



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 7**  
August 7, 2023

**Authorized Board:** Group Insurance Board

**Contract Period:** This Contract Amendment Number 7 covers the period January 1, 2024 – December 31, 2024. At its November 17, 2021 meeting, the Group Insurance Board approved renewal of the Contract through December 31, 2025; the Contract will be amended annually to coincide with the annual health plan renewal periods ending with the 2025 plan year.

1. This Contract Amendment Number 7 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 1: a) revised Exhibit A – Contract Changes; and b) replaced RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement dated May 16, 2018 with Exhibit 1 – State of Wisconsin Group Health Program Agreement dated August 22, 2018.
4. 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 Exhibit 1 – 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.
5. Amendment 3: a) revised Exhibit A – Contract Changes, b) replaced 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) replaced RFP Exhibit 5 – Department Terms and Conditions dated June 24, 2020 with the Department Terms and Conditions dated September 8, 2020.
6. Amendment 4: a) revised Exhibit A – Contract Changes; and b) replaced RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement dated August 1, 2020, with the State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 16, 2021.
7. Amendment 5: a) replaced Contract Exhibit 1 – State of Wisconsin Group Health Insurance Program Agreement for UnitedHealthcare for Plan Year 2022 with the release date of August 16, 2021, with revised Exhibit 1 – State of Wisconsin Group Health Insurance Program Agreement for UnitedHealthcare for Plan Year 2022 with the release date of January 11, 2022; and b) replaced Contract Appendix 8 – Certificate of Coverage with revised Appendix 8 – Certificate of Coverage with the release date of January 11, 2022.

8. Amendment 6: a) revised Exhibit A – Contract Changes; b) replaced RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 16, 2021, with the State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 5, 2022; and c) replaced Exhibit 5 – Department Terms and Conditions dated September 8, 2020 with revised Exhibit 5 – Department Terms and Conditions dated June 1, 2022.
9. This Amendment 7: a) revises Exhibit A – Contract Changes; and b) replaces RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 5, 2022, with the State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 3, 2023.
10. For purposes of administering the Contract, the order of precedence is:
  - a. This Contract Amendment Number 7;
  - b. Contract Amendment Number 6 signed by the Board on September 21, 2022 ;
  - c. Contract Amendment Number 5 signed by the Board on January 17, 2022;
  - d. Contract Amendment Number 4 signed by the Board on August 27, 2021;
  - e. Contract Amendment Number 3 signed by the Board on October 1, 2020;
  - f. Contract Amendment Number 2 signed by the Board on August 25, 2020;
  - g. Contract Amendment Number 1 signed by the Board on September 7, 2018;
  - h. The Contract signed by the Board on May 18, 2018;
  - i. The Certification to Health Insurance Issuer for Disclosure of Personal Health Information (PHI) to Department signed by the Contractor on June 1, 2018;
  - j. RFP Exhibit 1 – State of Wisconsin Group Health Program Agreement for UnitedHealthcare dated August 1, 2023, and all appendices thereto;
  - k. Exhibit A – Contract Changes (revised August 1, 2023);
  - l. RFP Exhibit 5 – Department Terms and Conditions dated June 1, 2022;
  - m. ETF Request for Proposal (RFP) ETH0020 dated October 17, 2017, as revised November 14, 2017; and,
  - n. Contractor’s proposal dated November 28, 2017.

**This Contract Amendment Number 7 shall become effective upon the date of last signature below (the “Effective Date”).**

<b>State of Wisconsin Department of Employee Trust Funds</b>
Authorized Board:  State of Wisconsin Group Insurance Board
By (Name):  Herschel Day, Chair, Group Insurance Board
Signature:
Date of Signature:
Email <a href="mailto:ETFsmbProcurement@etf.wi.gov">ETFsmbProcurement@etf.wi.gov</a> should questions arise regarding this document.

<b>Contractor</b>
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):  David Myers, Vice President of Finance
Signature:
Date of Signature: