



# ROANOKE COUNTY

## Purchasing Division

5204 Bernard Drive, Suite 300-F, P.O. Box 29800  
Roanoke, Virginia 24018-0798  
TEL: (540) 772-2061 FAX: (540) 772-2074

October 5, 2022

### ADDENDUM NO. 1 TO ALL OFFERRORS:

Reference – RFP # 2023-39

Description: RFP 2023-039 - Group Medical and Prescription Drug Program

Issue Date: September 22, 2022

Proposal Due: **New Due Date** November 1, 2022

### **Please note the New Due Date:**

**Tuesday November 1, 2022**

### **Please see the below responses to questions received:**

1. Can you please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission?
  - **Yes, as long as the person signing can legally bind the organization this is sufficient.**
2. Can you please confirm if the redacted version of the proposal only needs to be on USB or if a redacted binder version is also required?
  - **Yes, a fully redacted version in one single PDF file is required. If a redacted version is not included Roanoke County will assume no redaction will be required for any Public requests. A redacted binder/folder will not be required.**
3. Can you please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB?
  - **Yes, this is acceptable. These items can be separate for committee review and compilation on the USB. However, the single official redacted and private copies for my records should be in one document when available/possible via USB to aid in any FOIA Reviews requested.**
4. Can you please provide the current PEPM medical admin fees?
  - **The current PEPM medical admin fee is \$27.14.**

5. Can you please provide the current Stop Loss rates/Policy?
  - **The 2022 Stop Loss policy is included with this addendum.**
6. Can you please provide the category and amount of any allowances provided by the current carriers (communication, wellness, etc.)?
  - **There are no allowances currently provided.**
7. Can you please confirm if the current medical carrier is retaining any percent of the savings achieved from their in-network discounts? If yes, please provide the percent of savings retained.
  - **Yes, the current carrier retains 4% of in-network savings.**
8. We respectfully request the most recent 12 months of paid pharmacy paid claims be provided to bidders responding to RFP #2023-039
  - **Monthly pharmacy paid claims are provided in Attachment K. Detailed pharmacy claims are not being provided and are not necessary for fully responding to the RFP.**
9. Please provide the below:
  - •Large Claims – from 9/1/2019 thru 8/31/2020
  - •Aggregate Claims – from 9/1/2019 thru 8/31/2020
  - •Current Rates
  - •Large Claim data on a PAID basis for the following time periods:
    - 7/1/2022 – 8/31/2022
    - 7/1/2021 – 6/30/2022
    - 7/1/2020 – 6/30/2021
    - 7/1/2019 – 6/30/2020
  - **The claims and large claim reports are included in the Updated Attachment K available on the ShareFile site. If unable to access, reach out to [Claire.harlin@usi.com](mailto:Claire.harlin@usi.com) for a new access email. The current 2022-2023 rates are attached to this Addendum.**
10. For paper copies, we plan to include large documents such as financial reports on USB instead of hard copy. Please confirm if this is acceptable to Roanoke.
  - **Yes, this is acceptable. These items can be separate for committee review and compilation on the USB. However, the single official redacted and private copies for my records should be in one document when available/possible via USB to aid in any FOIA Reviews requested.**
11. Will Roanoke accept electronic signatures in lieu of wet signatures?
  - **Yes, this is acceptable as long as the persons signature can legally bind the organization this is sufficient.**

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- 12. In which Tab should Attachment B and its Attachments 1-7 be included?
  - **Include in Tab I.**
- 13. Should Attachments 1-7 be separate documents or incorporated into one document as "Attachment B"?
  - **One document will be sufficient.**
- 14. The Proposal Format on page 19 indicates the Signature Sheet should be included in Tab I. However, Attachment B states that the signature page should be submitted along with Attachment B. Please advise.
  - **Both will be included in Tab I.**
- 15. The Proposal Format on page 19 indicates proprietary information should be included in Tab I. However, Attachment B requests this information be included in Section X. Confidential & Proprietary Information. Please advise.
  - **Include in Tab I.**
- 16. The Proposal Format on page 19 indicates references should be included in Tab II. However, Attachment B requests this information be included as Attachment 4. Please advise.
  - **Include References in Tab II.**
- 17. The Proposal Format on page 19 indicates that a deviations exhibit for each medical plan should be included in Tab II. However, the Deviations G(5) tab is included as a part of Attachment G, Price Quotation Exhibits, which is stated to be included in Tab IV. Please advise.
  - **Include Deviations in Tab II.**
- 18. The Proposal Format on page 19 indicates that Attachment G should be included in Tab IV. However, page 18 states that Tab II should contain Attachment G. Please advise.
  - **Include Attachment G in Tab IV.**
- 19. Please advise where Appendix E Specialty Pricing and Appendix F Formulary Disruption should be included.
  - **Include in Tab IV.**
- 20. When is annual open enrollment for Roanoke?
  - **It varies by organization but runs from early May for the WVRJ and the Schools and June for the County.**
- 21. What is the expected award date for this RFP?
  - **The award is expected to be completed in January 2023.**

22. Please confirm if the current pharmacy formulary is a open formulary and if a open formulary should be quoted.

- **This information is not required for preparing the proposal. Offerors are encouraged to rely on the requirements of the pharmacy component of the RFP.**

23. May we receive a copy of the 2021 and 2022 group renewal and the 2023 group renewal if available?

- **The 2022 renewal letter is included with this addendum. Earlier renewal letters are not being released. This RFP replaces the 2023 renewal.**

24. May we receive the top facility usage with amount paid by facility?

- **This information is not being provided.**

25. May we receive a copy of the current stop loss and ASO contracts? If the contracts will not be provided, please provide the current medical ASO fees, Stop Loss, and Pharmacy fees charged to Roanoke County and Schools.

- **The current ASO agreement and Stop Loss policy are included with this Addendum.**

26. Please confirm if there is a current wellness allowance and the dollar amount.

- **The carrier does not provide a wellness allowance.**

27. Please confirm if there is a Network Access Fee charged by the current medical carrier and the percentage charged (or PEPM).

- **The network access fee is charged as 4% of in-network savings.**

28. Could you please provide the 2021 and 2022 premium equivalents?

- **2022 premium equivalents have been provided.**

29. On the dual option attachment, Home Health Care states 90 visits per Plan year but on the benefit summary, it states 100 visits per Plan year. Could you please confirm the correct visit limit to quote for Home Health Care?

- **The benefit should match the 100 visits per Plan year.**

30. On the dual option attachment, Skilled Nursing Care states a 150-day limit per Plan year but on the benefit summary, it states 100 days per confinement. Could you please confirm the correct benefit limit to quote for Skilled Nursing Care?

- **The benefits should match the 150 days combined per benefit period.**

31. Please confirm if Roanoke County and Schools has an on-site pharmacy that we need to be aware of.

- **There is no on-site pharmacy.**

32. Could you please provide us with the Rx utilization report with the name of the drug and the amount paid, by tier and by channel.

- **This information is not being provided.**

33. Could you please provide the referenced Exhibit 1, Insurance Requirements as mentioned in Attachment A, Sample Contract to confirm our compliance.

- **Please see the below Standard Insurance requirements**

34. Regarding Attachment H-4 Appendix F / Formulary Disruption  
For column D, what are the indicator definitions of numbers 0-3?

- **Column D is a pass through from the PBM. Ignore that field and use the NDC field.**

35. Is it possible to extend the due date of this Solicitation?

- **Yes, the new due date is now extended to Tuesday November 1, 2022**

## **SAMPLE CONTRACTOR'S INSURANCE AND BOND REQUIREMENTS**

### **INSURANCE REQUIREMENTS SECTION**

The Vendor shall comply with the insurance requirements set forth in the Contract, including the items set forth below:

- A. Neither the Vendor nor any subcontractor shall commence work under this Contract until the Vendor has obtained and provided proof of the required insurance coverage to the County and such proof has been approved by the County. The Vendor confirms to the County that all subcontractors have provided Vendor with proof of such insurance or will do so prior to commencing any work under this Contract.
- B. Vendor, including all subcontractors, shall, at its and/or their sole expense, obtain and maintain during the life of this Contract the insurance policies and/or coverage required by this section. The County and its officers, employees, agents, assigns, and volunteers shall be added as an additional insured to the general liability and automobile coverage of any such policies and such insurance coverage shall be primary and noncontributory to any insurance and/or self-insurance such additional insured may have. The Vendor shall immediately notify in writing the County of any changes, modifications, and/or termination of any insurance coverage and/or policies required by this Contract. The Vendor shall provide to the County with the signed Contract an Acord certificate of insurance which states in the description of operations section one of the two paragraphs below:

(1) The County and its officers, employees, agents, assigns, and volunteers are additional insured as coverage under this policy includes ISO endorsement CG 20 33 which provides that the insured status of such entities is automatic if required by a contract or a written agreement. (If additional insured status is automatic under a different coverage form, Vendor must attach a copy of the coverage form to its certificate. Any required insurance policies shall be effective prior to the beginning of any work or other performance by Vendor and any subcontractors under this Contract.)

OR

(2) ISO endorsement CG 20 10 will be issued, prior to the beginning of any work or other performance by Vendor under this Contract, to the County and its officers, employees, agents, assigns, and volunteers naming them as an additional insured under the general liability coverage. (A copy of the binder confirming the issuance must be attached to the certificate. Any required insurance policies shall be effective prior to the beginning of any work or other performance by Vendor and any subcontractors under this Contract.)

However, if B (1) or (2) cannot be provided, the County's Risk Manager, in such Manager's sole discretion, may approve such other certificate of insurance or insurance document(s) that the Risk Manager deems acceptable. The County of Roanoke shall also be named as the Certificate Holder.

C. **The following insurance coverages and limits are required in order to provide services or materials to Roanoke County general government agencies and the Roanoke County Public Schools. These limits may be adjusted depending on the type of service or materials being provided and the exposure to risk.**

The Successful Vendor shall carry Liability Insurance in the amount specified below, including contractual liability assumed by the Successful Vendor, and shall deliver a Certificate of Insurance from carriers acceptable to the owner specifying such limits. The Certificate shall show the County of Roanoke and Roanoke County Public Schools, their supervisory boards and members thereof, officers, agents, employees and volunteers as additional insureds on the Commercial General Liability, Automobile Liability and Excess/Umbrella Liability coverage. The additional insured status shall be endorsed to the coverage with the provision that this coverage "is primary to all other coverage the County of Roanoke and/or Roanoke County Public Schools may possess." A Certificate of Insurance evidencing the additional insured status must be presented to the County of Roanoke and/or Roanoke County Public Schools along with a copy of the Endorsement prior to work or services beginning.

The coverage shall be provided by a carrier(s) rated "Excellent" by A.M. Best. In addition, the insurer shall agree to give the County 30 days' notice of its decision to cancel coverage.

(1) **Workers' Compensation**

Statutory Virginia Limits

Employers' Liability Insurance

- \$100,000 for each Accident by employee
- \$100,000 for each Disease by employee
- \$500,000 policy limit by Disease

(2) **Commercial General Liability—Combined Single Limit**

- \$1,000,000 each occurrence including contractual liability for specified agreement
- \$2,000,000 General Aggregate (other than Products/Completed Operations)
- \$2,000,000 General Liability-Products/Completed Operations
- \$1,000,000 Personal and Advertising injury
- \$ 100,000 Fire Damage Legal Liability

Coverage must include Broad Form property damage and (XCU) Explosion, Collapse and Underground Coverage

(3) **Business Automobile Liability** – including owned, non-owned and hired car coverage

- Combined Single Limit - \$1,000,000 each accident

Compliance by the Vendor with the foregoing requirements as to carrying insurance shall not relieve the Vendor of their liabilities provisions of the Contract

D. Contractual Liability covers the following indemnity agreement: "The Successful Vendor agrees to indemnify, defend and hold harmless the County of Roanoke and Roanoke County Public Schools, their supervisory boards and members thereof, officers, agents, employees and volunteers from any claims, damages, suits, actions, liabilities and costs of any kind or nature, including attorney's fees, arising from or caused by the provision of any services, the failure to provide any services or the use of any services or materials furnished (or made available) by the Successful Vendor, provided that such liability is not attributable to the County or School Division's sole negligence."

E. The classification code numbers appearing on the Commercial General Liability coverage parts shall not exclude the symbols "X-C-U".

B. The intent of this insurance specification is to provide the coverage required and the limits expected for each type of coverage. With regard to the Business Automobile Liability and Commercial General Liability, the total amount of coverage can be accomplished through any combination of primary and excess/umbrella insurance. However, the total insurance protection provided for Commercial General Liability or for Business Automobile Liability, either individually or in combination with the Excess/Umbrella Liability, must total \$1,000,000 per occurrence. This insurance shall apply as primary insurance with respect to any other insurance or self-insurance programs afforded the County of Roanoke and Roanoke County Public Schools. This policy shall be endorsed to be primary with respect to the additional insured.

G. The certificate holders on the Accord form Certificates of Insurance shall be:

**County of Roanoke Projects**

Roanoke County Board of Supervisors  
5204 Bernard Drive, Suite 300F  
Roanoke, VA 24018  
Attn: Purchasing Dept.

H. **Claims Made Policies**

If the liability insurance purchased by the Vendor has been issued on a "claims made" basis, the Vendor must comply with the following additional conditions. The limits of liability, and the extensions to be included as described previously in these provisions, remain the same. The Vendor must either:

- (1) Agree to provide certificates of insurance evidencing the above coverage for a period of two (2) years after final payment for the Contract for General Liability policies. This certificate shall evidence a "retroactive date" no later than the beginning of the Vendor's work under this Contract, or
- (2) Purchase the extended reporting period endorsement for the policy or policies in force during the term of this Contract and evidence the purchase of this extended reporting period endorsement by means of a certificate of insurance or a copy of the endorsement itself.

# County of Roanoke Rates 7/1/22

Coverage Tier	Health						
	Nonwellness			Wellness			
	Employee	Employer	Total	Employee	Employer	HRA Contrib	Total
Single	\$ 209.08	\$ 574.06	\$ 783.14	\$ 93.98	\$ 509.70	\$ 41.67	\$ 645.35
Employee + 1 Minor	\$ 454.96	\$ 647.66	\$ 1,102.62	\$ 249.36	\$ 601.32	\$ 83.33	\$ 934.01
Employee + Spouse	\$ 760.34	\$ 805.96	\$ 1,566.30	\$ 438.58	\$ 768.78	\$ 83.33	\$ 1,290.69
Family	\$ 968.76	\$ 1,026.90	\$ 1,995.66	\$ 550.80	\$ 986.82	\$ 83.33	\$ 1,620.95

Dental			
Coverage Tier	Employee	Employer	Total
Single	\$ 8.64	\$ 25.38	\$ 34.02
Employee + 1	\$ 22.94	\$ 32.38	\$ 55.32
Family	\$ 47.64	\$ 48.06	\$ 95.70

Vision	
Coverage Tier	Employee
Single	\$ 5.94
Employee + Child(ren)	\$ 10.70
Employee + Spouse	\$ 10.70
Family	\$ 17.18

All premiums displayed as monthly cost.

# Roanoke County Schools Rates 7/1/2022

	2023 Per Check			2023 Per Month			2023 Annual Premiums				Affect to EE			
	RCPS	Employee	Total Premium	RCPS	Employee	Total Premium	RCPS	Employee	Total Premium	RCPS HRA	Premium + HRA	Check	Month	Annual
10-Month Full-Time Wellness - Subscriber	347.38	38.59	<b>385.97</b>	694.76	77.18	<b>771.94</b>	6,947.60	771.80	<b>7,719.40</b>	500.00	<b>8,219.40</b>	1.12	2.24	22.40
10-Month Full-Time Wellness - Subscriber + 1 Minor	365.48	156.63	<b>522.11</b>	730.96	313.26	<b>1,044.22</b>	7,309.60	3,132.60	<b>10,442.20</b>	1,000.00	<b>11,442.20</b>	4.56	9.12	91.20
10-Month Full-Time Wellness - Subscriber + Spouse	473.57	315.72	<b>789.29</b>	947.14	631.44	<b>1,578.58</b>	9,471.40	6,314.40	<b>15,785.80</b>	1,000.00	<b>16,785.80</b>	9.20	18.40	184.00
10-Month Full-Time Wellness - Family	561.57	374.39	<b>935.96</b>	1,123.14	748.78	<b>1,871.92</b>	11,231.40	7,487.80	<b>18,719.20</b>	1,000.00	<b>19,719.20</b>	10.91	21.82	218.20
10-Month Full-Time Wellness - Family - School Couple	701.97	233.99	<b>935.96</b>	1,403.94	467.98	<b>1,871.92</b>	14,039.40	4,679.80	<b>18,719.20</b>	1,000.00	<b>19,719.20</b>	6.82	13.64	136.40
10-Month Full-Time Non-Wellness - Subscriber	360.27	90.06	<b>450.33</b>	720.54	180.12	<b>900.66</b>	7,205.40	1,801.20	<b>9,006.60</b>	500.00	<b>9,506.60</b>	2.62	5.24	52.40
10-Month Full-Time Non-Wellness - Subscriber + 1 Minor	375.50	250.33	<b>625.83</b>	751.00	500.66	<b>1,251.66</b>	7,510.00	5,006.60	<b>12,516.60</b>	1,000.00	<b>13,516.60</b>	7.29	14.58	145.80
10-Month Full-Time Non-Wellness - Subscriber + Spouse	459.85	459.86	<b>919.71</b>	919.70	919.72	<b>1,839.42</b>	9,197.00	9,197.20	<b>18,394.20</b>	1,000.00	<b>19,394.20</b>	13.39	26.78	267.80
10-Month Full-Time Non-Wellness - Family	540.51	540.52	<b>1,081.03</b>	1,081.02	1,081.04	<b>2,162.06</b>	10,810.20	10,810.40	<b>21,620.60</b>	1,000.00	<b>22,620.60</b>	15.74	31.48	314.80
11-Month Full-Time Wellness - Subscriber	315.80	35.09	<b>350.89</b>	631.60	70.18	<b>701.78</b>	6,947.60	771.98	<b>7,719.58</b>	500.00	<b>8,219.58</b>	1.03	2.06	22.66
11-Month Full-Time Wellness - Subscriber + 1 Minor	332.25	142.39	<b>474.64</b>	664.50	284.78	<b>949.28</b>	7,309.50	3,132.58	<b>10,442.08</b>	1,000.00	<b>11,442.08</b>	4.14	8.28	91.08
11-Month Full-Time Wellness - Subscriber + Spouse	430.52	287.01	<b>717.53</b>	861.04	574.02	<b>1,435.06</b>	9,471.44	6,314.22	<b>15,785.66</b>	1,000.00	<b>16,785.66</b>	8.36	16.72	183.92
11-Month Full-Time Wellness - Family	510.51	340.35	<b>850.86</b>	1,021.02	680.70	<b>1,701.72</b>	11,231.22	7,487.70	<b>18,718.92</b>	1,000.00	<b>19,718.92</b>	9.91	19.82	218.02
11-Month Full-Time Wellness - Family - School Couple	638.15	212.71	<b>850.86</b>	1,276.30	425.42	<b>1,701.72</b>	14,039.30	4,679.62	<b>18,718.92</b>	1,000.00	<b>19,718.92</b>	6.19	12.38	136.18
11-Month Full-Time Non-Wellness - Subscriber	327.52	81.88	<b>409.40</b>	655.04	163.76	<b>818.80</b>	7,205.44	1,801.36	<b>9,006.80</b>	500.00	<b>9,506.80</b>	2.39	4.78	52.58
11-Month Full-Time Non-Wellness - Subscriber + 1 Minor	341.36	227.57	<b>568.93</b>	682.72	145.14	<b>1,137.86</b>	7,509.50	5,006.54	<b>12,516.46</b>	1,000.00	<b>13,516.46</b>	6.62	13.24	145.64
11-Month Full-Time Non-Wellness - Subscriber + Spouse	418.05	418.06	<b>836.11</b>	836.10	836.12	<b>1,672.22</b>	9,197.10	9,197.32	<b>18,394.42</b>	1,000.00	<b>19,394.42</b>	12.18	24.36	267.96
11-Month Full-Time Non-Wellness - Family	491.38	491.39	<b>982.77</b>	982.76	982.78	<b>1,965.54</b>	10,810.36	10,810.58	<b>21,620.94</b>	1,000.00	<b>22,620.94</b>	14.32	28.64	315.04
12-Month Full-Time Wellness - Subscriber	289.48	32.16	<b>321.64</b>	578.96	64.32	<b>643.28</b>	6,947.52	771.84	<b>7,719.36</b>	500.00	<b>8,219.36</b>	0.93	1.86	22.32
12-Month Full-Time Wellness - Subscriber + 1 Minor	304.56	130.53	<b>435.09</b>	609.12	261.06	<b>870.18</b>	7,309.44	3,132.72	<b>10,442.16</b>	1,000.00	<b>11,442.16</b>	3.80	7.60	91.20
12-Month Full-Time Wellness - Subscriber + Spouse	394.64	263.10	<b>657.74</b>	789.28	526.20	<b>1,315.48</b>	9,471.36	6,314.40	<b>15,785.76</b>	1,000.00	<b>16,785.76</b>	7.67	15.34	184.08
12-Month Full-Time Wellness - Family	467.97	311.99	<b>779.96</b>	935.94	623.98	<b>1,559.92</b>	11,231.28	7,487.76	<b>18,719.04</b>	1,000.00	<b>19,719.04</b>	9.09	18.18	218.16
12-Month Full-Time Wellness - Family - School Couple	584.97	194.99	<b>779.96</b>	1,169.94	389.98	<b>1,559.92</b>	14,039.28	4,679.76	<b>18,719.04</b>	1,000.00	<b>19,719.04</b>	5.68	11.36	136.32
12-Month Full-Time Non-Wellness - Subscriber	300.23	75.05	<b>375.28</b>	600.46	150.10	<b>750.56</b>	7,205.52	1,801.20	<b>9,006.72</b>	500.00	<b>9,506.72</b>	2.18	4.36	52.32
12-Month Full-Time Non-Wellness - Subscriber + 1 Minor	312.91	208.61	<b>512.52</b>	625.82	417.22	<b>1,043.04</b>	7,509.84	5,006.64	<b>12,516.48</b>	1,000.00	<b>13,516.48</b>	6.08	12.16	145.92
12-Month Full-Time Non-Wellness - Subscriber + Spouse	383.21	383.22	<b>766.43</b>	766.42	766.44	<b>1,532.86</b>	2,500.08	10,016.40	<b>12,516.48</b>	1,000.00	<b>13,516.48</b>	11.16	22.32	267.84
12-Month Full-Time Non-Wellness - Family	450.43	450.44	<b>900.87</b>	900.86	900.88	<b>1,801.74</b>	10,810.32	10,810.56	<b>21,620.88</b>	1,000.00	<b>22,620.88</b>	13.12	26.24	314.88
10-Month Part-Time Non-Wellness - Subscriber	125.00	325.33	<b>450.33</b>	250.00	650.66	<b>900.66</b>	2,500.00	6,506.60	<b>9,006.60</b>	-	<b>9,006.60</b>	13.11	26.23	262.28
10-Month Part-Time Non-Wellness - Subscriber + 1 Minor	125.00	500.82	<b>625.82</b>	250.00	1,001.64	<b>1,251.64</b>	2,500.00	10,016.40	<b>12,516.40</b>	-	<b>12,516.40</b>	18.23	36.46	364.56
10-Month Part-Time Non-Wellness - Subscriber + Spouse	125.00	794.71	<b>919.71</b>	250.00	1,589.42	<b>1,839.42</b>	2,500.00	15,894.20	<b>18,394.20</b>	-	<b>18,394.20</b>	26.78	53.56	535.64
10-Month Part-Time Non-Wellness - Family	125.00	956.03	<b>1,081.03</b>	250.00	1,912.06	<b>2,162.06</b>	2,500.00	19,120.60	<b>21,620.60</b>	-	<b>21,620.60</b>	31.48	62.96	629.56
11-Month Part-Time Non-Wellness - Subscriber	113.64	295.76	<b>409.40</b>	227.28	591.52	<b>818.80</b>	2,500.08	6,506.72	<b>9,006.80</b>	-	<b>9,006.80</b>	11.93	23.85	262.40
11-Month Part-Time Non-Wellness - Subscriber + 1 Minor	113.64	455.29	<b>568.93</b>	227.28	910.58	<b>1,137.86</b>	2,500.08	10,016.38	<b>12,516.46</b>	-	<b>12,516.46</b>	16.57	33.14	364.54
11-Month Part-Time Non-Wellness - Subscriber + Spouse	113.64	722.47	<b>836.11</b>	227.28	1,444.94	<b>1,672.22</b>	2,500.08	15,894.34	<b>18,394.42</b>	-	<b>18,394.42</b>	24.35	48.71	535.78
11-Month Part-Time Non-Wellness - Family	113.64	869.12	<b>982.76</b>	227.28	1,738.24	<b>1,965.52</b>	2,500.08	19,120.64	<b>21,620.72</b>	-	<b>21,620.72</b>	28.62	57.24	629.60
12-Month Part-Time Non-Wellness - Subscriber	104.17	271.11	<b>375.28</b>	208.34	542.22	<b>750.56</b>	2,500.08	6,506.64	<b>9,006.72</b>	-	<b>9,006.72</b>	10.93	21.86	262.32
12-Month Part-Time Non-Wellness - Subscriber + 1 Minor	104.17	417.35	<b>521.52</b>	208.34	834.70	<b>1,043.04</b>	2,500.08	10,016.40	<b>12,516.48</b>	-	<b>12,516.48</b>	15.19	30.38	364.56
12-Month Part-Time Non-Wellness - Subscriber + Spouse	104.17	662.26	<b>766.43</b>	208.34	1,324.52	<b>1,532.86</b>	2,500.08	15,894.24	<b>18,394.32</b>	-	<b>18,394.32</b>	22.32	44.64	535.68
12-Month Part-Time Non-Wellness - Family	104.17	796.69	<b>900.86</b>	208.34	1,593.38	<b>1,801.72</b>	2,500.08	19,120.56	<b>21,620.64</b>	-	<b>21,620.64</b>	26.23	52.46	629.52
EEWP Retiree Wellness - Subscriber	104.17	217.47	<b>321.64</b>	208.34	434.94	<b>643.28</b>	2,500.08	5,219.28	<b>7,719.36</b>	-	<b>7,719.36</b>	9.36	18.72	224.64
EEWP Retiree Wellness - Subscriber + 1 Minor	104.17	330.92	<b>435.09</b>	208.34	661.84	<b>870.18</b>	2,500.08	7,942.08	<b>10,442.16</b>	-	<b>10,442.16</b>	12.67	25.34	304.08
EEWP Retiree Wellness - Subscriber + Spouse	104.17	553.57	<b>657.74</b>	208.34	1,107.14	<b>1,315.48</b>	2,500.08	13,285.68	<b>15,785.76</b>	-	<b>15,785.76</b>	19.16	38.32	459.84
EEWP Retiree Wellness - Family	104.17	675.79	<b>779.96</b>	208.34	1,351.58	<b>1,559.92</b>	2,500.08	16,218.96	<b>18,719.04</b>	-	<b>18,719.04</b>	22.72	45.44	545.28
EEWP Retiree Wellness - Family - School Couple	208.34	571.62	<b>779.96</b>	416.68	1,143.24	<b>1,559.92</b>	5,000.16	13,718.88	<b>18,719.04</b>	-	<b>18,719.04</b>	22.72	45.44	545.28
EEWP Retiree Non-Wellness - Subscriber	104.17	271.11	<b>375.28</b>	208.34	542.22	<b>750.56</b>	2,500.08	6,506.64	<b>9,006.72</b>	-	<b>9,006.72</b>	10.93	21.86	262.32
EEWP Retiree Non-Wellness - Subscriber + 1 Minor	104.17	417.35	<b>521.52</b>	208.34	834.70	<b>1,043.04</b>	2,500.08	10,016.40	<b>12,516.48</b>	-	<b>12,516.48</b>	15.19	30.38	364.56
EEWP Retiree Non-Wellness - Subscriber + Spouse	104.17	662.26	<b>766.43</b>	208.34	1,324.52	<b>1,532.86</b>	2,500.08	15,894.24	<b>18,394.32</b>	-	<b>18,394.32</b>	22.32	44.64	535.68
EEWP Retiree Non-Wellness - Family	104.17	796.69	<b>900.86</b>	208.34	1,593.38	<b>1,801.72</b>	2,500.08	19,120.56	<b>21,620.64</b>	-	<b>21,620.64</b>	26.23	52.46	629.52
Other Retiree Wellness - Subscriber	-	321.64	<b>321.64</b>	-	643.28	<b>643.28</b>	-	7,719.36	<b>7,719.36</b>	-	<b>7,719.36</b>	9.36	18.72	224.64
Other Retiree Wellness - Subscriber + 1 Minor	-	435.09	<b>435.09</b>	-	870.18	<b>870.18</b>	-	10,442.16	<b>10,442.16</b>	-	<b>10,442.16</b>	12.67	25.34	304.08
Other Retiree Wellness - Subscriber + Spouse	-	657.74	<b>657.74</b>	-	1,315.48	<b>1,315.48</b>	-	15,785.76	<b>15,785.76</b>	-	<b>15,785.76</b>	19.16	38.32	459.84
Other Retiree Wellness - Family	-	779.96	<b>779.96</b>	-	1,559.92	<b>1,559.92</b>	-	18,719.04	<b>18,719.04</b>	-	<b>18,719.04</b>	22.72	45.44	545.28
Other Retiree Non-Wellness - Subscriber	-	375.28	<b>375.28</b>	-	750.56	<b>750.56</b>	-	9,006.72	<b>9,006.72</b>	-	<b>9,006.72</b>	10.93	21.86	262.32
Other Retiree Non-Wellness - Subscriber + 1 Minor	-	521.52	<b>521.52</b>	-	1,043.04	<b>1,043.04</b>	-	12,516.48	<b>12,516.48</b>	-	<b>12,516.48</b>	15.19	30.38	364.56
Other Retiree Non-Wellness - Subscriber + Spouse	-	766.43	<b>766.43</b>	-	1,532.86	<b>1,532.86</b>								

# Western Virginia Regional Jail

Insurance Renewal Rates for July 2022 - June 2023 rev 7.1.22

Anthem Health, Flexible Benefits Administrators HRA, Delta Dental, Blue View Vision

<u>Health Insurance</u>	<i>Total Monthly Premium*</i>	<i>WVRJ Monthly Benefit</i>	<i>Monthly HRA Contribution</i>	<i>Employee Monthly Premium</i>	<i>Employee Bi-Weekly Premium</i>	<i>COBRA Monthly Rate</i>
<b>KeyCare 1000 Plan</b>						

WVRJ Annual HRA Contribution: \$500 for Employee Only Coverage / \$1000 for all other coverage levels

*HRA Contribution must be added for  
COBRA*

Employee Only	\$ 646.36	\$ 420.20	\$ 41.68	\$ 34.48	\$ 17.24	\$659.29 + HRA Contribution \$33.99 = \$693.28
Employee + 1 minor	\$ 910.04	\$ 424.11	\$ 83.34	\$ 252.58	\$ 126.29	\$928.24 + HRA Contribution \$67.98 = \$996.22
Employee + Spouse	\$ 1,319.23	\$ 682.38	\$ 83.34	\$ 403.52	\$ 201.76	\$1,345.61 + HRA Contribution \$67.98 = \$1,413.59
Family	\$ 1,543.85	\$ 834.96	\$ 83.34	\$ 475.56	\$ 237.78	\$1,574.73 + HRA Contribution \$67.98 = \$1,642.71

\*Premium supplemented from health insurance reserve at \$150 for active employees

## Dental Insurance

*COBRA Dental Rates  
change on Calendar  
Year (01/01/22 -  
12/31/22)*

Employee Only	\$ 34.02	\$ 25.38	n/a	\$ 8.64	\$ 4.32	\$ 32.57
Employee + 1	\$ 55.32	\$ 32.38	n/a	\$ 22.94	\$ 11.47	\$ 52.95
Family	\$ 95.69	\$ 48.06	n/a	\$ 47.64	\$ 23.80	\$ 91.63

## Vision Insurance

Employee Only	\$ 5.93	\$ -	n/a	\$ 5.94	\$ 2.97	\$ 6.05
Employee + Spouse	\$ 10.70	\$ -	n/a	\$ 10.70	\$ 5.35	\$ 10.91
Employee + Child(ren)	\$ 10.70	\$ -	n/a	\$ 10.70	\$ 5.35	\$ 10.91
Family	\$ 17.19	\$ -	n/a	\$ 17.20	\$ 8.60	\$ 17.53

Anthem Blue Cross and Blue Shield  
2015 Staples Mill Road  
Post Office Box 27401  
Richmond, Virginia 23279  
Tel 804-354-7000



May 4, 2022

Ms. Laurie Gearhart  
Director of Finance  
County of Roanoke  
5204 Bernard Drive  
Roanoke, Virginia 24018

Dear Laurie:

I would like to take this opportunity to thank you for choosing Anthem Blue Cross and Blue Shield as the medical, stop loss and vision plan administrator for Roanoke County and Schools, Western Virginia Regional Jail Authority, Roanoke County Resource Authority and Roanoke County Animal Control and Protection. The purpose of this letter is to summarize and confirm funding, costs, and benefits for the July 1, 2022 contract year.

#### **FUNDING AND FINANCIAL ARRANGEMENTS**

- The Medical Program will be funded as Administrative Services Only with Specific Stop Loss coverage.
- The Specific Stop Loss will be on a paid basis and includes the prescription drug claims from the carve out vendor, WellDyne.
- Roanoke will continue to pay weekly for claims and monthly for administrative expenses.

#### **CHARGES AND ADMINISTRATIVE FEES**

##### **Retention**

• PPO Administration Fee	\$27.14 per contract per month
• Carve out pharmacy Fee	\$1.00 per contract per month

##### **Reinsurance**

• \$250,000 Specific Stop Loss (includes SPT)	\$50.64 per contract per month
• % of claims net ECD's in the event of termination	8.45%
Basic Vision (Exam Only)	\$2.01 per contract per month

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Ms. Laurie Gearhart  
May 5, 2022

**BENEFIT AND LEGISLATIVE CHANGES EFFECTIVE WITH 7/1/22 RENEWAL**

Medical Benefits	2021 Benefit	2022 Renewing Benefit
Preventive Services Expanded	Preventive services covered based on ACA/agency regulations	Preventive services expanded to include certain Chronic Condition diagnoses as published by IRS/Treasury. Benefits covered in full in network.
Medical/Virtual Text Visits	Covered as of 4/1/21	Medical Text Visits are covered in full for Non-CDH plans through Anthem's Sydney Health app and vendor arrangement.
Continuous Glucose Monitors (CGMs)	Covered under Medical Durable Medical Equipment (DME) and Pharmacy Benefits	Covered only under the Pharmacy Benefit.
LiveHealth Online Dermatology	Not Covered	Dermatologist available through LiveHealth Online. Specialist cost shares apply.

**UNIVIEW VISION RATES (FULLY INSURED, VOLUNTARY PLAN)**

The vision will move from Uniview Vision to Blue View Vision at renewal. The benefits will remain the same as current except that the copay for lenses will be reduced to \$20.

Employee Only	\$5.93
Employee & Spouse	\$10.70
Employee & Child(ren)	\$10.70
Employee & Family	\$17.19

These rates are guaranteed for 48 months through June 30, 2026.

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Ms. Laurie Gearhart  
May 5, 2022

**ELIGIBILITY**

- **Termination** Determined by Group
- **New Hire Eligibility** First of the month following date of hire. No wait if hired on 1<sup>st</sup>
- **Dependent Age** End of the month in which dependent turns 26

Please contact me at 804-354-4453 with any questions.

Sincerely,



Nancy M. Lawrence  
Account Manager Consultant

Copy: Claire Harlin, USI  
Elijah Daly, County of Roanoke  
Kim Thompson, Western Virginia Regional Jail Authority  
Susan Peterson, Roanoke County Schools  
Linda Harvey, USI

**AMENDMENT 3 TO THE  
ADMINISTRATIVE SERVICES AGREEMENT**

**WITH  
ROANOKE, ROANOKE COUNTY SCHOOLS, AND THE WESTERN VIRGINIA REGIONAL JAIL AUTHORITY  
(WVRJA)**

This Amendment is made part of the Administrative Services Agreement and is effective July 1, 2022. This Amendment supplements and amends the Agreement between Employer and HealthKeepers, Inc. and Anthem Health Plans of Virginia, Inc. dba Anthem Blue Cross and Blue Shield dba Anthem. If there are any inconsistencies between the terms of the Agreement or its Schedules and this Amendment, the terms of this Amendment shall control.

**1. The following provision replaces ARTICLE 1 - Definitions - Paid Claim - provision 5:**

Claims Payment Pursuant to any Judgment, Settlement, Legal or Administrative Proceeding. Paid Claims shall include any Claim amount paid as the result of a settlement, judgment, or legal, regulatory or administrative proceeding brought against the Plan and/or Anthem, or otherwise agreed to by Anthem, with respect to the decisions made by Anthem regarding the coverage of or amounts paid for services under the terms of the Plan. Paid Claims also includes any amount paid as a result of dispute resolution procedures. Any Claims paid pursuant to this provision will count towards any stop loss accumulators under a stop loss agreement with Anthem.

**2. The following provision is added to ARTICLE 2 - Administrative Services Provided by Anthem - as provision 2(b)(4):**

Administration of independent dispute resolution processes for non-Network Provider Claims (including non-network air ambulance Provider Claims) as set forth under the Consolidated Appropriations Act if listed in Schedule A for the fee set forth in Section 3.C of Schedule A. Employer agrees to promptly notify Anthem if an independent dispute resolution request is received. Failure to promptly notify Anthem may impact independent dispute resolution processes. Notwithstanding anything to the contrary in the Agreement, Employer shall assume liability for payment of all fees and costs, including but not limited to arbitrator fees, charged to or paid by Anthem as part of Inter-Plan Arrangement Claim independent dispute resolution processes.

**3. The following provision is added to ARTICLE 2 - Administrative Services Provided by Anthem - as provision 2(aa):**

Anthem shall provide reporting as indicated in Schedule B to assist with compliance under the Consolidated Appropriations Act.

**4. Section F of the Inter-Plan Arrangements Schedule is replaced by the following:**

**F. Recoveries**

Host Blues may conduct: (i) prepayment review activities including, but not limited to, data mining, itemized bill reviews, secondary claim code editing, and DRG audits and (ii) recoveries of overpayments including, but not limited to, anti-fraud and abuse reviews, audits/healthcare Provider/hospital bill audits, credit balance audits, and utilization review refunds (collectively, for (i) and (ii), "Recoveries"). Recoveries will be applied, in general, on either a Claim-by-Claim or prospective basis. If Recoveries are passed on a Claim-by-Claim basis from a Host Blue to Anthem, they will be credited to Employer. In some cases, the Host Blue will engage a third party to assist in identification related to Recoveries, including collection of overpayments. Employer may be charged a fee for Recoveries as described in Schedule A.

Unless otherwise agreed to by the Host Blue, for retroactive cancellations of membership, Anthem will request the Host Blue to provide full refunds from Participating Providers for a period of only one year after the date of the Inter-Plan financial settlement process for the original Claim. In some cases, recovery of Claim payments associated with a retroactive cancellation may not be possible if, as an example, the recovery (a) conflicts with the Host Blue's state law or healthcare Provider contracts, (b) would result from Shared Savings and/or Provider Incentive arrangements, and Care Coordination Fees or (c) would jeopardize the Host Blue's relationship with its Participating Providers, notwithstanding to the contrary any other provision of this Agreement.

**5. SCHEDULE A is replaced by the attached SCHEDULE A.**

**6. SCHEDULE B is replaced by the attached SCHEDULE B.**

IN WITNESS WHEREOF, Anthem has caused this Amendment to be executed by affixing the signature of its duly authorized officer.

HealthKeepers, Inc. and Anthem Health Plans of Virginia, Inc. dba Anthem Blue Cross and Blue Shield



By: Jeff Ricketts  
Title: President VA Commercial  
Date: 7/20/2022

**SCHEDULE A**  
**TO**  
**ADMINISTRATIVE SERVICES AGREEMENT**  
**WITH**  
**Roanoke, Roanoke County Schools, and the Western Virginia Regional Jail Authority (WVRJA)**

This Schedule A shall govern the Agreement Period from July 1, 2022 through June 30, 2023. For purposes of this Agreement Period, this Schedule shall supplement and amend the Agreement between the Parties. If there are any inconsistencies between the terms of the Agreement including any prior Schedules, and this Schedule A, the terms of this Schedule A shall control.

**Section 1. Effective Date and Renewal Notice**

This Agreement Period shall be from 12:01 a.m. July 1, 2022 to the end of the day of June 30, 2023.

Paid Claims shall be processed pursuant to the terms of this Agreement when incurred and paid as follows:

Incurred from 07/01/2007 through 06/30/2023 and  
Paid from 07/01/2022 through 06/30/2023.

Anthem shall provide any offer to renew this Agreement at least 30 days prior to the end of an Agreement Period.

**Section 2. Broker or Consultant Base Compensation**

Not Applicable

**Section 3. Administrative Services Fees**

Change to Administrative Services Fees. In addition to the provisions in Article 18(c), Anthem reserves the right to change the Administrative Services Fees provided in this Section 3 of Schedule A during the Agreement Period based upon the occurrence of any of the following events:

- A change in law or regulation that materially impacts underwriting assumptions made at the time of the offer or renewal.

**A. Base Administrative Services Fee**

**PPO (Modified KC 1000)**

Base Administrative Services Fee	\$27.14 per Subscriber per month
----------------------------------	----------------------------------

Article 3(a) Retroactivity.

Notwithstanding anything to the contrary in the Agreement, Anthem reserves the right to limit the effective date of retroactive enrollment to a date not earlier than 60 days prior to the date the notice is received and Anthem reserves the right to limit retroactive terminations to a maximum of 60 days prior to the date the notice is received. Anthem reserves the right to not process Claims for retroactive additions beyond 60 days and to not pursue recovery of Claims for retroactive terminations beyond 60 days. Additionally, Anthem is not required to initiate recovery services if the Provider agreement or any law or regulation precludes recovery. Anthem shall credit per Subscriber per month and per Member per month Administrative Services Fees for each retroactive deletion up to a maximum of 60 days and shall charge Administrative Services Fees for each retroactive addition up to a maximum of 60 days.

**B. Health and Wellness Program Fees**

Standard Clinical, Health and Wellness Foundational Package. Included in the base Administrative Services Fee.

### **C. Other Fees or Credits**

**Fee for Overpayment Identification, Prevention, and Claims Prepayment Analysis Activities.** The charge to Employer is 25% of (i) the amount recovered from review of Claims and membership data and audits of Provider and vendor activity to identify overpayments and (ii) the difference between the amount Employer would have been charged absent prevention or prepayment analysis activities and the amount that was charged to Employer following performance of prevention or prepayment analysis activities. This includes, but is not limited to, COB, Host Blue activities, contract compliance, and eligibility. The fee for Overpayment Identification, Prevention, and Claims Prepayment Analysis Activities will not exceed \$25,000 per Claim.

**Fee for Independent Claims Review:** \$500.00 per independent review.

**Fees and Costs for Independent Dispute Resolution.** Notwithstanding anything to the contrary in the Agreement, Employer shall assume liability for payment of all fees and costs, including but not limited to arbitrator fees, charged to or paid by Anthem as part of independent dispute resolution processes.

**Enhanced Personal Health Care Fee.** A fee shall be charged for Anthem's oversight of Enhanced Personal Health Care with Providers or Vendors. Such fee shall be 25% of the per attributed Member per month amount charged to Employer for the Provider performance bonus portion of the Enhanced Personal Health Care program. These charges are included in Paid Claims on the invoice and may accumulate towards any stop loss policy amounts.

**Non-Network Savings Fee.** If Anthem or its Vendor negotiates with a non-Network Provider for Covered Services from the non-Network Provider, Employer will pay a fee equal to 50% of the difference between the non-Network Provider's Billed Charges and the amount Anthem uses to calculate Plan liability for the Covered Service (the "Plan Liability Amount"). In the case of facility-based Provider Claims, Plan Liability Amount will be based on the negotiated rate; if negotiations are not successful, the Plan Liability Amount shall be determined using a pricing tool. In the case of professional Provider Claims, Plan Liability Amount will be based upon the negotiated rate obtained by Anthem or its Vendor, if applicable (in the absence of successfully negotiated Claims, there will be no fee charged as the amount will be determined by the local Blue plan).

**Medical Drug Rebates.** Anthem shall retain 100% of the rebates it receives directly from pharmaceutical manufacturers for Claims for Prescription Drugs administered by Anthem and covered under the medical benefit portion of the Plan(s) ("Medical Drug Rebates").

**Unidentified Recoveries.** Anthem shall retain any funds received through recovery processes that are paid to Anthem and, following good faith and reasonable efforts, cannot be tied to a specific Employer or Member.

**Fee for Pharmacy Carve-out.** Employer has carved-out Prescription Drug management services. The charge to the Employer is \$1.00 per Subscriber per month.

**Fee for Ad Hoc Reports.** Anthem shall provide, on an annual basis, up to 20 hours of time needed to generate custom or ad hoc reports at no additional charge. The charge to Employer beyond 20 hours per year is \$150.00 per hour for time needed to generate custom or ad hoc reports.

**Fee for Electronic Data Feeds to an Outside Vendor.** Anthem shall provide, on an annual basis, up to 52 weekly electronic data feeds to an outside vendor in Anthem's standard format. The charge to Employer is an annual charge of \$15,000.00 for the weekly feeds.

## **Section 4. Paid Claims, Billing Cycle and Payment Method**

### **A. Paid Claims**

Paid Claims are described in Article 1-Paid Claims Definition of the Agreement.

Paid Claims shall be reimbursed pursuant to Section 4 of Schedule A to the Stop Loss Policy.

**Virginia Network Access Fee.** Such fee will equal 4% of the difference between the Virginia Network Provider's Billed Charges for Covered Services and its negotiated amount on the Claim for Covered Services, up to \$2,000 per claim. The calculation of the network access fee shall not include Prescription Drug Claims or Claims paid using a capitated fee schedule with the Network Provider. This fee may be separately billed to Employer or included in Paid Claims.

**B. Billing Cycle**

Weekly

Anthem shall notify Employer of the amount due to Anthem as a result of Claims processed and paid by Anthem according to the billing cycle described above. The actual date of notification of Paid Claims and the Invoice Due Date will be determined according to Anthem's regular business practices and systems capabilities.

**C. Payment Method**

ACH Demand Debit Reimbursement for Paid Claims. Anthem will initiate an ACH demand debit transaction that will withdraw the amount due from a designated Employer bank account no later than the next business day following the Invoice Due Date, however, if the Invoice Due Date falls on either a banking holiday, a Saturday or a Sunday, the withdrawal shall be made on the following banking day.

**Section 5. Administrative Services Fees Billing Cycle and Payment Method**

**A. Billing Cycle**

Monthly List Bill (pay as billed)

Anthem shall notify Employer of the amount due to Anthem pursuant to Section 3 of Schedule A according to the billing cycle described above. The actual date of notification of amounts due and the Invoice Due Date will be determined according to Anthem's regular business practices and systems capabilities.

**B. Payment Method**

ACH Demand Debit Reimbursement. Anthem will initiate an ACH demand debit transaction that will withdraw the amount due from a designated Employer bank account no later than the next business day following the Invoice Due Date, however, if the Invoice Due Date falls on either a banking holiday, a Saturday or a Sunday, the withdrawal shall be made on the following banking day.

**Section 6. Claims Runout Services**

**A. Claims Runout Period**

Medical:

Claims Runout Period shall be for the 24 months following the date of termination of this Agreement.

**B. Claims Runout Administrative Services Fee**

The fee for Claims Runout Services is included in the Base Administrative Services Fees in Section 3(A) of this Schedule A. Fees in Sections 3(B) and 3(C) of this Schedule A that (i) are associated with Claims processed or reviewed during the Claims Runout Period including without limitation subrogation fees, Claims prepayment analysis fees, recovery fees, discount share fees, network access fees; or (ii) apply to the Agreement Period but were not billed during the Agreement Period, will be billed and payable during the Claims Runout Period. Payment is due to Anthem by the Invoice Due Date.

**Section 7. Inter-Plan Arrangements**

Certain fees and compensation are charged each time a Claim is processed through the BlueCard Program and include, but are not limited to, Access Fees, Administrative Expense Allowance Fees, Central Financial Agency Fees and ITS Transaction Fees. Other Inter-Plan Arrangement related fees that Anthem may charge include, but are not limited to, fees for BlueCross Blue Shield Global Core® Program services. These fees may be separately billed or included in Paid Claims. The extent to which these fees and compensation are (i) included in the Base Administrative Services Fee; or (ii) included in Paid Claims or separately billed to Employer is as follows:

BlueCard Fees

Access Fees and AEA will be included in the Base Administrative Services Fees for Claims incurred in the Anthem Service Areas for the following states: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin.

Access Fees (Network Provider Claims only):

- 2.11% for 1,000–9,999 Blue PPO enrolled Subscribers of network savings, capped at \$2,000.00 per Claim.

Administrative Expense Allowance Fees ("AEA") (Network Provider and Non-Network Provider Claims):

- Network Provider - \$4.00 per professional Claim and \$9.75 per institutional Claim for 1,000–49, 999 Blue PPO enrolled Subscribers.

- Non-Network Provider - \$3.00 per Claim.

Central Financial Agency Fee ("CFA") (Network Provider, Non-Network Provider and Blue Cross Blue Shield Global Core Claims):

- \$0.35 per payment notice.

ITS Transaction Fee ("ITS") (Network Provider, Non-Network Provider and Blue Cross Blue Shield Global Core Program Claims):

- \$0.05 per transaction.

**Negotiated Arrangement Fees** - Not Applicable

**Blue Cross Blue Shield Global Core Fees**

Administrative Expense Allowance Fee:

- \$4.35 per Member-submitted Claim;
- \$5.50 per professional Claim; and
- \$18.55 per institutional Claim.

All other fees associated with the Blue Cross Blue Shield Global Core program, except the CFA and ITS Fees described above, are included in the Base Administrative Services Fee.

**Section 8. Other Amendments. The Administrative Services Agreement is otherwise amended as follows:**

**Notice of Loss of Grandfathering Status**

In the event Employer maintains a grandfathered health plan(s), as that term is used in the Patient Protection and Affordable Care Act ("PPACA"), Employer shall not make any changes to such plan(s), including, but not limited to, changes with respect to Employer contribution levels, without providing Anthem with advance written notice of the intent to change such plan(s). Making changes to grandfathered plans without notice to Anthem may result in the plan(s) losing grandfathered status and significant penalties and/or fines to Employer and Anthem. In the event Employer implements changes to its plan(s) and does not provide advance notice to Anthem, Employer agrees to indemnify Anthem according to the indemnification provisions set forth elsewhere in this Agreement for any penalties, fines or other costs assessed against Anthem.

Additionally, at each renewal after September 23, 2010, Employer shall affirm in writing, upon reasonable request of Anthem, that it has not made changes to its plan(s) that would cause the plan(s) to lose its/their grandfathered status.

If Employer loses grandfathered Plan status under PPACA and notifies Anthem of such loss no fewer than 90 days before the effective date of the change, Anthem will implement the additional group market (insurance) reforms that apply to non-grandfathered health Plans subject to the provisions of Article 18 of this Agreement.

HealthKeepers, Inc. and Anthem Health Plans of Virginia, Inc. dba Anthem Blue Cross and Blue Shield



By: Jeff Ricketts

Title: President VA Commercial

Date: 7/20/2022

**SCHEDULE B**  
**TO**  
**ADMINISTRATIVE SERVICES AGREEMENT**  
**WITH**  
**Roanoke, Roanoke County Schools, and the Western Virginia Regional Jail Authority (WVRJA)**

This Schedule B shall govern the Agreement Period from July 1, 2022 through June 30, 2023. For purposes of this Agreement Period, this Schedule B shall supplement and amend the Agreement between the Parties. If there are any inconsistencies between the terms of the Agreement including any prior Schedules and this Schedule B, the terms of this Schedule B shall control.

The following is a list of services that Anthem will provide under this Agreement for the Base Administrative Services Fee listed in Section 3(A) of Schedule A. These services will be furnished to Employer in a manner consistent with Anthem's standard policies and procedures for self-funded plans.

Anthem may also offer additional, optional services to Employer, and such services, whether or not purchased by Employer, are not included in the services set forth below in this Schedule B. By way of example and not limitation, Anthem may offer certain optional programs that include utilization management activities. In such event, the services associated with those programs are not included in the services described below. Services under Article 13 will only be pursued or performed for Claims associated with these programs or that would have been impacted by these programs if the programs are purchased by Employer. If Employer has purchased such services, those services and any additional fees are also listed in Schedule A.

**SERVICES INCLUDED IN THE BASE ADMINISTRATIVE SERVICES FEE IN SECTION 3A OF SCHEDULE A**

**Management Services**

Anthem's benefits and administration as described in this paragraph:

- Anthem definitions, and exclusions
- Anthem complaint and appeals process (One mandatory level of appeal, one voluntary level of appeal)
- Claims incurred and paid as provided in Schedule A, excluding activities related to Claim recovery
- Accumulation toward plan maximums beginning at zero on effective date
- Anthem Claim forms
- ID card
- Explanation of Benefits (Non-customized)
- Acceptance of electronic submission of eligibility information in HIPAA-compliant format
- Preparation of Benefits Booklet (accessible via internet)
- Account reporting - standard data reports
- Standard billing and banking services
- Plan Design consultation
- Employer eServices
  - Add and delete Members
  - Download administrative forms
  - View Member Benefits and request ID cards
  - View eligibility
  - View Claim status and detail
- Responsible Reporting Entity for the Plan
- Information for preparation of SBC

### **Claims and Customer Services**

- Claims processing services
- Medicare crossover processing
- Employer customer service, standard business hours
- Member customer service, standard business hours
- 1099s prepared and delivered to Providers
- Residency-based assessments and/or surcharges and other legislative reporting requirements
- Member eServices
- Member identity theft and credit monitoring and identity repair
- Open enrollment meeting support

### **Care Management**

- Health Care Management
  - Referrals
  - Utilization management
  - Case management
  - Anthem Medical Policy
- SpecialOffers
- Transplant services - Blues Distinction
- Member Digital Tools

### **Networks**

- Network Access and Management
- Online Provider directory

### **Other Services Required by Federal Law (as of the applicable effective date)**

- Advance explanation of benefits upon Provider request
- Price comparison tool access
- Continuity of care administration for Provider termination from the network
- Air ambulance Provider reporting
- Upon request, Anthem will provide the non-quantitative treatment limitation analysis for the standard services that Anthem provides under the Agreement. Anthem will also provide reasonable assistance to Employer in the event of a regulatory audit for compliance with the Mental Health Parity and Addiction Equity Act.
- Posting of machine readable files for the services Anthem administers for the Plan on [www.anthem.com](http://www.anthem.com)

HealthKeepers, Inc. and Anthem Health Plans of Virginia, Inc. dba Anthem Blue Cross and Blue Shield



By: Jeff Ricketts  
Title: President VA Commercial  
Date: 7/20/2022



Anthem Blue Cross and Blue Shield

Richmond, Virginia

RENEWAL 1 TO THE  
STOP LOSS POLICY  
WITH

**Roanoke, Roanoke County Schools, and the Western Virginia Regional Jail Authority (WVRJA)**

This is a renewal to the Stop Loss Policy as of 07/01/2022. This renewal shall supplement and amend the Policy between Roanoke, Roanoke County Schools, and the Western Virginia Regional Jail Authority (WVRJA) ("Employer") and Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield ("Anthem"). If there are any inconsistencies between the terms of the Policy and this renewal, the terms of this renewal shall control.

- 1. Schedule A is replaced by the attached Schedule A.**
- 2. Run-Out Schedule is replaced by the attached Run-Out Schedule.**
- 3. Claims Administered by a Third Party Administrator Schedule is replaced by the attached Claims Administered by a Third Party Administrator Schedule.**

IN WITNESS WHEREOF, this renewal has been executed by Anthem by its duly authorized officer.

Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield

A handwritten signature in black ink that reads "Jeff Ricketts".

By: Jeff Ricketts  
Title: President VA Commercial  
Date: 7/20/2022

**SCHEDULE A**  
to the  
**STOP LOSS POLICY**  
with  
**ROANOKE, ROANOKE COUNTY SCHOOLS, AND THE WESTERN VIRGINIA REGIONAL JAIL AUTHORITY**  
**(WVRJA)**

**Section 1. Term**

The Policy Period shall be from 07/01/2022 through 06/30/2023. For purposes of this Policy Period, this Schedule shall supplement and amend the Stop Loss Policy between the Parties.

Anthem shall provide an offer to renew this Policy at least 30 days prior to the end of a Policy Period.

Jurisdiction of this Policy shall be in the state of Virginia.

**Section 2. Eligible Claim Date Period**

Claims under the Plan shall be covered by the Stop Loss Policy when Incurred and paid as follows:

Incurred from July 01, 2018 through June 30, 2023 and  
Paid from July 01, 2022 through June 30, 2023

The Eligible Claim Date Period applies only to a full Policy Period.

**Section 3. Member Classification Excluded from Stop Loss Coverage**

Not Applicable

**Section 4. Specific Stop Loss Coverage**

**A. Application of Specific Stop Loss Coverage**

Amounts accumulated toward the Specific Stop Loss Limit shall be calculated as follows:

Per Member

**B. Lines of Coverage**

The specific stop loss coverage shall apply to the following benefits under the Plan:

Medical with Prescription Drug

**C. Specific Stop Loss Coverage Limits**

Specific Stop Loss Limit

\$250,000.00

**D. Premium Rates**

The per Subscriber Premium Rates for the specific stop loss coverage shall be the following:

Medical with Prescription Drug

Composite	\$50.64 /mo.
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## **E. Paid Claims**

For purposes of specific stop loss coverage, Paid Claims shall exclude the following:

Dental  
Vision  
Capitated Fees  
Service Fees under the Blue Cross and Blue Shield Association InterPlan Program  
Administrative Fees under the Blue Cross and Blue Shield Association InterPlan Program  
Comprehensive Health Solutions Program Fees  
Any surcharge listed in the invoice as "Other Charges and Credits"  
Interest Charges  
Funds representing Employer allocation to Consumer Directed Health Plan accounts  
Network Access Fees  
Administrative Service Fees provided under Schedule A, Section 3 of the ASO Agreement.

Paid Claims shall include the following:

Claims administered by WellDyne

## **Section 5. Aggregate Stop Loss Coverage**

Not applicable.

## **Section 6. Payment**

ACH Demand Debit Reimbursement. Anthem will initiate an ACH demand debit transaction that will withdraw the amount due from a designated Employer bank account no later than the next business day following the Invoice Due Date; however, if the Invoice Due Date falls on either a banking holiday, a Saturday or a Sunday, the withdrawal shall be made on the following banking day.

## **Section 7. Premium Credit**

Anthem shall credit premium for each retroactive deletion up to a maximum of 60 days.

## **Section 8. Maximums**

Not Applicable

## **Section 9. Other Fees and Charges**

Not Applicable

IN WITNESS WHEREOF, this Policy has been executed by Anthem by its duly authorized officer.

Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield



By: Jeff Ricketts  
Title: President VA Commercial  
Date: 7/20/2022

**RUN-OUT SCHEDULE  
to the  
STOP LOSS POLICY  
with**

**Roanoke, Roanoke County Schools, and the Western Virginia Regional Jail Authority (WVRJA)**

This Schedule to the Stop Loss Policy is effective 07/01/2022. This Schedule describes the stop loss coverage applicable to Claims Run-out and shall supplement and amend the Stop Loss Policy between the Parties. If there are any inconsistencies between the terms of the Policy and this Schedule, the terms of this Schedule shall control. Additionally, if there are any inconsistencies between the terms of Schedule A and this Schedule, the terms of this Schedule shall control unless otherwise expressly addressed herein. All remaining terms of Schedule A shall apply to this Schedule.

**Specific Stop Loss Coverage Applicable to Claims Run-out**

Anthem shall count towards the Specific Stop Loss Limit Claims paid by Anthem for the 24 month period following the termination of the last Eligible Claim Date Period ("Claims Run-out Period"). Under no circumstance shall the stop loss coverage applicable to Claims Run-out apply to Claims covered under a prior Eligible Claim Date Period. In the event that the Administrative Services Agreement between the Parties contains a Claims Run-out Period longer than the Claims Run-out Period contained in this Policy, the Claims Run-out Period in this Policy shall apply to the Specific Stop Loss coverage provided herein. Notwithstanding the above, if this Policy is terminated prior to the end of a Policy Period, the specific stop loss coverage applicable to Claims Run-out shall not apply.

The Specific Stop Loss Limit applicable to Claims Run-out shall be calculated with the following:

Per Member

**Premium Rates for Specific Stop Loss Coverage Applicable to Claims Run-out**

The Premium Rates are provided below for the 24 months of the Claims Run-out period and shall be payable by the Invoice Due Date.

The Specific Stop Loss Claims Run-out Premium shall be the 8.45% of Claims paid during the Claims Run-out Period.

Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield



By: Jeff Ricketts  
Title: President VA Commercial  
Date: 7/20/2022

**CLAIMS ADMINISTERED BY THIRD PARTY ADMINISTRATOR**  
**SCHEDULE**  
**to the**  
**STOP LOSS POLICY**  
**with**  
**ROANOKE, ROANOKE COUNTY SCHOOLS, AND THE WESTERN VIRGINIA REGIONAL JAIL AUTHORITY**  
**(WVRJA)**

This Schedule to the Stop Loss Policy is effective 07/01/2022. This Schedule describes the stop loss coverage applicable to Claims administered by a Business Associate other than Anthem and shall supplement and amend the Stop Loss Policy between the Parties. If there are any inconsistencies between this Schedule and the Administrative Services Agreement between Employer and Anthem or the Administrative Services Agreement between Employer and its Business Associates, the terms and conditions of this Schedule shall control. Additionally, if there are any inconsistencies between the terms of the Policy and this Schedule, the terms of this Schedule shall control. All remaining terms of the Policy and other Schedules shall apply to this Schedule.

**SECTION 1**  
**DEFINITIONS**

The following definitions shall supplement the Agreement between the Parties.

**BUSINESS ASSOCIATE.** A person or entity, other than a member of the workforce of a Covered Entity, who performs functions or activities on behalf of, or provides certain services to, a Covered Entity that may involve access by the Business Associate to protected health information.

**CLAIM.** Written or electronic notice of a request for reimbursement of any health care service or supply on a form acceptable to TPA.

**COVERED SERVICE.** Any health care service or supply rendered to a Subscriber or Member for which benefits are eligible for reimbursement pursuant to the terms of the Plan Documents.

**ELIGIBLE CLAIMS EXPENSE.** Benefits incurred by a Member or Subscriber that are payable under the Plan Documents and that are not excluded under this Policy.

**GROUP HEALTH PLAN OR PLAN.** An employee welfare benefit plan (as defined in Section 3(1) of ERISA) established by Employer, in effect as of the Policy Period, as described in the Plan Documents, as they may be amended from time to time.

**INVESTIGATIONAL.** A procedure, treatment, supply, device, equipment, facility, or drug that: (1) does not have final approval from the appropriate government regulatory body; (2) does not have the credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community which permits reasonable conclusions concerning the effect of the procedure, treatment, supply, device, equipment, facility or drug on health outcomes; (3) has not been proven to improve the net health outcome; (4) has not been determined to be as beneficial as any established alternative; or (5) has not shown improvement outside the investigational settings.

**MEMBER.** The individuals, including the Subscriber and his/her dependents, as defined in the Plan Documents, who have satisfied the Plan eligibility requirements, applied for coverage, and have been enrolled for Plan benefits.

**MEDICALLY NECESSARY.** A procedure, treatment, supply, device, equipment, facility, or drug that a medical practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are: (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate in terms of type, frequency, extent, site, and duration and considered effective for the illness, injury or disease; (3) not primarily for the convenience of the patient, physician or other health care provider; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease.

**OFF LABEL DRUG USE.** The use of a drug for a purpose other than for what it was approved for by the Food and Drug Administration.

**PAID CLAIM.** A Claim for Covered Services rendered or supplies provided to a Member under the Plan Documents, provided such Claim has been received, adjudicated, and paid by a Business Associate identified in this Schedule.

**PHARMACY BENEFITS MANAGER OR PBM:** A Business Associate that manages pharmacy benefits on behalf of Employer.

**PLAN DOCUMENTS.** The legal instruments that set forth the terms of the Plan, and which may include the Summary Plan Description (SPD) as defined under ERISA if applicable. In the event of any conflict between this Policy and any Plan Documents, including the Benefits Booklet, the terms of this Policy shall control. In the event of a conflict between the Benefits Booklet and any Plan Documents, the Benefits Booklet shall control.

**PRESCRIPTION DRUGS.** Insulin and those drugs and drug compounds that are included in the U.S. Pharmacopoeia and that are required to be dispensed pursuant to a prescription or that are otherwise included on the Plan's formulary (e.g., certain over-the-counter drugs).

**PROOF OF LOSS.** Information and records Employer must submit to Anthem before Anthem provides stop loss coverage.

**SHOCK LOSS CLAIM.** Injuries, diseases, diagnoses or high-cost drugs that are reasonably likely to result in a significant claim expense or disability, including claims that include diagnoses or drugs identified under the Catastrophic Diagnoses List or High Cost Drug List, each are available upon request.

**SUBSCRIBER.** An employee, union member, retiree, or other eligible person (other than a dependent) who is enrolled in the Plan and meets the eligibility criteria described in the Plan and who is not excluded under Section 3 of Schedule A.

**THIRD PARTY ADMINISTRATOR OR TPA.** The entity or entities selected by Employer, and identified under this Policy, to perform administrative services for the Plan including but not limited to the processing of claims.

**TRANSPLANT.** A procedure or series of procedures by which an organ or tissue is either: (1) removed from the body of one person and implanted in the body of a Member; or (2) removed from and replaced in the Member's body.

## **SECTION 2 REPORTS**

Employer shall provide to Anthem no later than the 30th day of each month the following report(s) containing following information:

- i. Summary of all Eligible Claim Expenses processed and paid by the TPA during the month;
- ii. Summary of all Eligible Claim Expenses pending;
- iii. Summary of Members and Covered Entities covered by the Plan during the month;
- iv. Summary of Members whose Eligible Claim Expenses that are equal to or exceed 20% of the Specific Stop Loss Limit, as well as a report showing the corresponding Eligible Claim Expenses;
- v. Detailed Member claim data for all Paid Claims exceeding the Specific Stop Loss Limit including but not limited to drug name, type, and cost information,
- vi. other pertinent information requested by Anthem.

Anthem reserves the right to modify the report list in this Section 2 and shall promptly provide Employer reasonable notice of any modifications. In the event that Employer fails to provide to Anthem the requested reports as required in this Section 2, Anthem may elect to make changes to this Schedule or other Schedules to this Policy with 45 days' notice to Employer.

### **SECTION 3 PROOF OF LOSS**

3.1 Anthem's reimbursement under this Schedule shall occur on a biannual basis. Stop loss coverage shall not be payable under this Policy until Employer or its agent submits, in a format acceptable to Anthem, a Proof of Loss that meets the requirements of this Section no later than 30 days after the end of the Eligible Claim Date Period. A Proof of Loss must contain the following information:

- a) For a specific stop loss claim:
  - (1) Completed specific claim form which shall include but not limited to Incurred date, paid date, employer cost, member cost;
  - (2) Eligibility listing which identifies hire date, effective date, termination date (if applicable), and coverage type;
  - (3) Member's Name, date of birth and gender
  - (4) Documentation that demonstrates that Claims were paid in accordance with the Plan Documents.
  - (5) Other Documentation reasonably requested by Anthem.
  - (6) Anthem may request the information described in subparagraphs (1)-(6) twelve (12) months following the last month of the applicable Eligible Claim Date Period.
- b) For an aggregate stop loss claim:
  - (1) Completed aggregate claim form which shall include but not limited to aggregate report that provides a summary of the monthly claims, enrollment, and maximum claim liability;
  - (2) Eligibility listing which identifies birth date, hire date, effective date, termination date (if applicable), and coverage type;
  - (3) Member's Name, date of birth and gender
  - (4) A listing of Paid Claims made as an exception to the benefits and not covered under this Policy;
  - (5) Documentation that demonstrates that Claims were paid in accordance with the Plan Documents.
  - (6) Other documentation reasonably requested by Anthem.
  - (7) Anthem may request the information described in subparagraphs (1)-(7) twelve (12) months following the last month of the applicable Eligible Claim Date Period.
- c) Anthem may, in its discretion, elect not to provide stop loss coverage under this Policy if Employer fails to provide Proof of Loss in the manner described in this Section 3.
- d) Employer shall inform Anthem about any adjustments to any specific or aggregate stop loss claims previously submitted to Anthem, and to reimburse Anthem for any overpayments.

## **SECTION 4 GENERAL TERMS AND CONDITIONS**

- 4.1 Clerical errors will not expand Anthem's obligations under this Schedule. A clerical error is a mistake in performing an administrative task but does not include Employer's intentional failure to comply with the Plan or the terms and conditions of this Schedule.
- 4.2 Bankruptcy or insolvency of Employer or the TPA will not impose any obligations upon Anthem other than those obligations set forth in this Schedule.
- 4.3 Employer shall authorize Business Associate(s) to disclose to Anthem any information Anthem requests related to stop loss coverage provided under this Schedule. The failure of Business Associate(s) to disclose requested information does not waive Employer's obligations under this Schedule.
- 4.4 Employer may appeal Anthem's denial of payment of a Claim under this Schedule no later than 60 days after Anthem's decision.
- 4.5 Employer will provide Anthem with prompt notice of any event that might result in a lawsuit related to stop loss coverage under this Schedule.
- 4.6 No action by either Party alleging a breach of this Policy with regard to Claims may be commenced after the expiration of 3 years from the date on which the claim arose.
- 4.7 Employer shall defend, indemnify, and hold harmless Anthem and its affiliates and their respective directors, officers, and employees (the "Indemnities") from and against all claims, demands, losses, liabilities, expenses and damages that the Indemnities may suffer or incur (other than liability arising from Anthem's gross negligence or willful misconduct), as a result of: (1) any negligence, error, or omission by any Business Associate or Employer; (2) Employer's breach of fiduciary responsibilities with regard to the Plan; or; (3) Employer's failure to comply with local, state or federal law, or its obligations under this Policy. This indemnification shall survive termination of this Policy.
- 4.8 Anthem has the right to terminate this Schedule if Employer changes its Business Associate(s) without Anthem's consent or makes any changes to Plan Documents without providing at least 60 days' advance notice to Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield.
- 4.9 Proprietary and Confidential information submitted by Employer relating to a Business Associate shall be used only for purpose of administering stop loss coverage.
- 4.10 .

## **SECTION 5 EXCLUSIONS**

Notwithstanding any other provision in this Schedule, the following Paid Claims shall be excluded from stop loss coverage:

- (1) Paid Claims that do not strictly comply with the terms and conditions of the Plan unless otherwise approved in writing by Anthem;
- (2) Expenses for any services provided by a third party vendor of Employer including but not limited to Employer's TPA or Medical Management Vendor, or any other type of consultant;
- (3) Paid Claims related to Members of an entity not listed under Section 1 of Schedule A;
- (4) Paid Claims for services prescribed, ordered, or received from the immediate family of a Member, including spouse, child, brother, sister, parent, or in-law or self;

- (5) Paid Claims related to, or arising out of any claim or lawsuit, including pre-trial investigation, discovery and other litigation costs and expenses, any compensatory or punitive damages, as well as penalties or fines assessed against Employer;
- (6) Expenses for occupational accidents or illnesses to the extent that the Member is covered or is required to be covered under Worker's Compensation or other applicable law whether or not such policy is actually in force;
- (7) Paid Claims that are considered not Medically Necessary or Investigational under the terms of this Policy;
- (8) Paid Claims for services directly or indirectly resulting from disease or injury resulting from a war, declared or not, or any military duty or any release of nuclear energy;
- (9) Paid Claims for non-emergency treatment of chronic illnesses received outside the United States performed without authorization by the TPA or its designees;
- (10) Paid Claims for services when Employer fails to provide Anthem information required under this Schedule; and

Any amounts that are subject to the exclusions contained in this Section 5 shall not be applied towards the attainment of the stop loss limit(s) set forth in this Policy.

## **SECTION 6 RIGHT TO AUDIT**

Anthem has the right to inspect and audit any and all of Employer's and Business Associate's documents relating to any Claims submitted to Anthem. Such documentation shall include, but is not limited to, Claims, case management, utilization management records, audit records (including audits of TPA and TPA's providers and vendors), as well as other information requested by Anthem. Anthem also has the right to review and audit records related to subrogation and other recoveries. Anthem reserves the right to retain a third party, at its expense, to assist with an audit.

Employer shall make Claims information available including but not limited to payment information available to Anthem for inspection, whether such records are maintained by Employer or the TPA. Anthem will treat all records and information obtained pursuant to this Article as confidential. Such books and records will be maintained for a period of not less than 2 years following termination of the Policy.

Anthem shall not be liable for the fulfillment of any obligation under this Schedule if Anthem does not receive information from Employer requested pursuant to this Section.

Anthem Health Plans of Virginia, Inc. d.b.a. Anthem Blue Cross and Blue Shield



By:	Jeff Ricketts
Title:	President VA Commercial
Date:	7/20/2022

**END**

**\*\*\*\*Signature page to follow \*\*\*\***

**Note:** A signed acknowledgment of this addendum must be received at the location indicated on the original solicitation either prior to the proposal due date or attached to your proposal. Signature on this addendum does not substitute for your signature on the original proposal/bid document. The original proposal/bid document must be signed.

Thank you,



W.L. Heath Honaker  
Phone: (540) 283-8146  
[HHonaker@roanokecountyva.gov](mailto:HHonaker@roanokecountyva.gov)

**RFP 2023-039 - Group Medical and Prescription Drug Program**

Addendum # 1 Signature Page

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Sign Name:

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Print Name:

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Name of Firm:

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Date: