

June 27, 2018

Mr. Mark Hafner
City Manager
City of Keller
P.O. Box 770

RE: Letter of Understanding – 2018-21 Vision Rates

Dear Mark:

Please allow this letter of understanding to serve as official acceptance of the following vision rates for an effective date of October 1, 2018. Thank you for choosing UnitedHealthcare. We appreciate the opportunity to partner with the City of Keller.

The final vision rates for plan V1700 are:

EE	\$4.98
EE+Spouse	\$9.48
EE + Child(ren)	\$9.98
EE + Family	\$14.67

The rates are based on an assumed enrollment of 162 subscribers and an assumed monthly premium of \$1,518.52. The rates will be guaranteed for 36 months.

Thank you for your confidence in UnitedHealthcare. We look forward to serving you.

Sincerely,

Monica L. Black
Sr. Account Executive- Specialty Benefits
(O) 214-561-7809
(M) 972-672-3034
(E) monica_black@uhc.com

Signature: Monica L. Black

Date: 07/27/2018

Accepted for the City of Keller

Signature: _____

Date: _____