

III. **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:

5.1 Limit of Appropriation. Boon-Chapman understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of Five Million Four Hundred Thousand and 00/100 Dollars (\$5,400,000.00) specifically allocated to fully discharge any and all liabilities County may incur under this Amendment. 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 under this Agreement shall not under any conditions, circumstances, or interpretations thereof exceed Sixteen Million and 00/100 Dollars allocated as follows:

\$5,300,000: January 1 – December 31, 2024 – under the Agreement

\$5,300,000: January 1 – December 31, 2025 – under the Agreement

\$5,400,000: January 1 – December 31, 2026 – under this First Amendment

IV. Section 25, Conflict, is amended in its entirety as follows:

Section 25. Conflict. In the event there is a conflict among the documents that make up the Agreement, the following shall have priority in the numbered order with regard to the conflict:


1. This document entitled "First Amendment of The Agreement for Third Party Claims Administration Services Pursuant to RFP 24-004"
2. "Agreement FOR Third Party Claims Administration Services pursuant to RFP 24-004"
3. Exhibit D Business Associates Agreement
4. RFP 24-004
5. Exhibit C: Service and Fee Schedule
6. Exhibit G: PBM Scope of Work.
7. Exhibit E: Security Policies
8. Exhibit F: Boon Chapman Original Response dated September 8, 2023, Optional Services will have no priority with regard to any conflict because they are included only for reference.

V. 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, and intending to be legally bound, County and Boon Chapman hereto have executed this Agreement to be effective as of January 1, 2026.

FORT BEND COUNTY

**BOON CHAPMAN
BENEFIT ADMINISTRATORS, INC.**



KP George, County Judge

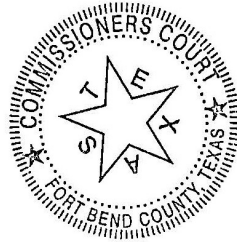



Authorized Agent- Signature

Sanjiv Anand

Authorized Agent- Printed Name

ATTEST:





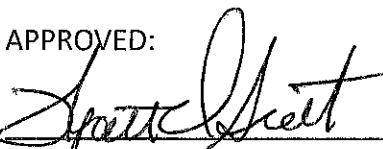
Laura Richard, County Clerk

CEO

Title

January 7, 2026

Date

APPROVED:


Wyatt Scott
Director of Risk Management

Exhibit C: Service and Fee Schedule Effective January 1, 2026

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 5,400,000.00 are available to pay the obligation of Fort Bend County, Texas within the foregoing Agreement.




Robert E. Sturdivant, County Auditor

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Exhibit C

Service And Fee Schedule

Effective January 1, 2026

	A	B	C	D
3			Proposal For:	Fort Bend County
4	EXCEPTIONAL SERVICE MATTERS		Rate Effective Date:	January 01, 2026
5				
6	ADMIN / STOP LOSS RENEWAL		IN FORCE POLICY	OPTION
7	<i>As of 11/15/2025</i>			1
10	Proposal Status			FIRM 11-14-25
11	Underwriter		Aetna - Renewals	Aetna - Renewals
12	Administrator		Boon-Chapman	Boon-Chapman
13	Network		Aetna	Aetna
14	PBM		CVS Caremark	SmithRx
15	Enrollment			
16	Employee 2,152 Family 1,454		2,152	2,152
17			1,454	1,454
18	Total Enrollment	3,606	3,606	3,606
19	SPECIFIC			
20	Terms			
21	Specific Contract Basis		12/36	12/36
25	Benefits Covered Under Specific		MEDICAL,RX	MEDICAL,RX Unlimited
29	Annual Maximum		Unlimited	
35	Liability			
36	Specific Deductible		\$475,000	\$475,000
39	Laser Liability		<i>Roctavian excluded</i>	<i>Roctavian excluded</i>
40	Laser 1 (KA)		\$725,000	\$900,000
41	Laser 2 (JS)		\$800,000	\$800,000
50	Additional Laser Liability		\$575,000.00	\$750,000.00
51	Premium			
52	Specific Premium Rates			
64	Composite		\$68.35	\$74.16
65	Annual Specific Premium		\$2,957,641.20	\$3,209,051.52
66		\$ Increase		\$251,410.32
67		% increase		8.5%
68				
124	ADMINISTRATIVE FEES			
125				
126	PEPM Total			
127	Medical Claims Admin	3,606		
128	Dental Claims Admin (stand alone)	3,125	\$18.50	\$18.50
129	Member Advocacy	3,606	\$3.98	\$3.98
130	*UR/CM/DM/CN Package (PDX/AHH)	3,606	\$1.00	\$1.00
131	Zakipoint	3,606	\$10.00	\$10.00
132	Stop Loss Marketing/Negotiations		\$2.00	\$2.00
133	Subtotal		\$10,200.00	\$10,200.00
134	Flex/Total		\$1,522,518.00	\$1,522,518.00
135	Flex Plan Administration (PPPM)	645		
136	Subtotal		\$3.00	\$3.00
137	Other B-C Services Total		\$23,220.00	\$23,220.00
138	Retiree billing (per Retiree)	819		
139	Subtotal		\$3.00	\$3.00
140	Network Fee		\$29,484.00	\$29,484.00
141	*AETNA PPO	3,606		
142	Teladoc (GM, MH)	3,606	\$11.25	\$11.25
143	Subtotal		\$2.25	\$2.25
144	Total Administrative Fees		\$584,172.00	\$584,172.00
145			\$2,159,394.00	\$2,159,394.00

146		<i>\$ Increase</i>	\$0.00
		<i>% increase</i>	0.0%
148	GRAND TOTALS		
149	Annual Specific Premium	\$2,957,641.20	\$3,209,051.52
151	Admin Fees	\$2,159,394.00	\$2,159,394.00
152	Total Fixed Costs	\$5,117,035.20	\$5,368,445.52
153		<i>\$ Increase</i>	\$251,410.32
154		<i>% increase</i>	4.9%
155			
163	CARRIERS:		
164	Declinations:	No Response to RFP:	
165	ISU Companion Life (Poor Loss History)	Certus Management Group	
166	Liberty Mutual (Pricing not competitive)	Orien/FAIRCO	
167	Skyward Specialty Insurance (Number of Retirees)	Ryan Specialty Benefits	
168	SL Management Partners (Pricing not competitive)	Excess Re	
169	Swiss Re (Pricing not competitive)	International Specialty Underwriters	
170		Northwind	
171		Underwriting Management Experts	
172			
173			

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:
2026-1404622

Date Filed:
01/05/2026

Date Acknowledged:
01/08/2026

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
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.
2026 Stop Loss
Stop Loss Renewal

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Flanigan, Drew	Dallas, TX United States	X	
	Grinnan, Daniel	Dallas, TX United States	X	
	Anand, Sanjiv	Chicago, IL United States	X	
	Durham, Matt	Austin, TX United States	X	
	Soluta Acquisition Sub, Inc	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 _____, _____, _____, _____.
(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)