



**Financial and Administrative Service Department
Purchasing Office**
PO Box 1088, Austin, Texas, 78767

January 27, 2009

United HealthCare Insurance Company
Attn.: Mr. Stephen Watson
Building 1, Suite 360
1250 Capital of Texas Highway South
Austin, TX 78746

Dear Mr. Watson,

The Austin City Council approved the execution of a contract with your company for a self-funded Health Maintenance Organization (HMO) and Pharmaceutical Benefit Management program services in accordance with the following.

| | |
|-----------------------------------|--|
| Responsible Department: | Human Resources Department |
| Department Contact Person: | Don Ellison |
| Department Contact Email Address: | Don.ellison@ci.austin.tx.us |
| Department Contact Telephone: | 512-974-3407 |
| Project Name: | HMO and Pharmaceutical Benefit Management program services |
| Contractor Name: | United HealthCare Insurance Company |
| Contract Number: | 5800-NA080000215 |
| Contract Period: | 09/01/08 – 12/31/09 |
| Contract Amount: | \$1,743,000 (not-to-exceed) |
| Extension Options: | Three 12-month periods |
| Requisition Number: | RQS 5800-07121900215 |
| Solicitation Number: | RML0010 |
| Agenda Item Number: | 25 |
| Council Approval Date: | 08/21/08 |

A copy of the contract/purchase order will be forwarded by mail.

Thank you for your interest in doing business with the City of Austin. If you have any questions regarding this contract, please contact the person referenced under Department Contact Person.

Sincerely,

Rosemary Ledesma, CPPO
Supervising Senior Buyer
Purchasing Office
Finance and Administrative
Services Department