

**ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201**

NOTICE OF CONTRACT AMENDMENT

TO: KAISER FOUNDATION HEALTH PLUS OF THE MID-ATLANTIC STATES, INC. 2101 EAST JEFFERSON STREET ROCKVILLE, MARYLAND 20849	ORIGINAL DATE ISSUED: DECEMBER 16, 2014 CONTRACT NO: 564-14 CONTRACT TITLE: HEALTH CARE SERVICES
---	---

THIS IS A NOTICE OF AMENDMENT OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

The contract documents consist of the terms and conditions of AGREEMENT No. 564-14 including any attachments or amendments thereto.

EFFECTIVE DATE: JULY 1, 2021

EXPIRES: DECEMBER 30, 2022

RENEWALS: TWO (2) ADDITIONAL TWELVE (12) MONTH PERIODS FROM DECEMBER 31, 2022 THRU DECEMBER 30, 2024.

LIVING WAGE: N

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: VALERIE FRANK SOLORZANO

EMAIL ADDRESS: VALERIE.FRANK-SOLORZANO@KP.ORG

COUNTY CONTACT: COLLEEN DONNELLY

COUNTY TEL. NO.: (703) 228-3447

COUNTY CONTACT EMAIL: CDONNELLY@ARLINGTONVA.US

PURCHASING DIVISION AUTHORIZATION:

VANESSA MOOREHEAD TITLE: PROCUREMENT OFFICER DATE: JULY 1, 2021

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 564-14
AMENDMENT NUMBER 2**

This Amendment Number 2 ("Amendment") is made on the date of execution of this Amendment by the County and amends Arlington County Agreement Number 564-14, dated December 16, 2014 ("Main Agreement" 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 contract called for under the Main Agreement as follows:

• **3. CONTRACT TERM**

The Work shall continue on December 31, 2022, and shall be completed no later than December 30, 2023 ("Subsequent Contract Term") and may be extended on an annual basis through December 31, 2024, subject to any modifications as provided for in the Contract Documents regarding the Contract Term. No Work shall be deemed complete until it is accepted by the Project Officer.

- Exhibit B Pricing (Attached) Kaiser Permanente FY22 Rates.

- Contract Contact pg.12 (not cover page) Revised to:

Ashley Wallace
Director Account Management
8008 West Park Dr.
McLean, Virginia 22102

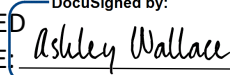
All other terms and conditions of the Main Agreement remain in effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

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

AUTHORIZED SIGNATURE: 
DocuSigned by:
392AD72EA7BC414...

AUTHORIZED SIGNATURE: 
DocuSigned by:
DF91D7CA66AD4FE...

PRINT NAME: VANESSA MOOREHEAD

PRINT NAME: ASHLEY WALLACE

TITLE: PROCUREMENT OFFICER

TITLE: DIRECTOR ACCOUNT MANAGEMENT

DATE: 8/17/2021

DATE: 8/17/2021

**Executive Summary**

Group Name: Arlington County Government

Group Number(s): 2040,4126

Subgroup(s): Multiple Groups

Region: Mid-Atlantic States

Contract Period: 07/01/2021 – 06/30/2022

Nov18 – Oct19 Nov19 – Oct20

Average Members*: 1,861 1,813

Rates**

	<u>Current Rates</u>	<u>Change %</u>	<u>Change \$</u>	<u>Proposed Rates</u>
HMO SIG (Actives):				
Subscriber only	\$586.68	(2.66)%	(\$15.60)	\$571.08
Subscriber and Spouse	1,235.44	(2.66)%	(32.85)	1,202.59
Subscriber and 1 Child	1,088.42	(2.66)%	(28.94)	1,059.48
Subscriber and 2 or more Children	1,088.42	(2.66)%	(28.94)	1,059.48
Subscriber and Spouse and 1 or more children	1,790.56	(2.66)%	(47.61)	1,742.95
HMO SIG (ER):				
Subscriber only	\$586.68	(2.66)%	(\$15.60)	\$571.08
Subscriber and Spouse	1,235.44	(2.66)%	(32.85)	1,202.59
Subscriber and 1 Child	1,088.42	(2.66)%	(28.94)	1,059.48
Subscriber and 2 or more Children	1,088.42	(2.66)%	(28.94)	1,059.48
Subscriber and Spouse and 1 or more children	1,790.56	(2.66)%	(47.61)	1,742.95

Credibility


Utilization
100.0%

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

<u>Major Service Category</u>	<u>Nov18 – Oct19</u>	<u>Change</u>	<u>Nov19 – Oct20</u>
Inpatient	\$82.39	(16.5)%	\$68.79
Outpatient	176.42	(9.6)%	159.41
Pharmacy	61.16	(23.0)%	47.07
Other	67.41	6.1%	71.55
Total Claims Summary \$PMPM	\$387.38	(10.5)%	\$346.82

* Includes Actives and /or pre 65 Retirees only.

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