

**FIRST AMENDMENT TO THE AGREEMENT FOR MEDICAL HEALTH  
INSURANCE**

**THIS FIRST AMENDMENT** (this "Amendment") is entered into this 1<sup>st</sup> day of January, 2025 between the Government of the Virgin Islands, through GESC Health Insurance Board of Trustees, (the "Government"), the University of the Virgin Islands ("UVI"), the Virgin Islands Housing Authority (the "Authority"), the Government, UVI, and the Authority hereinafter collectively referred to as the ("Employer" or "Group") and UnitedHealthcare Insurance Company ("United") and its affiliates.

**WHEREAS**, Employer and United are parties to an Agreement for Medical Health Insurance ("Agreement") approved by the Virgin Islands Legislature on September 22, 2023;

**WHEREAS**, the Agreement was for a one (1) year term and provides that the parties may renegotiate and renew the Agreement for up to four (4) successive twelve (12) month terms; and

**WHEREAS**, the Employer and United intend, pursuant to this First Renewal, to renew the Agreement for an additional twelve (12) month term commencing January 1, 2025 and ending December 31, 2025, and amend the Agreement, as renewed, to provide for new rates defined below.

**WHEREAS**, United is a Medicare prescription drug plan sponsor certified by the Centers for Medicare & Medicaid Services to offer Medicare Advantage with prescription drug benefits plan; and

**WHEREAS**, United also provides commercial wrap prescription drug plan coverage also known as a RxSupplement plan that supplements its Medicare Advantage with prescription drug benefits plan. The commercial wrap prescription drug plan is a fully insured state filed insurance product; and

**WHEREAS**, Employer desires to provide Medicare Advantage with prescription drug benefits plan with RxSupplement ("MA-PD Plan") for its eligible retirees and their dependents; and

**WHEREAS**, the Employer consists of the Government of the Virgin Islands and its independent instrumentalities.

**NOW THEREFORE**, in consideration of the foregoing, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree to amend the Agreement as follows:

1. The Agreement, pursuant to its terms, is hereby renewed for a twelve (12) month term commencing January 1, 2025 and ending December 31, 2025.
2. Addendum 1 of the Agreement will be replaced in its entirety with Amended Addendum 1, attached hereto, indicating the Premium Rate for the 2025 calendar year.

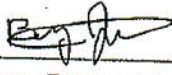
3. This Amendment shall be subject to the availability and appropriation of funds and to the approval of the Governor. In addition, this Amendment is subject to the approval of the Legislature of the United States Virgin Islands ("Legislature").
4. Except as expressly amended, the terms and conditions set forth in the Agreement shall continue in full force and effect. Unless otherwise defined in this Amendment, all capitalized terms contained in this Amendment shall be defined as set forth in the Agreement.
5. This Amendment may be executed in counterparts, each of which shall constitute an original and all of which, when taken together, shall constitute one and the same instrument. The parties agree that documents, including this Amendment, may be transmitted electronically and by facsimile and that executed electronic and facsimile documents, including this Amendment, shall be deemed an original and shall be binding on the party executing said document.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date and year set forth below.

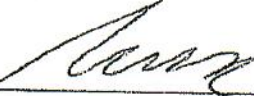
*(Signature page follows)*

A handwritten signature in blue ink, appearing to be the initials 'MJ', is written over a horizontal line.

**GESC Health Insurance Board of Trustees**

By:   
Name: Beverly A. Joseph  
Title: Chairperson  
Date: 8/21/2024

**UnitedHealthcare Insurance Company**

By:   
Name: Michelle Jueneman  
Title: Chief Operating Officer  
Date: 8/16/24

**University of the Virgin Islands**

By: \_\_\_\_\_  
Name: Dr. Safiya George  
Title: President  
Date: \_\_\_\_\_

**Virgin Islands Housing Authority**


By: \_\_\_\_\_  
Name: Dwayne Alexander  
Title: Executive Director  
Date: \_\_\_\_\_

Contractor's Initials: 

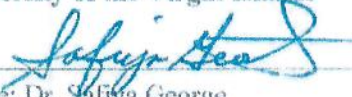
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Title: President  
Date: 8/22/24

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By: \_\_\_\_\_  
Name: Dwayne Alexander  
Title: Executive Director  
Date: \_\_\_\_\_


Contractor's Initials: 



**GESC Health Insurance Board of Trustees**

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Date: \_\_\_\_\_

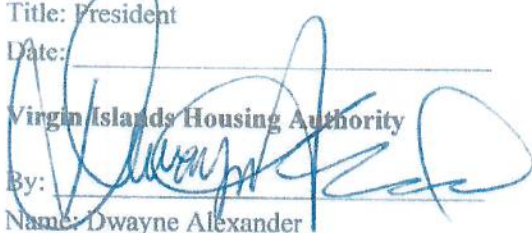
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Name: Dr. Safiya George  
Title: President  
Date: \_\_\_\_\_

**Virgin Islands Housing Authority**


By:   
Name: Dwayne Alexander  
Title: Executive Director  
Date: 8/21/24

**Approved for Legal sufficiency**

Department of Justice

By: Sean P. Bailey, AAG Date: 8/22/2024  
Assistant Attorney General

Approved:

 Date: 8/27/24  
Honorable Albert Bryan Jr.  
Governor of the Virgin Islands

Approved:

\_\_\_\_\_ Date: \_\_\_\_\_  
Novelle E. Francis Jr.,  
President, 35th Legislature of the  
Virgin Islands

Contractor's Initials: 

**AMENDED ADDENDUM 1**

**2025 MA-PD Plan  
Premium Rates**

The rates set forth in this Addendum 1 include the MA-PD Plan for services agreed to be made available to the Employer under these plans.

**MA-PD Plan**

The MA-PD Plan premium rate for the 2025 calendar year is **\$330.24** per person per month. This rate is guaranteed for the 2025 calendar year.

*my*



**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
GESC/HEALTH INSURANCE  
BOARD OF TRUSTEES  
P.O. Box 11177  
St. Thomas, Virgin Islands 00801**

August 1, 2024

Honorable Albert Bryan Jr.  
Governor of the Virgin Islands  
Government House  
Nos. 21-22 Kongens Gade  
St. Thomas, VI 00802

**RE: Justification Letter - GESC/Health Insurance Board of Trustees UnitedHealthcare  
Medicare Retirees Renewal effective January 1, 2025, First Renewal**

Dear Governor Bryan:

The Government Employees Service Commission (GESC) Health Insurance Board of Trustees ("Board") acting as the sole body overseeing the operation of the Government employees' health and other benefit plans, has recently secured our first renewal with UnitedHealthcare after completing a Request for Proposals (RFP) for competitive bids as required by statute for insurance services last year which included Medical and Prescription Drug coverage for active employees and retirees, Employee Assistance Program, Dental, Vision, Life and Accidental Death & Dismemberment (AD&D) plans.

UnitedHealthcare was the only insurer who responded to the post-65 retiree coverage and maintains a competitive advantage in the Territory being licensed to offer a group Medicare Advantage plan.

UnitedHealthcare began its partnership with the Government in 2013 offering their AARP Medicare Supplement plans alongside a custom Medicare Part D Prescription Drug Plan (PDP). The plans offered significant savings to the Government and retirees. Over the years we have worked with UnitedHealthcare to ensure a long term and sustainable program for the Government and retirees.

In 2017, the Board recommended to offer the stateside retiree's two Medicare Advantage Plans with Prescription Drug Coverage (MAPD) which further reduced costs to the Government and eased administrative burdens while maximizing benefits for stateside retirees. This proved to be extremely successful with a smooth transition and a retiree satisfaction score of 95%.

For 2021, UnitedHealthcare received approval for the Territorial retirees to participate in the group Medicare Advantage plan offered by UnitedHealthcare which covers everything covered by original



Medicare with additional benefits including health and wellness, routine vision checks, hearing checks, podiatry, chiropractic, and prescription drugs.

All post-65 retirees are covered by one plan regardless of if they are Territorial residents or Stateside residents. Coverage is nationwide and retirees are not required to select a Primary Care Physician (PCP) and referrals are not required to see a Specialist.

As you may recall last year United proposed a 20% increase above current premiums or an increase of \$3.8 million for the 2024 calendar year. This reflected changes and updates from the 2024 Final Call Notice on March 31, 2023. The Final Call Notice had significant changes to growth rates, Part C Risk Adjustment Model Changes, and Part C Risk Adjustment Coding which negatively impacted the funding insurance companies receive from CMS for 2024.

The Board, through our consultant, Gehring Group was able to negotiate an option that eliminated a fiscal impact to both the Government and retirees' paychecks. To achieve a no increase in premiums we added a \$500 deductible which is the same deductible amount as the pre-65 retiree plan. Protecting the retirees is a \$1,000 annual out-of-pocket maximum. Making those changes saved \$588 per post-65 retiree per year or approximately \$3.89 million.

It is important to note that the deductible does not apply to Primary Care Office Visits, Telemedicine Visits, Emergency Room Visits, Urgent Care Visits, Diabetic Monitoring Supplies, Hospice, Preventive Visits, Vision and/or Hearing Visits, and subsequently adding Laboratory Services.

For the upcoming 2025 plan year the Board was anticipating significant increases. At our Board meeting in April 2024, United indicated that premiums could possibly increase 56% to 60% based on changes from CMS and the prescription drug benefit changes as mandated by the Inflation Reduction Act of 2022. The 2025 Final Call Notice was issued on July 29, 2024, and provided a Growth Rate reduction not keeping up with medical inflation. Medicare Advantage carriers have seen a loss in funding of 2.3% spread out over the past three years.

CMS also made significant reductions in the Risk Adjustment Model, which unfortunately many of our retirees have conditions for which these risk adjustments impact. For example, CMS is reducing its reimbursements by -27% for individuals with blood diseases; -10% for individuals with diabetes; -17% for individuals with metabolic disease; and -27% for individuals with vascular disease, to name a few.

The largest driver of our increase for 2025 is the Inflation Reduction Act of 2022 (IRA) which provides relief for Medicare beneficiaries by reducing their prescriptions, however it shifts more costs to health plans and drug manufacturers. Retirees will \$0 cost for Part D adult vaccines, \$35 per month max cost for insulins, expands Low Income Subsidy "Extra Help" to full benefits for individuals with incomes between 135-150% of poverty, as well adding a \$2,000 annual out-of-pocket maximum which is currently \$8,000.

At our Board meeting in July, United indicated they needed until August 1, 2024, to provide us with their best and final renewal offer without making any plan design changes. This proved effective by reducing the renewal from a 38% increase to a 32% increase, saving approximately \$1.3 million. The 32% increase is an overall increase of approximately \$6.35 million. The Board agreed it was in

the best interest of the retirees to not seek any additional changes that would further increase the costs to the retirees in the form of higher deductibles, copayments, and out-of-pocket maximums.

Premiums are submitted for regulatory approval to both CMS and the USVI Department of Insurance and the monthly premium has been approved effective January 1, 2025, through December 31, 2025, at a 32% increase. The monthly premium will be \$330.24 per person per month. Based on current cost-share the Governments portion of the premium would be \$19,460,674 and the retirees portion would be \$6,753,777 assuming the Government absorb the increase in its entirety.

There have been some additional program enhancements included for 2025 at no additional cost to continuously care for our retirees:

- Compression Stockings
  - Medicare now covers compression stockings for lymphedema. This benefit is covered for standard and custom-fitted lymphedema compression treatment item for each affected body part.
  
- Telephonic Nurse Support
  - With the increased adoption of virtual visits post pandemic, United will provide Teladoc to retirees with 24/7 access to a medical provider. Retirees can choose to have either a virtual or telephonic experience with a \$0 cost share.

In addition, Medicare Retirees will continue to receive a quarterly Grocery Store Benefit. Retirees will receive a \$40 credit each quarter to spend locally on healthy food and over-the-counter products. They can choose from a variety of approved items like fruits, vegetables, dairy, meat, pain relievers, cold remedies, vitamins and more. Credits are added to a debit card on the first day of each quarter (in January, April, July, and October) and expire at the end of the year.

House Calls will also continue for 2025, which allows our retirees to have a yearly visit with a healthcare practitioner right in the privacy of their own home. It's a great opportunity for members to discuss their health care needs, create a plan for prevention and get the personal attention they deserve. During the visit, the practitioner will confirm medical history, complete a physical exam, review medications, and answer any questions the retiree may have as well as provide any additional health screenings the practitioner deems necessary.

Also, UnitedHealthcare will continue to offer \$200,000 to their Wellness Incentive Fund which will allow the GESC and the Government to provide wellness incentives and initiatives for our Medicare Retirees.



Although the increase is significant this year, the Board believes it was able to obtain the overall lowest cost for both the Government and its retirees, while maintaining a viable benefit offering.

Sincerely,

A handwritten signature in blue ink, appearing to read "Beverly A. Joseph". The signature is fluid and cursive, with a large loop at the end.

Beverly A. Joseph  
Chairperson, GESC/Health Insurance Board of Trustees

pc: GESC Health Insurance Board Members  
Senator Novelle E. Francis, Senate President  
Senator Debra Frett Gregory, Chair Budget, Appropriations & Finance  
Cindy Richardson, Director of Personnel  
Valerie Clarke-Daley, Chief, Group Health Insurance  
Pamela Tepper, Solicitor General  
Gehring Group Consultant

Attachments: 1. MAPD Renewal Evaluation  
2. Budget Projection

**Government of The Virgin Islands of the United States  
Central Government & GERS Group Health Projected Budget  
Fiscal Year: October 1, 2024 - September 30, 2025**



**ASSUMES GOVERNMENT ABSORBS INCREASE**

Plan	Coverage Type	Enrollment	2023-2024 Estimated FY		2023-2024 Estimated FY		2024-2025 Projected FY		2024-2025 Projected FY	
			Total Premium	Employer Share	Active Employees	Employee Share	Total Premium	Employer Share	Employee Share	
Medical	Employee	4,029	\$ 46,556,231	\$ 33,986,049	\$ 12,570,182	\$ 50,280,807	\$ 37,710,625	\$ 12,570,182		
	Family	4,442	\$ 89,762,143	\$ 65,526,364	\$ 24,235,779	\$ 96,943,263	\$ 72,707,485	\$ 24,235,779		
Dental	Employee	4,068	\$ 967,612	\$ 657,976	\$ 309,636	\$ 996,416	\$ 686,780	\$ 309,636		
	Family	4,378	\$ 2,656,321	\$ 1,806,298	\$ 850,023	\$ 2,735,654	\$ 1,885,631	\$ 850,023		
Life	Basic	7,866	\$ 95,336	\$ 95,336	\$ -	\$ 95,336	\$ 95,336	\$ -		
	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ 2,331,140	\$ -	\$ 2,331,140		
	Spouse	1,178	\$ 111,458	\$ -	\$ 111,458	\$ 111,458	\$ -	\$ 111,458		
	Child(ren)	2,621	\$ 21,073	\$ -	\$ 21,073	\$ 21,073	\$ -	\$ 21,073		
Vision	Employee	4,785	\$ 227,383	\$ -	\$ 227,383	\$ 227,383	\$ -	\$ 227,383		
	Family	3,920	\$ 491,098	\$ -	\$ 491,098	\$ 491,098	\$ -	\$ 491,098		
<b>TOTAL - Active Employees</b>			<b>\$ 143,219,795</b>	<b>\$ 102,072,024</b>	<b>\$ 41,147,771</b>	<b>\$ 154,233,628</b>	<b>\$ 113,085,856</b>	<b>\$ 41,147,771</b>		
						<b>7.7%</b>	<b>10.8%</b>	<b>0.0%</b>		
<b>Retirees</b>										
Under 65 Medical	Retiree	878	\$ 13,154,407	\$ 9,602,717	\$ 3,551,690	\$ 14,206,742	\$ 10,655,053	\$ 3,551,690		
	Retiree Dependents	392	\$ 5,873,038	\$ 4,287,318	\$ 1,585,720	\$ 6,342,874	\$ 4,757,153	\$ 1,585,720		
Over 65 Medical	Family	458	\$ 12,264,214	\$ 8,952,876	\$ 3,311,338	\$ 13,245,360	\$ 9,934,022	\$ 3,311,338		
	Medicare Advantage	6,615	\$ 19,864,051	\$ 13,110,274	\$ 6,753,777	\$ 26,214,451	\$ 19,460,674	\$ 6,753,777		
Dental	Retiree	5,783	\$ 1,375,429	\$ 935,292	\$ 440,137	\$ 1,416,372	\$ 976,235	\$ 440,137		
	Family	2,195	\$ 1,331,953	\$ 905,728	\$ 426,225	\$ 1,371,732	\$ 945,507	\$ 426,225		
Life	Basic	8,282	\$ 332,936	\$ 332,936	\$ -	\$ 332,936	\$ 332,936	\$ -		
	Voluntary	6,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ 8,099,896	\$ -	\$ 8,099,896		
	Spouse	1,439	\$ 595,684	\$ -	\$ 595,684	\$ 595,684	\$ -	\$ 595,684		
	Child(ren)	474	\$ 3,811	\$ -	\$ 3,811	\$ 3,811	\$ -	\$ 3,811		
Vision	Retiree	996	\$ 47,330	\$ -	\$ 47,330	\$ 47,330	\$ -	\$ 47,330		
	Family	308	\$ 38,586	\$ -	\$ 38,586	\$ 38,586	\$ -	\$ 38,586		
<b>TOTAL - Retirees</b>			<b>\$ 62,981,335</b>	<b>\$ 38,127,140</b>	<b>\$ 24,854,194</b>	<b>\$ 71,915,775</b>	<b>\$ 47,061,581</b>	<b>\$ 24,854,194</b>		
						<b>14.2%</b>	<b>23.4%</b>	<b>0.0%</b>		
<b>\$ Amount Increase/(Decrease)</b>										
<b>% Amount Increase/(Decrease)</b>										
<b>TOTAL - Active Employees &amp; Retirees</b>			<b>\$ 206,201,130</b>	<b>\$ 140,199,164</b>	<b>\$ 66,001,966</b>	<b>\$ 226,149,403</b>	<b>\$ 160,147,437</b>	<b>\$ 66,001,966</b>		
						<b>9.7%</b>	<b>14.2%</b>	<b>0.0%</b>		

Notes:

- A. Projected Budget assumes Maximum Premium Rates Negotiated in GESC RFP No. 2023-01.
- B. Over 65 Medical is 9-months of the fiscal year (effective January 1, 2025).
- 1. Estimated FY Total Premium may vary based upon actual enrollment for the remainder of current Fiscal Year & proposed Fiscal Year.
- 2. Costs account for Senate funded subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024



**Government of The Virgin Islands of the United States  
 Central Government & GERS Group Health Projected Budget  
 Fiscal Year: October 1, 2024 - September 30, 2025**



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<b>Active Employees</b>										
Medical	Employee	4,029	\$ 46,556,231	\$ 33,986,049	\$ 12,570,182	\$ 50,280,807	\$ 37,207,817	\$ 13,072,990		
	Family	4,442	\$ 89,762,143	\$ 65,526,364	\$ 24,235,779	\$ 96,943,263	\$ 71,738,054	\$ 25,205,210		
Dental	Employee	4,068	\$ 967,612	\$ 657,976	\$ 309,636	\$ 996,416	\$ 674,395	\$ 322,021		
	Family	4,378	\$ 2,656,321	\$ 1,806,298	\$ 850,023	\$ 2,735,654	\$ 1,851,630	\$ 884,024		
	Basic	7,866	\$ 95,336	\$ 95,336	\$ -	\$ 95,336	\$ 95,336	\$ -		
Life	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ 2,331,140	\$ -	\$ 2,331,140		
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Vision	Employee	4,785	\$ 227,383	\$ -	\$ 227,383	\$ 227,383	\$ -	\$ 227,383		
	Family	3,920	\$ 491,098	\$ -	\$ 491,098	\$ 491,098	\$ -	\$ 491,098		
<b>TOTAL - Active Employees</b>			\$ 143,219,795	\$ 102,072,024	\$ 41,147,771	\$ 154,233,628	\$ 111,567,232	\$ 42,666,396		
<b>\$ Amount Increase/(Decrease)</b>						\$ 11,013,833	\$ 9,495,208	\$ 1,518,625		
<b>% Amount Increase/(Decrease)</b>						7.7%	9.3%	3.7%		
<b>Retirees</b>										
Under 65 Medical	Retiree	878	\$ 13,154,407	\$ 9,602,717	\$ 3,551,690	\$ 14,206,742	\$ 10,512,985	\$ 3,693,757		
	Retiree Dependents	392	\$ 5,873,038	\$ 4,287,318	\$ 1,585,720	\$ 6,342,874	\$ 4,693,725	\$ 1,649,149		
	Family	458	\$ 12,264,214	\$ 8,952,876	\$ 3,311,338	\$ 13,245,360	\$ 9,801,569	\$ 3,443,791		
Over 65 Medical	Medicare Advantage	6,615	\$ 19,864,051	\$ 13,110,274	\$ 6,753,777	\$ 26,214,451	\$ 19,190,523	\$ 7,023,929		
Dental	Retiree	5,783	\$ 1,375,429	\$ 935,292	\$ 440,137	\$ 1,416,372	\$ 958,630	\$ 457,743		
	Family	2,195	\$ 1,331,953	\$ 905,728	\$ 426,225	\$ 1,371,732	\$ 928,458	\$ 443,274		
	Basic	8,282	\$ 332,936	\$ 332,936	\$ -	\$ 332,936	\$ 332,936	\$ -		
Life	Voluntary	6,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ 8,099,896	\$ -	\$ 8,099,896		
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	Family	308	\$ 38,586	\$ -	\$ 38,586	\$ 38,586	\$ -	\$ 38,586		
<b>TOTAL - Retirees</b>			\$ 62,981,335	\$ 38,127,140	\$ 24,854,194	\$ 71,915,775	\$ 46,418,825	\$ 25,496,950		
<b>\$ Amount Increase/(Decrease)</b>						\$ 8,934,440	\$ 8,291,685	\$ 642,755		
<b>% Amount Increase/(Decrease)</b>						14.2%	21.7%	2.6%		
<b>TOTAL - Active Employees &amp; Retirees</b>			\$ 206,201,130	\$ 140,199,164	\$ 66,001,966	\$ 226,149,403	\$ 157,986,057	\$ 68,163,346		
<b>\$ Amount Increase/(Decrease)</b>						\$ 19,948,273	\$ 17,786,893	\$ 2,161,380		
<b>% Amount Increase/(Decrease)</b>						9.7%	12.7%	3.3%		

Notes:

- A. Projected Budget assumes Maximum Premium Rates Negotiated in GESC RFP No. 2023-01.
- B. Over 65 Medical is 9-months of the fiscal year (effective January 1, 2025).
- 1. Estimated FY Total Premium may vary based upon actual enrollment for the remainder of current Fiscal Year & proposed Fiscal Year.
- 2. Costs account for Senate funded subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024



A RISK STRATEGIES COMPANY



**Government Employees Services Commission**  
**Health Insurance Board**  
Employee & Employer Contribution Scenarios  
Updated July 31, 2024 to include UHC Renewal v2





# GUSVI Employee/Employer Contribution Government Absorbs the Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$131.69	\$0
Active Family	\$232.83	27%	\$232.83	\$0
Retiree Under 65	\$169.78	27%	\$169.78	\$0
Retiree U65 Family	\$305.90	27%	\$305.90	\$0
Retiree Over 65	\$42.54	34%	\$42.54	\$0

Employees & Retirees Under 65 will see a **0% increase** and Government would bear the difference of approximately \$13.6 million or +10.7%.

Retirees Over 65 will see a **0% increase** and the Government would increase approximately \$6.35 million or +48% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$19.9 million or 14.2%**



# GUSVI Employee/Employer Contribution Employee & Retiree Pay a 4% Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction at 4% Increase	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$136.95	\$5.27 (\$126)
Active Family	\$232.83	27%	\$242.14	\$9.32 (\$224)
Retiree Under 65	\$169.78	27%	\$176.57	\$6.79 (\$163)
Retiree U65 Family	\$305.90	27%	\$318.13	\$12.23 (\$294)
Retiree Over 65	\$42.54	34%	\$44.24	\$1.70 (\$41)

Employees & Retirees Under 65 will see a **4% increase** and Government would bear the difference of approximately \$11.7 million or +9.2%.

Retirees Over 65 will see a **4% increase** and the Government would increase approximately \$6 million or +46% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$17.8 million or 12.7%**





Government of the United States Virgin Islands  
 Medicare Advantage Plan Evaluation  
 Effective Date: January 1, 2025



	CURRENT		RENEWAL	
	UnitedHealthcare		UnitedHealthcare	
	Medicare Advantage PPO		Medicare Advantage PPO	
	In Network	Out of Network	In Network	Out of Network
	<i>Deductibles Co-Accumulate</i>		<i>Deductibles Co-Accumulate</i>	
<b>Calendar Year Deductible (CYD)</b>				
Individual	\$500	\$500	\$500	\$500
Family	N/A	N/A	N/A	N/A
<b>Annual Out-of-Pocket Maximum</b>	<i>Out of Pocket Maximums Co-Accumulate</i>		<i>Out of Pocket Maximums Co-Accumulate</i>	
Individual	\$1,000	\$1,000	\$1,000	\$1,000
Family	N/A	N/A	N/A	N/A
<b>Physician Services</b>				
Primary Care Office Visit	No charge	No charge	No charge	No charge
Specialist Office Visit	No charge after ded	No charge after ded	No charge after ded	No charge after ded
<b>Laboratory &amp; Radiology Services</b>				
X-Rays (Outpatient)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Diagnostic Radiology (e.g. MRI)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Lab Work	No charge	No charge after ded	No charge	No charge after ded
<b>Hospital Services</b>				
Inpatient Hospital	\$250 /admit after ded <i>Unlimited days</i>	\$250 /admit after ded <i>Unlimited days</i>	\$250 /admit after ded <i>Unlimited days</i>	\$250 /admit after ded <i>Unlimited days</i>
Outpatient Surgery	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Emergency Room	\$100	\$100	\$100	\$100
Urgently Needed Care	No charge	No charge	No charge	No charge
Ambulance (Medicare covered services)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
<b>Mental Health/Substance Abuse</b>				
Inpatient Mental Health	No charge/admit up to 190 days	No charge/admit up to 190 days	No charge/admit up to 190 days	No charge/admit up to 190 days
Outpatient Mental Health	No charge after ded	No charge after ded	No charge after ded	No charge after ded
<b>Outpatient Rehabilitation</b>				
PT, OT, ST	No charge after ded	No charge after ded	No charge after ded	No charge after ded
<b>Other Services</b>				
Durable Medical Equipment	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Hearing/Eye Exams	No charge (1 every 12 months)	No charge (1 every 12 months)	No charge (1 every 12 months)	No charge (1 every 12 months)
Hearing Aids	Up to \$500 (every 3 years)	Up to \$500 (every 3 years)	Up to \$500 (every 3 years)	Up to \$500 (every 3 years)
<b>Prescription Drugs</b>				
<b>Initial and Coverage Gap Stage</b>	\$0 Copay through \$5,030		\$0 Copay through \$5,030	
Generic	\$10	Not covered	\$10	Not covered
Preferred Brand	\$40	Not covered	\$40	Not covered
Non-Preferred Brand & Specialty	50% (\$95 max)	Not covered	50% (\$95 max)	Not covered
Mail Order (90 day supply)	\$20/\$80/50% (\$190 max)	Not covered	\$20/\$80/50% (\$190 max)	Not covered
<b>Catastrophic Coverage</b>	\$8,000 and greater		\$8,000 and greater	
Generic	\$10	Not covered	\$10	Not covered
Preferred Brand	\$40	Not covered	\$40	Not covered
Non-Preferred Brand & Specialty	50% (\$95 max)	Not covered	50% (\$95 max)	Not covered
Mail Order (90 day supply)	\$20/\$80/50% (\$190 max)	Not covered	\$20/\$80/50% (\$190 max)	Not covered
<b>Monthly Premium - Single Rate</b>	6,615	\$250.24	\$330.24	
<b>Monthly Premium Total</b>		\$1,655,338	\$2,184,538	
<b>Annual Premium Total</b>		\$19,864,051	\$26,214,451	
<b>\$ Change</b>		N/A	\$6,350,400	
<b>% Change</b>		N/A	32.0%	



# UnitedHealthcare Group Medicare Advantage (PPO) Government of the US Virgin Islands

2025 Government of the US Virgin Islands NPPO MAPD

Preliminary Rates for: 1/1/2025 - 12/31/2025

Plan Year: 2025

Quoted Membership	Members Under Age 65	Rate Components	
6,596	19	Net Premium	\$330.24
		ACA Insurer Fee	\$0
		<b>Total Premium</b>	<b>\$330.24</b>

**Details**

UAF Type	Preliminary	Market	National
Situs State	Virgin Islands	Product Combination	MAPD
Full Replace Slice	Full Replace		
Emp Contribution	100%		
Standard Medical Plan	Custom		

**Stipulations**

- This is a Preliminary quote effective 1/1/2025 - 12/31/2025. The situs state is Virgin Islands.
- While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2025
- To ensure proper claim adjudication effective 1/1/2025, it is imperative that we have final 1/1/2025 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2024 could be problematic in terms of claim adjudication on 1/1/2025.
- This quote assumes that the employer pays 100% of the premium.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.
- Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2025. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2025. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- United reserves the right to modify its 2025 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) any changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized (Please note that this proposal does account for the portions of the Inflation Reduction Act that are effective on or before 1/1/2025 but does not account for any impacts due to the portions of the Inflation Reduction Act that are scheduled to become effective 1/1/2026 and forward); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract.
- Quote assumes \$0.00 PMPM commission level.
- 71 Pre-65 Medicare eligible retirees are included.

**Medical Coverage**

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	\$500	\$500
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	
Annual Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit	\$0	\$0
Virtual Visits - Medical - Preferred Provider	\$0	\$0
Virtual Visits - Behavioral Health	\$0	\$0
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay	\$250 Per Admit	\$250 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
	\$0 Per Day	\$0 Per Day
Day Range 2	Days 21 - 100	Days 21 - 100
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Psychiatric Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0

Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
<b>Medicare Covered Services</b>		
Chiropractic Visit	\$0	\$0
Acupuncture Visit	\$0	\$0
Podiatry Visit	\$0	\$0
Eye Exam	\$0	\$0
Diabetic Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$0	\$0
Dental Services	\$0	\$0
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$100	\$100
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$0	\$0
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	\$0	\$0
Part B Insulin	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0



Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

**Additional Benefits/Non-Medicare Covered Services**

<b>Hearing (Non-Medicare Covered)</b>		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	1
Hearing Exam - Benefit Period	1 Year	1 Year
Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Hearing Aid - Number of Devices	Unlimited	N/A
Hearing Aid - Benefit Period	3 Years	
Hearing Aid - Device Allowance	\$500	

<b>Over-the-Counter (OTC) Health Related Products</b>		
OTC Health Related Products - Quarterly Allowance	\$40	
OTC Health Related Products - Plan Year Maximum	\$160	
OTC Health Related Products - Allowance Rolls Over	Yes	

<b>Podiatry (Non-Medicare Covered)</b>		
Podiatry	\$0	\$0
Podiatry - Number of Visits	6	6
Podiatry - Benefit Period	Per Plan Year	Per Plan Year

<b>Vision (Non-Medicare Covered)</b>		
Vision Plan Type	1 exam/year	
Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period	Every 12 Months	Every 12 Months

<b>Wellness/Clinical Programs</b>		
Digital Coaching programs including: - Digital Wellness Coaching: personal coaching, self-paced online learning, & digital support across a variety of topics	Included	Not Included
- Real Annual Digital Diabetes Prevention & Weight Loss Fitness Program	Included	
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health	Included	
HouseCalls Program	Included	
Member Rewards Program - Reward cards for completing certain health care activities	Included	Not Included
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program - Note: Available services and offerings may be limited in the U.S. Territories	Included	
Member Rewards Program - Reward cards for completing certain health care activities	Included	

**Additional Benefit Details**

Code	Description
8004	Exclude from Part B PA/Step Therapy.

**Outpatient Prescription Drug Coverage**

Prescription Drug Plan	Custom
Pharmacy Network	Broad Network
Formulary	25Group H Full Edit
Bonus Drug List	U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

**Benefit Name In Network Services**

<b>Custom OOP, ICL, Catastrophic</b>	
Catastrophic Coverage over TrOOP	CMS Standard
Copay for generics	Member pays greater of:
Copay for all other drugs	\$0
- OR - Coinsurance	\$0
	0%

<b>Day Supply Information</b>	
<b>Note: 90 day retail supply is available for 3x copay amount</b>	
Retail 1 month supply	30
Retail 2 month supply	60
Retail 3 month supply	90
Mail Order 1 month supply	30
Mail Order 2 month supply	60
Mail Order 3 month supply	90

<b>Tier Definitions</b>	
Tier 1 - Preferred Generic	All covered generic drugs
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands
Tier 3 - Non-preferred Drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 3.



Tier 4 - Specialty Tier Unique and/or very high-cost brand drugs

**Part D Retail**

**1 month supply**

Tier 1	Preferred Generic	\$10	
Tier 2	Preferred Brand	\$40	
Tier 3	Non-preferred Drug	50%	
Tier 4	Specialty Tier	50%	\$95 Max.

**Part D Mail Order**

**3 month supply**

Tier 1	Preferred Generic	\$20	
Tier 2	Preferred Brand	\$80	
Tier 3	Non-preferred Drug	50%	\$190 Max.
Tier 4	Specialty Tier	50%	\$190 Max.

UnitedHealthcare Group Medicare Advantage® Plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

## GESC/Health Insurance Board of Trustees – MAPD NPPO Plan 2025 Renewal

July 30, 2024

Dear Ms. Beverly Joseph,

Thank you for the continued opportunity to serve you and your Medicare-eligible retirees and dependents. We sincerely appreciate that you chose UnitedHealthcare as your retiree coverage partner. UnitedHealthcare remains committed to providing high-quality, cost-effective health plans and an experience for your retirees that is simple, personal, and caring.

Your existing 2024 rate is: **\$250.24**

Our **2025 proposed rate**, based on the current plan design, is: **\$330.24**

This letter is your plan year 2025 renewal communication. Our contract to provide group retiree benefits will continue into 2025 without needing to be rewritten or amended.

To help ensure a smooth renewal, we have included a few helpful reminders:

- **If you have an Open Enrollment period, please notify us at least 8 weeks prior in order to meet CMS requirements to create and deliver your enrollment materials.**
- **Provide confirmation of renewal via email** back to Sheri Harmon-Butts at [sheri\\_harmonbutts@uhc.com](mailto:sheri_harmonbutts@uhc.com) by August 28, 2024.

We value your partnership and are committed to quality, service and helping your retirees lead healthier lives.

I look forward to working with you to complete your 2025 renewal.

Sincerely,



Sheri Harmon-Butts  
Strategic Account Executive

### Notices

By GESC/Health Insurance Board of Trustees' acceptance of this proposal or upon GESC/Health Insurance Board of Trustees' first premium payment, whichever occurs first, GESC/Health Insurance Board of Trustees represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.



## Summary of Changes to Medicare and the impact to your Medical plan:

### **Compression Stockings for Lymphedema Benefit**

Medicare now covers compression stockings for lymphedema. This benefit is covered for standard and custom-fitted lymphedema compression treatment items for each affected body part. This coverage is included under the durable medical equipment (DME) benefit.

## Changes to your 2025 Medical Plan

### **2025 Telephonic Nurse Support and Leveraging Telephonic Providers**

UnitedHealthcare is evaluating the programs and services offered to our members for 2025 and is evolving the telephonic nurse support. With the increased adoption of virtual visits post pandemic, our intent is to begin to leverage contracted providers, such as Teladoc, to provide members with 24/7 access to a medical provider. These providers can diagnosis, treat and even prescribe medication when needed. Members can choose to have either a virtual or telephonic experience and will have access to this at \$0.

## Program Enhancements included in your 2025 Medical Plan:

*UnitedHealthcare seeks to enhance the benefits and programs included with your program in order to continuously care for our members, at no additional cost.*

### **UCard**

UCard merges benefit incentives and is the member ID card. UCard combines many member benefits and reward programs into a simpler integrated experience that delivers brand-reinforcement throughout the year with a single card.

## Current Plan Features of your Medical Plan

Your current **MAPD NPPO** plan includes the following additional benefits not covered by Medicare:

### **HouseCalls**

HouseCalls service gives eligible members a no cost, yearly in-home health and wellness visit with a UnitedHealthcare licensed health care practitioner. It's a great opportunity for members to discuss their health care needs and get the personal attention they deserve. During the visit, the health care practitioner will confirm medical history, complete a physical exam, review medications, and answer any questions that the member may have. Certain health screenings may also be included.

### **Let's Move by UnitedHealthcare**

A wellness program designed specifically for members of the UnitedHealthcare Group Medicare Advantage plans. At no additional cost, Let's Move includes resources, tools, interactive events and personalized support through self-service, virtual and in-person wellness programming focused on nutrition, physical activity, mental health, social well-being, financial wellness and more. In addition, Let's Move offers a self-directed tobacco cessation program to allow members to work at their own pace to make lasting, healthy lifestyle choices.

### **Fitness Benefit**

The fitness benefit provides a free gym membership at a participating location, access to wellness activities held outside of the gym, many on-demand and live virtual classes and more.



### **Member Rewards and Incentives**

Our Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Rewards are based on characteristics shown by research to be effective at providing timely reminders to improve member engagement and help retirees make healthy lifestyle choices. Members can receive rewards for completing health-related activities, such as getting their annual physical or wellness visit or completing a UnitedHealthcare® HouseCalls visit.

### **Virtual Medical and Behavioral Health Visits**

Virtual Medical and Behavioral Health Visits continue to be an important part of being able to provide member care safely, conveniently, and efficiently.

In 2025 and beyond, UnitedHealthcare will continue to promote Virtual Visits to improve accessibility for members. This includes greater access to behavioral health specialists, following up with members after medical events such as an emergency department visit, virtual house calls when an in-person visit is not appropriate. If desired, we can partner with you on virtual visit education and registration strategies for members.

### **Diabetes Prevention & Weight Management**

An online healthy lifestyle program proven to help members achieve lifelong results that includes personalized coaching, goal setting tools, a community of others to keep members motivated and more. Those that qualify will have access to a CDC-accredited diabetes prevention program.

## **Summary of Changes to Medicare Part D plan**

The landscape of the Medicare Part D benefit continues to change in 2025 due to the **Inflation Reduction Act (IRA)**. Below is a summary of what to expect in 2025:

- ❑ Elimination of the Coverage Gap Stage: Beginning in the 2025 plan year, the CMS drug stages are Deductible (if applicable to the plan), Initial Coverage, and Catastrophic Coverage Phase.
- ❑ The Inflation Reduction Act imposes a \$2,000 out-of-pocket maximum on the Part D benefit beginning January 1, 2025. True Out of Pocket (TrOOP) costs determine when a member reaches the \$2,000 threshold to enter the catastrophic coverage stage, where members pay \$0 for covered Part D drugs.
- ❑ Introduction of the Medicare Prescription Payment (M3P) Program.
- ❑ Changes to the drug manufacturer discount program: manufacturers will pay a portion in the Initial Coverage Phase (10%) and Catastrophic Phase (20%) on brand drugs. Previously manufacturers paid 70% for brands in the coverage gap only.
- ❑ Non-Part D drugs such as Bonus Drug Lists will not be subject to Part D benefit thresholds.

### **Medicare Prescription Payment Plan (M3P) Program**

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act to help Medicare Part D enrollees manage their out-of-pocket costs for covered Part D drugs. Starting in 2025, all Medicare Part D plans — including both MAPD and PDP — must give enrollees the option to spread their out-of-pocket prescription drug costs across monthly payments over the course of the plan year instead of paying for each prescription at the pharmacy. New and existing EGWP Part D plan enrollees will have the opportunity to opt into the Medicare Prescription Payment Plan once they are enrolled in a UHC Part D plan for the 2025 plan year.

Part D enrollees who opt into the program will pay \$0 at the pharmacy for a covered Part D drug, instead of the cost-sharing they would normally pay the pharmacy when filling a prescription. The Part D sponsor must pay the pharmacy



the cost-sharing amount these Part D enrollees would have paid and then bill the enrollees monthly for any cost-sharing they incurred while in the program.

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan for plan years that begin on or after **January 1, 2025**, including LIS-eligible enrollees.

## Current Plan Features of your Part D plan

### Brand over Generic Approaches

To maintain an affordable and sustainable Part D benefit, we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case; sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

### Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand product over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

### Biosimilars

To manage Part D plan cost, as more biosimilars are marketed, we evaluate coverage and may prefer either the originator product or the biosimilar depending upon which is the lowest cost-effective option.

## Clinical Programs

Our enhanced Clinical support programs use advanced data and analytics, our approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences
- Digital tools—to better support caregivers and retirees
- Advanced approaches to assess and manage chronic conditions, like diabetes and heart failure in a more robust and holistic way, including in-home visits for high-risk retirees
- Improved methods to identify and engage retirees in their health

These resources will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

## Digital Experience

### [Retiree.uhc.com/gvi](https://retiree.uhc.com/gvi)

UnitedHealthcare continues to invest in our Medicare and Retirement member portals.

Group members continue to be able to access the UHC member portal as soon as they receive their member ID card (prior to plan start date). This allows members to set-up their accounts right away including setting their preferences for electronic delivery of plan materials.



Our efforts to optimize our members' online digital experience continues, UHC has significant portal enhancements planned for 2025 and beyond that will help members manage care and utilize their plan. These include:

- Enhanced Login/Registration experience
- Benefits and coverage enhancements
- Provider Search Redesign
- Drug Price tool enhanced
- Formulary tool will be released
- Claims experience will include Prior Authorization
- New Behavioral Health content
- Mobile App enhancements

### **Virtual Education Center**

The Virtual Education Center (VEC) is an online experience that educates members about their benefits. The VEC allows members to “visit booths” associated with the benefits and programs they are interested in learning more about. Once in the virtual booth, visitors can view videos, member testimonials, FAQs, downloadable resources and more. The VEC is an alternative to conducting open enrollment and educational meetings in person and is accessible all year round.

To learn more, visit your VEC website at <https://uhcvirtualretiree.com/gvi>



Company #: 511540187

**GOVERNMENT OF THE VIRGIN ISLANDS  
OF THE UNITED STATES  
OFFICE OF THE LIEUTENANT GOVERNOR  
Division of Banking, Insurance, and Financial Regulation**

**Certificate of Authority**

This is to certify that in accordance with the Virgin Islands Code, which provides for the regulation of the business of Insurance in the Virgin Islands,

**Sierra Health and Life Insurance Company, Inc.**

2720 North Tenaya Way Las Vegas NV 89128

having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

Accident  
Health

NOW, THEREFORE, I **Tregenza A. Roach Esq.** Lieutenant Governor and Commissioner of Insurance, pursuant to the authority vested in me in Section 209 of the Title 22 Virgin Islands Code, hereby issue this Certificate Of Authority which authorizes said Company to transact the type(s) of insurance set forth above.

This certificate is valid from January 01, 2024 to December 31, 2024. Renewal of this Certificate is required annually upon expiration on the 31st day of December, and it may be suspended or revoked as provided in Section 212 of Title 22 Virgin Islands Code.

Given under the Seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas.



**TREGENZA A. ROACH ESQ.**  
Lieutenant Governor / Insurance Commissioner



**ASSISTANT SECRETARY'S CERTIFICATE**

I, Heather Lang, the undersigned, hereby certify as follows:

1. That I am the duly elected Assistant Secretary of Sierra Health and Life Insurance Company, Inc., a Nevada corporation (hereinafter the "Corporation").
2. That effective September 30, 2022, the Board of Directors of the Corporation, by unanimous Written Consent, adopted Sierra Health Services, Inc.'s Schedule to the Delegation of Authority Policy (the "DOA Policy") and that true, correct, and a complete copy of those resolutions are attached as Exhibit A to this Certificate, which resolutions have not been amended, repealed, or rescinded, and remain in full force and effect.
3. That the Board of Directors of the Corporation has, and at the time of the adoption of resolutions had, full power and lawful authority to adopt the resolutions and to confer the powers thereby granted to the titles therein named, who have full power and lawful authority to exercise the same.
4. That pursuant to the duly adopted Policy, Michelle Jueneman, holding a position as Division Chief Operating Officer, has authority to act on behalf of the Corporation in connection with negotiating and signing documents on behalf of the Corporation relating to Medicare products and services.

IN WITNESS WHEREOF, I have hereunto set my hand this 13 day of August, 2024.



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Heather A. Lang  
Assistant Secretary



**EXHIBIT A**

**ADOPTION OF SIERRA HEALTH SERVICES INC.'S SCHEDULE TO THE DELEGATION OF AUTHORITY POLICY**

**WHEREAS**, Sierra Health Services, Inc., a Nevada corporation (hereinafter "SHS") is the parent company of the Corporation.

**WHEREAS**, on January 1, 2009 the SHS Board of Directors adopted the UnitedHealth Group Incorporated's Delegation of Authority Policy and associated guidelines, schedules and supplemental materials (the "UHG Policy").

**WHEREAS**, on December 18, 2009 the SHS Board adopted the Sierra Health Services, Inc's Schedule to the UHG Policy (the "Schedule"), as it may be amended and supplemented from time to time, which is applicable to the Corporation and its subsidiaries, to ensure compliance with the UHG Policy.

**WHEREAS**, on December 31, 2009 the Corporation adopted the Schedule for SHS and its subsidiaries, to ensure compliance with the UHG Policy.

**WHEREAS**, an updated version of the Schedule, as set forth on the attached Exhibit A (the "Updated Schedule"), was adopted by the SHS Board on September 29, 2022 to be effective as of July 19, 2021.

**WHEREAS**, it has been recommended by management of the Board to also adopt the Updated Schedule, as forth on the attached Exhibit A and the Board hereby agrees that adopting the Updated Schedule is appropriate and in the best interest of the Corporation to be effective as of July 19, 2021.

**NOW, THEREFORE, BE IT RESOLVED**, that the Updated Schedule, as presented to the Board is hereby adopted by the Corporation effective as of July 19, 2021, and the Updated Schedule shall replace the Schedule as the controlling document for all applicable matters as of July 19, 2021.

**FURTHER RESOLVED**, that the Secretary, any Assistant Secretary, or any other officer of the Corporation is authorized to certify to the adoption of these resolutions and the authority of persons authorized hereby to act on behalf of the Corporation.

**FURTHER RESOLVED**, that all actions heretofore taken by the officers or employees of the Corporation or any of its subsidiaries or affiliates in connection with the above resolutions are hereby ratified, approved and made the acts and deeds of the Corporation.

## **Sierra Health Services, Inc. Delegation of Authority Policy**

### **STATEMENT OF PURPOSE**

The following Financial Compliance Controls DQG Delegation of Authority Protocol (the "Policy") shall be implemented for Sierra Health Services, Inc. and its subsidiaries ("Sierra").

The purpose of this Policy is to ensure that Sierra complies with UnitedHealth Group Incorporated's ("UHG" or the "Company") policies and procedures relating to compliance with the Sarbanes-Oxley Act, Delegation of Authority principles and other applicable laws and regulations.

This Policy is in place to ensure that all employees follow certain standards and rules when making decisions about binding UHG to a specific course of action, and when making payments on behalf of the Company. The Policy has two components:

- **Binding Authority:** Binding authority is the authority to approve a transaction committing the Company, including any of its businesses, to a current or future action with potential legal, financial, compliance, strategic, or operational implications. This includes, among other things, contracts, contract amendments, contract addendums, master services agreements, binding requests for proposal, and any other agreement creating a commitment for UHG.
- **Payment Authority:** Payment authority is the ability to approve invoices or otherwise pay third parties (e.g., check or wire transfer) with Company funds.

### **DELEGATED AUTHORITY LEVELS**

Corporate and Segment management have the authority to act, enter into agreements and bind the Company for routine transactions relevant to their business. Authority is formally delegated down through the organization, starting with the CEO of UHG, then to the CEO's direct reports, and then through leadership into the Segments, and Functional Areas. Authority is delegated through the organization based on titles, roles or positions. Sierra Health Services, Inc. and its subsidiaries ("Sierra") have binding authority as follows:



Category	Class	Authority
Administration	Community Giving Commitments	Authorized
	Human Capital	Authorized
	Political Contributions	Authorized
Compliance	Legal Agreements	Authorized
	Litigation	Authorized
	Provider Settlements (non-litigation)	Authorized
	Regulatory	Authorized
Finance	Capital Structure	No Authorization
	Financial Arrangements/ Transactions	Authorized
	Insurance	Authorized
	Investments	Authorized
	Real Estate & Facilities Services	Authorized
	Reinsurance	No Authorization
	Securities/Dividends	Authorized
	Tax	Authorized
Governance	Independent External Auditor Services (includes non-audit)	No Authorization
	Internal Auditor Services	No Authorization
Operations*	Customer Agreements	Authorized
	InterSegment Agreements	Authorized
	Management Agreements	Authorized
	Provider Network	Authorized
	Purchasing/Supplier Management Agreements	Authorized
Strategic	External Relationships	Authorized
	M&A	Authorized
	New Lines of Business Not Affecting Any Licensed/Regulated Entity	Authorized
	New Lines of Business Affecting Any Licensed/Regulated Entity	No Authorization
	New Lines of Business Not Affecting Any Licensed/Regulated Entity	_____

\* Vendor agreements at any dollar amount that include PHI, PCI, PI or other data security risk components, must be managed by Enterprise Sourcing and Procurement (ES&P) and follow existing standard Delegation of Binding Authority approval schedules, which include review and sign-off by ES&P (UHG Corporate Procurement).

The binding approval levels delegated to Sierra for Customer Agreements are as follows:

Type of Customer Agreement	Approval Limits	Approver
State-Related Health Agency RFPs, Bids and Agreements, Other Business Exceptions	<\$300 Million	Sierra CEO or COO
State-Related Health Agency RFPs, Bids and Agreements, Other Business Exceptions	>\$300 Million	Sierra Board of Directors
Commercial Customer Binding RFPs and Customer Agreements	<\$250 Million	Sierra CEO or COO
Commercial Customer Binding RFPs and Customer Agreements	>\$250 Million	Sierra Board of Directors
Medicare & CMS Agreements and Business Plan Exceptions	<\$300 Million	Sierra CEO or COO
Medicare & CMS Agreements and Business Plan Exceptions	>\$300 Million	Sierra Board of Directors

The table below sets forth, for all types of transactions other than the Customer Agreements described above, the binding approval levels delegated to Sierra. The table below also sets forth the payment approval levels for all transactions undertaken by Sierra.

Title (all titles are for the UHC Nevada Market)	Approval Limit
Sierra Health Services, Inc. Board of Directors	>5,000,000
President/CEO	5,000,000
Sr Vice President & COO	2,000,000
Sr Executive Vice President, Legal	1,000,000
Sr Vice President, Information Systems & CIO	250,000
Sr. Vice President, Provider Relations	250,000
Sr Vice President, Clinical Operations	250,000
Chief Medical Officer & Pharmacy Director	250,000
Sr. Vice President, Sales & Marketing	250,000
Vice President, Operations	250,000
Vice President, Vice President, Medical Affairs	250,000
Assistant General Counsel, Legal	250,000
Chief Financial Officer, Finance	250,000



Vice President, Client Services	125,000
Sr Vice President, Human Resources Operations	125,000
Sr. Vice President, Public & Community Relations	125,000
Chief Actuary, Actuarial Services	100,000
Assistant Vice President, Tax Services	100,000

All other employees Grade 29 and above will follow UHG's approval limits for payment authority. Any approval limit changes will follow the sub-delegation procedures.

Binding approval is limited to authorized categories and classes listed in the table on page 2 of this policy. For binding authority, these approval limits are for annual dollar amounts of the binding document.

### **INTER-COMPANY TRANSACTIONS**

For purposes of this policy, transactions with another Segment or business unit within UHG should be treated the same as any other transaction. Consequently, an employee who does not have authority to enter into an agreement with a third party does not have authority to enter into an agreement with another Segment or business unit, unless the policy specifically provides otherwise.

**Important Note:** In many cases, state insurance regulations require an entity to obtain approval from State Insurance departments for any inter-company agreements or amendments and material transactions between UnitedHealth Group subsidiaries when one of the subsidiaries is an HMO, insurance company or other licensed entity, in advance of the effective date of any such transaction. Contact your Legal Department for assistance with any arrangements that may fall into this category.

### **SUB-DELEGATION**

When a Transaction Approver (as described above or in the UHG Delegation of Authority Schedule) will be unavailable or determines that a subordinate should have binding authority capacity given that individual's position and the need to execute business efficiently, the Transaction Approver with binding authority may sub-delegate his or her authority to another person within their reporting structure. All sub-delegations must be to an individual, and submitted for approval to the Office of Ethics and Integrity using the submission process through the Delegation of Binding Authority website. A sub-delegation is not effective until a sub-delegation request submitted via the website has been:

1. Completed by a proposed grantor, proposed grantee, or other person acting on behalf of the proposed grantor or grantee; and
2. Submitted to and approved by the Ethics & Integrity Office.



The Sub-Delegation approval will be stored in the Delegation of Binding Authority application on the website as a matter of record. No other sub-delegations will be considered effective.

### **APPROVAL CONSIDERATIONS**

In addition to the requirements set forth in this policy, there may be other functional or business unit or departmental policies, procedures or operational directives that apply to a given transaction and that require additional reviewers or signoffs, and Transaction Approvers may also have individual formal or informal processes or procedures required to be met prior to such Transaction Approver's approval of a transaction.

This policy applies both to domestic and international activities and transactions. For determining approval amount thresholds for binding authority in non-U.S. countries, please refer to the currency conversion table on the UHG Delegation of Binding Authority website.

This policy applies to master agreements and statements of work with suppliers for approved enterprise programs, which include, but are not limited to purchasing transactions such as office supplies, contract labor, software, hardware, telecommunications and maintenance renewals. Approval for these agreements and statements of work should be based on the expected levels of spend during the term of the agreement or statement of work.

Individual transactions procured under these approved procurement programs do not require separate delegation of authority approvals. These transactions should follow established Sierra or UHG business processes and policies. Approval of purchase orders and non-purchase order invoices for these transactions will be subject to the delegation of payment authority policy before payment is released to the supplier.

All renewals of contracts and commitments (other than auto-renewing contracts or commitments) require approval by the same Transaction Approvers who would be required to approve the contract or commitment if it were a new contract or commitment. In addition, significant amendments to contracts or commitments (such as term, cost, spend, revenue or other amendments that change UnitedHealth Group's risk) require approval by the same Transaction Approvers who would be required to approve the contract or commitment if it were a new contract or commitment.

### **APPROVAL EVIDENCE AND RETENTION**

Transaction Approvals must be documented in writing and retained by a Transaction Approver or his/her designee. Written approval is required, which approval may be documented via an e-mail, memo, letter, the *Transaction Approval Form (Optional) (Appendix B)*, the *Binding Authority Approval Forms* for Enterprise Sourcing & Procurement transactions (*Appendices C-1 and C-2*), or other written documentation.



All employees are expected to be familiar with the Delegation of Authority requirements applicable to their area. Periodic reviews and audits to determine compliance with the Delegation of Authority Policy will be conducted or overseen by the Office of Ethics & Integrity. Review findings or other issues related to compliance will be escalated to the appropriate senior management and communicated to the impacted business area for remediation.

**OTHER**

Consistent with UHG's Sarbanes-Oxley, Delegation of Binding Authority and related compliance policies and procedures, the foregoing policy is intended to give UHG's approval authority with respect to transactions or actions committing Sierra to a current or future action with potential legal, compliance or material financial implications. This authority, except as required for compliance with policies and procedures related to compliance with laws and regulations, shall not be utilized to unduly influence, direct or control the management of Sierra with regard to any aspect of its operations, and shall be implemented so as to ensure that the management of Sierra acts to maintain its current marketplace approach, including but not limited to, claims payment and claims adjudication practices and providing services to Nevada's underserved communities, including Medicare and Medicaid markets, and the offering and renewing of individual and small group products.

<u>Position</u>	<u>Name</u>	<u>Amount</u>	<u>Entity</u>
Sierra Health Services, Inc. Board of Directors	Refer to Officer/Directors List	\$ 5,000,000	HPN and SHL
President, CEO	Donald J. Giancursio	\$ 5,000,000	HPN and SHL
Sr Vice President & COO	Vacant	\$ 2,000,000	HPN and SHL
Sr Executive Vice President, Legal	Closed Position	\$ 1,000,000	HPN and SHL
Sr Vice President, Information Systems & CIO	Michael A. Ehlman	\$ 250,000	HPN and SHL
Sr Vice President, Provider Relations	Jean McFarlane	\$ 250,000	HPN and SHL
Sr Vice President, Clinical Operations	Closed Position	\$ 250,000	HPN and SHL
Chief Medical Officer & Pharmacy Director	Dr. Laurine Tibaldi	\$ 250,000	HPN and SHL
Vice President, Sales and Account Management	Shaun Schoener	\$ 250,000	HPN and SHL
Sr Vice President, Operations	Kyle E. Clingo	\$ 250,000	HPN and SHL
Vice President, Medical Affairs	Closed Position	\$ 250,000	HPN and SHL
Senior Associate General Counsel, Legal	Glen W. Stevens	\$ 250,000	HPN and SHL
Chief Financial Officer, Finance	David John Myers	\$ 250,000	SHL
Chief Financial Officer, Finance	Susan Vogel	\$ 250,000	HPN
Vice President, Client Services	Closed Position	\$ 125,000	HPN and SHL
Sr. Vice President, Human Resources Operations	Closed Position	\$ 125,000	HPN and SHL
Sr. Vice President, Public & Community Relations	Closed Position	\$ 125,000	HPN and SHL
Chief Actuary, Actuarial Services	Greg L. Peters	\$ 100,000	HPN and SHL
Assistant Vice President, Tax Services	Closed Position	\$ 100,000	HPN and SHL

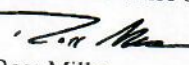




ROSS MILLER  
 Secretary of State  
 204 North Carson Street, Suite 4  
 Carson City, Nevada 89701-4620  
 (775) 684-5798  
 Website: www.nvaos.gov



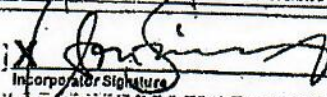
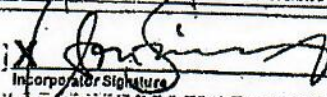
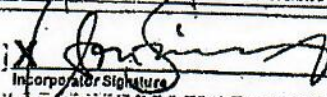
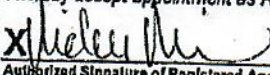
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Filed in the office of  Document Number  
**00003786944-81**  
 Filing Date and Time  
**01/22/2013 10:40 AM**  
 Entity Number  
**E0032912013-6**

**Articles of Incorporation**  
 (PURSUANT TO NRS CHAPTER 78)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.										
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: THE CORPORATION TRUST COMPANY OF NEVADA <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <small>Street Address</small> <small>City</small> Nevada <small>Zip Code</small> <small>Mailing Address (if different from street address)</small> <small>City</small> Nevada <small>Zip Code</small>										
3. Authorized Stock: (number of shares corporation is authorized to issue)	<table border="0"> <tr> <td>Number of shares with par value:</td> <td>250,000</td> <td>Par value per share: \$</td> <td>14.40</td> <td>Number of shares without par value:</td> <td></td> </tr> </table>	Number of shares with par value:	250,000	Par value per share: \$	14.40	Number of shares without par value:					
Number of shares with par value:	250,000	Par value per share: \$	14.40	Number of shares without par value:							
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	<table border="0"> <tr> <td>1) DONALD JAMES GIANCURSIO <small>Name</small></td> <td>2720 NORTH TENAYA WAY <small>Street Address</small></td> <td>LAS VEGAS <small>City</small></td> <td>NV <small>State</small></td> <td>89128 <small>Zip Code</small></td> </tr> <tr> <td>2) SCOTT GORDON CASSANO <small>Name</small></td> <td>2720 NORTH TENAYA WAY <small>Street Address</small></td> <td>LAS VEGAS <small>City</small></td> <td>NV <small>State</small></td> <td>89128 <small>Zip Code</small></td> </tr> </table>	1) DONALD JAMES GIANCURSIO <small>Name</small>	2720 NORTH TENAYA WAY <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89128 <small>Zip Code</small>	2) SCOTT GORDON CASSANO <small>Name</small>	2720 NORTH TENAYA WAY <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89128 <small>Zip Code</small>
1) DONALD JAMES GIANCURSIO <small>Name</small>	2720 NORTH TENAYA WAY <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89128 <small>Zip Code</small>							
2) SCOTT GORDON CASSANO <small>Name</small>	2720 NORTH TENAYA WAY <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89128 <small>Zip Code</small>							
5. Purpose: (optional; see instructions)	<p>The purpose of the corporation shall be:      To engage in any lawful act or activity including transacting life insurance and health insurance</p>										
6. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	<table border="0"> <tr> <td>DONALD JAMES GIANCURSIO <small>Name</small></td> <td> <small>Incorporator Signature</small></td> </tr> <tr> <td>2720 NORTH TENAYA WAY <small>Address</small></td> <td>LAS VEGAS <small>City</small></td> </tr> <tr> <td></td> <td>NV <small>State</small></td> </tr> <tr> <td></td> <td>89128 <small>Zip Code</small></td> </tr> </table>	DONALD JAMES GIANCURSIO <small>Name</small>	 <small>Incorporator Signature</small>	2720 NORTH TENAYA WAY <small>Address</small>	LAS VEGAS <small>City</small>		NV <small>State</small>		89128 <small>Zip Code</small>		
DONALD JAMES GIANCURSIO <small>Name</small>	 <small>Incorporator Signature</small>										
2720 NORTH TENAYA WAY <small>Address</small>	LAS VEGAS <small>City</small>										
	NV <small>State</small>										
	89128 <small>Zip Code</small>										
7. Certificate of Acceptance of Appointment of Registered Agent:	<p>I hereby accept appointment as Registered Agent for the above named Entity.   Michele Miller  <small>Authorized Signature of Registered Agent or On-Behalf of Registered Agent of Entity</small>      Date: Jan. 2, 2013</p>										

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles  
 Revised: 3-10-11

ATTACHMENT TO  
ARTICLES OF INCORPORATION  
OF

SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

The Articles of Incorporation of Sierra Health and Life Insurance Company, Inc. (the "Corporation") consist of the Articles set forth on the prior page and continued on this Attachment as well as the additional Articles set forth on this Attachment as follows:

4. (continued from previous page)

ADDITIONAL DIRECTORS

3) Robert Lee Schaich

2720 North Tenaya Way, Las Vegas, NV 89128

4) Marc R Briggs

2720 North Tenaya Way, Las Vegas, NV 89128

5) Frank Edwin Collins

2720 North Tenaya Way, Las Vegas, NV 89128

6) Laurence Stanley Howard

2720 North Tenaya Way, Las Vegas, NV 89128

7) Christopher Lockett Hard

2525 Lake Park Blvd., Salt Lake City, UT 84120

6. (continued from previous page)

ADDITIONAL INCORPORATORS

2) Robert Lee Schaich

2720 North Tenaya Way, Las Vegas, NV 89128



---

3) Scott Gordon Cassano

2720 North Tenaya Way, Las Vegas, NV 89128

**8. OFFICERS**

- 1) Donald James Giancursio, **PRESIDENT**
- 2) Glen Wendell Stevens, **SECRETARY**
- 3) Sachin Dehnanedra Shah, **TREASURER**

The aggregate number of shares that the Corporation shall have authority to issue is Two Hundred Fifty Thousand (250,000) shares of common stock, \$14.40 par value per share (the "Common Stock"). All shares of Common Stock must be issued at a price not less than par value.

# SECRETARY OF STATE



## CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.**, did on January 22, 2013, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 22, 2013.

ROSS MILLER  
Secretary of State

Certified By: Patricia Isaman  
Certificate Number: C20130122-0620  
You may verify this certificate  
online at <http://www.nvsos.gov/>





ROSS MILLER  
 Secretary of State  
 204 North Carson Street, Suite 4  
 Carson City, Nevada 89701-4520  
 (775) 684-5708  
 Website: www.nvsos.gov



\*140501\*

Filed in the office of 	Document Number <b>20130038529-63</b>
Ross Miller Secretary of State State of Nevada	Filing Date and Time <b>01/22/2013 10:40 AM</b>
	Entity Number <b>E0032912013-6</b>

**Articles of Domestication**  
 (PURSUANT TO NRS 92A.270)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

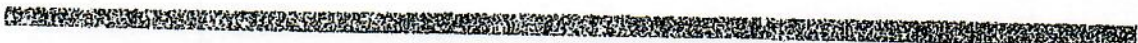
1. Entity Name and Type of Domestic Entity as set forth in its Constituent Documents:	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC., A CALIFORNIA CORPORATION AUTHORIZED TO TRANSACT LIFE AND DISABILITY INSURANCE		
2. Entity Name Before Filing Articles of Domestication:	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.		
3. Date and Jurisdiction of Original Formation:	AUGUST 17, 1906 CALIFORNIA		
4. Jurisdiction that Constituted the Principal Place of Business, Central Administration or Equivalent of the Undomesticated Entity Immediately Before Articles of Domestication:	NEVADA		
5. Signature of Authorized Representative:	 <input checked="" type="checkbox"/> Authorized Signature <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Jan 2, 2013</td> </tr> <tr> <td>Date</td> </tr> </table>	Jan 2, 2013	Date
Jan 2, 2013			
Date			

Filing Fee: \$350.00

**IMPORTANT:** This document must be accompanied by the appropriate constituent document for the type of domestic entity described in article 1 above and the filing fees.

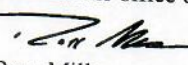
This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 92A Domestication  
 Revised: 4-23-09



State of California  
Secretary of State

CERTIFICATE OF STATUS

Filed in the office of	Document Number
	<b>20130038522-96</b>
Ross Miller Secretary of State State of Nevada	Filing Date and Time
	<b>01/22/2013 10:40 AM</b>
	Entity Number
	<b>E0032912013-6</b>

ENTITY NAME:

SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

FILE NUMBER: C0047270  
FORMATION DATE: 08/17/1906  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

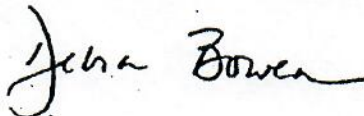
I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 14, 2013.



DEBRA BOWEN  
Secretary of State



BRIAN SANDOVAL  
Governor


STATE OF NEVADA

TERRY JOHNSON  
Director

SCOTT J. KIPPER  
Commissioner



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE  
1818 East College Pkwy., Suite 103  
Carson City, Nevada 89706  
(775) 687-0700 • Fax (775) 687-0787  
Website: doi.nv.gov  
E-mail: insinfo@doi.state.nv.us

Filed in the office of	Document Number
	<b>20130038526-30</b>
Ross Miller Secretary of State State of Nevada	Filing Date and Time <b>01/22/2013 10:40 AM</b>
	Entity Number <b>E0032912013-6</b>

January 2, 2013

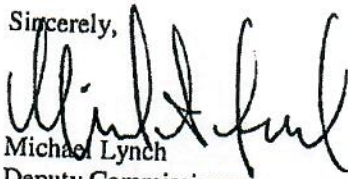
State of Nevada  
Secretary of State  
101 North Carson Street, Ste. 3  
Carson City, NV 89701

Re: Sierra Health and Life Insurance Company, Inc.  
NV Org. # 944, NAIC # 71420  
Approval of: Articles of Incorporation  
Articles of Domestication  
The word "Insurance" in name of insurer

To Whom It May Concern:

Please be advised that the State of Nevada, Division of Insurance approves the submission of the Articles of Incorporation, Articles of Domestication and the use of the word 'insurance' in the name of the insurer, *Sierra Health and Life Insurance Company, Inc.*

If you have any questions or comments, please do not hesitate to contact me. My phone number is (775) 687-0758 and my e-mail address is [mlynch@doi.nv.gov](mailto:mlynch@doi.nv.gov).

Sincerely,  
  
Michael Lynch  
Deputy Commissioner  
Division of Insurance

ML:ksl