



FILED

NOV 23 2009

OFFICE OF INSURANCE REGULATION

Docketed by: kp

KEVIN M. McCARTY
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 104055-09

Blue Cross Blue Shield of Florida, Inc.

CONSENT ORDER

THIS CAUSE came on for consideration upon agreement between BLUE CROSS BLUE SHIELD OF FLORIDA, INC. (hereinafter referred to as "BCBSF") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. BCBSF is a domestic life and health insurer authorized to transact insurance business in Florida, and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE has conducted an investigation of BCBSF pursuant to Section 624.318, Florida Statutes. As a result of such investigation, the OFFICE determined that, during the first week that the Cover Florida Health Access Program (hereinafter referred to as "Cover Florida")

was offered, BCBSF, through its agents, did not appropriately describe, the conditions and/or terms of “Cover Florida”, defined and codified in Section 408.9091, Florida Statutes, during some phone conversations with prospective customers contrary to the provisions of Section 626.9541(a)(1), Florida Statutes. The OFFICE has subsequently determined that BCBSF appears to have taken appropriate corrective action including additional training of its staff and agents.

4. BCBSF expressly waives a hearing in this matter and the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and other proceedings herein to which the parties may be entitled by law or rules of the OFFICE. BCBSF hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. BCBSF agrees that upon the execution of this Consent Order, it shall be subject to the following terms and conditions:

a. BCBSF shall pay investigative costs of \$50,000 within thirty (30) days of the execution of this Consent Order.

b. BCBSF shall continue to monitor its processes and procedures to ensure consumers are being properly informed regarding the Cover Florida program and to ensure BCBSF’s continued compliance with Section 626.9541(1)(a)1, Florida Statutes.

c. BCBSF shall, within thirty (30) days of the execution of this Consent Order, provide to the OFFICE a certification signed by an officer of the Company that the corrective actions outlined in this Order continue to be monitored and implemented.

6. BCBSF is hereby placed on notice of the requirements of this Consent Order and agrees that any future violations of this section by BCBSF may be deemed willful, subjecting BCBSF to appropriate penalties.

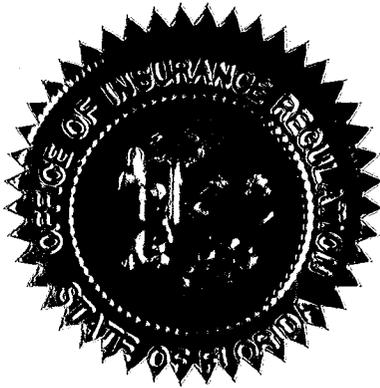
7. BCBSF agrees that failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject BCBSF to such administrative action as the OFFICE may deem appropriate.

8. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between BCBSF and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE AND ORDERED this 23 day of November, 2009



A handwritten signature in black ink, appearing to read "Kevin M. McCarty". The signature is written over a horizontal line.

Kevin M. McCarty
Commissioner
Office of Insurance Regulation

By execution hereof, BLUE CROSS BLUE SHIELD OF FLORIDA, INC., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind BLUE CROSS BLUE SHIELD OF FLORIDA, INC. to the terms and conditions of this Consent Order.

BLUE CROSS BLUE SHIELD OF FLORIDA, INC.:

Corporate Seal

Print Name: Randy M. Kammer
Title: V.P. Regulatory Affairs
Date: 11/17/09



STATE OF Florida
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 17 day of Nov 2009, by Randy M. Kammer, who is personally known to me or has produced the following identification _____.



[Notarial Seal]

Susan Mary Schmit
Signature of Notary

Susan Mary Schmit
Print or Type Name

My Commission Expires: 3-29-2013

COPIES FURNISHED TO:

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