

4. **Plan Description and Copayments.** Contractor shall provide claims processing and related services in accordance with the Summary of Drug Coverage document attached hereto as Exhibit "Two" and incorporated by reference.
5. **Plan Changes.** A complete copy of the 2016 FORT BEND COUNTY EMPLOYEE BENEFIT MEDICAL PLAN DOCUMENT will be provided electronically to Contractor within 15 business days of approval of the Fort Bend County Commissioners Court. Contractor shall communicate all inquiries concerning the day to day administration and operation of the Benefit Plan and/or this Agreement to the County Risk Management Director. However, only the Commissioners Court and the County Purchasing Agent (in accordance with the County Purchasing Act) are authorized to execute legal documents on behalf of the County.
6. **Conflict.** All terms and conditions of including any addenda or amendment, not modified herein shall remain in full force and effect and for the term of this agreement. If there is a conflict between this 2016 Amendment and any prior executed document, the provisions of this Amendment shall prevail; thereafter conflicts shall be resolved in favor of the more recently executed document.

FORT BEND COUNTY



Robert E. Hebert, County Judge

11-24-2015

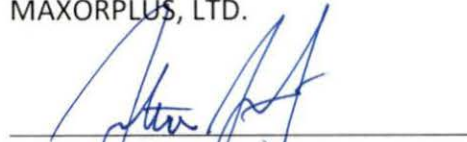
Date

ATTEST:



Laura Richard, County Clerk

MAXORPLUS, LTD.



Authorized Agent- Signature

STEVE SMITH

Authorized Agent- Printed Name

EVP

Title

11/19/15

Date

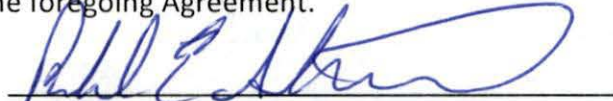
Exhibit One: Prior Agreements

Exhibit Two: Summary of Drug Coverage document



AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 7,000,000⁰⁰ are available to pay the obligation of Fort Bend County within the foregoing Agreement.



Robert Ed Sturdivant, County Auditor