

Administrative Services Agreement

Laramie County Government
Plan Sponsor & Administrator

Blue Cross Blue Shield of Wyoming
Claims Supervisor

ADMINISTRATIVE SERVICES AGREEMENT
LARAMIE COUNTY GOVERNMENT

This Agreement is entered into by and between Blue Cross Blue Shield of Wyoming ("BCBSWY") and Laramie County Government ("The Government") and pertains to an employee welfare benefit plan ("Plan") which has been established and is maintained by The Government, as Plan Sponsor and Plan Administrator, for the benefit of its Participants and Beneficiaries.

SECTION A. – DEFINITIONS

1. "Access Fee" – See Attachment "B" to this Agreement.
2. "Agreement" means this Administrative Services Agreement and the related Attachments.
3. "Beneficiary" means the dependents of Participants who are eligible to participate in the Plan, under terms of the Plan or by operation of law and designated by the respective Participants as entitled to benefits.
4. "Benefit Document" is the document detailing the health care benefits administered by BCBSWY under the terms of this Agreement and the Plan.
5. "BlueCard® Program" means the nationwide program coordinated by the Blue Cross and Blue Shield Association that enables Participants and Beneficiaries to reduce claims filing paperwork and take advantage of available local Provider networks, medical discounts, and cost-saving measures when they receive care outside of the state of Wyoming.
6. "Business Day" means a day on which BCBSWY's home office in Cheyenne, Wyoming, is open and transacting business, and excludes Saturdays, Sundays, and public holidays.
7. "Calendar Day" means any consecutive twenty-four (24) hour day running from midnight to midnight.
8. "Cash Flow Protection Service" means monies advanced by BCBSWY to The Government for payment of Participant and Beneficiary claims, which are expected to be covered by an individual excess loss insurer. All monies advanced, whether or not covered by stop-loss coverage, will be an advance to The Government and it shall have final responsibility and liability for repayment to BCBSWY. Monies will only be advanced for amounts to cover claims eligible for payment under the terms of the Schedule of Benefits.
9. "COBRA" means those provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985, and amendments thereto, relating to continuous health benefits coverage for individuals whose coverage under group health plans is terminating.
10. "ERISA" means the federal act entitled the Employee Retirement Income Security Act of 1974, and amendments thereto, that provides certain rights to Participants and Beneficiaries of certain employee benefit plans.
11. "Excess Loss Insurer" means such company as may be selected by The Government to provide reinsurance and/or stop-loss coverage.

12. "Host" – See Attachment "B" to this Agreement.
13. "Participant" means any employee or former employee eligible to be covered under the terms of the Plan and who elects to be covered under the Plan.
14. "Provider" is the person or entity providing health care services or supplies eligible for payment under the Plan.
15. "Schedule of Benefits" means the document(s) describing the Participants' and Beneficiaries' obligation to pay a deductible and to make co-payments up to a maximum for benefits otherwise covered in the Benefit Document. The Schedule of Benefits also establishes the annual maximum benefit amount, sets forth any optional benefits provided under the Plan, and sets forth any limitations to benefits and/or exclusions to coverage.
16. "Stop-Loss Claim" means a claim presented to the Excess Loss Insurer for payment in accordance with the terms and conditions of the reinsurance and/or stop-loss coverage contract(s) between The Government and the Excess Loss Insurer.
17. "Timely" means the time specifically set forth to perform the acts within this Agreement. If no time is provided within this Agreement to perform an act, then the term "timely" shall be construed to be a maximum of ten (10) calendar days from the event necessitating the action.

SECTION B. – PERFORMANCE BY BCBSWY

Administrative Services: BCBSWY shall:

- 1(a). Cooperate with The Government in the design, development and revision of the Plan and the Benefit Document by providing assistance and advice as requested by The Government;
- 2(a). Prepare appropriate identification cards for Participants and Beneficiaries;
- 3(a). Develop and maintain administrative and record keeping systems;
- 4(a). Prepare appropriate forms for the processing of requests for payment of benefits according to the terms of the Plan;
- 5(a). Prepare monthly and annual claims reports for use by The Government in the financial management of the Plan;
- 6(a). Cooperate with The Government regarding a summary list of Participant and Beneficiary benefits from the Benefit Document;
- 7(a). Provide to Participants and Beneficiaries, as necessary, the administrative services provided for by paragraphs 2 and 4 above; and
- 8(a). Provide to The Government, on a monthly basis, a billing list indicating all current Participants and Beneficiaries. The Government agrees to review the accuracy of such

billing list and process any additional enrollment transactions as necessary to correct any inaccuracy with a response to BCBSWY.

Benefit Payment Services: BCBSWY shall process requests for payment of benefits and shall, in accordance with the terms and conditions of the Benefit Document and the Plan:

- 1(b). Provide suitable facilities, personnel, and instructions for payment of benefits;
- 2(b). Develop procedures in consultation and cooperation with The Government for The Government to certify the eligibility of Participants and Beneficiaries under the Plan;
- 3(b). Determine the validity of each request for payment of benefits, make appropriate investigations and adjust claims as necessary pursuant to the terms and conditions of this Agreement and the Plan;
- 4(b). Pay benefits in accordance with the Benefit Document, with BCBSWY's standard benefit payment practices and with any benefit administration procedures specified by The Government and agreed upon by BCBSWY;
- 5(b). Provide The Government with advice on any disputed or questionable request for payment, provide The Government with a written report of its findings, including the basis for its actions, and refer such request to The Government for consideration and final decision;
- 6(b). Provide other supplemental services to The Government as set forth in Attachment C to this Agreement;
- 7(b). The parties acknowledge and agree that BCBSWY is not, nor is it considered by BCBSWY or The Government to be, the Plan Administrator or Plan Sponsor of the Plan under ERISA;
- 8(b). Benefits paid may be calculated on an alternative reimbursement arrangement as determined by BCBSWY and Provider. By accepting the alternative payment method, The Government shares in the savings differential, or will pay its pro rata share of any assessment, penalty, shortage, adjustment, or other required payment incurred by BCBSWY under the alternative payment method. The Government also agrees it will accept and abide by the terms of any agreement between a Provider and BCBSWY, including but not limited to agreements for payment of services rendered by the Provider. Refer to Attachment B for information regarding the handling of fees charged for accessing the BlueCard® Program;
- 9(b). The only claims which are eligible for processing are those claims which are: (a) incurred by Participants and Beneficiaries after the effective date, and during the term, of this Agreement; and (b) received by BCBSWY during the term of this Agreement; and (c) received by BCBSWY within twelve (12) months of the date on which the related medical services or supplies were rendered;
- 10(b). BCBSWY provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims;

- 11(b). At any time payment to BCBSWY is past due, processing of claims by BCBSWY may be immediately suspended and no further claims shall be paid until The Government is current in its payments to BCBSWY; and
- 12(b). BCBSWY agrees to hold The Government harmless for any breach of confidentiality by BCBSWY of a Participant's or Beneficiary's records, including but not limited to costs, attorney fees, fines, penalties or interest, damages, judgments, settlements, or administrative expenses.

SECTION C. – PERFORMANCE BY THE GOVERNMENT

The Government shall:

1. Provide to BCBSWY an approval of the Benefit Document;
2. Provide to BCBSWY a detailed description of any contemplated revisions in the Plan and appropriate amendments for attachment to the Benefit Document should any revisions actually be put into effect;
3. Provide to BCBSWY on a timely basis, and no less frequently than monthly, all Participants and Beneficiaries newly entitled to benefits under the Plan, including all data as may be needed to enable BCBSWY to determine the benefits to which each Participant and Beneficiary may become entitled, in accordance with the provisions of the Benefit Document. Following the initial enrollment, additional Participants and Beneficiaries may be added in accordance with the terms of the Benefit Document. Deletions or additions by The Government to the list of Participants and Beneficiaries shall be transmitted by The Government to BCBSWY on a timely basis and no less frequently than monthly;
4. Determine the eligibility of Participants and Beneficiaries to receive benefits;
5. Remit to BCBSWY, in consideration of services performed by BCBSWY, the fees, charges and paid claims as detailed in Section D and Attachment A of this Agreement;
6. Pay any and all premium taxes, licenses and fees now or hereafter levied by any governmental authority upon The Government, or via fees or assessments levied against BCBSWY as the Claims Supervisor for The Government (e.g., immunization assessments);
7. In the event of termination of this Agreement in accordance with Paragraphs 1 and 3 of Section G of this Agreement, forward to BCBSWY reimbursement for all run-out claims payments made on The Government's behalf, along with any applicable run-out processing fees (as set forth in Attachment A to this Agreement);
8. Provide to BCBSWY written specifications of any special reporting requirements, as requested by The Government, subject to the terms, if any, set forth in Attachment C to this Agreement;
9. Provide to BCBSWY copies of contracts, documents, agreements, or other information necessary for BCBSWY to complete performance under this agreement, subject to the terms, if any, as set forth in this Agreement;

10. Maintain all documents necessary to demonstrate the eligibility of all individuals enrolled in the health plan; that coverage had been offered in a timely manner to each eligible individual; and declinations (including other coverage information) for all eligible individuals not enrolling in coverage. This information, including census information or related information, will be made available to BCBSWY upon request.
11. The Government or its designee other than BCBSWY shall be solely responsible for complying with all aspects of ERISA and any other applicable federal or state laws. This includes, without limitation: maintenance of the Plan pursuant to a written plan document; publication, distribution and required updating of the Summary Plan Description, summary annual report and summary of material modifications; preparation and filing of Form 5500 annual reports, all other reporting and disclosure requirements with respect to BCBSWY; and maintaining adequate funding, as required, to support the Plan, including funding until all claims and/or Plan liabilities, if any, have been satisfied after this Agreement terminates. The Government will also be responsible for providing covered Participants, Beneficiaries and BCBSWY with the document(s) that describe(s) the Plan and with sufficient copies of any summary document(s) describing, among others, Participant and Beneficiary eligibility requirements, Plan benefits, limitations, exclusions, and waiting periods;
12. The Government shall be responsible for complying with COBRA. BCBSWY assumes no responsibility for COBRA compliance under the Plan unless stated in Attachment C to this Agreement, or otherwise agreed to by the parties in writing;
13. In the event a federal or state law or regulation mandates that The Government make changes to the benefits of the Plan, or to the eligibility of Participants and Beneficiaries, those mandated changes will become effective either at the time the law or regulation becomes effective, as a minimum, or on the date The Government specifies, if appropriate, provided BCBSWY receives ninety (90) calendar days prior written notice of such date specified by The Government. Such changes will be subject to any resultant charges to be paid by The Government in accordance with BCBSWY's usual and customary practice;
14. The Government agrees to hold BCBSWY harmless for any breach of confidentiality by The Government of a Participant's or Beneficiary's records, including but not limited to costs, attorney fees, fines, penalties or interest, damages, judgments, settlements, or administrative expenses; and
15. The Government, or its designee other than BCBSWY, shall be responsible for the status of the Plan under state and federal law.

SECTION D. – FUNDING ARRANGEMENTS

1. BCBSWY will notify The Government, on or before Wednesday of each week, of the paid claims which shall consist of all claims paid on behalf of The Government during the time period stated on the notice. The paid claims shall be due and paid on Friday of the same week the notice was provided.
2. On the Wednesday following the last Friday of each calendar month, and concurrent with notification of claims paid as set forth in Paragraph 1 of this Section D, BCBSWY shall notify

The Government of any applicable fees due and payable that have not been previously billed. Such fees shall be due and paid at the time of such notice.

3. In the event BCBSWY does not receive full and complete payment of any and all amounts due and payable, for any reason, all obligations of BCBSWY under this Agreement may terminate in accordance with Section G, Paragraph 2 of this Agreement. Additionally, BCBSWY may, in its sole discretion, assess interest on any past-due amount at a rate of seven percent (7%) per annum, calculated from the date payment was due until the date payment is received from The Government.

SECTION E. – GENERAL PROVISIONS

1. **Right to Change.** BCBSWY shall have the right to change the Administrative Fee effective on the anniversary of the Effective Date of the Agreement (see Section F) of each year, upon giving not less than thirty (30) calendar days prior written notice to The Government.

BCBSWY shall also have the right to change the Administrative Fee, to the extent deemed necessary by BCBSWY and agreed to by The Government, whenever increased administrative expenses are incurred because of a modification of the Benefit Document or this Agreement which expands the scope of services provided by BCBSWY.

2. **Cash Flow Protection Services (CFPS).** The Government elects to purchase Cash Flow Protection Service from BCBSWY as set forth in Attachment A to this Agreement.

Any conduct on the part of The Government that delays payment from its excess loss insurer may result in BCBSWY billing The Government for any monies advanced.

The Government shall have final responsibility and liability for payment of monies advanced to it by BCBSWY through its CFPS and for payment of the monthly CFPS Fee as set forth in Attachment A to this Agreement. BCBSWY shall not forgive any such advancement of monies for any reason including The Government ceasing operations.

3. **Independent Contractor and Agent Status.** BCBSWY, in performing its obligations hereunder, shall be acting as agent of The Government and the rights and responsibilities of the parties hereto shall be determined in accordance with the law of agency except as otherwise herein provided. BCBSWY is not the partner, joint venturer, or employee of The Government but, instead, is an independent contractor with respect to this Agreement. For the purposes of ERISA and any applicable State legislation of similar nature, The Government shall be deemed the Plan Administrator and Plan Sponsor.
4. **Funding Responsibility.** The Government shall have final responsibility and liability for payment of benefits in accordance with the provisions of the Benefit Document. BCBSWY shall not be liable for funding of such benefits and shall not insure or underwrite the Plan. BCBSWY shall be responsible only for the performance of services identified in Section B and Attachment C of this Agreement.
5. **Indemnification Generally.** BCBSWY shall indemnify up to the limitation of liability as set forth in W.S. § 1-39-118, as it may, from time to time, be amended, and hold harmless The Government from all claims, damages and losses resulting from the negligence of BCBSWY.

The Government shall indemnify and hold harmless BCBSWY from all claims, damages and losses resulting from the negligence of The Government. The Government shall have no indemnification obligations that exceed or are in contravention of any applicable law, including, but not limited to, Wyoming Constitution Article 16.

6. Governmental Immunity. The Government retains any immunity and defense available to it as a government entity pursuant to the Wyoming Governmental Claims Act, W.S. §§ 1-39-101 et seq., and all other applicable laws. It is understood that BCBSWY does not waive any defense or immunity it may have under Wyoming law when it acts under the direction and control of The Government.
7. Reliance on Information Provided. BCBSWY shall be entitled to rely on all information provided by The Government and its agents and representatives as being true and correct. BCBSWY is not responsible for the accuracy of any information provided by The Government, including eligibility and election transactions for Participants and Beneficiaries. The Government agrees to hold BCBSWY harmless, and indemnify BCBSWY for any losses, from any inaccuracy of information contained in any enrollment transaction.
8. Participant and Beneficiary Listings. The Government agrees to provide BCBSWY, on an as requested and timely basis, with a current and updated listing of all Participants and Beneficiaries, which will be maintained at BCBSWY. The Government will be responsible for all costs and expenses associated with failure to maintain an accurate and current listing with BCBSWY, unless such costs and expenses are due to an error on BCBSWY's part.
9. Incorrect Payments. If any payment shall have been made hereunder to an ineligible Participant or Beneficiary, or if it shall be determined that more than the correct amount has been paid by BCBSWY, BCBSWY shall use reasonable efforts to attempt to recover the payments and shall process any claims paid in error for refund through its refund request process. BCBSWY shall not be required to initiate court proceedings for any such recovery. If BCBSWY should be unsuccessful in recovering the payments, BCBSWY shall so notify The Government and the indemnity provisions of Section E, paragraph 5 hereinabove shall apply.
10. Experts and Legal Counsel. BCBSWY may seek the services of experts, in performing its obligations hereunder, at the expense of BCBSWY. BCBSWY shall consult with The Government or legal counsel designated by The Government when legal or extraordinary benefit matters seem to be involved. The defense of any legal action on a claim for benefits shall be the obligation of The Government.
11. Reliance on Communications Received. BCBSWY shall be entitled to rely upon any communication believed by BCBSWY to be genuine and to have been signed or presented by the proper party or parties.
12. Notice. Neither party shall be bound by any notice, amendment, direction, or request that is required under the terms of this Agreement unless and until it has been sent by Certified U.S. Mail, Federal Express, or like express or delivery service providing package tracking and delivery verification services, prepaid and properly addressed, to the other party at its office listed below. All such notices shall be effective on the date of deposit with the United States Postal Service, Federal Express, or like express or delivery service.

BCBSWY U.S. Mail	BCBSWY Delivery	THE GOVERNMENT U.S. Mail	THE GOVERNMENT Delivery
P.O. Box 2266 Cheyenne, WY 82003	4000 House Ave. Cheyenne, WY 82001	310 W. 19th Street Suite 140 Cheyenne, WY 82001	310 W. 19th Street Suite 320 Cheyenne, WY 82001

13. Independent Corporation. The Government, on behalf of itself and the Participants and Beneficiaries, hereby expressly acknowledges its understanding that this Agreement constitutes a contract solely between The Government and BCBSWY, that BCBSWY is an independent corporation operating under a license with the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, the Association permitting BCBSWY to use the Blue Cross and Blue Shield Service Marks in the State of Wyoming, and that BCBSWY is not contracting as the agent of the Blue Cross and Blue Shield Association. The Government further acknowledges and agrees that it has not entered into this Agreement based upon representations by any person other than BCBSWY and that no person, entity, or organization other than BCBSWY shall be held accountable or liable to The Government or any other person, entity, or organization for any of BCBSWY's obligations to The Government created under this Agreement. This paragraph shall not create any additional obligations whatsoever on the part of BCBSWY other than those obligations created under other provisions of this Agreement.
14. Applicable Law & Proper Venue. This Agreement shall be construed and enforced according to the laws of the State of Wyoming, without reference to the conflict of laws provisions thereof. Any action brought under or related to this Agreement or the performance of any duties or obligations hereunder shall be properly brought in the District Court of the First Judicial District of Wyoming in Cheyenne, Wyoming, or in the United States Court for the District of Wyoming in Cheyenne, Wyoming.
15. Entire Agreement. This Agreement, together with any exhibits, attachments and/or amendments appended hereto, constitutes the entire Agreement between the parties. No promises, terms, conditions, or obligations other than those contained in this Agreement shall be valid or binding. Any prior agreements, statements, promises, negotiations, inducements, or representations, either oral or written, made by either party or agent of either party that are not contained in this Agreement are of no force and effect. No modification of the terms or provisions of this Agreement shall be effective unless evidenced by a written amendment hereto, signed by an authorized officer or a duly authorized employee of The Government and BCBSWY, unless the change is mandated by law.
16. Confidentiality. All Participant and Beneficiary records shall be kept confidential and considered proprietary. Because The Government may have access to claims history information and responsibility for claims adjudication, The Government shall be responsible for any breach of confidentiality in its access, review or use of such information. The Government authorizes BCBSWY to use and disclose information derived from The Government's claims and eligibility data in a de-identified or aggregated form that satisfies the HIPAA de-identification standard at 45 C.F.R. §164.514. Such de-identified information may be used for analytics, benchmarking, reporting, product development, and other lawful business purposes. BCBSWY will not attempt to re-identify the data. This provision does not limit The Government's rights of access to its own claims, cost, quality, or pricing data, and

does not impose any restriction prohibited by the Consolidated Appropriations Act gag clause rules.

17. Incorporation by Reference. This Agreement hereby incorporates by reference the terms and conditions of the Benefit Document. In the event of a conflict between the terms of this Agreement and the Benefit Document, this Agreement's language shall be applied and will control.
18. Survival. All sections, terms, and conditions of this Agreement which, by their nature, should be reasonably construed to survive termination will do so. If BCBSWY should be required under Federal, State, or other applicable law and/or regulation to provide additional claims administration services after expiration or other termination of this Agreement, for claims accruing during the term, The Government shall remit reimbursement to BCBSWY for such claims in accordance with the procedures outlined herein.
19. Waiver. Failure of either party at any time to require performance by the other party of any provision of this Agreement shall not be deemed to be a continuing waiver of that provision or a waiver of any other provision of this Agreement.
20. Paragraph Headings. The headings of paragraphs and sections contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of the Agreement.
21. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same document.

SECTION F. – DURATION OF AGREEMENT

This Agreement shall take effect on July 1, 2026 ("Effective Date"), and continue through June 30, 2027, unless terminated pursuant to Section G.

SECTION G. – TERMINATION OF AGREEMENT

1. Either BCBSWY or The Government may terminate this Agreement by giving to the other, at least thirty (30) calendar days prior to the date of termination, written notice of its intention to terminate the Agreement.
2. The Agreement shall automatically terminate:
 - a. If any governmental authority enacts a law or interprets existing law to prohibit the continuance of this Agreement, upon the effective date of such law or interpretations; or
 - b. If any fee or remittance, as provided in Section D, remains unpaid to BCBSWY past the due date, provided BCBSWY has notified The Government in writing of intent to cancel. If no payment has been received from The Government within five (5) calendar days of the notification of intent to cancel, written notification of cancellation will be sent to The Government by BCBSWY; or

- c. Immediately upon The Government's seeking protection against payment of obligations to its creditors through the use of the Bankruptcy courts, whether or not any payments are due to BCBSWY.
3. Upon termination of this Agreement under Paragraph 1 of this Section G and the written request of The Government, BCBSWY shall complete the processing of all claims for benefits incurred prior to the termination of the Agreement which are filed with BCBSWY within six (6) months following such termination, provided that The Government pays the Run-Out Processing Fee shown in Attachment A to this Agreement, and continues to reimburse BCBSWY for the paid claims as set forth in Section D, Paragraphs 1 and 2 of this Agreement. The Government's request for Run-Out Processing Services shall be made as part of the termination notice set forth in Paragraph 1 of this Section G. If The Government does not request Run-Out Processing Services at the time of notification of intent to terminate this Agreement, or if this Agreement is terminated under Paragraph 2 of this Section G, BCBSWY shall have no further duties of performance hereunder, except that BCBSWY will cause orderly transfer of records and funds, if any, from BCBSWY to The Government or to such other person or entity as The Government may designate.

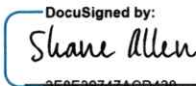
SECTION H. – EXECUTION OF AGREEMENT

The parties hereto have caused this Agreement to be executed by their respective officers, duly authorized to do so, to take effect as of the date specified in Section F.

LARAMIE COUNTY GOVERNMENT

By: _____
Title: _____
Date: _____

BLUE CROSS BLUE SHIELD OF WYOMING A Wyoming Nonprofit Corporation

By:  _____
Title: Vice President of Sales
Date: 6/10/2026

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

 7/13/26

ATTACHMENT A

The following fees and charges shall apply as of the Effective Date:

1. ADMINISTRATIVE FEE: \$59.15 per Participant per month
2. PAYDHEALTH ADMIN FEE: \$2.50 per Participant per month
3. MDLIVE ADMIN FEE: \$1.00 per Participant per month
4. NETWORK FEE: Included in Administrative Fee
5. UTILIZATION REVIEW FEE: Included in Administrative Fee
6. CASH FLOW PROTECTION FEE: Included in Administrative Fee
7. OTHER FEES AND CHARGES:

Run-out processing fee – If processing of run-out claims is requested in writing by The Government, the Run-Out Processing Fee shall be billed to The Government on the first claims billing following the date of termination of the Administrative Services Agreement. The Run-Out Processing Fee will be a one-time fixed fee calculated at \$147.88 times the average number of Participants and COBRA-eligibles covered during the three (3) calendar months prior to the date of termination, as calculated by BCBSWY.

ATTACHMENT B

ACCESS FEES: Disclosure to Accounts

Only the BlueCard® Program Access Fee may be charged separately each time a claim is processed through the BlueCard® Program. All other BlueCard® Program-related fees are included in the General Administrative Fee.

The Access Fee is charged by the Host Blue to Blue Cross Blue Shield of Wyoming for making its applicable provider network available to Blue Cross Blue Shield of Wyoming's Participants. The Access Fee will not apply to nonparticipating provider claims. The Access Fee is charged on a per-claim basis and is charged as a percentage of the discount/differential Blue Cross Blue Shield of Wyoming receives from the applicable Host Blue subject to a maximum of \$2,000 per claim. When charged, Blue Cross Blue Shield of Wyoming passes the Access Fee directly on to the Group.

Instances may occur in which the claim payment is zero or Blue Cross Blue Shield of Wyoming pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, Blue Cross Blue Shield of Wyoming will pay the Host Blue's Access Fee and pass it along directly to the Group as stated above even though the Group paid little or had no claim liability.

A General Administrative Fee encompasses fees Blue Cross Blue Shield of Wyoming charge to the Group for administering Blue Cross Blue Shield of Wyoming's benefit plan. They may include both local [within Blue Cross Blue Shield of Wyoming's service area] and Inter-Plan fees. For purposes of this agreement, they include the following BlueCard® Program-related fees other than the BlueCard® Program Access Fee: namely, Administrative Expense Allowance (AEA) Fee, Central Financial Agency Fee, ITS Transaction Fee, Toll-Free Number Fee, PPO Provider Directory Fee and Blue Cross Blue Shield Global Core Program Fees, if applicable.

Inter-Plan Arrangements Fees:

BlueCard® Program Fees

Access Fees:	2026: 3.21% of network savings, capped at \$2,000.00 per claim. 2027: TBD
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ATTACHMENT C SUPPLEMENTAL SERVICES

The supplemental services to be provided by BCBSWY, beginning on the Effective Date, are as follows:

1. Additional reports not specified in this Agreement, as requested by The Government and agreed to by BCBSWY, to be billed at an hourly rate to be determined by BCBSWY and agreed to by The Government.
2. At the request of The Government, act as broker for The Government in obtaining reinsurance and/or stop-loss coverage from an Excess Loss Insurer. BCBSWY may receive a commission in exchange for this service.
3. Pass-through of applicable reinsurance and/or stop-loss coverage premium(s) to the Excess Loss Insurer(s) designated by The Government, less applicable commission(s), if any.
4. When requested and agreed, BCBSWY will file Stop-Loss Claims with the Excess Loss Insurer designated by The Government and as requested, provide to the Excess Loss Insurer data as available from that maintained by BCBSWY pursuant to this Agreement. The Government shall provide BCBSWY with copies of contracts, documents, agreements, and other related information pertaining to its designated Excess Loss Insurer or MGU as requested by BCBSWY in order for BCBSWY to perform these supplemental services.
5. Subrogation services BCBSWY uses in its normal course of business will be utilized. BCBSWY does not warrant or guarantee results or particular service levels, either on specific claims or overall. A fee of twenty percent (20%) of the amount recovered (twenty-four percent (24%) of the amount recovered for look back services, if applicable) will be retained.
6. Pharmacy rebates that are obtained by BCBSWY through contract, negotiation or otherwise are passed through to The Government. BCBSWY retains 0% of these pharmacy rebates and The Government retains 100% of these pharmacy rebates.
7. Services provided by Cotiviti that BCBSWY uses in its normal course of business will be utilized for payment integrity. BCBSWY does not warrant or guarantee results or particular service levels, either on specific claims or overall. Services include, but are not limited to, prepay review; data mining; DRG and readmission review. The following fees will be retained for services in connection with the amount recovered: twenty-six percent (26%) for prepay review; twenty-seven percent (27%) for data mining; and twenty-eight percent (28%) for DRG and readmission review services.
8. BCBSWY agrees to submit to the appropriate federal departments (Departments), in relation to this Plan, on behalf of The Government, the files required by the Departments for each year this Agreement is in effect, via HIOS in accordance with Section 204 of the Consolidated Appropriations Act. The submission of Section 204 files is limited to periods of time where BCBSWY provided the claims processing of both Medical and Prescription Rx services and is subject to The Government providing in a timely manner any

information requested by BCBSWY necessary to complete the Section 204 files. The Government agrees that they retain the legal liability related to meeting the regulatory requirements and that BCBSWY will not be liable for any damages, penalties, or fees related to the Section 204 requirement.

9. 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.
10. The Government has elected to participate in MDLive, a program that provides telemedicine services to the Participants and Beneficiaries of The Government. BCBSWY will provide administrative support to enable The Government to utilize the program including exchanging Protected Health Information on Participants and Beneficiaries with MDLive. The medical services provided by MDLive to The Government will be reimbursed at the contracted rates between BCBSWY and MDLive. Should for any reason the contract between BCBSWY and MDLive terminate, The Government will no longer be able to access the services through MDLive, and BCBSWY will cease billing the administrative fee associated with the program.
11. Subject to the conditions precedent set forth in the "COBRA Duties Schedule" [Attachment D to this Agreement] BCBSWY will perform certain ministerial functions arising under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), but only to the extent set forth in the "COBRA Duties Schedule." All fiduciary duties arising under COBRA remain the sole responsibility of The Government.
12. Administration of Utilization Review services.

ATTACHMENT D
“COBRA DUTIES SCHEDULE”

In furtherance of The Government’s fiduciary duties arising under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and subject to the conditions precedent set forth below, BCBSWY hereby agrees to ensure performance of the following ministerial functions on behalf of The Government during the time that the Administrative Services Agreement between them and the related health care benefits Plan are in effect:

1. Provide notification of COBRA rights and obligations to each Plan Participant and his/her spouse as provided by The Government.
2. Provide notification of COBRA rights and obligations to newly acquired spouses of Plan Participants when BCBSWY is advised of such acquisition by The Government.
3. Provide a COBRA statement of rights and election form to a Qualified Beneficiary of record within 14 days of BCBSWY receiving notice from The Government of a Qualifying Event for such Beneficiary within 30 days of such Event.
4. Provide a COBRA statement of rights and election form to a Qualified Beneficiary of record within 14 days of BCBSWY receiving notice from the Beneficiary within 60 days of the Beneficiary’s divorce, legal separation, or dependent child ceasing to be a dependent of such Beneficiary.
5. Maintain a list of all COBRA Continuees who have elected continuation of coverage under COBRA and the types of coverage elected.
6. Bill COBRA Continuees for their applicable COBRA premium, including any applicable COBRA administrative fee, as directed by The Government. BCBSWY will ensure that the applicable COBRA premium and the COBRA administrative fee is forwarded to The Government.
7. Provide shortage notices and partial payment notices to COBRA Continuees and monitor the 30-day grace period for payment of past-due premium amounts.
8. Provide notice to COBRA Continuees of changes in COBRA premium amount within 60 days of the effective date of such changes by the Plan.
9. Maintain a list of COBRA premium accounts receivable based on the COBRA elections made by COBRA Continuees.
10. Maintain information on COBRA Continuees’ coverage extensions (i.e., disability and/or secondary Qualifying Event)
11. Terminate a COBRA Continuee’s coverage upon receipt of notice from The Government of Continuee’s entitlement to Medicare.
12. Provide notice to COBRA Continuees before the end of their maximum period of COBRA coverage of the right to convert to a direct payment contract, if applicable.

["COBRA Continuee" means Plan Participants and Beneficiaries who are in their 60-day COBRA election period or have elected COBRA continuation of coverage. "Qualified Beneficiary" means those persons eligible for COBRA continuation of coverage, as defined in federal law. "Qualifying Event" means an event consisting of: 1) the divorce or legal separation of an employee covered by the Plan; 2) the ineligibility of such employee's family member for dependent coverage under the Plan; 3) the termination or reduction in hours of such employee's employment; 4) such employee's entitlement to Medicare benefits; 5) the death of such employee; or 6) such employee's termination or suspension of employment to perform military service.]

All actions and duties of The Government as set forth above are conditions precedent to BCBSWY's ensuring performance of any ministerial functions in furtherance of The Government's fiduciary duties arising under COBRA. Failure of The Government to perform any of the above-listed actions and duties will render The Government's delegation of any COBRA ministerial functions relative to any Participant, Beneficiary, Qualified Beneficiary or COBRA Continuee in question to be null and void. All fiduciary duties arising under COBRA remain the sole responsibility of The Government, notwithstanding any other provision of this COBRA Duties Schedule, this Administrative Services Agreement, or any other agreement between BCBSWY and The Government, written or otherwise.

ATTACHMENT E BUSINESS ASSOCIATE AGREEMENT

This Attachment sets forth the terms and conditions with respect to the handling of Protected Health Information ("PHI") pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subparts A and E ("Privacy Rule"), the HIPAA Security Standards, 45 C.F.R. Part 160 and Part 164, Subparts A and C ("Security Rule"), the HIPAA Breach Notification Regulations, 45 C.F.R. Part 164, Subpart D ("Breach Notification Rule"), and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), all as amended. Business Associate recognizes and agrees that it is obligated by law and this Attachment to meet the applicable provisions of the HIPAA Rules.

A. Privacy of PHI.

1. **Permitted Uses and Disclosures.** Business Associate is permitted to use and disclose PHI that it creates or receives for or from Covered Entity, and to request PHI on Covered Entity's behalf, only as follows:

- a. **Functions, Activities, and Services on Covered Entity's Behalf.** Business Associate is permitted to use and disclose Covered Entity's PHI received from or created or received on behalf of the Covered Entity as necessary to perform functions, activities, services, and operations for or on behalf of the Covered Entity, as specified in the underlying service agreement, and in accordance with the HIPAA rules. This includes, where applicable, disclosing PHI to other Business Associates of the Covered Entity at the Covered Entity's prior written direction. Additionally, Business Associate may use PHI for the purposes of (i) providing data aggregation services related to the Covered Entity's Health Care Operations, and/or (ii) creating de-identified information in accordance with 45 C.F.R. § 164.514(a)-(c).

- b. **Business Associate's Operations.** Business Associate may use the PHI it creates or receives for or from Covered Entity for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities to the Covered Entity, provided that, with respect to disclosure of the Covered Entity's PHI, either:

- (1) The disclosure is Required by Law; or
 - (2) Business Associate obtains reasonable assurance, evidenced by written contract, from its subcontractors, agents or any other third party to which Business Associate will disclose Covered Entity's PHI that the subcontractor, agent, or third party will:
 - (a) Hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the subcontractor, agent, or third party or as otherwise Required by Law; and
 - (b) Promptly notify Business Associate (who will in turn promptly notify Covered Entity) of any instance in which the subcontractor, agent, or third party becomes aware that the confidentiality of Covered Entity's PHI was or may have been breached or compromised.

2. **Limited Data Set and Minimum Necessary.** Business Associate's use, disclosure, or request of PHI shall utilize a Limited Data Set, if practicable. Otherwise, in

accordance with Covered Entity's minimum necessary policies and procedures, Business Associate shall, in its performance of the functions, activities, services, and operations allowed under the terms of this Attachment, make reasonable efforts to use, to disclose, and to request only the minimum amount of Covered Entity's PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request.

3. **Prohibition on Unauthorized Use or Disclosure.** Business Associate will neither use nor disclose Covered Entity's PHI except as permitted by this Attachment, as Required by Law, or as otherwise permitted in writing by Covered Entity.
4. **Sale of PHI.** Business Associate shall not directly or indirectly receive remuneration in exchange for Covered Entity's PHI without the prior written consent of Covered Entity.
5. **Marketing.** Business Associate shall not directly or indirectly receive payment for any use or disclosure of Covered Entity's PHI for marketing purposes without the prior written consent of Covered Entity.
6. **42 C.F.R. Part 2 Disclosures.** Business Associate is not a Qualified Service Provider under Part 2 and therefore is not subject to the mandatory provisions regarding the use and disclosure of PHI that is protected by Part 2.
7. **Information Safeguards.**

- a. **Privacy of Covered Entity's PHI.** Business Associate acknowledges that it has developed, implemented, and will maintain and use appropriate administrative, technical and physical safeguards to protect the privacy of Covered Entity's PHI. The safeguards must reasonably protect Covered Entity's Protect Health Information from any intentional or unintentional use or disclosure in violation of the HIPAA Privacy Rules and this Attachment, and limit incidental uses or disclosures made pursuant to a use or disclosure otherwise permitted by this Attachment.

- b. **Security of Covered Entity's Electronic PHI.** Business Associate acknowledges that it has developed, implemented, and will maintain and use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PHI that Business Associate creates, receives, maintains, or transmits on Covered Entity's behalf as required by the HIPAA Security Rules.

8. **Sub-Contractors and Agents.** Business Associate shall require all of its subcontractors, agents, or third parties, to which Business Associate is permitted by this Attachment to disclose Covered Entity's PHI, to provide reasonable assurance, evidenced by written contract, that subcontractor, agent, or third party will comply with the HIPAA Rules and the terms of this Attachment with respect to Covered Entity's PHI to the same extent as Business Associate.

- B. **Compliance with Transaction Standards.** If Business Associate conducts in whole or part electronic Transactions on behalf of Covered Entity for which the U.S. Department of Health and Human Services has established Standards, Business Associate will comply, and will require its subcontractors, agents or third parties involved with the conduct of such Transactions to comply, with each applicable requirement of the Transaction Rule, set forth at 45 C.F.R. Part 162. Business Associate will not enter into, or permit its

subcontractors, agents or third parties to enter into any Trading Partner Attachment in connection with the conduct of Standard Transactions on behalf of Covered Entity that:

1. Changes the definition, data condition, or use of a data element or segment in a Standard Transaction;
2. Adds any data element or segment to the maximum defined data set;
3. Uses any code or data element that is marked "not used" in the Standard Transaction's implementation specification or is not in the Standard Transaction's implementation specification; or
4. Changes the meaning or intent of the Standard Transaction's implementation specification.

C. Individual Rights.

1. **Access.** Business Associate will promptly, upon Covered Entity's written request, make available to Covered Entity, or at Covered Entity's direction, to an individual (or the individual's personal representative), for the purpose of inspection and obtaining copies, Covered Entity's PHI about the individual that is in Business Associate's custody or control, consistent with the requirements of 45 C.F.R. §164.524, so that Covered Entity may meet its access obligations under 45 C.F.R. §164.524. Business Associate shall make such information accessible in an electronic format where directed by Covered Entity.
2. **Amendment.** Business Associate will, upon receipt of written notice from Covered Entity, promptly amend or permit Covered Entity access to amend any portion of Covered Entity's PHI so that Covered Entity may meet its amendment obligations under 45 C.F.R. §164.526.
3. **Disclosure Accounting.**
 - a. Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. §164.528.
 - b. Business Associate agrees to provide to Covered Entity or an Individual, in a time and manner designated by Covered Entity, information collected in accordance with this Attachment, to permit Covered Entity to respond to a request by an individual for an accounting of disclosures for PHI in accordance with 45 §C.F.R. 164.528.
 - c. In the event an Individual delivers the initial request for an accounting directly to Business Associate, Business Associate will within ten (10) business days forward such request to Covered Entity.
4. **Restriction Agreements and Confidential Communications.** Business Associate will comply with any agreement that Covered Entity makes that either restricts use or disclosure of Covered Entity's PHI pursuant to 45 C.F.R. §164.522(a), or requires confidential communication about Covered Entity's PHI pursuant to 45 C.F.R. §164.522(b), provided that Covered Entity notifies Business Associate of such agreement in writing. Covered Entity will promptly notify Business Associate in writing of the termination of any such restriction agreement or confidential communication requirement and, with respect to termination of any such restriction agreement,

instruct Business Associate whether any of Covered Entity's PHI will remain subject to the terms of the restriction agreement.

D. Obligation Relating to Privacy Incidents, Breaches and Security Incidents.

1. **Privacy Incidents and Breach.** Business Associate shall report to Covered Entity any use or disclosure of Covered Entity's PHI that is in violation of the applicable HIPAA Privacy Rules or that is not otherwise permitted by this Attachment. Business Associate shall report the Incident or Breach within five (5) business days following its discovery of the Breach. Business Associate shall cooperate with Covered Entity in investigating the Incident or Breach and in meeting the Covered Entity's obligations under the Breach Notification Rules and any other breach notification laws.
2. **Security Incident.** Business Associate shall report to Covered Entity any attempted or successful unauthorized access, use, disclosure, modification, or destruction of Covered Entity's Electronic PHI or interference with Business Associate's system operations in Business Associate's information systems ("Security Incident"), of which Business Associate becomes aware. Business Associate shall report such Security Incident within five (5) business days following its discovery of any attempted or successful Security Incident of Unsecured Electronic PHI as these terms are defined by the Breach Notification Rules. Business Associate shall cooperate with Covered Entity in investigating the Security Incident and in meeting the Covered Entity's obligations under the Breach Notification Rules and any other breach notification laws.
3. **Reporting Requirements.** Business Associate's report of a Privacy Incident, Breach or Security Incident shall be made in writing to Covered Entity's appropriate representative not more than five (5) days after the Business Associate Discovers the Privacy Incident, Breach or Security Incident. In its written report, Business Associate shall include the following details:
 - a. The identification (if known) of each individual whose PHI has been or is reasonably believed by Business Associate to have been accessed, used or disclosed during such Privacy Incident, Breach or Security Incident;
 - b. Identify the nature of the non-permitted access, use or disclosure, including the date of the Privacy Incident, Breach or Security Incident and the date of discovery of the Privacy Incident, Breach or Security Incident;
 - c. Identify the Covered Entity's PHI accessed, used or disclosed as part of the Privacy Incident, Breach or Security Incident (e.g. full name, social security number, date of birth, etc.);
 - d. Identify who made the non-permitted access, use or disclosure and who received the non-permitted disclosure;
 - e. Identify what corrective action Business Associate took or will take to prevent further non-permitted access, uses or disclosures;
 - f. Identify what Business Associate did or will do to mitigate any deleterious effect of the non-permitted access, use or disclosure; and
 - g. Provide such other information as Covered Entity may reasonably request.
4. **Exceptions to Reporting Requirements.** Business Associate and Covered Entity recognize and agree that a significant number of unauthorized, meaningless attempts

to access, use, disclose, modify or destroy Electronic PHI make real-time reporting formidable. For the below listed Unsuccessful Security Incidents that do **not** result in unauthorized access, use, disclosure, modification, or destruction of Electronic PHI or interference with an information system, Business Associate and Covered Entity agree that no notice or reporting is required:

- a. Pings on Business Associate's firewall;
- b. Port scans;
- c. Attempts to log on to a system or enter a database with an invalid password or username;
- d. Denial-of-service attacks that do not result in a server being taken off-line; and
- e. Malware (e.g., worms, viruses).

However, this exception in no way limits or waives Business Associate's requirement to report Successful Security Incidents to Covered Entity as outlined above.

E. Termination of this Attachment.

1. **Right to Terminate for Breach.** The Parties may terminate this Attachment if either party determines, in its sole discretion, that either party has breached any provision of this Attachment. The Parties may exercise this right to terminate this Attachment by providing the other Party with written notice of termination, stating the breach of this Attachment that provides the basis for the termination. Any such termination will be effective immediately or at such other date specified in the Party's notice of termination.

2. Obligations upon Termination.

a. **Return or Destruction of Covered Entity's PHI as Feasible.** Upon termination or other conclusion of this Attachment, Business Associate and any subcontractor, agent or third party to which Business Associate has disclosed Covered Entity's PHI to shall, if feasible, return to Covered Entity or destroy, as directed by Covered Entity, all of Covered Entity's PHI in whatever form or medium received from Covered Entity, including all copies thereof and all data, compilations, and other works derived therefrom that allow identification of any individual who is the subject of Covered Entity's PHI. Business Associate and its subcontractors, agents or third parties, upon request by Covered Entity, shall certify under oath to Covered Entity that all such PHI has been returned or destroyed. Business Associate will complete these obligations as promptly as possible, but not later than 30 calendar days following the effective date of the termination or other conclusion of this Attachment.

b. **Procedure When Return or Destruction is Not Feasible.** Business Associate will identify any of Covered Entity's PHI, including any that Business Associate has disclosed to subcontractors, agents or third parties, that cannot feasibly be returned to Covered Entity or destroyed and explain why return or destruction is infeasible. Where Covered Entity agrees that such return or destruction is infeasible, Business Associate and any subcontractor, agent or third party to which Business Associate has disclosed Covered Entity's PHI to, will limit its further use or disclosure of such information to those purposes that make return or destruction of such information infeasible. Business Associate

will complete these obligations as promptly as possible, but not later than 30 calendar days following the effective date of the termination or other conclusion of this Attachment.

- 3. Continuing Privacy and Security Obligations.** Business Associate's and its subcontractors', agents' and third parties' obligations to protect the privacy and safeguard the security of Covered Entity's PHI as required by law and as specified in this Attachment will be continuous and survive termination or other conclusion of this Attachment.

F. General Provisions.

- 1. Definitions.** Capitalized terms used in this Attachment and not otherwise defined have the same meaning as those terms defined set forth in the HIPAA Rules.
- 2. Inspection of Books and Records.** Business Associate will make available its internal practices, books, agreements, records, and policies and procedures relating to the use and disclosure of PHI, upon request or required by law, to the Secretary of HHS for purposes of determining Covered Entity's and Business Associate's compliance with HIPAA and this Attachment.