

**AMENDMENT #2 OF THE 2023-2024 ADMINISTRATIVE SERVICES AGREEMENT**

This Amendment #2 to the Administrative Services Agreement (Amendment #2) 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, (Attachment C), which is applicable for services on or after July 1, 2023, unless otherwise stated.

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

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

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

7. The Government has elected to participate in Specialty Copay Solutions – Copay Maximization. This program enables clients to adjust the member copayment for specific specialty drugs and exclude the value of manufacturer copay assistance from member accumulator balances in accordance with the benefit plan. The administrative fee associated with this program is \$100 per transaction (fill). Employer recognizes and agrees that this fee is subject to change upon which BCBSWY providing Employer with thirty (30) days prior written notice of any change. BCBSWY will invoice Employer on a quarterly basis and the invoice shall be due and payable upon giving of such notice to The Employer.

With the exception of the amendment expressly provided in this Amendment #2, all of the terms and conditions of the Administrative Services Agreement and Attachment C shall remain unchanged and in full force and effect.

IN WITNESS HEREOF, the parties to this Amendment #2, through their duly authorized representatives, have executed this Amendment #2 and certify that they have read, understood, and agreed to the terms and conditions of this Amendment #2 as set forth herein.

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

\_\_\_\_\_  
Date

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

10/25/2023  
Date

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