

# 2017 ASO RENEWAL CHANGE FORM



An independent licensee of the Blue Cross and Blue Shield Association

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

**Benefit Plan Name: County Health Plan**  
**Benefit Period: 07/01/2017 to 06/30/2018**

## 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 (BCBSNC) 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
<b>North Carolina State Autism Mandate</b>	All	Effective for new and renewing plans on or after July 1, 2016. Adaptive behavior treatment covered up to a benefit period maximum of \$40,000 for members up to age 19.
<b>Out-Of-Network Certification</b>	All	If certification is not received for all out-of-network inpatient and residential treatment facility admissions a full denial will apply.
<b>Pharmacy Formulary</b> Effective 1/1/2017	All	The Basic Open 5 Tier Formulary is being replaced with the new Essential Closed 5 Tier Formulary.
<b>Pharmacy Limited Network Changes</b> Effective 1/1/2017	All	New limited network* "Limited Network NC" included Walgreens, CVS pharmacy, Food Lion, EPIC, Other (Independent Pharmacies).
<b>Gender Reassignment Surgery and Hormone Therapy</b>	All	The following exclusion was removed:  Treatment or studies to or in connection with sex changes or modifications and related care

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### II. OPTIONAL CHANGES:

The following enhancements to BCBSNC 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
<b>North Carolina State Autism Mandate</b> Effective 7/1/2016 ASO groups can choose not to cover this benefit.	All	Effective for new and renewing plans on or after July 1, 2016. Adaptive behavior treatment covered up to a benefit period maximum of \$40,000 for members up to age 19.	(Opting In/Opting Out)
<b>Out-of-Network Certification</b> Effective 1/1/2017 ASO groups can choose to apply this benefit.	All	If certification is not received for all out-of-network inpatient and residential treatment facility admissions a full denial will apply.	(Yes/No)
<b>Phantom Medicare Coordination of Benefits (COB)</b> Effective 1/1/2016 ASO groups can choose to opt in or out of options	All	ASO group's have the option of applying Phantom Medicare COB. <i>Note: Beneficiaries obtain Medicare either through Age/Disability or ESRD. Please see the options below for applying Phantom COB.</i> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Age/Disability &amp; ESRD = No phantom applied</li> <li>• <b>Option 2:</b> Age/Disability = Phantom on part B only</li> <li>• <b>Option 3:</b> ESRD only = Phantom part A and B</li> <li>• <b>Option 4:</b> Age/Disability &amp; ESRD = Phantom part A and B</li> </ul>	(1,2,3 or 4)
<b>Pharmacy Limited Network Changes</b> Effective 1/1/2017 for ASO groups <u>with a current limited network</u> in place	All	ASO groups with a current limited network* (Limited Network Custom) which excludes Walgreens can choose to remain with Limited Network Custom or move to Limited Network NC.	N/A
<b>Gender Reassignment Surgery and Hormone Therapy</b> Effective 1/1/17 ASO groups can choose to opt out of covering these services.	All	Gender reassignment surgery and hormone therapy is now a standard benefit on offered plan designs. ASO groups should consult their legal counsel prior to excluding this benefit. An "Agreement to Hold Harmless, Indemnify, and Defend" must be signed within 45 days of the effective date in order for this benefit to be implemented as requested. If such Agreement is not signed within 45 days, the standard benefit will be administered.	(Opting In/Opting Out)

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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. BCBSNC will review the benefit change requests to determine BCBSNC's ability to administer the benefits as described.

Benefit/Eligibility Description	Product Lines	Requested Eligibility Changes
No benefit changes		

**IV. GRANDFATHERED STATUS:**

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

**V. SUMMARY OF BENEFITS AND COVERAGE (SBC):**

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The group intends for BCBSNC 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", BCBSNC is relieved of the contractual obligation to provide the SBC document(s) to the group unless BCBSNC 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? \_\_\_\_\_

### **ATTESTATION** (*To be signed upon BCBSNC 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, BCBSNC will apply our prior approval and certification requirements and follow BCBSNC'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 BCBSNC unless specifically delegated in the ASA. Plan Sponsor shall indemnify and hold harmless

BCBSNC 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 BCBSNC related to the compliance with applicable laws.

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**Authorized Signature** *(for Plan Administrator)*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**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 Manager.

Rev #	Revision Date	Section Revised	Revision Details	Supersedes Rev #
		Choose an item.		
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