

**ADMINISTRATIVE SERVICES ONLY AGREEMENT
RUN-OUT ADDENDUM**

The specific terms and conditions of the agreement between Blue Cross and Blue Shield of Nebraska (BCBSNE) and Lancaster County (THE GROUP or THE PLAN) are set forth in the Administrative Services Agreement, January 1, 2017. This Addendum is incorporated into that Agreement. Applicable provisions of that Agreement and any subsequent Annual Summaries shall govern the processing of these claims.

Definition:

Run-Out Claim(s) means any claim received by BCBSNE after the termination date of the Agreement for a member of THE GROUP for dates of service subsequent to the effective date of the Administrative Services Agreement.

Benefits:

BCBSNE agrees to adjudicate any Run-Out Claims with dates of service prior to January 1, 2018. The run-out period will be 12 months, beginning January 1, 2018 and ending December 31, 2018. THE GROUP agrees to pay an administrative fee of 6.0 % of net paid claims for this service.

Conditions:

1. THE GROUP will pay any applicable Administrative Expense Allowance (AEA) or Blue Card fees, as outlined in the Administrative Services Agreement.
2. BCBSNE will not provide reinsurance, individual or aggregate, for claims paid under this Addendum.
3. Run-Out Claims are subject to the contractual claims filing limits.
4. BCBSNE's accounting department will request weekly wire transfers of funds to cover the previous week's net paid claims. After the completion of a calendar month, BCBSNE will provide THE GROUP a summary invoice showing the total net paid claims from the prior month, administration fee, wire transfers received and balance due. The balance due on this invoice must be received within 15 days of the mailing of the summary invoice by BCBSNE, or shall be subject to the interest provisions in Article VI. of the Agreement.
5. BCBSNE's Run-Out Claim processing will end December 31, 2018 for all claim payouts, claim adjustments, refund processing or any other adjustment activity.

LANCASTER COUTY (300126)
(THE GROUP and Group Number)

By _____
Signature

Title

Address

City State Zip Code

Date: _____

**BLUE CROSS AND BLUE SHIELD OF
NEBRASKA (BCBSNE)**

By Brenda Wehman
Signature

VP UNDERWRITING

Title

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Date: 11/6/17