

**COMMENCEMENT BAY RISK MANAGEMENT INSURANCE COMPANY
STOP-LOSS RATE CAP GUARANTEE ADDENDUM**

The parties to the Stop-loss Insurance Agreement ("Stop-loss Agreement") between **SAN JUAN COUNTY** ("Policyholder") and **COMMENCEMENT BAY RISK MANAGEMENT INSURANCE COMPANY** ("CBRM") hereby agree to the terms of this CBRM Stop-loss Rate Cap Guarantee Addendum ("Addendum"), which is incorporated as part of the Stop-loss Agreement. Defined terms in the Stop-loss Agreement shall have the same meanings in this Addendum, unless otherwise defined herein. Each are sometimes individually referred to herein as a "party" and collectively as "parties."

This Addendum will commence on **January 1, 2021** and will end on **December 31, 2021**.

At renewal, CBRM guarantees that the Stop-loss Attachment Point Covered Unit costs will not be increased by more than 50%. If an Aggregating Individual Stop-loss Attachment Point is shown as a covered option in the Stop-loss Fee Schedule Addendum for the current Term, this increase will be applied to the Aggregating Individual Stop-loss Attachment Point as well.

If the Policyholder receives a rate cap guarantee, the Policyholder's renewal will not contain any new lasers on any covered Participant. Any existing Lasered Participants may be carried over; however, there will not be any increases to the laser amount(s).

In addition to any Material Change discussed in the Stop-loss Agreement, CBRM reserves the right to modify or cancel the rate cap guarantee should the Policyholder or Plan Sponsor change its GHP in any way that materially affects CBRM's risk or liability; or if the Policyholder or Plan Sponsor has changes to:

- a. the Plan Benefit or Covered Services;
- b. the Individual Stop-loss Attachment Point;
- c. the Aggregating Individual Stop-loss Attachment Point;
- d. the Contract Term
- e. the contract basis as shown in the Stop-loss Fee Schedule Addendum;
- f. the individual reimbursement percentage; or
- g. Any other changes to the Stop-loss Fee Schedule Addendum.

(signature page to follow)

IN WITNESS WHEREOF, the parties have caused this Commencement Bay Risk Management Insurance Company Stop-loss Rate Cap Guarantee Addendum to be executed by their duly authorized representatives on the dates indicated below.

ACCEPTED:

**POLICYHOLDER:
SAN JUAN COUNTY**

By: _____

Name: _____

Title: _____

Date: _____

**COMMENCEMENT BAY RISK
MANAGEMENT INSURANCE
COMPANY**

By: *Jared L. Short*

Name: Jared L. Short

Title: President

Date: November 19, 2020

Address for Notice:

Email: _____

Address for Notice:

**Commencement Bay Risk
Management Insurance
Company**

Attention: Legal Department,

Bill Lehman

1800 Ninth Avenue

Seattle, WA 98111

Email: Bill.Lehman@cambiahealth.com