



BlueCross BlueShield of Alabama

An Independent Licensee of the
Blue Cross and Blue Shield Association

Enrollment Agreement Benefit Changes

Group Name: City Of Foley

Group Number: 77667

Corporate Code: 776670001

Effective Date: 1/1/2015

Financial: Self Funded

Divisions: All

Renewal: Medical

This Application is to: Revise an Existing Group Plan Administered by Blue Cross and Blue Shield of Alabama (the "Claims Administrator").

Physical Address

Address 1: 407 E Laurel Ave

Address 2:

County: Baldwin

County Code:

City: Foley

State: AL

Zip: 36535-2619

Billing Address

Address 1: PO BOX 1750

Address 2:

County:

City: Foley

State: AL

Zip: 36536-1750

Group Contacts

Sal.	Name	Title	Telephone
Billing: Ms	Marcie Moscatelli	Payroll / Payroll Coor	(251) 970-5013
Benefits: Ms	Marcie Moscatelli	Payroll / Payroll Coor	(251) 970-5013
Decision: Mr	John Koniar	Mayor	(251) 943-1545

BCBSAL Representatives

	Name	Telephone	Email
District Sales Rep:	Tim Hudnall	251-460-4499	thudnall@bcbsal.org
District Account Manager:	Will Lyles	251-533-6723	willlyles@bcbsal.org
District Service Rep:	Lewana Lewis Maidstone	251-943-9222	lmaidstone@bcbsal.org

County:

Group IRS ID Number: 636001263

District Office: Mobile

Legal Plan Year Begins On: 1/1/2015

Changes Apply to: Benefits, Mental Health Parity, Healthcare Reform
Group Renewal

Blue Cross and Blue Shield of Alabama (Company) provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. The Company and the

Employer hereby agree to amend the Contract and all plans that the Company administers or insures on behalf of the Employer as set forth below:

Healthcare Reform Compliance

Grandfathered Status

Employer believes the plan(s) are grandfathered health plan(s) under the Patient Protection and Affordable Care Act (the Affordable Care Act).

Affordable Care Act Plan Changes

There are no ACA changes for 2015.

Eligibility

Revise the group plan as follows:

Employee Eligibility

You are eligible to enroll in this plan if all of the following requirements are satisfied:

- You are an employee and are treated as such by your group. Examples of persons who are not employees include independent contractors, board members, and consultants;
- Your group has determined that you work on average 30 or more hours per week (including vacation and certain leaves of absence that are discussed in the section dealing with termination of coverage) in accordance with the Affordable Care Act;
- You are in a category or classification of employees that is covered by the plan;
- You meet any additional eligibility or participation rules established by your group; and,
- You satisfy any applicable waiting period, as explained below.

- You must continue to meet these eligibility conditions for the duration of your participation in the plan.

Dependent Eligibility

Your eligible dependents are:

- Your spouse;
- Your married or unmarried child up to age 26;
- An unmarried, incapacitated child who (1) is age 26 and over; (2) is not able to support himself; and (3) depends on you for support, if the incapacity occurred before age 26.

The child may be the employee's natural child; stepchild; legally adopted child; child placed for adoption; or, eligible foster child. An eligible foster child is a child that is placed with you by an authorized placement agency or by court order.

You may not cover your grandchild unless your grandchild is your adopted child, a child placed for adoption, or your eligible foster child.

Mental Health Parity Compliance

Is the group subject to Federal Mental Health Parity? **Yes**

Mental Health/Substance Abuse Benefits

Does your group plan cover Mental Health? **Yes**

Who administers your Mental Health Benefits? **Carve Out to Another Carrier**

Current vendor for Mental Health is **American Behavioral (ABBM)**

Are Mental Health benefits subject to deductibles and out-of-pocket limits? **No**

Does your group plan cover Substance Abuse? **Yes**

Who administers your Substance Abuse Benefits? **Carve Out to Another Carrier**

Current vendor for Substance Abuse is **American Behavioral (ABBM)**

Are Substance Abuse benefits subject to deductibles and out-of-pocket limits? **No**

Miscellaneous

If the Employer provides benefits through another third party, Employer understands and agrees that it is the Employer's (not our) responsibility to ensure that its plan as a whole complies with all applicable laws, rules and regulations. For example, if Employer has engaged another third party to administer or insure mental health benefits under its plan, then Employer must determine whether its plan as a whole complies with any applicable federal mental health parity laws.

If the Application is accepted through the Company's execution of a Contract, Employer acknowledges and agrees that (1) the effective date of the Contract will be as stated above in the contract executed by the Company; (2) Employer will pay on behalf of enrolled employees and dependents all fees payable under the Contract, with payment of all initial fees in advance of the Effective Date of the Contract, and all subsequent fees on or before the Due Date which is the first day of the month; however, subsequent fees are delinquent and will be treated as such if those fees are not received by the fifth day of the month; (3) Employer will act as Group Agent for its employees (and not the Company) for all purposes including collection and remittance of fees payable under the Contract and receipt from employees and submission to the Company for distribution to employees of identification cards, coverage summaries and changes, notices, and other documents; (4) Employer requests the Company to enter into and maintain agreements with providers of health services obligating the providers to furnish services to employees and dependents of Employer that are benefits under the Contract and governing payments for such services; and (5) Employer requests the Company to pay providers of health services only reasonable costs and charges for only medically necessary services as determined by the Company.

Special Instructions

Group agrees that the following pre-certification programs will be added to the plan upon Claims Administrator's deployment date:

- 1) Radiation Therapy Management (RTM) – This program will promote quality and patient safety for our members receiving care in Alabama who require radiation therapy services. If precertification is not obtained, no benefits will be available under the plan.
- 2) Medical Drug Review – This program is being enhanced to bring more efficiencies to current medical drug review and notification processes. Moving medical drug review to a pre-certification process streamlines the drug prior authorization process for both providers and members. Among the enhancements is a new web-based portal that will prompt providers and facilitate more accurate submission of requested clinical information. If precertification is not obtained, no benefits will be available under the plan.

Add the following in-network inpatient hospital pre-certification:

Opt-In: Change only what is required by Association Program – no other changes: No member financial responsibility (neither penalty nor payment of provider-billed services) for covered in-network inpatient hospital services even if there is a failure to pre-certify. Plan will pay for medically necessary covered in-network inpatient hospital services when there is no pre-certification and in-network provider is permitted to bill for such services under its provider contract with another Blue Cross/Blue Shield plan. All out-of-network precertification provisions remain the same.

Add the following standard exclusion:

Replacement or upgrade of existing, properly functioning, durable medical equipment (including prosthetics), even if the warranty has expired.

Please add:

Participating (In-Network) Chiropractors in and outside Alabama covered at 80% with no deductible
Participating Chiropractors in Alabama must obtain preauthorization after the 12th visit if care will require more than 18 visits in a calendar year period. If preauthorization is not obtained, services associated with the 19th and subsequent visits in a calendar year will not be covered. Participating Chiropractors in Alabama will waive any charges billed for services associated with the 19th and subsequent visits if preauthorization was not obtained. Non-Participating (Out-of-Network) Chiropractors in and outside Alabama covered at 80% subject to calendar year deductible

This rider cannot be used with visit maximums

All other arrangements remain the same.

Riders and codes are for internal use only.

Customer Signature

Blue Cross and Blue Shield of Alabama
Representative

Title

Title

Date

Date

