

(ATTACHMENT 6) 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. 4

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").

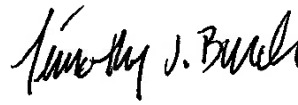
It is agreed by and between the Company and the Policyholder that

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, 2024.

UnitedHealthcare Insurance Company



William J Golden, President



Timothy J. Burch, Secretary

ACCEPTED BY: _____

Title: _____

Date: _____

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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, 2024

Administrator: United HealthCare Services, Inc.

Coverage specified herein is applicable only during the Policy Period from January 1, 2024 through December 31, 2024, and is further subject to all terms and conditions of this Policy.

SPECIFIC EXCESS LOSS INSURANCE

Benefit Period: Covered Expenses Incurred from January 1, 2024 through December 31, 2024 and Paid from January 1, 2024 through December 31, 2025.

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: \$21.36 per subscriber per month