



09 July 2012

Mary J. Thee
Assistant County Administrator/Human Resources Director
Scott County
400 W. 4th Street
Davenport, IA 52801

RE: 2012 Renewal Service Fee Rates under the Administrative Services Agreement (“ASA”) between
UnitedHealthcare Service Company of the River Valley and Scott County, Contract No. 0RWM

Dear Mary:

This letter is confirmation of your Renewal Service Fee rates.

The Renewal Service Fee Rates are attached as an Amendment to Exhibit A.

If you have any questions about the enclosed attachments, please feel free to contact me at 309-736-4648.
Please file this letter and its attachments with your ASA.

Thank you,

Joe Lawrence
Strategic Account Executive

Amendment to: (Exhibit A)

**Amendment to Exhibit A
Product and Pricing Summary**

This Amendment to Exhibit A shall attach to and become part of the Addendum between Group and UnitedHealthcare and lists the services fees You must pay us for our services during the term of the Addendum. These fees apply for the period from July 1, 2011 through June 30, 2012.

The standard service fees are as follows:

Client:	Scott County	Client ID:	86312
Group	0RWM	Medical:	V30856POS
Network:	0074	Pharmacy:	N/A
Effective Date:	July 1, 2012	Chiropractic:	N/A
		Vision:	N/A
		Dental:	N/A
		Hearing:	N/A

Administrative Fees: Group agrees to pay Administrative Fees in accordance with Section 10.1 of the Addendum. The Administrative Fee shall be calculated as follows: UnitedHealthcare will identify total Savings by month by subtracting the paid claims charges per month from the total billed claims charges per month, excluding individual claims where paid charges exceed billed charges, under this Addendum. The administrative fee shall be equal to thirty percent (30%) of the first \$150,000 in total Savings by month, plus twenty-five percent (25%) of any total Savings per month over \$150,000.

For Example: If total Savings for a month are \$200,000, the administrative fee will be equal to thirty percent (30%) of the first \$150,000 in total Savings and twenty-five (25%) of the remaining total Savings for the month, which is equal to \$45,000 plus \$12,500 which is equal to \$57,500.

Claims Expenses: Group agrees to pay UnitedHealthcare monthly for the total dollar amount of the Claims Expenses processed and paid by UnitedHealthcare, as well as any associated capitations, in accordance with Section 10.2 of the Addendum.

Claims Processing: UnitedHealthcare will process the claims received from a Network Pharmacy in accordance with the Summary Plan Description, as well as the pricing and other terms of the Network Pharmacy's participation agreement. UnitedHealthcare will retain the difference between what UnitedHealthcare reimburses the home delivery Network Pharmacy and Group's payment for a generic prescription drug product.

Producer Commissions: At Group's direction, UnitedHealthcare will pay an amount that represents ten percent (10%) of Administrative Fees received by UnitedHealthcare from Group to Group's agent of record, consistent with UnitedHealthcare's producer compensation policies and procedures.

IN WITNESS WHEREOF, UnitedHealthcare and Group have caused this Amendment to Exhibit A to be executed by their respective officers duly authorized to do so:

UnitedHealthcare Services Company of the River Valley, Inc.
1300 River Drive, Suite 200
Moline, IL 61265

Scott County
400 W. 4th Street
Davenport, IA 52801



Signature

Signature

Dan Kueter

Printed Name

Printed Name

CEO, UnitedHealthcare, Iowa and Central Illinois

Title

Title

7/9/2012

Date

Date

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

July 19, 2012

APPROVING AGREEMENT WITH UNITED HEALTH CARE SERVICES FOR
ADMINISTRATIVE SERVICES RELATED TO INMATES MEDICAL CARE

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the agreement from United Health Care to provide services related to review and processing of medical claims for inmates is hereby accepted and approved. The administrative fee to UHC is equal to thirty percent (30%) of the first \$150,000 in total savings by month, plus twenty-five percent (25%) of any total savings per month over \$150,000.

Section 2. This resolution shall take effect immediately.