

Capital Health Plan

Since the National Committee for Quality Assurance (NCQA) began comparing health plans in 2005, Capital Health Plan has consistently been recognized as one of the highest rated plans in the nation. According to NCQA's Private Health Insurance Plan Ratings 2017-2018, Capital Health Plan's private commercial plan is rated 4.5 out of 5.

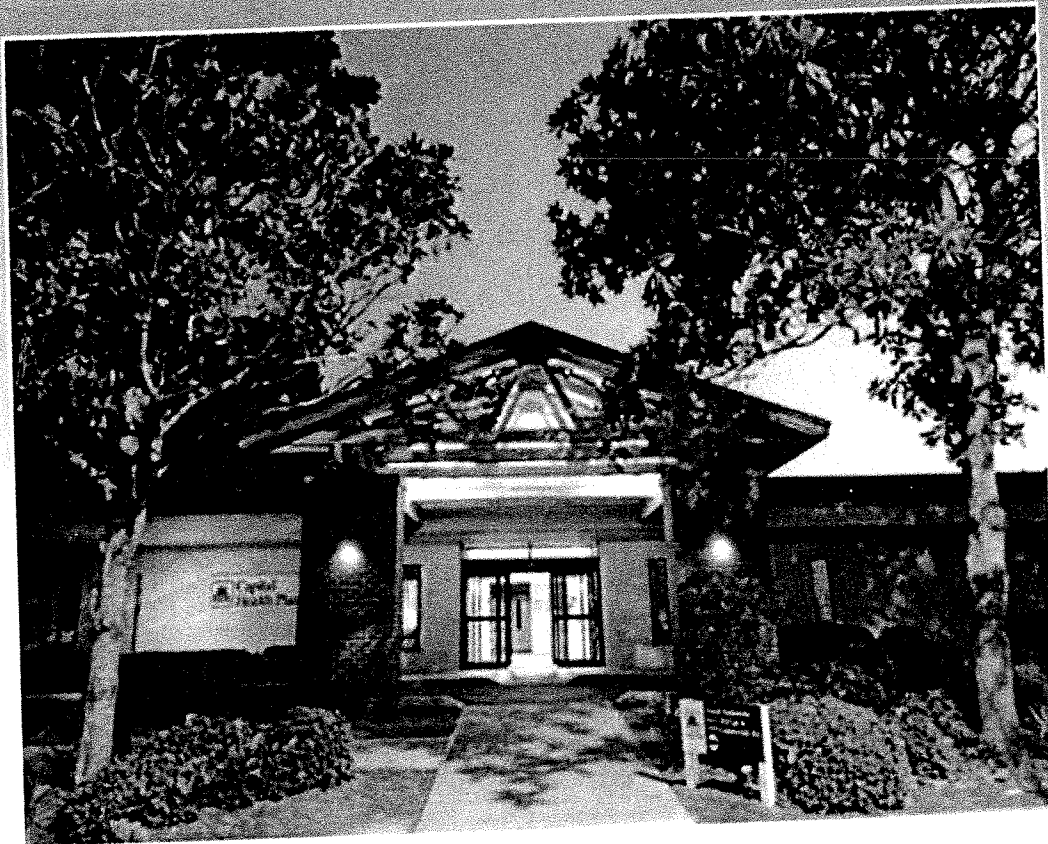
Small Group Renewal ^{1.3.3}

ASSOCIATION OF FLORIDA COLLEGES

Renewal Effective Date

10/1/2019
(Valid for 12 months)

Presented by:
Capital Health Plan



Applicant Responsibilities

The applicant shall:

1. Notify each enrollee of the benefits selected by the applicant, their Effective Date, and the termination date of coverage (in this regard, applicant acts as the agent of the enrollee, and in no event shall the applicant be deemed an agent of CHP for this or any other purpose, nor shall CHP be responsible for such notification to retirees).
2. Deliver to covered enrollees Member Handbooks and the Summary of Benefits and Coverage (SBC).
3. Notify CHP promptly of any changes in eligibility of enrollees covered under this Agreement.
4. List any absentees at the time of initial enrollment on the appropriate CHP form. Applications from absentees will be accepted at CHP's Enrollment Department no later than 30 days from the group's original Effective Date.
5. Collect enrollee contribution, if required, and remit Premium payment/prepayment fees to CHP as specified in this application. Applicant hereby establishes an Employee Welfare Benefit Plan for the purpose of providing for its employees or their beneficiaries medical, surgical, hospital care, or benefits in the event of sickness.
6. Applicant hereby acknowledges receipt and review of the CHP Confidentiality Notice and agrees to abide by said notice. Applicant acknowledges that it may be liable to CHP and/or others should it fail to comply with the requirements of said notice.

The Patient Protection and Affordable Care Act (ACA) requires health plans offered in the small group market include Essential Health Benefits (EHBs) as defined in sections 1302(a) and (b). EHBs include pediatric dental care, which must be offered to children younger than 19. Pediatric dental benefits may be provided through a mix of comprehensive coverage plans or bundled coverage (45 CFR 156.150 and 1311(d)(2)(B)(ii) of PPACA) separate from the major medical coverage. Capital Health Plan provides pediatric dental benefits through the bundled coverage model through our alliance dental plan or through the insurance market as a stand-alone product. Capital Health Plan must be reasonably assured that your organization has the required level of coverage for pediatric dental services. This policy will not be issued without reasonable assurance that pediatric dental coverage is offered to all your eligible employees.

Do you want to purchase or renew stand-alone pediatric (children up to age 19) dental coverage through Capital Health Plan's alliance with Delta Dental Insurance Company to provide the required coverage?

Yes, we want to purchase or renew pediatric (children up to age 19) dental coverage through Capital Health Plan's alliance with Delta Dental Insurance Company. Your employees and their dependents' information will be provided via secure transmission to Delta Dental for enrollment. You will receive your Dental Plan Coverage Documents from Delta Dental. Monthly premiums will be billed separately by Delta Dental and paid directly to Delta Dental by you, the employer. There are no contribution level requirements for dental coverage, thus the employer may collect the full dental care premium from the employee to pay Delta Dental.

No, we do not want to purchase or renew pediatric dental coverage through Capital Health Plan's alliance with Delta Dental Insurance Company, as we already offer ACA-compliant pediatric dental coverage through a stand-alone dental plan. If you have coverage through Delta Dental via CHP and do not wish to renew it, you must term the employer group in Delta Dental's online system and list your replacement coverage here.

Please provide the following information on your dental plan coverage:

Company Name: Association of Florida Colleges

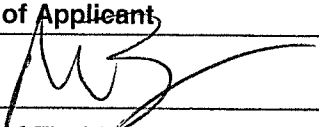
Name of Benefit Plan: Principal

No, we do not want to purchase pediatric dental coverage through Capital Health Plan's alliance with Delta Dental Insurance Company, and we do NOT currently offer ACA-compliant pediatric dental coverage through a stand-alone dental plan. *Since we will not be in compliance with the ACA, we understand the group health care coverage with Capital Health Plan will be terminated at the end of the current contract year.*

I also certify that the information included in this application is correct to the best of my knowledge. I understand that this information will be used to determine my group's compliance with CHP eligibility and Underwriting Guidelines, as well as the applicability of state and federal laws relating to my group and plan. CHP reserves the right to request an RT-6 (formerly UCT-6) or other documentation as evidence of business activity at any time to validate my compliance with eligibility and Underwriting Guidelines, as well as validate the applicability of state and federal laws. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Final premiums, benefits, and effective date are subject to approval by Capital Health Plan.

This application must be filled out completely. Questions left unanswered or information not provided will result in return of the application. This could affect your coverage effective date.

Date 9/1/19	Signature of Applicant 	Print/Type Name and Title Michael Brauer
Date -	Signature of Florida Agent 	CHP Licensed Agent (Print/Type Name)
	FL Agent License Identification Number 	