



Huntsville, Alabama

308 Fountain Circle
Huntsville, AL 35801

Cover Memo

Meeting Type: City Council Regular Meeting **Meeting Date:** 5/25/2023

File ID: TMP-2962

Department: Human Resources

Subject:

Type of Action: Approval/Action

Resolution authorizing the Mayor to execute Modification No. 2 to the Enrollment Agreement between the City of Huntsville and Blue Cross Blue Shield of Alabama to end the COVID Public Health Emergency Benefits.

Resolution No.

Finance Information: N/A

Account Number: N/A

City Cost Amount: N/A

Total Cost: N/A

Special Circumstances:

Grant Funded: N/A

Grant Title - CFDA or granting Agency: N/A

Resolution #: N/A

Location: (list below)

Address: N/A

District: District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

Additional Comments: This agreement is needed to discontinue the COVID Public Health Emergency Benefits effective May 12, 2023. This change will revert the group back to standard plan benefits for all groups and divisions under the City of Huntsville.

RESOLUTION NO. 23-_____

BE IT RESOLVED by the City Council of the City of Huntsville, Alabama, and the Mayor that the contract with between the City of Huntsville and Blue Cross Blue Shield of Alabama for third party administrative services on the City's group health plan, approved and executed by the City of Huntsville, Alabama on the 8th day of September, 2022, be and the same is hereby amended as is reflected on Modification No. 2 and attached hereto.

NOW, THEREFORE, BE IT FURTHER RESOLVED by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized to execute Modification No. 2 which is an Amendment to Enrollment Agreement between Blue Cross and Blue Shield of Alabama and City of Huntsville, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as an "Amendment To Enrollment Agreement between Blue Cross and Blue Shield of Alabama and City of Huntsville," consisting of three (3) pages, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

ADOPTED this the 25th day of May, 2023.

President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 25th day of May, 2023.

Mayor of the City of
Huntsville, Alabama



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the
Blue Cross and Blue Shield Association

**Amendment
To
Enrollment Agreement
Customized BCBSAL Plan**

Group Name: City Of Huntsville
Corporate Code: 290920001
Effective Date: 5/12/2023
**Primary Group
Number(s):** 29092, 92751

Financial: Self Funded
Document Type: Benefit Change
Benefit Pattern: CITY OF HUNTSVILLE

PHYSICAL ADDRESS

Address 1: 308 Fountain Cir Sw
Address 2:
County: Madison
County Code: 45

City: Huntsville
State: AL
Zip: 35801-4240

BILLING ADDRESS

Address 1: 308 Fountain Cir Sw
Address 2: Po Box 308
County: Madison

City: Huntsville
State: AL
Zip: 35801-4240

GROUP CONTACTS

	Sal.	Name	Title	Telephone	Email
Billing:	MS	Shaundrika Edwards		(256) 427-5244	shaundrika.edwards@huntsvilleal.gov
Benefits:	MS	Shaundrika Edwards		(256) 427-5244	shaundrika.edwards@huntsvilleal.gov
Decision:	MR	Byron Thomas	Director Of HR	(256) 427-5240	byron.thomas@huntsvilleal.gov

BCBSAL REPRESENTATIVES

	Name	Telephone	Email
Account Executive:	Grant Cochran	205/220-7874	Grant.Cochran@bcbsal.org
Account Manager:	Sarah Grogan	205/220-4306	Sarah.Grogan@bcbsal.org

Blue Cross and Blue Shield of Alabama's Identification Numbers

National Association of Insurance Commissioners
55433

Employer Identification Number
63-0103830

Group Benefit Structure

Please see the Exhibit B page for group(s) and division(s) impacted in this document, attached hereto and incorporated herein.

Other Benefit Changes

COVID Public Health Emergency (PHE)

Group accepts BCBSAL standard benefit. This change applies to every group and division under this corp.

Benefit	During the Public Health Emergency (PHE)	After 5/11/2023
COVID-19 Treatment	Some services covered at 100% with no member cost share	Standard contract benefits apply for both in-network and out-of-network
Facility Services related to COVID-19 Diagnostic Testing	Some services covered at 100% with no member cost share	Standard contract benefits apply for both in-network and out-of-network
Office Visit, Urgent Care Visit, and Emergency Room Visit related to COVID-19 Diagnostic Testing	Covered at 100% with no member cost share	Standard contract benefits apply for both in-network and out-of-network
Multiple Office Visits, Urgent Care Visits, and Emergency Room Visits on the same day related to COVID-19 Diagnostic Testing	Covered	Not covered
Telehealth	Covered at 100% with no member cost share if filed with a COVID-19 related diagnosis code	Standard contract benefits apply for both in-network and out-of-network
COVID-19 Vaccines	Covered at 100% with no member cost share	Covered at 100% with no member cost share (excluding grandfathered groups)
COVID-19 Diagnostic Tests (excluding over-the-counter tests)	Covered at 100% with no member cost share	Standard contract benefits apply and COVID-19 diagnostic tests covered same as if a flu test for both in-network and out-of-network
Over-the-Counter COVID-19 Diagnostic Tests purchased on or after 1/15/2022 (up to 8 individual tests per member each month)	Covered at 100% with no member cost share	Not covered when purchased after 5/11/2023
Monoclonal Antibody Treatment	Covered at 100% with no member cost share when rendered in certain places of treatment with specific diagnosis codes	Standard contract benefits apply for both in-network and out-of-network
Required Prior Authorizations	Required prior authorizations waived for some covered services	Required prior authorizations no longer waived
Prescription Drugs	Early refills for prescription drugs allowed	Early refills for prescription drugs no longer allowed

Special Instructions

DO NOT UPDATE ADDRESSES OR CONTACTS BASED ON THIS AGREEMENT

All other arrangements remain the same.

Riders and codes are for internal use only.

**Exhibit B
Group Benefit Structure**

Group Number(s) and Division(s) amended:

29092	T00, T05, T0A, T0B, T0M, T0S, T0X, T5A, T5B, T5M, T5S, T5X, TAD, 000, 005, 00A, 00B, 00M, 00S, 00X, 04M, 05A, 05B, 05M, 05S, 05X, 07M
92751	T00, T05, T0A, T0B, T0M, T0S, T0X, T5A, T5B, T5M, T5S, T5X, 000, 005, 00A, 00B, 00M, 00S, 00X, 05A, 05B, 05M, 05S, 05X



Customer Signature
Authorized
Representative

Title

Date

Blue Cross and Blue Shield of Alabama
Representative

ACCOUNT MANAGER

Title

5/1/2023

Date