

QBE A&H
123 Pleasant Street, 3rd Floor
Marblehead, MA 01945
Toll Free: 800.742.9279
qbeah.com



November 10, 2022

Cory Rodgers
Stealth Partner Group
115 Perimeter Center Place, Suite 825
Atlanta, GA 30346

Dear Cory,

Re: QBE Group Specified Disease Policy Organ & Tissue Transplant ("Policy")
Policyholder: Blount County Government, January 01, 2023
Policy Number: OTP02788-23

Thank you for selecting QBE Insurance Corporation for Blount County Government's Organ Transplant Policy. We are pleased to have the opportunity to service your client and hope to exceed your expectations. In order to bind coverage, the signed and completed Application is due within (15) days of the effective date (please be sure Part III- Transplant & Renal Disease History is complete). The following requirements are due within thirty (30) days of the effective date.

- First month's premium: **\$17,853.98**

Also enclosed is the Premium & Enrollment statement. A completed copy of this statement should be included with each payment. Premium is due on the first of every month. Please send premium directly to the PO BOX address listed on the statement. The TPA for the Policyholder may or may not agree to submit premium on the Policyholder's behalf. Please be sure to discuss remittance options up front to ensure timely monthly payments.

The Application must be filled out in its entirety, and please review for any errors or changes needed prior to the client's signature. Coverage will not be bound until the above items have been received and approved by us. Should we be unable to approve the Application for Organ Transplant Coverage, QBE Insurance Corporation will refund the client's submitted premium in full.

We appreciate your business partnership and the opportunity to service the needs of our mutual client. Please do not hesitate in contacting us with any questions or concerns.

Regards,

A handwritten signature in cursive script that reads "Ashley Faia".

Ashley Faia
Account Manager
QBE A&H

Cc: Nicole Wright



QBE INSURANCE CORPORATION

Administrative Office
123 Pleasant Street, 3rd Floor
Marblehead, MA 01945

APPLICATION Group Specified Disease Policy Organ & Tissue Transplant

The Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Policy provisions carefully.

PART I – PROPOSED POLICYHOLDER

a. Full Legal Name of Proposed Policyholder:

Blount County Government

b. Address and TIN:

385 Court St.
Maryville, TN 37804

62-6000495

Tax Identification Number

c. Name, Title, and E-mail Address of Contact Person:

Kari Presley

Senior Acct Exec - CBIZ

kpresley@cbiz.com

Name

Title

Email

d. Proposed Policyholder is:

9199:General Government, NEC

please describe type of entity or type of business that will own Policy, e.g. Single Employer, Trust, Other

e. Requested Effective Date: January 1, 2023

Policy will become effective on the Requested Effective Date only if (a) all required information is provided and (b) QBE Insurance Corporation ("QBEIC") has received the initial premium on or before that date. The Policy Term will end one year after its effective date unless otherwise requested and agreed to by Us.

f. "Covered Class" includes the following persons who must be enrolled in the Policyholder's Health Plan:

- employees
- dependents
- retirees
- COBRA continuee
- other (specify):

g. Minimum Participation Requirement:

100%

h. Contributions: 100% Policyholder paid

i. Premium Amount:
Monthly Premium Rates:

<u>Covered Person</u>	<u>Premium rate</u>	<u>Number covered</u>
employee	\$6.28	691
employee, spouse/domestic partner, and dependent children	\$15.10	895

PART II – PLAN OF INSURANCE AND PREMIUM CALCULATION

Please check all coverages and options for which you are applying

a. Policy Term: begins on: January 1, 2023 and ends: December 31, 2023
Enter Date *Enter Date*

b. Type of Covered Transplants:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Heart | <input checked="" type="checkbox"/> Pancreas |
| <input checked="" type="checkbox"/> Single Lung | <input checked="" type="checkbox"/> Intestine |
| <input checked="" type="checkbox"/> Double Lung | <input checked="" type="checkbox"/> Heart/Lung |
| <input checked="" type="checkbox"/> Kidney (living or deceased donor) | <input checked="" type="checkbox"/> Kidney/Pancreas |
| <input checked="" type="checkbox"/> Liver (living or deceased donor) | <input checked="" type="checkbox"/> Kidney/Liver |
| <input checked="" type="checkbox"/> Autologous Bone Marrow/Peripheral Stem Cell Including High Dose Chemotherapy (“Autologous Bone Marrow”) | <input checked="" type="checkbox"/> Liver/Intestine |
| <input checked="" type="checkbox"/> Allogeneic Bone Marrow/Peripheral Stem Cell – Cord Blood Including High Dose Chemotherapy – related (“Allogeneic Bone Marrow – related”) | <input checked="" type="checkbox"/> Pancreas/Intestine |
| <input checked="" type="checkbox"/> Allogeneic Bone Marrow/Peripheral Stem Cell – Cord Blood Including High Dose Chemotherapy – unrelated (“Allogeneic Bone Marrow – unrelated”) | <input checked="" type="checkbox"/> Liver/Pancreas/Intestine |
| <input type="checkbox"/> Other (specify): | |

c. Lifetime Limit:

- \$1,000,000 \$2,000,000 Unlimited for each Covered Person

The following charges are included within and reduce each Covered Person’s Lifetime Limit:

1. All benefits paid on behalf of the Covered Person (including covered donor charges) under the Policy and any preceding or succeeding Organ & Tissue Transplant Policy between Us and the Policyholder; and
2. All benefits paid by Us under the “Travel, Lodging, and Meals Benefit” provision

d. Transplant Benefit Period Start

Date: Date of Initial Transplant Evaluation

e. Transplant Benefit Period End

Date: 365 Days After Covered Transplant Procedure

f. Participating Transplant Provider Reimbursement Percentage:

100% of Covered Charges

g. Nonparticipating Transplant Provider Reimbursement Percentage:

80% of Covered Charges not to exceed the maximum benefits stated in the Nonparticipating Transplant Provider Benefit Schedule

h. Pre-existing Condition Waiting Period 12 Months

PART III – TRANSPLANT & RENAL DISEASE HISTORY

The following information is for use in identifying individuals that would meet the Policy's Pre-existing Condition provision. Individuals meeting the Policy's Pre-existing Condition provision would be excluded from coverage under the Policy for the first 12 months of the Policy Term.

Within the past 24 months, have any individuals to be covered under the Policy (including but not limited to employees/members/participants/subscribers and/or dependents):

- (1) Been advised by an attending physician that a transplant evaluation or transplant may be needed (irrespective of the timeframe to transplant evaluation or transplant, and irrespective of the individual's decision to undergo a transplant consultation or transplant evaluation)? Yes No
- (2) Had, a transplant consultation or evaluation (irrespective of the outcome)? Yes No
- (3) Been scheduled to have a transplant consultation or evaluation (irrespective of when the transplant consultation and/or transplant evaluation was to be done or the outcome)? Yes No
- (4) Received, or has been listed to receive, an organ or tissue transplant? Yes No
- (5) Received dialysis treatments, or been diagnosed with chronic kidney disease or end stage renal disease? Yes No

If "Yes", please provide a current list of all such persons who meet any the above criteria, complete with diagnosis, and: transplant type; dates of evaluation or acceptance by transplant facility; and transplant facility where listed, if applicable.

PART IV – ADMINISTRATIVE INFORMATION

- a. Policyholder's Third Party Administrator is: Allegiance Benefit Plan Management
2806 S. Garfield Street Missoula, MT
59801-7733
(406) 721-2222
- b. The medical plan PPO Network is: Cigna Open Access Plus
- c. Does the medical plan utilize Reference Based Pricing? Yes No
- If so, what is the name of the vendor? N/A.
- d. The medical plan's Utilization Review/Case Management Vendor is: Quantum Health
- e. Your Agent of Record is: CBIZ Benefits & Insurance Services, Inc.
9648 Kingston Pike, Suite 8
Knoxville, TN 37922
(865) 251-5151
- f. Your Initial Premium Deposit: **\$17,853.98**
Amount submitted with this Application

PART V – ACKNOWLEDGEMENTS AND SIGNATURES

a. **Fraud Warning** Any person who, knowingly and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, may be guilty of insurance fraud. (Policyholders located in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OH, OK, PA, RI, TN, VA, WA and WV must read the Fraud Warning applicable to their state.)

b. **Applicant’s Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that (a) applicant is entitled under applicable law to provide Organ Transplant benefits to its employees/members/participants/subscribers, and (b) all statements and answers in this Application are true and complete.

I understand and agree that (1) this Application will form part of any Policy issued; (2) no information given to or acquired by any representative of QBEIC will bind it, unless it is in writing on this Application; (3) no waiver or modification will bind QBEIC unless it is in writing and is signed by an executive officer of QBEIC; and (4) only those Eligible Employees under the terms of an issued Policy will be included.

Dated at _____ on the _____ Day of, _____ 20 _____

Signed for the Proposed Policyholder

Signed by Licensed Agent

Please Print Policyholder Name

Please Print Agent Name

Title

License Number and Issuing State

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK
(FRAUD WARNINGS CONTINUED ON NEXT PAGE)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA & WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.