CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.
   Department: County Manager's Office
   Department contract file name (use effective date): BCBS_HR_20190701
   Project Code: Click here to enter text.
   Contract type: Contract
   Contracted Services/Goods: Health Insurance
   Contract Component: Master
   Change Order Number/Addendum Number: Click here to enter text.
   Vendor Name: BCBS of NC
   Effective Date: 07012019
   Approved by: Commissioners
   Commissioner Approval Date: 5-6-2019
   Ending Date: Click here to enter a date.
   Total Amount: Click here to enter text.
   Is this contract funded by federal dollars? Yes ☐ No ☐

2. Department Head or his/her designee has read the contract in its entirety.
   By: ____________________________ (Department Head signature required)

3. County Attorney has reviewed and approved the contract ☒
   County Attorney has reviewed and rejects the contract ☐
   Reason: ____________________________

   This is an automatic renewal and does not require approval from the County Attorney: Yes ☐ No ☐

   △ If this box is checked the County Attorney’s Office has reviewed the contract but has not
   made needed changes to protect the County because the contract is a sole source contract
   and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes ☐ No ☐

5. Vendor has signed the contract. Yes ☐ No ☐

6. A budget amendment is necessary before approval. Yes ☐ No ☐
   If budget amendment is necessary, please attach to this form.

7. Approval
   ☐ Requires approval by the BOC - contracts over $100,000.00, contracts longer than three years and leases
   longer than one year. Follow Board submission guidelines.

   ☐ Requires approval by the Manager – contracts $100,000 or less.

8. Submit to Clerk.

   Clerk’s Office Only

   ☐ Finance Officer has signed the contract
   ☐ The Finance Officer is not required to sign the contract
<table>
<thead>
<tr>
<th>Optional Eligibility/Eligibility Changes</th>
<th>Product Lines</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Select ©</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Value 123 S8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Options S8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Grandfathered Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective 7/1/18 or upon renewal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Savings Account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following enhancements to Blue Cross NC base benefits are optional and would become effective upon the group's renewal date.

### Optional Changes:

- Covered at 100% after deductible
- Deductible and coinsurance plans only
- Non-grandfathered groups
- Effective 7/1/18 or upon renewal
- Mamography (Diagnostic)

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross Blue Shield of North Carolina (Blue Cross NC) base benefits. These changes are required either due to federal mandates or business practice changes and are effective upon the group's renewal date.

### Required Changes:

- Group Number(s): 062448
- Client Manager: Dan McIlroy
- Group Name: County of Chatham
- An independent licensee of the Blue Cross and Blue Shield Association of North Carolina
- Blue Cross Blue Shield

**Renewal Change Form**

**2019 Self-Funded**

**Benefit Period:** 07/01/2019 to 06/30/2020

**Benefit Plan Name:** PPO

**Page 4 | 1**
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Keep Current</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>Keep Current</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Option 1: Blue Select 123</td>
<td>Blue Value 133</td>
<td>Blue Options 133</td>
</tr>
</tbody>
</table>

- Grandfathered groups
- Covered at 100% after deductible
- Covered at 100% after deductible
- Covered at 100% after deductible
- Covered at 100% after deductible
V. WILL the group be grandfathered for the benefit period (yes/no)?

NO

VI. GRANDFATHERED STATUS:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Eligibility Change</th>
<th>Product Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX</td>
<td>7/1/2019</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Implementation Rx Savings Solutions et al.</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Stop Loss Increase to $136,000 et al.</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>7/1/2019</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Implementation Guided Health Rx et al.</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Implementation Specialty Copy Maximization Program et al.</td>
<td></td>
</tr>
</tbody>
</table>

Review the benefit change requests to determine Blue Cross NC's ability to administer the benefits as described. The group requested benefit and/or eligibility changes as noted below to be effective upon the group's renewal date. Blue Cross NC will:

III. GROUP CHANGE REQUESTS:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Eligibility Change</th>
<th>Product Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Select®</td>
<td>Blue Value 123 Sm</td>
<td>Keep current</td>
</tr>
<tr>
<td>Blue Value Sm</td>
<td>Blue Options 123 Sm</td>
<td>Select one:</td>
</tr>
</tbody>
</table>

An independent licensee of the Blue Cross and Blue Shield Association
RENEWAL CHANGE FORM

2019 Self-Funded

Blue Cross Blue Shield of North Carolina

If "yes," Blue Cross NC is relieved of the contractual obligation to provide the SBC document(s) to the group unless Blue Cross NC is further notified in writing.

If the group chooses "no," Blue Cross NC is required by law (yes/no)?

The group intends to use the default benchmark through North Carolina (yes/no)?

---

ELIGIBLE HEALTH BENEFITS BENCHMARK:

VI. Essential Health Benefits Under PPACA (All Grandfathered and non-grandfathered plans apply).

No Annual Dollar Limits for Essential Health Benefits under PPACA.

---

If no, what state benchmark does the group intend to use?

---

The selected benchmark plan, dollar limits and annual limits must be removed unless otherwise selected. The North Carolina benchmark plan will be the default benchmark plan.

---

An independent licensee of the Blue Cross and Blue Shield Association
RENEWAL CHANGE FORM
2019 Self-Funded

[Signature]

Authorized Signature (for Plan Administrator)

[Print Name]

[Title]

[Date]

[County Manager]

[Signature]

By signing below, you agree to the following statements:

ATTENTION (To be signed upon Blue Cross NC approval of benefit and eligibility change):

[Blue Cross Blue Shield of North Carolina Logo]
<table>
<thead>
<tr>
<th>#</th>
<th>Supercedes Rev.</th>
<th>Revision Details</th>
<th>Section Revised</th>
<th>Date Revised</th>
<th>#</th>
</tr>
</thead>
</table>

Revisions made during the negotiation process must be tracked for internal reference only. This section will be completed by the Client Manager and Account Implementation Specialist.

**FOR INTERNAL USE ONLY**

**RENEWAL CHANGE FORM**

2019 Self-Funded

An independent licensee of the Blue Cross and Blue Shield Association of North Carolina.
<table>
<thead>
<tr>
<th>Name: Courtney Goldston</th>
<th>Address: 12 East Street, Pittsboro, NC 27312</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information:</td>
<td>Email: <a href="mailto:courtney.goldston@chathamnc.org">courtney.goldston@chathamnc.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>919-545-8370</td>
</tr>
</tbody>
</table>

**Group Application for Blue Cross and Blue Shield of North Carolina Coverage**

- **Effective Date:** 07/01/2019
- **Group Number:** 27312
- **State:** NC
- **Tax ID No./EIN:** 56-60000284

**County of Chatham**

- **City:** Pittsboro
- **Address:** PO Box 1809
- **Zip Code:** 27312

**Proprietor/Manager**

- **Name:** NA
- **Relationship:** NA
- **Nature of Business:** NA

**Company Information**

- **Name:** NA
- **Address:** NA
- **City:** NA
- **Zip Code:** NA

**Group Information**

- **Name:** NA
- **Address:** NA
- **City:** NA
- **Zip Code:** NA

**Division/Subsidiary/Affiliates to be covered:** NA

**Are you including any affiliated groups under your coverage that together make up a controlled group that is considered a single employer as defined under Section 414(b), (c), (m), or (o) of the Internal Revenue Code?**

- **Yes:** No

**Industry Type (NAICS Code):** 92111

**Is coverage being offered to all full-time employees?**

- **Yes:** No
Group Name: County of Chatham

8. Group certifies whether or not it meets the definition of a Small Employer as defined by the North Carolina Small Employer Group Health Insurance Reform Act.

North Carolina General Statute § 58-50-110(2)(b): a "Small employer" means, in connection with a non-grandfathered, nontransitional group health plan with respect to a calendar year and a plan year, an employer who meets the definition of small employer under 42 U.S.C. §18024(b)(2): An employer who employed an average of at least one but not more than 50 employees on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year. The number of employees shall be determined using the method set forth in section 4980H(c)(2) of the Internal Revenue Code.

☐ Yes, as written before the passage of North Carolina Session Law 2013-357, AND is requesting a transitional plan
☐ Yes, as written after the passage of North Carolina Session Law 2013-357, AND is requesting an ACA plan or small group self-funded plan
☐ No

9. The Group certifies that all individuals enrolling for coverage meet the following definition of eligible employee: An eligible employee is an individual working 30 hours or more per week on a full-time basis with the employer reporting the FICA withheld by W2 Form on an annual basis. Persons whose compensation is reported entirely on 1099 Forms are not generally considered eligible. An individual who is a "statutory employee" as that term is defined under Internal Revenue Code Section 3121(c)(3) and works on a full-time basis for the Group may be considered eligible for small group coverage only. Documentation of "statutory employee" status is required. ☐ Yes ☐ No

ORIENTATION/PROBATIONARY PERIOD:

10. Health, Dental Blue, Dental Blue Select, Dental Blue Preferred, Blue 20/20: Eligibility requirements to be applicable to future employees.

Note: "0 day orientation/probationary period" is only available for health coverage for groups of 6 or more eligible employees:

☐ 1st of the month following 30 days ☐ Next day following 60 days ☐ 0 day, effective on date of hire
☐ Next day following 30 days ☐ Next day following 90 days ☐ Self-Funded Groups Only:
☐ 1st of the month following 60 days ☐ 60 days, effective first of the month following the date of hire
☐ (not greater than 90 days)

At the time of initial enrollment, will all employees be enrolled as of the effective date of the group or should the probationary period apply?
☐ All ☐ Probationary Period

11. Choose one of the following to be applicable to employees terminating coverage:

☐ End of the contract month following employment termination
☐ Last day of employment (only available to groups of 6 or more eligible employees)

12a. Domestic Partner Coverage Options (check all that apply):

☐ None ☐ Same Sex ☐ Opposite Sex

12b. Self-Funded Groups Only (250+): Same Sex Spousal Coverage Option*:

Do you want to provide same sex spousal coverage? ☐ Yes ☐ No

*If spouses are offered coverage, insured groups will automatically receive same sex spousal coverage.

GROUPS 51+:

13. Blue Cross NC standard eligibility allows for persons to be covered who are active, full-time employees, working 30 hours or more per week and their eligible dependents. Underwriting approval is required for any additional eligibility requests.

Pre 65 Retirees (Before Eligible Retiree Coverage): ☐ Yes ☐ No

Other Special Eligibility (please specify):

☐ Yes ☐ No

MUNICIPALITIES AND COUNTY GOVERNMENT ONLY:

If you employ Elected Officials, do you want to provide Elected Official coverage? ☐ Yes ☐ No

Medical / Health and Dental Blue / Dental Blue Select / Dental Blue Preferred

14. For Health Coverage:

Number of Eligible Employees: 526
Number of Enrolled Employees: 518

15. Group Employer Contribution for health coverage (select one):

☐ Percentage: 100% ☐ Percentage: varies by tier


16. For Dental Coverage:

Number of Eligible Employees:
Number of Enrolled Employees:

17. Will you offer dental coverage to:

☐ Employees only ☐ Employees and Retirees (only available to 51+)

18. Group Employer Contribution (percentage) for dental coverage: Employees: %. Dependents: %.

19. For Self-Insured Dental Coverage: Blue Cross NC offers a dental product which is intended to qualify as an excepted benefit (benefits include dollar limits on essential health benefits, i.e., pediatric dental services). In order to ensure the dental product qualifies as an excepted benefit, participants must be able to select or decline dental coverage independent from health coverage. Failure to meet this requirement could implicate issues under the Patient Protection and Affordable Care Act.

20. Please provide the average number of employees at your company during the preceding calendar year. This average must include all individuals employed by your company, whether an employee was full-time, part-time, and/or seasonal. Important: The federal government requires the total average number, regardless of whether employees were eligible to enroll, and/or participated in the group insurance coverage. Only include temporary employees if they worked for your company (i.e., employees that receive a W-2).

Number of Employees: 572
21. All employer-sponsored group health plans must offer COBRA continuation coverage unless the employer is exempt from COBRA. (An employer is exempt if the group (i) employed fewer than 20 employees (including all full-time, part-time, and seasonal employees) on at least 50% of its working days during the preceding calendar year; or (ii) is a church plan or governmental plan as defined under the Internal Revenue Code.)

Is your group health plan required to comply with federal COBRA continuation coverage requirements for this contract year? ☐ Yes ☐ No

Insured ONLY: For the group health plans selected below (medical / dental only), will the group delegate COBRA administration (as outlined in the Group Contract) to Blue Cross NC’s designee?

☐ Yes ☐ No, the group opts out of this service and will obtain its own COBRA administrator.

22. The Employee Retirement Income Security Act of 1974 (ERISA) regulates employee health benefit plans sponsored by most employers. Governmental Plans and church-sponsored plans (as defined by federal law) are exempt.

Will this coverage insure an Employee Welfare Benefit Plan that is regulated by ERISA? ☐ Yes ☐ No

If you checked yes, please identify a contact person for ERISA plan information.

Name and Title: ___________________________
Address: ___________________________ Phone: ___________________________

23. Under federal law, the Plan Administrator may be required to provide a notice to Plan Participants who do not read English but are literate in another language, advising them of where they can get information and assistance concerning their benefits and member rights. The notice must be in their primary language and appear in the summary plan description (member booklet). The following information is being requested to determine if such a notice will be necessary. It may also assist Blue Cross NC in meeting special customer service needs.

For Groups 1-99: Are 25% or more of all plan participants literate only in the same foreign (non-English) language? ☐ Yes ☐ No

If Yes, what is the primary language (e.g., Spanish)? ___________________________

For Groups 100+: Are 10% or more (or 500) of the plan participants whichever is less, literate only in the same foreign (non-English) language? ☐ Yes ☐ No

If Yes, what is the primary language (e.g., Spanish)? ___________________________

24. The Group acknowledges that it agrees to pay Blue Cross NC the following rates for the benefits below.

Please check the benefit plan(s) you have selected for your group. If you will be contributing to an HSA during the benefit period, please verify benefit plans, annual contribution amounts, and the HSA administrator you will be contributing through.

Blue Options™ (PPO) / Blue Care® (HMO) / Classic Blue® (CMM) / Blue Value 1-2-3™ (PPO) / Blue Value™ (POS) / Blue Select™ (PPO) 51+ / Blue Select Plus™ (PPO) / Blue Local™ with Atrium Health® / Dental Blue / Dental Blue Select / Dental Blue Preferred 51+ / Blue 20/20

If quote number/product name selected is not displayed, please enter quote number/product name under appropriate product.

* The group understands that the plan selected has a local provider network limited to the Blue Local with Atrium Health network. The group certifies that all covered employees live in one of the following approved counties: Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Rowan, Stanly, and Union. The group acknowledges that not all Blue Cross NC contracted providers are in this plan’s network. The group also acknowledges that if a covered employee uses a provider not in this plan’s network, the employee may receive benefits at the out-of-network level.

Quote Number: Blue Options- Modified Quote #5223944 ($135,000 ISL Deductible Option)

Plan Name: Blue Options

Quote number and rates for groups. Small employers enrolling in two plans must indicate high and low plan.

$135,000 ISL Deductible
ISL Premium: $80.89 PEMP
Agg. Premium: $9.43 PEMP
Admin. Fee: $20.00 PEMP
25. Are you pairing your benefit with an HRA?  ☐ Yes  ☑ No  
If yes, please choose:  ☐ Integrated Blue Cross NC Fund Administrator (Health Equity)  ☐ Other Fund Administrator  
Is the group an S-Corp?  ☐ Yes  ☑ No  
If yes, are the owners electing coverage?  ☐ Yes  ☑ No  If yes, please provide the name of the owner(s)

26. FULLY INSURED SMALL GROUPS (1-50 Eligible Employees if Grandfathered or Transitional, Otherwise, 1-50 Full-Time Equivalents)  
Please select your HSA Administrator Option:  
☐ Integrated Blue Cross NC Fund Administrator (Health Equity)  ☐ Other Fund Administrator  

27. LARGE GROUPS (51+ Eligible Employees if Grandfathered, Otherwise, 51+ Full-Time Equivalents, 26+ Self-Funded)  
Blue Options HSA™ - HSA Eligible Plans  
This section must be completed to ensure accurate enrollment. Please write in quote information below, if existing quotes do not reflect the Group's final choices. Any change in the amounts you listed below could result in a change to the rate you were quoted. Please also verify if fees should be included in the premium or deducted from the employee's HSA account. (51+)

<table>
<thead>
<tr>
<th>Quote Number</th>
<th>LOB</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child</th>
<th>Employee + Children</th>
<th>Employee + Family</th>
<th>Employee + 1 Other</th>
<th>HSA Administrator</th>
<th>Include in Premium</th>
<th>Deduct from Employee's HSA Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Certification of Compliance with Federal and/or State Mandates: Federal Social Security laws require employers to provide primary health care benefits under employer group health plans to certain individuals who are entitled to Medicare. The Group certifies and agrees that individuals eligible for Medicare, who are required to receive primary health care benefits under the Group's employee group health plan pursuant to federal Social Security laws, will be enrolled in a manner consistent with such laws. The Group hereby agrees to indemnify Blue Cross NC, hold it harmless against and reimburse it for any and all expenses paid or incurred by Blue Cross NC due to any act or omission of the Group or the employer inconsistent with the relevant Social Security laws, as amended.
Blue 20/20 Vision

29. (a) Will the Employer pay any amount towards the vision premium? ☐ Yes ☐ No

(b) Employer (group) paid premium contribution percentage: For Employee: ______%  For Dependents: ______%  
(c) Is your group vision plan exempt from COBRA? ☐ Yes ☐ No

(d) For Vision Coverage: Number of Eligible Employees _______  Number of Enrolled Employees _______

PLAN OPTIONS: (select)  

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Exam copay</th>
<th>Frame allowance</th>
<th>Frame frequency</th>
<th>Lens copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue 20/20 Exam Only</td>
<td>☐ $0</td>
<td>☐ $100</td>
<td>☐ 1 per 12 months</td>
<td>☐ $10</td>
</tr>
<tr>
<td></td>
<td>☐ $15</td>
<td>☐ $130</td>
<td></td>
<td>☐ $25</td>
</tr>
<tr>
<td></td>
<td>☐ $20</td>
<td>☐ $150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue 20/20 Exam Plus</td>
<td>☐ $0</td>
<td>☐ $100</td>
<td>☐ 1 per 12 months</td>
<td>☐ $10</td>
</tr>
<tr>
<td></td>
<td>☐ $15</td>
<td>☐ $130</td>
<td></td>
<td>☐ $25</td>
</tr>
<tr>
<td></td>
<td>☐ $20</td>
<td>☐ $150</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Premiums are based on a Per Employee Per Month fee

<table>
<thead>
<tr>
<th>Premium Type</th>
<th>Employees Only $</th>
<th>Employee + Spouse/Domestic Partner $</th>
<th>Employee + Children $</th>
<th>Employee + Family $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blue 20/20 Lens & Frame Only

Material allowance:  ☐ $200  ☐ $250  ☐ $300

Payment Options:

30. Authorization for Bank Draft

New Groups:
☐ Automatic Bank Draft - withdraw the Group’s initial and subsequent monthly premium payments (recurring payments). This authorization will remain in effect until an authorized representative of the Group revokes it in writing at least 10 days prior to the date the account is scheduled to be charged. (Required for small group self-funded plans)

☐ Monthly Payments Online - withdraw the Group’s initial premium payment (a one-time payment). The Group will log into Blue Cross NC’s Employer Services website for each additional month they would like drafted.

☐ Paper Transactions - A check is enclosed for the premium payment. Future monthly payments will be made by check upon receipt of a paper invoice.

Renewing Groups:
Required for small group self-funded plans. The automatic bank draft options shown above are available to renewal groups as well.
Renewal groups may elect the desired options by logging into Blue Cross NC’s Employer Services website at https://www.bluecrossnc.com/employer-services.

Name of Bank Account Holder:  

same as current

Bank Routing Transit Number:  

Bank Account Number:  
This number appears to the right of the transit number and is separated from the transit number by symbols/spaces. Your number may be shorter than the boxes provided above.

See authorization for bank drafts under Statement of Understanding.
31. Agent Fee Payments:
In applying for this coverage, the self-funded groups (26+) and insured groups (100+) understand that they are responsible for reaching an agreement with the producer regarding agent fee payments. While Blue Cross NC is not responsible for producer agent fee, Blue Cross NC is available to help facilitate the process. A separate agreement where Blue Cross NC will bill the Group and accept producer agent fee payments from the Group on be half of a producer is available.

32. Effective Date of Coverage:
Subject to the acceptance of this application by Blue Cross NC at its home office and the payment of applicable fees, the effective date of coverage for the group health plan, pursuant to this application, shall be 12:01 AM Eastern time on the ___ day of July ___ (month), 2019 (year).

33. Statement of Understanding:
Insured Groups Only (all sizes):
By signing below, I certify that I am the authorized signer on behalf of the Group and that all information provided is complete and accurate. I further understand that submission of this application and requisite fees constitutes an offer and a binding contract upon acceptance, as applicable, by Blue Cross NC. Acceptance of the offer by Blue Cross NC shall be signified by the earlier of the following events: Blue Cross NC’s issuance of the Contract or issuance of identification cards to the Group’s members. The Contract issued by Blue Cross NC shall set out the terms of the agreement between the parties, and this application shall be incorporated therein by reference, Group agrees that the Contract shall be binding upon the parties as issued, without the necessity of signature by the Group. In the event Blue Cross NC issues the Group Contract electronically, it may be accessed via www.bluecrossnc.com/employer-services, or may be requested in writing by calling 1-800-446-8053. A representative sample of the Contract is available upon request.

Groups that select an HSA administered by Blue Cross NC’s chosen HSA administrator:
I understand that submission of this application and requisite fees constitutes an offer and a binding contract upon acceptance, as applicable, by Blue Cross NC’s chosen HSA administrator. The Contract provided by Blue Cross NC and the HSA administrator shall set out the terms of the agreement between the parties.

Fully Insured Small Group Disclosure (Required by NCGS 58-50-130(d)):
By signing below, I attest to understanding that in connection with offering a health benefit plan, Blue Cross NC guarantees the availability and renewability of coverage for small employers; provides 12-month initial and renewal rate guarantees unless benefits are changed, and that benefits available and premiums charged for health benefit plans offered to small employers are available upon request.

Self-Funded Groups:
By signing below, I certify that I am the authorized signer on behalf of the Group and that all information provided is complete and accurate. I understand that as a self-funded group the Group will enter into an Administrative Services Agreement (ASA) with Blue Cross NC for claims administration that requires a separate signature. If the Group is purchasing HRA/FSA Administration through an administrator, a separate contract may be required.

Groups who have selected Automatic Draft:
I further certify that I am an authorized user of the bank account designated on this application (“Bank Account”). I hereby request and authorize Blue Cross and Blue Shield of North Carolina (Blue Cross NC) to charge the initial and/or subsequent premium payments, payments for health products, as I further certify, to the Bank Account payable to the order of Blue Cross NC. I agree that Blue Cross NC’s right in respect to the bank draft shall be the same as if it were a check drawn on the Bank Account and signed by me or another authorized user. I also authorize the financial institution to reduce the balance of the Bank Account by the amount of the bank draft. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, Blue Cross NC shall have no liability whatsoever even though dishonor results in forfeiture of insurance. Finally, I understand that unless noted on this application all invoices will be available on the Blue Cross NC’s Employer Services website (www.bluecrossnc.com/employer-services) and I will not receive a paper invoice.

Signature of Authorized Official: ___________________________ Date: 05/09/2019

Email Address: dan.lamontagne@chathamnc.org

Print Name: DAN LAMONTAGNE Title: COUNTY MANAGER

Agent Name: Bryan Bickley Date: 04/15/2019

Agent Number: 
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The programs below are incorporated into your medical benefits. The applicable fee is listed.</td>
<td></td>
</tr>
<tr>
<td>Mental Health/Substance Abuse Management</td>
<td>$0.28 Per member per month Provides utilization management for higher levels of care, including the provision of: preauthorization, referral to the Blue Cross NC provider network, care coordination, case management, and after-care planning.</td>
</tr>
<tr>
<td>Diagnostic Imaging Management (DIM)</td>
<td>$0.35 Per member per month Include Requires prior review for all CT, CTA, MRI, MRA, PET scans. Echocardiography and nuclear cardiology studies performed in an outpatient setting. Managed by American Imaging Management, Inc (AIM).</td>
</tr>
<tr>
<td>Medical Oncology Solution</td>
<td>$0.21 Per member per month Include Promotes the use of evidence-based treatment guidelines and quality outcomes by efficient use of chemotherapy and supportive agents.</td>
</tr>
<tr>
<td>Specialty Care Shopper Program</td>
<td>$0.06 Per member per month Exclude Guides providers and members to best imaging site by providing cost and quality transparency for CT and MRI studies. If included, SmartShopper must be excluded.</td>
</tr>
<tr>
<td>Sleep Study Management Program</td>
<td>$0.10 Per member per month Exclude Requires prior approval for sleep studies and related durable medical equipment.</td>
</tr>
<tr>
<td>Telehealth Service</td>
<td>Pricing varies based on selection Per employee per month Provide services to members via remote consultation with a doctor who can diagnose health issues and prescribe medication. Package 1: Standard Package 2: Standard + Audio-only option Package 3: Standard &amp; Behavioral Health w/Audio-only + Dermatology</td>
</tr>
<tr>
<td>Signature Service</td>
<td>Pricing varies based on selection Per member per month A high touch service solution designed to provide expert service and support, educate and drive engagement in your benefit programs, and simplify the overall healthcare experience for employers and members. *Group must have 10,000+ members to qualify for Dedicated support.</td>
</tr>
<tr>
<td>Note: program is only available to ASO groups with 500+ enrolled subscribers</td>
<td></td>
</tr>
</tbody>
</table>

The standard programs below are charged at a rate of $0.79 PMPM.

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Outcomes Condition Care</td>
<td>Provides support for members with Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. Includes printed material as well as telephonic disease management health coaching. Intensity of coaching varies by acuity.</td>
</tr>
<tr>
<td>My Pregnancy Program</td>
<td>Supports expecting mothers through pregnancy and delivery. Includes educational material and tailored risk assessments.</td>
</tr>
<tr>
<td>Health Line Blue</td>
<td>24/7 Nurse Line: Confidential health information resource staffed by highly trained registered nurses.</td>
</tr>
</tbody>
</table>
| Online Wellness Programs                          | Online Wellbeing Assessment*, Goal Setting and Tracking. Personal Health Record, Wellness Tools, Educational Materials, Wellness Courses, and Coaching. Wellbeing Assessment can be suppressed; see Wellness Plan selection below for more information. *
*Paper assessments have an additional cost of $16.50 per processed form. |
| Wellness Plan Design                              | Achiever C (28) Refers to the wellness experience in the Healthy Outcomes wellness portal. Design options range from non-tracking, participation-based, to activity or points-based, by which members complete wellness activities to reach a goal. Weekly reporting tracks activities completed and credits earned. Note: Choosing Core A (1a) will suppress the Wellbeing Assessment. |
### Program

<table>
<thead>
<tr>
<th>The programs below are optional at the indicated price.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression Management</strong></td>
</tr>
<tr>
<td>UDS 173</td>
</tr>
<tr>
<td>Per member per month $0.09</td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
</tr>
<tr>
<td>UDS 174</td>
</tr>
<tr>
<td>- Comprehensive</td>
</tr>
<tr>
<td>- Fibromyalgia/Migraine</td>
</tr>
<tr>
<td>Per member per month $0.39</td>
</tr>
<tr>
<td><strong>Lifestyle Coaching</strong></td>
</tr>
<tr>
<td>UDS 175</td>
</tr>
<tr>
<td>Per member per month $0.22</td>
</tr>
<tr>
<td><strong>Eat Smart, Move More, Weigh Less</strong></td>
</tr>
<tr>
<td>UDS 148 [Not billed as a Care Management Fee]</td>
</tr>
<tr>
<td>Per participant per Part $205.00</td>
</tr>
<tr>
<td><strong>Rx Savings Solutions</strong></td>
</tr>
<tr>
<td>UDS 227</td>
</tr>
<tr>
<td>35% Shared Savings, quarterly Include</td>
</tr>
<tr>
<td><strong>GuidedHealth Rx Program</strong></td>
</tr>
<tr>
<td>UDS 230</td>
</tr>
<tr>
<td>Per member per month $0.10</td>
</tr>
<tr>
<td><strong>SmartShopper Program</strong></td>
</tr>
<tr>
<td>UDS 169</td>
</tr>
<tr>
<td>Per employee per month $2.35</td>
</tr>
</tbody>
</table>

### Description

- **Depression Management**: Disease management program that provides holistic support and ongoing education to help members manage and cope better with their depression.
- **Pain Management**: Disease management program that includes support for: back pain (including upper and lower back and neck), rheumatoid arthritis, migraines and tension headaches; fibromyalgia; tendonitis/bursitis; elbow and rotator cuff disorders; carpal tunnel syndrome; osteoarthritis; frozen shoulder; and regional musculoskeletal disorders.
- **Lifestyle Coaching**: Live coaching program that encourages members to adopt healthier behaviors. Members receive one-on-one coaching through phone and email.
- **Eat Smart, Move More, Weigh Less**: Part 1 is a 15-week weight management program. Part 2 is a 12-biweekly weight management continuation program.
- **Rx Savings Solutions**: Analyzes prescription drug claims to deliver members personalized recommendations on medications that would achieve desired clinical outcomes and maximize savings. Included for Balanced Funding at no cost. PharmaSure groups must include.
- **GuidedHealth Rx Program**: Identifies drug therapy opportunities and engages doctors to improve care and lower costs using an analysis of pharmacy and medical data.
- **SmartShopper Program**: SmartShopper is an engagement incentive program - part of the Blue Cross NC cost transparency tool. It pays members cash for shopping for certain procedures and selecting a cost effective provider. If included, Specialty Care Shopper must be excluded. Activation form must be completed and sent to Vitalis.

### Caveats

1. Depression Management, Comprehensive Pain Management, and Fibromyalgia and Migraine Pain Management programs cannot be purchased if the Healthy Outcomes Condition Care program is carved out of the core package.
2. Member portal will only display programs purchased.
3. Please refer to the full rate schedule for complete list of all rates and assumptions and caveats.
4. Fees are effective as of the contract renewal date stated on this document, and are subject to change during the year.
5. Online wellness programs must be purchased if Health Assessment is chosen.
6. Lifestyle Coaching is not available to groups in Core A.
7. With regard to the Wellness Plan Design, if you choose to offer rewards, please consult with your tax advisor and attorney to ensure that the design and any rewards comply with all applicable laws and regulations. Employer remains responsible for designing and funding the rewards component.

By signing below, I agree that this document accurately reflects (1) the program selections that will be charged as care management fees and (2) the Wellness Plan Design selected and any additional fees, if applicable, that will be charged as administrative fees under the administrative services agreement with BCBSNC for the above-noted contract year. I further acknowledge that if any other incentives are provided by the Group (e.g., PTO) BCBSNC has no responsibility or liability with regard to the administration of those incentives other than providing necessary reports.

**Plan Administrator Signature**

This Instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act. 2019.

Vicki S. McConnell, Finance Officer

An independent licensee of the Blue Cross and Blue Shield Association, 2012.

Updated February 2019
<table>
<thead>
<tr>
<th><strong>Effective Date</strong></th>
<th>July 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>June 30, 2020</td>
</tr>
<tr>
<td><strong>Group Name</strong></td>
<td>County of Chatham</td>
</tr>
<tr>
<td><strong>Service City</strong></td>
<td>Pittsboro</td>
</tr>
<tr>
<td><strong>COBRA Administrator</strong></td>
<td>Flores &amp; Associates</td>
</tr>
<tr>
<td><strong>If not CobraServe, please provide COBRA Administrator phone number</strong></td>
<td>704-335-8211</td>
</tr>
<tr>
<td><strong>Summary Plan Description</strong></td>
<td>YES</td>
</tr>
<tr>
<td><strong>ERISA Number</strong></td>
<td>501</td>
</tr>
<tr>
<td><strong>ERISA Name</strong></td>
<td>County of Chatham Group and Welfare Plan</td>
</tr>
<tr>
<td><strong>Sponsor Name</strong></td>
<td>County of Chatham</td>
</tr>
<tr>
<td><strong>Sponsor Address (City, State Zip)</strong></td>
<td>Street Address 12 East Street City Pittsboro State NC Zip Code 27312</td>
</tr>
<tr>
<td><strong>Sponsor Tax ID #</strong></td>
<td>56-6000284</td>
</tr>
<tr>
<td><strong>Sponsor Telephone</strong></td>
<td>919-548-8301</td>
</tr>
<tr>
<td><strong>Affiliate Name</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Plan Administrator</strong></td>
<td>County of Chatham</td>
</tr>
<tr>
<td><strong>Plan Address</strong></td>
<td>Street Address 12 East Street City Pittsboro State NC Zip Code 27312</td>
</tr>
</tbody>
</table>
Uniform Benefit Changes

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross and Blue Shield of North Carolina's (Blue Cross NC’s) base benefits. These changes are effective at the group’s effective/renewal date.

<table>
<thead>
<tr>
<th>Existing Benefit Design</th>
<th>Product Lines</th>
<th>Benefit Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulators</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 07/1/2018 - 09/30/2019 For all non-grandfathered plans that move from Blue Options HSA with individual deductibles $3,000 or greater to the new HSA eligible medical plan with an individual deductible of $3,000 or greater and purchase it with an HSA Fund. • Plans will have embedded Deductible and Out of Pocket Limits.</td>
</tr>
<tr>
<td>Blue Options HSA plans with aggregate deductibles and Out of Pocket Limits</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 For all non-grandfathered plans Blue Cross NC will no longer cover routine vision exams embedded in the medical plan. • Routine vision exam not covered for adults and children.</td>
</tr>
<tr>
<td>Routine Vision Exam Adults and Children</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 For all non-grandfathered plans Blue Cross NC will no longer offer the lenses and frames riders. • Lenses and Frames riders removed. no longer offered.</td>
</tr>
<tr>
<td>Covered at 100%</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 For all non-grandfathered plans Blue Cross NC will no longer offer the lenses and frames riders. • Lenses and Frames riders removed. no longer offered.</td>
</tr>
<tr>
<td>Leases and Frames Riders (optional coverage)</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 For all non-grandfathered plans Blue Cross NC will no longer offer the lenses and frames riders. • Lenses and Frames riders removed. no longer offered.</td>
</tr>
<tr>
<td>Partial coverage for eyeglasses and contact lenses</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 For all non-grandfathered plans Blue Cross NC will no longer offer the lenses and frames riders. • Lenses and Frames riders removed. no longer offered.</td>
</tr>
<tr>
<td>Telehealth (26+ Balanced Funding - Standard)</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 Blue Cross NC will add Telehealth benefits to MDLIVE for all groups with Standard Balanced Funding plan designs. • Telehealth - Medical/acute care only • Covered at the 10% cost share.</td>
</tr>
<tr>
<td>Not covered</td>
<td>Blue Options℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 Blue Cross NC will cover ADA dental code D1354 • Limited to members age 6, for primary teeth only.</td>
</tr>
<tr>
<td>Interim Caries Arresting Medicament</td>
<td>Dental Blue℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 Blue Cross NC will change the name to the following: • Blue Local with Atunum Health</td>
</tr>
<tr>
<td>Blue Local with Carolinas HealthCare System</td>
<td>Blue Local with Carolinas HealthCare System℠</td>
<td>For groups with effective dates 01/1/2019 - 12/31/2019 Blue Cross NC will change the name to the following: • Blue Local with Atunum Health</td>
</tr>
</tbody>
</table>

*℠ Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Created by MD on 1/31/19
AGENT FEES COLLECTION AGREEMENT

THIS AGENT FEES COLLECTION AGREEMENT (the “Agreement”) is entered into on July 1, 2019 (“Effective Date”) by and between Blue Cross and Blue Shield of North Carolina (“BCBSNC”), a North Carolina corporation and an independent licensee of the Blue Cross and Blue Shield Association,

Bryan Bickley (“Agent”),

James A. Scott & Son, Inc. (“Agency”), and

County of Chatham (“Group”), each a “Party” and collectively “Parties.”

BACKGROUND

Group will purchase certain health, dental, and/or stop-loss insurance products from BCBSNC and/or its affiliates (“Products”) through the services of Agent, an appointed agent of BCBSNC and the Group’s Agent of Record (“AOR”). Group understands that the law and BCBSNC, through its contract and BCBSNC Policies and Procedures, set some requirements for services provided by Agent to Group. Group also understands that Agent provides more services than those required by BCBSNC to Group. Group agrees to pay Agent an agreed upon set of fees for each of the Products (“Agent Fees”) for such additional services. Group would like BCBSNC to bill Group the Agent Fees. Agent would like BCBSNC to collect Agent Fees from Group and pay Agent Fees to Agency. Group, Agent, and Agency understand that BCBSNC is not responsible for any portion of the agreed upon Agent Fees or for the additional services provided by the Agent.

AGREEMENT

1. Services Provided by Agent to Group. Agent shall provide services related to each of the Products to Group that are consistent with all applicable laws, any contracts Agent may have with BCBSNC, and BCBSNC Policies and Procedures. Agent agrees, represents, and warrants that it has the authority to bind Agency to this Agreement. Group understands that BCBSNC has no liability or responsibility for services provided by the Agent outside of what is required by BCBSNC’s agent/agency contracts and BCBSNC Policies and Procedures.
2. Amount of Agent Fees. Group agrees to pay the following Agent Fees for services provided by Agent in connection with each of the Products starting the Effective Date (check one of the two options):

(Complete only the applicable boxes)

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Percent of Monthly Premium (per employee per month)</th>
<th>Flat Fees per Month (per employee per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td>$10.00</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop-Loss</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Agent of Record Change. All Parties acknowledge that this Agreement does not restrict Group from changing or removing its AOR. Group understands that changing its AOR shall terminate this agreement and that any replacement AOR Agent Fees must be the same as the previous AOR's Agent Fees unless otherwise agreed upon by all the Parties.

4. Remittance of Agent Fees to BCBSNC. BCBSNC agrees to include Agent Fees in its monthly premium statement to Group for Products premium. Group shall include Agent Fees in its monthly remittance of premium payment to BCBSNC. While Agent Fees is held by BCBSNC, all parties agree that BCBSNC may earn interest or other investment income on such Agent Fees.

5. Agent Fees to Agency. BCBSNC shall pay Agent Fees to Agency on a monthly basis after receiving Agent Fees from Group. Should BCBSNC pay any amount of Agent Fees to Agency that BCBSNC, for any reasons, did not collect or was required to return from Group, BCBSNC shall notify Agency and BCBSNC shall recoup such Agent Fees amounts. BCBSNC, in its sole discretion, may recoup by demanding repayment from Agency or deduct such Agent Fees amounts from any future payments to Agency under any agreement between BCBSNC and Agency.

6. Partial Payments. In the event that Group does not remit the full amount of any monthly premiums and Agent Fees for any month, in its sole discretion, BCBSNC will review the amount and its policies and procedures at that time and determine whether to continue the Group's coverage. If the Group's coverage continues, Agent Fees will be paid to Agency for that time period of coverage. BCBSNC is not responsible for payment of Agent Fees if it does not receive Agent Fees from Group.

7. Terminations. This Agreement shall terminate: i) on the day that Group no longer purchases any Products as identified in this Agreement from BCBSNC; ii) on the effective date of when a Group changes its AOR or removes Agent as its AOR; iii) upon replacement with a new Agent Fees Collection Agreement; or iv) by any Party upon at least thirty (30) days prior written notice to all other Parties.

8. Miscellaneous. This Agent Fees Collection Agreement supersedes all prior Agent Fees Collection Agreements between the same parties. This Agreement embodies the entire agreement and understanding of the parties with respect of the subject matter of this Agreement. This Agreement may be amended, modified or supplemented only by written agreement of all of the parties hereto. The execution, interpretation, and performance of this Agreement shall be governed by the internal laws and judicial decisions of the State of North Carolina.
BlueCross BlueShield of North Carolina

[Execution Page Follows]
In WITNESS WHEREOF, the parties have executed this contract.

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Signed:

Name: K. Steve Crist
Title: Vice President, Group Markets
Date: 

GROUP

Signed: 

Name: DAN LAMONTAGNE 
Title: COUNTY MANAGER
Date: 5-9-2019

AGENCY AGENT

Signed: B

Name: Bryan Bickley
Title: Vice President, Benefits Consultant
Date: 4/16/19

Agency: James A. Scott & Son, Inc.
Agency Tax ID: 54-0372970
AGENT FEES COLLECTION AGREEMENT

THIS AGENT FEES COLLECTION AGREEMENT (the “Agreement”) is entered into on July 1, 2019 (“Effective Date”) by and between Blue Cross and Blue Shield of North Carolina (“BCBSNC”), a North Carolina corporation and an independent licensee of the Blue Cross and Blue Shield Association,

Bryan Bickley (“Agent”),

James A. Scott & Son, Inc. (“Agency”), and

County of Chatham (“Group”), each a “Party” and collectively “Parties.”

BACKGROUND

Group will purchase certain health, dental, and/or stop-loss insurance products from BCBSNC and/or its affiliates (“Products”) through the services of Agent, an appointed agent of BCBSNC and the Group’s Agent of Record (“AOR”). Group understands that the law and BCBSNC, through its contract and BCBSNC Policies and Procedures, set some requirements for services provided by Agent to Group. Group also understands that Agent provides more services than those required by BCBSNC to Group. Group agrees to pay Agent an agreed upon set of fees for each of the Products (“Agent Fees”) for such additional services. Group would like BCBSNC to bill Group the Agent Fees. Agent would like BCBSNC to collect Agent Fees from Group and pay Agent Fees to Agency. Group, Agent, and Agency understand that BCBSNC is not responsible for any portion of the agreed upon Agent Fees or for the additional services provided by the Agent.

AGREEMENT

1. Services Provided by Agent to Group. Agent shall provide services related to each of the Products to Group that are consistent with all applicable laws, any contracts Agent may have with BCBSNC, and BCBSNC Policies and Procedures. Agent agrees, represents, and warrants that it has the authority to bind Agency to this Agreement. Group understands that BCBSNC has no liability or responsibility for services provided by the Agent outside of what is required by BCBSNC’s agent/agency contracts and BCBSNC Policies and Procedures.
2. **Amount of Agent Fees.** Group agrees to pay the following Agent Fees for services provided by Agent in connection with each of the Products starting the Effective Date (check one of the two options):

(Complete only the applicable boxes)

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Percent of Monthly Premium (per employee per month)</th>
<th>Flat Fees per Month (per employee per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td>$10.00</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop-Loss</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Agent of Record Change.** All Parties acknowledge that this Agreement does not restrict Group from changing or removing its AOR. Group understands that changing its AOR shall terminate this agreement and that any replacement AOR’s Agent Fees must be the same as the previous AOR’s Agent Fees unless otherwise agreed upon by all the Parties.

4. **Remittance of Agent Fees to BCBSNC.** BCBSNC agrees to include Agent Fees in its monthly premium statement to Group for Products premium. Group shall include Agent Fees in its monthly remittance of premium payment to BCBSNC. While Agent Fees is held by BCBSNC, all parties agree that BCBSNC may earn interest or other investment income on such Agent Fees.

5. **Agent Fees to Agency.** BCBSNC shall pay Agent Fees to Agency on a monthly basis after receiving Agent Fees from Group. Should BCBSNC pay any amount of Agent Fees to Agency that BCBSNC, for any reasons, did not collect or was required to return from Group, BCBSNC shall notify Agency and BCBSNC shall recoup such Agent Fees amounts. BCBSNC, in its sole discretion, may recoup by demanding repayment from Agency or deduct such Agent Fees amounts from any future payments to Agency under any agreement between BCBSNC and Agency.

6. **Partial Payments.** In the event that Group does not remit the full amount of any monthly premiums and Agent Fees for any month, in its sole discretion, BCBSNC will review the amount and its policies and procedures at that time and determine whether to continue the Group’s coverage. If the Group’s coverage continues, Agent Fees will be paid to Agency for that time period of coverage. BCBSNC is not responsible for payment of Agent Fees if it does not receive Agent Fees from Group.

7. **Terminations.** This Agreement shall terminate: i) on the day that Group no longer purchases any Products as identified in this Agreement from BCBSNC; ii) on the effective date of when a Group changes its AOR or removes Agent as its AOR; iii) upon replacement with a new Agent Fees Collection Agreement; or iv) by any Party upon at least thirty (30) days prior written notice to all other Parties.

8. **Miscellaneous.** This Agent Fees Collection Agreement supersedes all prior Agent Fees Collection Agreements between the same parties. This Agreement embodies the entire agreement and understanding of the parties with respect of the subject matter of this Agreement. This Agreement may be amended, modified or supplemented only by written agreement of all of the parties hereto. The execution, interpretation, and performance of this Agreement shall be governed by the internal laws and judicial decisions of the State of North Carolina.
In WITNESS WHEREOF, the parties have executed this contract.

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Signed: K. Steve Crist
Name: K. Steve Crist
Title: Vice President, Group Markets
Date: 

GROUP

Signed: Dan Lamontagne
Name: Dan Lamontagne
Title: County Manager
Date: 5-9-2019

AGENCY / AGENT

Signed: Bryan Bickley
Name: Bryan Bickley
Title: Vice President, Benefits Consultant
Date: 4/15/19
Agency: James A. Scott & Son, Inc.
Agency Tax ID: 54-0372970

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Vicki S. McConnell, Finance Officer
## Program Selection Chart (ASO and Balanced Funding 250-999 eligible subscribers)

Important contractual document. Please retain for your records.

Unless otherwise noted, all fees listed below will be billed as a Care Management fee on your monthly Statement of Account. Care Management fees are a component of Claims Expense and are included in your claims projections.

### Program | Description
---|---
Mental Health/Substance Abuse Management | Provides utilization management for higher levels of care, including the provision of preauthorization, referral to the Blue Cross NC provider network, care coordination, case management, and after-care planning.

| | $0.28 Per member per month |

Diagnostic Imaging Management (DIM) | Requires prior review for all CT, CTA, MRI, MRA, PET scans, Echocardiography and nuclear cardiology studies performed in an outpatient setting. Managed by American Imaging Management, Inc (AIM).

| | $0.35 Per member per month Include |

Medical Oncology Solution | Promotes the use of evidence-based treatment guidelines and quality outcomes by efficient use of chemotherapy and supportive agents.

| | $0.21 Per member per month Include |

Specialty Care Shopper Program | Guides providers and members to best imaging site by providing cost and quality transparency for CT and MRI studies.

| | $0.06 Per member per month Exclude |

Sleep Study Management Program | Requires prior approval for sleep studies and related durable medical equipment.

| | $0.10 Per member per month Exclude |

Telehealth Service | Pricing varies based on selection

| | Per employee per month Exclude/Balanced Funding Bc |

Signature Service | Provides services to members via remote consultation with a doctor who can diagnose health issues and prescribe medication.

| | Pricing varies based on selection

| | Per member per month Exclude |

| Package 1: Standard |
| Package 2: Standard + Audio-only option |
| Package 3: Standard & Behavioral Health w/Audio-only + Dermatology |

Note: program is only available to ASC groups with 500+ enrolled subscribers

### Program | Description
---|---
The standard programs below are charged at a rate of $0.79 PMPM.

Healthy Outcomes Condition Care | Provides support for members with Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. Includes printed material as well as telephonic disease management health coaching. Intensity of coaching varies by acuity.

| UDS 189 |

My Pregnancy Program | Supports expecting mothers through pregnancy and delivery. Includes educational material and tailored risk assessments.

| UDS 172 |

Health Line Blue | 24/7 Nurse Line: Confidential health information resource staffed by highly trained registered nurses.

| UDS 142 |

Online Wellness Programs | Online Wellbeing Assessment*, Goal Setting and Tracking, Personal Health Record, Wellness Tools, Educational Materials, Wellness Courses, and Coaching. Wellbeing Assessment can be suppressed; see Wellness Plan selection below for more information.

| UDS 182 |

*Paper assessments have an additional cost of $16.50 per processed form.

Wellness Plan Design | Refers to the wellness experience in the Healthy Outcomes wellness portal. Design options range from non-tracking, participation-based, to activity or points-based, by which members complete wellness activities to reach a goal. Weekly reporting tracks activities completed and credits earned.

| Achiever C (28) |

Note: Choosing Core A (1a) will suppress the Wellbeing Assessment.
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Management</td>
<td>$0.09 Per member per month Exclude Disease management program that provides holistic support and ongoing education to help members manage and cope better with their depression.</td>
</tr>
<tr>
<td>Pain Management</td>
<td>$0.36 Per member per month Exclude Disease management program that includes support for: back pain (including upper and lower back and neck); rheumatoid arthritis; migraines and tension headaches; fibromyalgia; tendonitis/bursitis; elbow and rotator cuff disorders; carpal tunnel syndrome; osteoarthritis; frozen shoulder; and regional musculoskeletal disorders.</td>
</tr>
<tr>
<td>Lifestyle Coaching</td>
<td>$0.22 Per member per month Exclude Live coaching program that encourages members to adopt healthier behaviors. Members receive one-on-one coaching through phone and email. Program Election Chart must be completed to receive complimentary BeHealthy campaign.</td>
</tr>
<tr>
<td>Eat Smart, Move More, Weigh Less</td>
<td>$205.00 Per participant per Part Exclude Part 1 is a 15-week weight management program. Part 2 is a 12-biweekly weight management continuation program. This will be billed through claims, not as a Care Management fee.</td>
</tr>
<tr>
<td>Rx Savings Solutions</td>
<td>35% Shared Savings, quarterly Include Analyzes prescription drug claims to deliver members personalized recommendations on medications that would achieve desired clinical outcomes and maximum savings. Included for Balanced Funding at no cost. PharmaSure groups must include.</td>
</tr>
<tr>
<td>GuidedHealth Rx Program</td>
<td>$0.10 Per member per month Include Identifies drug therapy opportunities and engages doctors to improve care and lower costs using an analysis of pharmacy and medical data.</td>
</tr>
<tr>
<td>SmartShopper Program</td>
<td>$2.35 Per employee per month Exclude SmartShopper is an engagement incentive program - part of the Blue Cross NC cost transparency tool. It pays member cash for shopping for certain procedures and selecting a cost effective provider. If included, Specialty Care Shopper must be excluded. Activation form must be completed and sent to Vitals.</td>
</tr>
</tbody>
</table>

Caveats:
1. Depression Management, Comprehensive Pain Management, and Fibromyalgia and Migraine Pain Management programs cannot be purchased if the Healthy Outcomes Condition Care program is carved out of the core package.
2. Member portal will only display programs purchased.
3. Please refer to the full rate exhibit for a complete list of all rating assumptions and caveats.
4. Fees are effective as of the contract renewal date stated on this document, and are subject to change during the year.
5. Online wellness programs must be purchased if Health Assessment is chosen.
6. Lifestyle Coaching is not available to groups in Core A.
7. With regard to the Wellness Plan Design, if you choose to offer rewards, please consult with your tax advisor and attorney to ensure that the design and any rewards comply with all applicable laws and regulations. Employer remains responsible for designing and funding the rewards component.

By signing below, I agree that this document accurately reflects (1) the program selections that will be charged as care management fees and (2) the Wellness Plan Design selected and any additional fees, if any, that will be charged as administrative fees under the administrative services agreement with BCBSNC for the above-noted contract year. I further acknowledge that if any other incentives are provided by the Group (e.g. PTO) BCBSNC has no responsibility or liability with regard to the administration of those incentives other than providing necessary reports.

Plan Administrator Signature

An independent licensee of the Blue Cross and Blue Shield Association, 2012.

Vicki S. McConnell, Finance Officer

This Instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act 2 Page 1

Updated February 2019