



# Amendment To Enrollment Agreement Customized BCBSAL Plan

Group Name: Baldwin County Commission	Financial: Self Funded
Corporate Code: 422570001	Document Type: Renewal
Effective Date: 1/1/2024	Benefit Pattern: BALDWIN COUNTY COMMISSION
Primary Group Number(s): 42257	

## PHYSICAL ADDRESS

Address 1: 22251 Palmer St	City: Robertsdale
Address 2:	State: AL
County: Baldwin	Zip: 36567-3067
County Code: 2	

## BILLING ADDRESS

Address 1: 22251 Palmer St	City: Robertsdale
Address 2:	State: AL
County: Baldwin	Zip: 36567-3067

## GROUP CONTACTS

	Sal.	Name	Title	Telephone	Email
Billing:	MR	Bo Bonner	Assistant Personnel Director	(251) 239-4304	bbonner@baldwincountyal.gov
Benefits:	MRS	Brittany Shealy	Personnel Specialist II - Benefits and Payroll	(251) 580-1639	bri.shealy@baldwincountyal.gov
Decision:	MS	Deidra Hanak	Personnel Director	(251) 580-1663	dhanak@baldwincountyal.gov

## 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:	Danielle Bentley	251/943-3573	Danielle.Bentley@bcbsal.org

County: Baldwin  
Group IRS ID Number: 686001408

District Office: Mobile

### Blue Cross and Blue Shield of Alabama's Identification Numbers

National Association of Insurance Commissioners  
55433

Employer Identification Number  
63-0103830

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### Grandfathered Status

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Employer believes the plans are NOT grandfathered health plans under the Affordable Care Act.

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### HSA HDHP Status

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Employer believes the plans are not HSA HDHP qualified under IRS rules and regulations.

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### Group Benefit Structure

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Please see the Exhibit B page for group(s) and division(s) impacted in this document, attached hereto and incorporated herein.

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### Financial Updates

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#### Independent Dispute Resolution

Under the No Surprises Act, Employer may be subject to the Independent Dispute Resolution. Parties participating in the Independent Dispute Resolution (IDR) process are subject to an annual administrative fee set periodically by the federal government. Parties participating in the IDR process may also be subject to a fee charged by the IDR entity. The amount of the IDR entity fee will vary based on the entity selected. Administrative fees and IDR entity fees will be assessed when a Group is a party to the IDR process. Additional claims costs awarded by the IDR entity will also be assessed to the Group.

#### Administration Fees

\$65.00 per contract.

In the event of termination of the plan, the retention on paid claims during the run-out period will be 7.00% for Health.

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### COBRA

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The Employer will determine whether a member is entitled to continue coverage under COBRA and will provide the required notices and COBRA application form to a member who is so entitled.

The Group has elected to have a Third Party Administrator Flores & Associates, to manage these functions.

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### Pharmacy Changes

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The current vendor for prescription drugs is MedOne Healthcare Systems.

The group will have a combined medical and prescription drug out-of-pocket maximum. Vendor interfacing is required. The interface fee will be \$1.75.

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### Transparency in Coverage

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#### Transparency in Coverage Rule

Blue Cross and Blue Shield of Alabama agrees to provide information about the plan's covered items and services in the manner and format required under the Transparency in Coverage Rule, 45 C.F.R. §§ 147.210 to 147.212, including applicable regulatory guidance, for any items and services for which Blue Cross serves as the Claims Administrator. Employer acknowledges that Blue Cross will not provide information on items and services which are not administered by Blue Cross and Blue Shield of Alabama. (TCR)

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### No Surprises Act

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#### Price Comparison Tool

Group elects to have Price Comparison Tool. (PCT)

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Other Benefit Changes

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REACH Kidney Care (Chronic Kidney Disease Management)

Add Disease Management Program - Chronic Kidney Disease Management. Administrative fee is \$125 per month for each member enrolled in the Program and \$200 per face-to-face or telephonic visit. (CKD)

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Special Instructions

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**Effective 01/01/2024 health administrative fee of \$65.00 PCPM with 7% on run out through 12/31/2025 with the caveat that if enrollment varies 15% or more from the enrollment listed as of 1/1/2024, then we reserve the right to revise the fee. The Rx interface fee will increase to \$2.25 PCPM effective 1/1/2025.**

Adding REACH Kidney Care

PCPM Administrative Costs of Additional Products & Services

- AirMed \$1.23 PCPM
- Expanded Psychiatric Services - Employee Only Contracts \$11.00 PCPM
- Expanded Psychiatric Services - Multi-member contracts \$33.00 PCPM

All other arrangements remain the same.

Riders and codes are for internal use only.

*Will Lyles*  
Blue Cross and Blue Shield of Alabama  
Representative  
  
DAM  
  
11/7/2023

\_\_\_\_\_  
Customer Signature  
Authorized Representative  
Personnel Director  
  
\_\_\_\_\_  
Title  
  
  
\_\_\_\_\_  
Date

**Exhibit B**  
**Group Benefit Structure**

Group Number(s) and Division(s) amended:

42257	R05, R06, R5S, 000, 003, 00S, 03S, 04S, 0DS
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