



State of Wisconsin
Department of Employee Trust Funds
4822 Madison Yards Way
Madison, WI 53705-9100
P. O. Box 7931
Madison, WI 53707-7931

Contract by Authorized Board

Commodity or Service:

Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

Contract/Request for Proposal No:

ETH0020 - Amendment Number 3
dated September 8, 2020

Authorized Board: Group Insurance Board

Contract Period: January 1, 2021 – December 31, 2021 with the option for renewal for two (2) additional two (2) year periods.

1. This Contract Amendment Number 3 is entered into by the State of Wisconsin Department of Employee Trust Funds (Department or ETF) on behalf of the State of Wisconsin Group Insurance Board (Board), and **Sierra Health and Life Insurance Company, Inc. dba UnitedHealthcare** (Contractor), whose address and principal officer appear below. The Department is the sole point of contact for the Contract.
2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of the Contract by reference.
3. Amendment 2: a) revised Exhibit A – Contract Changes, b) replaced RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement dated August 22, 2018 with the State of Wisconsin Group Health Program Agreement dated November 25, 2019, and c) replaced RFP Exhibit 5 – Department Terms and Conditions dated April 17, 2018 with the Department Terms and Conditions dated June 24, 2020. The parties agreed that Amendment 2 and all changes in Exhibit A dated August 18, 2020, and the revised State of Wisconsin Group Health Program Agreement dated November 25, 2019, as amended by Exhibit A attached hereto, retroactively applied starting January 1, 2020.
4. This Amendment 3: a) revises Exhibit A – Contract Changes, b) replaces RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement dated November 25, 2019 with the State of Wisconsin Group Health Program Agreement dated August 1, 2020, and c) replaces RFP Exhibit 5 – Department Terms and Conditions dated June 24, 2020 with the Department Terms and Conditions dated September 8, 2020.
5. For purposes of administering the Contract, the order of precedence is:
 - (a) This Contract Amendment Number 3;
 - (b) Contract Amendment Number 2 signed by the Board on August 25, 2020;
 - (c) Contract Amendment Number 1 signed by the Board on September 7, 2018;
 - (d) The Contract signed by the Board on May 18, 2018;
 - (e) The Certification to Health Insurance Issuer for Disclosure of Personal Health Information (PHI) to Department signed by the Contractor on June 1, 2018;
 - (f) Exhibit A – Contract Changes (revised September 8, 2020);
 - (g) Exhibit 1 – State of Wisconsin Group Health Program Agreement released August 1, 2020;
 - (h) Exhibit 5 – Department Terms and Conditions dated September 8, 2020;
 - (i) ETF Request for Proposal (RFP) ETH0020 dated October 17, 2017, as revised November 14, 2017; and,
 - (j) Contractor's proposal dated November 28, 2017.

Signatures on next page.

Contract Number & Service: ETH0020 Amendment Number 3 - Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

This Contract Amendment Number 3 shall become effective upon the date of last signature below (the "Effective Date") for the Contract period stated on page 1.

State of Wisconsin Department of Employee Trust Funds
Authorized Board: State of Wisconsin Group Insurance Board
By (Name): Herschel Day, Chair, Group Insurance Board
Signature: /s/
Date of Signature: 10/01/2020
Contact A. John Voelker, ETF Deputy Secretary, if questions arise: (608) 266-9854

Contractor
Legal Company Name: Sierra Health and Life Insurance Company, Inc.
Trade Name: UnitedHealthcare
Taxpayer Identification Number: 94-0734860
Contractor Address (Street Address, City, State, Zip): UnitedHealthcare Insurance Company 185 Asylum Street Hartford, CT 06103-3408
Name & Title (print name and title of person authorized to legally sign for and bind Contractor): Greta Redmond, Vice President, FSA, MAAA
Signature: /s/
Date of Signature: 10/01/2020
Email: Phone: