



## Amendment to Enrollment Agreement Customized BCBSAL Plan

Group Name: Baldwin County Commission  
Group Number: 42257 | Baldwin County Commission  
Corporate Code: 422570001  
Effective Date: 1/1/2023

Financial: Self Funded  
Divisions: All  
Document Type: Renewal

### PHYSICAL ADDRESS

|                              |                   |
|------------------------------|-------------------|
| Address 1: 322 Courthouse Sq | City: Bay Minette |
| Address 2:                   | State: AL         |
| County: Baldwin              | Zip: 36507-4809   |
| County Code: 2               |                   |

### BILLING ADDRESS

|                                   |                   |
|-----------------------------------|-------------------|
| Address 1: 312 Courthouse Sq # 17 | City: Bay Minette |
| Address 2:                        | State: AL         |
| County: Baldwin                   | Zip: 36507-4809   |

### GROUP CONTACTS

|           | Sal. | Name            | Title | Telephone      | Email                               |
|-----------|------|-----------------|-------|----------------|-------------------------------------|
| Billing:  | MR   | Bo Bonner       |       | (251) 239-4304 | bbonner@baldwincountyal.gov         |
| Benefits: | MS   | Brittany Vaughn |       | (251) 580-1635 | brittany.vaughn@baldwincountyal.gov |
| Decision: | MS   | Deidra Hanak    |       | (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:     | Regina Dean | 251/943-3573 | rdean@bcbsal.org     |

County: Baldwin  
Group IRS ID Number: [REDACTED]  
District Office: Mobile  
Legal Plan Year Begins On: 01/01/2023

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

|  |  |
|--|--|
| National Association of Insurance Commissioners<br>55433 | Employer Identification Number<br>[REDACTED] |
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### Grandfathered Status

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

### Financial Updates

## **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**

11.10% of paid claims.

In the event of termination of the plan, the retention charged on paid claims during the run-out period will be the same as listed above.

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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 \$1.25.

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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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### **Continuity of Care**

The plan(s) is hereby amended to comply with the No Surprises Act continuity of care requirements.

### **Surprise Billing External Review**

The plan(s) is hereby amended to comply with the No Surprises Act surprise billing external review requirements.

### **Surprise Billing Coverage**

#### **Emergency Services**

The Affordable Care Act and the No Surprises Act require services administered in an emergency department of a hospital or a free-standing emergency department to cover services without prior authorization, without respect to the provider's network status and to apply in-network cost-sharing for such services. The plan must also apply cost-sharing (deductibles, co-payments, coinsurance) that members are required to pay for out-of-network emergency services toward the in-network calendar year deductible and out-of-pocket maximums.

The plan(s) is hereby amended to comply with the Affordable Care Act and the No Surprises Act as set forth in the Benefit Matrix which is incorporated herein by reference.

**Non-emergency Services Provided by an Out-of-Network Provider at Certain In-Network Facilities**

The No Surprises Act requires plans to cover non-emergency services rendered by an out-of-network provider at certain in-network facilities, when the provider has failed to obtain the applicable notice and consent, and apply the in-network cost-sharing for such services. The plan must apply the cost-sharing (deductibles, co-payments, coinsurance) that members are required to pay for such non-emergency services toward the in-network calendar year deductible and out-of-pocket maximums.

The plan(s) is hereby amended to comply with the No Surprises Act as set forth in the Benefit Matrix which is incorporated herein by reference.

**Air Ambulance Services**

The No Surprises Act requires plans to cover out-of-network air ambulance services and apply the in-network cost-sharing for such services. The plan must apply the cost-sharing (deductibles, co-payments, coinsurance) that members are required to pay for such air ambulance services toward the in-network calendar year deductible and out-of-pocket maximums.

The plan(s) is hereby amended to comply with the No Surprises Act as set forth in the Benefit Matrix which is incorporated herein by reference.

**Price Comparison Tool**

Add Price Comparison Tool.(PCT)

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**Other Benefit Changes**

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**Ambulance Services**

The Group accepts BCBSAL's Ambulance Services standard, which will require the Out-of-network cost sharing to match the In-network cost sharing. (SBA)

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**Inter-Plan Programs**

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**Other Blue Plan Value-Based Programs**

Employer elects to participate in the Inter-Plan Value-Based Programs.

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**Special Instructions**

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Effective 1-1-2023 - no group initiated changes.

Admin Fee = 11.10% of claims and run-out 11.10% of claims.

Cobra Administration is handled by an outside vendor Flores and Associates.

Airmed = \$1.23 PCPM

Expanded Psychiatric Services: Single = \$8.00 PCPM; Family = \$24.00 PCPM

**All other arrangements remain the same.**

**Riders and codes are for internal use only.**

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Customer Signature  
Authorized Representative

Chairman

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Title

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Date

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Blue Cross and Blue Shield of Alabama  
Representative

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Title

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Date