

Amendment # 1

to

Agreement dated February 18, 2015

between

Careington International Corporation

and

Sedgwick County, KS

THIS AMENDMENT, effective May 29, 2015, (“Amendment No. 1”), is entered into by and between Sedgwick County, KS (“Client”) and **Careington International Corporation** (“**Careington**”).

WHEREAS, Client and **Careington** heretofore entered into an Agreement dated February 18th, 2015, (as amended, supplemented or otherwise modified through the date hereof, the “Agreement”); and

WHEREAS, Client and **Careington** desire to amend the Agreement in certain respects as provided herein;

NOW THEREFORE, in consideration of the premises and the other mutual covenants contained herein, the parties hereto agree as follows:

1. Schedule 3 in this Amendment No. 1 shall replace Schedule 3 in the Agreement.
2. The Agreement, as modified and amended herein, is hereby ratified and confirmed in all respects by the parties hereto and such Agreement as so modified shall be enforceable against each of the parties hereto in accordance with its terms.
3. This Amendment No. 1 may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page by facsimile shall be effective as delivery of a manually executed counterpart of this Amendment No. 1.

IN WITNESS WHEREOF, the parties hereto have executed and delivered this Amendment No. 1 as of the date written below.

Sedgwick County, KS

By: _____

Name: _____

Title: _____

Date: _____

Careington International Corporation

By: 

Name: **Charles R. Misasi**

Title: **Senior Vice President**

Date: 5/29/15

Approved As To Form

Justin M. Waggoner

Justin M. Waggoner,

Assistant County Counselor

SCHEDULE 3

Benefits Plan Retail Fees

Rates are monthly unless otherwise noted.

Plan	Products	Member Only	Member Plus 1	Member/Family	Processing Fee	Brand Name
A	UNOA	\$0	\$0	\$0	\$0	MyCountyCares Rx
B	DN15	\$6.95 / \$69 yr.	\$8.95 / \$79 yr.	\$8.95 / \$79 yr.	\$10	MyCountyCares Dental
C	DN15, VSCT, TVIP, AMST, DLAO, USIN, LLSD, HRPO, SWAN, GLTH, HMIP, ENVC	\$8.95 / \$89 yr.	\$9.95 / \$99 yr.	\$9.95 / \$99 yr.	\$10	MyCountyCares The One Card
D						
E						
F						
G						
H						
I						
J						

Is this a private label? No

If yes, under what name? MyCountyCares