

**2023 Self-Funded
RENEWAL CHANGE FORM**

Group Name: County of Chatham
Strategic Client Consultant: Bonnie Gibson
Group Number(s): 14162068

Benefit Plan Name: PPO Copay
Benefit Period: 07/01/2023 – 06/30/2024

I. OPTIONAL CHANGES:

The following enhancements to Blue Cross NC base benefits are optional and would become effective upon the group’s renewal date.

Benefit/Eligibility Description	Product Lines	Optional Benefit/Eligibility Changes	Choose Option
<p>Currently all therapy services filed with a mental illness diagnosis are subject to visit limits.</p>	<p>Blue Care Blue Options[®] Blue Options[®] 1-2-3SM Blue Options HSA Blue High Performance NetworkSM Blue High Performance Network (1-2-3 plan design)SM Classic Blue</p>	<p>All non-grandfathered and grandfathered groups beginning January 1,2023 upon renewal with claims filed for Mental Illness related therapies (PT, OT, Speech and Chiropractic) will not be subject to visit limits</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Claims filed with a mental health diagnosis will NOT count towards visit limits. (New Standard) • Claims filed with a mental health diagnosis will be subject to visit limits.

2023 Self-Funded RENEWAL CHANGE FORM

<p>Currently all nutritional counseling services filed with a mental illness diagnosis are subject to visit limits.</p>	<p>Blue Care Blue Options Blue Options 1-2-3 Blue Options HSA Blue High Performance Network Blue High Performance Network (1-2-3 plan design) Classic Blue</p>	<p>All non-grandfathered and grandfathered groups beginning January 1,2023, upon renewal claims filed with a Mental Illness diagnosis will not apply to visit limits for Nutritional Counseling.</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Claims filed with a mental health diagnosis will NOT count towards visit limits.(New Standard) • Claims filed with a mental health diagnosis will be subject to visit limits.
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2023 Self-Funded RENEWAL CHANGE FORM

<p>Currently, ABT has an Annual Limit of \$40,000 and an Age Restriction of 19.</p>	<p>Blue Care Blue Options Blue Options 1-2-3 Blue Options HSA Blue High Performance Network Blue High Performance Network (1-2-3 plan design) Classic Blue</p>	<p>Beginning January 1, 2023, upon renewal all non- grandfathered and grandfathered groups will remove the annual limit and remove the age restriction.</p> <p>Attestation required if choose an option other than the new standard of unlimited.</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Unlimited Annual Limit and no age restriction (New standard) • Keep Current Annual Limit with age 19 restriction • Customize Annual Limit
<p>Currently, copay is not waived for first 3 Primary Care Office visits.</p>	<p>Blue High Performance Network Blue High Performance 1-2-3 Network</p>	<p>Beginning January 1, 2023 upon renewal, for all non-grandfathered BlueHPN plans with a primary care copay:</p> <p>The copayment is waived for the first 3 office visits when you visit your selected Primary Care Provider. All other visits at listed Primary Care Copay.</p> <p>Member must Log into Blue Connect to select a Primary Care Provider for this benefit to be available prior to their initial office visit</p>	<p>Select One:</p> <ul style="list-style-type: none"> • N/A

2023 Self-Funded RENEWAL CHANGE FORM

<p>Currently there is a Limit of one breast pump per pregnancy.</p>	<p>Blue Options Blue Options 1-2-3 Blue High Performance Network Blue High Performance Network (1-2-3 plan design)</p>	<p>Beginning January 1,2023 upon renewal all non- grandfathered plans will change to the following:</p> <ul style="list-style-type: none"> • Breast Pump – one per benefit period <p>Additional detail and any limitations can be found at www.bluecrossnc.com/preventive</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Keep current with one per pregnancy. (Custom) • Move to new optional standard - with one per benefit period. • Unlimited <p>Note: Group currently has a generous DME benefit...please consider choice carefully.</p>
<p>Currently there is a Limit of two breast pump Supplies per pregnancy.</p>	<p>Blue Options Blue Options 1-2-3 Blue High Performance Network Blue High Performance Network (1-2-3 plan design)</p>	<p>Beginning January 1,2023 upon renewal all non- grandfathered plans will change to the following:</p> <ul style="list-style-type: none"> • Breast Pump Supplies – Two per benefit period <p>Additional detail and any limitations can be found at www.bluecrossnc.com/preventive</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Keep current with two per pregnancy. (Custom) • Move to new optional standard - with two per benefit period. • Unlimited <p>Note: Group currently has a generous DME benefit...please consider choice carefully.</p>

2023 Self-Funded RENEWAL CHANGE FORM

<p>Prescription Mail Order Vendor</p>	<p>Blue Care Blue Options Blue Options 1-2-3 Blue Options HSA Blue High Performance Network Blue High Performance Network (1-2-3 plan design) Classic Blue</p>	<p>All new and renewing non-grandfathered and grandfathered groups, beginning January 1, 2023, will move to Amazon (Meds Your Way) for mail order pharmacy services.</p> <p>ASO 250+ Custom - Optional change is to choose Express Scripts.</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Amazon • Express Scripts • N/A RX Carved out
<p>Currently Hearing aids are limited to an age restriction of 22.</p>	<p>Blue Options Blue Options 1-2-3 Blue High Performance Network Blue High Performance Network (1-2-3 plan design)</p>	<p>All non-grandfathered plans beginning January 1, 2023, upon renewal will cover hearing aids without any age limits. Limits related to one hearing aid per hearing-impaired ear every 36 months remain.</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Keep Current with Age restriction of 22. • Move to no age limit (New Standard). • Customize Age limit <p>Note: Currently, group does NOT cover Hearing Aids. Please make a choice for group.</p>

2023 Self-Funded RENEWAL CHANGE FORM

<p>Travel benefit for the following covered services: pregnancy related services, gender affirming services, and behavioral health</p>	<p>All products</p>	<p>All standard plans beginning January 1, 2023, will cover the services under the health benefit plan with the following cost-share:</p> <ul style="list-style-type: none"> • Deductible and Coinsurance plans: 0% after deductible • All other plans: No Charge (Covered at 100%) <p>Eligible expenses include airfare, hotel, and mileage. Services will be reimbursed at \$1,000 per episode of care.</p> <p>Benefit includes expenses incurred to travel to a state where a qualified covered service¹ is available when all the following criteria are met:</p> <ul style="list-style-type: none"> • Service is not available within 100 miles of where the member resides, and • Service is not available via telehealth, and • Service is not available in the state in which the member resides. <p>Travel for the following pregnancy related services will be excluded, even if otherwise covered under the health benefit plan:</p> <ul style="list-style-type: none"> • Infertility treatment and assisted reproductive technology (for example, in-vitro fertilization (IVF) and intrauterine insemination (IUI)) 	<p>Select One:</p> <ul style="list-style-type: none"> • Move to new standard by covering the benefit limits listed in the Optional Benefit/Eligibility Changes column. (This is considered a medical benefit within the group health benefit plan.) • Do not cover travel related expenses for pregnancy related services, gender affirming services, or behavioral health services. (Custom) • Additional Customization Requested (See section II for details) <p>Note: Currently, Group does NOT cover Termination of pregnancy except for complications of pregnancy rape or incest. And currently, Group DOES COVER gender transition services. Please make your choice.</p>
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**BlueCross BlueShield
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2023 Self-Funded RENEWAL CHANGE FORM

¹ applies to covered and authorized (as applicable) services under the health plan for in and out of network providers

2023 Self-Funded RENEWAL CHANGE FORM

<p>Currently periodontal maintenance is covered under Basic or Major Services with all other periodontal services.</p> <p>(Periodontal maintenance is ongoing therapeutic teeth cleaning after completion of active periodontal treatment.)</p>	<p>Dental Blue[®] PreferredSM PPO Dental Blue[®]</p>	<p>Beginning January 1, 2023, all Dental Blue Preferred PPO and Dental Blue plans will apply periodontal maintenance under Basic services.</p>	<p>Select one:</p> <ul style="list-style-type: none"> • N/A
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2023 Self-Funded RENEWAL CHANGE FORM

II. GROUP CHANGE REQUESTS:

The group requests benefit and/or eligibility changes as noted below to be effective upon the group's renewal date. Blue Cross NC will review the benefit change requests to determine Blue Cross NC's ability to administer the benefits as described.

Benefit/Eligibility Description	Product Lines	Requested Eligibility Changes
FlexAccess	Rx	Group will remove Specialty Copay Maximization Program and enroll in Flex Access for 7/1/2023.

III. GRANDFATHERED STATUS:

Will the group be grandfathered for the benefit period(yes/no)? No

IV. SUMMARY OF BENEFITS AND COVERAGE (SBC):

2023 Self-Funded RENEWAL CHANGE FORM

The group intends for Blue Cross NC to develop and provide the SBC document(s) to the group for their plan offerings for the group to distribute to members as required by law **(yes/no*)?** Yes

**If the group checks "no", Blue Cross NC is relieved of the contractual obligation to provide the SBC document(s) to the group unless Blue Cross NC is further notified in writing.*

V. ESSENTIAL HEALTH BENEFITS BENCHMARK:

No Annual/Dollar limits for Essential Health Benefits under PPACA *(All grandfathered and non-grandfathered plans apply)*.

Essential health benefits may be defined by any available state benchmark plan; to the extent essential health benefits are covered under the selected benchmark plan, dollar limits and annual limits must be removed. Unless otherwise selected, the North Carolina benchmark plan will be the default.

The group intends to use the default benchmark through North Carolina **(yes/no)?** Yes

If no, what state benchmark does the group intend to use? _____

2023 Self-Funded RENEWAL CHANGE FORM

ATTESTATION *(To be signed upon Blue Cross NC approval of benefit and eligibility change):*

By signing below, you agree to the following statements:

- (1) The last signed Custom Group Summary, as modified by this and previous Renewal Change Forms, accurately describe the benefit selections, eligibility requirements and general Group Health Plan administration effective for the Benefit Period. Unless otherwise noted, Blue Cross NC will apply our prior approval and certification requirements and follow Blue Cross NC's medical policy to determine eligibility of payment. Any changes to the above selections and/or descriptions may require (1) approval through an additional Custom Group Summary, (2) a benefit exception request or (3) an amendment to the Administrative Services Agreement (ASA).
- (1) By signing below, you agree that The Plan Administrator and/or Plan Sponsor is responsible for all aspects of ensuring that the Group Health Plan (including the plan design) is in compliance with applicable laws and regulations, including but not limited to (where applicable), the requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), ERISA, and the Patient's Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (including the designation of a plan as a grandfathered plan) and all regulations and guidance. This responsibility has not been delegated to Blue Cross NC unless specifically delegated in the ASA. Plan Sponsor shall indemnify and hold harmless Blue Cross NC for any loss, liability, damage, expense, settlement, cost, or obligation (including reasonable attorney's fees) from any resulting assessments, penalties and/or regulatory charges, complaints and/or any legal claims incurred or paid by Blue Cross NC related to the compliance with applicable laws.

Authorized Signature *(for Plan Administrator)*

Print Name: _____

Signature: _____

Title: _____

Date: _____

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2023 Self-Funded RENEWAL CHANGE FORM

Revisions made during the negotiation process must be tracked for internal reference only. This section will be completed by the Client Manager and Account Implementation Specialist.

Rev #	Revision Date	Section Revised	Revision Details	Supersedes Rev #