

2024 Self-Funded RENEWAL CHANGE FORM

Group Name:

Benefit Plan Name:

Strategic Client Consultant:

Benefit Period:

Group Number(s):

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 1-2-3 group plans, as well as other non-deductible and coinsurance plans that have a specialist office visit at deductible and coinsurance (Simple, Hybrid), have labs in a specialist office setting covered at 100%</p>	<p>Blue Options[®] (Simple, Hybrid plans)</p> <p>Blue Options[®] 1-2-3SM</p> <p>Blue High Performance NetworkSM (Simple, Hybrid plans)</p> <p>Blue High-Performance Network (1-2-3 plan design)SM</p> <p>*Simple – PCP at a copay, all other services at deductible and coinsurance</p> <p>*Hybrid – PCP and Urgent Care at a copay, all other services at deductible and coinsurance</p>	<p>All non-grandfathered 1-2-3 plans beginning January 1, 2024 upon renewal will cover in-network labs in a specialist setting at the Level 3 deductible and coinsurance</p> <p>Simple and Hybrid plans will cover in-network labs in a specialist setting at deductible and coinsurance</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Keep Current • New Standard • Custom value (see below) • N/A

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<p>Currently 1-2-3, Simple, and Hybrid plans, Mental Health/ Substance Use (MH/SU) office visits are at deductible and coinsurance</p>	<p>Blue Options[®] (Simple, Hybrid plans)</p> <p>Blue Options[®] 1-2-3SM</p> <p>Blue High Performance NetworkSM (Simple, Hybrid plans)</p> <p>Blue High-Performance Network (1-2-3 plan design)SM</p> <p>*Simple – PCP at a copay, all other services at deductible and coinsurance</p> <p>*Hybrid – PCP and Urgent Care at a copay, all other services at deductible and coinsurance</p>	<p>All non-grandfathered plans beginning January 1, 2024 upon renewal will apply a \$10 copay for MH/SU office visits from a Mental Health or Substance use provider</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Keep Current • New Standard (\$10 copay) • Custom value (see below) • N/A
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<p>Currently Dependent Maternity is not covered</p> <p>Currently Termination of Pregnancy is not covered for dependents</p>	<p>Blue Options® Blue Options® 1-2-3 SM Blue High Performance Network SM Blue High-Performance Network (1-2-3 plan design) SM</p>	<p>All non-grandfathered plans beginning January 1, 2024, upon renewal will cover Dependent Maternity</p> <p>All non-grandfathered plans beginning January 1, 2024, upon renewal If a plan covers Termination of Pregnancy for subscriber/spouse/domestic partner, it will now cover it for dependent children</p>	<p>Select One:</p> <ul style="list-style-type: none">• Covered• Not Covered <p>Select One:</p> <ul style="list-style-type: none">• Covered• Not Covered
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II. REQUIRED CHANGES:

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross Blue Shield of North Carolina (Blue Cross NC) base benefits. These changes are required either due to federal mandates or business practice changes and are effective upon the group's renewal date.

<p>Currently Termination of Pregnancy is covered up to 16 weeks</p>	<p>Blue Options[®] Blue Options[®] 1-2-3SM Blue High Performance NetworkSM Blue High-Performance Network (1-2-3 plan design)SM</p>	<p>All plans beginning January 1, 2024, upon renewal will cover Termination of Pregnancy as allowed by State Law</p>
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III. 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

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IV. GRANDFATHERED STATUS:

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

V. SUMMARY OF BENEFITS AND COVERAGE (SBC):

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*)**? _____

**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.*

VI. 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)**? _____

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

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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: _____



**2024 Self-Funded
RENEWAL CHANGE FORM
FOR INTERNAL USE ONLY**

Revisions made during the negotiation process must be tracked for internal reference only. The Client Manager and Account Implementation Specialist will complete this section.

Rev #	Revision Date	Section Revised	Revision Details	Supersedes Rev #