SECOND AMENDMENT TO THE AGREEMENT BETWEEN BROWARD COUNTY AND UNITED HEALTHCARE SERVICES, INC., FOR ADMINISTRATIVE MANAGEMENT SERVICES FOR SELF-INSURED GROUP HEALTH INSURANCE COVERAGE AND BENEFITS FOR BROWARD COUNTY EMPLOYEES (RFP# R1412304P1)

This is a Second Amendment ("Second Amendment") to the Agreement between Broward County, a political subdivision of the State of Florida ("County"), and United Healthcare Services, Inc., a Minnesota corporation authorized to do business in the state of Florida ("Plan Manager") (collectively, the "Parties"), for Administrative Management Services for Self-Insured Group Health Insurance Coverage and Benefits for Broward County Employees.

RECITALS

- A. The Parties entered into the original Agreement that went into effect on January 1, 2017, as amended by the First Amendment dated December 3, 2019 (collectively, the "Agreement").
- B. The Parties entered into a First Amendment on December 3, 2019, to exercise the First Renewal Term (as defined in the Agreement), and to amend the schedule of fees in Exhibit G.
- C. The Parties now desire to further amend the Agreement and exercise the Second Renewal Term (as defined in the Agreement).

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

- 1. All defined and capitalized terms used in this Second Amendment shall have the same meaning as used in the Agreement unless expressly stated herein.
- 2. The Parties each consent to renew the Agreement for the Second Renewal Term, which shall commence on January 1, 2021, and end at 11:59 p.m. on December 31, 2021, at the fees described in Exhibit G-1 for 2021.
- 3. This Second Amendment is effective January 1, 2021. Except as expressly amended in this Second Amendment, all terms and conditions of the Agreement remain in full force and effect.
- 4. The Parties jointly prepared this Second Amendment and no provision herein shall be more strictly construed against either party.
- 5. This Second Amendment may be executed in multiple originals, and may be executed in counterparts, each of which will be deemed to be an original, but all of which, taken together, constitutes one and the same agreement.

| IN WITNESS WHEREOF, the Parties have made and executed this Second Amendment to the Agreement: BROWARD COUNTY, through its BOARD OF COUNTY COMMISSIONERS, signing by and through its Mayor or Vice-Mayor, authorized to execute same by Board action on the day of, 2020, and United Healthcare Services, Inc., signing by and through its, duly authorized to execute same. | | | |
|--|--|---------|-----------------------------------|
| | | | COUNTY |
| | | | 200111 |
| | | ATTEST: | BROWARD COUNTY, by and through |
| | | | its Board of County Commissioners |
| | | | |
| | Ву: | | |
| | Mayor | | |
| Broward County Administrator, as | | | |
| ex officio Clerk of the Broward County | day of, 2020 | | |
| Board of County Commissioners | | | |
| | e e | | |
| | Approved as to form by | | |
| | Andrew J. Meyers | | |
| | Broward County Attorney | | |
| | Governmental Center, Suite 423 | | |
| | 115 South Andrews Avenue | | |
| | Fort Lauderdale, Florida 33301 | | |
| a a | Telephone: (954) 357-7600 | | |
| | Telecopier: (954) 357-7641 | | |
| | | | |
| | ∫ Digitally signed by SANDY CANDY CTEED STEED | | |
| * | SANDY STEED Date: 2020.09.11 10:34:04 | | |
| | By: | | |
| , a | Sandy Steed (Date) | | |
| | Assistant County Attorney | | |
| | David Diana alina | | |
| | By: Aluly D. July 2 9/14/2020 | | |
| | Danielle W. French (Date) | | |
| T. | Deputy County Attorney | | |

SECOND AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND UNITED HEALTHCARE SERVICES, INC., FOR SELF-INSURED GROUP HEALTH INSURANCE COVERAGE AND BENEFITS FOR BROWARD COUNTY EMPLOYEES (RFP# 1412304P1)

VENDOR

WITNESSES:

United Healthcare Services, Inc.

By Authorized Signor

Authorized Signor

Heather A. Lang, Asst. Secretary

Print Name of Witness

Print Name and Title

ATTEST:

Sarah Goddard

Print Name of Witness

Corporate Secretary of other person

(CORPORATE SEAL OR NOTARY)

authorized to attest

