



**2019 Self-Funded
RENEWAL CHANGE FORM**

Group Name: County of Chatham
Client Manager: Dan Malloy
Group Number(s):062048

Benefit Plan Name: PPO
Benefit Period: 07/01/2019 to 06/30/2020

I. 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.

Benefit/Eligibility Description	Product Lines	Required Benefit/Eligibility Changes
Mammography (Diagnostic) <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options [®] Blue Value SM	Deductible and Coinsurance plans only <ul style="list-style-type: none">Covered at 100% after deductible

II. 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
Health Savings Account <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select [®]	An HSA fund is available with eligible medical plan.	List fund contributions here: N/A



2019 Self-Funded RENEWAL CHANGE FORM

Mammography (Diagnostic) <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options [®] Blue Value SM	Deductible and Coinsurance plans only <ul style="list-style-type: none"> Covered at 100% after deductible 	Select One: <ul style="list-style-type: none"> Keep current benefit
Prescription Drugs <i>Effective 1/1/19 or upon renewal Grandfather and Non- grandfathered groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select [®]	Non-grandfathered plans that move from Blue Options HSA to the new HSA eligible medical plans with an HSA fund Standard - MAC B Pricing Penalty (if brand name drug with a generic equivalent is available and provider does not specify prescription must be dispensed as written)	Select One: <ul style="list-style-type: none"> Keep current benefit
Pharmacy Point of Sale Rebates <i>Effective 1/1/19 or upon renewal Grandfather and Non- grandfather groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select [®]	Point of Sale rebates are available for plans with an HSA fund. Pharmacy rebates from applicable medications will begin to be displayed (or passed through) directly to the member cost share amounts. The approved cost will be reduced by the rebated amount which will reduce the member cost share. If a member has met their deductible obligation, they will then be charged the coinsurance amount based on the cost of the drug minus the rebate. If they have not met their deductible, they will be charged the cost of the drug minus the rebate, based on remaining deductible obligation.	Select One: <ul style="list-style-type: none"> None
Routine Vision Exams (Adults and Children) <i>Effective 1/1/19 or upon renewal Grandfather and Non- grandfather groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select [®]	Not Covered	Select One: <ul style="list-style-type: none"> Keep current benefit



2019 Self-Funded RENEWAL CHANGE FORM

Lens and Frame endorsement <i>Effective 1/1/19 or upon renewal Grandfather and Non- grandfather groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select®		Select One: <ul style="list-style-type: none"> Keep current benefit
--	--	--	---

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
Implement Specialty Copay Maximization Program eff. 7/1/2019	RX	
Implement Guided Health Rx eff. 7/1/2019	Rx	
ISL Deductible Increase to \$135,000 eff. 7/1/2019	Stop Loss	
Implement Rx Savings Solutions eff. 7/1/2019	Rx	

IV. GRANDFATHERED STATUS:

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

V. SUMMARY OF BENEFITS AND COVERAGE (SBC):



2019 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 in order 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.*

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)?** _____ **YES**_____

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



2019 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).
- (2) 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 incurred or paid by Blue Cross NC related to the compliance with applicable laws.

Authorized Signature *(for Plan Administrator)*

Print Name: _____

Signature: _____

Title: _____

Date: _____



2019 Self-Funded RENEWAL CHANGE FORM

FOR INTERNAL USE ONLY

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 #