

THIS RIDER WILL BE ATTACHED TO AND FORM A PART OF THE POLICY SHOWN BELOW. IT IS ISSUED BY UNITEDHEALTHCARE INSURANCE COMPANY, HARTFORD, CONNECTICUT TO THE POLICYHOLDER SHOWN BELOW.

Policyholder — City of Santa Fe

Policy Number — GA-712215AL

Effective Date of Rider — July 1, 2014

The terms of the policy in effect on the date shown above are amended as follows:

PART 1 - SCHEDULE is amended as set forth on the attached Pages 1 and 2 which are substituted for the present Pages 1 and 2 of the policy.

Provisions and conditions may be shown on the pages which follow. These pages form a part of the rider.

This rider will not affect any of the terms, provisions or conditions of the policy except as stated above.

This rider will take effect on the Effective Date shown above.

Dated at Hartford, Connecticut on the Effective Date shown above.

UNITEDHEALTHCARE INSURANCE COMPANY



Jeffrey D. Alter, President

Policy Register

Administrator for United Healthcare Insurance Company

City of Santa Fe

By _____

Official Title _____

Rider No. 7 to **GA- 712215 AL**

Part 1 - Schedule

Policy Period Covered: July 1, 2014 to June 30, 2015

Policy Anniversary: July 1

Administrator: UnitedHealthcare Insurance Company

The Administrator has been appointed by the Policyholder to provide claim and other administrative services in connection with the Employee Benefit Plan.

Any specified Benefit Level, Factor or Attachment Point applies only to the Policy Period shown above. If the Policy is continued beyond the specified Policy Period, the Company will redetermine these figures and issue a new Schedule.

INDIVIDUAL EXCESS RISK BENEFIT

1. Individual Excess Risk Benefit Level: \$250,000 per Covered Person per Policy Period.

Includes the following benefits under the Plan:

Medical Benefits

Mental Health Benefits

Pregnancy Benefits

Family Planning Benefits

Preventive Health Care Benefits

2. Reimbursement Factor: 100%

3. Type of Individual Excess Risk Benefit:

Eligible Benefits which are:

Paid in 12 months (PAID)

4. Individual Excess Risk Premium:

\$56.23 per Employee per month

AGGREGATE EXCESS RISK BENEFIT

1. Aggregate Monthly Factor:

\$1, 745.97 Per Employee

Includes the following benefits under the Plan:

Medical Benefits

Mental Health Benefits

Pregnancy Benefits

Family Planning Benefits

Preventive Health Care Benefits

Prescription Drug Benefits

2. Reimbursement Factor: 100%

3. Maximum Eligible Benefits per Individual: \$250,000

4. Minimum Annual Aggregate Attachment Point: 95% of the Monthly Aggregate Attachment Point for the first month of the Policy Period times 12, regardless of the duration of the Policy Period.

5. Type of Aggregate Excess Risk Benefit:

Eligible Benefits which are:

Paid in 12 months (PAID)

6. Aggregate Excess Risk Premium:

\$4.40 per month per Employee