

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

**SECOND AMENDMENT TO
AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES
PURSUANT TO RFP 16-086**

This SECOND AMENDMENT of the AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086 is made and entered into by and between FORT BEND COUNTY, TEXAS, a body politic, acting herein by and through its Commissioners Court and Boon Chapman Benefit Administrators, Inc., (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

RECITALS

WHEREAS, on or about December 20, 2016, the Parties entered into AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086, which was amended on September 26, 2017 attached hereto collectively as Exhibit "One" and incorporated by reference;

WHEREAS, the Parties reserved the right during the course of the Agreement or any renewal period to add any service that was offered as an optional service by Contractor in Contractor's original response to RFP 16-086, but not included as part of the Original Agreement;

WHEREAS, the Parties now desire to amend a certain portion of the Agreement to include an optional service; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County, and Contractor agree as follows:

I. Amendments

Section One, Services to be Provided by Boon Chapman is amended as follows:

1.1 Boon Chapman shall perform Third Party Claims Administration Services (hereinafter "Services") for the Fort Bend County Medical, Dental and Cafeteria plans (hereinafter "Benefit Plans") (that meet or exceed the minimum requirements of RFP 16-086 with the exception of Section 5.0 and Section 6.0) (attached and incorporated as Exhibit A) and as described in the Scope of Work (attached and incorporated as Exhibit B). Effective January 1, 2018, Boon Chapman shall perform Pharmacy Benefit Management ("PBM") services as described in the PBM Scope of Work (attached and incorporated as Exhibit G).

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FORT BEND COUNTY
RISK MANAGEMENT

Section Four, Compensation and Payment is amended as follows by adding:

4.3 Boon-Chapman will conduct an annual pricing audit/reconciliation of Fort Bend County's prescription drug claims for the prior Contract Year to validate that Express Scripts, Inc. ("Express Scripts") has met the pricing guarantees identified in "Prescription Drug Program Agreement between Express Scripts, Inc. ("ESI"), a Delaware corporation, and Boon-Chapman Administrators, Inc., a Texas corporation organized under the laws of the state of Texas ("TPA")" with an effective date of January 1, 2018 (hereinafter "ESI Agreement"). Boon Chapman will keep accurate and complete accounting records . Upon no less than ten days written notice and County may audit or use a reputable accounting firm to audit Boon Chapman's records relating to its performance under this Agreement generally and with regard to the pricing guarantees secured by Express Scripts and made available to Fort Bend County by Boon Chapman. Any under-performance amounts owed by Express Scripts to Boon-Chapman for missing the pricing guarantees for Fort Bend County under the ESI Agreement will be paid by Boon Chapman to Fort Bend County within ten (10) days of receipt by Boon-Chapman.

- II. Except as modified herein, any prior executed document remain in full force and effect and has not been modified or amended. Conflicts shall be resolved with regard to the priorities established in Section 25 of the Agreement adding, sixth: Exhibit G: *PBM Scope of Work* as the last in priority.

III. Execution

IN TESTIMONY OF WHICH, THIS AMENDMENT shall be effective upon execution of all parties.

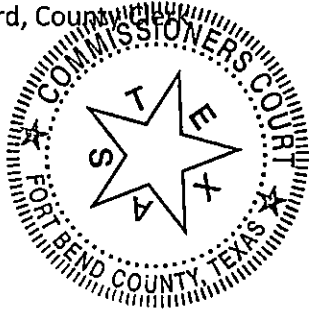
"County"
FORT BEND COUNTY

By: *Robert E. Hebert*
Robert E. Hebert, County Judge

Date: November 20, 2017

ATTEST:

Laura Richard
Laura Richard, County Clerk



"Contractor"
Boon Chapman Benefit Administrators, Inc.,

By: *Kevin S. Chapman*

Name: Kevin S. Chapman

Title: President

Date: 11 / 17 / 2017

ATTEST:

Gene Monsees
Name

Date: 11/17/17

Attachments:

Exhibit One: AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086 AND FIRST AMENDMENT TO AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 2,640,000.⁰⁰ to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Ed Sturdivant, County Auditor

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-285669

Date Filed:
11/17/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Boon-Chapman Benefit Administrators Inc
Austin, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

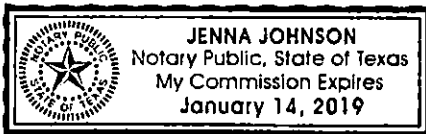
Optional Services ASA Amend#2
PBM Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Archer, Todd	Austin, TX United States	X	
	Leftwich, Nyle	Austin, TX United States	X	
	Mabrito, Carrier	Austin, TX United States	X	
	Chapman, Kevin	AUSTIN, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Kevin S. Chapman, President
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Chapman, this the 17th day of November, 2017, to certify which, witness my hand and seal of office.

Jenna Johnson
Signature of officer administering oath

Jenna Johnson
Printed name of officer administering oath

HR Support Manager
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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11/17/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

Date Acknowledged:
11/20/2017

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Optional Services ASA Amend#2
PBM Services

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			Controlling	Intermediary
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	Leftwich, Nyle	Austin, TX United States	X	
	Mabrito, Carrier	Austin, TX United States	X	
	Chapman, Kevin	AUSTIN, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath