

III. The following language in Exhibit H, Section C Stop Loss Scope of Work is amended as follows:

C. Boon Chapman will ensure that the Stop Loss coverage rates and factors are based upon the most recent claims experience as requested by the carrier and meets the following requirements:

i. Specific Coverage: Boon Chapman will secure specific coverage with Aetna for a 12/36 contract covering both medical and prescriptions to eliminate large claim run off liability. The applicable deductible shall not exceed \$375,000 per individual, except any specific lasers identified by the stop loss carrier. Premium cost shall not exceed \$74.87 per employee per month which is to be estimated \$2,910,047.16 /year. To secure these rates, County authorizes Boon Chapman to accept five lasers, which are identified instances with Individual Specific Stop Loss Deductibles with higher coverage attachment points based on individual prior claims experience or the likelihood of high-cost claims in the future, as more specifically described in the attached Exhibit L : Lasers for Calendar Year 2022.

ii. All Roctavian claims will be excluded from stop loss.

IV. Section 5, Limit of Appropriation, is amended to permit additional funding to the total maximum annual compensation that Boon Chapman may become entitled to under the Agreement. The Parties agree that Section 5.1 shall now read:

Boon Chapman does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum annual compensation that Boon Chapman may become entitled to for capitated fees, unless there is an increase in enrollment, and the total maximum sum that County may become liable to pay to Boon Chapman shall not under any conditions, circumstances, or interpretations thereof exceed \$4,700,000.00 for the service year covered by the Eighth Amendment to the Agreement.

V. Section 25, Conflict, is amended as follows:

In the event there is a conflict, the following have priority with regard to the conflict: first: this document titled "EIGHTH AMENDMENT OF THE AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086;" second: "SEVENTH AMENDMENT OF THE AGREEMENT FOR THIRD PARTY

CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086 WITH ATTACHED EXHIBIT K; third: First through Sixth amendments with preference to the most recently executed, fourth: "AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086;" fifth: Exhibit D Business Associates Agreement; sixth: RFP 16-086 seventh: Exhibit C: Fee Schedule; and eighth: Exhibit G: PBM Scope of Work. Exhibit E: Security Policies and Exhibit F: Boon Chapman Original Response dated May 16, 2016, Optional Services will have no priority with regard to any conflict because they are included only for reference.

- VI. Except as modified herein, any prior executed document remains in full force and effect and has not been modified or amended. In the event of conflict, the most recently executed document shall prevail with regard to the conflict.

IN WITNESS THEREOF, the parties have affixed their hands and seals on this day.

FORT BEND COUNTY


County Judge KP George

KP George
County Judge

BOON CHAPMAN


Authorized Agent- Signature

Stacey R. Minton
Authorized Agent- Printed Name

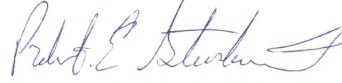
Vice President, Sales & Account Mgmt
Title

December 20, 2021
Date

Exhibit L: Lasers for Calendar Year 2022

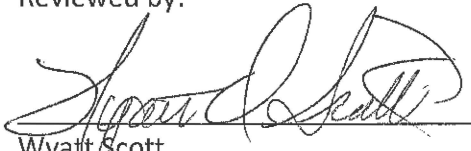
AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$4,700,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert E. Sturdivant, County Auditor

Reviewed by:



Wyatt Scott

Director of Risk Management

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Exhibit K: Lasers for Calendar Year 2022

The following are the Individual Specific Stop Loss Deductibles with higher coverage attachment points that County has authorized:

Instance1	Hereditary Factor VIII Deficiency \$800K laser
Instance 2	Nonischemic Congestive Cardiomyopathy - \$500,000 Conditional Laser for heart transplant and/or complication
Instance 3	Multiple Myeloma – \$500K Laser.
Instance 4	Chronic Osteomyelitis; Quadriplegia – \$600K Laser.
Instance 5	Pneumonia secondary to Covid 19 - \$500,000 Conditional Laser for lengthy LTAC and/or lung transplant

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****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

Certificate Number:
2021-834751

Date Filed:
12/21/2021

Date Acknowledged:
01/04/2022

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.

R16-086
Employee Benefit Third Party Administration, Stop-loss & Flex Benefits

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

5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)