



RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

Wyatt O. Scott
Director

Phone: 281-341-8630
Fax: 281-341-3751

TO: Gilbert Jalomo
Purchasing Agent

FROM: Wyatt Scott
Director of Risk Management

DATE: September 21, 2016

SUBJECT: 2017 Maxor Renewal

Maxor has offered to renew their contract for all the same terms and conditions with the exception of increasing the rate for rebates back to Fort Bend County. The attached amendment demonstrates that the rebates will increase from \$17.00 to \$28.25 per retail brand claim and will increase from \$51.00 to \$84.75 per mail order brand claim. The increased amount of anticipated rebates back to the County is estimated to be an additional \$200,000.

Risk Management recommends renewing the Maxor agreement.

Please submit this renewal to Commissioners Court for approval.

Thank you,

A handwritten signature in black ink, appearing to be "WS", written over a horizontal line.

Wyatt Scott
Director of Risk Management

September 26, 2016

Wyatt Scott
Fort Bend County
Risk Management
301 Jackson Street, Suite 224
Richmond, TX 77469

Dear Wyatt:

Enclosed is a signed addendum to the Pharmacy Services Agreement between Fort Bend County and MaxorPlus. Please have the enclosed copy signed and email a scanned fully executed copy to: Laura Porterfield at lporterfield@maxor.com.

Please retain the hard copy for your records and feel free to call me at (806) 324-5475 should you have any questions or if I may assist you.

Sincerely,



Laura Porterfield
Executive Administrative Assistant

Enclosures

**ADDENDUM TO
PHARMACY SERVICES AGREEMENT
BETWEEN
MAXORPLUS, LTD. AND FORT BEND COUNTY**

MaxorPlus, Ltd. ("MaxorPlus") and Fort Bend County have a Pharmacy Services Agreement (the "Agreement") in which MaxorPlus contracts with Participating Pharmacies to dispense Covered Prescriptions to Eligible Members under payment arrangements provided in such contracts. This Addendum, therefore, is to affirm Item F. 1. Term and amend Exhibit 'A' of the Agreement as follows:

MaxorPlus and Fort Bend County have agreed to extend the term for an additional year to December 31, 2017 at the terms and conditions presently in effect.

**EXHIBIT 'A'
CLIENT PAYMENTS**

6. Administrative Services and Fees.

Rebates to CLIENT:	\$28.25 per retail brand claim
	\$84.75 per mail order brand claim

EXECUTED this ____ day of _____, 2016 with an intended effective date of January 1, 2017.

MAXORPLUS, LTD.

By: _____

Steve Smith

Title: Executive Vice President

Date: 9/22/16

FORT BEND COUNTY

By: _____

Title: _____

Date: _____

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Fort Bend County Risk Management
 RICHMOND, TX United States

Certificate Number:
 2016-103459

Date Filed:
 08/24/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

MaxorPlus, Ltd.

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

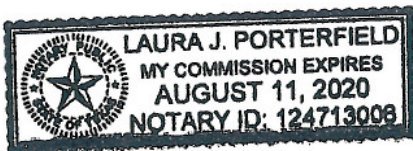
RFP 05-004
 Pharmacy Benefit Management

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]

 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Steve Smith, this the 24th day of August, 2016, to certify which, witness my hand and seal of office.

[Signature] Laura J. Porterfield Notary Public, Texas
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

