



# Baldwin County Commission

## Legislation Details (With Text)

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**File #:** 18-0891      **Version:** 1

**Type:** Other Staff Recommendations      **Status:** Passed

**File created:** 8/28/2018      **In control:** Baldwin County Commission Regular

**On agenda:** 9/4/2018      **Final action:** 9/4/2018

**Title:** Blue Cross Blue Shield - Enrollment Agreement for 2019

**Indexes:**

**Attachments:** 1. BCBS 2019 Renewal (REDACTED), 2. \*GP1 - Cobbs Allen - Baldwin County 2019 Planning Meeting Presentation

Date	Ver.	Action By	Action	Result
9/4/2018	1	Baldwin County Commission Regular	Approved	Pass

**Meeting Type:** BCC Regular Meeting

**Meeting Date:** 9/4/2018

**Item Status:** New

**From:** Andrea Roberson, Personnel Director

**Submitted by:** Andrea Roberson

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### ITEM TITLE

Blue Cross Blue Shield - Enrollment Agreement for 2019

### STAFF RECOMMENDATION

Approve and authorize the Chairman to execute the Amendment to Enrollment Agreement Customized BCBSAL Plan with Blue Cross Blue Shield of Alabama to be effective January 1, 2019, with changes as outlined in the amended agreement.

### BACKGROUND INFORMATION

**Previous Commission action/date:** N/A

**Background:** Cobbs Allen, Broker of Choice has monitored the claims and has recommended changes to current benefits on the Baldwin County Health Insurance. The recommendations are as follows: change Primary Care Physician (PCP) copay from \$35.00 to \$40.00, Specialist Physicians from \$35.00 to \$50.00, Individual Calendar Year Deductible from \$400.00 to \$500.00 and Family Calendar Year Deductible from \$1,200.00 to \$1,500.00 Emergency Room (Medical Emergency) copay from \$100.00 to \$200.00, Urgent Care Copay from \$35.00 to \$75.00 and add a 4th tier for Specialty Drugs with a \$100.00 copay.

### FINANCIAL IMPACT

**Total cost of recommendation:** N/A

**Budget line item(s) to be used:** N/A

**If this is not a budgeted expenditure, does the recommendation create a need for funding?**  
N/A

### **LEGAL IMPACT**

**Is legal review necessary for this staff recommendation and related documents?**  
N/A

**Reviewed/approved by:** N/A

**Additional comments:** N/A

### **ADVERTISING REQUIREMENTS**

**Is advertising required for this recommendation?** N/A

**If the proof of publication affidavit is not attached, list the reason:** N/A

### **FOLLOW UP IMPLEMENTATION**

**For time-sensitive follow up, select deadline date for follow up:** N/A

**Individual(s) responsible for follow up:** Andrea Roberson

**Action required (list contact persons/addresses if documents are to be mailed or emailed):**  
send signed documents to Andrea Roberson

**Additional instructions/notes:** N/A