



Arlington Public Schools

Purchasing Office
1426 N. Quincy St., Arlington, VA 22207 • Phone: (703) 228-6123 • Fax: (703) 841-0681
www.apsva.us

David J. Webb, C.P.M.
Director/Purchasing Agent

Ellen H. Wills, CPPB, VCO
Assistant Director/Purchasing

Joshua A. Makely, CPPB
Senior Buyer

Kenneth R. Lawson, CPPB, VCO
Buyer

February 1, 2017

UNITED HEALTHCARE
Attn: Joann Sheckler
639 West Union St.
Whitehal, PA 18052
joann_sheckler@uhc.com

Subject: **MEDICARE RETIREE HEALTHCARE BENEFITS 73FY12 –CONTRACT
AMENDMENT NO. 4**

Dear Ms. Scheckler:

In as much as your firm's performance under the present contract is satisfactory, attached is the proposed Amendment No. 4 for one (1) year at the **2017 Prescription Drug Plan and Senior Supplement Rates** existing rates or discounts. The renewal shall be effective from January 1, 2017, and shall remain valid through December 31, 2017. All other terms and conditions shall remain unchanged. Please indicate your acceptance by having an officer of your firm sign and return the acceptance portion attached. Upon receipt, this office will sign and execute the amendment and return one copy to your office. Your response, to accept or decline, is requested no later than ten (10) days from the date of this letter.

Sincerely,

Joshua A. Makely, CPPB
Senior Buyer

JAM:jam

Enclosure



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AMENDMENT NO. 4

SUBJECT: CONTRACT #73FY12 – MEDICARE RETIREE HEALTHCARE BENEFITS

CONTRACTOR

UNITED HEALTHCARE
Attn: Joann Sheckler
639 West Union St.
Whitehal, PA 18052

CONTRACT:

#73FY12

By mutual agreement, Contract #73FY12 is renewed for one (1) years at **2017 Prescription Drug Plan and Senior Supplement Rates**. The renewal shall be effective from January 1, 2017, and shall remain valid through December 31, 2017. All other terms and conditions shall remain unchanged.

2017 Prescription Drug Plan and Senior Supplement Rates for Arlington Public Schools

	Senior Supplement	PDP (Rx) Plan
2016 Employer Premium	\$182.96	\$182.96
2017 Employer Premium	\$193.94	\$193.94
Employer Premium Change	\$ 10.98	\$ 10.98
Employer Premium Percentage Change	6%	6%

ACCEPTANCE:

ARLINGTON PUBLIC SCHOOLS

Authorized Signature: David J. Webb

Printed Name and Title: David J. Webb, C.P.M.
Director / Purchasing Agent

Date: March 15, 2017

UNITED HEALTHCARE

Authorized Signature: Greta Redmond

Printed Name and Title: Greta Redmond FSA MAAA
VP, Underwriter/Actuary

Date: March 3, 2017