

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 21-HRD-RFP-566
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on January 1, 2023 and amends Agreement Number 21-HRD-RFP-566 ("Main Agreement") dated December 15, 2022 between Sierra Health and Life Insurance Company, 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. Reduce the Copay amounts for Occupational Therapy, Physical Therapy and Speech/Language Therapy, and Pulmonary Rehabilitation under Outpatient Services and Routine Eye Exam Refraction – every 12 months under Non-Medicare Covered Services, Routine Vision.**
Exhibit B is replaced in its entirety with the attached Exhibit B.
- II. Increase the per member, per month premium rate to \$190.10 for calendar years 2023 and 2024.**
Exhibit C is replaced in its entirety with the attached Exhibit C.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

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

NAME: DR. SHARON T. LEWIS

TITLE: Purchasing Agent

DATE: 2/2/2023

SIERRA HEALTH AND LIFE INSURANCE
COMPANY, INC.

AUTHORIZED: DocuSigned by:
SIGNATURE: Jennifer Dumas
59CE2BE98331432...

NAME: Jennifer Dumas

TITLE: Regional Contract Mgr.

DATE: 1/31/2023

EXHIBIT B**MEDICARE ADVANTAGE PLAN PLUS PART D PLAN DESIGN****UnitedHealthcare**

UnitedHealthcare Group Medicare Advantage (PPO)

Arlington County Government

1/ 1/2023 - 12/31/2023

Plan: Arlington County Government 2023 Renewal

Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum		\$1,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	Yes
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	\$0
Specialist Office Visit	\$35	\$35
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$120 Per Admit	\$120 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period		100 Days
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
(MERGE RANGES) Skilled Nursing Facility Care day range 2 - Cost Share	\$150 Per Day	\$150 Per Day
Day Range 2	Days 21 - 21	Days 21 - 21
(MERGE RANGES) Skilled Nursing Facility Care day range 3 - Cost Share	\$0 Per Day	\$0 Per Day
Day Range 3	Days 22 - 100	Days 22 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		No Benefit Period
Inpatient Mental Health Lifetime Maximum		Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$120 Per Admit	\$120 Per Admit
Outpatient Services		
Outpatient Surgery	\$50	\$50
Outpatient Hospital Services	\$50	\$50
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$40	\$40
Occupational Therapy	\$15	\$15
Physical Therapy and Speech/Language Therapy	\$15	\$15
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$25	\$25
Intensive Cardiac Rehabilitation	\$25	\$25
Pulmonary Rehabilitation	\$20	\$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$25	\$25
Kidney Dialysis	\$0	\$0
Medicare-covered Specialist Visits		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$35	\$35
Eye Exam	\$10	\$10
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$35	\$35
Dental Services	\$35	\$35
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$120	\$120
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$40	\$40
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$25	\$25
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$25	\$25
Diagnostic Radiology Service	\$50	\$50
Therapeutic Radiology Service	\$25	\$25
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Preventive Services (Medicare-Covered)		

Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Wellness/Clinical Programs

Member Rewards Program	Included	
- Reward cards for completing certain health care activities		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including:	Included	Not Included
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
- Nurse Support - 24/7		
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

Non-Medicare Covered Services

Routine Podiatry

Routine Podiatry	\$35	\$35
Routine Podiatry - Number of visits per year		6 Visits

Routine Vision

Routine Eye Exam Refraction - every 12 months	\$0	\$0
Vision Hardware - Eyeglasses and Contact Lens Allowance Combined		\$75
Vision Hardware - Benefit Period		every 12 months

Routine Hearing

Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits		1 Visits
Routine Hearing Exam - Benefit Period		1 Year
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	\$500	

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Excluded
Bonus Drug List	List U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,660		
True Out of Pocket Threshold (TrOOP)	\$7,400		
Catastrophic Coverage over TrOOP	Lesser of ICL		
Copay for generics	\$4.15		
Copay for all other drugs	\$10.35		
<->OR<-> Coinsurance	5%		

Days Supply

Retail Day Supply	30
Retail Day Supply Tier 4 Limit	30
Mail Order Day Supply	90
Mail Order Day Supply Tier 4 Limit	30

Primary Plan - ICL Phase

Retail Tier 1	\$10
Retail Tier 2	\$30
Retail Tier 3	\$55
Retail Tier 4	\$55
Mail Order Tier 1	\$20
Mail Order Tier 2	\$60
Mail Order Tier 3	\$110
Mail Order Tier 4	\$55

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group’s acceptance of this proposal or upon group’s first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group’s employment-based group plan.

Stipulations

- This is a Preliminary quote effective 1/1/2023 - 12/31/2023. 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 2023
- To ensure proper claim adjudication effective 1/1/2023, it is imperative that we have final 1/1/2023 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2022 could be problematic in terms of claim adjudication on 1/1/2023.
- This quote assumes that the employer pays 100% 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 MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2023. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2023. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) 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 2023 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) any proposed changes to the Part D program; (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. This quote assumes that the Point-of Sale (POS) Rebate Rule will not be effective as of January 1, 2023. If the POS Rebate Rule becomes effective as of January 1, 2023, United will modify the 2023 rates accordingly.
- Quote assumes \$0.00 PMPM commission level.
- 34 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.

EXHIBIT C
MEDICARE ADVANTAGE PLAN PLUS PART D PRICING



ARLINGTON COUNTY GOVERNMENT
Medicare Advantage and Part D

This schedule applies to the ARLINGTON COUNTY GOVERNMENT population if more than 1,200 members are enrolled with UnitedHealthcare for a Medicare Advantage and Part D plan population as of 01/01/2023 for the 2024 rate guarantee.

	<u>2023 Rate</u>	<u>2024 Rate</u>
ARLINGTON COUNTY GOVERNMENT	\$190.10	\$190.10

Stipulations

- (1) This is a quote effective 01/01/2023 - 12/31/2024
- (2) These rates are quoted on a Full Replacement basis.
- (3) This quote assumes that the employer pays 70% of the premium.
- (4) Please note the following with regard to the drug coverage on these Medicare Advantage and Part D (MAPD) products:
 - (a) We reserve the right to change our Part D formulary for calendar years 2023 and 2024. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2023 and 2024.
 - (b) There is a specific Part D drug formulary that applies to all of our MA-PD plan offerings.
 - (c) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- (5) UnitedHealthcare (United) reserves the right to make adjustments at a later date if highly utilized specialty/high cost drugs are introduced that have not been considered in the pricing.
- (6) 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 prior to the month for which the premium applies.
- (7) United reserves the right to modify its 2024 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to:
 - (a) any changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized. (Please note that this proposal does account for the recent rule regarding "Pharmacy Price Concessions to Drug Prices at the Point of Sale" that was finalized in the Medicare Advantage and Part D Final Rule for Contract Year 2023, effective January 1, 2024. However, this proposal does not account for any impacts arising from other potential and/or current proposals, legislation or rulemaking related to the Part D program (for example the Point of Sale Rebate legislation that is currently slated to become effective as of 1/1/2026));
 - (b) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver;
 - (c) any plan design changes required by the applicable regulatory authority (i.e., mandated benefits);
 - (d) any Force Majeure event in 2023 or beyond, including but not limited to national pandemic, acts of God, acts of terrorism, or anything beyond United's reasonable control; or
 - (e) as otherwise permitted in our contract.
- (8) Notwithstanding 7 above, United assumes the risk and will hold the rates above if United fails to qualify for Medicare Advantage Quality Bonus Payments provided the Bonus Payments program remains in effect. (i.e., United takes the risk of failure to qualify for the Bonus Payments program).

Updated as of: August 31, 2022

PROPRIETARY INFORMATION OF UNITEDHEALTHCARE INSURANCE COMPANY