

**ADDENDUM TO AGREEMENT
SELECT BLUECHOICE**

This Addendum, effective the later of **August 1, 2017** or the date Blue Cross and Blue Shield of Nebraska (BCBSNE) signs the Addendum, is to the Provider Agreement between PROVIDER and BCBSNE. BCBSNE offers the Select BlueChoice network in products marketed to individual policyholders, small employer groups and large employer groups. The parties hereto agree to modify the Provider Agreement as it pertains to health care services provided by Provider to Select BlueChoice Covered Persons as follows:

- 1. Attachment II, Schedule A (Contracted Amount for Select BlueChoice) is added to the Provider Agreement to establish participation and reimbursement amounts for the Select BlueChoice Network.

To the extent that any provision of the Agreement is in conflict with this Addendum or its Attachments attached hereto, the provisions of this Addendum and such Attachments shall control. All other terms and conditions of the Agreement not inconsistent with this Addendum and its Attachments shall remain in full force and effect. All Attachments attached hereto are hereby incorporated into this Addendum where referenced.

IN WITNESS WHEREOF, Provider and BCBSNE have executed this Addendum as of the date first set forth below.

**LANCASTER COUNTY – MENTAL HEALTH
CRISIS CENTER**

**BLUE CROSS AND BLUE SHIELD OF
NEBRASKA**

Signature

By _____

(Please Type or Print Name & Title)

Jeni Alm
Vice President, Health Network Services

Address

Mailing Address: P.O. Box 3248
Omaha, NE 68180-0001

City State Zip Code

Date: _____

Date: _____

ATTACHMENT II – Schedule A
Contracted Amount for Select BlueChoice
Effective Date: 8/15/2017
LANCASTER COUNTY – MENTAL HEALTH CRISI CENTER – TIN 476006482

This Attachment sets forth the Contracted Amounts BCBSNE will reimburse PROVIDER for Covered Services under the Provider Agreement and establishes participation for PROVIDER in the following BCBSNE provider networks and products only, hereinafter referred to as “Products”: Select BlueChoice, a preferred provider organization.

For Covered Services provided to Covered Persons with Select BlueChoice benefits by the Provider, the Contracted Amount for Covered Services shall be one percent (1%) less than the lesser of the billed Charges or the Contracted Amount established for the same service for Network BLUE identified in the reimbursement attachment or subsequent addendums to the Provider’s Network BLUE Participation Agreement.

All other terms and conditions of the Provider Agreement and applicable BCBSNE Policies and Procedures apply to Select BlueChoice participation with BCBSNE.