

2010 DEC -6 AM 10:26

# Fort Bend County Agreement Renewal

<u>Products</u>	<u>1/1/2010-12/31/2010</u>	<u>1/1/2011-12/31/2011</u>
EAP Standalone	\$2.21	\$2.14

**EAP Model:** A&R 6 sessions Per Problem Per Year

\*Participants located in Nevada shall be entitled to no more than three (3) sessions per six (6) month period.

Contracted Training hours: 15

## FFS On-Site Service Rates

Mgmt/Employee Training	\$175/hr + Travel
CIRS	\$225/hr + Travel
Travel Time	\$100/hr + Travel

These rates assume continuation of current enrollment. If enrollment changes by more than 10% during the contract year, we reserve the right to recalculate the rate. These rates are also based on current regulatory requirements, including under the federal Interim Final Rule on Mental Health Parity (the "Interim Regulations"). The regulations (and their interpretation) continue to evolve. These rates are also subject to recalculation if the Interim Regulations, any other regulation, or the interpretation of any regulation, require adjustments to the mental health and/or substance use disorder benefit plan or materially impact our costs or risk in providing the services.

Except as expressly amended herein, the Agreement and all amendments thereto (regardless of any earlier failure to execute by error or oversight), remain in full force and effect and are hereby ratified and confirmed by the parties.

United Behavioral Health, operating as  
 OptumHealth Behavioral Solutions

Signature

Print Name

Print Title

Date

Fort Bend County

Signature

Print Name

Print Name

County Judge

Print Title

December 7, 2010

Date

DECEMBER 2, 2010

Date



12-10-10 copy received

# OptumHealth<sup>SM</sup>

Behavioral Solutions

FOR FORT BEND COUNTY  
RISK MANAGEMENT

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**VIA OVERNIGHT DELIVERY**

December 2, 2010

Kathryn A. Lowrey, Risk Administrator  
Fort Bend County Risk Management  
301 Jackson  
Richmond, TX 77469

**Re: UBH Renewal Agreement**

Dear Ms. Lowrey:

Please find enclosed two (2) partially executed originals of the above mentioned contract.

Please review and sign both originals and return one (1) original Agreement to us at:

United Behavioral Health  
Contracts Department, 12th Floor  
425 Market Street  
San Francisco, CA 94105

If you have any questions, please contact me at (415) 547-5540. Thank you for your assistance.

Sincerely,



Sherry Mickaels  
Contracts Assistant

Enclosures