

AMENDMENT #6

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 January 1, 2014.

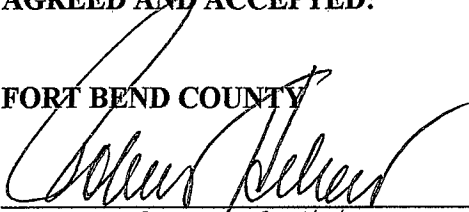
The Administrative Service Agreement referenced above, Section 1, is amended to add the following:

Boon-Chapman Benefit Administrators, Inc. will limit the allowable charges for non-network hospital and facility charges to an agreed percentage of what Medicare would allow for a fee of 10% of savings. The savings will be calculated as the difference between the Medicare allowable and what the Fort Bend County Employee Benefit Plan's liability would have been if the Fort Bend County Employee Benefit Plan had paid at the non-network coinsurance benefit level, based on billed charges. If the Fort Bend County Employee Benefit Plan, in its discretion, agrees to allow a higher payment amount after the provider has been paid the Medicare allowable rate, Boon-Chapman Benefit Administrators, Inc. will refund the Employer its fee, prorated to extent of the adjustment.

The Administrator will reprice dialysis claims to a percentage of Medicare (when the Fort Bend County plan is primary). The fee is \$100 per dialysis claim repriced.

AGREED AND ACCEPTED:

FORT BEND COUNTY


Signature Robert E. Hebert

County Judge
Title

12-10-2013
Date

BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.

Signature

Title

Date