

THIS RIDER WILL BE ATTACHED TO AND FORM A PART OF THE POLICY SHOWN BELOW. IT IS ISSUED BY UNITEDHEALTHCARE INSURANCE COMPANY, HARTFORD, CONNECTICUT TO THE POLICYHOLDER SHOWN BELOW.

Policyholder — Pinellas County Board of County Commissioners

Policy Number — GA-214279AL

Effective Date of Rider — January 1, 2016

The terms of the policy in effect on the date shown above are amended as follows:

PART 1 - SCHEDULE is amended as set forth on the attached Page 2 which is substituted for the present Page 2 of the policy.

Provisions and conditions may be shown on the pages which follow. These pages form a part of the rider.

This rider will not affect any of the terms, provisions or conditions of the policy except as stated above.

This rider will take effect on the Effective Date shown above.

Dated at Hartford, Connecticut on the Effective Date shown above.

UNITEDHEALTHCARE INSURANCE COMPANY



Jeffrey D. Alter, President

Policy Registrar

Pinellas County Board of County Commissioners

By Mark S. Woodard

Official Title Mark S. Woodard, County Administrator

APPROVED AS TO FORM

By: [Signature]
Office of the County Attorney

Rider No. 11 to GA-214279AL

Part 1 - Schedule

Policy Period Covered: January 1, 2016 through December 31, 2016

Policy Anniversary: January 1

Administrator: United HealthCare Services, Inc.

The Administrator has been appointed by the Policyholder to provide claim and other administrative services in connection with the Employee Benefit Plan.

Any specified Benefit Level, Factor or Attachment Point applies only to the Policy Period shown above. If the Policy is continued beyond the specified Policy Period, the Company will redetermine these figures and issue a new Schedule.

INDIVIDUAL EXCESS RISK BENEFIT

1. **Individual Excess Risk Benefit Level:** \$500,000 per Covered Person per Policy Period.

Includes the following benefits under the Plan:

Medical Benefits

Mental Health Benefits

Pregnancy Benefits

Family Planning Benefits

Preventive Health Care Benefits

Prescription Drug Benefits

2. **Reimbursement Factor:** 100%
3. **Company Limit of Liability:** Unlimited
4. **Type of Individual Excess Risk Benefit:**
Eligible Benefits which are:
Paid in 12 months (PAID)
5. **Individual Excess Risk Premium:**
\$27.22 per Employee per month