

**Amendment to Group Agreement
Between
San Mateo Community Health Authority
And
County of San Mateo**

This Amendment to the Agreement is made this 1st day of July, 2016, by and between the San Mateo Community Health Authority (SMCHA) and the County of San Mateo (Contract Holder).

WHEREAS, on July 1, 2015, SMCHA and the County of San Mateo entered into a Group Agreement for the provision of health care benefits to individuals who subscribe and are enrolled under HealthWorx through SMCHA; and

WHEREAS, SMCHA and the County of San Mateo wish to amend the Group Agreement to extend the original Agreement, which terminates June 30, 2016, to December 31, 2017; and

WHEREAS, SMCHA and the County of San Mateo wish to amend the Group Agreement to increase the premium from \$235.00 per member per month to \$242.50 per member per month, effective August 1, 2016; and

WHEREAS, the Agreement must be increased \$4,500,000 to cover the benefit premiums of the eighteen month extended term:

NOW, THEREFORE, SMCHA and the County of San Mateo hereby agree as follows:

Premiums, Section III, 3.2 Premium Payment will be replaced in its entirety and read

Premiums are payable to the PLAN at the PLAN's office by electronic file transfer via ACH, wire transfer or check via mail addressed to: Finance Department, Health Plan of San Mateo, 801 Gateway Blvd, Ste. 100, South San Francisco, CA 94080. In no event shall the County's total fiscal obligation under this Agreement exceed SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS (\$7,500,000).

Term and Termination, Section IV, 4.1 Term will be replaced in its entirety and read

The term of the Agreement shall be July 1, 2015 through December 31, 2017.

Premium Schedule: Exhibit B will be replaced in its entirety and read

Premium effective July 1, 2016.....\$242.50 per member per month

Effective Date

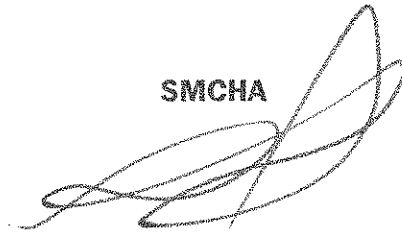
This amendment shall be effective July 1, 2016.

Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

County of San Mateo

SMCHA



Signature

Signature

Name

Name

RON ROBINSON

Title

Title

CFO

Date

Date

6/27/2016