

RFP No. 604028-16
AMENDMENT NO. 4
GROUP ENROLLMENT AGREEMENT

THIS FOURTH AMENDMENT of the Group Enrollment Agreement is made and entered into as of October 6, 2020, by and between HEALTH PLAN OF NEVADA, INC. (hereinafter referred to as "Health Plan") and HENDERSON DISTRICT PUBLIC LIBRARIES (hereinafter referred to as "Group").

RECITALS

A. Pursuant to the Group Enrollment Agreement dated September 21, 2016, with an effective date of January 1, 2017 as amended, Health Plan agreed to provide and/or arrange for the provision of health care services in exchange for certain described payment from Group.

B. Health Plan and Group have agreed to renew the Group Enrollment Agreement for another year commencing January 1, 2021, and ending December 31, 2021, and have agreed to amend certain aspects of the Group Enrollment Agreement.

NOW, THEREFORE, in consideration of the above and for other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, Health Plan and Group agree that the Group Enrollment Agreement is amended as follows:

1. Article I is amended to state a renewal of the Group Enrollment Agreement for another year commencing January 1, 2021, and ending December 31, 2021.
2. Article II, Section A, of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

Old Language:

MEDICAL/PRESCRIPTION, BHO+, DENTAL & VISION HPN Solutions HMO 20 CC (Direct Access), \$20/\$40/\$70 2.5 x Rx, BHO +, Dental, Vision Care Services Domestic Partner Rider Rates Guaranteed for Period 1/1/2020 to 12/31/2020	
Individual Employee	\$589.05
Employee & Spouse	\$1,102.81
Employee & Child	\$1,078.59
Employee & Children	\$1,078.59
Employee & Family	\$1,551.72

Group Medicare Advantage Rates Guaranteed For Period of 1/1/2020 to 12/31/2020			
UnitedHealthcare Medicare Advantage Rates	2019 UHC Medicare Advantage	Dental UHC MA Dental / HPN Dental for non- Medicare eligible dependents	Total
Employee	\$281.31	\$29.03	\$310.34
Employee & Spouse (Two Medicare A&B)	\$562.62	\$58.06	\$620.68
Employee & Spouse (One Medicare A&B)	\$742.42	\$64.31	\$824.10
Employee & Child/Children (One Medicare A&B)	\$720.70	\$62.63	\$799.88
Employee & Spouse plus Child (Three Medicare A&B)	\$843.93	\$87.09	\$931.02
Employee & Family (Two Medicare A&B)	\$966.28	\$88.16	\$1,069.58
Employee & Family (One Medicare A&B)	\$1,146.08	\$94.41	\$1,273.01

New Language:

MEDICAL/PRESCRIPTION, BHO+, DENTAL & VISION HPN Solutions HMO 20 CC V1 (Direct Access), \$25/\$50/\$75 2.5 x Rx, BHO +, Dental, Vision Care Services Domestic Partner Rider Rates Guaranteed for Period 1/1/2021 to 12/31/2021	
Individual Employee	\$616.85
Employee & Spouse	\$1,154.86
Employee & Child	\$1,129.50
Employee & Children	\$1,129.50
Employee & Family	\$1,624.96

Group Medicare Advantage Rates Guaranteed For Period of 1/1/2021 to 12/31/2021			
UnitedHealthcare Medicare Advantage Rates	2021 UHC Medicare Advantage	Dental UHC MA Dental / HPN Dental for non- Medicare eligible dependents	Total
Employee	\$262.69	\$29.03	\$291.72
Employee & Spouse (Two Medicare A&B)	\$525.38	\$58.06	\$583.44
Employee & Spouse (One Medicare A&B)	\$772.47	\$57.26	\$829.73
Employee & Child/Children (One Medicare A&B)	\$748.46	\$55.91	\$804.37
Employee & Spouse plus Child (Three Medicare A&B)	\$788.07	\$87.09	\$875.16
Employee & Family (Two Medicare A&B)	\$971.40	\$82.14	\$1,053.54
Employee & Family (One Medicare A&B)	\$1,218.49	\$81.34	\$1,299.83

- 2021 Medicare Advantage Risk Rates have been finalized. Rates assume participation of all eleven entities:
 - Clark County
 - UMC
 - LVCVA
 - LVVWD
 - CCWRD
 - RTCSNV
 - SNHD
 - Henderson Public Library
 - Mt. Charleston Fire Protection District
 - Las Vegas Metropolitan Police Department Appointed Employees
 - Chief of the Moapa Valley Fire Protection District

3. Article VII (Coverage) of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

Old Language

Benefit Plan Code/Description

Optional Benefit Riders:

HPN Solutions HMO 20 CC (Direct Access) (ACA) Medical Plan

3-Tier Group Prescription Drug Benefit Rider -\$20/\$40/\$70 2.5x

Dental Care Plus Service Rider

Vision Care Services Rider

Prescription and Vision

New Language

Benefit Plan Code/Description

Optional Benefit Riders:

HPN Solutions HMO 20 CC V1 (Direct Access) (ACA) Medical Plan

3-Tier Group Prescription Drug Benefit Rider -\$25/\$50/\$75 2.5x

Dental Care Plus Service Rider

Vision Care Services Rider

Prescription and Vision

4. Article IX of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

The Open Enrollment Period shall be for a designated 29 day period between October 1 and December 31, 2020.

5. Article XVI (Entire Agreement) of the Group Enrollment Agreement, deleted the title only for Exhibit 7 and replace with the following:

Old Language

3-Tier Group Prescription Drug Benefit Rider - \$20/\$40/\$70/2.5x

New Language

3-Tier Group Prescription Drug Benefit Rider - \$25/\$50/\$75 2.5x

6. Clark County's acceptance of the 1/1/21 group enrollment agreement is contingent upon UMC Hospital and UMC Primary/Urgent Care facilities remaining as a contracted provider in the HPN network for the duration of this agreement.

7. All other terms and conditions set forth in the Evidence of Coverage and Group Enrollment Agreement shall remain in full force and effect.

(Remainder of page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intended to be legally bound thereby.

DATE:

APPROVED AS TO FORM:

**HENDERSON DISTRICT
PUBLIC LIBRARIES**

BY: _____
Mark McGinty, Board of Trustees Chair

Health Plan of Nevada, Inc.

DocuSigned by:
BY: Susan F. Vogel
SUSAN F. VOGEL
Chief Financial Officer
Health Plan of Nevada