

**AMENDMENT TO MEDICARE ADVANTAGE WITH PRESCRIPTION  
DRUG BENEFIT (MA-PD) GROUP AGREEMENT**

This Amendment (this "Amendment") to the Medicare Advantage with Prescription Drug Benefit (MA-PD) Group Agreement between UnitedHealthcare Insurance Company on behalf of itself and UnitedHealthcare Affiliates ("United") and Pinellas County Board of Commissioners ("Group") dated January 1, 2015 (the "Agreement") is made and entered into by United and Group effective on January 1, 2017.

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. Exhibit A, 2016 MA-PD Plan Beneficiary Premium, is hereby deleted in its entirety and replaced with the attached Exhibit A, 2017 MA-PD Plan Beneficiary Premium.
2. Any capitalized term used but not defined in this Amendment shall have the definition assigned to it in the Agreement.
3. Except as amended by this Amendment, all provisions of the Agreement shall remain in full force and effect.
4. 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, 2017.

**UnitedHealthcare Insurance Company**

By 

Authorized Signature

Print Name: Greta Redmond, FSA, MAAA

Print Title: Vice President, Actuarial & Underwriting

Date: December 9, 2016

**Pinellas County Board of  
Commissioners**

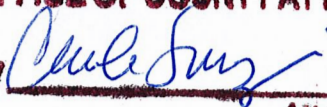
By 

Authorized Signature

Print Name Mark S. Woodard

Print Title County Administrator

Date 12/28/2016

**APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY**  
By   
Attorney

## Exhibit A 2017 MA-PD Plan Beneficiary Premium

**Medicare Advantage - National PPO**  
**Group name: PINELLAS COUNTY**  
**Final Rates for 1/1/2017 - 12/31/2017**  
**Rates are Per Member Per Month (PMPM)**

Quoted Service Area	Quoted Membership	Rate Components	Option 1 Medical: Custom Pharmacy: Custom
National	1755	Net Premium ACA Insurer Fee Total Premium	\$445.19 \$0.00 \$445.19

**Stipulations: National PPO**

- This is a final quote effective 1/1/2017 - 12/31/2017. The situs state is Florida.
- These rates are quoted assuming UHC only carrier with multiple options.
- This quote assumes that the employer pay 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.
- For UnitedHealthcare Group Medicare Advantage business, we will adjust pricing to reflect the one-year moratorium of the 2017 Annual Fee on Health Insurance Providers. Please note, the Annual Fee on Health Insurance Providers continues to apply for 2016 and 2018.
- Please note the following with regard to the drug coverage on these MA-PD products:
  - ~ We reserve the right to change our Part D formulary for calendar year 2017. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2017.
  - ~ There is a specific Part D drug formulary that applies to all of our MA-PD plan offerings.
  - ~ All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- UnitedHealth Group will hold the rate(s) and plan design(s) through 12/31/2017 unless (i) there are changes in federal, state or other applicable legislation or regulation; (ii) there is a reduction in CMS reimbursement level or a change in the methodology used to calculate CMS payments; (iii) there are any plan design changes required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor, and (iv) as otherwise permitted in our policy.
- Quote assumes \$0.00 PMPM commission level.
- 78 Pre-65 Medicare eligible disabled are included.