



An Independent Licensee of the
Blue Cross and Blue Shield Association

Amendment to Enrollment Agreement Customized BCBSAL Plan

Group Name: Baldwin County Commission
Group Number: 42257 | Baldwin County Commission
Corporate Code: [REDACTED]
Effective Date: 1/1/2019

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:	

BILLING ADDRESS

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

GROUP CONTACTS

	Sal.	Name	Title	Telephone	Email
Billing:	MR	Bo Bonner		(251) 239-4304	bbonner@baldwincountyal.gov
Benefits:	MR	Bo Bonner		(251) 239-4304	bbonner@baldwincountyal.gov
Decision:	MS	Andrea Roberson		(251) 580-1635	arider@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:	Lewana Lewis Maidstone	251/943-9222	lmaidstone@bcbsal.org

County:	District Office: Mobile
Group IRS ID Number: [REDACTED]	Legal Plan Year Begins On: 01/01/2019

Blue Cross and Blue Shield of Alabama's Identification Numbers

National Association of Insurance Commissioners

Employer Identification Number

Grandfathered Status

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

Pharmacy Changes

Copay/Coinsurance

Retail Copay/Coinsurance changes are:

Tier 1: 15.00

Tier 2: 40.00

Tier 3: 60.00

Tier 4: 100.00

Tier 5:

Tier 6:

Other Benefit Changes

Inter-Plan Programs

Other Blue Plan Value-Based Programs

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

Special Instructions

Admin Fee is \$60.30

Cobra rates will be determined via letter from group at a later date.

Please make the following changes to their plan for 1/1/2019.

Change PCP copay to \$40

Change Specialist Copay to \$50

Change Individual Calendar Year Deductible to \$500

Change Family Individual Calendar Year Deductible to \$1500

Add 4th tier for Specialty Drugs with \$100 Copay

Change ER (Medical Emergency) copay to \$200

Change Urgent Care Copay to \$75

All other arrangements remain the same.

Riders and codes are for internal use only.

Customer Signature
Authorized Representative

Title

Date

Will Lyles

Blue Cross and Blue Shield of Alabama
Representative

DAM

Title

8/27/2018

Date