



Fee Summary
Renewal of Program Design(s)

City of York
00519888
January 1, 2020

<i>Program</i>	<i>Program Accepted</i>	<i>Administrative Fees</i>	<i>Advance (if applicable)</i>	<i>Reserve (if applicable)</i>	<i>Letter of Credit (if applicable)</i>
<i>Traditional</i>		\$43.74 per contract per month - paid basis			
<i>PPO</i>		\$43.74 per contract per month - paid basis			
<i>QHDHP</i>		\$43.74 per contract per month - paid basis			
QHDHP Rx Cross Accum Data Feed Fee		\$1.00 per contract per month			

Price does not include non-core health and wellness programs.

With this renewal, CBC is offering the above fees for 2020, 2021 and 2022.

Note: Signature below denotes acceptance of programs checked above.

Photocopies, portable document formats (pdf) and/or facsimiles of this executed document shall be as valid as the original.

I, _____, attest that I am a duly authorized representative having the legal capacity to sign on behalf of City of York, and do hereby accept the renewal received from Capital BlueCross and/or its subsidiaries listed below. I understand that I am accepting the fees listed above, and that this renewal will be controlled by the terms and conditions set forth in this renewal and in the standard Group Contract currently in effect until the parties have entered into a signed written agreement. I acknowledge that the benefit highlight sheet(s) have been made available to me. Pursuant to the Group Contract, the renewal fees will be applicable for a period of 12 months from the renewal date.

ERISA Plan Year End Date is: N/A

If I choose multiple dental and/or multiple vision programs, I attest that I have provided my benefit-eligible employees with benefit and cost information on these options and have given these employees the opportunity to enroll in the option(s) of their choice.

Signature

Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fee Summary Form should be signed and returned to your account executive or producer by December 2, 2019.

Healthcare benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.



Current Program with Mandated Benefits Estimated Premium Equivalents

City of York

00519888

Renewal Date: January 1, 2020

<i>Medical/Rx Program Options</i>	<i>Subscriber</i>	<i>Subscriber & Spouse</i>	<i>Subscriber & Child</i>	<i>Subscriber & Children</i>	<i>Family</i>
Current Programs					
<i>Traditional</i> TRAS0002 No Rx s CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0003 No Rx w CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0006 No Rx w CBC	\$528.75	\$1,055.40	\$886.87	\$886.87	\$1,413.50
<i>Traditional</i> TRAS0007 No Rx w CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0008 No Rx w CBC	\$530.06	\$1,058.01	\$889.06	\$889.06	\$1,416.98
<i>Traditional</i> TRAS0009 No Rx w CBC	\$530.06	\$1,058.01	\$889.06	\$889.06	\$1,416.98
<i>Traditional</i> TRAS0010 No Rx w CBC	\$530.06	\$1,058.01	\$889.06	\$889.06	\$1,416.98
<i>Traditional</i> TRAS0011 No Rx w CBC	\$530.06	\$1,058.01	\$889.06	\$889.06	\$1,416.98
<i>Traditional</i> TRAS0012 No Rx w CBC	\$530.06	\$1,058.01	\$889.06	\$889.06	\$1,416.98
<i>Traditional</i> TRAS0013 No Rx w CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0016 No Rx w CBC	\$528.75	\$1,055.40	\$886.87	\$886.87	\$1,413.50
<i>Traditional</i> TRAS0017 No Rx w CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0019 No Rx w CBC	\$704.62	\$1,406.44	\$1,181.85	\$1,181.85	\$1,883.63
<i>Traditional</i> TRAS0020 No Rx w CBC	\$707.02	\$1,411.23	\$1,185.87	\$1,185.87	\$1,890.05
<i>PPO</i> PPOS0021 No Rx w CBC	\$622.84	\$1,243.19	\$1,044.67	\$1,044.67	\$1,665.00
<i>PPO</i> PPOS0023 No Rx w CBC	\$475.67	\$949.44	\$797.83	\$797.83	\$1,271.58
<i>PPO</i> PPOS0025 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOS0026 No Rx w CBC	\$476.08	\$950.27	\$798.53	\$798.53	\$1,272.70
<i>PPO</i> PPOS0028 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOS0030 No Rx w CBC	\$476.08	\$950.27	\$798.53	\$798.53	\$1,272.70
<i>PPO</i> PPOS0032 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOS0038 No Rx w CBC	\$622.84	\$1,243.19	\$1,044.67	\$1,044.67	\$1,665.00
<i>PPO</i> PPOS0039 No Rx w CBC	\$475.67	\$949.44	\$797.83	\$797.83	\$1,271.58
<i>PPO</i> PPOSZ022 No Rx w CBC	\$622.84	\$1,243.19	\$1,044.67	\$1,044.67	\$1,665.00
<i>PPO</i> PPOSZ024 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOSZ027 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOSZ031 No Rx w CBC	\$623.40	\$1,244.31	\$1,045.61	\$1,045.61	\$1,666.50
<i>PPO</i> PPOSZ033 No Rx w CBC	\$583.79	\$1,165.25	\$979.17	\$979.17	\$1,560.61
<i>PPO</i> PPOSZ034 No Rx w CBC	\$583.79	\$1,165.25	\$979.17	\$979.17	\$1,560.61
<i>PPO</i> PPOSZ035 No Rx w CBC	\$584.34	\$1,166.36	\$980.10	\$980.10	\$1,562.09
<i>PPO</i> PPOSZ040 No Rx w CBC	\$622.84	\$1,243.19	\$1,044.67	\$1,044.67	\$1,665.00
<i>QHDHP</i> PPQSK036 No Rx w CBC	\$433.68	\$865.63	\$727.40	\$727.40	\$1,159.34
<i>QHDHP</i> PPQSK037 No Rx w CBC	\$433.68	\$865.63	\$727.40	\$727.40	\$1,159.34

The estimated premium equivalents shown above are included solely for illustrative purposes and for the group's internal budgeting and use as a base billing rate for COBRA continuants. As an ASO self-funded group, the group is responsible for the payment of all claims and the applicable administrative fees.

The estimated premium equivalents are based upon the group's historical data and fees but are not guaranteed.

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**Proposed Program Costs
Stop Loss Reporting For
City of York "Group"**

00519888 Effective 01/01/2020 Quote ID: 1126624-04

The Administrative Services Only (ASO) fees contained in this proposal include reporting services for stop loss carriers administered through Consolidated Benefits, Inc. Additional charges are applicable to provide reporting to stop loss carriers not administered through Consolidated Benefits, Inc. Consolidated Benefits, Inc. is an independent company whose products and services are not Capital BlueCross products and services. Consolidated Benefits, Inc. is solely responsible for these stop loss services.

Check (✓) the appropriate box below concerning stop loss reporting.

- Group is selecting stop loss coverage administered by Avalon® Insurance Company¹ or another carrier provided through Consolidated Benefits, Inc., or an Avalon approved third party stop loss carrier. Stop loss reporting is included in the provided proposed fees.
- Group is obtaining stop loss coverage through a carrier not administered through Consolidated Benefits, Inc.. To provide stop loss reporting, Capital BlueCross will assess a fee of \$0.75 per subscriber per month with a minimum fee of \$3,500 and maximum fee of \$20,000. This fee will be invoiced once per contract period after the first month of inforce coverage.
- Group is not purchasing any stop loss coverage for the ASO programs included in this proposal or the stop loss coverage purchased through another carrier does not require stop loss reporting from Capital BlueCross.

Group hereby authorizes Capital BlueCross to disclose to _____ (“Stop-Loss Carrier”):

- The Protected Health Information necessary for payment of stop-loss policy claims; and
- Either (check appropriate box):
 - The Protected Health Information necessary for underwriting a policy of stop-loss insurance, **but not** Patient Identifying Information that is subject to Part 2; or
 - The Protected Health Information necessary for underwriting a policy of stop-loss insurance, **including** Patient Identifying Information that is subject to Part 2.

(If no box is checked, Capital will **not** disclose Patient Identifying Information for underwriting purposes.)

“Part 2” is the Confidentiality of Substance Use Disorder Patient Records Rule (42 C.F.R. Part 2). Part 2 imposes extremely strict limits on how “third-party payers,” such as Group and their contractors (such as Capital and “Stop-Loss Carrier”) may use and disclose information about Substance Use Disorder patients. Violators are subject to criminal penalties.

Capital BlueCross customized reporting is not insurance. These services are provided by Capital BlueCross as the administrator of programs for Capital BlueCross and/or its subsidiaries.

**Note: Signature below denotes acceptance of programs checked above.
Photocopies, portable document formats (pdf), and/or facsimiles of this executed document shall be as valid as the original.**

I, _____, attest that I am a duly authorized representative having the legal capacity to sign on behalf of Group, and do hereby acknowledge receipt of information about the services shown above as described in further detail in the proposal package received from Capital BlueCross and accept the services as selected and as described and in accordance with the terms and conditions contained in the proposal package.

Signature

Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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¹ Avalon Insurance Company is an independent company whose products and services are not Capital BlueCross products and services. Avalon Insurance Company is solely responsible for stop loss coverage.



Certification of Prescription Drug Coverage

Group Name: City of York

Group Number(s): 00519888

To: Capital BlueCross, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and/or Keystone Health Plan® Central, Inc. (collectively and individually referred to hereafter as, "Capital")

This Group certifies that the following coverage is provided to all of its members through other insurance identified below:

FULLY INSURED GROUPS ONLY:

- The diabetic prescription drug benefits mandated by Pennsylvania Act 98 of 1998.
- The drug coverage related to autism as mandated by Pennsylvania Act 62 of 2008.
- Coverage of oral chemotherapy medications in compliance with 40 P.S.§764b.1

FULLY INSURED AND SELF-FUNDED GROUPS:

- If non-grandfathered, the preventive prescription drugs and pharmacy supplies mandated by the Patient Protection and Affordable Care Act (PPACA).

Insurer's Name: _____

Effective Date of Policy: _____

This group certifies that it complies with the PPACA regulation requiring medical and prescription Out-of-Pocket (OOP) expenses to be at or below the mandated limit through one of the following:

- This group will set separate In-Network OOP limits on its medical and prescription drug benefits, that when combined, fall at or below the current PPACA limit, or
- This group requests that Capital accumulate all prescription OOP expenses toward the member's defined medical OOP expenses. This group must provide a data feed to Capital, in an approved format, in order for the prescription OOP to be added to the medical OOP accumulator. A prescription drug benefit summary must be provided to Capital in order for an accurate quote or COBRA equivalent rate to be produced. This group understands that an additional administrative charge applies to this option.

Further, the group acknowledges that, for purposes of complying with current and future state and federal laws, Capital BlueCross will rely upon the *representations of other coverage set forth above*. The group agrees to indemnify and hold Capital harmless against any claims by any member or provider relating to the benefits that are, or should be, available through the group's prescription drug plan.

Intending to be legally bound, the Group hereby executes this certification.

Name of Policymaker or Other Authorized Representative (please print or type)

Signature

Date

Please return this completed form to your account executive or producer.

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**Summary of Fees
Renewal Healthcare Benefit Programs**

City of York
00519888

Renewal Date: January 1, 2020

<i>Program</i>	<i>Administrative Fees</i>
<i>Traditional</i>	\$43.74 per contract per month - paid basis
<i>PPO</i>	\$43.74 per contract per month - paid basis
<i>QHDHP</i>	\$43.74 per contract per month - paid basis
QHDHP Rx Cross Accum Data Feed Fee	\$1.00 per contract per month

This financial summary is based on providing benefits similar to your current program.

Refer to the “Renewal Terms and Conditions” for additional information about this renewal.

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