Self-Insured Plan Opt-In to Idaho External Review Process

Notification for November 1, 2016 to October 31, 2017

Please complete this form before any request for external review is submitted.

1. Name of Plan: Bonneville County Employee Benefit Plan

2. Plan Administrator or Contact Person for Plan: John Henderson

3. Address: 605 N Capitol
   City, State, Zip: Idaho Falls, ID 83401

4. Phone: (208) 529-1350    Fax: (208) 529-1319    Email: jhenderson@co.bonneville.id.us

5. Name of Third-Party Administrator (if any): Blue Cross of Idaho

6. TPA Address: P.O. Box 7408
   City, State, Zip: Boise, ID 83707

7. Blue Cross Account Management - Phone: 208-286-3887 or Email: scolling@bcidaho.com

8. Blue Cross of Idaho will be the contact for all correspondence.

CERTIFICATION:

Bonneville County Employee Benefit Plan (the Plan) wishes to opt-in to the Idaho external review process in Idaho, and agrees that the Plan will abide by all statutes, regulations and procedures to the extent they are required under the Idaho Health Carrier External Review Act as applicable to a single employer self-funded ERISA employee benefit plan. Plan materials and appropriate denial notices shall contain all necessary information regarding the Idaho external review process.

[Signature and Title]

[Date] 8-17-16

External Review Self Funded Opt in

COMMISSIONERS' MINUTES
Exhibit No. 19-16
Book 33 Page 390
Bonneville County  
Group #10021478  
Renewal Rates Effective 11/1/2016 - 10/31/2017

<table>
<thead>
<tr>
<th>Administration Fees PEPM:</th>
<th>11/1/2015</th>
<th>11/1/2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Rx</td>
<td>$58.30</td>
<td>$62.85</td>
<td>7.80%</td>
</tr>
<tr>
<td>Behavioral Health Management</td>
<td>$1.71</td>
<td>$1.71</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disease Management</td>
<td>$1.22</td>
<td>$1.32</td>
<td>8.20%</td>
</tr>
<tr>
<td>COBRA</td>
<td>$1.25</td>
<td>$1.25</td>
<td>0.00%</td>
</tr>
<tr>
<td>Vision</td>
<td>$2.05</td>
<td>$2.15</td>
<td>4.88%</td>
</tr>
<tr>
<td>Total</td>
<td>$64.53</td>
<td>$69.28</td>
<td>7.36%</td>
</tr>
</tbody>
</table>

Commission: $9.50  
Administrative Fee for Runout: 10% of Paid Claims for 12 Months  
Excess Loss Coverage Basis: Paid in 12  
Lines of Business included in Specific: Medical, Rx

<table>
<thead>
<tr>
<th>Specific Fee PEPM:</th>
<th>$200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200,000</td>
<td>$200,000</td>
</tr>
<tr>
<td>Aggregating Deductible</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

Suggested Medical Funding Rates*:  
Enrollee $514.12 $559.36 8.80%  
Enrollee + Spouse $1,120.74 $1,219.35  
Enrollee + 1 Child $789.28 $838.72  
Enrollee + Children $926.11 $1,007.59  
Enrollee + Sp + Children $1,489.06 $1,610.28  

Suggested Vision Rates*:  
Enrollee $8.74 $9.28 6.18%  
Enrollee + Spouse $11.91 $12.65  
Enrollee + 1 Child $11.91 $12.65  
Enrollee + Children $20.01 $21.25  
Enrollee + Sp + Children $20.01 $21.25  

*Funding rates are per the group. Health Care Reform changes are assumed in the rates.

"Important Summary of Benefits and Coverage Information"  
To view and print a copy of the Summary of Benefits and Coverage (SBC) for your group's current coverage options and the uniform glossary, please log in to the employer portal of our website at bcidaho.com/employers.  
If you need assistance registering on the Blue Cross of Idaho website, please contact your Account Representative.  
If you have questions about the SBC, need language assistance or would like a paper copy free of charge, please refer to the Customer Service number on the back of your Blue Cross of Idaho ID cards or call 1-800-627-1188.  
You can also visit our website at bcidaho.com/SBC for more information.

Optional Services (fees not included in suggested funding rates):  
Diagnostic Imaging Preauthorization Services PEPM: $1.64 Y/N: Y  
Nurse Advice Line PEPM: $0.11 Y/N: N

The Group agrees to pay out-of-area processing, access, surcharge and / or fees, if any, as outlined in the Group's Administrative Services Agreement.

The Group is self-funding its health benefit plan(s) and agrees to set up the appropriate trust agreement and comply with any other ERISA and / or state requirements.

On behalf of the Group, I accept the rates and terms as outlined.

Authorized Group Administrator:  
Printed Name:  
Date:  
Authorized Independent/ Agency Producer:  
Printed Name:  
Date:  

Confidential  
Blue Cross of Idaho  
8/10/2016