THIRD PARTY ADMINISTRATIVE SERVICES AGREEMENT

AMENDMENT #1

Client Name: City of Oregon City

Group Number: G0020199

Effective 8/1/2020, the Third Party Administrative Services Agreement is amended as follows, all other language and sections remains the same:

2.1 Effective Date and Term

The Effective Date of this Agreement is the 1st day of August, 2020. The initial term of this Agreement shall be a twelve (12) month period commencing on the Effective Date, unless terminated earlier in accordance with the terms of this Agreement. After the initial term, this Agreement may be renewed for successive one-year periods by the mutual, written agreement of the Parties.

5.4 Claims Pre Fund

Sponsor may be required to pay a claim pre fund upon the Effective Date of this Agreement. This claim pre fund may be modified by written agreement of the Parties upon each renewal date based on expected paid claim changes to the Plan and covered Participants. This claim pre fund will be held by PacificSource until the termination date, including the run out period if applicable, of this Agreement. The claim pre fund will be paid to the Sponsor 30 days following the end of the run-out administration period.

Exhibit III: Coverage Services Addendum

Please see the attached Exhibit.

"Plan Sponsor"
City of Oregon City

By: _____

Print: Patrick Foiles

Title: HR Director

Date: 6/26/2020

"PacificSource"
PacificSource Health Plans

By: _____

Print: Kenneth P. Provencher

Title: President and CEO

Date: 06/05/2020

EXHIBIT III: DENTAL SERVICES ADDENDUM

Between

City of Oregon City

and

PacificSource Health Plans

Policy Period: 08/01/2020 through 07/31/2021

I. INTRODUCTION

This Exhibit III: Dental Services is effective as of the date noted in Section 2.1 of the Third Party Administrative Services Agreement entered into by and between City of Oregon City ("Plan Sponsor") and PacificSource Health Plans ("PacificSource"), and to which this Exhibit is attached. In the event of any discrepancy or contradiction between the terms of the Agreement and this Exhibit, the terms of this Exhibit shall control.

II. FEES

The fees and costs payable for the services provided under this Exhibit III shall be as follows:

Number of Subscribers on Effective Date 120

Required Claim Fund Not Required

Administrative Fees

Claims Administration	PEPM
Dental	$6.00

Broker Fee

Coverage	PEPM
Dental	$5.00

Network Fees

Network	PEPM
Not Applicable	

III. INCLUDED SERVICES

Services
Standard Reporting
Standard Summary Plan document (SPD)
Standard Plan Amendments
Standard Identification Cards

IV. STANDARD ADDITIONAL FEES

Other	Fee
Custom Ad Hoc Reporting	$175 per hour
Custom Programming*	$150 per hour
Run-Out Claims Processing	Twelve months claims process at two months of administrative fees
Independent Medical Review (IMR)	Pass through cost to Plan Sponsor
Independent Review Organization (IRO)	Pass through cost to Plan Sponsor
SPD Printing and Shipping	Pass through cost to Plan Sponsor
Applicable taxes, surcharges and assessments	Pass through cost to Plan Sponsor
Claim audits, vendor set-up and similar charges	Pass through cost to Plan Sponsor

**Custom Programming available to groups with 500 or more enrolled subscribers. This is defined as programming beyond implementation that 1) is specific to Customer's operations or benefits; or 2) results in the need for system enhancements.*

V. PACIFICSOURCE CONTACT INFORMATION

- Any correspondence mailed to PacificSource will be mailed to:

  PacificSource Health Plans
  Attn: Sales
  PO Box 7068
  Springfield, OR 97475-0068
  Phone: (541) 686-1242
  Fax: (541) 485-0915

- Any Enrollment Information, billing information, and payments mailed to PacificSource will be mailed to:

  PacificSource Health Plans
  Attn: Membership Services
  PO Box 7068
  Springfield, OR 97475-0068
  Phone: (866) 999-5583
  Fax: (541) 225-3642
  E-mail:
  membership@pacificsource.com