical, Rx May Factor	546	$1,089.24	$1,093.53
Family Medical, Rx May Factor	716	$2,614.17	$2,624.47
Total Lives	**1,262**		
Estimated Aggregate Deductible		**$29,597,649**	**$29,714,255**
Estimated Minimum Aggregate Deductible		$29,597,649	$29,714,255
Rate Tier	**Lives**	**Aggregate Premium Rates**	
Composite	1,262	$3.34	$3.75
Estimated Aggregate Policy Premium		**$50,581**	**$56,790**
Total Estimated Policy Premium		**$1,568,987**	**$1,294,187**

Details/Notes specific to option(s) 8-9

Alternate Specific Deductible (Laser)

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All options on the previous page include:

- 15000169983, Unknown, with an Alternate Specific Deductible of $650,000

Proposal Notes

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pended claims.
- The Estimated Minimum Aggregate Deductible Percent is 100%.
- The Estimated Policy Term Aggregate Deductible includes the Aggregate Corridor level as shown. To determine Estimated Expected Claims, you may divide the Aggregate Deductible or Aggregate factors by the corridor level.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- At renewal, We will not apply any new lasers, including but not limited to, an Alternate Specific Deductible or Excluded Claim Expense, within the Special Risk Limitations section of the policy, unless mutually agreed upon.
- Florida Blue follows the underlying Plan Document, subject to the Exclusions and Limitations and Special Risk Limitations section of the Stop Loss Policy.
- An up to date, signed and complete Summary Plan Document is required for claims to be eligible for reimbursement.
- Notwithstanding any other terms or conditions, the following provisions shall apply to gene therapies:
- No new laser (including, but not limited to, an alternate specific deductibles or excluded claim expenses) will be applied to any individual at the next renewal for gene therapy costs.
- Rates and aggregate specific deductibles, if applicable, will not increase at renewal due to gene therapy claim costs.
- Any lasers and/or contingencies in place as of the proposal effective date may be continued on subsequent renewals, subject to the carrier's discretion.
- The carrier reserves the right to offer, modify, or discontinue these provisions on subsequent renewals.
- These provisions do not supersede the group's plan documents in determining eligibility for gene therapy coverage and do not apply to gene therapy claims deemed ineligible for coverage.
- The specific deductible and any pre-existing lasers remain applicable.
- These provisions apply exclusively to the costs of the gene therapy itself and do not extend to costs associated with underlying conditions, comorbidities, or other medical expenses related to the treatment or management of such conditions.

Proposal Acceptance

Please acknowledge acceptance of the terms in this proposal by selecting an option, signing below and returning this document by **08/06/2026**. Failure to remit the signed proposal within the same period will result in a request for an updated large claim Disclosure (and claims) that will be required for Our review. All payments after the Proposed Effective Date of a renewed policy must use the rates in this proposal for the selected option. Any deviation from the specified rates could result in underpayment leading to possible policy cancellation.

By signing below, I acknowledge I am accepting all terms and conditions contained within all pages of this proposal.

Selection

Please indicate which option is chosen by checking the appropriate box below.

Specific and Aggregate Coverage

☐ **Renewal**	☐ Option 1	☐ Option 2	☐ Option 3
☐ Option 4	☐ Option 5	☐ Option 6	☐ Option 7
☐ Option 8	☐ Option 9		

Specific Coverage Only

☐ Renewal	☐ Option 1	☐ Option 2	☐ Option 3
☐ Option 4	☐ Option 5	☐ Option 6	☐ Option 7
☐ Option 8	☐ Option 9		

Signature: _____ Accepted on (date): _____

Printed Name: _____ Title: _____

Basis of the Offer Assumptions

- Aggregate coverage is only available when purchased with Specific coverage.
- This proposal is subject to revision if there is a change in Proposed Effective or Renewal Dates or a change in the Covered Underlying Plan.
- This proposal is based on the utilization of the Provider Network(s) and the Utilization Review Vendor(s) listed in this proposal.
- This proposal assumes a minimum participation level of 50%.
- This proposal assumes the Covered Underlying Plan includes a pre-certification, utilization review and large case management program.
- This proposal is based on a description of the employee benefit plan(s) provided and approved by Florida Blue; employee and dependent census data; and any other information relevant to the underwriting risk. If any of the information was incorrect or changes the risk involved, the rates and factors will be modified, and the Specific and Aggregate claims will be adjusted accordingly.
- Surcharges (including the bad debt and charity surcharge portion of the New York Reform Act applicable to services are rendered in New York State), pool charges, and/or covered lives assessments may be covered under the Stop Loss Policy if such charges are considered a claim cost. Florida Blue is not responsible for the filing and/or payment of any assessment for which Florida Blue is not directly liable including, but not limited to, the New Hampshire Vaccine Assessment as modified by NH HB 664.
- All standard policy provisions apply. The laws of the state where the policy is issued will apply. Certain exclusions and limitations may apply.
- The terms of this proposal are subject to revision if there is a change in any state law or regulation between the date of this proposal and the effective date of the proposed Stop Loss coverage if such changes are deemed to have a material effect on the risk being assumed.Such a revision can be made even if the proposal has already been accepted.
- This proposal will expire on the Proposed Effective Date.
- The dollar value of the minimum deductible shown above is representative. The actual value of the minimum deductible will be calculated according to the terms of the Stop Loss Policy.
- Unless otherwise limited or excluded by the Stop Loss Policy or under the Individual Special Requirements, Eligible Claim expenses under the Stop Loss Policy will follow the Covered Underlying Plan, up to the proposed Maximum Specific Benefit.
- The Agent is properly licensed and appointed by Florida Blue.
- The initial rates are guaranteed for the proposed Policy Term unless otherwise noted.
- There are no more than 15% COBRA participants.

Basis of the Offer Qualifications

- Any Stop Loss insurance requested and the Proposed Effective Date of that coverage must be approved by The Company under Our current rules and practices.
- Both the premium rates and the Aggregate factors are subject to change should the number of Covered Units change by 10% or more, either in total and/or by single/family mix.
- If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, an updated Summary Plan Document or other acceptable plan description is required within 60 days of the Effective Date, and the premium rates and Aggregate factors may be subject to re-rating, retro-active to the Effective Date.
- This quote assumes the Covered Underlying Plan will include standard industry provisions and definitions including, but not limited to, eligibility, HIPAA, termination, leave of absence or disability, FMLA, subrogation, transplants and COB and exclusions for job-related injuries, treatments that are experimental and/or investigational, cosmetic, not medically necessary, war, felonies, charges in excess of usual and customary, and foreign medical care when traveling outside of the U.S. solely for the purpose of receiving medical care. In the event that a Summary Plan Document is not available within 60 days from the Proposed Effective Date, We reserve the right to issue the policy assuming standard exclusions will apply.
- HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of "Health Care Operations." Florida Blue will use this information solely for the purpose of evaluating and accepting the risk and will not disclose any PHI collected except to perform this risk evaluation.

- The rates and factors in this proposal are based on the Disclosure of all individuals considered a special enrollee due to having previously satisfied the plan's lifetime maximum. Written acceptance by Florida Blue must be acknowledged before terms of coverage for such individuals are included under Florida Blue's Stop Loss Policy.
- Any Stop Loss Policy issued by Florida Blue may be rescinded or re-underwritten if any information requested in connection with this proposal was intentionally concealed or misrepresented by or on behalf of the Policyholder and/or the Policyholder's Agent, or if the Policyholder and/or the Policyholder's Agent commits fraud.
- As used above: An "Agent" is the prospective Policyholder's representative including, but not limited to, the agent, producer or broker of record, or Claims Administrator. A "Claims Administrator" is a third-party administrator (TPA) designated by the Policyholder and approved by Us. Disclosure or Disclosed means to provide Claim Information and any other documentation or data requested by Us including, but not limited to, Census and Demographic Information and the estimated number of Covered Units prior to the beginning of the Policy Term.