

CONTRACTS TIMELINE COVER PAGE

VENDOR NAME: UNITED HEALTHCARE OF NC

☒ ENCUMBERED ACCOUNT

CONTRACT NUMBER: 90002683

☐ ITEMS W/ENCUMBERED ACCTS
(Receives a new contract number every fiscal year.)

CONTRACT AMOUNT: \$1,445,818.84

INITIAL CONTRACT #

☐ REVENUE ACCOUNT

Contract amount varies based on the number of employees. This is the amount added for year 2025 to date.

☐ MOU/LIMITLESS

☐ NOT TO EXCEED

CONTRACT TIMELINE:

INITIAL ADDENDUM #/ RENEWAL#	EFFECTIVE DATE	CONTRACT #	DESCRIPTION
If different from above			
I	01/01/2025		The renewal contract for 2025 was fully executed on 10/23/2024. The rates for year one (1/1/25 - 12/31/25) & year two (1/1/2026 - 12/31/2026) is \$28.77 for CH+; Credits - Adm \$15K and Wellness \$135K.
A	01/01/2025		The rates were increased for year one (1/1/25 - 12/31/25) & year two (1/1/2026 - 12/31/2026) is \$32.27 for CH+; Credits - Adm \$15K and Wellness \$135K.
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FINANCIAL RENEWAL AND TERMS AMENDMENT

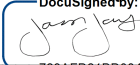
This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United" or "Our" or "Us" or "We") and Guilford County ("Customer" or "You" or "Your"), and is effective on January 1, 2025 unless otherwise specified.

The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

Guilford County

By 
 723AFD21BD084DC...
 Authorize Signature

Print Name Jason Jones

Print Title Guilford County Assistant County Manager

Date 3/3/2025 | 12:28 PM EST

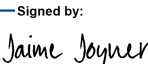
ATTEST

By 
 281BE0477AA4DA...
 2025 MAR 04 10:00 AM

Print Name Robin B. Keller

Print Title Clerk to the Board

Date 3/5/2025 | 6:23 PM EST

By 
 39AFE0BF9D274C1...
 2025 MAR 03 09:48 AM

Print Name Jaime Joyner

Print Title Guilford County Department Director

Date 3/3/2025 | 9:48 AM EST

United HealthCare Services, Inc.

By Bambi Kenney
 Bambi Kenney (11/25/2024 15:05 EST)

Authorized Signature

Print Name Bambi Kenney

Print Title Associate Contract Manager

Date 11/25/2024

Renewal 3Q 2024

Agreement No. 00014050.23

The Administrative Services Agreement is amended on January 1, 2025 as noted below.

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein.

Section 4 Services Provisions is hereby amended by the addition of the following:

Section 4.29 Interface with third party stop loss vendor. United provides claim statistical reports, designed to meet the requirements of most insurers, to support Customer's filing of Individual Stop Loss (ISL) claims. The report includes the total dollars paid for any claimant exceeding 50 percent of the Individual Stop Loss (ISL) threshold for policy year to date claims paid through the end of the previous month. Customer and its third party stop loss carrier must execute United's standard nondisclosure and indemnification agreement prior to United's providing any of the information. Customer understands that it is its responsibility to detect claims that may be covered by a third party stop loss carrier policy purchased by Customer.

This letter is confirmation that, effective January 1, 2025, the ASO Medical Fees in Exhibit A – Fees set forth in your Financial Renewal Amendment effective January 1, 2025 through December 31, 2026 is updated to replace in its entirety with the following.

ASO Fees (PEPM)	Current	Year 1	Year 2
Plan Year	01/01/2024 through 12/31/2024	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026
CH+	\$28.77	\$32.27	\$32.27
Credits			
Administrative Credit (General Purpose)	\$15,000	\$15,000	\$15,000
Wellness Credit	\$135,000	\$135,000	\$135,000

This letter is confirmation that, effective January 1, 2025, the following table in Exhibit A – Fees set forth in your Financial Renewal Amendment effective January 1, 2025 through December 31, 2026 is updated to replace in its entirety with the following.

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current 1/1/2024 through 12/31/2024	Year 1 1/1/2025 through 12/31/2025	Year 2 1/1/2026 through 12/31/2026
Disease Management Programs:			
Congestive Heart Failure (VOM)	Included in Personal Health Support	Included in Personal Health Support	Included in Personal Health Support
Chronic Obstructive Pulmonary Disease (VOM)			
Coronary Artery Disease (VOM)			
Diabetes Program (VOM)			
Asthma Program (VOM)			
Clinical Specialty Network Programs:			
Bariatric Resource Services (BRS)	Included	Included	Included
Medical Management Programs			
Core Medical Necessity	Included	Included	Included
Consumer Solutions:			
Rally Engage	Included	N/A	N/A
UnitedHealth Personal Rewards - Flex	Included	N/A	N/A
Physical Health Solutions:			
Chiropractic Network	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included

Other Programs/Services:			
PHS 3.0 Tier 3	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Kiosk	Included	Included	Included
Third Party Stop Loss Reporting	N/A	Included	Included