

Month DD, YYYY

GROUP ADMINISTRATOR NAME
COMPANY NAME
1234 MAIN STREET
DURHAM, NC 27707

Re: Medical Plan Renewal
Group ID: 123456

Dear Plan Sponsor:

Your Federally-mandated renewal notice

In accordance with the Federal Affordable Care Act, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is required to provide you with a renewal notification regarding your group's medical coverage. **This does not replace your normal renewal packet that you will receive from your Blue Cross NC agent or representative and should be used in conjunction with your renewal materials.**

The enclosed renewal notice summarizes any changes between your current group medical plan and your renewal option for YYYY.

Other health care options may be available through the Federally-facilitated Small Business Health Options Program (SHOP). The SHOP marketplace is open to employers with 50 or fewer full-time equivalent employees. If you have fewer than 25 full-time equivalent employees, you may qualify for tax credits if you buy insurance through SHOP and satisfy certain SHOP requirements. Visit Healthcare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915) to learn more about the SHOP marketplace.

Thank you for choosing Blue Cross NC to serve your health care needs. For more information regarding this notice or your group's health care options for YYYY, please contact the Group Service Advisor line at 877-237-6275.

None of the information contained herein should be construed as legal advice. All information is for educational purposes only. The requirements of the Affordable Care Act (ACA) may be different for everyone. Please consult your legal counsel or tax advisor for further details.

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Summary of Benefit Changes (YYYY)

Medical Benefits	Current Plan (YYYY)		Renewal Plan (YYYY)	
Plan Name	Blue Options Platinum 500-1		Blue Options Platinum 500-1	
Medical Plan ID	PB07770		PB29960	
Metallic Level	Platinum		Platinum	
Estimated Monthly Medical Premium	See Current Invoice		\$500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Standard Coinsurance	20%	50%	20%	50%
Primary Care Visit	\$15	50%	\$15	50%
Specialist Visit	\$30	50%	\$30	50%
Per-Admission Fee	\$0	\$0	\$0	\$0
Urgent Care	\$45	\$45	\$45	\$45
Emergency Room	\$150	\$150	\$150	\$150
Individual Deductible	\$500	\$1,000	\$500	\$1,000
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000
Individual Out-of-Pocket Max	\$1,500	\$3,000	\$1,500	\$3,000
Family Out-of-Pocket Max	\$3,000	\$6,000	\$3,000	\$6,000
Pediatric Vision				
Lenses/Frames (Less than \$100)	50%	60%	No Charge	No Charge
Lenses/Frames (\$100 - \$300)	50%	60%	\$50	\$50
Lenses/Frames (More than \$300)	50%	60%	50%	50%

Pharmacy Benefits	Current Plan (YYYY)		Renewal Plan (YYYY)	
Pharmacy Plan ID	R040000		R041680	
MAC Level	MAC Level A		MAC Level B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$4	\$4	\$4	\$4
Generic Non-Preferred	N/A	N/A	N/A	N/A
Brand Name	\$35	\$35	\$35	\$35
Brand Name Non-Preferred	\$50	\$50	\$50	\$50
Specialty	25%	25%	25%	25%
Specialty Minimum	\$50	\$50	\$50	\$50
Specialty Maximum	\$100	\$100	\$100	\$100

Coinsurance amounts that appear on this Summary represent the Member's responsibility.

This notice provides general information about your estimated medical premiums. Final premiums will be based on the premiums published in your renewal packet as well as actual plan enrollment and participation. Please refer to your renewal packet for any other premiums you may have with Blue Cross NC.

MAC Definitions

For MAC A, if a prescription is written for brand when there is a generic equivalent available, the member will pay the difference between generic and brand ("penalty"). There are no instances where the member will not incur the penalty when an authorized generic equivalent is available.

For MAC B, if a prescription is written for brand, the member will not incur a penalty for choosing a brand prescription. If the prescription is written for generic and the member chooses brand the member will pay the difference between generic and brand.

For MAC C, there are no "penalties" and members can choose between generic and brand prescription at will with no penalty.

Important Notice

This is meant only to be a summary. Final interpretation and a complete listing of benefits, including what is not covered, are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting one from Blue Cross NC Customer Service.