

AMENDMENT TO LABOR FIRST RETIREE BENEFIT MANAGEMENT SERVICES AGREEMENT

This Amendment (this "Amendment") to the RETIREE BENEFIT MANAGEMENT SERVICES AGREEMENT between LABOR FIRST LLC dba RETIREE FIRST ("CONTRACTOR") and COUNTY OF FRESNO (the "COUNTY") dated OCTOBER 22, 2019 (the "Agreement") is made and entered into by Manager and Client effective on OCTOBER 31ST, 2025.

WHEREAS, CONTRACTOR and COUNTY desire to amend the Agreement in accordance with the terms and conditions of the Agreement.

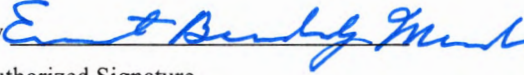
NOW, THEREFORE, Manager and Client hereby amend the Agreement as follows:


1. The COMPENSATION addressed in section 5 shall be revised to \$293.08 for the Medicare Supplement Plan, \$346.65 for the Medicare Supplement Plan G, and \$344.50 for the EGWP plan. Additionally, the supporting document Exhibit B shall be replaced with Exhibit B1 (attached).
2. The Termination date of December 31st 2022 in Section 3. Term shall be replaced with December 31st 2026.
3. This Amendment may be executed in two (2) or more counterparts each of which shall be deemed an original and all of which taken together shall constitute one and the same Amendment.
4. This Amendment shall supersede any previous Amendments.
5. Subsidiaries and Affiliates. Client acknowledges and agrees that certain services hereunder may be performed or provided by Manager's subsidiaries or affiliates, including, without limitation, Retiree First LLC. Client further acknowledges that all insurance products and services offered may be provided by Labor First Insurance Solutions, LLC in CA and Labor First Insurance Brokerage, LLC in NY, a licensed insurance agency, on behalf of one or more insurance companies. All descriptions or illustrations of coverage provided by Labor First are for general informational purposes only and do not amend, alter, or modify any insurance policy or guarantee any specific price, quote or coverage. Not all products and services are available in all states or to all customers. Nothing herein is intended or should be interpreted as the sale or solicitation of insurance by Retiree First. To the extent any of Manager's subsidiaries or affiliates provide services hereunder, Manager represents and warrants that such subsidiaries and affiliates shall adhere to all terms and conditions of this Agreement.

IN WITNESS WHEREOF, CONTRACTOR and COUNTY hereto have executed this Amendment.

COUNTY OF FRESNO

RETIREE FIRST

By 
 Authorized Signature
 Print Name Ernest Buddy Mendes
 Print Title Chairman of the Board of Supervisors of the County of Fresno
 Date 12-9-2025

By  David Zawrotny
 By 999 0906146D140DBE9319025EA669B1B contractworks
 Authorized Signature
 Print Name David Zawrotny
 Print Title CSO
 Date 11/03/2025

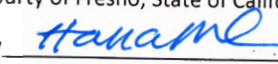
ATTEST:
 BERNICE E. SEIDEL
 Clerk of the Board of Supervisors
 County of Fresno, State of California
 By  Deputy

Exhibit 1: Medical Supplement Financial Rate Summary Prepared for: County of Fresno

Plan: Med Supp - County of Fresno - 2026 - Plan F

Rate Period: 1/1/2026 - 12/31/2026

Medical Supplement Rate - **\$293.08 PMPM**

Medicare Part A Services	Member Pays
Part A Deductible	\$0
Part A Coinsurance	\$0
Skilled Nursing Facility Care	\$0 (days 1-100)
Emergency Room	\$0
Medicare Part B Services	
Part B Deductible	\$0
Part B Coinsurance	\$0
Primary Care Visit	\$0
Specialist Visit	\$0
Part B Excess Covered	Yes
Medical Supplement Coverage Specifications	
Medical Out-of-Pocket Maximum	N/A
Ancillary Benefit Coverage	
Foreign Travel Coverage	\$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum.
Hearing	Medicare covered services only
Vision	Medicare covered services only
Dental	Medicare covered services only
Podiatry	Medicare covered services only
Chiropractic	Medicare covered services only
Acupuncture	Medicare covered services only
Private Duty Nursing	N/A
Additional Medical notes	

Medical Supplement Stipulations

- Network open to any medical facility that accepts Medicare in all 50 states to include U.S. territories.
- The proposed plan rate includes all insurance fees and administrative costs.
- The rates provided are quoted on a full replacement basis.
- Price above is based on census provided. We reserve the right to rerate this policy pending any new census information.
- During this policy term, if there are changes by CMS or federal law in relation to MAPD, MA, Med Supp, or EGWP plans there may be changes to the rates and/or benefit provisions. In the event that this were to occur, any changes will be communicated to the Group not less than 60 days before the effective date of any such change (other than mutually agreed changes) or shorter notice as may be required to comply with CMS or federal law.

Plan: Med Supp - County of Fresno - 2026 - Plan G WA State Only

Rate Period: 1/1/2026 - 12/31/2026

Medical Supplement Rate - **\$246.65 PMPM**

Medicare Part A Services		Member Pays
Part A Deductible		\$0
Part A Coinsurance		\$0
Skilled Nursing Facility Care		\$0 (days 1-100)
Emergency Room		\$0
Medicare Part B Services		
Part B Deductible		Standard CMS Part B Deductible
Part B Coinsurance		\$0
Primary Care Visit		\$0
Specialist Visit		\$0
Part B Excess Covered		Yes
Medical Supplement Coverage Specifications		
Medical Out-of-Pocket Maximum		N/A
Ancillary Benefit Coverage		
Foreign Travel Coverage		\$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum.
Hearing		Medicare covered services only
Vision		Medicare covered services only
Dental		Medicare covered services only
Podiatry		Medicare covered services only
Chiropractic		Medicare covered services only
Acupuncture		Medicare covered services only
Private Duty Nursing		N/A
Additional Medical notes		

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Part D Financial Rate Summary Prepared for: County of Fresno

Plan: EGWP - UHC - County of Fresno - 2026

Rate Period: 1/1/2026 - 12/31/2026

Part D Pharmacy Rate - **\$344.50 PMPM**

Pharmacy Coverage	Member Pays
Prescription Deductible	\$0
Retail 30 Day Supply	
Tier 1-A (Preferred Generics)	N/A
Tier 1 (Generics)	\$0
Tier 2 (Pref. Brands)	\$20
Tier 3 (NP Brands)	\$30
Tier 4 (Specialty)*	\$20
Retail 90 Day Supply	
Tier 1-A (Preferred Generics)	N/A
Tier 1 (Generics)	\$0
Tier 2 (Pref. Brands)	\$50
Tier 3 (NP Brands)	\$75
Tier 4 (Specialty)	Limited to one-month supply
Mail-Order 90 Day Supply	
Tier 1-A (Preferred Generics)	N/A
Tier 1 (Generics)	\$0
Tier 2 (Pref. Brands)	\$50
Tier 3 (NP Brands)	\$75
Tier 4 (Specialty)	Limited to one-month supply
Part D Coverage Specifications	
RX Tiers	4 Tier
Prescription Out-of-Pocket Maximum	N/A (\$2,100 IRA Limit)
Drug Formulary	Most Comprehensive (Open)
Lifestyle Drugs Covered	Yes
All Non-Part D Drugs Covered	Yes
Part B Diabetic Rider	No
ACA Preventative Drug	No
Utilization Management	Prior Authorizations, Quantity Limits and Step Therapy
Coverage Gap	Full-Coverage
Catastrophic Coverage	Member pays \$0

*Most specialty drugs can only be dispensed up to a 31-day supply at retail

Part D Stipulations

- The plan rate includes all Medicare Part D subsidies with no additional subsidy filing needed.
- The catastrophic coverage for 2026-member cost share post-TrOOP (\$2100) is \$0.
- Pharmacy network of over 60,000+ locations including all major chains, supermarkets, and independently owned pharmacies.
- All Part D drug plans are creditable coverage; therefore, Creditable Coverage Notices are not required.
- Price above is based on census provided. We reserve the right to rerate this policy pending any new census information

- During this policy term, if there are changes by CMS or federal law in relation to MAPD, MA, Med Supp, or EGWP plans there may be changes to the rates and/or benefit provisions. In the event that this were to occur, any changes will be communicated to the Group not less than 60 days before the effective date of any such change (other than mutually agreed changes) or shorter notice as may be required to comply with CMS or federal law.