(ATTACHMENT 4) ACTION ON THE AWARD OF PROFESSIONAL SERVICES CONTRACTS

Purchase Requisition Number: CR049096 Contract Number: C029234 Vendor Number: V001017

UnitedHealthcare Insurance Company

A Stock Company

185 Asylum Street, Hartford, Connecticut Phone: 1-877-294-1429

AMENDMENT NO. 2

Amendment to be attached to and made a part of Group Policy No. GA-703772AL, issued by UnitedHealthcare Insurance Company (herein called "Company") to Milwaukee Public Schools (herein called "Policyholder").

It is agreed by and between the Company and the Policyholder that

- 1. The page entitled "Schedule Of Benefits" as contained in the Policy is hereby replaced with the attached page entitled "Schedule Of Benefits".
- 2. This Amendment will hereby be effective as of January 1, 2022.

UnitedHealthcare Insurance Company

William J Golden, President

Timothy J. Burch, Secretary

hief of Human Resources

ACCEPTED BY:

Date:

(ATTACHMENT 4) ACTACHACHATER AWARD OF BROFESSIONAL SERVICES CONTRACTS PROFESSIONAL SERVICES CONTRACTS

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A Stock Company

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Phone: 1-877-294-1429

SCHEDULE OF BENEFITS

This Schedule of Benefits is only applicable to Excess Loss Insurance provided by the Company during the Policy Period shown below.

Policyholder: Milwaukee Public Schools
Policy Number GA-703772AL
Original Effective Date: January 1, 2020
Subsequent Policy Period Effective Date: January 1, 2022
Administrator United HealthCare Services, Inc.
Coverage appointed become a applicable only during the Reliev Revised from January 1, 2022 the such

Coverage specified herein is applicable only during the Policy Period from January 1, 2022 through December 31, 2022, and is further subject to all terms and conditions of this Policy

SPECIFIC EXCESS LOSS INSURANCE

Benefit Period. Covered Expenses Incurred from January 1, 2020 through December 31, 2022 and Pard from January 1, 2022 through December 31, 2023

Specific Deductible per Covered Person: \$1,000,000

Specific Percentage Reimbursable 100%

Maximum Specific Benefit per Covered Person Unlimited

Specific Excess Loss Insurance includes:

- Medical
- Stand Alone Prescription Drug Program

Specific Excess Loss Premium. \$13.98 per subscriber per month