

AMENDMENT #5

TO

Administrative Service Agreement dated January 1, 2001

BETWEEN

Fort Bend County and Boon-Chapman Benefit Administrators, Inc.

The Effective date of this amendment is September 1, 2013.

The Administrative Service Agreement referenced above, Section 1, is amended to add the following:

E. UTILIZATION MANAGEMENT

INPATIENT UTILIZATION MANAGEMENT

1. Inpatient Pre-Authorization, including mental nervous and/or chemical dependency. When Boon-Chapman receives notification of an acute care hospital admission before the admission, Boon-Chapman will attempt to communicate with the appropriate health care providers to determine the diagnosis, proposed treatment and requested length of stay. Using clinical knowledge and clinical criteria Boon-Chapman will review whether the proposed admission and length of stay is medically necessary and advise the covered person or the health care provider of its decision.
2. Concurrent Review, including mental nervous and/or chemical dependency. Boon-Chapman will review requests for approval of additional days for on-going hospital admissions and approve such days when appropriate.
3. Emergency Admission Review, including mental nervous and/or chemical dependency. Boon-Chapman will review emergency hospitalizations to determine whether they were medically necessary and advise the health care provider or covered person.
4. Lower Level Care Admission. Boon-Chapman will review admission to skilled nursing facility, rehabilitation facility, long term acute care facility to determine whether they are medically necessary and advise the covered person or the health care provider of its decision.
5. Retrospective Review. If Boon-Chapman receives notification of an acute care hospital admission, emergency admission or lower level care admission including mental nervous and/or chemical dependency after the initial admission, Boon-Chapman will attempt to communicate with the appropriate health care providers to determine the diagnosis, proposed treatment and requested length of stay. Using clinical knowledge and clinical criteria Boon-Chapman will review whether the admission and length of stay is medically necessary and advise the covered person or the health care provider of its decision.
6. Coordination with Employee Assistance Program ("EAP"). Boon-Chapman will work with patient, provider, and EAP to facilitate a smooth transfer to a network provider after EAP visits are exhausted and benefits are to be rendered under the medical plan.

OUTPATIENT UTILIZATION MANAGEMENT

Boon-Chapman will review mutually agreed upon outpatient surgeries and services, diagnostic tests, mental nervous and/or chemical dependency services that are outlined in the plan document.

CASE MANAGEMENT. Case management services including mental nervous and/or chemical dependency are available to those members with catastrophic illnesses, chronic diseases, acute episodes of illness, traumatic injuries or individuals requiring multiple healthcare services. It also includes a covered person becoming a candidate for an organ transplant or becoming pregnant under high-risk circumstances. If Boon-Chapman determines, that an alternative plan of treatment or a fee negotiation for services will likely result in cost savings to the Employer, it will encourage the physician or covered person to use the alternative treatment plan or the services available at a discounted fee. If the physician or covered person chooses not to do so, Boon-Chapman's responsibilities with respect to alternative plan of treatment will be complete. Employer will reimburse Boon-Chapman for the cost of any outside medical review.

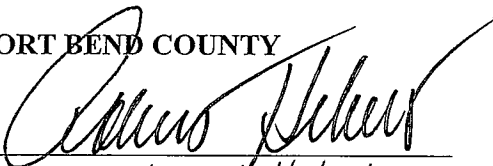
Boon-Chapman will delegate its duties under Section 1.E to PrimeDx, but will remain responsible for the execution of those duties according to the terms of this Agreement. PrimeDx's hours of operation will be Monday through Friday, 8am to 7pm Central time.

In addition, Exhibit A is amended to add:

VII: Utilization Management Fee: The Employer shall pay the Administrator \$3.20 for each employee and retiree participating in the Plan, per month, by the 10th of each month.

AGREED AND ACCEPTED:

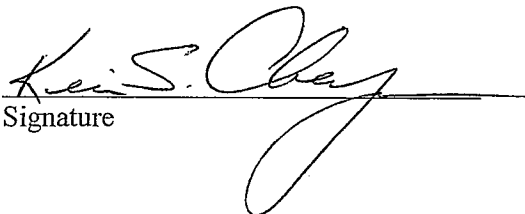
FORT BEND COUNTY


Signature Robert E. Hebert

County Judge
Title

6/25/2013
Date

BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.


Signature

President
Title

6/27/13
Date