



ARF-66717

Discussion Item
Purchasing

REGULAR SESSION AGENDA

Meeting Date: 01/08/2026
TITLE: R24-004 Third Party Claims Administration Services
Extension for one year.
Submitted By: Cheryl Krejci, Purchasing
Originals for signature: Yes
Signature Type: Electronic Require Form 1295: Y
Rush Item:
Date Approved by County Attorney: 12/30/25 County Attorney Initials: TG

Information

SUMMARY OF ITEM:

Take all appropriate action on Amendment to renew Agreement for Medical, Dental and Cafeteria Plans Third Party Claims Administration Services with Boon Chapman Benefit Administrators, pursuant to RFP 24-004, for an additional one year term through December 31, 2026, in the amount of \$5,300,000.00, for a total contract amount of \$15,900,000.
(Fund: Employee Benefits)

NAME OF FUND SOURCE:

Accounting Unit, Project or Grant Name;
Account Name;

SPECIAL HANDLING/DOCUMENT PROCESSING INSTRUCTIONS:

NA

III. **Section 5, Limit of Appropriation**, is amended to permit additional funding to the total maximum annual compensation that Boon Chapman may become entitled to under the Agreement. The Parties agree that Section 5.1 shall now read:

5.1 Limit of Appropriation. Boon-Chapman understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of Five Million Four Hundred Thousand and 00/100 Dollars (\$5,400,000.00) specifically allocated to fully discharge any and all liabilities County may incur under this Amendment. Boon-Chapman does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total Maximum Annual Compensation that Boon-Chapman may become entitled to for capitated fees, unless there is an increase in enrollment, and the total maximum sum that County may become liable to pay to Boon-Chapman under this Agreement shall not under any conditions, circumstances, or interpretations thereof exceed Sixteen Million and 00/100 Dollars allocated as follows:

\$5,300,000: January 1 – December 31, 2024 – under the Agreement

\$5,300,000: January 1 – December 31, 2025 – under the Agreement

\$5,400,000: January 1 – December 31, 2026 – under this First Amendment

IV. Section 25, Conflict, is amended in its entirety as follows:

Section 25. Conflict. In the event there is a conflict among the documents that make up the Agreement, the following shall have priority in the numbered order with regard to the conflict:

1. This document entitled "First Amendment of The Agreement for Third Party Claims Administration Services Pursuant to RFP 24-004"
2. "Agreement FOR Third Party Claims Administration Services pursuant to RFP 24-004"
3. Exhibit D Business Associates Agreement
4. RFP 24-004
5. Exhibit C: Service and Fee Schedule
6. Exhibit G: PBM Scope of Work.
7. Exhibit E: Security Policies
8. Exhibit F: Boon Chapman Original Response dated September 8, 2023, Optional Services will have no priority with regard to any conflict because they are included only for reference.

V. Except as modified herein, any prior executed document remains in full force and effect and has not been modified or amended. In the event of conflict, the most recently executed document shall prevail with regard to the conflict.

IN WITNESS THEREOF, and intending to be legally bound, County and Boon Chapman hereto have executed this Agreement to be effective as of January 1, 2026.

FORT BEND COUNTY

**BOON CHAPMAN
BENEFIT ADMINISTRATORS, INC.**

KP George, County Judge

Authorized Agent- Signature

ATTEST:

Authorized Agent- Printed Name

Title

Laura Richard, County Clerk

Date

APPROVED:

Wyatt Scott
Director of Risk Management

Exhibit C: Service and Fee Schedule Effective January 1, 2026


AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 5,400,000.00 are available to pay the obligation of Fort Bend County, Texas within the foregoing Agreement.

Robert E. Sturdivant, County Auditor

Exhibit C

Service And Fee Schedule
Effective January 1, 2026

	A	B	C	D
3			Proposal For:	Fort Bend County
4	EXCEPTIONAL SERVICE MATTERS		Rate Effective Date:	January 01, 2026
6	ADMIN / STOP LOSS RENEWAL		IN FORCE POLICY	OPTION
7	As of 11/15/2025			1
10	Proposal Status			FIRM 11-14-25
11	Underwriter		Aetna - Renewals	Aetna - Renewals
12	Administrator		Boon-Chapman	Boon-Chapman
13	Network		Aetna	Aetna
14	PBM		CVS Caremark	SmithRx
15	Enrollment			
16	Employee	2,152	2,152	2,152
17	Family	1,454	1,454	1,454
18	Total Enrollment	3,606	3,606	3,606
19	SPECIFIC			
20	Terms			
21	Specific Contract Basis		12/36	12/36
25	Benefits Covered Under Specific		MEDICAL,RX	MEDICAL,RX
29	Annual Maximum		Unlimited	Unlimited
35	Liability			
36	Specific Deductible		\$475,000	\$475,000
39	Laser Liability		Roctavian excluded	Roctavian excluded
40	Laser 1 (KA)		\$725,000	\$900,000
41	Laser 2 (JS)		\$800,000	\$800,000
50	Additional Laser Liability		\$575,000.00	\$750,000.00
51	Premium			
52	Specific Premium Rates			
64	Composite		\$68.35	\$74.16
65	Annual Specific Premium		\$2,957,641.20	\$3,209,051.52
66			\$ Increase	\$251,410.32
67			% increase	8.5%
125	ADMINISTRATIVE FEES			
126	PEPM Total			
127	Medical Claims Admin	3,606	\$18.50	\$18.50
128	Dental Claims Admin (stand alone)	3,125	\$3.98	\$3.98
129	Member Advocacy	3,606	\$1.00	\$1.00
130	*UR/CM/DM/CN Package (PDX/AHH)	3,606	\$10.00	\$10.00
131	Zakipoint	3,606	\$2.00	\$2.00
132	Stop Loss Marketing/Negotiations		\$10,200.00	\$10,200.00
133	Subtotal		\$1,522,518.00	\$1,522,518.00
134	Flex/Total			
135	Flex Plan Administration (PPPM)	645	\$3.00	\$3.00
136	Subtotal		\$23,220.00	\$23,220.00
137	Other B-C Services Total			
138	Retiree billing (per Retiree)	819	\$3.00	\$3.00
139	Subtotal		\$29,484.00	\$29,484.00
140	Network Fee			
141	*AETNA PPO	3,606	\$11.25	\$11.25
142	Teladoc (GM, MH)	3,606	\$2.25	\$2.25
143	Subtotal		\$584,172.00	\$584,172.00
144	Total Administrative Fees		\$2,159,394.00	\$2,159,394.00
145			\$ Increase	\$0.00
146			% increase	0.0%
148	GRAND TOTALS			
149	Annual Specific Premium		\$2,957,641.20	\$3,209,051.52
151	Admin Fees		\$2,159,394.00	\$2,159,394.00
152	Total Fixed Costs		\$5,117,035.20	\$5,368,445.52
153			\$ Increase	\$251,410.32
154			% increase	4.9%
163	CARRIERS:			
164	Declinations:		No Response to RFP:	
165	ISU Companion Life (Poor Loss History)		Certus Management Group	
166	Liberty Mutual (Pricing not competitive)		Orien/FAIRCO	
167	Skyward Specialty Insurance (Number of Retirees)		Ryan Specialty Benefits	
168	SL Management Partners (Pricing not competitive)		Excess Re	
169	Swiss Re (Pricing not competitive)		International Specialty Underwriters	
170			Northwind	
171			Underwriting Management Experts	
172				
173				