

**2018 Self-Funded
RENEWAL CHANGE FORM**

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

Benefit Plan Name: PPO
Benefit Period: 07/01/2018 to 06/30/2019

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
<p>Diagnostic Services with Wellness Diagnosis</p> <p><i>Effective 1/1/18 or upon renewal Non-grandfathered groups</i></p>	<p align="center">All</p>	<p>Diagnostic services billed with a wellness diagnosis will be denied. Including, but not limited to: Urinalysis testing, Thyroid function testing, Vitamin D, serum testing, EKGs, Testosterone level testing, Vitamin B serum testing, Albumin (urine) testing, Iron level testing, Chest x-rays.</p>
<p>Preventive Services: Bright Futures</p> <p><i>Effective 1/1/18 or upon renewal Non-grandfathered groups</i></p>	<p align="center">All</p>	<p>Blue Cross NC will cover the following services in-network at the pediatrician's office at 100% with no deductible for all non-grandfathered plans:</p> <ul style="list-style-type: none"> • 100% (no member liability/no charge) on maternal depression • 100% (no member liability/no charge) on newborn bilirubin screening
<p>Mental Health and Substance Abuse Office Visits</p> <p><i>Effective 1/1/18 or upon renewal Grandfathered and Non-grandfathered groups</i></p>	<p align="center">Blue Local SM Blue Value SM Blue Options [®]</p>	<p>Blue Cross NC will make the following changes for all grandfathered and non-grandfathered plans that have a specialist copay:</p> <ul style="list-style-type: none"> • Mental Health and Substance Abuse office visits will now be subject to the PCP copay. <p>Non-copay plans will remain with the specialist benefit along with copay plans on Blue Select, Blue Options 123 and Blue Value 123.</p>

2018 Self-Funded RENEWAL CHANGE FORM

<p>Mammography (Diagnostic)</p> <p><i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i></p>	<p>Blue Options[®] Blue ValueSM</p>	<p>Deductible and Coinsurance plans</p> <ul style="list-style-type: none"> • Keep Current Benefit
<p>Federally Mandate Preventive Care</p> <p><i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i></p>	<p>Blue Options[®]HSASM</p>	<p>Blue Options HSA out-of-network preventive services not covered except state mandated services.</p>

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
<p>Diagnostic Services with Wellness Diagnosis</p> <p><i>Effective 1/1/18 or upon renewal Non-grandfathered groups</i></p>	<p>All</p>	<p>ASO groups have the option to accept the standard benefit listed above or choose to cover for services based on place of service</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Standard • Remain same as current
<p>Mental Health and Substance Abuse Office Visits</p> <p><i>Effective 1/1/18 or upon renewal Grandfathered and Non-grandfathered groups</i></p>	<p>Blue LocalSM Blue ValueSM Blue Options[®]</p>	<p>ASO groups have the option to accept the standard benefit listed above or choose to remain with the specialist copayment.</p>	<p>Select One:</p> <ul style="list-style-type: none"> • Standard • Remain with Specialist Copay
<p>Health Savings Account</p> <p><i>Effective 7/1/18 or upon renewal</i></p>	<p>Blue Options[®] Blue ValueSM</p>	<p>An HSA fund is available with eligible medical plan.</p>	<p>Not Applicable</p>



2018 Self-Funded RENEWAL CHANGE FORM

<i>Non-grandfathered groups</i>			
Mammography (Diagnostic) <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options [®] Blue Value SM	Deductible and Coinsurance plans <ul style="list-style-type: none"> • Keep Current Benefit 	Select One: <ul style="list-style-type: none"> • Standard • Keep current benefit
Federally Mandate Preventive Care <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options [®] HSA SM	Blue Options HSA out-of-network preventive services not covered except state mandated services.	Not Applicable

2018 Self-Funded RENEWAL CHANGE FORM

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
<p>Adding Net Results Lite and VBD List</p> <p>Changing SSL to 125K</p> <p>Adding WellPack</p>		<p>Co-pays \$10/\$10/\$30/\$45/25% coinsurance up to \$100</p>

IV. GRANDFATHERED STATUS:

Will the group be grandfathered for the benefit period **(yes/no)?** 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 in order for the group to distribute to members as required by law **(yes/no*)?** Yes

2018 Self-Funded RENEWAL CHANGE FORM

**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? _____

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.



**BlueCross BlueShield
of North Carolina**

An independent licensee of the Blue Cross and Blue Shield Association

2018 Self-Funded RENEWAL CHANGE FORM



**BlueCross BlueShield
of North Carolina**

An independent licensee of the Blue Cross and Blue Shield Association

2018 Self-Funded RENEWAL CHANGE FORM

Authorized Signature *(for Plan Administrator)*

Print Name: _____

Signature: _____

Title: _____

Date: _____



**2018 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 #