



Group Name: Chatham County
 Group Number: 062048
 Contract Year: July 1, 2018 – June 30, 2019

Program Selection Chart (any ASO group)
Off-cycle Program Selections

Important contractual document. Please retain for your records.

NOTE: This is an addendum to the Program Selection Chart that is incorporated by reference into the current Administrative Services Agreement. Attach this form to the most recent Program Selection Chart.

Buy-up Options	Pricing	Per	Qty	Decision	Total Price
Well Pack* Services include: A team of wellness professional will run your wellness program for you. 12 Monthly Employee Newsletters 2 Email Based 8 Week Challenges -Ready Set Race & Choose to Lose 2 On-site Kick Off Events Challenge Incentives Semi-Annual Reporting Workforce Wellness Assessment 2 Specialty Seminars Options include <ul style="list-style-type: none"> • Deskercise • The Sitting Seminar • Living Healthy with High Blood Sugar • Too Busy for Healthy Food? • Introduction to Resilience Quarterly Employer Conference Calls Direct –to –employee Communication *not billed as a Care Management Fee	\$850	Per month	12	Yes	\$10,200
				Subtotal:	\$10,200
				Total:	\$10,200

Date to Start Program: July 2018
Client Manager: Dan Malloy
Health Promotion Specialist: Whitney Rose

By signing below, I agree that this document accurately reflects (1) the program selections that will be charged as noted above on the Group’s monthly Statement of Account; (2) that these services constitute consulting services only and are not meant to include medical, legal, or tax advice and (3) that BCBSNC has no liability with regard to any injury, illness, death or other loss arising from or in any way related to employee participation in the above-selected wellness

program. I understand that compliance with applicable federal and state laws regarding wellness programs is the sole responsibility of the Group. I further acknowledge that BCBSNC has no responsibility or liability with regard to any costs associated with the implementation or ongoing support of the wellness programs, including but not limited to, any incentives that may be recommended as part of any wellness program design, unless specifically included in the fee listed above.

Plan Administrator Name _____
(Print)

Plan Administrator Signature _____ Date _____