## THIRD AMENDMENT OF THE AGREEMENT FOR MEDICAL STOP-LOSS INSURANCE POLICY

THIS THIRD AMENDMENT OF THE AGREEMENT FOR MEDICAL STOP-LOSS INSURANCE POLICY, made and entered into by and between the Lee County Board of County Commissioners, a political subdivision of the State of Florida ("Insured") and Aetna Life Insurance Company ("Insurer"), collectively, the "Parties."

WHEREAS, the Insured entered into an Agreement for the purchase of stop loss coverage through Solicitation No. RFP210494CJV with Insurer on the 7<sup>th</sup> day of December 2021 ("Agreement"); and,

WHEREAS, the Parties mutually agree to increase the price for the stop loss coverage; and,

WHEREAS, the Parties mutually agree that the price increase shall begin on the 1<sup>st</sup> day of January, 2025; and,

WHEREAS, the Parties desire to modify the Agreement pursuant to the "Right to Recalculate" subsection of Section 6. Conditions of the Agreement.

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING AND THE MUTUAL COVENANTS CONTAINED HEREIN, IT IS AGREED AS FOLLOWS:

1. Beginning January 1, 2025, Section 2. Schedule of Insurance of the Agreement shall be superseded by the following:

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## **Section 2. Schedule of Insurance**

## **Individual Stop Loss Specifications:**

**FOURTH POLICY YEAR:** January 1, 2025 through December 31,

2025

**PREMIUM RATE:** \$55.18 per employee per month

INDIVIDUAL STOP LOSS AMOUNT: \$475,000

INDIVIDUAL LIFETIME STOP LOSS PAYMENT

**AMOUNT:** 

Unlimited

**CONTRACT BASIS:** Eligible Claim Expenses include claims

paid between January 1, 2025 through December 31, 2025 (regardless of

incurred date).

COVERED BENEFITS: Medical Benefits administered by Aetna

Prescription Drug Benefits administered

by Aetna

The information provided in this Schedule of Insurance for each Policy Year after the first shall be indicated in a written notice sent to the Insured and shall be effective on the date stated in such notice.

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IN WITNESS WHEREOF, this Third Amendment of the Agreement has been signed and sealed, in duplicate, by the respective parties hereto. Each individual signing this Agreement directly and expressly warrants that he/she has been given and has received and accepted authority to sign and execute the Agreement on behalf of the party for whom it is indicated he/she has signed, and further has been expressly given and received and accepted authority to enter into a binding agreement on behalf of such party with respect to the matters contained herein and as stated herein.

DATED this	12/9/2024   1:56 PM EST	by the Lee County Board of County
Commissioners.		
		COUNTY: LEE COUNTY, FLORIDA
		BY Mary & Jucker  Mary G. Tucker  Director of Procurement Management, on behalf of the Board of County  Commissioners
		APPROVED as to Form for the Reliance of Lee County Only  Signed by:  Andrea Traser  BY  D7B0A432435E448  County Attorney's Office
DATED this 14	day of November, 20	024 by Aetna Life Insurance Company
ATTEST:		BY: Morized Signature
JA W.	Wy	Natalie Gonder Jones
(Witness)		Authorized Signature Printed Name
		Director, Sales & Service
CORPORATE SE	EAL:	Authorized Signature Title