

**AMENDMENT #1 OF THE 2023-2024 ADMINISTRATIVE SERVICES AGREEMENT**

This Amendment #1 to the Administrative Services Agreement (Amendment #1) is entered into, by and between Blue Cross Blue Shield of Wyoming ("BCBSWY") and Laramie County Government ("the Government") and pertains to the Administrative Services Agreement with an effective date of July 1, 2023.

WHEREAS, BCBSWY and the Government are parties to the Administrative Services Agreement, which is applicable for services on or after July 1, 2023, unless otherwise stated.

WHEREAS, the Parties desire to amend Attachment A and the Supplemental Services as outlined in Attachment C.

WHEREAS, this amendment shall be effective January 1, 2024.

NOW, THEREFORE, the parties agree to amend Attachment A to add the following provision and renumber subsequent provisions as appropriate:

2. PAYDHEALTH ADMIN FEE: \$2.50 per Participant per month

THEREFORE, the parties agree to amend the Supplemental Services contained in Attachment C to add the following provision and renumber subsequent provisions as appropriate:

8. The Government has elected to participate in PaydHealth. The Government has contracted with Paydhealth Select Drugs and Products (Paydhealth). At the request of the Government, BCBSWY will provide administrative support to enable the Government to utilize the program. This administrative support includes exchanging Protected Health Information (PHI) on Participants with Paydhealth. Additionally, BCBSWY will receive the administrative invoices from Paydhealth and will remit payment for the invoices on behalf of the Government only after the Government provides BCBSWY with the funds to pay those invoices. All Paydhealth invoices will be the sole responsibility of the Government, BCBSWY will not be liable for any Paydhealth invoices and will not audit them for accuracy or compliance with the contract between the Government and Paydhealth.

With the exception of the amendments expressly provided in this Amendment #1, all of the terms and conditions of the Administrative Services Agreement shall remain unchanged and in full force and effect.

IN WITNESS HEREOF, the parties to this Amendment #1, through their duly authorized representatives, have executed this Amendment #1 and certify that they have read, understood, and agreed to the terms and conditions of this Amendment #1 as set forth herein.

\_\_\_\_\_  
Laramie County Government  
Plan Sponsor & Administrator

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Blue Cross Blue Shield of Wyoming

9/26/2023  
\_\_\_\_\_  
Date

RECEIVED AND APPROVED AS  
TO FORM ONLY BY THE  
DEPUTY LARAMIE COUNTY  
ATTORNEY *AMD*