

AMENDMENT NO. 4
to
ADMINISTRATIVE SERVICES AGREEMENT

THIS AMENDMENT NO. 4 ("Amendment") to the Administrative Services Agreement is made and entered into this first day of July 2024 ("Effective Date") by and between FirstCarolinaCare Insurance Company, Inc. ("FCC"), a corporation with its principal place of business in Pinehurst, North Carolina and Moore County ("Group") and shall modify the Agreement as stated herein.

FCC and Group agree this Amendment modifies the Agreement as follows:

All prior terms not amended remain effective.

*Under the section "**SECTION 3—RESPONSIBILITIES OF FCC**", the subsections "**3.11**" and "**3.17**" are revised and now read as follows:*

3.11 [Reserved]

3.17 Dental Plan: The following sections of the Agreement or portions thereof, as applicable, shall not apply to the Dental Plan, and any reference in the Agreement to these sections or the obligations of the Parties described in these sections shall not apply to or include the Dental Plan:

- a. Section 3.8 (Provider Network),
- b. Section 3.9 (Prescription Drug Network),
- c. Section 3.10 (Utilization Management/Other Programs),
- d. [Reserved]
- e. Section 3.14 (Excess Risk/Stop Loss Insurance), and
- f. Section 3.15 (Performance Guarantees)

The section “**Extended Rate Guarantee for County of Moore—Monthly Administrative Fees, Medical (includes Prescription Drug)**”, as amended, is revised and now reads as follows:

**Extended Rate Guarantee for County of Moore
Monthly Administrative Fees
Medical (includes Prescription Drug)**

Administrative Fees Effective	07/01/2024 – 06/30/2025
Medical Administration Fee	\$33.00
Dental Administration Fee	\$3.50
FirstHealth EAP Services	Included
FirstHealth Biometric Screenings and Flu Shot	Included
Form 1095-C, titled Employer-Provided Health Insurance Offer and Coverage	*Included
Section 201 of the Consolidated Appropriations Act (referred to as Gag Clause Prohibition Compliance Attestation “GCPCA”)	**Included
Nurse Line	Included
Pharmacy Network Access Fee	Included
Provider Network Access Fee	Included
Section 204 of the Consolidated Appropriations Act (referred to as “RxDC”)	***Included
Subrogation Services	Included
Utilization Management Fee	Included
Total Administrative Fee Per Employee Per Month	\$36.50

All fees are based on a Per Employee Per Month (PEPM) basis.

*FCC will make available a reporting solution on behalf of Moore County provided Moore County submits the required information by the required due date.

**FCC will attest and submit the required GCPCA on behalf of Moore County provided Moore County returns the required response forms (fully and accurately completed) by the required due date.

***FCC will submit RxDC data to CMS on behalf of Moore County provided Moore County returns the required response forms (fully and accurately completed) by the required due date.

HAVING READ AND UNDERSTOOD this Amendment No. 4 to the Agreement, IN WITNESS WHEREOF, the parties have executed this Amendment on the Effective Date.

FIRSTCAROLINACARE INSURANCE COMPANY, INC.

By: [Signature]
Printed Name: F. Craig Humphrey
Title: President & Chief Operating Officer
Date: 6/11/2024

MOORE COUNTY (PLAN SPONSOR):

By: [Signature]
Printed Name: Nick Picerno
Title: Plan Sponsor Chairman
Date: 6/18/2024

ATTEST:

By: [Signature]
Printed Name: Laura M. Williams
Title: Clerk to the Board

PREAUDIT CERTIFICATE

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

By: [Signature]
Printed Name: CAROLINE LY XIONG
Title: FINANCE DIRECTOR

AMENDMENT #4

SCHEDULE OF COVERAGE: 07/01/2024 – 06/30/2025

Plan Sponsor: Moore County Government

Effective Date: 7/1/2024

☒ **Specific Stop Loss Coverage**

Agreement Period: Medical Claims –

- Incurred Period (07/01/2024 thru 6/30/2025)
- Paid Period (07/01/2024 thru 6/30/2025)

Claims basis:

X Incurred and paid during the Agreement Period

Incurred during the Agreement Period and paid within 3 months after the last day of Agreement Period

Specific Losses Deductible (each Beneficiary): \$125,000

Specific Losses Deductible (Aggregate): \$250,000

Excess Risk Limit: Unlimited

Lifetime Maximum (each Beneficiary): Unlimited

☒ **Aggregate Stop Loss Coverage**

Agreement Period: Medical Claims (07/01/2024 thru 6/30/2025)

Claims basis:

X Incurred and paid during the Agreement Period

Incurred during the Agreement Period and paid within 3 months after the last day of Agreement Period

Minimum Aggregate Deductible: \$11,132,772

Aggregate Corridor: 115%

Based on the following:

Aggregate Factors:

- | | |
|---------------|---------------------|
| 1. \$790.26 | Employee Only |
| 2. \$1,778.10 | Employee + Spouse |
| 3. \$1,461.99 | Employee + Child |
| 4. \$1,975.66 | Employee + Children |
| 5. \$2,568.36 | Employee + Family |

Stop Loss Premiums:

- | | |
|-------------|---|
| 1. \$136.92 | Specific Premium |
| 2. \$ 8.96 | Aggregate Premium |
| \$145.88 | TOTAL (Combined Premium for Stop Loss Fixed Costs) |

AMENDMENT #4

SCHEDULE OF COVERAGE: 07/01/2024 – 06/30/2025

Excludes any payments made to or on behalf of existing beneficiary to treat Hemolytic-Uremic Syndrome.

FIRSTCAROLINACARE INSURANCE COMPANY, INC.

By: 

E. Craig Humphrey

President & Chief Operating Officer

Date: 6/11/2024

COUNTY OF MOORE (Plan Sponsor)

By: 

Nick Picerno, Chairman

Moore County Board of Commissioners

Date: 6/18/2024

PRE-AUDIT CERTIFICATE

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.


Finance Officer