



ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 564-14
AMENDMENT NUMBER 4**

This Amendment Number 4 is made on 5/3/2024 and amends Arlington County Agreement Number 564-14 ("Main Agreement") dated December 16, 2014 between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. ("Contractor"), and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the Main Agreement as follows:

- I. REPLACE EXHIBIT B: PRICING, PAYMENTS, AND PERFORMANCE GURANTEES, IN ACCORDANCE WITH KAISER FY25 RATES EFFECTIVE 7/1/24 – 6/30/25, INCLUDED AS AN ATTACHMENT TO THIS AMENDMENT.**
- II. REMOVE CONTRACT CLAUSE 53, COVID-19 POLICY FOR CONTRACTORS.**

All other terms and conditions of the Main Agreement remain in effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES, INC.

AUTHORIZED SIGNATURE: DocuSigned by:
Dr. SHARON T. LEWIS
89B86B1AD301462...

AUTHORIZED SIGNATURE: DocuSigned by:
Marsha D. Anderson
CCB72981D87F412...

NAME: DR. SHARON T. LEWIS

NAME: Marsha D. Anderson

TITLE: PURCHASING AGENT

TITLE: Executive Director, Strategic Accounts

DATE: 5/3/2024

DATE: 5/1/2024


Executive Summary

Group Name: Arlington County Government
Group Number(s): 2040,4126
Subgroup(s): Multiple Groups

Region: Mid-Atlantic States
Contract Period: 07/01/2024 – 06/30/2025

	<u>Dec21 – Nov22</u>	<u>Dec22 – Nov23</u>
Average Members*:	1,697	1,658

Rates**

	<u>Current Rates</u>	<u>Change %</u>	<u>Change \$</u>	<u>Proposed Rates</u>
Custom HMO 8 SIG Actives:				
Subscriber only	\$633.38	5.83%	\$36.92	\$670.30
Subscriber and Spouse	1,333.76	5.83%	77.76	1,411.52
Subscriber and 1 Child	1,175.04	5.83%	68.51	1,243.55
Subscriber and 2 or more Children	1,175.04	5.83%	68.51	1,243.55
Subscriber and Spouse and 1 or more children	1,933.06	5.83%	112.70	2,045.76
Custom HMO 8 SIG DP Cobra:				
Subscriber only	\$646.04	5.83%	\$37.66	\$683.70
Subscriber and Spouse	1,360.44	5.83%	79.31	1,439.75
Subscriber and 1 Child	1,198.54	5.83%	69.87	1,268.41
Subscriber and 2 or more Children	1,198.54	5.83%	69.87	1,268.41
Subscriber and Spouse and 1 or more children	1,971.72	5.83%	114.95	2,086.67
Custom HMO 8 SIG Retirees:				
Subscriber only	\$633.38	5.83%	\$36.93	\$670.31
Subscriber and Spouse	1,333.77	5.83%	77.76	1,411.53
Subscriber and 1 Child	1,175.05	5.83%	68.50	1,243.55
Subscriber and 2 or more Children	1,175.05	5.83%	68.50	1,243.55
Subscriber and Spouse and 1 or more children	1,933.08	5.83%	112.70	2,045.78

Claims Summary \$PMPM***Arlington County Government:**

<u>Major Service Category</u>	<u>Dec21 – Nov22</u>	<u>Change</u>	<u>Dec22 – Nov23</u>
Inpatient	\$64.35	(4.6)%	\$61.41
Outpatient	250.74	(4.5)%	239.53
Pharmacy	60.70	4.0%	63.13
Other	85.80	1.2%	86.81
Total Claims Summary \$PMPM	\$461.58	(2.3)%	\$450.87

* Includes Actives and /or pre 65 Retirees only.

**Benefit plan descriptions are summarized, please see Rate and Benefit Summary for full descriptions.