



Arlington Public Schools

Procurement Office
2110 Washington Blvd., Arlington, VA 22204 • Phone: (703) 228-6123 • Fax: (703) 841-0681
www.apsva.us

February 23, 2021

United Healthcare Insurance Company
Attn: David Scinto
639 West Union St.
Whitehal, PA 18052
david_scinto@uhc.com

Subject: Medicare Retiree Healthcare Benefits 73FY12 – Contract Amendment No. 8

Dear Mr. Scinto:

In as much as your firm's performance under the present Contract is satisfactory, attached is the proposed Amendment No. 8 for one (1) year at the **2021 Prescription Drug Plan and Senior Supplement Rates**. The renewal shall be effective from January 1, 2021 and shall remain valid through December 31, 2021. 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 five (5) days from the date of this letter.

Sincerely,

Kimberly Young
Senior Procurement Specialist

KY:ky

Enclosure



Arlington Public Schools

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Amendment No. 8

Subject: Contract 73FY12 – Medicare Retiree Healthcare Benefits

Contractor

United Healthcare Insurance Company
Attn: David Scinto
639 West Union St.
Whitehal, PA 18052

Contract:

73FY12

By mutual agreement, Contract No. 73FY12 is renewed for one (1) year at **2021 Prescription Drug Plan and Senior Supplement Rates**. The renewal shall be effective from January 1, 2021 and shall remain valid through December 31, 2021. All other terms and conditions shall remain unchanged.

2021 Prescription Drug Plan and Senior Supplement Rates for Arlington Public Schools

	Senior Supplement	PDP (Rx) Plan
2020 Employer Premium	\$203.76	\$215.62
2021 Employer Premium	\$209.87	\$222.09
Employer Premium Change	\$ 6.11	\$ 6.47
Employer Premium Percentage Change	3%	3%

Arlington Public Schools

Authorized Signature: David J. Webb
David J. Webb, C.P.M.
Printed Name and Title: Procurement Director / Procurement Agent
Date: March 8, 2021

United Healthcare Insurance Company

Authorized Signature: Greta Redmond
Greta Redmond, FSA, MAAA
Printed Name and Title: Vice President
Date: March 2, 2021

**AMENDMENT TO MEDICARE RETIREE HEALTH BENEFITS RFP# 73FY12
AMENDMENT NO. 8**

This Amendment (this "Amendment") to the Medicare Retiree Health Benefits RFP# 73FY12 between UnitedHealthcare Insurance Company and its affiliates ("United") and Arlington Public Schools ("Group") dated September 1, 2012 (the "Agreement") is made and entered into by UnitedHealthcare and Group effective on January 1, 2021.

WHEREAS, United and Group desire to amend the Agreement in accordance with the terms and conditions of the Agreement.

NOW, THEREFORE, United and Group hereby amend the Agreement as follows:

1. Contract #73FY12 is renewed for one year commencing January 1, 2021 and shall remain valid through December 31, 2021.
2. Attachment A, Fee Schedule, is hereby replaced in its entirety with the new Attachment A, attached hereto, to provide for the 2021 prescription drug plan fees.
3. Any capitalized term used but not defined in this Amendment shall have the definition assigned to it in the Agreement.
4. Except as amended by this Amendment, all provisions of the Agreement shall remain in full force and effect.
5. 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.

IN WITNESS WHEREOF, United and Group hereto have executed this Amendment effective January 1, 2021.

Arlington Public Schools
Authorized Signature: David J. Webb
David J. Webb, C.P.M.
Printed Name and Title: Procurement Director / Procurement Agent
Date: March 8, 2021

United Healthcare Insurance Company
Authorized Signature: Greta Redmond
Printed Name and Title: Greta Redmond, FSA, MAAA Vice President
Date: March 2, 2021

Attachment A – Fee Schedule Prescription Drug Plan

UNITEDHEALTH GROUP "

Prescription Drug Plan

Group name: ARLINGTON CNTY PUB SCHOOLS

Preliminary Rates for 1/1/2021 - 12/31/2021

Rates are Per Member Per Month (PMPM) **Option 1**

National Service Area for 1125 quoted members.	Pharmacy: Custom
Net Premium	\$222.09
Insurer Fee PMPM	\$0
Group Retiree Premium	\$222.09

Stipulations Prescription Drug Plan

- This is a preliminary quote effective 1/1/2021 - 12/31/2021. The situs state is Virginia.
- While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021.
- To ensure proper claim adjudication effective 1/1/2021, it is imperative that we have final 1/1/2021 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2020 could be problematic in terms of claim adjudication on 1/1/2021.
- This quote assumes that the employer pays 72% of the premium.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.
- Please note the following with regard to the drug coverage on these PDP products:
 - ~ We reserve the right to change our Part D formulary for calendar year 2021. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2021.
 - ~ There is a specific, Part D drug formulary that applies to all of our PDP plan offerings.
 - ~ All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
 - ~ United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates);
 - ~ (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract.
- Quote assumes \$0.00 PMPM commission level.
- 15 Pre-65 Medicare eligible retirees are included.
- The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.

Contract 73FY12
Amendment No. 8

**Attachment A – Fee Schedule (continued)
Senior Supplement Plan**

UNITEDHEALTH GROUP "

Senior Supplement Plan

Group name: ARLINGTON CNTY PUB SCHOOLS

Preliminary Rates for 1/1/2021 - 12/31/2021

Rates are Per Member Per Month (PMPM) **Option 1**

National Service Area for 1125 quoted members.	Pharmacy: Custom
Net Premium	\$209.87
Insurer Fee PMPM	\$0
Group Retiree Premium	\$209.87

Stipulations Senior Supplement Plan

- This is a preliminary quote effective 1/1/2021 - 12/31/2021. The situs state is Virginia.
- While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021.
- To ensure proper claim adjudication effective 1/1/2021, it is imperative that we have final 1/1/2021 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2020 could be problematic in terms of claim adjudication on 1/1/2021.
- This quote assumes that the employer pays 72% of the premium.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.
- Please note the following with regard to Senior Supplement coverage herein:
 ~ United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Part D programs that will have an impact to the program costs or revenue, including but not limited to:
 (i) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (ii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iii) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (iv) as otherwise permitted in our contract.
- Quote assumes \$0.00 PMPM commission level.
- 15 Pre-65 Medicare eligible retirees are included.
- The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.