

**Amendment Twelve
Contract Number 102889 O4**

Service Contract

**Between
The State of Nebraska Department of Health and Human Services
And
UnitedHealthcare of the Midlands, Inc.**

THIS AMENDMENT is entered into by and between the State of Nebraska Department of Health and Human Services (“DHHS”) and UnitedHealthcare of the Midlands, Inc. (“UHC”).

WHEREAS, the DHHS has a contract with UHC identified as 102889 O4 for use by state agencies and other entities.

WHEREAS, the terms of the contract specifically state that the contract may be amended when mutually agreeable to UHC and DHHS.

WHEREAS, This Amendment and any attachments hereto will become part of the Contract. Except as set forth in this Amendment, the Contract is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Contract or any earlier amendment, the terms of this Amendment will prevail.

NOW, THEREFORE, it is agreed by the parties to amend the contract as follows:

- I. Modifications:** The Parties hereto modify the following sections:
 - A. Attachment 24** – Rates for January 1, 2026 through December 31, 2026 are set forth in the amended Attachment 24 attached hereto and made a part hereof.

Attachments:

The following attachments, as amended (if applicable), are attached hereto and hereby incorporated into this Amendment:

- 1. Attachment 24 UHC CY26 Rates – Contract 102889 O4_ EFFECTIVE 1-1-2026

IN WITNESS WHEREOF, the parties have executed this amendment as of the effective date by both parties below.

FOR DHHS:

FOR CONTRACTOR:

By: Drew Gonshorowski

By: J. Michael Parnell

Name: Drew Gonshorowski

Name: J. Michael Parnell

Title: Director, Division of MLTC

Title: President & CEO

Date: 1/5/2026 | 11:06:17 CST

Date: 1/5/2026 | 11:05:27 CST

United HealthCare – HH Rates – Effective 01.01.2026

Attachment 24 – Rates

CY 2026 Heritage Health Rates - United Healthcare

Rating Region 1	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,973.07
AABD 21+ M&F	\$2,583.47
AABD 21+ M&F-WWC	\$5,343.75
CHIP M&F	\$346.45
Family Under 1 M&F	\$1,110.44
Family 01-05 M&F	\$355.37
Family 06-20 F	\$348.01
Family 06-20 M	\$406.96
Family 21+ M&F	\$812.89
Foster Care M&F	\$985.22
Healthy Dual	\$352.24
Dual LTC	\$270.71
Non-Dual LTC	\$3,766.84
Dual Waiver	\$335.65
Non-Dual Waiver	\$2,913.63
Katie Beckett 00-18 M&F	\$14,860.71
599 CHIP - Cohort	\$516.02
599 CHIP - Supplemental	\$7,021.83
Maternity	\$7,524.02

Expansion Adult Rates (Rating Region 1)	
Category of Aid	Payment Rate
EXP 19-44 M	\$846.30
EXP 19-44 F	\$876.69
EXP 45-64 M&F	\$1,686.37

HIPP Rates (Rating Region 1)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,045.21
HIPP All Other	\$480.96
HIPP Katie Beckett	\$10,595.12
HIPP Expansion	\$687.25

United HealthCare – HH Rates – Effective 01.01.2026

Rating Region 2	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,748.09
AABD 21+ M&F	\$2,521.58
AABD 21+ M&F-WWC	\$5,343.75
CHIP M&F	\$350.03
Family Under 1 M&F	\$921.71
Family 01-05 M&F	\$313.71
Family 06-20 F	\$374.96
Family 06-20 M	\$382.10
Family 21+ M&F	\$918.08
Foster Care M&F	\$652.63
Healthy Dual	\$359.42
Dual LTC	\$254.42
Non-Dual LTC	\$2,618.25
Dual Waiver	\$374.32
Non-Dual Waiver	\$3,512.05
Katie Beckett 00-18 M&F	\$14,860.71
599 CHIP - Cohort	\$516.02
599 CHIP - Supplemental	\$7,021.83
Maternity	\$7,749.05

Expansion Adult Rates (Rating Region 2)	
Category of Aid	Payment Rate
EXP 19-44 M	\$809.86
EXP 19-44 F	\$877.68
EXP 45-64 M&F	\$1,850.28

HIPP Rates (Rating Region 2)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,045.21
HIPP All Other	\$480.96
HIPP Katie Beckett	\$10,595.12
HIPP Expansion	\$687.25

Certificate Of Completion

Envelope Id: 975A51AD-F148-4FDE-BD91-EE0096AA7DDE	Status: Completed
Subject: Complete with Docusign: Policy and Plan Management 102889-O4 United HCoM Amendment 12 CLMS 2259.pdf	
Envelope Type: Contract	
Envelope Name: Policy and Plan Management 102889-O4 United Healthcare of Midlands Amendment 12 CLMS 2259	
Divison:	
DHHS Sender: DHHS.ServicesProcurement@nebraska.gov	
DHHS Sharepoint ID:	
FFATA Reporting Required:	
Source Envelope:	
Document Pages: 3	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Procurement Shared
Time Zone: (UTC-06:00) Central Time (US & Canada)	301 Centennial Mall S
	Lincoln, NE 68508-2529
	DHHS.ServicesProcurement@nebraska.gov
	IP Address: 164.119.5.70

Record Tracking

Status: Original	Holder: Procurement Shared	Location: DocuSign
1/5/2026 8:51:52 AM	DHHS.ServicesProcurement@nebraska.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Nebraska Department of Health & Human Services	Location: Docusign

Signer Events

J. Michael Parnell
 j_parnell@uhc.com
 President & CEO, UnitedHealthcare of the Midlands,
 I
 Security Level: Email, Account Authentication
 (None)

Signature



Signature Adoption: Uploaded Signature Image
 Using IP Address: 136.226.84.248


Timestamp

Sent: 1/5/2026 8:56:03 AM
 Resent: 1/5/2026 8:59:30 AM
 Viewed: 1/5/2026 11:03:37 AM
 Signed: 1/5/2026 11:05:27 AM

Electronic Record and Signature Disclosure:

Accepted: 1/5/2026 11:03:37 AM
 ID: 79bd5ce3-c713-43bd-8861-e1f3ebbddcae

Drew Gonshorowski
 drew.gonshorowski@nebraska.gov
 Director of Medicaid and Long-term Care
 Security Level: Email, Account Authentication
 (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 164.119.5.154

Sent: 1/5/2026 11:05:29 AM
 Viewed: 1/5/2026 11:06:06 AM
 Signed: 1/5/2026 11:06:17 AM

Electronic Record and Signature Disclosure:

Accepted: 1/5/2026 11:06:06 AM
 ID: 45b58b05-507a-418f-9f5e-c71a105266b8

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
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Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 6/24/2025 8:26:55 AM ID: 18af51c9-148a-404a-9568-30e6e254dad8	COPIED	Sent: 1/5/2026 8:56:03 AM
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Kendra Wiebe Kendra.Wiebe@nebraska.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 1/5/2026 11:05:28 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	1/5/2026 8:56:03 AM
Certified Delivered	Security Checked	1/5/2026 11:06:06 AM
Signing Complete	Security Checked	1/5/2026 11:06:17 AM
Completed	Security Checked	1/5/2026 11:06:17 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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To advise Nebraska Department of Health & Human Services of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at john.canfield@nebraska.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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