

**UnitedHealthcare Insurance Company
Hartford, Connecticut**

**Amendment to
Senior Supplement
Group Health Insurance Policy**

Policyholder: Public Employee Benefits Cooperative (Tarrant County)

Effective Date: January 1, 2020

Your Senior Supplement group health insurance Policy is hereby amended as follows:

The attached Policy Information Page has been revised to include the rates in effect as of the above effective date.

All other terms and conditions of the Policy remain as stated therein.

UnitedHealthcare Insurance Company

A handwritten signature in black ink, appearing to read "Jeffrey D. Alter", is positioned above the printed name and title.

Jeffrey D. Alter
President

POLICY INFORMATION PAGE

GROUP POLICYHOLDER:	Public Employee Benefits Cooperative (Tarrant County)
GROUP NUMBER:	06124
POLICY EFFECTIVE DATE:	January 1, 2006
POLICY ANNIVERSARY:	Each January 1
ELIGIBILITY:	A Retiree as determined by the Employer
PREMIUM DUE DATE:	First of the Month
PREMIUM IS PAYABLE:	Monthly
BENEFIT PLAN(S):	Custom

THE MONTHLY PREMIUM RATE SCHEDULE IS ATTACHED TO THIS POLICY INFORMATION PAGE

Monthly rate per retiree only: **\$357.47**

Monthly rate per retiree plus dependent spouse: **\$714.94**

**AMENDMENT #17
TO THE GROUP HEALTH INSURANCE POLICY
BETWEEN PACIFICARE LIFE ASSURANCE COMPANY
AND
TARRANT COUNTY**

WHEREAS, PACIFICARE LIFE ASSURANCE COMPANY, a Texas corporation, hereinafter referred to as "PacifiCare" and TARRANT COUNTY, as a member of the Public Employee Benefits Cooperative ("PEBC"), hereinafter referred to as "Group Policyholder"; entered into an Agreement effective January 1, 2006 for provision of Senior Supplement Plan F group health services ("the Agreement"); and

WHEREAS, effective January 1, 2010, UnitedHealthcare Insurance Company (which, on behalf of itself and its subsidiaries and affiliates, is collectively referred to herein as "UnitedHealthcare") assumed all of the rights and obligations of PacifiCare under the Policy and the corresponding Policy Information Page, the group health insurance certificate, attachments and amendments as they apply; and

WHEREAS, the Group Policyholder continues to offer the Senior Supplement Plan F group health services program under the name UnitedHealthcare Senior Supplement, which is insured by UnitedHealthcare and made available to Group Policyholder's eligible Retiree membership as set forth in the Group Health Insurance Certificate and the Senior Supplement Plan Summary; and

WHEREAS, both parties acknowledge that effective since the Agreement's inception and to complement the Senior Supplement Plan F group health services program, Group Policyholder offers its eligible Retirees a Medicare Prescription Drug Plan (PDP) plan in accordance with the Centers for Medicare and Medicaid Services (CMS) rules for such services, which is offered by UnitedHealthcare or one or more of its predecessor companies under a separate contract such PDP plan; and

WHEREAS, the parties desire to amend the rates effective January 1, 2020:

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follow:

1. The Policy Information Page is amended to reflect the 2020 Health Plan monthly premium effective January 1, 2020, which is inclusive of both the Senior Supplement Plan F group health services monthly premium and the PDP Plan monthly premium, available to eligible Retirees enrolled in the Health Plan and the PDP Plan.

Senior Supplement Health Plan Monthly Premium (with PDP Plan)

Medicare Retiree Only:	\$600.43
Medicare Retiree & Medicare Spouse:	\$1,200.86

The Policy Information Page is further amended to reflect the 2020 Health Plan monthly premium effective January 1, 2020, without PDP Plan enrollment, available to eligible Retirees enrolled in the Senior Supplement Plan F group health services plan.

Senior Supplement Health Plan Monthly Premium (without PDP Plan)

Medicare Retiree Only:	\$357.47
Medicare Retiree & Medicare Spouse:	\$714.94

Except as expressly amended herein, all other terms and conditions of the Agreement, together with its Amendments, Attachments and Cover Sheet remain in full force and effect.

(Signature page follows)

IN WITNESS WHEREOF, the parties hereto have executed this Amendment #17 on the date indicated below.

Group Policyholder: Tarrant County

UnitedHealthcare Insurance Company

By: _____

Authorized Signature

By: _____

Authorized Signature

Print Name: _____

Print Name: _____

Print Title: _____

Print Title: _____

Date: _____

Date: _____

APPROVED AS TO FORM:

Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Assistant District Attorney

Certification of Available Funds: \$_____

Tarrant County Auditor

**AMENDMENT #14 TO THE HEALTH PLAN TERMS AND CONDITIONS
BETWEEN PACIFICARE OF TEXAS, INC. AND TARRANT COUNTY**

WHEREAS, PACIFICARE OF TEXAS, INC., a Texas corporation, hereinafter referred to as "PacifiCare" and TARRANT COUNTY, as a member of the Public Employee Benefits Cooperative ("PEBC"), hereinafter referred to as "Group", entered into an Agreement effective January 1, 2006 for provision of a Medicare Advantage with Prescription Drug Benefit (MA-PD) plan in accordance with the Centers for Medicare and Medicaid Services (CMS) rules for such services ("the Agreement"); and

WHEREAS, effective May 1, 2011 PacifiCare changed its legal entity name to UnitedHealthcare Benefits of Texas, Inc. (which, on behalf of itself and its subsidiaries and affiliates, is collectively referred to herein as "UnitedHealthcare"); and

WHEREAS, the Agreement is subject to the terms, conditions, rights and privileges as set forth under the corresponding cover sheet, Group's eligibility rules, and unless expressly amended herein, Amendments and Attachments; and

WHEREAS, the parties desire to amend the Agreement and the rates; NOW THEREFORE, it is agreed as follows:

1. Effective January 1, 2020, the Cover Sheet is amended to reflect the 2020 Health Plan monthly premiums.

Medicare Advantage Plan Monthly Premiums

Retiree Only MA-PD	\$232.46
Retiree & Medicare Spouse MA-PD:	\$464.92

Except as expressly amended herein, all other terms and conditions of the Agreement as previously amended remain in full force and effect.

(Signature page follows)

N WITNESS WHEREOF, the parties hereto have executed this Amendment #14 to the Agreement on the date indicated below.

Tarrant County

UnitedHealthcare Insurance Company

By: _____

Authorized Signature

By: _____

Authorized Signature

Print Name:

Print Name:

Print Title:

Print Title:

Date: _____

Date: _____

APPROVED AS TO FORM:

Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Certification of Available Funds: \$_____

Tarrant County Auditor DATE: _____

House Bill 89 Verification Form

Prohibition on Contracts with Companies Boycotting Israel

The 85th Texas Legislature approved new legislation, effective Sept. 1, 2017, which amends Texas Local Government Code Section 1. Subtitle F, Title 10, Government Code by adding Chapter 2270 which states that a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it:

- 1) does not boycott Israel; and
- 2) will not boycott Israel during the term of the contract

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

I, (authorized official) Greta Redmond do hereby depose and verify the truthfulness and accuracy of the contents of the statements submitted on this certification under the provisions of Subtitle F, Title 10, Government Code Chapter 2270 and that the company named below:

- 1) does not boycott Israel currently; and
- 2) will not boycott Israel during the term of the contract; and
- 3) is not currently listed on the State of Texas Comptroller's Companies that Boycott Israel List located at <https://comptroller.texas.gov/purchasing/publications/divestment.php>

United Health Care
Company Name

Greta Redmond
Signature of Authorized Official

VP
Title of Authorized Official

December 19, 2019
Date